



**American Hospital
Association™**

Advancing Health in America

Promoting Prevention, Improving Health, and Maximizing Safety Outcomes for Patients Affected by Human Trafficking and Intimate Partner Violence

July 11, 2019

ICD-10 Diagnostic Codes for Human Trafficking

Introduction

Human trafficking is a public health concern many hospitals and health systems are combating every day. It is a crime occurring when a trafficker exploits an individual with force, fraud or coercion to make them perform commercial work or sex.

Data Collection Challenges

While more and more providers are trained to identify and document victims of forced (labor) or sexual exploitation, the existing ICD-10-CM abuse codes fell short of differentiating victims of human trafficking from other victims of abuse. Without proper codes, there was no way for clinicians to classify adequately a diagnosis and to plan for the resources necessary to provide appropriate treatment. This also prevented critical tracking of the incidence and/or reoccurrence of labor or sexual exploitation of individuals.

What's New

As urged by the AHA's Hospitals Against Violence initiative, the first ICD-10-CM codes for classifying human trafficking abuse were released in June 2018. AHA's Central Office on ICD-10, in partnership with Catholic Health Initiatives and Massachusetts General Hospital's Human Trafficking Initiative and Freedom Clinic, proposed the change. Effective FY 2019, unique ICD-10-CM codes are available for data collection on adult or child forced labor or sexual exploitation, either confirmed or suspected. These new codes, which drew support from other hospitals and health systems, may be assigned in addition to other existing ICD-10-CM codes for abuse, neglect and other maltreatment. In addition, new codes are also available for past history of labor or sexual exploitation, encounter for examination and observation of exploitation ruled out, and an external cause code to identify multiple, repeated, perpetrators of maltreatment and neglect.

Required Action

- As coding professionals review a patient's medical record to identify the appropriate ICD-10-CM codes to include, they should be aware of and begin utilizing the ICD-10-CM codes for forced labor and sexual exploitation, listed in Table 1.

- Hospitals and health systems should educate necessary individuals, including physicians, nurses, other health care providers, and coding professionals of the important need to collect data on forced labor or sexual exploitation of individuals.
- Tracking confirmed and suspected cases in the health care system will allow hospitals and health systems to better track victim needs and identify solutions to improve the health of their communities. It also provides another source for data collection to inform public policy and prevention efforts, as well as support the systemic development of an infrastructure for services and resources.

For additional information: Contact **Nelly Leon-Chisen**, RHIA, director of coding and classification, American Hospital Association, nleon@aha.org.

Key Terms

Key Terms Related to Human Trafficking Found in Medical Documentation

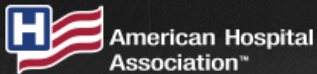
- Human trafficking
- Labor trafficking
- Sex trafficking
- Commercial sexual exploitation
- Forced commercial sexual exploitation
- Forced prostitution
- Forced sexual exploitation
- Forced labor exploitation
- Exploitation of manual labor
- Exploitation of sexual labor
- Exploitation for manual labor
- Exploitation for commercial sex
- Domestic servitude
- Labor exploitation for domestic work
- Force labor exploitation for domestic work

HUMAN TRAFFICKING HAPPENS
IN EVERY COMMUNITY.

HOSPITALS IDENTIFY AND
HELP VICTIMS EVERY DAY.

HOSPITALS CAN HELP.

LEARN MORE.



American Hospital
Association™

Advancing Health in America

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www.aha.org/combating-human-trafficking

HOSPITALS AGAINST VIOLENCE



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FQHCs: Promoting Prevention, Improving Health, and Maximizing Safety Outcomes for Patients Affected by Human Trafficking and Intimate Partner Violence

American Hospital Association
Webinar
July 11, 2019

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Learning Objectives

- Define 3 characteristics of FQHCs mandated by law that differentiate them from other healthcare delivery settings.
- Understand the intersections between human trafficking and intimate partner violence.
- Describe a collaborative model of care between FQHCs and Domestic Violence Programs to respond to human trafficking and intimate partner violence.
- Understand the Futures Without Violence Universal Education framework and the CUES intervention (Confidentiality, Universal Education, and Support) to assess for and address human trafficking and intimate partner violence in a health care setting.

