

Human Trafficking Awareness in the Emergency Care Setting

Joint Position Statement





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Human Trafficking Awareness in the Emergency Care Setting

Description

Human trafficking is a type of modern-day slavery, a significant global public health issue, and the fastest growing criminal enterprise in the world (Becker & Bechtel, 2015; Stöckl et al., 2021). It is the exploitation of individuals procured by measures such as force, fraud, coercion, or deception (United Nations Office on Drugs and Crime [UNODC], n.d.-a). There are many forms of trafficking, including the transporting of migrants into states where they have no residency rights in exchange for substantial financial or other benefits (UNODC, n.d.-b)

In 2016, an estimated 40.3 million people were trafficked globally; one in four were children (International Labour Office [ILO], 2017). While many tend to think of human trafficking as solely a sex industry issue, each year nearly 25 million people are involved in forced labor (ILO, 2017). These statistics are based on international data, which may not reflect U.S.-specific data. In general, consistent and reliable data on human trafficking is lacking due to its clandestine nature.

Virtually every country in the world is affected by human trafficking. Some of the greatest challenges for emergency nurses, healthcare providers, and community partners are identifying it, preventing its occurrence, and protecting and assisting victims (UDOC, 2018a).

Emergency nurses have a unique opportunity to recognize human trafficking and intervene on behalf of the victims of human trafficking. In fact, nurses may often be the only individuals in positions of trust who can connect with trafficking victims. These victims represent a difficult-to-reach population at risk for injuries; in that sense, they are like victims of domestic violence and sexual assault (Dols et al., 2019). A recent study revealed that of 173 U.S. victims of human trafficking surveyed, 68% had presented to a healthcare provider at least once while being trafficked, most frequently to an emergency or urgent care provider (National Conference of State Legislatures [NCSL], 2021).

Victims of trafficking have limited access to healthcare and often may have only a single encounter with healthcare professionals (Shandro et al., 2016). Unfortunately, many healthcare providers have limited awareness of human trafficking and the characteristics of those it victimizes and may inadvertently retraumatize victims (Shandro et al., 2016). Limited availability of emergency-department-specific screening tools, a knowledge gap concerning trauma-informed care in the ED, and limited reporting requirements, together with the barriers to patients disclosing their involvement in trafficking, make it difficult to identify victims and provide proper care and advocacy. Evidence shows that mandatory reporting laws might help facilitate the protection of human trafficking victims (Milam et al., 2017). It is important for healthcare providers to be aware of their jurisdictional reporting requirements, with consideration for the safety of the patient.

ENA and IAFN Position

It is the position of the Emergency Nurses Association (ENA) and the International Association of Forensic Nurses (IAFN) that:

1. Emergency nurses and forensic nurses, with appropriate education and training, play a vital role in identifying the victims of all forms of human trafficking.
2. Emergency nurses and forensic nurses, working collaboratively with their community partners, provide trafficking victims with immediate treatment as well as referral to appropriate services to promote healing.
3. Emergency nurses and forensic nurses collaborate with their community partners such as medical specialists, school officials, advocacy groups, trafficking survivors, other social service providers, criminal, and civil justice systems, to educate hospital staff and the community on human trafficking trends, risk factors for victimization, signs of victimization, and barriers to disclosure.
4. Emergency nurses and forensic nurses actively participate in policy development at the institutional, local, state, national, and international levels to address all aspects of human trafficking.
5. Emergency nurses collaborate with forensic nurses to ensure victims of human trafficking receive comprehensive medical forensic examinations for potential biological or trace evidence.
6. Hospitals take a proactive role in implementing measures to promote public awareness in multiple languages—for example, with posters and/or information cards in public restrooms and waiting rooms—and develop procedures to ensure the safety of victims, patients, staff, and visitors when a victim requiring assistance presents to the facility.
7. Hospitals and healthcare systems provide culturally sensitive, trauma-informed education and training to all staff to ensure awareness of evidence-based screening tools to identify human trafficking and establish procedures for reporting suspicions or behaviors related to human trafficking, according to local, state, or federal laws.

Background

Human trafficking is a global crisis and a human rights violation that affects healthcare worldwide (Stöckl et al., 2021). It involves people of all races, genders, and ages (Peck et al., 2021). Human trafficking is often thought of as sexual abuse but often involves forced labor as well (Costa et al., 2019). Trafficking is prevalent because it generates billions of dollars worldwide (Richards, 2014). Global estimates of annual revenue from human trafficking are as high as \$150 billion U.S. dollars (Shandro et al., 2016).

Human trafficking has very serious and real implications for both physical and mental health (Richards, 2014). Health complications occur during and after trafficking, and nurses need to be alert to subtle signs and behaviors that may indicate the patient is a victim. According to Stöckl et al. (2021), violence in human trafficking (physical and sexual combined) was reported by over 67% of the 10,369 individuals in the world's largest database of victims. Thus, nurses are key to documenting and treating trafficking-related injury. In fact, up to 88% of victims of human trafficking encounter at least one healthcare provider (Peck et al., 2021; Ross, 2020). This contact may be the sole opportunity for nurses to discover

victims and support them on a path to rescue and recovery. However, there are barriers that may hinder this opportunity.

