



Position Statement

915 Lee Street, Des Plaines, IL 60016-6569 ▪ 800.900.9659 ▪ www.ena.org

Human Trafficking Patient Awareness in the Emergency Setting

Description

Human trafficking is a type of modern-day slavery, a significant global public health issue,¹⁻³ and the fastest growing criminal enterprise in the world.⁴⁻⁷ Estimates indicate that over 20 million men, women, and children are currently subjected to slavery around the world.⁵ The United States government estimates approximately 17,500 people are trafficked on U.S. soil every year.² Researchers found that 87.8% of surveyed trafficking survivors encountered a healthcare professional during captivity and went unidentified, resulting in a missed lifesaving opportunity.^{2,6} Of those surveyed, 63.3% were specifically seen in an emergency department.⁶

These victims of trafficking have limited access to healthcare and often may only have a single encounter with healthcare professionals.^{1,3} Unfortunately, many healthcare workers have limited awareness of human trafficking and the characteristics of those it victimizes. Limited availability of emergency department-specific screening tools and limited legislated reporting requirements, together with the barriers to patients disclosing their involvement in trafficking, make it difficult to identify these patients and provide the proper care and advocacy.^{1,3} Emergency nurses have a unique opportunity to recognize and intervene on behalf of victims of human trafficking.^{2,4} In fact, nurses may often be the only trusted individuals who can connect with trafficking victims,^{3,4} a hard-to-reach population at risk for injuries similar to those found with victims of domestic violence and rape.^{3,9}

ENA Position

It is the position of the Emergency Nurses Association that:

1. Emergency nurses play a vital role in recognizing and responding to the needs of victims of human trafficking by ensuring their immediate safety and reducing the possibility of further harm.
2. Emergency nurses are proactive in educating staff on human trafficking trends, vulnerabilities for victimization, signs of victimization, and barriers to disclosure.
3. Emergency nurses collaborate with multiple disciplines and forensic nurse examiners, when available, to provide safety, shelter, and healing to victims of human trafficking.
4. Emergency nurses promote prevention and work collaboratively with law enforcement, school, and other community outreach interprofessionals to provide educational materials and training opportunities.
5. Emergency nurses actively participate in policy development at local, state, and national levels to address all aspects of human trafficking.

Background

In September 2014, H.R. 5411, titled *Trafficking Awareness Training for Health Care Act of 2014*, was introduced to the 113th US Congress.¹⁰ This legislation highlights and brings to the forefront the imminent need for the training and education in human trafficking that is currently lacking for healthcare professionals.¹⁰ While the majority of victims of human trafficking are found within the sex industry, they are also found in sweatshops, agricultural industries, and domestic servitude.^{1,2,7,8} The victims often require treatment for sexually transmitted infections, are likely to have higher rates of pregnancy, and are at risk for various other physical and mental health conditions.^{1,3,8,9} Approximately 54.7% of trafficking survivors present with posttraumatic stress symptomatology, and of those, 41.5% report having attempted suicide at least once.⁶



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The emergency nurse is often the first healthcare professional involved in the care of a trafficking victim and the vital link between recognition and rescue of the patient.³ Ideally, following identification, trauma assessment and evidence collection is best done by a forensic nurse, a sexual assault nurse examiner, or an emergency nurse with advanced evidence-collection training.³ Capturing these lifesaving opportunities requires proactive measures aimed at educational awareness and training.⁴

Resources

Arizona State University, Sandra Day O'Connor College of Law, Ross-Blakely Research Library. (2015). *Human trafficking research guide*. Retrieved from <https://www.law.asu.edu/library/RossBlakleyLawLibrary/ResearchNow/ResearchGuides/HumanTraffickingResearchGuide.aspx>

U.S. Department of Justice, Federal Bureau of Investigation. (n.d.). *Human trafficking*. www.fbi.gov/about-us/investigate/civilrights/human_trafficking

Academy for Educational Development. (2012). *A web resource for combating human trafficking*. Retrieved from the [humantrafficking.org](http://www.humantrafficking.org/) website: <http://www.humantrafficking.org/>

National Human Trafficking Resource Center. (2012). *Recognizing and responding to human trafficking in a healthcare context*. Retrieved from <http://www.traffickingresourcecenter.org/resources/recognizing-and-responding-human-trafficking-healthcare-context>

Polaris. (2015). *Combating human trafficking and modern-day slavery*. Retrieved from <http://www.polarisproject.org/>.

De Chesnay, M. (Ed.). (2013). *Sex trafficking: A clinical guide for nurses*. New York, NY: Springer Publishing Company.

U.S. Department of Health and Human Services, Administration for Children and Families, Office of Refugee Resettlement. (2012). *Rescue & restore campaign tool kits*. Retrieved from <http://www.acf.hhs.gov/programs/orr/resource/rescue-restore-campaign-tool-kits>

Trafficking Victims Protection Reauthorization Act of 2005, 22 U.S.C. § 7101. Retrieved from http://humantrafficking.org/uploads/publications/tvpra2005_final.pdf

U.S. Department of State. (2014). *Trafficking in persons report 2014*. Retrieved from www.state.gov/j/tip/rls/tiprpt/2014/index.htm

References

1. Ahn, R., Alpert, E. J., Purcell, G., Konstantopoulos, W. M., McGahan, A., Cafferty, E.,...Burke, T. F. (2013). Human trafficking: Review of educational resources for health professionals. *American Journal of Preventive Medicine*, 44(3), 283–289. doi:10.1016/j.amepre.2012.10.025
2. Chisolm-Straker, M., Richardson, L. D., & Cossio, T. (2012). Combating slavery in the 21st century: The role of emergency medicine. *Journal of Health Care for the Poor and Underserved*, 23(3), 980–987. doi:10.1353/hpu.2012.0091
3. Peters, K. (2013). The growing business of human trafficking and the power of emergency nurses to stop it. *Journal of Emergency Nursing*, 39(3), 280–288. doi:10.1016/j.jen.2012.03.017
4. Belles, N. (2012). Helping human trafficking victims in our backyard. *Journal of Christian Nursing*, 29(1), 30–35.
5. Clause, K. J., & Lawler, K. B. (2013). The hidden crime: Human trafficking. *Pennsylvania Nurse*, 68(2), 18–23. Retrieved from <http://www.thefreelibrary.com/The+hidden+crime%3a+human+trafficking.-a0349608898>
6. Lederer, L. J., & Wetzel, C. A. (2014). The health consequences of sex trafficking and their implications for identifying victims in healthcare facilities. *The Annals of Health Law*, 23(1), 61–91.
7. Mulvihill, N. (2014). Human trafficking: look around – it's in our own backyard. *Health Progress*, 95(2), 66–68.
8. Richards, T. A. (2014). Health implications of human trafficking. *Nursing for Women's Health*, 18(2), 155–162. doi:10.1111/1751-486X.12112



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9. Clawson, H. J., Dutch, N., Solomon, A., & Goldblatt Grace, L. (2010). Human trafficking into and within the United States: A review of the literature. Retrieved from the U.S. Department of Health and Human Services website: <http://aspe.hhs.gov/hsp/07/HumanTrafficking/>
10. Chon, K. (2014). Trafficking Awareness Training for Health Care Act, a bill to provide training for health providers who care for human trafficking victims. Retrieved from the U.S. Department of Health and Human Services website: <http://www.hhs.gov/asl/testify/2014/09/t20140911a.html>

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