MESSAGE from the PRESIDENT

Unity in Nursing: Being Part of the Team

Jennifer L. Embree, DNP, RN, NE-BC, CCNS

As I drive a distance to work, I have time for reflection several times a week. I need personal time to continue to grow and to be able to think back on life events, and on what I learn from those occurrences. I am blessed with gifts in the form of people, time, and support. I am grateful for supporters and for the opportunities that redirect me daily. I also know that I am never alone. I am thankful to be a part of the larger “team” of nurses.

When I first graduated from nursing school, I worked in a small intensive care unit. I felt that I had to “handle my patients” alone, to prove my worth. At that point in my career, I did not know it was all about the “team,” the “oneness, harmony, agreement, or balance, known as unity.” I felt that asking for help was a sign of weakness in me as a nurse. I learned a useful lesson. It took me several years of being hard on myself and others, to readily ask for assistance. Together, we accomplish more.

With every new role I assumed as a nurse, I had new learning. Lessons continued to shape how I processed information and communicated with others. I had to learn how to temper my words, actions, and how I approached others. Learning appropriate interaction is being part of a team that makes us all part of the same bench strength. With lessons, I meet new and diverse people. If I do not know about them or their differences, I ask what they need from me, and how I can best communicate with them. I am personally grateful to the people who support me so that I can do the work of nursing. Nursing work is all about the person who needs our care, support, or guidance.

I recently reconnected with friends from my first nursing degree. I had not seen my friends since we graduated from college many years ago. As we have spent time together over the last two years, it is as if we were never apart from each other. As nurses, counselors, and therapists, we were all still part of that early team. We have committed to staying in touch. We each draw upon the strengths of each other. We continue to laugh, cry, and feel as deeply. The friendship and love that began on that hard road of our first college experience continue.

After I started my master's degree in nursing as a clinical nurse specialist, my cohort was guided by Dr. Nancy Dayhoff that “you all need to be part of your professional organization!” When I first joined ISNA, I did not know many members or nurses throughout the state. I knew that I lacked knowledge about the political process and the importance of protecting our communities and our nurses. I attended critical care conferences, and other continuing education, and was a member of the critical care organization, but not the association in Indiana that protects my license, nurses, and my community-ISNA.

While in my master's degree in nursing program, there was an opening on the ISNA board for a member at large. I read through the requirements and felt...
I want to share with you Charisse Pratt’s Oncology Certification Story. Charisse’s journey to certification is unique and I think you will be inspired by it as I am.

“Let me begin telling my certification story with the answer to why I became a nurse. I first chose nursing because my daughter was diagnosed with type 1 diabetes when she was 8 years old. At the time, I was a stay at home mom following a career in business and computer science (software engineering). After caring for this child, I said to myself, “I can be a nurse, I can do that job.”

And my mother had graduated from nursing school 7 years earlier, so I felt that following her example, it was doable to go back to school and pursue a different career.

So, I began my shiny new nursing career at a local hospital in the inpatient oncology unit. I chose that job over another because I completed my internship on that unit and I felt that I already had a connection with the staff and patient population. When I started as a new RN, the expectation to achieve Oncology Nursing Certification within 2 years of hire. That seemed like such a daunting task at first, but with the mentoring of the management and the very knowledgeable unit educator who is now retiring after many years of service, I, along with other RNs, was able to prepare for and pass the Oncology Nursing Certification examination and become OCN Certified. OCN certification is important due to the continued Oncology Certification status of the Inpatient Oncology unit at the hospital. Individual certification may be important for personal and career satisfaction, but, in my experience, nobody succeeds in nursing by themselves and nursing certification may also be important to the overall team that you work with in order to be a highly recognized and skilled provider of nursing care and service.

Being an OCN certified nurse requires re-certification every 4 years, and that process helped to guide me to my next career goal, earning a masters in nursing as a family nurse practitioner in May 2017. After graduation and board certification, I continued to build on my oncology nursing career and extend my OCN certification as a nurse practitioner at a Medical Oncology and Hematology practice. I started my new nurse practitioner career at this practice in August and I am privileged to work with an awesome team of very experienced physicians, nurse practitioners, physician assistants, RNs, and medical staff in the oldest, experienced, and most successful oncology practice in this area of Indiana.

The impact that I can make in the field of nursing is that age is just a number. I believe that my success as an adult learner can inspire others to continue to pursue further education in the nursing profession. If I have learned anything over the past 10 years, it is that change is inevitable. Changes are occurring almost daily in the healthcare profession and it takes a commitment to education in order to keep up with the changes, no matter what your age. The field of nursing has embraced the concept of change and I feel fortunate to be part of the momentum that is growing which recognizes and validates the contributions that nurses make every day in patient’s lives as healthcare providers. To be recognized as a patient’s primary health care provider is an awesome responsibility and honor, and one that advanced practice registered nurses can now be part of.

Thanks, Charisse, for sharing your certification story with us!

Now, it’s YOUR turn! Certification is an opportunity to demonstrate your nursing expertise. You may choose that job over another because you completed your internship on that unit and you are glad you did!

Do you want to share your certification story with your colleagues? It may encourage them to join you! Please contact me at SueJohnson26@comcast.net to share your experiences!
Message from the President continued from page 1

confident that I could meet the board member criteria. I filled out the application and asked to be appointed. A board member from southern Indiana was needed, and I was selected to be part of another team—the ISNA board. I had much to learn, and since I am a great listener, I continued to grow in nursing policy knowledge. And I am forever grateful to Ernie Klein and Gingy Harshsey-Mead, our Director of Advocacy and Policy Blayne Miley, and our Office Manager, Marla Holbrook. Joining our board were Denise Monahan, Amy Pettit, and Audrey Hopper. I looked forward to the work of the ISNA Team! Supporting each other is key to helping Indiana nurses and community members.

As I began a full-time faculty role, I had more life lessons and another language to grasp—academese! New teams, new supportive team members, and different guidelines. Just as I began thinking that I had learned the academic language, I was invited back into a health care role as part of my academic world. Although vetted in the needs of the underserved, I had a new much larger health care system environment to traverse. With the support of multiple teams, I felt that I landed in an excellent role.

The teams in a health care system are more extensive than in rural health care. The nursing work in a system is more complicated. I continue to ask myself, "Is it getting better (Lough, 2017). Learning from one nurse leader how she worked so very hard every day. She responded with: "I just keep putting one foot in front of the other (Denny, 2017)." Another great nurse leader says she learned from a sage woman that it is always about that one four letter word that makes all of the difference in the world. I hesitantly asked what that word was. She said "Hope. Never give up hope. When life is very hard, it will get better. (Lough, 2017).” Learning from team members that support each other makes the work fulfilling.

As your elected president, I felt the support of the current team members that have mentored me in the past and new members with relationships to forge or enhance. Continuing to join us are past president Diana Sullivan and Barb Kelly, Treasurer, our Executive Director Gingy Harshsey-Mead, our Director of Advocacy and Policy Blayne Miley, and our Office Manager, Marla Holbrook. Joining our team are former students Drs. Emily Sego, Vice-President, and Leah Scaff, Secretary. The new graduate board member at large, Lauren Wright and I worked together on a nursing leadership institute grant and currently work within the same health care system. Angela Marmat, another tremendous new board member, joins us from southern Indiana. Returning board members are Denise Monahan, Amy Pettit, and Audrey Hopper. I look forward to the work of the ISNA Team! Supporting each other is key to helping Indiana nurses and community members.

In December, the new Board of Directors for the Indiana State Nurses Association (ISNA) met for the first time. A good portion of the time was spent on orientation. What is the role of an Association board? What are the duties of an Association board? These are the questions that were discussed and members learned and or reviewed their duties and responsibilities. The focus of the association is defined by the Mission. The Mission is to provide direction to and a voice for the nursing profession in the healthcare environment and the community. The four core pillars of ISNA that rest on the mission are Unity, Advocacy, Professionalism and Leadership.

Each quarter we pick a core pillar as the focus of the newsletter. As you read the Bulletin keep this in mind. The Indiana State Nurses Association is here to protect the profession and the public. ISNA depends on dues money to accomplish its mission. The only way ISNA gets dues money is by nurses becoming members. So—here comes the ask. Join as a member of ISNA and help protect nursing and help protect the public. Go to www.indianannurses.org and hit the join button.

We have openings for Registered Nurses. A new, 350,000 sq. ft. state of the art facility, conveniently located with easy access just off Interstate 74, about 25 miles SE of Indianapolis, is home to nearly all of our physicians. Patients have their doctors appointment, lab work, and imaging all completed in one location.

All healthcare needs on one campus. The new MHP Medical Center is home to 30 Primary Care providers and 27 Specialist Physicians.

40 private inpatient rooms. Each room has been designed to provide the patient with new technology and to promote shorter patient stays— which equals a cost savings to the patient. Also included in the new MHP Medical Center are 38 outpatient rooms in our newly designed ambulatory Care Center.

