

Identification and Response to Human Trafficking In Healthcare

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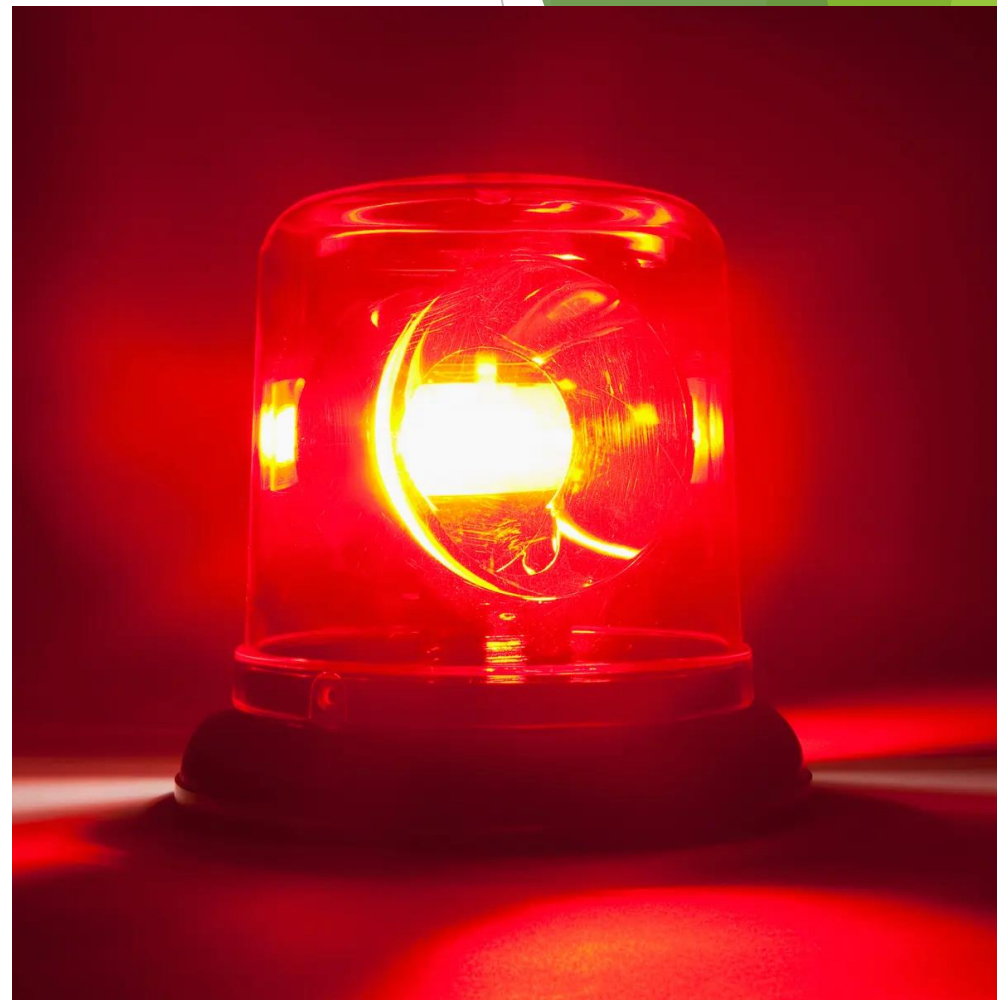
▶ **No Disclosures**

Take care of yourself

TRIGGER WARNING:

This lecture discusses sensitive matters such as physical sexual and psychological abuse of adults and children

Feel free to mute or walk away from the lecture if you need



Objectives

- ▶ Provide an overview of human trafficking including definitions, types of trafficking, dynamics, and vulnerabilities
- ▶ Describe the health impact of human trafficking on persons experiencing trafficking
- ▶ Describe identification assessment and documentation techniques for persons experiencing trafficking
- ▶ Describe appropriate response and follow up for a suspected or confirmed person being trafficked

Human Trafficking Healthcare Competencies



- Core Competency 1: Understand the nature and epidemiology of trafficking
- Core Competency 2: Evaluate and identify the risk of trafficking
- Core Competency 3: Evaluate the needs of individuals who have experienced trafficking or individuals who are at risk of trafficking
- Core Competency 4: Provide patient-centered care
- Core Competency 5: Use legal and ethical standards
- Core Competency 6: Integrate trafficking prevention strategies into clinical practice and systems of care
- Universal Competency: Use a trauma- and survivor-informed, culturally responsive approach

Overview



The Public's Idea of Human Trafficking



Myths

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Myths and Facts

- ▶ Smuggling is illegally transporting a person over a border - trafficking does not require the crossing of a border
- ▶ Kidnapping is abducting someone and controlling their movements and is not required for trafficking
- ▶ Both foreign born and domestic persons can be trafficked
- ▶ Sex work and sex trafficking are different
- ▶ All genders can be trafficked
- ▶ Many persons who are trafficked are not seeking rescue

