Screening for Human Trafficking: Best Practice Guidelines and Recommendations for Health Care Providers

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DOI: https://doi.org/10.46409/sr.LHWQ3714

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Screening for Human Trafficking:

Best Practice Guidelines and Recommendations for Health Care Providers

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Manuscript Partially Fulfills the Requirements for the

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Date of Final Approval written as December 5, 2021
Abstract

Human trafficking (HT) is a federal and international crime and is regarded as one of the most pressing human rights issues. Adult and minor victims are trafficked by force (rape, beatings, confinement), fraud, and coercion resulting in profound physical and psychological injuries (Chisolm-Straker et al., 2019, p. 72; Department of Homeland Security, 2020; Vera Institute of Justice, 2014, p. 6). Most clinicians fail to recognize HT victims (Egyud et al., 2017; Leslie, 2018; Mason, 2018; McDow & Dols, 2020; Mostajabian et al., 2019; Patient Safety Monitor Journal, 2017; Stevens & Dinkle, 2020). This policy brief’s purpose is to provide health care providers with a validated HT screening tool and best practice guidelines and recommendations to aid in victim identification. The strategies outlined are those published by the Vera Institute of Justice’s HT Victim Identification Tool and are endorsed by the Emergency Nurses Association and the International Association of Forensic Nurses (Chisolm-Straker et al., 2019; Egyud et al., 2017; Leslie, 2018; McDow & Dols, 2020; Mostajabian et al., 2019; Peck, 2020; Stevens & Dinkle, 2020, p. e1; Vera Institute of Justice, 2014). These proposals will increase the likelihood that patients experiencing sexual and labor exploitation will be identified (Chisolm-Straker et al., 2019; Egyud et al., 2017; Leslie, 2018; McDow & Dols, 2020; Mostajabian et al., 2019; Peck, 2020; Stevens & Dinkle, 2020, p. e1; Vera Institute of Justice, 2014).

Keywords: Human trafficking, sexual exploitation, forced labor, human trafficking screening protocol, human trafficking policy, homelessness, migrants, runaways, adults, children

Screening for Human Trafficking: Best Practice Guidelines and Recommendations for Health Care Providers

Research has shown that human trafficking victims are not recognized by health care providers during their captivity (Egyud et al., 2017; Leslie, 2018; Mason, 2018; McDow & Dols,
Early identification of human trafficking victims is critical because the average life expectancy of a patient who is either sexually exploited or forced into labor is seven years (Patient Safety Monitor Journal, 2017, p. 3). A validated screening tool and assessment guideline would reliably identify adult and minor victims of both sex and labor trafficking (Chisolm et al., 2019, p. 73; Egyud et al., 2017; Leslie, 2018, pp. 284-285; Mason, 2018; McDow & Dols, 2020; MiccioFonseca, 2017; Mostajabian et al., 2019; Peck, 2020; Stevens & Dinkle, 2020; Wilks, et al., 2021, p. 364).

The purpose of this Doctor of Nursing Practice (DNP) project is to offer health care providers evidence-based guidelines and recommendations to improve screening practices for human trafficking. The mission of this DNP project is to increase health care provider awareness of human trafficking. The vision is to improve the health of human trafficking victims. The goal is to increase the number of human trafficking victims identified by health care providers from evidence-based research.

Background and Scope of the Problem

Human trafficking is a federal and international crime and is commonly regarded as one of the most pressing human rights issues of our time. Adult and minor victims are trafficked by force (rape, beatings, confinement), fraud, and coercion (Department of Homeland Security, 2020). Children are particularly vulnerable to predators on the Internet via websites and social media and by mobile devices (United States Department of Justice, 2020). According to the National Center for Missing and Exploited Children, the number of suspected child-trafficking reports from 2010 to 2015 increased by 846 percent (Prylinski, 2020, p. 342).

Prevalence

Globally, sexual exploitation makes up 79 percent of all cases, and forced labor accounts for 18 percent (United Nations Office of Drugs and Crime, 2020). Human trafficking affects every United States community, regardless of age, gender, ethnicity, and socioeconomic background.
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(National Human Trafficking Hotline, 2020). The average American age at the time trafficking began for sex trafficking is 17 years old, for labor is 22 years old (Polaris Project, 2020). In 2019, 15,222 females, 3,003 males, 135 gender minorities, and 3,966 of unknown gender were victimized. In that same year, there were 1,388 United States citizens/lawful permanent residents, 4,601 foreign nationals, and 16,337 of unknown nationality were identified as victims (Polaris Project, 2020). In 2019, there were eight trafficking cases in this southwestern state, ranking it 23rd in the nation for active cases; nationwide, there were 606 cases (The Human Trafficking Institute, 2019).