For more information on open positions or to apply, visit our website www.mymhp.org

CEO NOTE

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POLICY PRIMER

Blayne Alley, JD
ISNA Director of Policy & Advocacy

Hello nurses, welcome back to Indiana General Assembly season! As you read this edition, your session is already into its second trimester, and there is a flurry of legislative activity that impacts you. ISNA represents you at the Statehouse, and invites all of you to be involved in the discussions that shape your world by being involved in the process. Are you a legislator? If you are interested in learning about policy issues, our upcoming Policy Conference is a great opportunity.

2018 ISNA Policy Conference – February 14th

We have a great lineup of speakers for this year’s Policy Conference in downtown Indianapolis:

- Indiana State Health Commissioner Dr. Kristina Box
- Indiana Family and Social Services Administration Secretary Dr. Jennifer Walthall
- Rylin Rodgers with Family Voices of Indiana
- Rebecca Fotsch, Associate Director at the National Council of State Boards of Nursing

These fantastic speakers will be discussing health policy current events and taking your questions! We also plan to have state legislators stop by to speak to the crowd. Registration is still open. Please click to register at www.indiananurses.org to reserve your seat!

2018 Indiana General Assembly Session Legislation

By my count 117 bills were introduced that potentially impact nurses. ISNA members receive weekly updates from me through the ISNAbler, our e-newsletter, on all of them. Here are some bills of note with where things stand as of late January.

Nurse-Specific Bills

SB 28 – Nurse Faculty Loan Repayment Program

I am thrilled to report a bill was introduced to create a state program to help nurse faculty with student loans as a means of recruitment and retention. This proposal was endorsed by the Interim Study Committee on Public Health, Behavioral Health, and Human Services in the fall, and as of this writing is less than 48 hours from a scheduled hearing before the Senate Health and Provider Services Committee.

SB 410 & HB 1302 – APN Practice

Last year’s HB 1474 had three elements: (1) change APN to APRN, (2) require certification or its equivalent for prescriptive authority, and (3) retire the collaborative practice agreement. Two bills on the subject of APRN practice have been introduced this year. Both are a bit different than last year’s bill, and are works in progress as legislators attempt to find a compromise that both the nursing and medical communities will accept.

HB 1317: Nurse Licensure Compact & More

As part of a bill that touches on multiple health care initiatives, this year’s HB 1317 have Indiana join the NCBSN’s nurse licensure compact. This issue will be the subject of Rebecca Fotsch’s presentation at the ISNA Policy Conference. The last time this issue was before the General Assembly was in 2017. ISNA strongly opposes the compact based on the lack of evidence of the benefits of compacting.

HB 1199: Allow APNs to Validate POST Forms

This legislation would remove a piece of physician-exclusive language from the Indiana Code. Currently only a physician can validate this type of advanced directive, however this bill would add advanced practice nurses and physician assistants. It also formalizes a health care consent hierarchy.

Cancer

SB 23 & HB 1380: Tobacco Cessation

The three tobacco cessation measures that failed last year are back again this year. Public health advocates once again are asking the General Assembly to (1) repeal employment protections for tobacco users, (2) increase the tax on cigarette packs, and (3) increase the minimum age to buy tobacco from 18 to 21.

SB 209: Minors Cannot Use Tanning Salons

Prohibits anyone under 18 from using a tanning bed at a tanning facility. Current law allows 16 and 17 year-olds to do so with parent/guardian permission. The bill contains an exception for medical phototherapy treatment. ISNA worked with the proponents of the bill to ensure this exception is inclusive of advanced practice nurses with prescriptive authority, and is supportive of the bill.

SB 210 & HB 1143: Make Prior Authorization More Provider-Friendly

Requires insurers to post their requirements for prior authorization electronically for all electronic submissions. The insurer must respond to PA requests within 48 hours for urgent care situations and within 5 days for non-urgent care situations. If a request is denied, the insurer shall state the reason why and specify any additional information required. Any appeals of a PA denial must be reviewed by a panel that includes an individual with the same specialty as the provider who proposed or delivered the health care service. This bill is especially relevant for oncology patients.

Opioid Epidemic

SB 106: Add Fentanyl as a Schedule I Controlled Substance

This is in response to the rash of overdose deaths related to fentanyl.

SB 107: Anyone with a Controlled Substance Registration Must Register with INSPECT

Starts with applications and renewals on July 1, 2018 and thereafter.

SB 139: Coroners Must Investigate Overdose Deaths

If the coroner suspects a person’s death was the result of an overdose of a controlled substance, they shall run an INSPECT report, collect and test bodily fluid for controlled substances. The results of these steps shall be shared with the state department of health.

SB 219: INSPECT Gets Overdose Intervention Drug Data and a Watchdog Group

First responders would be required to send information to INSPECT regarding any administrations of overdose intervention drugs. The bill also creates an INSPECT peer review subcommittee to review INSPECT prescribing data looking for prescribing outliers. The subcommittee would ask outliers for an explanation and if the practitioner does not respond or does not provide a satisfactory explanation, the subcommittee can refer them to the attorney general for investigation. The members of the subcommittee are specified, with one being an advanced practice nurse.

SB 221: Practitioners Must Check INSPECT Before Prescribing an Opioid or Benzodiazepine

This is a gradual rollout starting with practitioners who have INSPECT integrated into their EHR systems in 2018. Then in 2019, adding emergency departments and pain management clinics, in 2020 for all hospital patients, and in 2021, for everyone. Includes a waiver if the prescriber’s workplace does not have internet access.

SB 225: Opioid CE Required for Controlled Substance Prescribers

Requires any practitioner with a controlled substance registration to complete 2 hours of continuing education on opioid prescribing and opioid addiction treatment every 2 years. If a practitioner already has a CE requirement, like advanced practice nurses with prescriptive authority, the 2 hours counts for both requirements, it is not in addition to the other requirement. ISNA supports this proposal.

SB 293: Overdose Intervention Drug Administration is Probable Cause for Cops to Get a Blood Test

If a person overdoses and is saved by naloxone, then law enforcement can get a warrant for a blood test to rule out controlled substances. Unlike SB 225, this would add to the CE requirement.

SB 339: Schedule II Drugs Must be Dispensed in a Lockable Vial

Requires pharmacies to sell/dispense schedule II controlled substances in a lockable vial and bill the manufacturer for the cost of the vial. Prohibits the pharmacy from billing the patient for the cost of the vial.

SB 398: Regulate Office Based Opioid Treatment Programs

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Requires the Division of Mental Health and Addiction to oversee office based opioid treatment programs. Sets forth requirements for patients, and allows for the physician to waive those requirements. Requires a physician to conduct the initial assessment and determine dosing and administration of medication, as well as other treatment procedures. Regulates how these programs conduct treatment.

HB 1131: Prescribers Must Discuss Opiate Risks

Before issuing an initial prescription for an opiate, a practitioner is required to discuss the risks of addiction, overdose, concurrent substance use, and the responsibility to safeguard medications. This discussion must be noted in the patient’s medical record. This requirement does not apply to hospice patients.

Cannabidiol

SB 52: Zero THC Hemp Extract

Allows for the manufacture, distribution, and sale of zero THC hemp extract, which the bill excludes from the definition of controlled substances.

SB 214: Legalize CBD Oil

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Replaces the convicted affirmative defense for certain patients passed last year with across the board legalization. CBD oil is defined as a product containing not more than 0.3% THC, at least 5% cannabidiol by weight, and no other controlled substances.

SB 280: Exclude Cannabis from the Definition of Marijuana

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Makes a substance with a THC concentration of 0.3% or lower, or a lower THC concentration, to be excluded from the definition of marijuana. These products would be classified the same as industrial hemp and fiber.

SB 294: Regulate the Sale and Possession of CBD Oil

Requires registration cards for the CBD registry created last year to include a unique identification number and scannable code. Sellers of CBD oil must record the identification number of all the people they sell to.

POLICY PRIMER
POLICY PRIMER

SB 307: Legalize Medical Marijuana
- Creates a state agency to oversee medical marijuana for patients with a physician recommendation.

SB 310: Exclude Low-THC Substances from Definition of Marijuana
- Excludes substances containing less than 0.5% THC from the definition of marijuana.

HB 1224: Interim Study Committee on Cannabidiol
- Asks for an interim study committee to examine the benefits of cannabidiol for patients with chronic conditions.

HB 1273: Physicians and Only Physicians Can Treat a Patient Utilizing CBD Oil
- Allows for the sale, dispensing, and administration of CBD oil by a physician to treat patients. It eliminates the limitation passed last year that only applied to epilepsy, allowing for broader application, and the creation of a patient registry. Does not allow nurses to be involved at all with possession or administration.