Terminology for People Experiencing Trafficking

- ▶ Victim - infers lack of agency
- ▶ Person experiencing trafficking
- ▶ Person surviving trafficking
- ▶ Trafficked person
- ▶ Survivor/Thriver
- ▶ Pimp vs trafficker

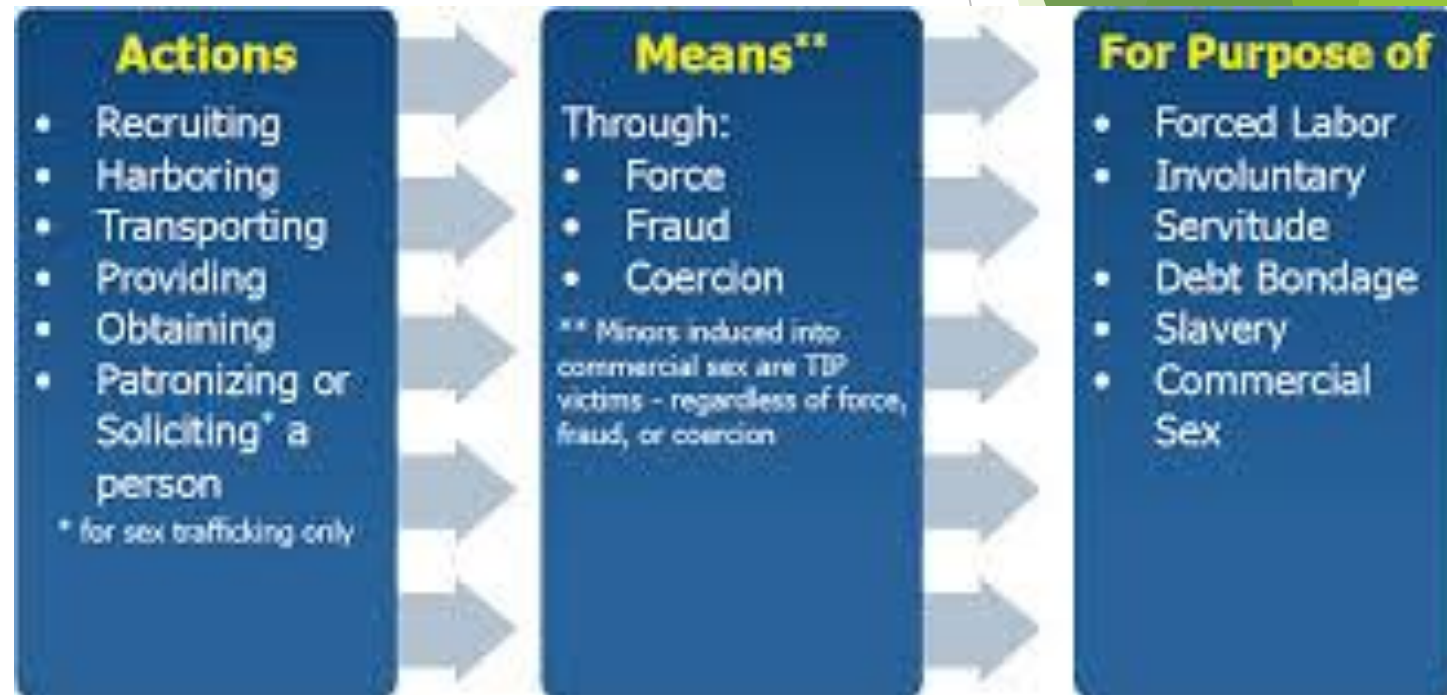
Trafficking Victims Protection Act (TVPA) 2000

- ▶ Bipartisan legislation designed to create a legal definition for trafficking
- ▶ Addressed deficiencies in the legal framework by solidifying definitions of trafficking and establishing protection and restitution for victims
- ▶ Prior to the TVPA traffickers were prosecuted according to slave laws according to the 2020 federal report from the Human Trafficking Institute.



Action Means Purpose Model

- ▶ This is the legal model used to establish the phenomenon of trafficking in prosecution
- ▶ Action - induces, recruits, harbors, transports, patronizes, solicits, provides or obtains
- ▶ Means - force, fraud, coercion
- ▶ Purpose - commercial sex or labor act



Healthcare and Human Trafficking in Texas

- ▶ Healthcare providers are required by state law to participate continuing education each year in Texas along with other state requirements for licensure
- ▶ This course only satisfies the human trafficking requirement for licensure
- ▶ Mandatory human trafficking awareness flyers must be present in certain clinical environments
- ▶ Healthcare is concerned with upstream factors that create the conditions for human trafficking and identification in order to stop it from occurring

TVPA Human Trafficking Definition

- ▶ **Sex trafficking**

The recruitment, harboring, transportation, provision, obtaining, patronizing and soliciting of a person for the purpose of a commercial sex act, in which a commercial sex act is induced by force, fraud, or coercion, **or in which the person forced to perform such an act is under the age of 18 years.**

- ▶ **Labor trafficking**

The recruitment, harboring, transportation, provision, obtaining, patronizing and soliciting of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery.