Health and Social Impacts of Trafficking

There is compelling evidence of the health and social impacts of trafficking (Egyud et al., 2017; Leslie, 2018; Mason, 2018; Miccio-Fonseca, 2017; Mostajabian et al., 2019; Patient Safety Monitor Journal, 2017; Peck, 2020; Scott et al., 2019; Stevens & Dinkle, 2020). Reduced life expectancy was listed (Patient Safety Monitor Journal, 2017, p. 3), as was severe violent behavior (Miccio-Fonseca, 2017, p. 29). Urinary tract infections, pelvic or abdominal pain, suicide attempts, and psychogenic nonepileptic seizures were highlighted (Egyud et al., 2017, p. 528). Leslie (2018) named life-threatening injuries and neglected health conditions (p. 282). Stevens & Dinkle (2020) referenced serious health conditions such as “anxiety, depression, aggression, major depression, sleep disorders, suicidal ideation, substance use disorders and addiction” (p. e1). Domestic servitude and violence are included (Mason, 2018, p. 30). Peck (2020) identified “chronic medical problems, significant mental health issues, substance abuse/misuse, reproductive or sexual health problems, diminished quality of life, and trauma” (p. 175). Involvement in the justice and foster care systems, running away, and being kicked out of home were listed (Mostajabian et al., 2019, p. 7). Victims also developed posttraumatic stress disorder (Scott et al., 2019, p. 349; Stevens & Dinkle, 2020, p. e1).
Cost of Care

Determining the cost of caring for forced labor and sexual exploitation victims is difficult because it is an underlying problem. Most victims are treated specifically for symptoms or conditions manifested because of human trafficking. In June 2018, the Centers for Disease Control and Prevention (CDC) created International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes specific to human trafficking (Greenbaum & Stoklosa, 2019). By using these codes, health care providers can gather data that is important for estimating cost of care (Greenbaum & Stoklosa, 2019). In 2014, the International Centre for Missing and Exploited Children urged the World Health Organization (WHO) to adopt sex or labor trafficking/exploitation codes. Currently, the WHO only recognizes sexual abuse and sexual assault, which is problematic because sexual violence is not always present in trafficking cases (Greenbaum & Stoklosa, 2019).

Human Trafficking Laws

The United States federal law on child sex trafficking (2020) makes it a federal crime to “knowingly recruit, entice, harbor, transport, provide, obtain, or maintain a minor and cause that child to engage in any kind of sexual activity in exchange for anything of value” (para. 1).

The human trafficking law in a southwestern United State (2017) says,

Whoever commits human trafficking is guilty of a third-degree felony; except if the victim is under the age of:

(1) sixteen, the person is guilty of a second-degree felony; or

(2) thirteen, the person is guilty of a first-degree felony (para. 3).

Furthermore, health care providers are required by the state’s Administrative Code NMAC 7.1.14 to call the Abuse, Neglect, Exploitation (ANE) Hotline, 1-800-445-6242, that an incident of abuse, neglect, exploitation, suspicious injury, environmental hazard or death has occurred (New Mexico Department of Health, n.d.). Child Protection Services must be alerted as required by law (Egyud et al., 2017, p. 528). There are child abuse laws (Egyud et al., 2017, p.
The law specifies that there are no child prostitutes (Chisolm-Straker et al., 2019, p. 72). Child soldiering, debt bondage, and bonded labor are unlawful (Egyud et al., 2017, p. 529; Leslie, 2018, p. 283). Child Protection Services must be alerted as required by law (Egyud et al., 2017, p. 528). Federal law requests HT training for health care providers (Leslie, 2018, p. 282). Low HT detection results from ineffective laws (Leslie, 2018, p. 283). Child soldiering, debt bondage, and bonded labor are unlawful (Leslie, 2018, p. 283). There are mandatory reporting laws and safe harbor laws (Leslie, 2018, p. 287; Peck, 2020, p. 181; Scott et al., 2019, p. 354). Surprisingly, federal law does not require proof that a defendant used force, fraud, or coercion to determine the action of trafficking when the victim is a minor (Mason, 2018, p. 31).

**Problem Identification and Understanding**

McDow and Dols (2020) define human trafficking as the use of force, fraud, or coercion by a trafficker to exploit a vulnerable individual to perform commercial sex or labor (p. e1). Each year between 600,000 and 800,000 men, women, and children are trafficked across international borders worldwide, and between 14,500 and 17,500 are trafficked into the United States (United States Department of State, 2004).

There is strong evidence health care providers do not recognize victims during their captivity (Egyud et al., 2017; Leslie, 2018; Mason, 2018; McDow & Dols, 2020; Moore et al., 2017, p. 3150; Mostajabian et al., 2019; Patient Safety Monitor Journal, 2017; Stevens & Dinkle, 2020). Providers are often unfamiliar with human trafficking signs and symptoms (Egyud et al., 2017, p. 529; Leslie, 2018, p. 288; Peck, 2020, p. 176). Estimates are that 87-80 percent of human trafficking victims are seen by a health care provider while under the control of their trafficker (Egyud et al., 2017, pp. 526-267; Leslie, 2018, p. 282). Fifty-seven percent of female victims were not identified (McDow & Dols, 2020, p. e1). Thirteen percent of adult and child victims were recognized (Stevens & Dinkle, 2020, p. e-1). Only nineteen percent of children were screened and referred to authorities (Mostajabian et al., 2019, p. 2). Youth experiencing
human trafficking interact with the healthcare and social services systems where they can be but are often not identified (Mostajabian et al., 2019, p. 14).

Because of their obligation to promote the well-being of patients, health care providers have an ethical obligation to take appropriate action to avert the harms caused by human trafficking that includes mandatory reporting to remain compliant with state law (New Mexico Department of Health, 2021). By following evidence-based practice, health care providers should be compliant with state and federal laws because each patient identified as a human trafficking victim will be reported to agency and city police departments.

