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Identifying Signs of Human Trafficking in Healthcare Settings: A Literature Review

Mary Elizabeth Baldwin

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### **Abstract**

Human trafficking is the commercial trade of human beings for profit, and it is the fastest growing criminal industry in the world. There are an estimated 40 million people that are trapped in this modern day slavery (National Human Trafficking Hotline, 2020). In the United States, over 86% of trafficking survivors reported accessing healthcare at some point during their trafficking situation (Lederer & Wetzel, 2014). Healthcare workers are on the front lines of battling this crime, as they have a vital role in identifying signs of trafficking in their patients. This review evaluates ways in which healthcare workers can screen for and identify patients trapped in this modern day slavery in order to utilize trauma-informed care and refer potential victims to the appropriate resources.

## Background

Human trafficking is defined by the Trafficking Victims Protection Act of 2000 as

- a) Sex trafficking in which 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; or
- b) The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery (22 U.S.C. § 7102(9)).

Human trafficking can be further simplified into the basic idea of people selling people. This crime is extremely profitable, and it is subtly hidden within society. Worldwide, human trafficking produces \$150 billion annually, and the United States constitutes one of the three main countries of origin for it (U.S. Department of State, 2019).

There are four main divisions of human trafficking, including sex trafficking, forced labor, forced child labor, and organ trafficking (Sorey, 2016). The United States primarily deals with cases of forced labor and sex trafficking, though all types of trafficking do occur. A common misconception about human trafficking is that it only includes the violent act of obtaining an individual, followed by their transportation across border lines. Trafficking is much more complex, and can include a wide array of methods to obtain individuals. One way victims may enter a trafficking situation is through recruitment by a trafficker, meaning they were not violently forced into the industry. Victims may also be trafficked within their own hometowns, never even crossing a border. Therefore, human trafficking is often hidden, and thus difficult to recognize.

A majority of victims enter the human trafficking scene by recruitment. Recruitment is the process of seducing, isolating, and coercing an individual over time (Sorey, 2016). Usually, a

trusting relationship is developed first, and the victim may consider their trafficker a person of significance in their life. Next, the trafficker will attempt to isolate their victim by encouraging them to move or leave behind family and friends for new opportunities. During this time, the trafficker may also offer the victim items or services of value to them. This further develops the trafficker and victim's relationship, and the victim may become dependent on the trafficker. Once the trafficker is sure of their victim's dependence, they may begin to force or coerce the victim to comply with their demands. The trafficker may also employ fraud to trick the victim into subjection. At this stage, the victim may feel they have no other choice but to comply. This occurs as they feel they have a debt to repay, and they are isolated from those who could help. It is important to understand this process of entry, because many individuals may not recognize themselves as victims of human trafficking if they did not enter it by what they consider to be "traditional" means. For healthcare workers, it is also important to understand this complex process, as patients may not be able to identify themselves as a victim when they present to the healthcare setting.

Just as the entry into human trafficking can be subtle, the signs of trafficking can be subtle as well. Traffickers profit off of the continued use of a person for a service. In order to continue making profits, they must protect their service. Therefore, victims may not always present with obvious physical markers indicating their trafficking (Withers, 2016). Physical markers may be an easy giveaway to others. Thus, the trafficker may lose their source of service if someone recognizes a physical marker of human trafficking and reports the crime. So, traffickers will work to prevent or hide these physical markers from the public eye. If the victim does not present with physical markers, they may still present with verbal or situational markers. These require more assessment, because they are less obvious. So, it is important for healthcare

professionals to receive adequate training to identify the wide range of markers a victim of human trafficking may present with.

Markers of human trafficking fall into three major realms: physical, verbal, and situational (Sorey, 2016). Physical markers may include bruising, broken bones, burns, cutting or self-harm, poor hygiene, change in dress or appearance, or new tattoos. Verbal markers can involve answers that seem scripted or rehearsed, memory issues, a nervous or paranoid attitude, referrals to others as their “family,” “daddy,” or “sisters,” or talking of “living in the game.” Finally, situational markers include living with an employer, poor living conditions, debt owed, gaps in a story line for work or school, or bringing home new accessories and clothing that the person cannot afford. If a healthcare provider identifies one of these markers, they should be prompted to further assess their patient to ensure their safety.

It is vital healthcare workers also understand the demographics of those who are affected by human trafficking. Many may assume those affected by human trafficking are young women; however, this is not always the case (Withers, 2016). The average age of entry into trafficking is 12-14 years old, and both males and females are affected, as an estimated 25% of trafficking victims are men (Sorey, 2016). It is clear human trafficking does not discriminate against its victims. Therefore, the risk factors healthcare workers should be aware of and assess for include the following: instability in the home, homelessness, disjointed family connections, physical/sexual abuse, history of running away, low self-esteem, lack of self-identity, LGBTQIA+, addictions to substances or exposure in the home, involvement in the juvenile justice/ child welfare system, gang involvement, being a victim of bullying, being a person with disabilities, or having a low socioeconomic standing (Sorey, 2016). These factors can be summed up into the overarching theme of vulnerability. It is key for healthcare providers to understand trafficking

can affect anyone, so it is important to be aware of risk factors and markers in all patients regardless of their age, gender, ethnicity, or socioeconomic background.