Victims of Trafficking and Violence Protection Act of 2000 (TVPA)

Human Trafficking (HT) is

A. Sex trafficking:

1. A *commercial sex act* induced by *force, fraud, or coercion*,
2. Or in which the person induced to perform such act has *not attained 18 years of age*

B. Labor Trafficking: The *recruitment, harboring, transportation, provision, or obtaining* 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*.



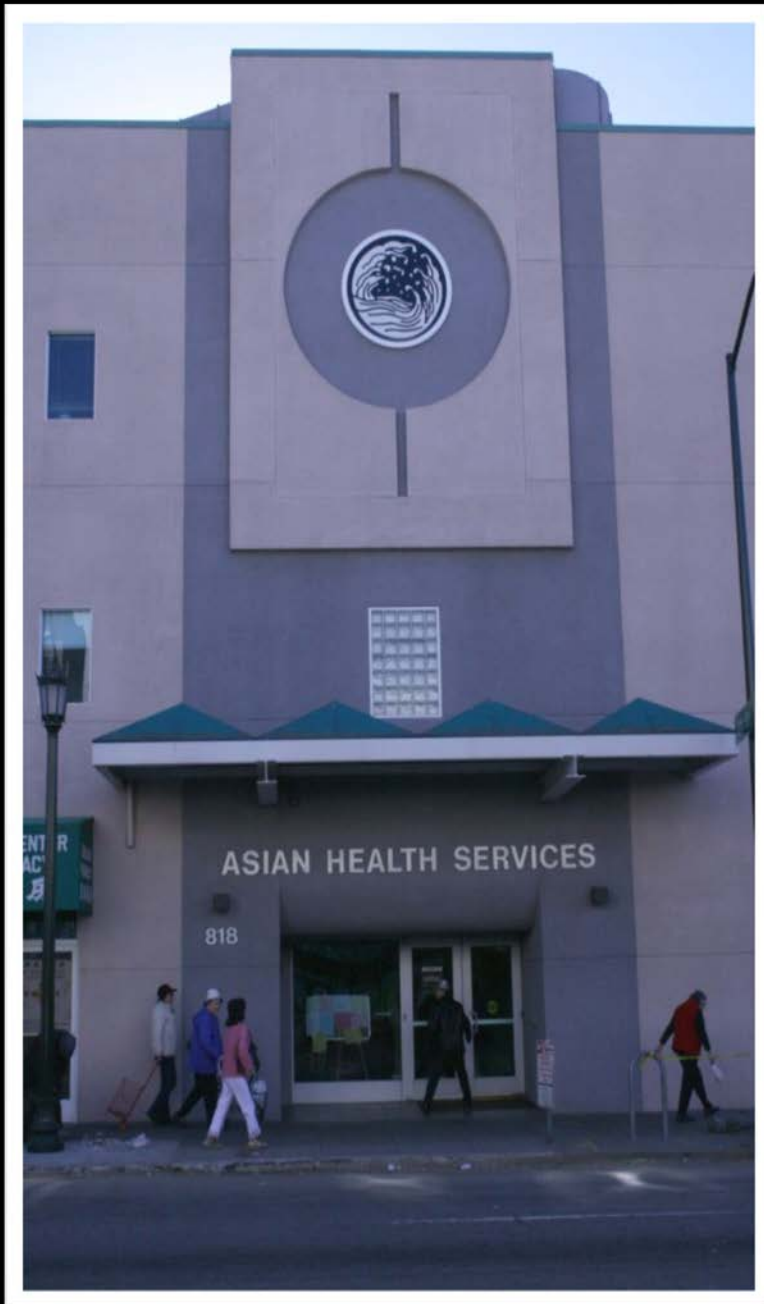
“DH”

“Yeah I did it.
Because she bought
me some video
games I wanted.”



“OT”

“He said that he would fire me, my husband, my brother-in-law, and all the Chin employees at the restaurant!”