School Health

SB 24: Allow Sunscreen in Schools
- Requires schools to allow students to possess sunscreen in school without a doctor’s note and without having to store it in a specific location. The sunscreen must be non-aerosol and FDA approved. School personnel may, but are not required, to assist with application, and have civil immunity. ISNA has been in discussion with the Indiana Association of School Nurses to ensure this bill does not negatively impact school nurses, and both are supportive of the legislation.

SB 65: Require Parental Consent for Sex Education in Schools
- School corporations must make sex ed instructional materials available for inspection by parents and receive parental consent before providing sex ed instruction to students.

Maternal & Newborn Care

HB 1017: Screen Newborns for Spinal Muscular Atrophy
- Adds spinal muscular atrophy and severe combined immunodeficiency (SCID) to the list of required screenings for newborns.

SB 142 & HB 1192: Maternal Mortality & Morbidity Review Committee
- Requires the Department of Health to create a committee to review deaths from any cause related to or aggravated by pregnancy or management of pregnancy, and develop recommendations. Members are appointed by the state health commissioner, and must include individuals representing certain service areas, including midwifery and public health nursing. Health care providers have an obligation to report maternal mortalities to the committee and to provide health care records.

HB 1287: Newborn Blood Testing
- Specifies that the blood specimen must be collected not earlier than 24 hours after birth, except for preterm infants and infants who receive a total exchange blood transfusion. If the newborn is discharged in less than 24 hours after birth, then the sample must be collected immediately (amended from 3 hours) before discharge.

SB 193: Study Committee on Pregnant Women on Healthy Indiana Plan
- Asks for an interim study committee to examine the impact of having pregnant women stay on the Healthy Indiana Plan instead of moving to the Hoosier Healthwise Medicaid Program.

Professional Licensing Agency

SB 223: Healthcare Provider License Renewal Surveys Get Bigger
- Healthcare provider license renewal surveys would be required to collect the following information: (1) each location where the practitioner worked, (2) practitioner’s scope of practice, (3) total number of hours the practitioner worked during the previous two years, (4) number of practitioner’s patients who were enrolled in Medicaid, and (5) percentage of the practitioner’s patients who were enrolled in Medicaid.

HB 1299: Additional Review of PLA Rulemaking
- Requires review of proposed occupational rulemaking to ensure the proposed rules comply with federal antitrust law and are the least restrictive and least costly alternative.

What You Can Do

Whew, that is a lot of proposals that could impact your profession. I am here as a resource for anyone who wants to be involved in health policy. I can help you reach out to your legislators, connect with other stakeholders, and optimize the timing of your advocacy. I also welcome any input on any policy issue, just drop me a line at bmiley@indiananurses.org.
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ISNA/ANA Membership Activation Form

Essential Information
First Name/Last Name
Mailing Address Line 1
Mailing Address Line 2
City/State/Zip
County
Professional Information
Employer
Type of Work Setting (e.g., hospital)
Practice Area (e.g., pediatric)

Date of Birth
Gender Male/Female
Credit Card
Check preference: Home Work
Email address

Current Employment Status (e.g., full-time nurse)
Current Position Title (e.g., staff nurse)
Required: What is your primary role in nursing (position description)?
• Clinical Nurse/Staff Nurse
• Nurse Manager/Nurse Executive (Including Director/CMO)
• Nurse Educator or Professor
• Not currently working in nursing
• Advanced Practice Registered Nurse (NP, CNS, CRNA)
• Other nursing position

Ways to Pay
Monthly Payment $15.00
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Attachment for first month’s payment.
Checking Authority is required for monthly payment in the American Nurses Association (ANA) for 30 days following the month in which the check is submitted. The amount due is determined by the amount of the check, not the amount of the payment.
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ISNA/ANA Membership Activation Form

2018 Policy Conference
Wednesday
February 14
9 am to 2 pm
Lunch Included
For More Information and Registration
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WE WILL HAVE THESE SPEAKERS PLUS LEGISLATORS WILL STOP BY
Dr. Kristina Box, Indiana State Health Commissioner
Rylin Rodgers, Family Voices of Indiana
Dr. Jennifer Walthall, Indiana FSSA Secretary
Rebecca Fotsch, Assoc. Dir. National Council of State Boards of Nursing

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www.indiananurses.org
Kara Tierney, BSN, RN

Now that it’s February, your New Year’s resolution has probably come and gone, whether it was losing a few pounds, starting a new diet, or training for that 5k you’ve been wanting to run. But don’t let the loss of time hinder your progress; NOW is always a perfect time for a fresh start. January first is merely the beginning of a new year to start working on a new you. However, a new you is not always what some people need. There’s always room for improvement no matter who you are, but what’s most important is being comfortable in your own skin. So, embrace new goals and accept room for change; don’t just try to restart as someone new. Get rid of the excuses, make lifestyle changes, and commit to resolutions.

An important aspect to keep in mind while sticking to your goals is your reason behind changing or improving. You must not lose sight of why you want to become a better you. It’s hard to continue on a tough journey without purpose. For example, I’ve always wanted to run a full IRONMAN. However, I’ve always made excuses as to why I couldn’t train for one: it’s too hard, I can’t do it, I don’t have enough time, blah blah blah. This year I finally threw away my excuses and said, “Yes I can!” I told my friend if she signed up, I would sign up too; and here we are.

Maybe starting with a buddy is helpful for you. Begin together and when one of you loses that inspiration (which will inevitably happen. Trust me it happens to me), your buddy can help remind you why you started in the first place and vice versa. So, first find your purpose, commit to your goal, and challenge yourself to complete it! Now that we have all decided to begin our journeys together, let’s pick a goal. Listed below are a range of fun events to sign up for in the spring/summer of 2018. These are just suggestions, so don’t be afraid to find something else you love! Remember, your body can do anything; you just have to convince your mind that you can!

“The key is not the will to win… everybody has that. It is the will to prepare to win that is important.” – Bobby Knight

RUNNING
- Shamrock 5k beer run 3/17/18 – Indianapolis, IN
- Easter Egg 5k 3/31/2018 – Indianapolis, IN
- Wakarusa Maple syrup festival 5k – Wakarusa, IN
- Mini marathon 5/5/2018 – Indianapolis, IN

TRIATHLON
- Eagle Creek Sprint triathlon 6/9/18 – Indianapolis, IN

PADDLE and RUN
- Eagle Creek Paddle and Run 7/21/18 – Indianapolis, IN

OBSTACLE COURSE RACES
- Spartan Race 7/17/18 – Lawrenceburg, IN
- Tough Mudder 8/25 & 26/18 – Chicago, IL

YOGA
- Monumental Yoga (tentative summer date) – Indianapolis, IN

FAVORITE
- Place to work out? Cycle Bar
- Outdoor sport? Snow Skiing
- Animal? My dog Rusty
- Summer event? Country concerts
- Baseball team? Houston Astros

What area of nursing are you in and why did you choose it?
I am on a cardiac medical critical care unit. I chose this specialty because I am intrigued by the complexities of the heart. I learn something new every day and I’m always kept on my toes.

Why do you like working on your unit?
I love the teamwork and camaraderie that my coworkers provide. They’re great teachers and together we provide great care to our patients.

What keeps you motivated to stay fit?
I like outdoor activities so to keep up with what I love, I have to stay in shape!

Brittany Gilson, BSN, RN

HCR ManorCare

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Upcoming Events

DATE TIME EVENT LOCATION
February 14 8:30 am-2 pm Legislative Conference Downtown Indianapolis
Friday, March 2 10 am-1:00 pm BoD Meeting ISNA Headquarters Indianapolis, IN
Friday, March 2 2:00 pm-4:00 pm INF BoD Meeting ISNA Headquarters Indianapolis, IN
Friday, April 20 Noon-2:00 pm IN Nurses Foundation Award Luncheon The Country Club of Indianapolis
Friday, June 15 10 am-1:00 pm BoD Meeting ISNA Headquarters Indianapolis, IN
Friday, June 15 2:00 pm-4:00 pm INF BoD Meeting ISNA Headquarters Indianapolis, IN
Thurs., Sept. 27 5:00-8:00 pm BoD Meeting TBD Indianapolis, IN
Friday, Sept. 28 8:30am-4:00 pm ISNA Convention Knights of Columbus Indianapolis, IN
NEW DATE!
Friday, December 7 10 am-Noon BoD Meeting ISNA Headquarters Indianapolis, IN
Friday, December 7 1:00-3:00 pm INF BoD Meeting ISNA Headquarters Indianapolis, IN
Nurse Unity: A Powerful Work of Art

Audrey Hopper BSN, RN, CPN

Unity is oneness or harmony, but I like to think of nurse unity as a tapestry of many related nursing parts in a complex system working towards one congruent result – like a powerful work of art. To create a beautiful thriving community and world, we need engaged nurses from diverse specialties and backgrounds to come together and explore common purposes and give voice and power to change. My mom, a nurse, always told me that very few people in the world really understand what it means and how difficult it is to be a nurse. What we do is messy, intimate, heart breaking, and exhilarating. That is why I feel recharged after spending time with my nurse friends and why I find such joy and purpose in joining my fellow nurses at ISNA. Do you find uniting with other nurses powerful? In what ways are you connecting and creating your nursing tribe?