Over 86% of human trafficking victims in the United States seek healthcare at some point during their trafficking (Lederer & Wetzel, 2014). However, there is a lack of education on the prevalence of this crime and markers of a human trafficking victim. Because of this lack of education, there is only a 13% chance that a healthcare worker will recognize a victim of human trafficking (Briefings on Accreditation and Quality, 2018). Healthcare workers are the most likely people to encounter and rescue a victim of human trafficking, so they must have access to education, training, and resources to help bring an end to this crime (Mason, 2018). Victims of human trafficking often seek healthcare in an emergency, after an assault, after a workplace injury, for gynecological services, prenatal care, routine check-ups, mental health services, addiction treatment, pre-existing conditions, or for health issues unrelated to trafficking (Zimmerman, 2003). Even when victims access care, they may not identify themselves as human trafficking victims to healthcare providers. This may stem from shame or guilt, fear of arrest or deportation, fear of retaliation by their trafficker, lack of transportation or controlled movement, or lack of understanding of the United States healthcare system (Sorey, 2016). Healthcare workers must understand these barriers to self-identification in order to better meet their patient's needs.

Protocols and screenings designed to identify human trafficking victims in healthcare settings present as a vital tool in preventing this crime. However, there is no standardized electronic human trafficking screening tool, and there are few resources to support these victims (Parchment et. al, 2020). Many protocols may also focus on victims of sex trafficking; however, there are potentially more cases of labor trafficking in the United States (AHC MEDIA, 2018).

Labor trafficking can occur in innumerable work settings, such as construction, farming, restaurants, salons, and elder or child care. Both groups must be equally represented, and providers should be equipped with the knowledge and abilities to readily assess trafficking in any form it presents.

It is vital for healthcare workers who are able to recognize a trafficking situation to then develop rapport with their patients and employ trauma-informed care. Trauma-informed care includes recognizing the impact of trauma throughout the life of the patient, recognizing signs and symptoms of trauma, and responding appropriately by minimizing retraumatization (Tiller et. al, 2020). Healthcare workers can implement principles of trauma-informed care by using the acronym PEARR, which stands for provide privacy, educate, ask, respect, and respond (Briefings on Accreditation and Quality, 2019). This can include allowing the patient to decide if they are more comfortable talking with a female or male provider, finding a private space to communicate, and ensuring the patient understands provider confidentiality before beginning. The worker should assess safety risks before beginning to ask questions that may be sensitive, and understand the goal of assessment is not disclosure, but assistance.

Employing screenings and trauma-informed care heavily shapes the healthcare experience of a victim of human trafficking. In a survey done by a non-profit organization in New York, 76 victims of human trafficking responded to questions regarding their healthcare experiences (Lamantia, 2019). A majority indicated they wished their providers would have established good rapport, asked better questions about their experience, and offered more information about human trafficking. One way for healthcare workers to accomplish this is through better training and sharing of information through electronic health records. This can allow healthcare professionals to see trends in human trafficking within their facilities in order to



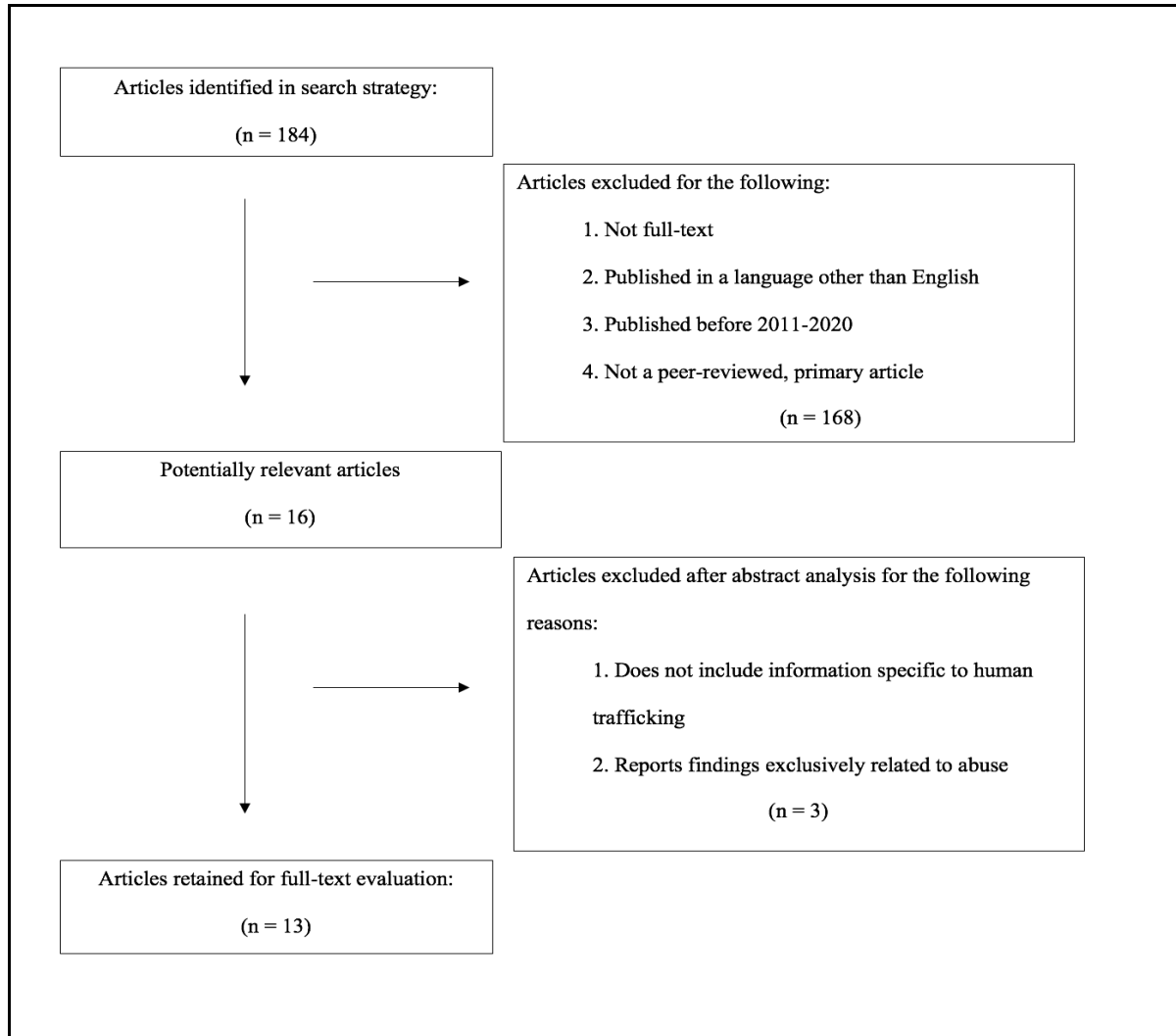
develop screening and protocol tools to specifically target those trapped in trafficking situations and know which resources to provide. Referrals for victims of human trafficking can cover a broad spectrum of internal and community resources, because each patient may have unique needs. In addition to contacting social work, counselors, and chaplains, healthcare professionals can also look to local non-profit organizations or detox centers and residential facilities.