“SZ”

“They’re out there,
all trying to poison
me!”



“BK”

“I’d rather *die*
than go back to
jail!”



Why Community Health Centers?

A History Lesson...



“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

— Dr. Martin Luther King, Jr.

Public Health Service Act Section 330

- Numerous financial, clinical, administrative regulations
- Non-profit
- Mission Driven: Service and Advocacy, regardless of income, insurance status
- Medically Underserved Area (MUA) / Medically Underserved Populations (MUP)
- Comprehensive Primary Care
- Community Board of Directors > 51%

Who is Vulnerable to Human Trafficking?

Who is invisible, or harder to see in your state?

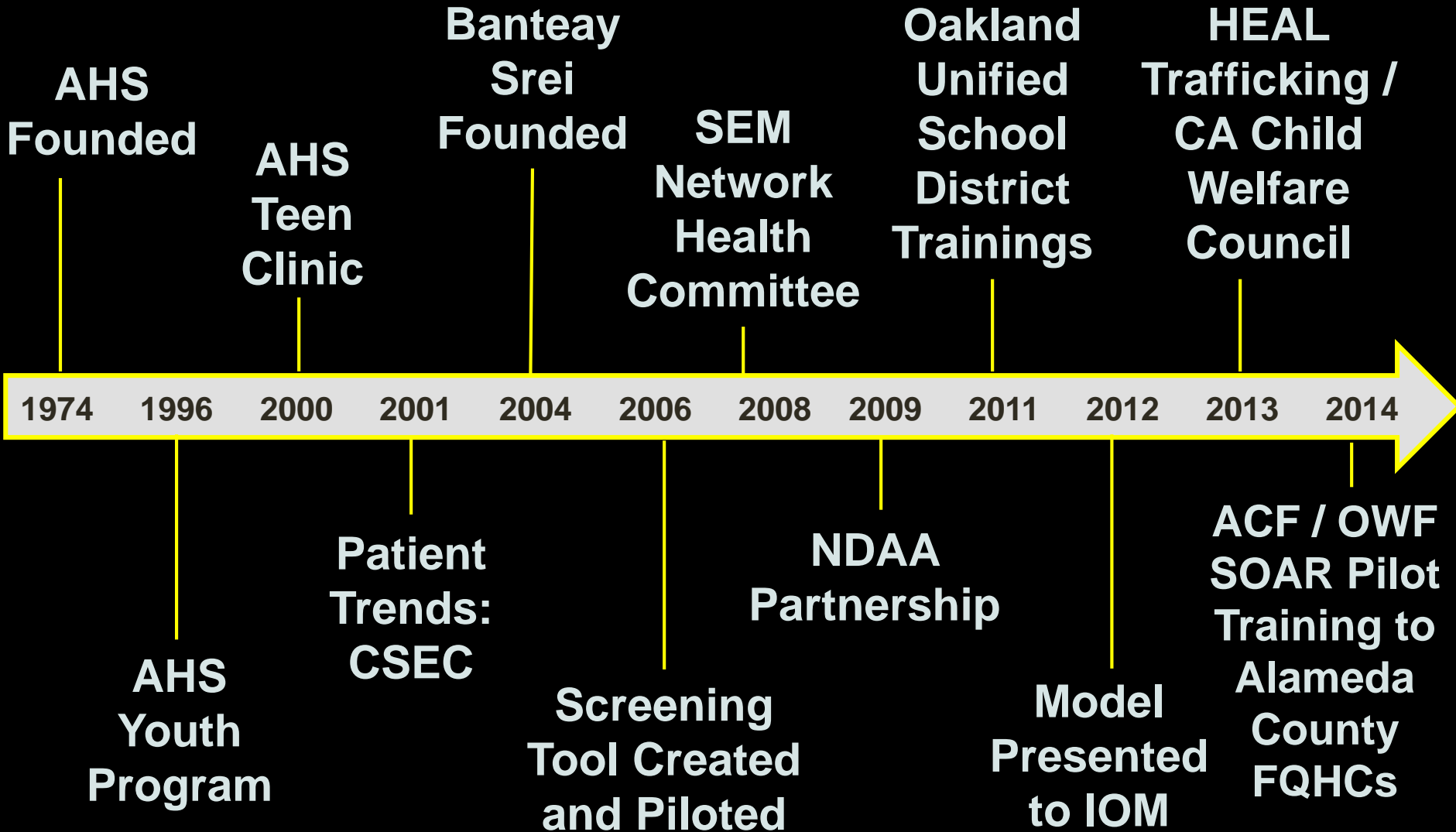
- Runaway and homeless youth
- Immigrants and refugees
 - Documented and Undocumented
- Native populations
- LGBTQ youth
- H2A & H2B Visa workers
- Domestic workers