Human Trafficking Definition

Two main types*:

- ▶ Labor trafficking
- ▶ Sex trafficking

Both require the use of force, fraud, or coercion

*Other subtypes exist such as debt bondage and involuntary servitude. Internationally, child soldiering, organ trafficking, and forced marriage exist

Two populations:

- ▶ Adults
- ▶ Minors

- ▶ ***Minors being commercially exploited for sex acts do not have to prove force fraud or coercion***

Force Fraud and Coercion

- ▶ Force - physical beating, rape, controlling movements
- ▶ Fraud - tricking someone with false promises or hope i.e. “I can give you a great job that pays well”, “I promise we will get married and you can get citizenship”
- ▶ Coercion - psychological manipulation - shaming, threatening the person or their family, withholding identification or immigration documents

Difference Between Sex Work and Sex Trafficking

- ▶ “Sex work” is exchanging money for sex in places where it is legal and includes agency of the person
- ▶ Where it is a crime it is called prostitution
- ▶ People who do sex work get to decide:
 - ▶ To use a condom
 - ▶ To say no to the solicitor
 - ▶ Where they go, what they do
 - ▶ How to use the money they make
- ▶ People who are sex trafficked don’t get to decide

Difference Between Sexual Abuse and Sex Trafficking

- ▶ Force fraud or coercion can be involved in both sex trafficking and sexual abuse
- ▶ Commercial exchange is involved in sex trafficking
 - ▶ Money
 - ▶ Housing
 - ▶ Food
 - ▶ Gifts
 - ▶ Labor
 - ▶ Anything of value

Statistics of Human Trafficking

- ▶ The human trafficking field is in its infancy in terms of research
- ▶ There are not universally accepted standards for how to statistically verify the prevalence of a hidden crime like trafficking
- ▶ Many statistics in the human trafficking field cannot be proven, only estimated
- ▶ The presence of sensationalism harms the anti-trafficking movement by taking extreme examples of real but less common occurrences and presenting them as typical - ***this can cloud our ability to identify less obvious forms of trafficking***
- ▶ Presenting human trafficking as only sex trafficking makes labor trafficked persons invisible

Sensationalism in Human Trafficking



**EVERY TWO MINUTES, A CHILD IS
BEING PREPARED FOR SEXUAL
EXPLOITATION AND HUMAN
TRAFFICKING.**



It is estimated that at least 244,000 children are at risk for sex trafficking in the United States at any given time (Estes et al., 2001, p.144)

Which image is sensational?

Statistics in Human Trafficking

- ▶ Ask yourself:
 - ▶ Are they referring to sex trafficking or labor trafficking or both?
 - ▶ Children or adults or both?
 - ▶ Are they referring to the United States or worldwide?
 - ▶ Are they using sensational images or language?
 - ▶ What is their source? How dated?

Estimations of Prevalence

- ▶ 49.6 million estimated persons trafficked worldwide (International Labor Organization)
- ▶ 150 billion dollars potentially made in criminal profit worldwide (whitehouse.gov)
- ▶ 313,000 estimated total human trafficked persons in Texas
- ▶ 234,000 estimated labor trafficking persons in Texas
- ▶ 79,000 estimated sex trafficking persons who are minors and youth in Texas
- ▶ (<https://sites.utexas.edu/idvsa/research/human-trafficking/>)

Risk Factors/Vulnerabilities for Labor and Sex Trafficking

- ▶ Poverty
- ▶ Substance use
- ▶ Foster care involvement
- ▶ LGBTQIA+ identification
- ▶ Previous history of psych/sexual/physical violence
- ▶ Family rejection, runaway/homeless
- ▶ Low self-esteem
- ▶ Gang involvement
- ▶ Immigration status or undocumented
- ▶ Low levels of education
- ▶ Learning or developmental disabilities
- ▶ Black, indigenous, and people of color

Who is a Trafficker?