The literature included in this review contain various methods for healthcare professionals to care for victims of human trafficking in order to treat their patients in a holistic manner. The purpose of this review is to determine ways in which healthcare workers can accurately identify signs of human trafficking, offer supportive, trauma-informed care, and refer patients to the appropriate resources.

### **Methods**

This literature review is guided by the following question: How can thorough assessment and supportive care impact healthcare workers' ability to identify patients that are potential victims of human trafficking in order to provide them with the appropriate resources? Articles were reviewed to assess the implications of human trafficking in healthcare, and how healthcare workers can use human trafficking screening protocols, supportive or trauma-informed care, and appropriate referral of victims to internal or community resources.

For consideration in this review, articles were required to meet certain inclusion criteria. Research articles that were primary, peer reviewed, full-text, published in the English language, and limited to the last 9 years (2011-2020) were considered. The articles had to include implications of human trafficking on healthcare, and the role of healthcare workers in addressing this crime. An article was excluded if it did not include information specific to human trafficking, or if it referred exclusively to sexual assault or abuse.

**TABLE 1: Inclusion and Exclusion Criteria**

The database CINAHL Complete was used to generate articles for this review. The key search words “human trafficking” AND “healthcare” were used to generate 184 journal articles. After limiting the results to full-text articles published in the English language between 2011-2020, 16 articles remained. The abstracts of these 16 articles were further evaluated to determine their relevance to supporting victims of human trafficking in healthcare, and 3 were excluded for this review. The 13 remaining articles were evaluated in a full-text analysis to assess their

relevance to the topic of identifying and supporting human trafficking victims presenting in healthcare settings.

## **Results**

### Screenings and Protocols

Currently, there are no universal protocols or screening forms for healthcare workers to use in the assessment of potential trafficking situations. In addition, there is a lack of education for healthcare providers to recognize and treat these patients. For example, in one study evaluating the knowledge of healthcare providers on human trafficking, over 58% responded their facility had not provided education on the subject (Sousou et. al, 2019). Because of this lack of education, there may also be stigma surrounding human trafficking victims, as providers may be biased against patients who are affiliated with drug use or prostitution (Briefings on Hospital Safety, 2018; Rajaram, 2018). More than 50% of women entering substance use treatment in the United States have reported at some point they have traded sex for money, drugs, or housing. Drugs are often used as a way to control and intimidate victims who are forced or coerced into exchanging sexual acts for drugs, or they may experience a debt bondage related to the use of drugs (Gerassi, 2018). The victim may also need legal services and law enforcement in addition to substance use treatment and shelter (Leslie, 2018). Healthcare workers should be aware of the impact substance use can have and seek to eliminate barriers to access for trafficked victims who need these referrals.

A key step in aiding victims is having the ability to identify a trafficking situation and understanding why a victim may present to a healthcare facility. Victims may require healthcare services for respiratory or systemic infections, in workplace injuries or in an emergency, STI screenings, pregnancy tests, abortions, mental health services, addiction treatment, for pre-

existing conditions, or for health issues that are not related to a trafficking situation (Baldwin et. al, 2011; Zimmerman, 2003). This understanding should motivate healthcare workers to implement protocols to aid in the assessment of these individuals. In a study conducted at the University of California, the implementation of a human trafficking screening process in the emergency department was evaluated. In reviewing this implementation, it was found that the screening itself was more likely to identify a potential human trafficking victim than provider concern (Mumma et. al, 2017). Therefore, it is clear protocols may be more effective as they give clearly defined criteria for assessments. This also points back to the lack of education for healthcare providers on the indicators of a human trafficking situation, and the necessity of raising awareness among those working in these settings.

