EMERGENCY NURSES ASSOCIATION

INTERNATIONAL ASSOCIATION OF Forensic Nurses
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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,[1] a significant global public health issue,[2–4] and the fastest growing criminal enterprise in the world.[5–8] Virtually every country in the world is impacted by human trafficking crimes. Some of the greatest challenges for emergency nurses, healthcare providers, and community partners are preventing its occurrence, identifying, protecting and assisting its victims, and targeting its perpetrators.[9]

Human trafficking is the exploitation of individuals procured by measures such as force, fraud, coercion, or deception.[9] 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.[10] Human trafficking can also involve practices such as forced labor, debt bondage, domestic servitude, forced marriage, sex trafficking, kidnapping and sale of children, and the recruitment of children as soldiers.[11] It is important to note that trafficking humans does not always indicate the movement of people from one location to another, but rather equates to commerce in humans for their subsequent exploitation.[12]

In 2016, an estimated 40.3 million people were trafficked globally; one in four were children.[13] While many tend to think of human trafficking as solely a sex industry issue — each year nearly 25 million are involved in forced labor.[13] These statistics are based on international data which may not reflect U.S.-specific data. In general, there is varying data of human trafficking due to its clandestine nature.

Emergency nurses have a unique opportunity to recognize and intervene on behalf of victims of human trafficking.[3,4,5] In fact, nurses may often be the only individuals in positions of trust who can connect with trafficking victims,[4,5] a hard-to-reach population at risk for injuries similar to those of victims of domestic violence and sexual assault.[4,14] Researchers interviewed 98 U.S.-born females who were sex trafficking survivors and found that 87.8% of them had encountered a healthcare professional during captivity without their plight being recognized.[3,7] Of those surveyed, 63.3% were specifically seen in an emergency department.[7] A more 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.[40]

Victims of trafficking have limited access to healthcare and often may have only a single encounter with healthcare professionals.[2,4] Unfortunately, many healthcare providers have limited awareness of human trafficking and the characteristics of those it victimizes and may inadvertently retraumatize victims.[15,16] Limited availability of emergency-department-specific screening tools and lack of trauma-informed care in the ED, limited legislated 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.[2,4] Evidence shows that mandatory reporting laws might help facilitate the protection of human trafficking victims.[36] It is important for healthcare providers to be aware of their jurisdictional reporting requirements, with consideration for the safety of the patient.

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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, and the criminal and civil justice systems, to educate hospital staff and the community on human trafficking trends, vulnerabilities to victimization, signs of victimizations, and barriers to disclosure.

4. Emergency nurses and forensic nurses actively participate in policy development within their institutions and at the 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 whether or not there is potential for 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 in the U.S. and the rest of the world provide culturally sensitive, trauma-informed education and in-service training to all staff to ensure awareness of human trafficking, techniques to identify it, and evidence based procedures for reporting suspicions or behaviors indicating its possible occurrence, according to local laws.

Background

Human trafficking is a global public health and human rights issue that occurs when traffickers ensnare victims through force, fraud, or coercion.[17] As reported in all 50 U.S. states and worldwide,[1] victims of trafficking are most commonly corralled into sexual exploitation and forced labor, but others endure child marriages, forced begging, removal of organs, service as child soldiers, or are simply sold as children.[18,19] Research reveals that 82% of homeless runaway youth in New York City who reported commercial sexual activity and 88% of interviewed sex trafficking victims accessed healthcare during their exploitation.[19,20] A high percentage of runaways have left their homes as a result of abuse including physical and sexual.[21,39] Although it is widely

believed that healthcare providers could hold a key position in identifying and assisting victims of trafficking, most are not adequately educated in the recognition or treatment of these patients.[21,22] One study showed 63% of providers in urban, suburban, and rural healthcare facilities reported no previous training on identification of sex trafficking victims.[20] Nurses, the largest group of healthcare providers, are present in many healthcare and social service settings, allowing them the opportunity to detect trafficking and intervene early.[19,23] It is imperative that healthcare providers receive education and training in the recognition and treatment of human trafficking victims.

Victims of human trafficking may present to emergency departments with illness or injury, without revealing their circumstances out of fear. Some ED RNs are additionally trained as forensic nurses. As such, they provide care for patients experiencing sexual violence and emotional and physical abuse with understanding of community systems.[23] They are proficient in providing medical forensic exams, including evidence collection, maintenance of forensic integrity, and testifying to the care and treatment of the human-trafficked victim.[23] While forensic nurses are skilled in providing trauma-informed care, being trained as a forensic nurse does not mean the nurse is automatically competent in caring for trafficked victims. This type of additional training is needed for all emergency nurses.