- ▶ A trafficker can be anyone
- ▶ They control the exploitation and profit from it
- ▶ Romantic partner/“friend”
- ▶ Family member - father, mother, aunt, uncle, brother, sister
- ▶ Boss of a company
- ▶ Pastor, teacher, coach
- ▶ Can use violence or finesse/grooming

Violent Tactics of Traffickers

- ▶ Alienation
- ▶ Isolation
- ▶ Cementing a codependent intimate relationship - “*trauma bond*”
- ▶ Violence/abuse/threats
- ▶ Normalizing the abuse
- ▶ Give drugs or alcohol to cause dependency
- ▶ Withholding basic necessities

Finesse Tactics of Traffickers

- ▶ Exploit vulnerabilities in the patient through meeting basic needs
- ▶ Making pleasing offers that are too good to be true
- ▶ Offering cash, expensive items
- ▶ Giving love, romantic relationship
- ▶ Making promises, flattery
- ▶ Using an older friend already in the life of trafficking to help recruit

Who is a Solicitor?

- ▶ Also known as a “John,” “Customer,” or “Client”
- ▶ The one purchasing the sex or labor act
- ▶ In sex trafficking, mostly men
- ▶ Customers who use the services of the person being trafficked
- ▶ Person in charge, boss/manager
- ▶ Downstream customers

Biderman's Chart of Coercion and Control

- ▶ Isolation
- ▶ Controlling/Distorting perceptions
- ▶ Humiliation/Degradation
- ▶ Threats
- ▶ Demonstrating Omnipotence/Superiority/Power
- ▶ Enforcing Trivial Demands
- ▶ Exhaustion
- ▶ Occasional Indulgences

The Trauma Bond

- ▶ Type of relationship formed under the conditions of danger, anger, shame, exploitation and other unhealthy states
- ▶ Reinforced by perpetuating the violence and fear through controlling tactics
- ▶ The trafficker may use isolation and abuse to terrify the person into compliance
- ▶ May use reward and punishment to strengthen the relationship and control
- ▶ Overlaps with Stockholm Syndrome type state
- ▶ Fawning phenomena may occur

Health Impact



Common Acute Medical Conditions

- ▶ Injury from abuse or unsafe working conditions
- ▶ Sexually transmitted infections (GC/CL, syphilis, HIV)
- ▶ Unplanned pregnancy (lack of reproductive health access)
- ▶ Panic attacks
- ▶ Somatic symptoms from emotional distress
- ▶ Behavioral issues (adult and pediatric)
- ▶ Toxic exposure

Chronic Medical Conditions

- ▶ Malnourishment/Dehydration
- ▶ Untreated chronic diseases - DM, HTN, thyroid
- ▶ Substance use
- ▶ Dental problems
- ▶ Fatigue
- ▶ Musculoskeletal pain, especially in the neck, throat and face from strangulation or beating
- ▶ Dizziness, tinnitus, hearing or visual problems
- ▶ Headaches
- ▶ Cognitive disorders

Mental Health Impact

- ▶ Anxiety/Depression
- ▶ Hallucinations
- ▶ Suicidality
- ▶ Trauma bonding
- ▶ PTSD
- ▶ Hypervigilance
- ▶ Addiction

Life of a Trafficked Person

- ▶ Little to no personal agency/autonomy
- ▶ Unable to perform some life skills
- ▶ Mental health issues - afraid/anxious/angry
- ▶ Suicidality
- ▶ Lack of access to resources - reproductive, medical, dental, food access, transportation, communication
- ▶ Physical health issues
- ▶ Stigma from public, police, fear of immigration
- ▶ May not identify self as being trafficked

Living Conditions of Trafficked Persons

- ▶ May not have a bed
- ▶ May live with several people
- ▶ Unable to see family
- ▶ Poor sanitation
- ▶ Poor safety equipment
- ▶ Poor medical care, uncontrolled chronic diseases
- ▶ Dehydration/Malnutrition
- ▶ Environmental toxins
- ▶ Not enough shelter from heat/cold

Identification and Assessment



How Do We Recognize Someone Who is Trafficked in Healthcare?

- ▶ As high as 88% of trafficked persons pass through the medical system undetected (polarisproject.org)
- ▶ Review medical history for risk factors
- ▶ Listen to patient, allow them to describe their experience in their own words
- ▶ Have enough knowledge about trafficking to recognize red flags
- ▶ Put the picture together and ask the right questions

Environments Where Trafficking Occurs

- ▶ Labor trafficking: agriculture, sweatshop/factory, cleaning services, housemaid services, babysitting or nanny services, nail salons, restaurants
- ▶ Sex trafficking: pornography production companies, massage parlors, escort services, strip clubs, online sex venues, hotels
- ▶ *These are not comprehensive lists*

The Clinical Environment Where a Trafficked Person May Present

- ▶ Emergency Rooms
- ▶ Primary Care Clinics
- ▶ OBGYN Clinics
- ▶ Reproductive Health Clinics
- ▶ Surgery Centers
- ▶ Homeless shelters with medical services