3 D's: Jobs that are Dirty, Dangerous, Degrading

**Asian Health Services
Responds to Human
Trafficking in Our
Community**

AHS HT Programming Timeline



FQHC Healthcare Delivery and Practice

- Primary Care / Best Practices / Enabling Services
- Integration of Primary Care and Behavioral Healthcare
- Oral Health / Dental Clinics
- Trauma Informed Care and Systems
- Special Populations: HIV, substance use, homeless, LGBTQ, School Based Clinics, etc.
- Training and Technical Assistance
- Medical-Legal Partnerships
- Community Engagement and Partnerships

AHS' Four Prong Approach to Domestic Minor Sex Trafficking

1. **OUTREACH:** Reproductive Health Youth Program
2. **DIRECT SERVICE:** Teen Clinic, Primary Pediatric / Family Care for confidential Reproductive Health Services, School-Based Health Clinics
3. **PREVENTION / HEALTH EDUCATION:** Banteay Srei – youth development program specifically for sexually exploited youth or those at risk for exploitation
4. **ADVOCACY / POLICY / RESEARCH:** informing health policy via advocacy and research

AHS Programs and Policy Initiatives for HT

Direct Service

- Outreach:
 - Youth Program
 - Community Orgs
- Youth Development:
 - Banteay Srei
- Clinical
 - Teen Clinic / Primary Care
 - Behavioral /Mental Health Integration
- Partnerships
 - Community Orgs
 - Medical Legal
 - District Attorney

Research

- Original Research:
 - Screening Tool
 - Protocol Development
 - Evaluation of Clinical Risk Indicators
- Inform Research:
 - IOM
 - Academic participation, teaching, technical assistance
 - Textbook chapters

Policy Work

- Local:
 - Alameda County SEM Network
 - Mayor Summit and School District
 - County Medical Assn
- State:
 - California Child Welfare Council CSEC committee
- National:
 - NDAA
 - ACF / OTIP / NHTTAC
 - HEAL Trafficking
 - AAPCHO / NACHC