This need for unity in the profession of nursing is why ISNAs value pillar of unity is so important. ISNA is the place where nurses can bring passion and knowledge from their nursing silo and join other passionate nurses to increase our power and our purpose. ISNA is engaged in the (1) promotion of the professional/educational development and welfare of nurses, and (2) improving health standards and the availability of health care services for all people. For example, ISNA promotes legislation that includes language needed to protect and promote standards of nursing practice, supports nursing research, and promotes relationships within the nursing community and with the public. Without unity we are limited in our agency (power) to influence change on a larger, long term scale for patients, families, nurses, and our community. ISNA is lucky to have engaged members who are living nurse unity by creating a powerful work of their own communities. If you are thinking of joining us, you will not regret the decision because the support and community you will gain is inspiring – just do it! How are you engaged in your community? Are you feeling connected to your passion and purpose?

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JOIN US FOR A NURSING RECRUITMENT FAIR ON FEB. 27
Stop by the Eskenazi Health downtown campus at 720 Eskenazi Ave. from 3 - 6 p.m. on Feb. 27. The recruitment fair is targeting both new or soon-to-be registered nurse graduates and experienced nurses for multiple inpatient and outpatient nursing areas. Free parking will be available for attendees along with the potential for on-the-spot interviews.

Attention operating room (OR) RNs: There will be a special session for RNs interested in openings in surgery and the OR with tours of the 17 OR suites, including the hybrid endovascular suite.

ESKENAZI HEALTH
1.855.360.JOBS | www.EskenaziHealth.edu/Careers
Each Year the Indiana Nurses Foundation (INF) awards up to two (2) $2,500 Research Grants.

The purpose of the research grants program is to support sound research projects conducted by Registered Nurses in Indiana.

Eligibility:
- Any registered nurse who practices in the state of Indiana.
- Members of ISNA are given preference.
- Projects may be quantitative or qualitative.
- Project must have a sponsoring institution identified in which to send the grant money, if awarded.
- Applications that are not prepared according to the guidelines will not be reviewed and will not be returned.

Deadline:
- The deadline for submitting applications is February 28th this year. Award recipients will be notified in March of each year.
- Research Grants will be awarded at the INF luncheon typically held in March or April; the date, time and place will be posted in the Indiana Nurses Bulletin and on www.IndianaNurses.org or call 317-299-4575 for information.

Grant Proposal Guidelines:
- A cover page is to include the title of the study and the investigator’s name, credentials, address, phone number.
- The completed research proposal and relevant accompanying documents should be sent to:
  Grant Selection Chair
  Indiana Nurses Foundation
  2915 North High School Rd.
  Indianapolis, In 46224

The proposal must include the following along with the cover sheet as noted above:
1. Title Page (required form included).
2. Abstract: in 250 words, single spaced, or less.
3. Total Projected Budget
4. INF Budget – should not exceed the maximum of $2,500
5. Biographical Sketches – For the principal investigator and if applicable, co-investigators, consultants, and academic advisors. A curriculum vitae is not acceptable

APPLICATION CHECKLIST
Please return this checklist form with your application

Principal Investigator’s Name:

1. Title Page – required form
   Included N/A

2. Abstract: Maximum 250 words
   Included

3. Total Projected Budget
   Included

4. INF Budget – should not exceed the maximum for the award category
   Included

5. Biographical Sketches:
   For principal investigator and if applicable, co-investigators, consultants, and academic advisors. A curriculum vitae is not acceptable
   Included

   Included

7. Appendices
   Included

   Appendix A: Cover page, Table of Contents, to be utilized

   Appendix B: Advisor’s evaluation and documentation of committee approval. If not included, application will not be accepted.

   Appendix C: Copy of (I) IRB approval and (II) Human Subjects Review (if applicable). All research proposals that involve human subjects, including questionnaires, must include an approval letter from the IRB or letter of exemption.

   Appendix D: Documentation of Consultation. All consultants must also submit a biographical sketch with the applicant’s application.

   Appendix E: Documentation of Support and Access. If any part of the investigation will be conducted in locations other than the sponsoring institution, include a letter of support and access from each location. If IRB approval is required for access to the facility, indicate in the documentation.

7. Appendices:
   A. Copy of all instructions to be utilized.
   B. Advisor’s evaluation and documentation of committee approval.
   C. Copy of (I) IRB approval and (II) Human Subjects Review (if applicable). IRB approval must be submitted at least 30 days before the date of the luncheon (usually March 31st). The award will be pending receipt of IRB approval.
   D. Documentation of Consultation if applicable
   E. Documentation of Support and Access (if part of the investigation) for which the research will be conducted at locations other than the sponsoring institution.

If a proposal is reviewed but not approved for funding; or if it is reviewed but no funds are available, the proposal will not be returned to the author. The Foundation and the Research Grants Review Committee, that reviews each proposal, will provide no research critique.

There is no mandatory requirement to award grant funds every year. If there are no proposals deemed to be of sufficient merit, funds may be held over to the following year. Proposals not funded may be resubmitted in subsequent funding cycles.

Information obtained about a proposed study during the review process by the reviewer(s) will be kept strictly confidential.

Proposals undergo a blind review by the Research Grant Committee of the Foundation. If a potential conflict of interest exists between a reviewer and applicant, the reviewer will withdraw from the proposal review process.

All publications and presentations emanating from research projects funded by INF must contain the following: “This project was supported in part by a research grant from the Indiana Nurses Foundation, the Foundation of the Indiana State Nurses Association.”

Expectations
- The recipient of the research grant must submit a report to INF describing the progress of the study and/or final results at the end of the calendar year. In addition, the recipient is required to share the progress of the project and/or final results with ISNA members using one of a variety of means: blog post, abstract or article for the Indiana Nurses Bulletin, poster presentation or some other agreed upon means.
- At the end of one year all unused grant funds must be returned to the INF.

GRANT APPLICATION (Title Page)

1. Title of proposal:
2. Name and Degrees of Principal Investigator (only one PI):
   - ISNA membership number if applicable:
3. Last Four of the Social Security Number:
4. State Number, Expiration of RN License:
5. Name of Affiliate organization or Institution (include city and state):
6. Home Address:
   Phone:
   E-mail:
7. Work Address:
   Phone:
   E-mail:
8. Mail INF correspondence to [ ] Home [ ] Work Address
9. Is the proposed study part of the investigator’s thesis or dissertation? [ ] Yes [ ] No
   If yes, has the thesis or dissertation proposal been successfully defended? [ ] Yes [ ] No
10. Are human subjects involved? [ ] Yes [ ] No
    If yes, is documentation of Human Subjects Review included with this application? [ ] Yes [ ] No
11. Are animal subjects involved? [ ] Yes [ ] No
    If yes, is documentation of Animal Research Laboratory Accreditation included with this application? [ ] Yes [ ] No
12. I, the undersigned, certify that the statements in this application are true and complete to the best of my knowledge and accept, if a grant is awarded, the obligation to comply with terms and conditions in effect at the time of the award.

Signature of principal investigator Date

The Foundation of the Indiana State Nurses Association
2915 N. High School Road • Indianapolis, IN 46224
Phone: 317-299-4575 • Fax: 317-297-3525
www.Indiananurses.org
*updated 10/6/2016

13. Affiliates organization in charge of administering funds:
14. Name and title of official from affiliates organization (from #13) responsible for administration of funds and submission of final financial report:
15. Address:
   - Phone:
   - Fax:
   - E-mail:
16. I, the undersigned, certify that the statements in this application are true and complete to the best of my knowledge and accept, if a grant is awarded, the obligation to comply with terms and conditions in effect at the time of the award.

Signature of Official (from #14) Date
RESEARCH GRANT CRITERIA

ABSTRACT

Principal Investigator: ____________________________

Research Title: ________________________________

TOTAL PROJECT BUDGET

Research Title: ____________________________________________________________

A. What is the total amount needed to complete this project? $____

B. If the total amount exceeds the maximum amount of the award granted by INFS, please list any additional sources and amounts of funding already obtained for the project (include in-kind goods and services committed).

Describe what research expenses these funds will cover.

C. If the total amount exceeds the maximum amount of the award granted by INFS, please list any additional sources to which you plan to submit the proposal or to which you have submitted and notification is pending. Provide the date you expect to be notified of the outcome, the amount requested and the research expenses the budget will cover. It is the responsibility of the applicant to notify INFS immediately when additional funding is awarded. Failure to do so may result in disqualification.

D. Please explain how the proposed project will be modified if funding from INFS is obtained, but funding from other sources is not obtained.