**At-Risk Populations**

Evidence has identified risk factors that contribute to patients' vulnerability for human trafficking.

**Children & Teenagers**

Risk factors for children and teenagers becoming victims include “being a runaway, possessing developmental delays, teens identifying as lesbian, gay, bisexual, transgender and queer or questioning (LGBTQ), those who commute to school alone, are hungry or malnourished, are poor, come from dysfunctional families, experience emotional distress, have mental illness, and abuse substances” (Egyud et al., 2017, pp. 527; Leslie, 2018, p. 286; Miccio-Fonseca, 2017, p. 26; Moore et al., 2017, p. 3150, 3155; Mostajabian et al., 2019, p. 6; Patient Safety Monitor Journal, 2017, p. 3; Roney & Villano, 2020, p. 40). Young girls are targeted (Mason, 2018, p. 29; McDow & Dols, 2020, p. e1; Moore et al., 2017, p. 3152). Youth who are at risk for abuse or violence are often targeted (Banu et al., 2021, p. 370; Leslie, 2018, p. 286; Moore et al., 2017, p. 3152). Adolescents involved in foster care or juvenile justice systems, who were unstably housed or homeless, involved with child protective services or had a negative interaction with law enforcement were also more likely to become victims (Egyud et al., 2017, pp. 527; McDow & Dols, 2020, p. e1; Miller et al., 2020, p. 3; Moore et al., 2017, p. 3154; Mostajabian et al., 2019, pp. 2 & 13; Roney & Villano, 2020, p. 40). Finally, younger victims are
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often connected to gangs or are migrants (Acharya, 2019, p. 831; Miccio-Fonseca, 2017, p. 27; Peck, 2020, p. 171).

Adults

Adults who are at risk for abuse or violence are often targeted (Leslie, 2018, p. 286; McDow & Dols, 2020, p. e1). Adults who were once child victims are preyed upon, or they become perpetrators (Miccio-Fonseca, 2017, p. 28). Globally, of persons trafficked for forced labor, 90 percent were adults (Greenbaum & Bodrick, 2017, p. 2). Worldwide, “adult women involved in sex work were often recruited as juveniles” (Greenbaum & Bodrick, 2017, p. 5). Older female victims are targeted for domestic work and manual labor (Acharya, 2019, p. 835).

Females

Most victims of human trafficking are young women and girls (Egyud et al., 2017, p. 527; McDow & Dols, 2020, p. e1; Mason, 2018, p. 29; Miccio-Fonseca, 2017, p. 27). Acharya (2019) found that “nearly 70 to 80 percent of trafficking victims are women and girls, and 97 percent of those are trafficked for sexual exploitation” (p. 830). Egyud et al. (2017) ranked the percent of female trafficking victims at 90 percent (p. 527). Greenbaum and Bodrick, (2017) state that globally, between January 2008 and June 2010, human trafficking taskforces discovered that 94 percent of sex trafficking victims were female (p. 2). Young women are at the greatest risk for sexual exploitation and are treated for “unplanned pregnancies, sexually transmitted infections, and traumatic injuries” (McDow & Dols, 2020, p. e1). They seek out health care providers for reproductive health issues such as miscarriages and to perform abortions or to secure birth control (Helton, 2016, p. 453). As a result, “Health care providers who work in women’s health services have a unique opportunity to identify and intervene in the human trafficking operation due to their heightened level of contact with the victims” (Helton, 2016, p. 453). In 2018, the National Human Trafficking Hotline identified over 15,000 female victims (McDow & Dols, 2020, p. e1).
Migrants

Migrant individuals are easy targets for domestic servitude because they are cheap labor, and their abusers face low risk of prosecution (Acharya, 2019, p. 831; Chisolm et al., 2019, p. 73; Mason, 2018, p. 29; Mostajabian et al., 2019, p. 2; Peck, 2020, p. 171). Mexican indigenous women are especially vulnerable due to “structural poverty, marginalization, social exclusion, and a traditional[ly] patriarchal culture” (Acharya, 2019, p. 830). Elderly migrant family members are targeted for access to their benefits (Mason, 2018, p. 29).

Consequences of Human Trafficking

Victims of human trafficking often have “multiple sexually transmitted infections and abortions, poor dental hygiene, and severe or recurring head and neck trauma from forced oral sex” (Acharya, 2019, p. 840; Patient Safety Monitor Journal, 2017, p. 3; Roney & Villano, 2020, p. 39). They develop somatization, immunosuppression, inflammation, headaches, dizzy spells, exhaustion, back pain, memory problems, unintentional weight loss, nausea, indigestion, cancer, heart disease, high cholesterol, asthma, and gastrointestinal, muscular, and neurological symptoms (Clay-Warner et al., 2021, pp. 1-2, 4). Trafficked children and adults can develop complex posttraumatic stress disorder (Banu et al., 2021, p. 369; Ottisova, Smith, & Oram, 2018, p. 234). Victims, regardless of age, can have an increased risk for “anxiety disorders, Stockholm syndrome, major depressive disorder, substance abuse, self-harm, and suicide ideation” (Acharya, 2019, p. 840; Banu et al., 2021, p. 369; Roney & Villano, 2020, p. 40). Traffickers often force drugs on victims as a means of control and exploitation (Marburger, & Pickover, 2020, p. 15; Moore et al., 2020, pp. 3156-3157).