Barriers to Identification in the Provider

- ▶ Providers may be biased toward the patient due to their race or status as a “problem child”, “gang person”, or “prostitute”
- ▶ Providers may not have training or understanding of a trafficking situation
- ▶ Providers can be tricked by the trafficker who is family or friend
- ▶ The window of opportunity to help the person being trafficked is very small
- ▶ Provider may be hesitant to investigate further

Barriers to Disclosure in the Patient

- ▶ Fear of the trafficker
- ▶ Fear of the police
- ▶ Fear for their family (threats)
- ▶ Fear of deportation
- ▶ Strong trauma bond
- ▶ Stigma
- ▶ Shame
- ▶ Disoriented
- ▶ Not be ready to change
- ▶ Lack of insight into their trafficking situation

Initial Assessment

- ▶ Review the medical record (including across regional records if possible) for history or current status of:
 - ▶ Previous violence
 - ▶ STIs (sex trafficking)
 - ▶ Multiple pregnancies and/or abortions
 - ▶ Multiple sex partners
 - ▶ Substance addiction/mental health issues
 - ▶ Work history
 - ▶ Reliance on street economy
 - ▶ Workplace accidents

Interview

- ▶ Attempt to separate the patient from their companion if possible
- ▶ Very important to use a translator when possible if needed
- ▶ Assess the patient's immediate medical needs through history
- ▶ Perform relevant review of systems questions (may ask general questions that could point to trafficking indicators) “Have you ever had any problems in your private area/penis/vagina/anus?”
- ▶ When complete ask if there is anything else you can help them with
- ▶ “Do you feel safe where you are living?” - read the room
- ▶ Consider employing a screening tool

Other Trafficking Related Questions

- ▶ What are your work hours like?
- ▶ How do you make your money?
- ▶ Where do you sleep? What are your living conditions like?
- ▶ How many people do you live with?
- ▶ Could you get another job if you wanted to?
- ▶ Do you get breaks?
- ▶ Are you in control of your money?
- ▶ Has anyone ever hurt you?
- ▶ Has anyone ever made you do something you didn't want to do?

Identification of Sex Trafficking

Physical Exam

- ▶ Relationship between patient and the person with them seems discordant or has an unusual quality; patient may be scared or deferent, however everyone presents differently
- ▶ Dressed inappropriately for weather
- ▶ Patient's account of illness seems scripted
- ▶ Tattoos indicating branding
- ▶ Patterned injuries/bruises/scars
- ▶ PE findings of STIs (PID, dysuria, proctitis)
- ▶ Genital trauma
- ▶ Foreign object in vagina or anus



Identification of Labor Trafficking

- ▶ Relationship between patient and the person with them seems discordant or has an unusual quality; patient may be scared or deferent, however everyone presents differently
- ▶ Acute or post-acute injuries related to work accidents due to poor safety conditions
- ▶ Malnourished
- ▶ Language barrier, person with them gives account
- ▶ Owes a debt
- ▶ Does not have control over money or documents
- ▶ Long work hours, minimal or no breaks
- ▶ Is in poor contact with family

Survivor Voice

- ▶ Presenter may speak about their advice/account if there is a survivor speaker

Testing and Screening

- ▶ Consider labs for malnutrition - CBC, CMP, Magnesium, vitamin A, E, D, B12, folate, iron etc.
- ▶ STI screening: chlamydia, gonorrhea, syphilis trichomoniasis, mycoplasma - swabbing any of the body parts they have sex with including throat and anus, follow up testing
- ▶ Other infectious disease such as hepatitis B and C and HIV with retesting 6 weeks and 3 months after last sexual contact
- ▶ Testing for parasitic infections, tuberculosis, lead, diseases endemic to country of origin
- ▶ X-Rays of injured body parts
- ▶ Head, neck, abdomen CT/MRI/US for trauma related injuries
- ▶ Pelvic exam, pregnancy test

Screening Tools

- ▶ RAFT by Chisolm-Straker (2019):
- ▶ Have you ever worked, or done things in a place that made you feel unsafe?
- ▶ Have you ever been tricked into doing any kind of work you didn't want to do?
- ▶ Have you ever had to leave or quit a work situation due to fears of violence or threats of harm to yourself and family?
- ▶ Have you ever received anything in exchange for sex such as a place to stay, gifts or food?

Screening Tools

- ▶ Six-Item Screening Questionnaire from Greenbaum (2018) for high-risk adolescent populations:
- ▶ Is there a previous history of drug and/or alcohol abuse?
- ▶ Has the youth ever run away from home?
- ▶ Has the youth ever been involved with law enforcement?
- ▶ Has the youth ever broken a bone, had traumatic loss of consciousness, or sustained a significant wound?
- ▶ Has the youth ever had a sexually transmitted infection?
- ▶ Does the youth have a history or sexual activity with more than 5 partners?