Identification of patients as victims of human trafficking is often a challenge (Shandro et al., 2016). Human trafficking victims rarely self-identify, and many do not even recognize themselves as victims (McDow & Dols, 2021). This presents a very difficult situation for emergency providers as screening tools are frequently time-consuming and the environment of an emergency department is not conducive to private screening or a thorough physical and mental health evaluation (Costa et al., 2019; Gerassi & Esbensen, 2020).

Physical clues to identify a victim of trafficking include signs of abuse, illness, or injury inconsistent with findings; accompanying adult is controlling of conversation or care; patient's age does not match date of birth; tattoos including dollar signs, numbers, barcodes, or words such as "for sale" or "property of"; and injuries that are recurrent or unexplained (Peck et al., 2021; Pederson & Gerassi, 2021). Sexually transmitted infections and urinary infections are also prevalent (Jaeckl & Laughon, 2020). Forensic nursing skills are ideal for identification of the often subtle and hidden signs of trafficked patients in the ED (Raker, 2020).

Sequelae of human trafficking also include mental health issues such as posttraumatic stress, anxiety, depression, and suicide (Jaeckl & Laughon, 2020); changes in behavior or appearance can be indicative of such issues in sex trafficking victims. It is estimated that trafficking victims have a prior history of mental health issues in 40% of cases (Jaeckl & Laughon, 2020). One significant risk factor for human trafficking is childhood trauma, including sexual abuse (Jaeckl & Laughon, 2020; Peck et al., 2021). Due to their preexisting and ongoing issues, the victim of human trafficking is in need of significant follow-up and early treatment to achieve optimal outcomes (Albright et al., 2020; Thomas-Smith et al., 2020).

Children and adolescents are a highly vulnerable population for human trafficking, with the average recruitment age of 12–14 years (Bauer et al., 2019; Ellis et al., 2022; Roney & Villano, 2020). Various screening tools have been specifically developed for this population. One study developed a six-item tool that exhibited 92% sensitivity for identification of youth victims of human trafficking (Franchino-Olsen et al., 2020; Kennedy et al., 2021). The six items assessed for this tool are drug/alcohol abuse, running away, involvement with law enforcement, head injury/broken bones/significant wound, sexually transmitted infections, or over 5 sexual partners (Kennedy et al., 2021). A four question tool titled, Rapid Appraisal for Trafficking (RAFT), was validated in a single site study and may present an option for screening (Kaltiso et al., 2021; Smirnoff et al., 2021). The RAFT tool questions are as follows (Pourmand & Marcinkowski, 2022):

1. It is not uncommon for people to stay in work situations that are risky or even dangerous, simply because they have no other options. Have you ever worked, or done other things, in a place that made you feel scared or unsafe?
2. In thinking back over your past experience, have you ever been tricked or forced into doing any kind of work that you did not want to do?
3. Sometimes people are prevented from leaving an unfair or unsafe work situation by their employers. Have you ever been afraid to leave or quit a work situation due to fears of violence or threats of harm to yourself or your family?
4. Have you ever received anything in exchange for sex (for example, a place to stay, gifts, or food)?

Others have used a seven-question screening tool for the identification of human trafficking victim that is somewhat simpler (Bauer et al., 2019). The questions follow:

- Is anyone forcing you to do something you do not want to?

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- Have you ever been forced to work (or have sex) to pay off a debt (your own or that of a family member)?
- Is anyone stopping you from coming or going as you wish?
- Has anyone taken your identification documents from you?
- Have you been told to lie about the work you were doing? Or has anyone lied to you about the work you would be asked to do?
- Is anyone forcing you to stay at your job?
- Were you ever threatened with deportation or jail for yourself or a loved one if you tried to leave?

In addition to the formal tools, red flags for human trafficking include the following:

- Inconsistent history
- History does not match injury/illness
- Accompanied by an adult who does not let them speak or never leaves area
- Evidence patient is being dominated
- Avoids eye contact
- Cannot provide address, lives where employer tells them
- No identifying documents
- Unaware of current date and time
- Not in control of own money, paying off a debt
- Does not have a cell phone
- Frequent presentation for injuries
- Tattoos of bar codes, numbers, money signs, "Property of," "for sale"
- Bruising on neck (signs of choking)
- Not being paid, no wages
- Malnutrition, dehydration, poor cognition
- Disheveled appearance, no protective equipment for work performed
- Frequent sexually transmitted infections
- Frequent head trauma

Global policy and law are moving in the direction of establishing support, education, and training for those who are likely to encounter a victim (Speck et al., 2018; Stoklosa et al., 2022). United States legislative initiatives, the United Nations, and other organizations present protocols to penalize traffickers and funding to educate those who can identify and support victims. Nursing organizations are focused on providing educational opportunities for nurses to develop skills in identification, referral, and advocacy for human trafficking victims. It is recommended that a registered nurse who has advanced education in forensic identification be available in emergency departments to facilitate the identification and empower the victims of human trafficking with resources (Toney-Butler, Ladd, & Mittel, 2022; Speck et al., 2018). Local policies to support these victims should include initial medical stabilization, assessing for physical indicators, screening all patients alone using open-ended questions, providing support and empathy using shared decision-making, and referring and reporting as per statute (American College of Emergency Physicians [ACEP], 2016; Dols et al., 2019; Thomas-Smith et al., 2020).

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