Understanding Law Enforcement’s Role

At the local level, if a health care provider suspects that a patient is a human trafficking victim, research supports interprofessional collaboration within a medical team followed by law enforcement intervention. If criteria are met, as per agency protocol, agency and city police departments should be alerted. Immediate rescue should not be the primary objective unless
dictated explicitly by the agency, requested by the victim, or if the victim’s life is in immediate
danger. Ideally, law enforcement agencies will have a human trafficking task force trained on
medical issues and law enforcement protocols (Clawson, Dutch, & Cummings, 2016, p. 28;
Helton, 2016, p. 458). A trafficker could become dangerous if aware that abuse or exploitation is
reported to health care personnel, especially if the trafficker accompanies the victim to their
medical appointment (Egyud et al., 2017, p. 527).

Furthermore, if the victim is a minor, per the southwestern state’s Administrative Code
NMAC 7.1.14, health care providers are required to call the ANE Hotline, 1-800-445-6242, that
an incident of abuse, neglect, exploitation, suspicious injury, environmental hazard or death has
occurred (New Mexico Department of Health, 2021). Their report will trigger victim rescue and
trafficker arrest by law enforcement task forces.

At the national level, the United States Department of Justice has dedicated itself to
combating this epidemic. The Human Trafficking Prosecution Unit is a specialized prosecution
unit within the Criminal Section of the Civil Rights Division. It is comprised of the nation’s top
human trafficking prosecutors who develop and implement enforcement initiatives to ensure
successful prosecution of traffickers (The United States Department of Justice, n. d., Human
Trafficking Prosecution Unit section). The Child Exploitation and Obscenity Section leads the
Criminal Division’s campaign against the sexual exploitation of children. It combats the
prostitution of children, otherwise known as “child sex tourism”, and has a specialized High
Technology Investigation Unit that provides “critical and innovative support to cases involving
digital media” (The United States Department of Justice, n. d., Criminal Division section). The
Money Laundering and Asset Recovery Section (Money Laundering Section) leads the
Department’s anti-money laundering and asset recovery efforts that strengthen human
trafficking investigations by using financial-investigation tools (The United States Department of

In addition, the Federal Bureau of Investigation (FBI) has three units that investigate human trafficking cases: The Civil Rights Unit, the Violent Crimes Against Children Program, and the Office for Victim Assistance. The Civil Rights Unit investigates all violations of domestic sex trafficking involving juveniles and adults. The Violent Crimes Against Children Program investigates crimes against children, including child pornography, domestic and international child abductions and parental kidnapping, and child prostitution. The Office for Victim Assistance is responsible for ensuring that victims of FBI cases are identified, aware of the rights and services to which they are entitled, provided updates on the status of their cases, and offered coping assistance (The United States Department of Justice, n. d., Federal Bureau of Investigation).

**Understanding Healthcare Workers and First Responders’ Roles**

This DNP policy brief follows a multidisciplinary approach and follows the Vera Institute of Justice’s Trafficking Victim Identification Tool (TVIT). The TVIT has been developed based on the latest research and best practices. It was designed for use by behavioral health, health care, social work, and public health professionals. The tool is a reliable, brief screen commonly used in public health, health care, behavioral health, and social service settings. “The TVIT has been found to be valid and reliable in identifying victims of sex and labor” (Chisolm-Straker et al., 2019, p. 73; Vera Institute of Justice, 2014, p. 3). It is a statistically validated screening tool that encompasses both labor and sex trafficking, adult and child victims, and foreign nationals and United States citizens. It is available in long- and short-form. The tool is also available in
Spanish” (National Human Trafficking Hotline, n.d., para. 1). If the health care provider believes the patient is a human trafficking victim, they should follow agency policy and file a human trafficking report with the agency and city’s police departments (Vera Institute of Justice, 2014).

First, front desk staff will discreetly alert the provider if a patient screens positive for any red flags or indicators listed in the National Human Trafficking Resource Center's (NHTRC) “What to Look for in a Healthcare Setting” (see Table 1, p. 34; Figure 4, p. 45). Examples of red flags or indicators are if a patient does not have a permanent address, if a patient does not appear to have a relation to the person accompanying them, or if a patient’s body language and communication style or those of the partner are combative or abusive (Peck, 2020, p. 176; Stevens & Dinkle, 2020, p. e1; Vera Institute of Justice, 2014).

Second, the health care provider will assess the patient by using their own clinical judgment and by assessing for red flags and indicators listed on the NHTRC’s “What to Look for in a Healthcare Setting” (Vera Institute of Justice, 2014, pp. 31-33) (see Table 2, p. 34; Figure 5, p. 46). The NHTRC is referenced within the TVIT and provides a list of general indicators that clinicians may encounter during their assessments. The clinician’s verbiage should not express "human trafficking" but should be generalized to avoid making the patient feel uncomfortable and alerting the patient’s companion (likely their trafficker). If the health care provider believes the patient may be a victim of human trafficking, the provider should discreetly refer the patient to a nurse or social worker for further assessment.