Safety and Assessment

- ▶ If possible, try to separate the trafficker from the patient - this can be done by “taking a patient for an x-ray” or “obtaining a urine sample”
- ▶ Be aware that traffickers have been known to monitor those they traffic through electronic devices so separating devices from the patient should be considered
- ▶ A professional interpreter should be utilized for interviewing if needed after the patient is alone
- ▶ There should be a protocol at your institution for signaling that there is a suspected trafficker in the clinic
- ▶ Personnel at all stations should have some training in human trafficking including security and front desk staff

Patient Centered Trauma Informed Care

- ▶ The provider should be alert for signs of physical and/or mental trauma in the patient
- ▶ Create a sense of safety, privacy and collaboration
- ▶ Demonstrate calmness, care, and curiosity about the patient's experience
- ▶ Build trust by showing empathy and support by using the same words the patient uses, i.e personal pronoun preference, respect for gender identity and sexual preferences

Patient Centered Trauma Informed Care

- ▶ Identify and reinforce strengths the patient has and encourage their thoughts and opinions
- ▶ Do not re-traumatize the patient by asking for unnecessary details of their experience
- ▶ Be honest, transparent and sensitive to diverse populations
- ▶ Use the same language the patient uses
- ▶ Ask the patient their preferred name and pronouns
- ▶ If possible, have a provider of the same race and gender involved

Documentation of Human Trafficking

- ▶ Documentation principles are similar to those of domestic violence with HT nuances - should be legible, factual, non-biased, medical language
- ▶ Be careful if you use ICD-10 codes as these may print out on the discharge sheet or online portal and alert the trafficker
- ▶ Do not use legal language “perpetrator”, “victim”, etc.
- ▶ Do not use language which implies doubt on the part of the provider, “pt claims...”, “pt allegedly was trapped in her house...”
- ▶ Do not draw conclusions, just state the facts
- ▶ Use universal abbreviations
- ▶ Be aware your chart is a legal document, inform the patient of this

Documentation of Human Trafficking

- ▶ Describe physical injuries, site, color, shape, size, etc.
- ▶ Take photos if possible with the patient's permission and fill out body maps of injuries, ***“no consent” must be respected***
- ▶ Be aware of injuries that are consistent with abuse patterns and document them appropriately, “lateral left forearm, upper arm and left face bruised”
- ▶ Note mood, affect, demeanor and any sudden unprovoked comments the patient may make, i.e. pt suddenly stated “I think he wants to kill me”
- ▶ Identify the person who hurt them in the patient's words with quotation marks, “My boyfriend hit me”

ICD-10 Codes for Human Trafficking



ICD-10 Human Trafficking Codes

- “LIVE” on October 1, 2018
- Allows for differentiation of human trafficking from other forms of abuse
- Supports appropriate treatment of victims
- Retrieved from:
<https://www.aha.org/system/files/2018-09/icd-10-code-human-trafficking.pdf>

ICD-10-CM Code/ Subcategory	Title
T74.51*	Adult forced sexual exploitation, confirmed
T74.52*	Child sexual exploitation, confirmed
T74.61*	Adult forced labor exploitation, confirmed
T74.62*	Child forced labor exploitation, confirmed
T76.51*	Adult forced sexual exploitation, suspected
T76.52*	Child sexual exploitation, suspected
T76.61*	Adult forced labor exploitation, suspected
T76.62*	Child forced labor exploitation, suspected
Y07.6	Multiple perpetrators of maltreatment and neglect
Z04.81	Encounter for examination and observation of victim following forced sexual exploitation
Z04.82	Encounter for examination and observation of victim following forced labor exploitation
Z62.813	Personal history of forced labor or sexual exploitation in childhood
Z91.42	Personal history of forced labor or sexual exploitation

*Subcategories require additional characters for specific codes. Please refer to ICD-10-CM for complete codes

Response to Trafficking



What Do Healthcare Providers Do About Trafficking?

- ▶ Listen and respond with *trauma informed care*
- ▶ Be culturally responsive and respectful
- ▶ Protect privacy
- ▶ Use interpreters
- ▶ Report to authorities if necessary
- ▶ Refer to appropriate multidisciplinary services like social work, safe house or a SANE nurse
- ▶ Treat the patient medically
- ▶ Offer messages of hope
- ▶ *Be a safe place to come back to*

The PEARR Tool

- ▶ Provide Privacy
- ▶ Educate
- ▶ Ask
- ▶ Respect
- ▶ Respond



Reporting in Texas -Title 5 Chapter 261

Texas family Code

- ▶ Healthcare providers are mandated reporters in Texas
- ▶ Any suspected or confirmed abuse of children, the elderly, or adults with disabilities must be reported the Department of Family And Protected Services
- ▶ Types of abuse include exploitation, neglect and physical, sexual and psychological abuse of children, the elderly and people with disabilities
- ▶ May report by telephone or internet, use telephone if urgent: 1-800-252-5400, or website:
<https://www.txabusehotline.org/Login/Default.aspx>.
- ▶ A healthcare provider can be criminally charged if they do not report, and may not delegate an abuse report

