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 & Bechtal, 2015; Stöckl et al., 2021). Virtually every country in the world is impacted by human trafficking. Some of the greatest challenges for emergency nurses, healthcare providers, and community partners are identifying it, preventing its occurrence, protecting victims and assisting victims (UODC, 2018).

Human trafficking is the exploitation of individuals procured by measures such as force, fraud, coercion, or deception (UODC, 2018). 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 (UODC, 2018).

In 2016, an estimated 40.3 million people were trafficked globally; one in four were children (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, there a lack of consistent and reliable data on human trafficking due to its clandestine nature.

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 (NCSL, 2022).

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 and lack of trauma-informed care in the ED, 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 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 and referral to needed 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 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 which impacts 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 USD (Shandro et al., 2016).
Human trafficking has very serious and real implications to both physical and mental health (Richards, 2014). Health complications occur both during and post trafficking and nurses need to be aware of 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% in the world’s largest database of 10,369 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 health care provider (Peck et al., 2021; Ross, 2020). This contact may be the sole opportunity to discover victims and support them in a path to rescue and recovery.

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 evaluation (Costa et al., 2019; Gerassi & Esbensen, 2020).

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

Sequelae of human trafficking also includes mental health issues such as posttraumatic stress, anxiety, depression, and suicide (Jaeckl & Laughon, 2020). Changes in behavior or appearance can be indicative of this in sex trafficking victims. It is estimated that trafficking victims have 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 the pre-existing and ongoing issues of the victim of human trafficking there is a need for significant
follow up and early treatment for optimal outcomes (Albright et al., 2020; Thomas-Smith et al., 2020).

Children 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). One study developed a
six-item tool that had a 92% sensitivity for identification of youth victims of human trafficking (Kennedy
et al., 2021; Franchino-Olsen et al., 2020). The six items assessed for this tool are drug/alcohol abuse,
running away, involvement with law enforcement, head injury/broken bones/significant wound, sexual
transmitted infections, or over 5 sexual partners (Kennedy et al., 2021). A four question RAFT (Rapid
Appraisal for Trafficking) was validated in a single site study and may present an option for screening
(Kaltiso et al., 2021; Smirnoff et al., 2021).

Figure 1. RAFT tool of Questions (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)?

Other sources provide a seven-question screening that is somewhat simpler for the identification of
human trafficking victims (Bauer et al., 2019). These questions include:

• Is anyone forcing you to do something you do not want to?
• Have you ever been forced to work (or have sex) to pay off a debt (your own or 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?

Table 1

Red Flags for Human Trafficking

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<tr>
<th>RED Flags for Human Trafficking</th>
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<tbody>
<tr>
<td>• Inconsistent history</td>
<td>• Does not have a cell phone</td>
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<tr>
<td>• History does not match injury/illness</td>
<td>• Frequent presentation for injuries</td>
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<tr>
<td>• Accompanied by an adult who does not let them speak or never leaves area</td>
<td>• Tattoos of bar codes, numbers, money signs, “Property of”, “for sale”</td>
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<tr>
<td>• Evidence patient is being dominated</td>
<td>• Bruising on neck (signs of choking)</td>
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<tr>
<td>• Avoids eye contact</td>
<td>• Not being paid, no wages</td>
</tr>
<tr>
<td>• Cannot provide address, lives where employer tells them</td>
<td>• Malnutrition, dehydration, poor cognition</td>
</tr>
<tr>
<td>• No identifying documents</td>
<td>• Disheveled appearance, no protective equipment for work performed</td>
</tr>
<tr>
<td>• Unaware of current date and time</td>
<td>• Frequent sexually transmitted infections</td>
</tr>
<tr>
<td>• Not in control of own money, paying off a debt</td>
<td>• Frequent head trauma</td>
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Policy and law are moving in the direction of establishing supports, education, and training for those who are likely to encounter a victim (Speck et al., 2018; Stoklosa et al., 2022). These legislative initiatives, the United Nations and other organizations present protocols to penalize traffickers, 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 a registered nurse who has advanced education in forensic identification be available in emergency departments to facilitate the identification and rescue of the victims of human trafficking.
trafficking (Speck et al., 2018). Local policies to support these victims should include, initial medical stabilization, assessing for physical indicators, screening screen all patients alone using open-ended questions, providing support and empathy using shared decision-making and referring and reporting as per statute (Dols et al., 2019; ACEP, 2016; Thomas-Smith et al., 2020).
Resources


References


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