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Human Trafficking: Empowering Healthcare Providers and Community Partners as Advocates for Victims

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Abstract

Human trafficking (HT) is a public health crisis and the need for education is dire. Healthcare providers lack confidence in victim recognition and aid provision all while encountering victims in their practice. The project leader aimed to empower healthcare providers in recognizing signs of HT and making appropriate referrals. Ten community volunteers, including registered nurses, who assist with a mobile medical unit and spiritual 12-step program, participated in a Human Trafficking 101 training. The application of holistic nursing core principles and Human Caring Science was integrated as vital in victim identification. A pretest posttest design was utilized to administer the Perceived Competence Scale. A significant increase from pretest to posttest scores was found ($t(9) = -6.567$, $p < .05$) in HT risk and signs identification, making referrals, and screening tool use. The participants also maintained a log documenting the number of times the screening tool and/or education gained from the training were used over a three-month period. The log did not reveal any identified victims at the conclusion of the three-month period. A well-designed training can significantly increase knowledge in medical and non-medical audiences. Nurses should extend training beyond traditional healthcare settings by reaching volunteers serving vulnerable populations.

Key Words

Human trafficking, Trafficking identification tool, Sex trafficking, Labor trafficking, Human trafficking, and healthcare

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Human trafficking, also known as modern day slavery, is a public health crisis and a growing worldwide crime exploiting approximately 40.3 million victims (Polaris, n.d.-b). In 2009, the United Nations Office on Drugs and Crimes (UNODC) reported approximately 79% of human trafficking crimes were related to sexual exploitation and 18% were related to forced labor, but more recent reports show approximately 50% and 38% respectively (UNODC, 2020). While sexual exploitation continues to make up the majority of human trafficking crimes, forced labor continues to grow at an alarming rate. The purpose of this manuscript is two-fold. First, to empower healthcare providers and community volunteers serving potential victims of human trafficking in traditional and non-traditional settings with human trafficking identification training. This education should include the use of a validated human trafficking screening tool and the timely provision of resources. Second, to guide professional nurses in the holistic approach to caring for potential victims of human trafficking. The core values of holistic nursing practice (Dossey, 2022) and Watson's Theory of Human Caring (Watson, 2018) are the pillars guiding mindful and authentic nursing care. Merging evidence-based practice with holistic care will boost victim identification and rescue.

Background

Healthcare providers are poised in therapeutic situations to identify victims of human trafficking. Tiller and Reynolds (2020) emphasized the importance of community caregivers in awareness and service to this population who, unfortunately, often do not receive needed resources. Religious and secular community volunteers may provide

healthcare through medical missions opportunities impacting individuals victimized by human trafficking. Community volunteer groups and healthcare providers conscientiously attempt to bridge the gap which keeps the underserved from receiving needed healthcare services, including those victimized by human trafficking. A literature review yielded a call for empowering healthcare providers to identify and serve victims of human trafficking; however, it does not address implications for the role of community volunteer groups in identifying human trafficking victims. Community volunteer groups serving vulnerable populations who interact with the same group on a regular basis, can build a rapport with the at-risk population served, increasing the likelihood someone will disclose they are in a trafficking situation so prompt rescue can occur.

While human trafficking is a serious human crisis, there is very little information, research, and data available to the public and professionals (Sweileh, 2018). Healthcare professionals and community partners lack awareness of human trafficking, and the signs victims exhibit while being trafficked, hindering identification and resource allocation to free them from servitude (Leslie, 2018).

Human trafficking is estimated to be a $150 billion dollar per year industry globally (Human Rights First, 2017). It entails control over another person, commonly a minor, that is obtained through threats, capture, trickery, and abuse, leading to the utilization of the individual for prostitution, forced labor, and organ harvesting (Chisolm-Straker et al., 2016). Statistically, of all reported victims of human trafficking, 70% involve women or girls (Gillispie et al., 2019). Of the 23,078 contacts made in 2018 to the National Human Trafficking Hotline, 15,042 were women as compared to 2,917 men (Polaris, n.d.-c). These men and women contacted the hotline through emails, texts,

phone calls, webforms, or webchats. The top five ethnic groups identified as victims of human trafficking are Latinos, followed by Asian, African/African Americans/Blacks, Whites, and multiracial/multiethnic (Polaris, n.d.-c).