What to Report in Texas

- ▶ Demographics of the patient and people in contact with the patient
- ▶ Findings that confirm or cause suspicion of abuse including the intersection of risk factors and suspicious findings
- ▶ What the parent is doing and who the abuser may be
- ▶ Access to the patient an abuser may have
- ▶ Supervision of the child or disabled/impaired/older adult
- ▶ Record name of operator and case number in the medical record
- ▶ If a case is opened record name of the investigator
- ▶ Report of child abuse must be made ***within 48 hours***
- ▶ Abuse neglect or exploitation of an elderly person, a person with a disability, or an individual receiving services from a provider must be reported ***immediately***.

Law Enforcement

- ▶ It is important to be in collaboration with law enforcement while advocating for the patient's needs
- ▶ Be familiar with federal, state and local law
- ▶ Build relationships with law enforcement
- ▶ Law enforcement is not necessarily entitled to HIPAA protected information

If a Patient Discloses

- ▶ Let them know this is not their fault
- ▶ Let them know they have rights
- ▶ Affirm their agency and choice as much as possible
- ▶ Treat their medical conditions and establish medical trust
- ▶ Affirm a safe clinical environment for the patient
- ▶ Offer support in terms of referrals to community organizations, social workers SANE nurse and counseling
- ▶ Contact Department of Family and Protective Services if any type of child, disabled person, or person over 65 abuse is suspected or confirmed

If a Patient Does Not Disclose or Refuses Resources

- ▶ Prioritize the decision of the patient, support agency
- ▶ *Do not try to get the patient to disclose - it is not the goal*
- ▶ *Do not try to convince the patient to accept resources*
- ▶ Employ harm reduction measures if possible, offer PrEP, condoms, birth control, crisis phone numbers etc.
- ▶ Reaffirm that your clinical environment is there for them and resources will always be available to them
- ▶ If patient is a minor and you suspect trafficking **REPORT**

You Have a Patient Who Is Recovering From Being Trafficked

- ▶ Consider a free or income-based payment process
- ▶ Flexibility with scheduling
- ▶ Preserve their autonomy
- ▶ They may be processing with a social worker or counselor
- ▶ Consider other referrals that may be of help
- ▶ They may continue to do sex work on their own to survive
- ▶ Evaluate for access to medications
- ▶ Needs may change quickly - re-evaluate medical conditions and social determinants of health (food, neighborhood, work, family, healthcare access etc.) on a regular basis
- ▶ They may return to the trafficking life

Institutional and Systemic Actions

- ▶ Advocate for survivor informed training on human trafficking
- ▶ Advocate for protocols for the clinic to be put in place
- ▶ Establish relationships with organizations who help trafficked persons
- ▶ Be aware of vicarious trauma within staff and offer debriefing if detected
- ▶ Participate in research
- ▶ Become an ACT Advocate through NAPNAP



Even in this pandemic, our doors are still open. Visit safeaustin.org/covid-19 to learn more about how we are serving our community safely.



Advocacy and crisis intervention/face-to-face emotional support is available Mon - Fri from 8 a.m. to 4 p.m. Call [512.267.7233](tel:512.267.7233) for more info. You can also text us at [737.888.7233](tel:737.888.7233) or chat [HERE](#).

Our 24/7 confidential SAFEline is available for victims of **DOMESTIC VIOLENCE, SEXUAL ASSAULT, SEX TRAFFICKING, and CHILD ABUSE.** Please Note: Our SAFEline is having episodic problems with our phoneline. If your call does not go through, please



If you or a family member is hurt or in danger, call 911.



If you need to report child abuse, please call: [1.800.252.5400](tel:1.800.252.5400).



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Contact: 512 385 5571, 821 Gunter St, Austin, TX 78702



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Do you, or someone you know, need help?

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24-HOUR HOPELINE 1-800-460-7233 AND HOPELINE CHAT

CHAT IS AVAILABLE MONDAY-THURSDAY FROM 12:00 TO 4:00 PM, FRIDAY FROM 8:00 AM TO 12:00 PM AND MONDAY - FRIDAY FROM 5:00 PM TO