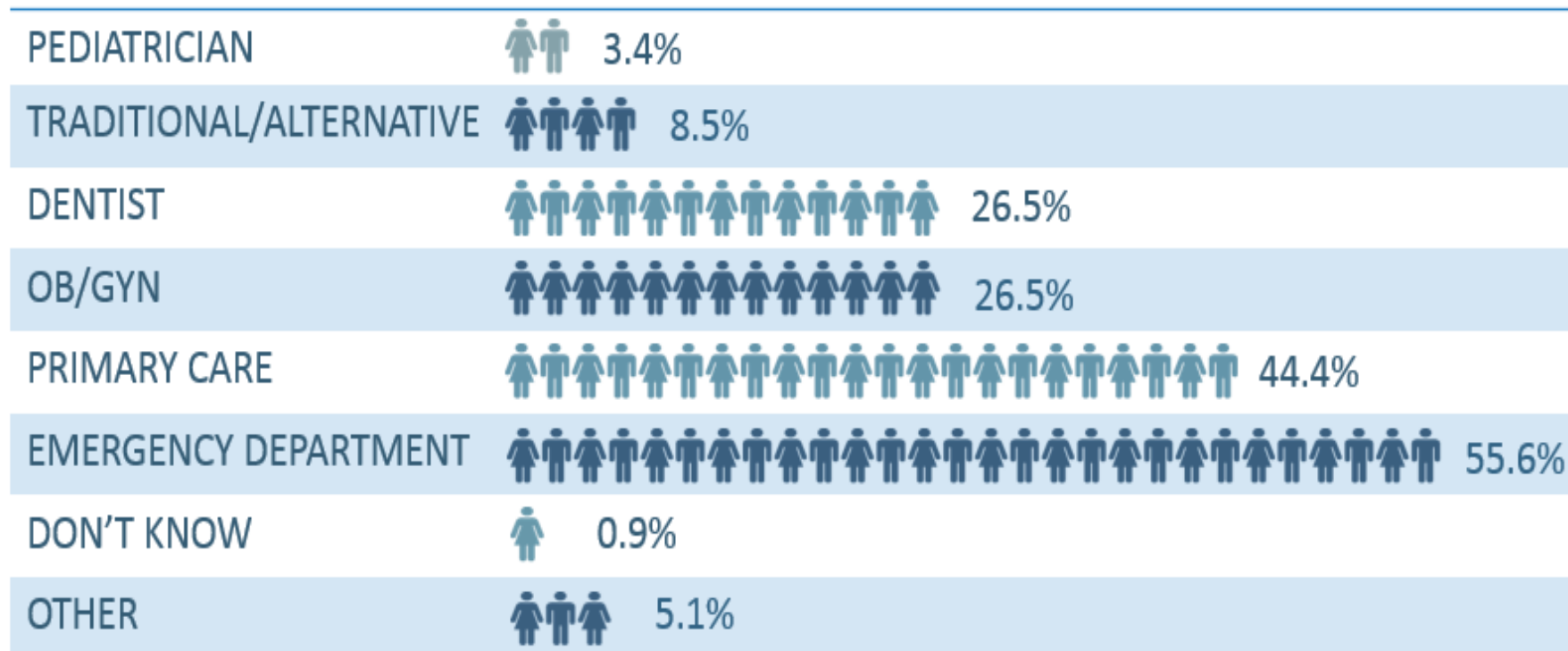
Health Care Intersect

- While being trafficked:
 - 87.8% of trafficked victims encountered a health care provider and 57.1% visited a clinic¹
 - 28-50% of victims in the US encounter health care professionals while being trafficked^{2,3}
 - *None were identified as being trafficked*
- Some trafficked minors may disclose if screened in a clinic⁴
 - *Disclosures MAY occur in a health care setting*
- There are models of care for victims of HT, and those who are vulnerable ^{5, 6}
 - *Once disclosures occur, there are ways for health care to respond; AND we can universally educate / provide prevention resources*

Who they meet

Victims encounter a variety of health care professionals while being trafficked

Percentage of victims who came in contact with health care professionals (by specialty)*



* Some of the 117 victims surveyed received services from more than one category of provider.

Data in chart: Chisolm-Straker M, Richardson L, Baldwin S, Gaigbe-Togbe B, Ndukewe N, Johnson P. Trafficking Victims & Health Care: A Survey of Survivors. Power Point. 2014.

Related study: Chisolm-Straker M, Richardson L. Assessment of emergency department provider knowledge about human trafficking victims in the ED. Acad Emerg Med. 2007; 14 (suppl1): 134

Is
disclosure
the goal?

“CUES” – you’ll hear about today

“I have nightmares about it. I almost died...most times I had been with these clients, *they don't really do anything to me*. They'll beat me up and rape me and stuff like that. But I'm just glad I don't have no AIDS or STDs or died...”

American Teenager

Tan, DK. Samleng Reatrey (Voices of the Night): Memoirs of Young Cambodian American Women. A Culminating Project Presented in Partial Fulfillment of the Requirement for the Degree of Master of Social Work San Francisco State University School of Social Work. May 14, 2007.