Third, if criteria are met, a nurse or social worker should interview the patient in a private setting and out of sight of their companion (Vera Institute of Justice, 2014, p. 4). The nurse or social worker should ask the victim a series of follow-up questions from the TVIT (ChisolmStraker et al., 2019, p. 73; Peck, 2020, p. 176; Vera Institute of Justice, 2014) (see Table 3, p. 35; Figure 6, p. 47). If the nurse or social worker believes the patient is a victim, and the patient is a minor, follow agency policy, make appropriate service referrals, alert the National Human Trafficking Hotline by calling 1-888-373-7888 or e-mailing NHTRC@PolarisProject.org,
and file a report with the state’s Children, Youth, and Families Department as required by law (Egyud et al., 2017, p. 528) (see Table 3, p. 35; Figure 6, p. 47). If the nurse or social worker believes the patient is a victim, and the patient an adult, follow agency policy, make appropriate service referrals, and file a report with the National Human Trafficking Hotline by calling 1-888-373-7888 or e-mailing NHTRC@PolarisProject.org (see Table 3, p. 35; Figure 6, p. 47).

Position Statements

Regional Locations

Currently, three hospitals in a southwest state in the United States do not have a human trafficking policy: A level 1 trauma center, a hospital for Veterans, and a not-for-profit healthcare facility dedicated to supporting Native American/Alaskan Native. Furthermore, when providers perform abuse assessments, these agencies do not follow a specific abuse screening tool (R. Perry, personal communication, November 11, 2020; K. Hanrahan, personal communication, March 4, 2021; L. Pimentel, personal communication, September 9, 2021).

Level 1 Trauma Center Position Statement

At the level 1 trauma center, if a patient is suspected to be a victim of abuse, the agency employs its Sexual Misconduct and Assault Response Team (SMART) to support the client (C. Chester, personal communication, April 22, 2021). The agency’s SMART team is an interdisciplinary team lead by a Police Department SMART detective and comprised of social workers, sexual assault nurse examiners, and members of a university’s student health and counseling program, an advocacy center, a rape crisis center, a women’s resource center, an LGBTQ resource center, and the agency’s equal opportunity office (University of New Mexico, para. 1). SMART is a victim-centered, victim-controlled, coordinated response team composed of community and university organizations to quickly respond to case of sexual assault or abuse while providing appropriate services (University of New Mexico, para. 1). "In the 14 years I have been at [Hospital X] police, we have never investigated a human trafficking case," said Deputy Chief Chester.
The Veterans Hospital’s directive titled Reporting Cases of Abuse and Neglect mandates that policies regarding human trafficking be maintained at the facility level (L. Pimentel, personal communication, September 20, 2021). The directive reads,

a. In accordance with The Victims of Child Abuse Act of 1990 (42 U.S.C. 13031), a covered professional... who is engaged in a professional capacity or activity on federal land or in a federally operated or contracted facility, learns of facts that give reason to suspect that a child has suffered an incident of child abuse (physical or mental injury, sexual abuse or exploitation, or negligent treatment of a child), that covered professional must report the suspected abuse as soon as possible to the appropriate state agency.

b. Reports of suspected child abuse must be made to the local law enforcement agency or local child protective services agency that has jurisdiction to investigate reports of child abuse or to protect child abuse victims in the land area or facility in question (Department of Veterans Affairs, 2017).

c. States have similar laws requiring certain professionals acting within their official or professional capacity to report suspected child abuse. Generally, reports of suspected child abuse must be made as soon as possible to the appropriate local or state law enforcement agency in accordance with state law.

d. In addition to a duty to report child abuse, some states require reporting of domestic violence/intimate partner violence (DV/IPV) and sexual assaults.

Native American Not-for-Profit Healthcare Facility Position Statement

The healthcare facility dedicated to supporting Native American/Alaskan Native has a dedicated sex trafficking program. The program provides comprehensive case management services to all Native victims of sex trafficking, including women, men, youth, and LGBTQ. Although it has three locations throughout the state; the location in the state’s largest city
primarily provides pediatric and women’s health care services. As per agency protocol, when an HT victim is identified, the clinic alerts city and tribal law enforcement agencies and provides integrated and culturally competent care to its community members (First Nations Community Healthcare, n.d., 2021).

**Impact and Significance**

It is imperative that health care providers accurately document patients’ injuries and treatment and clearly distinguish between sexual exploitation or forced labor when reporting to law enforcement officers (Nogalska et al., 2021, p. 338). Studies have shown that police efforts mainly focus on sex trafficking cases instead of labor trafficking (Farrell et al., 2020, Introduction section). In 2017, only 225 labor trafficking offenses were reported by police to the FBI’s Uniform Crime Reporting Program, representing only 18 percent of the total reported human trafficking offenses reported (Farrell et al., 2020, Introduction section). Law enforcement often has difficulty distinguishing labor trafficking victims from legitimate workers because they work in intermingled conditions (Farrell et al., 2020, Challenge 1 section). Without evidence that the forced labor victims suffered physical abuse, “law enforcement officers are skeptical that prosecutors will accept domestic servitude cases” (Farrell et al., 2020, Challenge 3 section).