The identification of human trafficking victims has been recognized as a priority by the U.S. federal government as well as medical and regulatory agencies. For example, the *Stop, Observe, Ask, and Respond (SOAR)* initiative from the Administration for Children and Families, Office on Trafficking in Persons was launched in 2013 to advance training for providers in healthcare systems.[24]

Other forms of advocacy for human trafficking awareness and training can be seen in policy statements and national guidelines.[18,22] The American Academy of Pediatrics (AAP) *Policy Statement on Global Human Trafficking and Child Victimization* recommends that all healthcare professionals and systems serving children, particularly physicians, nurses, advanced practice providers, dentists, behavioral health professionals, social workers, and trainees in these fields advocate for trauma-informed, culturally sensitive training of healthcare professionals about human trafficking, with specific regard to issues related to immigration. The document recommends that clinicians collaborate with other medical organizations in the U.S. and worldwide to promote a public health approach to human trafficking, advocate for financial support and resources to develop and disseminate educational materials for healthcare clinicians, and support continuing education, training, and the inclusion of healthcare professionals as part of community multidisciplinary teams.[22] Also included in the recommendations are the development of clinic and hospital procedures to aid in recognizing, responding, and reporting all types of child trafficking as well as outreach and awareness campaigns at the community, state, national, and international level.[22]

The Centers for Medicare & Medicaid Services (CMS) standards address the need for initial and ongoing training on abuse and neglect issues for all employees; for there to be a system in place to protect patients from abuse, neglect and harassment; and for reporting requirements.[25] In addition, The Joint Commission recognizes the need for hospitals to assess patients for possible abuse and neglect, and for written criteria on identifying victims and providing referrals to community agencies. Satisfying these needs requires the education of staff on recognizing abuse, caring for the victims, and complying with mandatory reporting obligations.[26]

Healthcare providers, especially emergency department nurses and forensic nurses, could increase the number of trafficked individuals identified by obtaining thorough histories and performing physical and emotional

assessments aided by a screening tool.[19,38] In this way, healthcare organizations help protect trafficking victims.[26] For such patients, acute medical management is a priority, along with collaboration with forensic nurses (for medical forensic examination), advocates for crisis intervention services, law enforcement, and child protective services (for minors).[1,27]

Included in a comprehensive assessment is obtaining informed consent necessary to provide a thorough health exam and referral to specialty care such as a child advocacy center. In addition, ensuring that patients understand what happens to their medical records — who may access that information, for example, as well as state, tribal, and territory mandated reporting regulations — is an integral part of obtaining informed consent and crucial to the safety and confidentiality needs of the patient.[19,20,27,28] Also, informed consent cannot be obtained without proper communication. Certified interpreters are therefore imperative when obtaining a history from any patient with limited English proficiency, or those who are deaf or hearing impaired.[1,27,28]

Ideally, following identification and initial assessment, a medical forensic exam is best performed by a forensic nurse to address the multitude of health consequences that may be associated with a history of trafficking, whether or not the exam has the potential to yield biological or trace evidence[7,29,30] The evidence collection portion can also be performed by an emergency nurse with advanced evidence-collection training.[4,31,32]

Even when human trafficking victims are identified, there are multiple reasons that assisting them can be challenging. Vulnerable populations — such as minors and runaways; lesbian, gay, bisexual, transgender, questioning or queer (LGBTQ); homeless youth; foreign nationals; and victims of domestic violence — are at highest risk for all forms of human trafficking.[23,33] Victims may present with traumatic injuries from sexual or physical assaults, sexually and non-sexually transmitted infections, pregnancy, chronic pain, complications of substance abuse, malnutrition, and exhaustion.[2,4,14,34] These patients may also present with depression, suicidal ideation and attempts, self-harm, and post-traumatic stress symptoms.[22] It is critical that healthcare clinicians understand that complex trauma might be the cause of the patient's withdrawn, or even aggressive behavior,[20] and that safety of the victim, the healthcare provider, and other patients and visitors in the emergency department is a priority.[19]

As with domestic violence, victims of trafficking are controlled by the trafficker and are reluctant or not permitted to answer for themselves, even when presenting alone. When they do answer, they may have vague or inconsistent explanations for their injury or illness.[1] This can make history-gathering challenging for the emergency nurse when conducting a comprehensive assessment. To deliver optimum care and allow a patient to feel believed and supported, it is important that all healthcare providers develop a rapport with the patient.[19,35] Despite the best interventions, patients may not disclose their victimization to the clinician for myriad reasons.[19] It is important to ensure the patient feels they are in a safe environment because while they may not disclose information during one visit, the victim may choose to return and report at a future visit.

While multidisciplinary teams for child maltreatment, and sexual assault response teams for coordinated community response are considered best practice, that same kind of collaboration is not as common when there is human trafficking, leaving a potential gap in services for these patients. Collaboration with providers of healthcare and victim services across state and national borders or between tribal communities and the U.S. federal government may present challenges. It is imperative that healthcare providers educate victim services providers and investigators about the value of a medical forensic exam for the victim's physical and mental health needs.[27,

[28] Lack of guidance for healthcare providers will likely impede identification of victims of trafficking as they will not be asking patients the necessary questions.[22] It is vital that healthcare providers who interact with victims of human trafficking collaborate with medical and non-medical partners to meet needs such as with housing, translation, education, and immigration issues.[22]

Many challenges may present when identifying and caring for victims of human trafficking, and emergency and forensic nurses have critical roles. The emergency nurse is often the first healthcare professional involved in the care of a trafficking victim and the vital link between recognition and healing for the patient.[4] As the numbers of victims grow, capturing lifesaving opportunities to intervene requires proactive measures aimed at educational awareness and training.[5]

Resources

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