This study at the University of California aimed to identify victims of human trafficking by adding a screening process into the electronic medical record (EMR) for healthcare providers to access during their assessment of patients. This screening form was composed of 14 questions, and an answer of “yes” to any of the questions was immediately marked as a positive result, and prompted involvement of social work. To evaluate this new protocol, 143 patients presenting to the emergency department were selected to be enrolled in a study of this new screening. Of these 143 enrolled patients, 39 screened positive for a potential human trafficking case. Of these, 10 patients were ultimately identified as victims of human trafficking (Mumma et. al, 2017). This screening on average took 5-10 minutes to complete with each patient. This study shows the effectiveness of screening protocols, and leaves no excuse for healthcare workers if they do not take the time to investigate a potential trafficking situation.

### Demographic Characteristics

There are varying demographics of those affected by human trafficking. Children who are trafficked may experience increased rates of health consequences as a result of their exploitation (Tsai & Dichter, 2019). Children in the Greater Mekong Region were studied to determine health issues related to their exploitation. They reported experiencing physical and sexual abuse that increased their risk of sexually transmitted infections, and reported symptoms such as headaches, dizziness, back pain, and exhaustion. In addition to the physical implications of human trafficking, 25.5% of the trafficked children reported symptoms of post-traumatic stress disorder, 56.3% reported symptoms of depression, and 32.6% reported feelings of anxiety. Modern-day slavery is devastating to pediatric populations. Children should never be overlooked as potential victims, and screenings specific to this subpopulation are necessary for adequate treatment.

Approximately 90% of pediatric visits occur in community emergency departments that are not equipped with the resources to perform child abuse and neglect consultations (Tiyyagura, 2019). The lack of child abuse consultations in community emergency departments also points to a lack of screening and consultation services for victims human trafficking. A study was implemented based on these findings to develop a program to address these needs. The researchers used a faculty team consisting of 2 child abuse and neglect consultants, 2 emergency physicians, a CPS manager, and a mental health specialist to provide continuing education to emergency department healthcare workers. Teachings were completed monthly, and participants reported that the program expanded their knowledge and increased their ability to serve these populations. This teaching focused on child abuse and neglect, and it can be further expanded to include education on pediatric victims of human trafficking to increase providers' confidence in providing care to them.

Children in middle-low income countries have inadequate representation in child sexual abuse studies, as the subject is taboo and is approached differently based on culture (Veenema et. al, 2015). It is estimated that nearly 150 million boys and girls under the age of 18 are abused sexually worldwide, with exacerbating factors including poverty, family strain, rape, coercion, early childhood marriage, and human trafficking. It is important to mention that all of these factors can fall in the realm of human trafficking, as they may place individuals in a state of vulnerability to this crime. Healthcare workers should assess for the risk factors of low socioeconomic status, instability in the family, and having a history of low self-esteem or physical/sexual abuse in order to aid in the identification of victims of human trafficking.

In addition to high rates of child trafficking, the Greater Mekong Region has high rates of labor trafficking within the fishing industry. This specific type of trafficking is reported to have the most extreme forms of exploitation and abuse (Pocock et. al, 2018). Victims were interviewed post-trafficking and nearly 30% reported pain in 3 or more areas of their body, and 26.9% reported being in poor health. Commonly cited physical health problems included dizziness, exhaustion, headaches, and memory problems. These fishermen also faced great barriers to receiving healthcare treatment such as fee payment, language barriers, and cases of physicians siding with employers over treatment costs and accident compensation. The United States has regulations in place to prohibit unjust treatment of employees. However, there are still cases of labor trafficking within the United States. Healthcare providers must be aware of this issue and be willing to overcome the barriers to delivering care to victims.

Women who are affected by human trafficking may present to healthcare settings for a variety of reasons, including gynecological services. Cervical cancer is a common form of cancer that women face worldwide, and it particularly affects women in less developed countries (Kim

et. al, 2017). Specifically in North Korea, there is a lack of medical care, and women who are migrating to South Korea have a higher vulnerability of developing this cancer. This vulnerability is a result of the women's increased risk of being victims of human trafficking due to migration. About 87% of deaths from cervical cancer occur in less developed countries. The United States has a well-developed system for the treatment of cancer, but there can still be advancements made in assessing the precipitating factors to the development of cervical cancer. Providers who offer STI screenings and Pap tests should also be equipped with screening protocols to fully assess their patients and ensure their safety from situations such as human trafficking.

### Trauma-Informed Care

The health needs for victims of human trafficking are intricate and subjective to each case. Current literature on survivor identification includes assessing for signs of physical or sexual abuse, absence of documentation, and being accompanied by a companion that is controlling (Hemmings et. al, 2016). It is vital for providers to build trust with their patients and utilize trauma-informed care such as interviewing the victim in private and applying cultural sensitivity. In addition, providers should use comprehensive needs assessments and professional interpreters if the patient does not speak English as their first language. Finally, human trafficking is complex, and providers should therefore work across multiple disciplines and make referrals to social services where indicated.