The Trafficking Victims Protection Act of 2000 and the creation of the Civil Rights Division in the Department of Justice’s Human Trafficking Prosecution Unit within the Criminal Section in 2007 enables prosecutors to work with law enforcement agencies and attorneys to investigate human trafficking cases (Helton, 2016, p. 447). However, without the exchange of information between health care providers and law enforcement, efforts to identify and rescue human trafficking victims in the community is extremely limited (Helton, 2016, p. 449). Generally, victims who escape their traffickers seek assistance from and confide in health care providers instead of police (Helton, 2016, pp. 449-450). There exists a gap in the connection between the two entities, which delays the early victim intervention and identification, often resulting in severe physical and mental injuries to victims (Helton, 2016, p. 450). Evidence
suggests that health care providers should be trained by law enforcement officials assigned to a human trafficking task force to ensure that clinicians recognize the warning signs that victims may present with, become familiar with intervention techniques, and understand how to deploy the task force’s protocols for rescue (Helton, 2016, p. 454).

Collaborating efforts between law enforcement officers and health care providers can assist the human trafficking population. Because health care providers and victims have regular contact, if clinicians worked with law enforcement task forces, more victims could be identified and rescued (Helton, 2016, pp. 452-453). Victims benefit from case management services from an interdisciplinary team. This joint approach provides comprehensive protection. Social workers can assist with connecting the patient with community resources for food, shelter, and clothing. Health care providers can render medical aid and provide hotline numbers for local anti-trafficking services such as the NHTRC (Helton, 2016 p. 456; Patient Safety Monitor Journal, 2017, p. 4). Therapists can help the victim develop coping skills and reduce the symptoms of mental illness. Law enforcement officers who are trained in human trafficking can “identify the indicators of a human trafficking situation, secure evidence for subsequent prosecution, and refer victims to social service providers” (Clawson, Dutch, & Cummings, 2016, p. 9).

**Analytical Framework**

The CDC’s Policy Analytical Framework guides this paper. Its goals are to “improve the analytic basis for identifying and prioritizing policies that can improve health and improve the strategic approach to identify and further the adoption of policy solutions” (Centers for Disease Control and Prevention, 2021).

The first step involves identifying the problem or issue: Health care providers at three hospitals in a southwest state in the United States lack evidence-based guidelines and recommendations to improve human trafficking practice.
The second step involves identifying and describing policy options and contains three sub-sections. 1) Reviewing the literature on the topic. The Evidence Search Strategy, Results, and Evaluation section goes into detail about the literature review. 2) Survey best practices. The sections titled Understanding Law Enforcement’s Role and Understanding Healthcare Workers and First Responders’ Roles give best-practice guidelines and recommendations. 3) Conduct an environmental scan to understand what other jurisdictions are doing. The Position Statements section of this paper addresses this area.

The third and final step involves developing a strategy for furthering the adoption of the policy solution. The Dissemination section of this paper details the distribution of information and implementation into practice.

Evidence Search Strategy, Results, and Evaluation

The search for current, 2016-2021, peer-reviewed articles which were published in academic journals was conducted via the University of St. Augustine for Health Sciences online library. These databases included Search University of St. Augustine (USA), PubMed, GALE, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Medical Subject Headings (MeSH), and Science Direct. Google Scholar was also utilized to locate open access articles. The following search terms were used to locate articles specific to this study: Human trafficking, sex trafficking, forced labor, human trafficking assessment tool, human trafficking algorithm, human trafficking assessment, human trafficking screening protocol, human trafficking policy, human rights, sexual exploitation, labor exploitation, domestic servitude, sex industry, commercial sex, trauma, United States, America, child welfare, homelessness, migrants, runaways, primary care providers, emergency department, health care providers, clinicians, nurses, nurse practitioners, legal nurse consultant, physician assistants, emergency room, emergency department, human trafficking persons, missing persons, adults, female, prostitutes, pimps, young adults, children, youth, adolescents, juveniles, and pediatrics. Variations of these
The results of the search yielded 21 research articles. One article dealt solely with sanctions and was eliminated from the selection. Several research articles were not of or related to America or the United States and were excluded. Appendix A lists the summary of the primary research evidence, including level and quality, as rated by the Johns Hopkins Nursing Evidence-Based Practice (JHNEBP) Model (Johns Hopkins Medicine, 2021). Between the six databases, 11 articles related well to the policy brief. Figure 1 illustrates the search strategy used in gathering evidence using a Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram.

Table 1 lists the JHNEBP Evidence Level and Quality Guide. There are three evidence levels: I, II, and III. Level one identifies if the study is an experimental study, randomized controlled trial, or a systematic review of randomized control trials (with or without metaanalysis). Level II pertains to quasi-experimental studies, a systematic review of a combination of randomized control trials and quasi-experimental, or quasi-experimental studies only (with or without meta-analysis). Level III lists non-experimental studies, a systematic review of a combination of randomized control trials, quasi-experimental and non-experimental studies, or non-experimental studies only (with or without meta-analysis), and qualitative studies or systematic review (with or without a meta-synthesis).