The Intersection Between HT and IPV – Power and Control

INDICATORS: LABOR TRAFFICKING

- Workplace abuse and restrictions
- Owes a large debt and is unable to pay it off
- Is not in control of his/her own ID documents
- Was recruited through false promises
- Is unpaid or paid very little

INDICATORS: SEX TRAFFICKING

- Evidence of controlling or dominating relationships
- Signs of physical and/or sexual abuse
- Lack of control of own money/finances
- Signs of drug or alcohol abuse
- Inappropriate dress for weather or situation

A Continuum and Overlap

LABOR TRAFFICKING

- Poor Sanitary Living Conditions
- Occupational Safety and Health Hazards
- Poor Working Conditions
- Toxic Exposures
- Wage and Labor Violations / Exploitation
- Deprivation of Food / Water / Healthcare
- Physical / Psychological / Sexual Abuse
- Migrant Labor Force

SEX TRAFFICKING

- Intimate Partner Violence
- Child Abuse and Neglect
- Child Sexual Abuse
- Community Violence
- Sexual Assault / Rape
- Compelled Criminal Activity
- Poor Sanitary Living Conditions
- Deprivation of Food / Water / Healthcare
- Physical / Psychological Abuse
- Intergenerational Trauma
- Homelessness

Futures Without Violence Project Catalyst

Project Catalyst Partnership Goals

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DV Advocacy Partner

Improve health and wellness for IPV/HT survivors



Warm referral from DV agency to health center



Warm referral from health center to DV agency.



Community Health Center Partner

Improve health and safety through CUES



Why might a survivor choose not to disclose IPV/HT?

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- Shame, judgement, stigma
- Fear, threats
- Fear of systems/police involvement
- Afraid children can be taken away
- Not knowing what is going to happen with the information
- Lack of awareness of victim status and rights
- Lack of knowledge of U.S. laws and contractual obligations (in cases of labor trafficking)
- Language barriers and illiteracy



Is screening effective?

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- The use of structured screening tools at enrollment **does not promote disclosure** or in-depth exploration of women's experiences of abuse.
- Women were more likely to discuss experiences of violence when nurses initiated open-ended discussions focused on parenting, safety or healthy relationships.

(Jack, 2016)



Shifting Away from Screening...

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“No one is hurting you at home, right?”

(Partner seated next to client as this is asked — consider how that felt to the patient?)



“Within the last year has he ever hurt you or hit you?”

(Nurse with back to you at her computer screen)

“I’m really sorry I have to ask you these questions, it’s a requirement of our clinic.” (Screening tool in hand -- What was the staff communicating to the patient?)



An Approach for Patients

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A universal education approach for IPV/HT offers support to those:

- ✓ who have *never experienced* IPV/HT
- ✓ who are *currently experiencing* IPV/HT
- ✓ who may have a *lifetime history* of IPV/HT



Universal Education

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Provides an opportunity for clients to make the connection between violence, health problems, and risk behaviors.



**** If you currently have IPV/HT screening as part of your health center requirements: we strongly recommend first doing universal education.***



CUES: An Evidence-based Intervention

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Confidentiality

Universal Education

Empowerment

Support



CUES: A Brochure-based Intervention

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Take a moment to read this card.
What stands out for you?