For clarity, it is important to note that a person called a victim of human trafficking is actively being trafficked, as compared to a survivor who has been rescued and no longer being trafficking. In 2019, 533 human trafficking survivors were asked to identify the age at which they began being trafficked for sex as minors (Polaris, n.d.-d). As illustrated by Table 1., the vast majority were between 15-17 years of age. While being trafficked, these survivors were forced to perform sexual acts, engage in sexual intercourse with one or multiple perpetrators, or forced into pornography. These acts commonly occurred in homes, hotels, or cars (Polaris, n.d.-d).

It is essential to keep in the forefront that not all human trafficking involves sexual exploitation. Human trafficking may also involve those who are promised financial prosperity and appealing lifestyles to come work in the United States (US) and North Carolina (NC) (North Carolina Department of Administration [NCDOA], n.d.). For those taking jobs doing physical labor, identification papers, passports, and other legal documents are often taken away by their employer, trapping the worker in the region and work assignment without options or real freedom.

Sampson (2018) discussed the collateral damage resulting from trafficking to include drug addiction, abuse, food insecurity, homelessness, crime, and unplanned pregnancies. Victims of trafficking face long lasting effects even after being rescued. Some victims endure psychological effects of the abuse experienced at the hands of many, resulting in post-traumatic stress disorder (PTSD), while others must face legal

consequences from being forced to sell drugs for their traffickers or the physical effects of lingering drug addiction (Sampson, 2018). As a public health crisis, human trafficking results in human physical and emotional health deterioration as well as significant resource expenditures for law enforcement, social services, community health, and acute care settings, mental health services, and the legal system (court and prisons).

Human trafficking and exploitation cause persistent wounding. In 2019, NC ranked 11th of the 50 states with the largest number (N=266) of reported human trafficking cases (Polaris, n.d.-a). For this reason, the Project Leader sought to educate and empower community volunteer teams to identify and help persons victimized by trafficking in a rural community in eastern NC where conditions are favorable for increased trafficking (see Table 2). Because this community is at increased risk for a heavy presence of human trafficking, a local human trafficking rescue and prevention non-profit organization was created in 2015. This organization has rescued 26 victims over six years, about 10% of the state's reported cases (C. Dumond, personal communication, October 22, 2020).

Literature Review

Information about human trafficking, its victims, and identification and recovery taskforces are reported in the literature. Search terms utilized to identify articles included sex trafficking, human trafficking, labor trafficking, human trafficking screening tool, trafficking screening, trafficking screening tool, trafficking identification, trafficking identification in healthcare, and human trafficking curriculum.

A common misconception about human trafficking is victims are kidnapped and held hostage, isolated from society. Surprisingly, research reveals victims are present in

areas where rescue could occur yet are not identified (Chisolm-Straker et al., 2016). People victimized by human trafficking seek medical care while being trafficked while others continue to attend school and work. Chisolm-Straker et al. (2016) conducted a retrospective study in the US to describe the extent to which people victimized by human trafficking sought healthcare. Of the 173 individuals surveyed, 68% reported receiving medical care while being trafficked. The most common healthcare settings victims frequented included dentist offices, primary care providers, urgent/emergency care, and obstetrics/gynecology clinics.

The literature also revealed healthcare providers feel inadequate about two things: victim identification and safe provision of appropriate resources. Ross et al. (2015) conducted a cross-sectional study in England identifying that of 892 National Health Service professionals, 84% had contact with potential victims of human trafficking but did not feel knowledgeable nor empowered to meet their needs nor make referrals. Powell et al. (2017) conducted a mixed methods study in the US reporting that healthcare providers do not feel adequately prepared to care for trafficking survivors. The researchers called for increased education for healthcare workers, to include signs of trafficking, risk factors, various types of trafficking, and referrals.

The use of effective and validated human trafficking screening tools was highlighted as an asset to victim identification. Most importantly, the effectiveness of screening is greatly impacted by the trust and comfort the victim can establish with the interviewer (Bigelsen & Vuotto, 2013). This sentiment is supported by Chisolm-Straker et al. (2019) who found homeless youth who underwent screening in several steps were more forthcoming and honest later in the process after building a rapport with the

screener. The Vera Institute of Justice (2014) created a validated and reliable human trafficking screening tool aiding in the identification of sex and labor trafficking of victims born in or outside the US. In addition to using effective identification tools, healthcare providers must be prepared to provide victims with resources immediately (Shwarz et al., 2016). Resources may include referrals for rescue, safe housing, food, shelter, police protection, and mental health services.