There are three quality guides in the JHNEBP model: A, B, and C. An A grade signifies high quality: “Consistent, generalizable results; sufficient sample size for the study design; adequate control; definitive conclusions; and consistent recommendations based on the comprehensive literature review that includes thorough reference to scientific evidence” (Johns Hopkins Medicine, 2021, p. 1). B grade articles are of good quality: “Reasonably consistent results; sufficient sample size for the study design; some control, fairly definitive conclusions;
and reasonably consistent recommendations based on a fairly comprehensive literature review that includes some reference to scientific evidence” (Johns Hopkins Medicine, 2021, p. 1).

Finally, a C grade provides low quality or major flaws: “Little evidence with inconsistent results; insufficient sample size for the study design; and conclusions cannot be drawn” (Johns Hopkins Medicine, 2021, p. 1).

**Themes from Evidence Review**

The main themes found in the literature were compared with national protocols, regulations, position statements, and accreditation standards. A summary of the primary resources that includes the level and quality of evidence-based support can be found in Appendix A, and systematic reviews are listed in Appendix B. The Johns Hopkins Evidence Level and Quality Guide was used for identifying high-quality, evidence-based resources from peer-reviewed journals (Ryan et al., 2017). The literature included themes that human trafficking victims often go unrecognizable by health care providers, staff lack human trafficking education, there is the need for a validated, reliable, and standardized human trafficking assessment tool, a multidisciplinary team approach is vital, and the law is explicit about human trafficking.

Health care providers are required by the southwestern United State Administrative Code NMAC 7.1.14 to call the ANE Hotline, 1-800-445-6242, that an incident of abuse, neglect, exploitation, suspicious injury, environmental hazard or death has occurred (New Mexico Department of Health, n.d.). Child Protection Services must be alerted as required by law (Egyud et al., 2017, p. 528). There are child abuse laws (Egyud et al., 2017, p. 529). The law specifies that there are no child prostitutes (Chisolm-Straker et al., 2019, p. 72). Child soldiering, debt bondage, and bonded labor are unlawful (Egyud et al., 2017, p. 529; Leslie, 2018, p. 283). Child Protection Services must be alerted as required by law (Egyud et al., 2017, p. 528). Federal law requests human trafficking training for health care providers (Leslie, 2018, p. 282). Low HT detection results from ineffective laws (Leslie, 2018, p. 283). Child soldiering, debt bondage, and bonded labor are unlawful (Leslie, 2018, p. 283). There are mandatory reporting laws and safe harbor laws (Leslie, 2018, p. 287; Peck, 2020, p. 181; Scott et al., 2019, p. 354).
Federal law does not require proof that a defendant used force, fraud, or coercion to determine the action of trafficking when the victim is a minor (Mason, 2018, p. 31) (see Appendix A, pp. 48-51, p. 54-55; Appendix B, pp. 57-60, 62, 64).

**Human Trafficking Victims Are Not Recognized by Health Care Providers**  
A trend that was supported by the literature is that the use of a human trafficking assessment tool in the health care setting is necessary to help health care providers recognize victims of human trafficking. Leslie (2018), Mason (2018), McDow & Dols (2020), Mostajabian et al. (2019), and Stevens and Dinkle (2020) concluded that health care providers are often the only professionals to interact with trafficking victims who are still in captivity, but these patients go unrecognized because clinicians do not assess for human trafficking (see Appendix A, pp. 49, 51-52, 54; Appendix B, pp. 57-58, 62, 65). Eighty-seven percent of victims were not recognized by their health care providers (Egyud et al., 2017, pp. 526-267).

**Staff Lack Human Trafficking Education**

There were several recommendations for providing specialized human trafficking education to bridge the gap in staff knowledge and skills. Health providers and law enforcement officers are often unfamiliar with human trafficking signs and symptoms (Farrell et al., 2020, p. 38; Peck, 2020, p. 176). Results of the study reflect the need for formal education, screening, and treatment protocols for health care personnel and forensic investigators to guide the identification and rescue of victims of human trafficking (Egyud et al., 2017, pp. 526 & 529; Nogalska et al., 2021, p. 330). Interviews revealed that the experience, approach, and content varied widely (Powell, Dickins, & Stoklosa, 2017, p. 4). Potential improvements in current training approaches included standardization of training, metrics to evaluate and develop the evidence base for training impact, funding opportunities, survivor integration, and incentives to encourage training (Powell, Dickins, & Stoklosa, 2017, pp. 6-7). Providing education and screening tools improved recognition of trafficking victims and improved recognition of patients in other types of abusive situations, such as domestic violence and sexual assault (Egyud et al., 2017, p. 530) (see Appendix A, pp. 54-55; Appendix B, pp. 57-59, 62-63).
Need for a Validated Human Trafficking Assessment Tool

The most frequently cited intervention for identifying human trafficking victims was the use of a validated and standardized human trafficking assessment tool. Of the 14 descriptive non-experimental research articles of good quality, six resources agreed on recommendations to provide health care providers with a reliable and standardized assessment tool to improve recognition of trafficking victims by systematically detecting red flags and indicators (Chisolm-Straker et al., 2019; Egyud et al., 2017; Leslie, 2018; McDow & Dols, 2020; Mostajabian et al., 2019; Peck, 2020; Stevens & Dinkle, 2020; Vera Institute of Justice, 2014) (see Appendix A, pp. 48-49, 52-54; Appendix B, pp. 60, 62-65). Both Leslie (2018) and Powell, Dickins, and Stoklosa, (2017) found that a validated and standardized method of screening increases the degree at patients experiencing sexual and labor exploitation will be identified (see Appendix A, pp. 52, 54; Appendix B, pp. 60, 63). Utilizing the TVIT to identify human trafficking victims ensures that key information is correctly and consistently provided to all health care providers (Chisolm-Straker et al., 2019, p. 73; U.S. Department of Justice, 2014; Vera Institute of Justice, 2014).