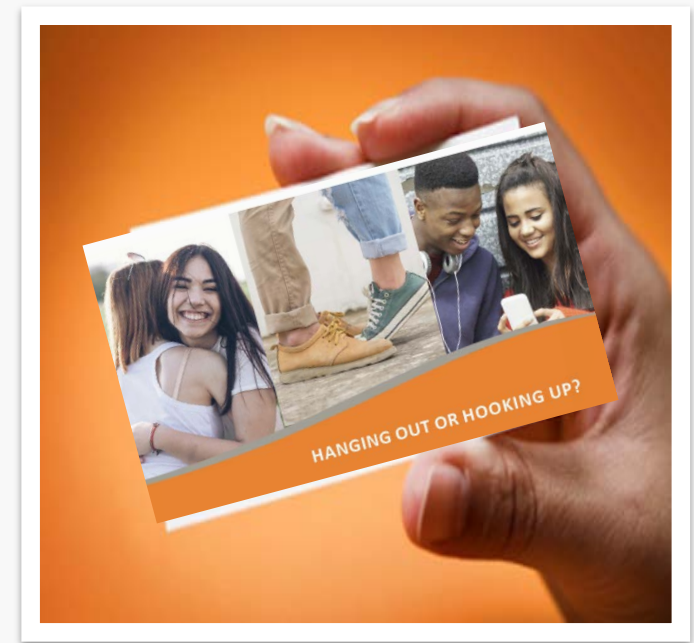


Adolescent Safety Card
Available in English and Spanish

Review Card and Debrief

38

- What did you notice about the first panel of the card?
- And the second panel?
- What about the size of the card?
- Do you think it matters that it unfolds?
- Why might this card be useful to a survivor of IPV or HT?



CUES: An Overview

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C: Confidentiality

See patient alone, disclose limits of confidentiality

UE: Universal Education + Empowerment

Normalize activity:

"I've started giving two of these cards to all of my patients—in case it's ever an issue for you because relationships can change and also for you to have the info so you can help a friend or family member if it's an issue for them."

Make the connection—open the card and do a quick review:

"It talks about healthy and safe relationships, ones that aren't and how they can affect your health....and situations where youth are made to do things they don't want to do and tips so you don't feel alone."

S: Support

"On the back of the card there are 24/7 text and hotlines that have folks who really understand complicated relationships. You can also talk to me about any health issues or questions you have."



C: “We always see patients alone”

40

Before implementing CUES, establish a clinic-wide policy to see patients alone for part of every visit. Post a sign in waiting rooms and exam rooms that reads:



NEW CLINIC POLICY:

For privacy compliance, every patient will be seen alone for some part of their visit.

Thank you for your help.



C: Traditional Script for Disclosing Limits of Confidentiality

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“Before I get started, I want you to know that everything here is confidential, meaning I won’t talk to anyone else about what is happening unless you tell me that you are being hurt physically or sexually by someone, or planning to hurt yourself.”



UE: It Matters How You Frame It

42

"I've started giving two of these cards to all of my patients—in case it's ever an issue for you because relationships can change and also so you have the info to help a friend or family member if it's an issue for them."



A Two-Card Approach

43



“... there is a need to give, to matter, to make a difference; we find meaning in contributing to the well-being of others.”

(J.V. Jordan, 2006)



S: Visit-specific Direct Inquiry

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You can always follow CUES with direct inquiry and share any concern you have about their health issues and IPV/HT

(Normalize) “I always check in with my patients...”:

Primary Care: “Is there anything or anyone preventing you from getting your medication or taking care of yourself?”

Behavioral Health: “Anytime someone is smoking or drinking/using I always want to know how their relationship is going because when relationships are hard it can affect use.”

Reproductive Health: (*Negative pregnancy test—no desire to be pregnant*) “Is anyone preventing you from using birth control or wanting you to get pregnant when you don’t want to be?”



S: Important Reminder

45



**Disclosure
is not the goal
AND
Disclosures do
happen!**



S: What survivors say that they want providers to do and say

46



- **Be nonjudgmental**
- **Listen**
- **Offer information and support**
- **Don't push for disclosure**

(Chang, 2005)



S: Positive Disclosure: One Line Scripts

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- “I’m glad you told me about this. I’m so sorry this is happening. No one deserves this.”
- “You’re not alone.”
- “Help is available.”
- “I’m concerned for your safety.”

Your recognition and validation of the situation are invaluable



S: Providing a “Warm” Referral

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When you connect a patient to a local DV/HT program it makes all the difference. *(Maybe it's not safe for them to use their own phone).*

“If you would like, I can put you on the phone right now with [name of local advocate], and they can help you make a plan to be safer.”



S: Advocates are the Experts

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Domestic violence and sexual assault programs have vast experiences working with survivors of violence.

Advocates assist survivors who have experienced IPV or HT to think and act in a way to increase personal safety while assessing the risks.