INF BUDGET

Research Title: ________________________________

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<tr>
<th>Category</th>
<th>Cost Center</th>
<th>Amount</th>
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<td>TOTAL</td>
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ALL ITEMS ABOVE MUST INCLUDE JUSTIFICATION

RESEARCH AND PROFESSIONAL EXPERIENCE

Starting with the present position, list all or most representative publications. List all previously funded research and indicate your role in the project e.g., principal investigator, co-investigator. All funded research listed must include the total project budget. Attach up to a maximum of three (3) pages for each individual.

BIOGRAFICAL SKETCH

Research Title: ________________________________

(Photocopy form as needed)

COMPLETE THIS FORM FOR PRINCIPAL INVESTIGATOR, CO-INVESTIGATOR(S) AND ADVISOR(S)

Name: ________________________________

Are you a U.S. Citizen? [ ] Yes [ ] No (indicate visa/expiration if applicable):

Current Title and Place of Employment:

EDUCATION (begin with baccalaureate training and include postdoctoral)

<table>
<thead>
<tr>
<th>Institution/Location</th>
<th>Degree</th>
<th>Year Conferred</th>
<th>Scientific Field</th>
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</table>

Major Research Interest/Area of Expertise

[ ] Principal Investigator
[ ] Co-Investigator
[ ] Consultant
[ ] Academic Advisor
[ ] Other:

Briefly describe the role of this individual in this project:

APPENDIX B

ADVISOR'S EVALUATION FORM

Research Title: ________________________________

This form must be completed and signed if the proposed project is for the applicant’s thesis or dissertation.

Name of Applicant:

Name of Advisor:

Advisor’s Title and Place of Employment:

Advisor’s Signature: __________________ Date: ________

1. Applicant’s status: [ ] Master’s Student [ ] Doctoral Student

2. Status of research project (check all that apply)
   [ ] INF Proposal approved by thesis advisory committee (Attach document).
   [ ] INF Proposal approved by dissertation advisory committee (Attach document).
   [ ] Pilot testing completed.
   [ ] Data collection is in progress (specify status):

3. Evaluation of the applicant:

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<td>Ability to express self in writing</td>
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Understanding Human Trafficking in the Nursing Sector

This independent study was developed by Christina Conrad, LSW, Anti-Human Trafficking Case Manager, The Salvation Army, Columbus, Ohio. The original manuscripts were made by Ruth Downing, MSN, RN, CNP-SANE-A, Founder and President, Forensic Healthcare Consulting.

OUTCOME: The nurse will be able to explore the issue of human trafficking and identify, as well as communicate, with potential victims of trafficking.

This independent study has been developed for nurses to explore the issue of human trafficking and meet the content requirements to be awarded for successful completion of this independent study.

The Ohio Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation (20001-91). Expires: 9/2018. Copyright © 2011, 2014, 2015 Ohio Nurses Association

DIRECTIONS
1. Please read carefully the enclosed article “Understanding Human Trafficking in the Nursing Sector” and the case study.
2. Complete the post-test, evaluation form and the registration form.
3. When you have completed everything of the information, return the following to the Indiana State Nurses Association at 2915 N. High School Blvd., Indianapolis, IN 46224.
   a. The post-test; completed registration form; and check; and evaluation form.

The post-test will be reviewed. If a score of 70 percent or better is achieved, a certificate will be sent to you. If a score of 70 percent is not achieved upon completion of the first score and a second post-test will be sent to you.

We recommend that this independent study be reviewed prior to taking the second post-test. If a score of 70 percent is achieved on the second post-test, a certificate will be issued.

If you have any questions, please feel free to call the Customer Service Department at 800-823-8412 or visit https://www.indianastate nurses.org or the Indiana State Nurses Association at 317-299-4575.

The authors and planning committee members have declared no conflict of interest.

Disclaimer: Information in this study is intended for educational purposes only. It is not intended to provide legal and/or medical advice.

STUDY
The red number two just clicked to a three on the digital clock that sat cocked on the end of the cabinet across the room. It’s now 11:53 pm. The time is difficult to read because this guy didn’t even bother to turn off the lights when he came in to see you; the numbers are faint. The rank smell of the sheets is infiltrating your senses as your face is being thrust into the bed. A headache ensues as you taste the dry smell of cigarette smoke that permeates the fabric from years of people ignoring the “no smoking” sign. Click. The clock changes again, one second.

This criminal enterprise tied with arms dealing (illegal weapon sales) and second only to the dealing of illegal drugs worldwide (The U.S. Department, 2011). The Trafficking in Persons Report of 2010 tell us that the major forms of trafficking in persons include: Forced Labor, Bonded Labor (including Debt Bondage Among Migrant Laborers), Involuntary Servitude, Forced Child Labor, Child Soldiers, Forced Prostitution (Sex Trafficking), and The Commercial Sexual Exploitation of Children (including Child Sex Tourism) (U.S. Department of, 2010). These categories are all roughly placed into two different groups; that of Sex Trafficking and Labor Trafficking. The estimated global annual profits made from the exploitation of all trafficked persons or forced labor is $150 billion based on U.S. currency (The International Labour Organization 2014).

Breaking Down the Definition
Generating a solid understanding of the definition of human trafficking is important as this crime involves many forms of abuse and related offenses.

Deciphering the parties involved (the perpetrators, victims, and sometimes customers) and their role in the crime of human trafficking presents a challenge. Traffickers use unique ways of recruiting, trapping, and exploiting their victims to the crime can easily go un-recognized or misinterpreted as another. The Victims of Trafficking and Violence Protection Act of 2000 (TVPA) clearly states the definition of human trafficking as a recognized illegal activity (Department of Health, 2003).

The term “severe forms of trafficking in persons” includes the following:

Sex Trafficking: A commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age (U.S. House of Representatives, 2008).

In the United States there are aspects of the commercial sex industry that are legal like strip clubs, forms of pornography, and areas of prostitution. This can make separating the individuals who are legally involved in the sex industry from those who are trafficked difficult. Each trafficking situation involves a unique individual and corresponding story. When contemplating if a patient you are treating is a victim of trafficking, utilize the TVPA’s definition by looking at the five areas of focus: Force, Fraud, Coercion, Definition of “commercial sex act” and Age.

1.) Force: Any physical restraint or causing serious harm (U.S. House of Representatives, 2008). An example would be a woman physically overpowered, tied down to a bed, or locked in a hotel and raped by a trafficker or customer (more commonly referred to as a “John”).

Indepedent Study continued on page 14

Tenure-Track Faculty
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For additional information, contact Dr. Amy Wonder, Search Committee Chair at awonder@iu.edu, (812) 855-1734, or William Weiss, Human Resources Coordinator, at wweiss@iu.edu (317) 274-3796.

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<td>- Pain Management</td>
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<td>- Wound Management*</td>
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* Designated hours of Pharmacology

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Independent Study continued from page 13

U.S. (U.S. Department of State, 2003). Those numbers of course do not include all of the citizens who are also controlled and exploited. We know from the Center for Missing and Exploited Children that there are at least 100,000 US children caught up in commercial sexual exploitation (CSE), with the belief that there are upwards to 300,000 minors victimized (April, 2010).

3.) Coercion: Threats of serious harm to or physical restraint against any person; the abuse or threatened abuse of the legal system (U.S. House of Representatives, 2008).

4.) “Commercial Sex Act.” Any sex (prostitution, stripping, and pornography) that is the type most common in our society. More importantly, the victims of this type of trafficking are knowingly and unknowingly being treated in our nation’s medical centers on a daily basis. The health care provider plays a key role in their rescue and rehabilitation using the specific skills s/he possesses and the opportunities available through their facilities.

The Prevalence of Human Trafficking in the United States

The Statue of Liberty, the American Flag, and the Constitution of the United States represent the freedom and justice for all citizens on our soil. Men and women have fought and died to honor and protect these principles for which our nation exists. Understanding our society’s value of freedom makes it easier to see how the issue of human trafficking is largely hidden. 'Slavery' is often considered to be a term of the past. Most people cannot fathom that there are currently people who are made to work physically or at a specific trade without pay or freedom of movement. These victims have been found and rescued from agricultural areas, factories, restaurants, hotels, and family homes. There are various forms of labor traffickers entrap their victims and utilize them for their personal profit but debt bondage is most commonly used. This is when a trafficker establishes an inflated fee (based on transportation and living costs) that the victim must pay back before they obtain freedom. A trafficker may insist that a young man pay him $1,200 US dollars as reimbursement for the cost of the van ride, meals, and apartment stay when crossing a border. The trafficker will then not pay the young man back once they are in a foreign country. For this reason, labor trafficking is modern day slavery. Times and technology have changed the way this is done, but the idea of taking humans alive and selling them is the same with modern day slavery.