Lastly, a bibliometric assessment of research activity and trends on human trafficking revealed the gross under-representation of health-related literature on the subject (Sweileh, 2018). Caregivers exploring the subject must rely on scholarly published data older than five years. These findings support the need to generate additional knowledge for healthcare providers and their community partners.

Method

This project collaborated with two local community volunteer groups that serve vulnerable populations. The audience received training on Human Trafficking 101 and the Trafficking Victims Identification Tool (TVIT) with the goal to use both within their mobile medical unit and 12-step recovery programs (Vera Institute of Justice, 2014).

Sample and Setting

Ten members from the two volunteer groups completed the Human Trafficking 101 training. The first community volunteer group was primarily composed of registered nurses who take a mobile medical unit to a local soup kitchen at a minimum every other week, as well as to community events in lower income areas in the community of study. The community of study is in a rural county with alarming risk factors for trafficking (see Table 2). The mobile medical unit is stationed at these locations to screen individuals for

health-related concerns. Populations benefitting from the mobile medical unit include the homeless, uninsured, economically disadvantaged, and individuals who rely on the free services provided by mobile medical unit who otherwise would not receive medical care. On average the mobile medical unit serves 12 individuals per outing. The second volunteer group serves those through a spiritual based 12-step program for dependency and emotional affliction. This team consists of volunteer lay leaders, including local pasters and former addicts.

IRB Approval

This project was approved by the Institutional Review Board (IRB) at Gardner-Webb University, in which the Project Leader was enrolled. Permission to conduct the project with the volunteer teams was received from the Chief Executive Officer (CEO) for the mobile medical unit and the leader of the spiritual-based 12-step program.

Data Collection

This project used a pretest/posttest design. Participants were asked to complete the Perceived Competence Scale (PCS) before and after participation in the Human Trafficking 101 training. The PCS, created by the Center for Self-Determination Theory (2021), is a short 4-question survey that was customized to assess the perceived competence of an individual related to human trafficking. The questions are based on a 7-point Likert scale with answers ranging from “not true at all” with a score of 1 to “very true” with a score of 7. The scale allows for customization of the questions to fit the topic at hand. The customization of the questions was reviewed by an expert at the local human trafficking organization for face validity. Williams et al. (n.d.) report the alpha reliability for the perceived competence items as 0.90.

Analysis

The scores on the pre and post surveys were analyzed utilizing a paired samples t-test. The local human trafficking rescue organization allowed the Project Leader to use their established Human Trafficking 101 curriculum for the training. The training content list is provided in Table 3.

The Human Trafficking 101 training was taught in its entirety by the Project Leader lasting approximately one hour. Training took place at a facility that partners with both community volunteer teams. The building was equipped with audio, video, and projection equipment, providing an intimate space to deliver the information, while allowing the participants to hear the Project Leader with ease and voice questions as needed. The training included a video from the local human trafficking rescue organization providing survivor and rescue stories. Each participant was given a presentation outline with ample space for note taking.

After the content was presented, the participants asked questions and engaged in discussion, expressing shock about the information learned, the need for others in the community to hear the information, and one recounted general knowledge gained as a nurse. The participants were grateful for the instruction provided on what to do and not to do when a victim is identified (see Table 4).

As part of the training, participants were instructed on the use of the TVIT short version. The TVIT manual can be accessed at https://www.vera.org/downloads/publications/human-trafficking-identification-tool-and-user-guidelines.pdf. This tool is a validated screening tool created by the Vera Institute of Justice and is free for public use (Vera Institute of Justice, 2014). Each volunteer group

was given a notebook containing copies of the TVIT, the TVIT instruction manual, a list of numbers for resources to contact if a potential victim is identified (see Table 4), and a TVIT usage log. The purpose of the log was to help the volunteer groups track the number of times the TVIT was used, and number of victims identified in a three-month period. The log was designed to exclude any identifying data that could impact patient confidentiality.

Results/Findings

A paired-samples t-test was calculated to compare the mean PCS pretest scores (X = 2.5, *sd* = 1.5) to the mean PCS posttest scores (X = 6, *sd* = 0.39). The findings represent a significant increase in perceived competence related to knowledge of human trafficking ($t(9) = -6.567$, $p < .05$). The TVIT data usage log did not reveal any screenings or identification of human trafficking victims over the three-month period following the training.

Limitations

Limitations encountered during this project related to COVID-19 indoor gathering restriction mandates in place at the time of the training, limited privacy, and mobile medical unit repairs. The indoor gathering restrictions limited the ability to host a gathering that would include every volunteer in both ministries, approximately 35 people. The volunteers that were not able to attend were provided with a recorded training, informed consent, pre, and post competence scales via email. This approach allowed everyone involved in the ministries to access the information in a safe manner during the pandemic; however, it was not mandatory.