Advocates connect patients to additional services like:

- ✓ Housing
- ✓ Legal advocacy
- ✓ Support groups/counseling



S: DV/SA/HT National Hotlines

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National Domestic Violence

<http://www.thehotline.org/>

1-800-799-SAFE (7233)

TTY: 1-800-787-3224

- Live chat 24/7/365
- En Español: 12pm-6pm Hora Central

The Trevor Project

www.thetrevorproject.org

866-488-7386 LGBTQ Youth

National Sexual Assault

<https://www.rainn.org/>

1-800-656-HOPE (4673)

StrongHearts Native Helpline

www.strongheartshelpline.org

1-844-7NATIVE (762-8483)

- safe, anonymous and confidential service for Native Americans affected by DV
- Monday-Friday 9am-5:30pm CST

Trans Lifeline 1-877-565-8860

www.translifeline.org/

National Human Trafficking

www.humantraffickinghotline.org

1-888-373-7888

Text Help to 233733 (BeFree)

3:00pm-11:00pm EST



Evidence in Support of CUES Intervention

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Intervention Results:



Among women in the intervention who experienced recent partner violence:

↓ **71% reduction** in odds for pregnancy coercion compared to control

★ Women receiving the intervention were **60% more likely** to end a relationship because it felt unhealthy or unsafe

(Miller et al. 2010)



Power of CUES Intervention

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Following CUES staff training and implementation:

Textual harassment victimization in the past 3 months decreased:



From **65% to 22%** in school health center

From **26% to 7%** in teen/young adult health center

Clients were overwhelmingly positive about CUES:



84% stated they would bring a friend to the health center if they were experiencing an unhealthy relationship

(Miller, 2015)



National Health Resource Center on DV: Setting/Population-specific Safety Cards

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Setting Specific and Topical

- Adolescent Health
- Behavioral Health
- HIV
- Home Visitation
- Pediatrics
- Primary Care (General Health)
- Reproductive Health and Perinatal

Population Specific

- American Indian/Alaska Native
- College Campus
- Hawaiian Communities
- HIV+ and HIV testing
- Lesbian, Gay, Bisexual, Questioning (LGBQ)
- Muslim youth
- Parents
- Pregnant or parenting teens
- Transgender/Gender Non-conforming persons
- Women across the lifespan

All cards are available in English and most are available in Spanish.

Primary care (general health) card is available in Chinese, Tagalog, and soon Vietnamese, Korean, Armenian and French



National Health Resource Center on DV: Technical Assistance and Tools

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- Setting and pop-specific safety cards
- Webinar series
- Training curricula + videos
- Clinical guidelines
- U.S. State & Territories reporting laws
- EHR and Documentation tools
- Posters
- Technical assistance

To order cards, or for more information, resources and support:

E-mail: health@futureswithoutviolence.org

www.futureswithoutviolence.org/health

Phone: 415-678-5500 TTY: (866) 678-8901





April 28-30, 2020 Chicago, IL

NATIONAL CONFERENCE ON HEALTH AND DOMESTIC VIOLENCE

www.nchdv.org



Health centers are key to violence prevention

Information for promoting domestic violence and health partnerships for domestic violence/sexual assault advocates, and for health centers.

www.ipvhealthpartners.org

Developed by and for community health centers in partnership with domestic violence programs



Defining Success

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Success is measured by our efforts to reduce isolation and improve outcomes for safety and health.



- ✓ Grow strong partnerships with DV advocacy programs
- ✓ CUES approach v. screening alone
- ✓ Confidential environment: see patients alone
- ✓ Offer patients supportive messages
- ✓ Offer patients harm reduction strategies to promote safety and health
- ✓ Make warm, supported referrals to DV advocacy programs
- ✓ Consider IPV/HT for differential diagnosis



“If you can't fly then run,
if you can't run then walk,
if you can't walk then crawl,
but whatever you do you have to keep
moving forward.”

-- Martin Luther King Jr.

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We invite your questions!

To submit a question, please type your question on the left-hand side of your presentation screen.

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HOSPITALS AGAINST VIOLENCE



Thank you!

We value your participation and interest in our AHA Education events.

For further information about this topic, please visit:
<https://www.aha.org/combating-human-trafficking>