This essay will address occurrences of Labor Trafficking and its reproductions but not in extensive detail. The primary focus of this essay will be to provide education along with the trafficking act if it is the type most common in our society. More importantly, the victims of this type of trafficking are knowingly and unknowingly being treated in our nation’s medical centers on a daily basis. The health care provider plays a key role in their rescue and rehabilitation using the specific skills s/he possesses and the opportunities available through their facilities.

Human Trafficking in the Health Care Setting

Health care facilities can be a place of refuge and restoration for victims of trafficking. The traffickers know there is opportunity for their crimes to be committed in the health care setting. Victims are typically brought into hospitals and clinics only when injuries and ailments are life threatening or debilitating enough to affect the victim’s ability to make money. One European study found that 28% of those surveyed thought it was a problem in the health care system at least one time during their captivity (Family Violence Prevention, 2005). Regrettably not one of these encounters resulted in the trafficking victim being rescued. This is most likely attributed to a lack of training necessary to understand this type of trauma. Knowing this will directly affect your ability to move forward in treating the victim and aiding in their rescue.

The Mindset of the Victim

Anytime a person experiences trauma, their attitude is severely altered which is then linked to behavior change. Trauma can be broken into two areas, physical and psychological. Physically speaking, trauma is often caused by injury or shock to the body (The American Psychiatric Association, 2000). Psychologically it is an event outside your control in which you experienced or witnessed a severe physical threat” (Najavits, 2002). The vast majority of human trafficking victims experience a trauma that begins and ends in the health care setting. A recent study showed you have a golden opportunity to reach out to victims. The health care system is one of only four fields where workers are likely to encounter a victim of human trafficking while they are still in captivity. The others are clergy, law enforcement, and school systems (Cranie, & Moreno, 2011). That is why the duration of this essay will discuss the signs and symptoms trafficking victims typically present when accessing treatment. You will gain an understanding of the victim’s situation and your role in helping detect them directly. This is necessary to understand this crime and its victims.

Adult Victims

Adult victims of human trafficking are typically overlooked. This is because outsiders (friends, social service providers, family, and HCPs) assume that since they are adults, they are free from the abuse. Family and friends may assume that if the young woman was old enough to leave she would have left. When outsiders do not take a second look to see what is guiding the adult’s decisions, they tend to make negative assumptions which leads to stigma. For example, many times a patient may come into a hospital who is a known sex worker. Nursing staff may assume “that’s a filthy lifestyle and she has a bad

The Bulletin February, March, April 2018

Independent Study continued from page 13

2.) Fraud: According to the TVPA, fraud refers to a false promise made to the victim by a trafficker to lure or entrap the victim as a means of control (U.S. House of Representatives, 2008). Examples of fraud include promises for specific amenities or lucrative opportunities. The intent is to cause the victim to believe that failure to perform an act would result in serious harm or to physical restraint against the victim. The victim is aware of or threatened abuse of the legal system (U.S. House of Representatives, 2008).

3.) Coercion: Threats of serious harm to or physical restraint against any person; the abuse or threatened abuse of the legal system (U.S. House of Representatives, 2008).

4.) “Commercial Sex Act.” Any sex (prostitution, stripping, and pornography) that is the type most common in our society. More importantly, the victims of this type of trafficking are knowingly and unknowingly being treated in our nation’s medical centers on a daily basis. The health care provider plays a key role in their rescue and rehabilitation using the specific skills s/he possesses and the opportunities available through their facilities.

The Prevalence of Human Trafficking in the United States

The Statue of Liberty, the American Flag, and the Constitution of the United States represent the freedom and justice for all citizens on our soil. Men and women have fought and died to honor and protect these principles for which our nation exists. Understanding our society’s value of freedom makes it easier to see how the issue of human trafficking is largely hidden. ‘Slavery’ is often considered to be a term of the past. Most people cannot fathom that there are currently people who are made to work physically or at a specific trade without pay or freedom of movement. These victims have been found and rescued from agricultural areas, factories, restaurants, hotels, and family homes. There are various forms of labor traffickers entrap their victims and utilize them for their personal profit but debt bondage is most commonly used. This is when a trafficker establishes an inflated fee (based on transportation and living costs) that the victim must pay back before they obtain freedom. A trafficker may insist that a young man pay him $1,200 US dollars as reimbursement for the cost of the van ride, meals, and apartment stay when crossing a border. The trafficker will then not pay the young man back once they are in a foreign country. For this reason, labor trafficking is modern day slavery. Times and technology have changed the way this is done, but the idea of taking humans alive and selling them is the same with modern day slavery.

This essay will address occurrences of Labor Trafficking and its reproductions but not in extensive detail. The primary focus of this essay will be to provide education along with the trafficking act if it is the type most common in our society. More importantly, the victims of this type of trafficking are knowingly and unknowingly being treated in our nation’s medical centers on a daily basis. The health care provider plays a key role in their rescue and rehabilitation using the specific skills s/he possesses and the opportunities available through their facilities.

Human Trafficking in the Health Care Setting

Health care facilities can be a place of refuge and restoration for victims of trafficking. The traffickers know there is opportunity for their crimes to be committed in the health care setting. Victims are typically brought into hospitals and clinics only when injuries and ailments are life threatening or debilitating enough to affect the victim’s ability to make money. One European study found that 28% of those surveyed thought it was a problem in the health care system at least one time during their captivity (Family Violence Prevention, 2005). Regrettably not one of these encounters resulted in the trafficking victim being rescued. This is most likely attributed to a lack of training necessary to understand this type of trauma. Knowing this will directly affect your ability to move forward in treating the victim and aiding in their rescue.

The Mindset of the Victim

Anytime a person experiences trauma, their attitude is severely altered which is then linked to behavior change. Trauma can be broken into two areas, physical and psychological. Physically speaking, trauma is often caused by injury or shock to the body (The American Psychiatric Association, 2000). Psychologically it is an event outside your control in which you experienced or witnessed a severe physical threat” (Najavits, 2002). The vast majority of human trafficking victims experience a trauma that begins and ends in the health care setting. A recent study showed you have a golden opportunity to reach out to victims. The health care system is one of only four fields where workers are likely to encounter a victim of human trafficking while they are still in captivity. The others are clergy, law enforcement, and school systems (Cranie, & Moreno, 2011). That is why the duration of this essay will discuss the signs and symptoms trafficking victims typically present when accessing treatment. You will gain an understanding of the victim’s situation and your role in helping detect them directly. This is necessary to understand this crime and its victims.

Adult Victims

Adult victims of human trafficking are typically overlooked. This is because outsiders (friends, social service providers, family, and HCPs) assume that since they are adults, they are free from the abuse. Family and friends may assume that if the young woman was old enough to leave she would have left. When outsiders do not take a second look to see what is guiding the adult’s decisions, they tend to make negative assumptions which leads to stigma. For example, many times a patient may come into a hospital who is a known sex worker. Nursing staff may assume “that’s a filthy lifestyle and she has a bad
The varying affects, it is evident that sex dramatically human relationship. My experience in working judge them, they rarely have a concept of a healthy feel worthless.

range as that of combat veterans (Farley, 2003). The different countries. They found the level of PTSD resistant to change (Bisson, & Andrew). One research experiences a traumatic event. The symptoms that reach a point of complete mental defeat as they give to their situations but it is only a defense mechanism used to evade further pain. Victims learn ways to their situations but it is only a defense mechanism used to evade further pain. Victims learn ways to their situations but it is only a defense mechanism used to evade further pain. Victims learn ways to

Minor Victims

When children are violently stripped of their innocence through painful labor and sexual aggression, they are left with an equal burden of shame. This phenomenon ensues because the trauma of sex trafficking involves kidnapping, restraint, brainwashing, ongoing sexual molestation, deprivation of physical needs (proper sleep, medical care, nutrition), and over use of the body from a developmental standpoint. The core symptoms that result from these forms of trauma result in thought patterns which include Shame, Powerlessness, Betrayal, and Ambivalence. These core concepts were identified by Megan Crawford, a licensed Social workers who constructed victims of sex trafficking in Columbus Ohio, in combination with theories from Dr. Dan B. Allender.

Shame: Girls who are trafficked feel shame. The shame exists despite the fact that it is produced by situations which are not their fault and more importantly out of their control. The girls are made to believe that they enjoy the sexual activity and are willing participants. This creates a sense of guilt if she doesn’t cooperate, but vocalizing that she is obtaining pleasure from the act as a “good” adult woman should do. They may still do the same activity at the developmental stage of childhood and adolescence. Many times actual sexual arousal happens despite the fear. This mixed with the natural desire for love and intimacy creates conflict. The girls hate and mistrust their hunger for male relationships as all previous relationships have been damaged.

In reality, the shame and pain felt results from failed trust. However, children are not able to process this truth so in attempts to protect them from further pain, girls begin to blame themselves and develop self-loathing behaviors. Girls often listen to the lies and decide that they are the source of their own misery. This is easier than attempting to understand the magnitude of the abuse they are suffering at the hands of those who are supposed to care for them properly.