THE ISSUE

OUR WORK

ABOUT US

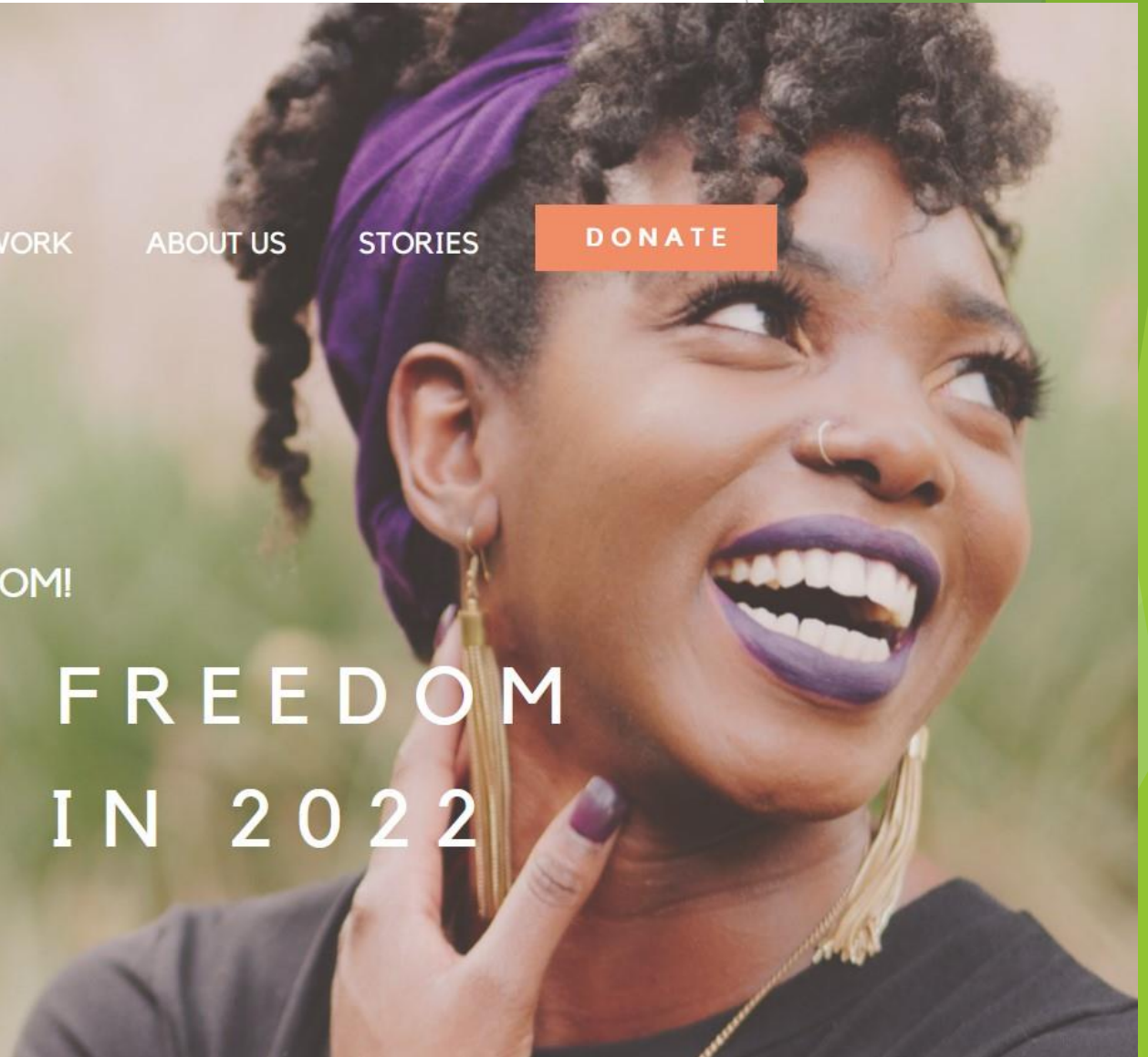
STORIES

DONATE

Last year we celebrated 10 years of FREEDOM!

HERE'S WHAT FREEDOM LOOKED LIKE IN 2022

VIEW OUR IMPACT REPORT



Resources

- ▶ Office of Trafficking in Persons
- ▶ SOAR to Health and Wellness Training
- ▶ HEAL Trafficking
- ▶ National Association of Pediatric Nurse Practitioners
- ▶ Polaris
- ▶ PEARR Tool

Reminders

- ▶ ***DO NOT TRY TO RESCUE THE PATIENT***
- ▶ *The patient must make their own choice given the resources available to them*
- ▶ Stay within your scope
- ▶ Don't make promises you can't keep
- ▶ The window of opportunity is very small, you will maximize your ability to respond if you are prepared
- ▶ Use the same words as the patient
- ▶ Practice good self-care



Last Final Thoughts

- ▶ Properly inform yourself on the nature of trafficking
- ▶ Include labor and sex trafficking in your toolkit of knowledge
- ▶ Always check your statistics
- ▶ Build a trusted network of community support services
- ▶ Call the police or Human Trafficking Hotline or text 233733 for help

National Human Trafficking Hotline:

888 3737 888

Thank You!



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