Human trafficking has numerous health implications for which many healthcare providers and workers lack education (Macias et. al, 2013). This lack of education as well as attitudinal biases and uncoordinated health system responses function as barriers to a greater health response. In addition, victims may be reluctant to identify themselves as victims of human

trafficking, thus making it difficult for providers to adequately respond to the situation. Victims may also suffer from a lack of access to healthcare as a result of fear of provider discrimination, fear of being reported to law enforcement, and fear that they would not be able to receive or afford their care. At the systems level, trafficking may be dismissed as a public health issue, and there is a lack of training for healthcare workers which contributes to the inability to understand the holistic response to a victims' health needs, and referrals to social services.

### Referrals

Victims of human trafficking presenting to healthcare will need a holistic approach to their care, as they often face physical, emotional, and sexual abuse. Mental health services must be readily available in addition to physical interventions in healthcare (Sandhu et. al, 2013). Human trafficking is a crime that initiates trauma in victims' lives, and they may develop conditions such as depression, anxiety, and post-traumatic stress disorder. These diagnoses are complex, and those trained in mental health services such as psychiatrists, mental health nurses, psychologists, therapists, and social workers should be included in their healthcare experience.

### **Discussion**

Human trafficking produces a broad spectrum of challenges to healthcare professionals. It is clear there is a lack of education on the topic, and many workers do not feel adequately prepared to address these concerns in their daily practice. The first step in the process of battling this crime as a healthcare worker is acquiring education. Workers must be aware of the issue human trafficking implicates if they are to actively prevent it. In addition, there must be a nation-wide establishment of hospital-system protocols for screening and assessment of patients who are identified as a potential victim.



Many current protocols instituted in hospital systems are based on published literature from sources such as Polaris or other local non-profits. These organizations have published lists of human trafficking recommending signs for healthcare workers to assess (see Appendix). The patient may also demonstrate a nervous behavior towards a provider, and their history may be inconsistent. They may be accompanied by another individual who does not let them speak for themselves and withholds their identification from them. These red flags are not exhaustive; however, they are a starting point for healthcare professionals to use in their assessment. There must be a progression towards a more universal protocol in order to limit discrepancies across different hospital systems. These protocols can be further expanded in each community to include steps for referral by offering the provider a list of internal and community services to contact to give further assistance to the patient.

### Implications for Practice

The emergency department at the University of California determined a screening protocol may take as little as 5-10 minutes. Thus, providers have little excuse for not taking the time to investigate a potential trafficking situation. However, a key focus for healthcare workers to keep in mind is that human trafficking is not an issue that can be easily solved in one sitting. Initial assessment may be accomplished in a matter of minutes; however, it may take time and multiple steps to fully grasp the situation at hand and progress towards treatment and referral. When the healthcare worker performs their assessment, it is also important for them to note that signs taken individually may not indicate a trafficking situation, and not every victim will present with the same signs (Journal of Legal Nurse Consulting, 2020). However, if a number of indicators are recognized, it may lead to the necessity of further assessment.

When indicators are recognized by the healthcare worker, the worker should then employ trauma-informed care to further evaluate the situation. The provider should keep in mind the effects of trauma over a lifetime and avoid the possibility of retraumatization. If the hospital system does not have a human trafficking protocol in place, the provider can choose to contact the National Human Trafficking Resource Center (NHTRC) hotline to assist them throughout assessment in order to determine next steps, and they can then extend the hotline number to the patient (Journal of Legal Nurse Consulting, 2020; Leslie, 2018). If the situation is potentially dangerous or life-threatening, the provider should follow the institution's guidelines for contacting law enforcement and include the patient in this process (AACN Bold Voices, 2018; O'Connor, 2019).

An Orlando hospital system initiated a project to determine how clinical nurses can be involved in the assessment of these individuals, and found that screening tools requiring assessment skills were more effective than direct questioning (Parchment et. al, 2020). The hospital evaluated current literature on the topic and a screening form based on red flags and markers was adopted into the hospital system's EMR. Over one eight-week period in this Orlando hospital system, 46,764 patient interactions occurred, and each patient was screened using the human trafficking tool that was developed. This screening tool helped identify 43 patients who were potential victims of human trafficking (Parchment et. al, 2020). From there, the hospital developed a policy to utilize privacy, use of interpreters, culturally sensitive and appropriate interactions, trauma-informed care, informed consent, confidentiality, reporting, and referral (Parchment et. al, 2020). Referral services included interdisciplinary groups such as social work, chaplains, and patient and family counselors throughout the patient's care. The hospital also developed a partnership with community resources such as local non-profits and

law enforcement agencies to allow for a continuum of care for these patients. The work of this hospital system can act as an example to others across the United States for using assessment skills, screenings, trauma-informed care, and appropriate referrals for the support of patients who are potential human trafficking victims.

Referrals may differentiate per provider, hospital system, and patient situation. Because human trafficking can involve a wide realm of abuse, resources should be comprehensive, and social work should be involved to assist in delivering subjective care for each particular situation. A list of internal referrals such as social work, as well as community resources such as local non-profit anti-human trafficking organizations, law enforcement agencies, shelters, and substance use treatment centers should be included. Chaplains and patient or family counselors can be a beneficial resource as well. At this point, the provider should also follow mandated reporter guidelines, and utilize ICD codes to accurately document trafficking situations.