Powerlessness: Minor victims feel powerless which results in despair and becoming emotionally dead to the surrounding world. This happens because there is a major “loss of self”. Girls feel like strangers in their own skin as they’re disconnected from their bodies as a result of a trauma. When you are a victim of trafficking, you are owned by someone else. As a young victim, you become bonded to that abuser and your identity is what they create. You don’t have your own likes or dislikes. What type of things you like; the places you go, what clothing you wear are all decided by the pimp. Stunting this growth process is very damaging because adolescence is the crucial stage of development when identity is formed.

Therefore, you typically become molded for life with the individuality generated by the one exploiting you (Crawford, 2011). It becomes hard to

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differentiate the lies from the truths. More often than not, the negative coercion will overpower the truth and girls develop hardened hearts, self-hatred, aggressive attitudes, distrust of others, and identity confusion. Girls may wholeheartedly adopt the belief that they are “stupid or naïve,” “worthless or stupid,” “completely used and discarded,” and undeserving of kindness (Crawford, 2011). That is until someone can come in and guide them to view themselves with compassion.

Betrayal: Girls feel the major effects of betrayal because they are betrayed by people who promise to protect them. The costs of this are destructive and the following are produced:

- Traumatic Bonds: Girls feel the major effects of betrayal (trafficker) (Allender, 2008). Dr. Allender is quoted as saying “central to understanding ambivalence is the fact that the very thing that was despised also brought some degree of pleasure.” It makes sense that a girl who was starved for love and attention her whole life received those to some degree from her trafficker. In the back of a girl’s mind she knows that the very person who is abusing her has the power to save and protect her from worse harm. This Traumatic Bond becomes a form of “love language” that they use to relate to other people. Due to this effect, after a child victim attains freedom they may sometimes return to the trafficker/pimp because their sense of self is so engrained in that individual (Crawford, 2011).

- Secondary effects of trafficked girls drastically affect their behaviors and future health. Many surface in unusual ways like: sexual promiscuity, addiction, complete or loss of sex drive. Regardless of where they lie on the spectrum, all minor victims of trafficking may exhibit. Assess for the following (U.S. Department of, 2008) (Hughs, 2003):
  - The patient is accompanied by another person (who seems controlling).
  - The accompanying person insists on giving health information.
  - The patient acts unusually fearful or withdrawn.
  - The patient does not speak English.
  - The patient speaks some English, but someone else is speaking for him or her.
  - The patient has recently been brought to this country from Eastern Europe, Asia, Latin America, Canada, Africa, or India.
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- Distortion & Denial: - A haunting feeling of mistrust - The victim/survivor will live in a haze and lack objectivity (Allender, 2008). Loss of a Hope for Strength & Justice - gives - gives girls a haunting sense of blame and shame that is persistent and unrelenting.

- International Victims: - International victims of trafficking face many barriers that prevent them from becoming free. - Foreigners trafficked into the U.S. are not only traumatized but are completely out of the comfort of their home culture. These victims do not understand the people, language, or cultural norms of the United States. Traffickers feed false realities (to those they control) about professionalism (law enforcement, social services, and health providers) so those they control will distrust those systems and not seek help (Crawford, & Moreno, 2011). A 15-year-old girl trafficked in America was told by her family that doctors in American hospitals would give her medicine that she did not need because they were not needed. In the back of a girl’s mind she knows that the very person who is abusing her has the power to save and protect her from worse harm. This Traumatic Bond becomes a form of “love language” that they use to relate to other people. Due to this effect, after a child victim attains freedom they may sometimes return to the trafficker/pimp because their sense of self is so engrained in that individual (Crawford, 2011).

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A study published in 2014 included 107 survivors of domestic sex trafficking, ages 14-60, from 12 cities across the U.S. including Ohio. These survivors shared their health concerns. The majority (88%) of these survivors stated they had contact with the healthcare system while being trafficked. Common forms of violence/abuse included: forced sex (82%); punched (74%); kicked (68%); forced unprotected sex (68%); threatened with a weapon (66%); strangled (54%); abused by a person of authority (51%).

Common health problems included: Any physical health problem (99%); neurological (86%); injuries (69%); cardiovascular problems (69%); gastrointestinal (62%); dental (54%).

Psychological health problems included: depression (89%); flashbacks (68%); shame/guilt (82%); PTSD (55%); attempted suicide (42%).

Best Practices for Communicating with Victims

The key to utilizing this power is to identify the victim on your own. You cannot expect the victim to self-identify. It is extremely rare that a victim of trafficking will vocalize their needs because they do not realize they are victims. Additionally, victims live in fear of being discovered as the threats regarding exposure are immense. For example, before entering a hospital a victim may be told by her trafficker, “If anyone in there finds out what you’re doing, I am going to make sure your friend doesn’t eat for a week.” This is why asking the right questions in the proper ways are so imperative.

The first step in overcoming these obstacles is to build trust and rapport with the potential victim. Ideally you will have the time it takes to generate this trust through ongoing personal encounters, but most likely this will need to be done at a rapid pace. Upon beginning to treat a victim, give them respect and some degree of control through choice. If they are a victim of trafficking, they have no power or ability to choose what happens to them on a daily basis. Therefore, any element of choice you can give them will allow the victim to see you as a nurse who they can trust. Having the victim make a decision about what type of drink they would like, when they prefer to take medicine (if that is an option), if they would like the curtains open or closed, or when they want the specialists to come by will help make them feel powerful. At some point you can take for granted what the victim may be deprived of and how that has devastated their self-worth.

Good interviewing and questioning begins with the understanding that asking direct questions will most likely not lead you to connect with the potential victim or gain the truth of their story. Victims are often “coached” by traffickers on how to answer these direct questions and have stories prepared to deter any suspicions of abuse. A victim of trafficking will not connect with the term “human trafficking” due to unfamiliarity with the term; being unaware that it is a crime, and disbelief that their unique circumstance could fall under the specifications of a crime because of self-blaming.

Asking questions surrounding the issues you suspect will give you the answers to your initial concerns. If you ask directly “are you involved with prostitution?” the patient will feel embarrassed, embarrassed, embarrassed, embarrassed, embarrassed, embarrassed, embarrassed, embarrassed, embarrassed, embarrassed. A victim of trafficking will not connect with the term “human trafficking” due to unfamiliarity with the term; being unaware that it is a crime, and disbelief that their unique circumstance could fall under the specifications of a crime because of self-blaming.

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Independent Study continued from page 17

- What type of work do you do and can you leave that situation if you want?
- Are you paid for your work? If so, how much do you keep for yourself?
- When are you not working, can you come and go as you please?
- Have you been threatened with harm if you try to quit?
- Has anyone threatened your family?
- What are your working or living conditions like?
- Where do you sleep and eat?
- Do you have to ask permission to eat, sleep or go to the bathroom?
- How did you come to this facility? City? State? Country?
- Where do you sleep and eat?
- What are your working or living conditions like?
- Do you keep for yourself?
- What type of work do you do and can you go as you please?
- How did you come to this facility? City? State? Country?
- Where do you sleep and eat?
- What are your working or living conditions like?
- Do you keep for yourself?
- What type of work do you do and can you go as you please?

Simultaneous with questioning is counter messaging the negative thoughts of the victims. Victims of trafficking feel trapped and scared as their lives are constantly threatened. Even though as a nurse you’re offering help, they will see your questioning as something that will lead them into trouble. While you are asking these questions, keep in mind that you need to speak past the brainwashing. As noted, victims are fed lies about something is not right, keep pursuing. Your instincts as a nurse are key. If you’re uneasy about a person’s attitude, then it is worth the time to investigate further. As a nurse your role is not to discern the truth about the patient’s life or trafficking situation, but to assess the need for medical intervention and follow up care.

Safety Concerns

Security is an important issue when identifying a patient who may be a victim of trafficking. There are several steps to avoid the confusion that could ensue when encountering a potential trafficking patient. These safety concerns should then be discussed with your safety officer and supervisors, and have a plan of action in place. If there is an immediate concern, dial 911 immediately and provide a safe place for the patient. If there is not an immediate concern for the safety of the patient or staff, you may call the national hotline or your local human trafficking hotline for advice.

Follow up care

See what happens if your instincts are correct and your patient is a victim of human trafficking? There is much that needs to happen to rescue and restore the victim. There are many people, like therapists and social workers, who will play a part. The needs of trafficking victims upon rescue are great. Immediate assistance includes medical care, housing, and safety. Mental health follows with trauma counseling and therapy. Income assistance and legal status present challenges as well (Barrows, DO, MA (Bioethics), & Finger, MD, MPH, 2008). In order to not be overwhelmed, focus on what you can offer as a skilled nurse. You have three main tasks:

- We will give you the medical care that you need
- We want to make sure what happened to you doesn’t happen to anyone else
- No one deserves to be suffering abuse at the hands of another

You are entitled to assistance; we can help you at least.