The mobile medical unit was unavailable for two weeks during the three-month project period for repairs. The mobile medical unit continued to provide medical care as scheduled during the pandemic, but all medical screenings took place outdoors to allow social distancing with the use of masks, gloves, and sanitation of equipment. While the mobile medical unit staff cautiously provided ample distance to provide privacy of those they care for, the care outdoors is viewed as a limitation. As discussed in previous paragraphs, the literature reveals victims of human trafficking hesitate to disclose their victimization due to fear of repercussions. Thus, the medical screenings taking place outside with limited privacy provided a potential barrier to victim identification.

Discussion

Nursing Implications

The goal for rendering care for persons victimized by human trafficking begins with identification. Holistic nursing care principles should be the foundation by which nurses create environments conducive to building trust, giving hope, and initiating healing. Of the five core values guiding holistic nursing practice, two align best to aid in creating the desired environment. Implementing core value Holistic Caring Process, provides caring interventions fostering tranquility and peace (Mariano, 2022). Core value Holistic Communication, Therapeutic Healing Environment, and Cultural Diversity, creates authenticity and bond between the nurse and potential victim (Mariano 2022). Implementing these core values support the call in the literature to foster trusting environments allowing potential victims to reveal their trafficking experience, resulting in rescue.

In addition to the core values of holistic care, Watson's Theory of Human Caring guides the nursing care for victims and survivors of human trafficking, ensuring an individual's mind, body, and soul are nurtured (Quinn, 2022; Watson, 2018). This approach is essential since human trafficking has a crushing and debilitating impact on holistic health and wellness. The mind, body, and soul must be addressed when rendering care to help the victim or survivor achieve optimal health and wellness (Mariano, 2022), extending Dr. Watson's holistic vision to community partners outside of nursing.

Mind

According to Sampson (2018), PTSD is an example of the psychological impact of human trafficking. Depression, anxiety, and substance abuse are predominant among victims and survivors (Leslie, 2018). When addressing the mind component of the patient's well-being, the nurse should make the appropriate referrals for proper assessments and provision of resources. This could be achieved through collaboration with mental health providers, spiritual care, social workers, rehabilitative drug dependency treatment, or case managers, depending on the setting, victim needs, and interprofessional members available. The trauma informed care framework is recommended to best provide therapeutic care and prevent re-traumatization of the victim or survivor (Leslie, 2018). Meditation, journaling, and centering are holistic techniques the nurse can independently educate those affected by trafficking for stress reduction.

Body

As outlined in the training program, physical consequences of trafficking include wounds from abuse, unplanned pregnancy, abortion, sexually transmitted infections, and poor oral health. The application of astute assessment skills followed by initiating

appropriate referrals may positively impact the patient's physical needs. Nurses should seize every opportunity to educate the patient before the encounter ends, including reporting signs of complications to a healthcare provider and holistic self-care techniques, such as mouth care, good hygiene, good nutrition, and physical activity.

Soul

An individual's soul, also known as spirit, can be wounded through verbal, physical, psychological, and sexual abuse inflicted during exploitation and manipulation. At a minimum, effective therapeutic communication will build rapport and trust with the victim/survivor/patient. Ideally, an intentional connection between the nurse and patient is achieved through mindful active listening. A nurse's caring and deliberate approach can achieve two objectives. First, the bond and trust many patients need to divulge their trafficking experience can be established, increasing the validity of identification screening tools and data collected. Second, the individual's spirit is nurtured, propelling its healing into motion (Burkhardt & Nagai-Jacobson, 2022). It is worth noting that multiple meaningful interactions between the nurse and patient may need to take place before a victim or survivor feels safe enough to reveal victimization. Nurses must exhibit kindness and patience to help victims and survivors achieve this level of vulnerability.

Conclusion

Unfortunately, information on how to care for persons victimized by human trafficking is not yet highly published. There is a need to integrate human trafficking education and available resources into nursing professional development curriculums and community volunteer training. Nurses have an ethical responsibility to educate and commission community volunteers to holistically approach all persons served, to increase

the likelihood of recognizing and rescuing this unique population. The application of the holistic caring process and Watson's Theory of Human Caring promotes "self-giving in the moment" and one's "knowingly participating in a healing experience" (Watson, 2018, p. 92).

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