Because of a lack of awareness, once a human trafficking situation is identified in a healthcare setting, providers may not know the next step in reporting. The United States has now adopted ICD codes to be utilized in documenting human trafficking situations in a patient's electronic health record (Greenbaum et. al, 2019). This can be helpful in tracking trafficking scenarios and will aid in the prevention of this crime by raising awareness of its local presence and effects. In addition to recording these cases in the electronic health record, the provider may also be required to report the case as a mandated reporter (Sorey, 2016). There are varying requirements for mandated reporting from state to state. The healthcare worker should be sure to adequately document the findings in the patient's chart. If the potential victim is a minor, the worker must follow the mandatory reporting law and report this crime. They can report to the NHTRC, however it will not fulfil the mandatory requirements, so the worker must also report to

the local or state requirements. For adults, it is important for the healthcare worker to gain the patient's consent before reporting to other services, as HIPAA may impact the ability to report a trafficking situation. The worker can then also choose to report an adult trafficking situation to the NHTRC, who can facilitate a report to law enforcement services specialized in cases involving human trafficking (Journal of Legal Nurse Consulting, 2020; AHC MEDIA, 2018).

### Limitations

This literature review evaluates current practices to identify and treat patients who are potential victims of human trafficking. Because of the nature of this review, it is difficult to determine if current practices are indeed best practice. This is a result of the challenge of testing screening protocols, as it is difficult to build control groups to measure the differences of pre-intervention and post-intervention of human trafficking screening. In addition, there are few hospital systems who have implemented screenings and protocols, as human trafficking is still gaining awareness. Because there are no universal screening protocols or referral processes, there may also be discrepancies in the screening and referral process across hospital systems. Therefore, it is difficult to evaluate whether the inclusion of certain questions on a screening form produces an increased probability of identifying a victim of human trafficking.

### Conclusion

Human trafficking is a modern day slavery affecting not only millions of people across the world, but countless people in local communities within the United States. It is increasingly evident that this crime can present itself in subtle ways, and victims of human trafficking may not even self-identify. As over 86% of human trafficking victims access healthcare at some point during their trafficking, healthcare workers should be motivated to take action against this crime. Action can be as simple as educating oneself on the signs and red flags, knowing resources to

turn to, and raising awareness within one's own hospital system. These grassroots movements can invoke change on local, state, and eventually national levels, and increase the ability with which healthcare can fight this crime. Healthcare workers are trained to be advocates for patients, and they should be empowered to make a strong impact on the lives of those enslaved to others.

## References

- AHC MEDIA. (2018). Human Traffickers Increasingly Take Victims to Outpatient Health Providers: Even surgery centers might see victims. *Same-Day Surgery*, 42(9), 1–4.
- AHC MEDIA. (2018). Human Trafficking Myths Every Healthcare Worker Should Know. *Same-Day Surgery*, 42(9), 1–4.
- AHC MEDIA. (2018). The Joint Commission Issues Advisory on Human Trafficking Victims in Healthcare. *Case Management Advisor*, 29(8), N.PAG.
- Baldwin, S. B., Eisenman, D. P., Sayles, J. N., Ryan, G., & Chuang, K. S. (2011). Identification of Human Trafficking Victims in Health Care Settings. *Health & Human Rights: An International Journal*, 13(1), 1–14.
- Gerassi, L. B. (2018). Barriers to Accessing Detox Facilities, Substance Use Treatment, and Residential Services among Women Impacted by Commercial Sexual Exploitation and Trafficking. *Behavioral Medicine*, 44(3), 199–208.  
<https://doi.org/10.1080/08964289.2017.1384360>
- Greenbaum, J., & Stoklosa, H. (2019). The healthcare response to human trafficking: A need for globally harmonized ICD codes. *PLoS Medicine*, 16(5), 1–3.  
<https://doi.org/10.1371/journal.pmed.1002799>
- Hemmings, S., Jakobowitz, S., Abas, M., Bick, D., Howard, L. M., Stanley, N., Zimmerman, C., & Oram, S. (2016). Responding to the health needs of survivors of human trafficking: a systematic review. *BMC Health Services Research*, 16, 1–9.  
<https://doi.org/10.1186/s12913-016-1538-8>
- Human trafficking and healthcare. (2018). *Briefings on Accreditation & Quality*, 29(9), 1–5.
- Human trafficking and healthcare. (2018). *Briefings on Hospital Safety*, 26(10), 12–16.
- Human trafficking response program at Dignity Health. (2019). *Briefings on Accreditation & Quality*, 30(1), 7–9.
- Identifying Human Trafficking Victims in Healthcare Settings. (2018). *AACN Bold Voices*, 10(10), 18.
- Identifying Victims of Human Trafficking: What to Look for in a Healthcare Setting. (2020). *Journal of Legal Nurse Consulting*, 31(3), 30–33. Accessed September, 25, 2020.
- Kim, K., Kim, S., & Chung, Y. (2017). A qualitative study exploring factors associated with Pap test use among North Korean refugees. *Health Care for Women International*, 38(10), 1115–1129. <https://doi.org/10.1080/07399332.2017.1359605>

