



# Human Trafficking

An official position statement of the Association of Women's Health, Obstetric and Neonatal Nurses

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## Position

Nurses are ideally positioned to screen, identify, care for, provide referral services for, and support victims of human trafficking. Therefore, the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) supports improved education and awareness for nurses regarding human trafficking. Patients should be screened for human trafficking in private, safe, health care settings. If there is a language barrier, professional interpreter services are imperative.

To protect the safety of women who have been trafficked, AWHONN opposes laws and other policies that require nurses to report the results of screening to law enforcement or other regulatory agencies without the consent of the woman who experiences the human trafficking. However, nurses and other health care professionals should be familiar with laws for mandatory reporting in their states, especially for minors, and comply as applicable.

## Background

Human trafficking, a modern form of slavery, is generally divided into several categories: forced sexual exploitation, forced labor, and domestic servitude. Victims of forced sexual exploitation may have to work in a variety of settings, including but not limited to prostitution, exotic dancing, pornography, and/or as mail order brides (Richards, 2014). Victims of forced labor work for little or no money, often for long hours, and without appropriate safety measures or compensation. Female victims of forced labor are also often sexually exploited (U.S. Department of State, 2005).

Human trafficking is a global problem present in all countries, including the United States. Within the United States, sex trafficking of U. S. citizens is more common than labor trafficking; labor trafficking is more prevalent among foreign nationals (Sabella, 2011). Trafficking victims in the United States come from all over the world, but not all of these victims originate from other countries; many are U.S. citizens.

While there is no single profile for those who have been trafficked, certain individuals may be more vulnerable to being victimized: runaways; homeless and orphaned adolescents; foreign nationals; individuals with histories of trauma or violence; females; and lesbian, gay, bisexual, and transgender individuals (Greenbaum, 2014; Institute of Medicine, 2013; National Human Trafficking Resource Center, n.d.).

While the exact number of trafficking victims is unknown, it is estimated that 80% of the victims are women and girls (U.S. Department of State, 2005). As such, they are at increased risk for gynecologic and obstetric problems, including persistent or untreated sexually transmitted infections, unintended pregnancies, repetitive abortions or miscarriages, trauma to the rectum or vagina, and infertility. Further, basic primary health care services are rarely provided to this population. As a result, they often have untreated medical problems, including but not limited to physical injuries associated with abuse and torture (e.g., burns, lacerations, missing or broken teeth), malnutrition, dehydration, substance use disorders, depression, anxiety, and posttraumatic stress disorder (Deshpande & Nour, 2013; Grace, Ahn, & Macias Konstantopoulos, 2014; Richards, 2014).

## The Role of the Nurse

One of the most challenging issues associated with human trafficking for nurses and other clinicians is the identification of victims (American College of Obstetricians and Gynecologists, 2011). In a survey of trafficking survivors, 28% came into contact with health care workers during the trafficking situation but were not recognized as victims (Family Violence Prevention Fund, 2005). Victims may not have the language or maturity to disclose their trafficking status and/or may fear what will happen if they do disclose.

Nurses are some of the few professionals who may interact with trafficked women and girls while they are still in captivity (Dovydaitis, 2011); thus, they should be aware of the warning signs

(physical and emotional) associated with trafficking in women and girls. The [National Human Trafficking Resources Center \(2012\)](#) identified a number of these warning signs:

- Presence of cotton or debris in vagina and/or rectum,
- Problems with jaw or neck,
- Inability to keep appointments,
- No identification,
- Tattoos or branding,
- Accompanied by a person who does not allow her to speak or does not want to leave her alone during interview and/or care,
- Inconsistent stories (conflicting stories or misinformation),
- May not speak English, and
- Lack of documentation of age appropriate immunizations and health care encounters.

Interviewing a woman who has been trafficked poses safety concerns for the woman, others close to her, and the interviewer. For this reason, the interview technique must be specific to the situation in order to avoid the potential for causing harm ([World Health Organization, 2003](#)). Nurses should be specifically trained about the safety needs of this vulnerable population, including how to phrase conversations, the availability of appropriate resources for immediate and follow-up care, and the various cultural aspects and norms of care. Education should also extend to the implications for anonymity, confidentiality, and informed consent as appropriate, such as in the case of specific traumas.

As part of the educational process, nurses should examine their own perceptions of human trafficking so they do not inadvertently impose those perceptions and leave the individual feeling more victimized and/or criticized. Respect and nonjudgment are key components of the interview and care encounter ([International Organization for Migration, 2007](#)). Nurses must also be aware of the range of risks involved for the victim, including immigration violations, labor laws, and other legal implications. Victims may also experience physical harm or death for revealing the situation, and their families may punish or banish them as well ([World Health Organization, 2003](#)).

Nurses also support and participate in safety planning for victims and are encouraged to be aware of follow-up resources. Delays or

inappropriate referrals can result in harm and/or increased risk for the victim. These resources may include local organizations specializing in working with trafficked women; free health services (general practice, reproductive health, hospital, and mental health); sources of advice on housing and other social services; legal aid/immigration advice services; local churches/community support organizations; language training centers; and nongovernmental organizations in the women's home country ([World Health Organization, 2003](#)).

Nurses should be aware of the need to establish boundaries as appropriate to maintain their personal safety. It is not unusual for care providers of victims of abuse (in this case human trafficking) to experience emotional distress themselves; therefore, nurses should be aware of professional resources for debriefing and counseling ([International Organization for Migration, 2007](#)). Nurses are uniquely situated as trusted professionals that provide support and empathetic care. The perception of the victim that the nurse can be trusted can facilitate honest communication and a willingness to share the situation.

## Recommendations

AWHONN supports research and policy initiatives to improve care and support for victims of human trafficking. Such initiatives may include the following:

- Development of a validated, brief, screening tool to better identify victims of human trafficking in clinical settings.
- Mechanisms to support continuity of care, especially when warning signs of human trafficking are present.
- Advancement of research focused on the long-term health implications for victims of human trafficking.
- Development of educational opportunities in relation to interdisciplinary and multidisciplinary interviews and ongoing care.
- Development of validated lists for legal, health care, mental health, safe housing, and culturally appropriate resources. One such resource is the National Human Trafficking Resource Center, which maintains a crisis hotline.
- Enhancement of multi-sector collaboration and coordination in order to support information sharing.

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- Public health campaigns to raise awareness of human trafficking particularly targeted to at-risk populations.
- Support for legislative efforts that seek to penalize traffickers and fund support services for victims.

Nurses should take leadership roles in these initiatives. Improvements in screening, identification, and treatment will ultimately lead to safer, healthier women.

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