3.) Making the proper referrals (social services, law enforcement, safe family member, etc.)

Your skill base as a medical professional is to treat and ideally heal. By presenting medical issues upon arrival. Concurrently, by taking the time to understand the patient’s emotional needs and life circumstances, you can instill in them the desire for freedom. Just as important as giving them hope for a better life, you are able to foster that hope with your status as a health care professional. As a nurse you are a valued and trusted member of society who has the power to contact others that can help the victim attain safety. When you begin to make the referrals you see necessary, make sure they are all discussed with the patient. Patients will feel great anxiety if they are unaware of their surroundings or next steps forward. You must communicate mutually to the decision to call outside supports. If you find it necessary regardless of their consent (for example a minor where you are mandated to call children services), you must explain in detail why you came to that decision, who you are informing, when they will arrive, and your best idea of what will happen when more people hear their story.

If you have any doubts about your assessment of a patient, you can confidently call the National Human Trafficking Hotline for advice at 1-888-373-7888. This operates 24 hours a day seven days a week. This can also be a way to help the victim attain safety. When you begin to make the referrals you see necessary, make sure they are all discussed with the patient. Patients will feel great anxiety if they are unaware of their surroundings or next steps forward. You must communicate mutually to the decision to call outside supports. If you find it necessary regardless of their consent (for example a minor where you are mandated to call children services), you must explain in detail why you came to that decision, who you are informing, when they will arrive, and your best idea of what will happen when more people hear their story.

Giving the phone number to someone you may believe to be trafficked on an inconspicuous note card can give the victim the opportunity to seek help when the time is right. Do not be discouraged, you will be more often than not, this may be all you can do to help someone. However, it is not to be underestimated. Just by offering hope and respect, the knowledge that there are people out there who want to help and the power to help themselves (having them hold onto a hotline of which the trafficker is unaware) is invaluable.

As a nurse the number one thing you can offer these victims is Hope. You may be the only person who ever tells them the hope that freedom is possible.

To help the victim, the knowledge that there are people out there who want to help and the power to help themselves (having them hold onto a hotline of which the trafficker is unaware) is invaluable. When nurses utilize the skills listed throughout this paper and understand the mindset of a trafficking victim, they can ultimately give more than nursing care, they can offer hope.
Understanding Human Trafficking in the Nursing Sector
Post-Test and Evaluation Form

DIRECTIONS: Please complete the post-test and evaluation form. There is only one answer per question. The evaluation questions must be completed and returned with the post-test to receive a certificate.

Name: ______________________________________________________________________________  Date: ___________________________  Final Score: _______________

1. Human trafficking is ranked ___ on the global scale of organized crime?
   a. First  b. Second  c. Third  d. Eight

2. Based on federal reports how many victims of trafficking are being brought into the U.S. annually?
   a. 14,500 – 17,500  b. 21,000 – 24,000  c. 100,000 – 300,000  d. 18,000 – 20,000

3. When are victims of human trafficking typically going to come in contact with health care?
   a. When the ailments/injuries first surface so that they can be addressed before the victim’s ability to profit the trafficker diminishes
   b. When there is a health clinic that offers free services in a convenient location
   c. When the injuries/ailments become life threatening or have interfered with the victim’s ability to make money for the traffickers
   d. When health care professionals conduct outreach to the patients in their facilities and communities

4. When a nurse cares for a patient who may be a victim of trafficking (sex or labor), they should be most cautious and sensitive to what?
   a. The victim’s physical and psychological trauma
   b. The victim’s physical injuries
   c. The victim’s medical history
   d. The victim’s understanding of cultural norms

5. Post-Traumatic Stress Disorder (PTSD) is extremely common amongst trafficking victims; it is a ___ disorder, which symptoms include ___, ___, ___.

   a. Anxiety Disorder; violent outbursts, insomnia, obsessive compulsive traits
   b. Adjustment Disorder; persistent physical and psychological resistance to change, aggression
   c. Anxiety Disorder; depression, persistent flashbacks, hyper-alertness
   d. Obsessive Compulsive Disorder; sleep loss, compulsive hand washing, self-loathing

6. What are the core symptoms that result from trafficking related trauma in youth, identified by Megan Crawford (LSW) and Dr. Dan B. Allender?
   a. Shame, Powerlessness, Betrayal, and Ambivalence
   b. Powerlessness, Anger, Confusion, and Grief
   c. Grief, Shame, Anger, and Role Confusion
   d. Ambivalence, Distraction, Self-Hate, and Powerlessness


8. What is one reason “Trauma Bonds” often form between a trafficking victim and the abuser?
   a. A girl realizes that the very person who is abusing her has the power to save and protect her from worse harm
   b. The victim is naive and doesn’t know any other way to act
   c. The abuser who the girl despised also brought her some degree of pleasure or happiness
   d. A & C

9. Why do some minor victims of trafficking become or appear to be sexually provocative?
   a. It becomes a way to normalize the previously, unwanted actions
   b. They develop a genuine fondness of sexual activity
   c. The girls have more opportunities to meet men
   d. More people realize they can take advantage of the girls

10. What barriers exist for international victims of trafficking to come forward to nursing staff about their abuse?
    a. They do not speak English or their country or on the job doesn’t make sense
    b. They do not understand the medical professionals, traffickers and distrust the nurses
    c. They are lied about medical professionals by traffickers and distrust the nurses
    d. All of the above

11. Health care providers are amongst only four professions where you are likely to encounter a victim of human trafficking while they are still in captivity.
    a. True  b. False

12. Which of the following is NOT an indicator that a patient may be a victim of human trafficking?
    a. The patient’s story about what she or he is doing in this country or on the job doesn’t make sense
    b. The person accompanying the patient insists on giving health information
    c. The patient forgets his/her medical history
    d. The patient lacks a passport, immigration, or personal identification

13. Why is preventative health care almost nonexistent for victims of trafficking?
    a. The victim or trafficker cannot afford the care
    b. It builds strength and endurance for the victim to keep working
    c. Few low income health clinics exist in areas where trafficking is present
    d. Traffickers don’t allow their victims to access treatment because entering a health care setting presents a high amount of risk to the trafficker about exposing their crimes

14. Which of the following presenting health issues are NOT red flag indicators that a patient may be a victim of trafficking?
    a. Traumatic Brain Injuries or severe tasting spells
    b. Multiple Sexually Transmitted Disease infections
    c. Older broken bones that did not heal properly

15. What must first happen before you can properly communicate with a victim who is a potential victim of trafficking?
    a. The victim must receive food and drink
    b. The victim must report all allegations of abuse
    c. The victim must have time to relax and sleep off their stressors
    d. The nurse must treat the impending medical concerns and work to build rapport and trust with the potential victim

16. In the story about Ann (the survivor of trafficking), what did she say would have helped make her feel comfortable enough to tell the doctor about the abuse she was enduring at the time of her captivity?
    a. A hug and an approving look from the doctor
    b. Indirect questioning about the activities she was made to perform and genuine concern for her wellbeing
    c. The promise that the doctor could single handedly help her become free
    d. A bribe that would have been favorable to Ann

17. When gathering medically relevant information from a patient you assume may be a victim of trafficking, rather than asking a patient “are you being trafficked by someone?” you could ask:
    a. “Is someone raping you for profit?”
    b. “Tell me details about the sexual experiences you’ve been having”
    c. “I think you may be a victim of trafficking; would you agree?”
    d. “Are you being made to do something you don’t want to do?”

18. Which of the following is an important message to convey to a potential trafficking victim who seems fearful?
    a. We are here to help you, you deserve to be free of fear and abuse”
    b. “This may be your fault and you are not in control of that at some point”
    c. “If you don’t come forward with the truth other people will get hurt”
    d. “I sense you’re scared and that’s common after your body has been brutalized”

19. What are the three main tasks you have as a nurse to help assist in rescuing victims of human trafficking in a health care setting?
    a. Counseling the victim, meeting their medical needs, getting them in touch with family
    b. Treating the victim’s medical needs, identifying the patient as a victim through assessment, making the proper referrals to needed service professionals
    c. Making the proper referrals, acting sympathetic to the victim’s situation and needs
    d. Getting the victim in touch with family, meeting their medical needs, acting as a counselor

20. You should never make a major decision for a victim of trafficking or take a step forward without proper explanation.
    a. True  b. False

EVALUATION

1. Was the outcome met? OUTCOME: The nurse will be able to explore the issue of human trafficking and identify, as well as communicate with, potential victims of trafficking.
   ___ Yes   ___ No

2. What one strategy will you be able to use in your work setting?
   ___ Yes   ___ No

3. Was this independent study an effective method of learning?
   ___ Yes   ___ No

If no, please comment:

4. How long did it take you to complete the study, the post-test, and the evaluation form?

5. What other topics would you like to see addressed in an independent study?
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