- Lamantia, J. (2019). New York providers training staff to help human trafficking victims. *Modern Healthcare*, 49(4), 12.
- Lederer, L. J., & Wetzel, C. A. (2014). The health consequences of sex trafficking and their implications for identifying victims in healthcare facilities. *Annals of Health Law*, 23(1), 61-91.
- Leslie, J. (2018). Human Trafficking: Clinical Assessment Guideline. *Journal of Trauma Nursing*, 25(5), 282–289. <https://doi.org/10.1097/JTN.0000000000000389>
- Macias Konstantopoulos, W., Ahn, R., Alpert, E. J., Cafferty, E., McGahan, A., Williams, T. P., Castor, J. P., Wolferstan, N., Purcell, G., & Burke, T. F. (2013). An international comparative public health analysis of sex trafficking of women and girls in eight cities: achieving a more effective health sector response. *Journal of Urban Health*, 90(6), 1194–1204. <https://doi.org/10.1007/s11524-013-9837-4>
- Mason, S. (2018). Human Trafficking: A Primer for LNCs. *Journal of Legal Nurse Consulting*, 29(4), 28–33.
- Membership Assembly 2019. (2019). *Vermont Nurse Connection*, 22(4), 10.
- Mumma, B. E., Scofield, M. E., Mendoza, L. P., Toofan, Y., Youngyunpipatkul, J., & Hernandez, B. (2017). Screening for Victims of Sex Trafficking in the Emergency Department: A Pilot Program. *Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health*, 18(4), 616–620. <https://doi.org/10.5811/westjem.2017.2.31924>
- National Human Trafficking Hotline. (2020, April 07). The Victims. Retrieved September 25, 2020, from <https://humantraffickinghotline.org/what-human-trafficking/human-trafficking/victims>
- O'Connor, T. (2019). Nurses are key workers in identifying victims of human trafficking. *Kai Tiaki Nursing New Zealand*, 25(7), 22–23.
- Parchment, J., & Stinson, A. (2020). Clinical Nurses Leading Through the Complexity of Human Trafficking. *Nursing Administration Quarterly*, 44(3), 235–243. <https://doi.org/10.1097/NAQ.0000000000000423>
- Parrish, E. (2018). Human trafficking: Awareness, assessment, and training. *Perspectives in Psychiatric Care*, 54(4), 456. <https://doi.org/10.1111/ppc.12331>
- Pocock, N. S., Tadee, R., Tharawan, K., Rongrongmuang, W., Dickson, B., Suos, S., Kiss, L., & Zimmerman, C. (2018). “Because if we talk about health issues first, it is easier to talk about human trafficking”; findings from a mixed methods study on health needs and service provision among migrant and trafficked fishermen in the Mekong. *Globalization & Health*, 14(1), N.PAG. <https://doi.org/10.1186/s12992-018-0361-x>

- Polaris Project. Recognizing Human Trafficking: What are you seeing? Healthcare. <https://humantraffickinghotline.org/states>. Published 2018. Accessed September 25, 2020.
- Rajaram, S. S., & Tidball, S. (2018). Survivors' Voices—Complex Needs of Sex Trafficking Survivors in the Midwest. *Behavioral Medicine*, 44(3), 189–198. <https://doi.org/10.1080/08964289.2017.1399101>
- Sandhu S, Bjerre NV, Dauvrin M, Dias S, Gaddini A, Greacen T, Ioannidis E, Kluge U, Jensen NK, Lamkaddem M, Puigpinós I Riera R, Kósa Z, Wihlman U, Stankunas M, Straßmayr C, Wahlbeck K, Welbel M, Priebe S, Sandhu, S., & Bjerre, N. V. (2013). Experiences with treating immigrants: a qualitative study in mental health services across 16 European countries. *Social Psychiatry & Psychiatric Epidemiology*, 48(1), 105–116. <https://doi.org/10.1007/s00127-012-0528-3>
- Sorey, J. (2016). Hub of HOPE. Retrieved from <https://www.hubofhope.org>
- Sousou Coppola, J., Cantwell, E. R., Kushary, D., & Ayres, C. (2019). Human Trafficking: Knowledge and Awareness in Nursing Practice. *Journal of Nursing Practice Applications & Reviews of Research*, 9(1), 40–49. <https://doi.org/10.13178/jnparr.2019.0901.0907>
- Tiller, J., & Reynolds, S. (2020). Human Trafficking in the Emergency Department: Improving Our Response to a Vulnerable Population. *Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health*, 21(3), 549–554. <https://doi.org/10.5811/westjem.2020.1.41690>
- Tiyyagura, G., Asnes, A. G., Leventhal, J. M., Shah, A., Calabrese, T., Radecki, L., Jeter, G., & Auerbach, M. (2019). Impact of Project ECHO on Community ED Providers' Perceptions of Child Abuse Knowledge and Access to Subspecialists for Child Abuse and Neglect. *Academic Pediatrics*, 19(8), 985–987. <https://doi.org/10.1016/j.acap.2019.06.018>
- Tsai, C., & Dichter, M. E. (2019). The Trafficking of Children in the Greater Mekong Region: A Review of Recent Literature. *Child Abuse Review*, 28(3), 198–208. <https://doi.org/10.1002/car.2562>
- United States of America: Victims of Trafficking and Violence Protection Act of 2000* [United States of America], Public Law 106-386 [H.R. 3244], 28 October 2000, available at: <https://www.refworld.org/docid/3ae6b6104.html> [accessed 25 September 2020]
- United States Department of State. (2019). *Trafficking in persons report: June 2019*. Washington, D.C.: Office of the Under Secretary for Civilian Security, Democracy, and Human Rights.
- Veenema, T. G., Thornton, C. P., & Corley, A. (2015). The public health crisis of child sexual abuse in low and middle income countries: An integrative review of the literature. *International Journal of Nursing Studies*, 52(4), 864–881. <https://doi.org/10.1016/j.ijnurstu.2014.10.017>



Withers, M. (2016, October 19). Psychological Tactics Used by Human Traffickers. Retrieved October 13, 2020, from <https://www.psychologytoday.com/intl/blog/modern-day-slavery/201610/psychological-tactics-used-human-traffickers>

Zimmerman C., et al. (2003). The health risks and consequences of trafficking in women and adolescents. Findings from a European study. London: London School of Hygiene & Tropical Medicine (LSHTM). Retrieved from <http://www.lshtm.ac.uk/php/ghd/docs/traffickingfinal.pdf>

Appendix

HEALTH INDICATORS AND CONSEQUENCES OF HUMAN TRAFFICKING* <sup>i</sup>	
Physical Health Indicators	Mental Health Indicators
<ul style="list-style-type: none"> <li><input type="checkbox"/> Signs of physical abuse or unexplained injuries                             <ul style="list-style-type: none"> <li>• Bruising</li> <li>• Burns</li> <li>• Cuts or wounds</li> <li>• Blunt force trauma</li> <li>• Fractures</li> <li>• Broken teeth</li> <li>• Signs of torture</li> </ul> </li> <li><input type="checkbox"/> Neurological conditions                             <ul style="list-style-type: none"> <li>• Traumatic brain injury</li> <li>• Headaches or migraines</li> <li>• Unexplained memory loss</li> <li>• Vertigo of unknown etiology</li> <li>• Insomnia</li> <li>• Difficulty concentrating</li> </ul> </li> <li><input type="checkbox"/> Cardiovascular<sup>ii</sup>/respiratory<sup>iii</sup> conditions that appear to be caused or worsened by stress, such as:                             <ul style="list-style-type: none"> <li>• Arrhythmia</li> <li>• High blood pressure</li> <li>• Acute Respiratory Distress</li> </ul> </li> <li><input type="checkbox"/> Gastrointestinal conditions that appear to be caused or worsened by stress<sup>iv</sup>, such as:                             <ul style="list-style-type: none"> <li>• Constipation</li> <li>• Irritable bowel syndrome</li> </ul> </li> <li><input type="checkbox"/> Dietary health issues                             <ul style="list-style-type: none"> <li>• Severe weight loss</li> <li>• Malnutrition</li> <li>• Loss of appetite</li> </ul> </li> <li><input type="checkbox"/> Reproductive issues                             <ul style="list-style-type: none"> <li>• Sexually-transmitted infections</li> <li>• Genitourinary issues</li> <li>• Repeated unwanted pregnancies</li> <li>• Forced or pressured abortions</li> <li>• Genital trauma</li> <li>• Sexual dysfunction</li> <li>• Retained foreign body</li> </ul> </li> <li><input type="checkbox"/> Substance use disorders</li> <li><input type="checkbox"/> Other health issues                             <ul style="list-style-type: none"> <li>• Effects of prolonged exposure to extreme temperatures</li> <li>• Effects of prolonged exposure to industrial or agricultural chemicals</li> <li>• Somatic complaints</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Depression</li> <li><input type="checkbox"/> Suicidal ideation</li> <li><input type="checkbox"/> Self-harming behaviors</li> <li><input type="checkbox"/> Anxiety</li> <li><input type="checkbox"/> Post-traumatic stress disorder</li> <li><input type="checkbox"/> Nightmares</li> <li><input type="checkbox"/> Flashbacks</li> <li><input type="checkbox"/> Lack of emotional responsiveness</li> <li><input type="checkbox"/> Feelings of shame or guilt</li> <li><input type="checkbox"/> Hyper-vigilance</li> <li><input type="checkbox"/> Hostility</li> <li><input type="checkbox"/> Attachment disorders<sup>v</sup> <ul style="list-style-type: none"> <li>• Lack of or difficulty in engaging in social interactions</li> <li>• Signs of withdrawal, fear, sadness, or irritability</li> </ul> </li> <li><input type="checkbox"/> Depersonalization or derealization<sup>vi</sup> <ul style="list-style-type: none"> <li>• Feeling like an outside observer of themselves, as if watching themselves in a movie</li> <li>• Emotional or physical numbness of senses</li> <li>• Feeling alienated from or unfamiliar with their surroundings</li> <li>• Distortions in perception of time</li> </ul> </li> <li><input type="checkbox"/> Dissociation disorders<sup>vii</sup> <ul style="list-style-type: none"> <li>• Memory loss</li> <li>• A sense of being detached from themselves</li> <li>• A lack of a sense of self-identity, or switching between alternate identities</li> <li>• A perception of the people and things around them as distorted or unreal</li> </ul> </li> </ul>

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