Interprofessional Collaboration

Six articles examined the need for a multidisciplinary team approach (Helton, 2016; Mason, 2018; McDow & Dols, 2020; Nogalska et al., 2021; Peck, 2020; Stevens & Dinkle, 2020). Mason (2018) identified emergency room nurses, risk managers, and clinical educators (pp. 30-32). McDow & Dols (2020) named “nurse managers, health care providers, ultrasound technicians, nursing assistants, and volunteers” (p. e1). Health care professionals and law enforcement officials should unite to identify and rescue victims (Helton, 2016, p. 453). Multidisciplinary teams should be educated to assist victims (Peck, 2020, p. 169). Stevens & Dinkle (2020) identified administrators, technology teams, primary care providers, and staff as
HUMAN TRAFFICKING: BEST PRACTICE GUIDELINES

members of the interdisciplinary team (p. e2) (see Appendix A, pp. 50, 52, 54, 56; Appendix B, pp. 58, 60, 61).

The Law Is Explicit about Human Trafficking

Health care providers are required by this southern state’s Administrative Code NMAC 7.1.14 to call the ANE Hotline, 1-800-445-6242, that an incident of abuse, neglect, exploitation, suspicious injury, environmental hazard, or death has occurred (New Mexico Department of Health, n.d.). Child Protection Services must be alerted as required by law (Egyud et al., 2017, p. 528). There are child abuse laws (Egyud et al., 2017, p. 529). The law specifies that there are no child prostitutes (Chisolm-Straker et al., 2019, p. 72). Child soldiering, debt bondage, and bonded labor are unlawful (Egyud et al., 2017, p. 529; Leslie, 2018, p. 283). Child Protection Services must be alerted as required by law (Egyud et al., 2017, p. 528). Federal law requests human trafficking training for health care providers (Leslie, 2018, p. 282). Low human trafficking detection results from ineffective laws (Leslie, 2018, p. 283). Child soldiering, debt bondage, and bonded labor are unlawful (Leslie, 2018, p. 283). There are mandatory reporting laws and safe harbor laws (Leslie, 2018, p. 287; Peck, 2020, p. 181; Scott et al., 2019, p. 354). Federal law does not require proof that a defendant used force, fraud, or coercion to determine the action of trafficking when the victim is a minor (Mason, 2018, p. 31) (see Appendix A, pp. 48-51, 54-55; Appendix B, pp. 57-60, 62-64).

Best Practice Recommendations

A thorough review of the literature guided these evidence-based guidelines and recommendations to improve human trafficking practice for health care providers. Evidence from the literature proved that human trafficking victims often go unrecognized by health care providers. Based on the conclusions drawn from the evidence, the following practice recommendations are encouraged. 1) Health care providers should seek assistance from multidisciplinary teams comprised of front desk staff, nurses, health care providers, social workers, therapists, ultrasound technicians, nursing assistants, volunteers, and law
enforcement. 2) The teams should be trained in human trafficking to keenly identify victims, assess victim needs, efficiently employ a victim-service delivery model, accurately document patient injuries and treatment, and report incidents of violence and victimization according to institutional policy, thereby allowing law enforcement to investigate allegations and rescue victims (Nogalska et al., 2021, p. 338). 3) Research established the need for a validated, reliable, and standardized human trafficking assessment tool, which would be useful for increasing the number of identified victims by health care providers who are knowledgeable about human trafficking red flags and victim indicators (Chisolm-Straker et al., 2019; Egyud et al., 2017; Leslie, 2018; McDow & Dols, 2020; Mostajabian et al., 2019; Peck, 2020; Stevens & Dinkle, 2020, p. e1; Vera Institute of Justice, 2014, p. 4). 4) Health care providers in this southwestern American state, because of their obligation to promote the well-being of patients, have an ethical obligation to take appropriate action to avert the harms caused by human trafficking that includes mandatory reporting to remain compliant with state law (New Mexico Department of Health, 2021).

Endorsements

These human trafficking evidence-based guidelines and recommendations are endorsed by the Emergency Nurses Association (ENA) and the International Association of Forensic Nurses (IAFN). In their joint human trafficking position statement, the ENA and IAFN support health care providers “appropriate education and training” about human trafficking, working collaboratively with community partners and criminal and civil justice systems, and reporting suspicions or behaviors as required by law (Emergency Nurses Association, 2018). In addition, the American Academy of Pediatrics Policy Statement on Global Human Trafficking and Child Victimization recommends that health care providers serving children be trained about human trafficking and its relation to immigration (Greenbaum & Bodrick, 2017, pp. 6-7).
Human Trafficking Model Policy

The Cook County Human Trafficking Task Force’s (CCHTTF) Healthcare Subcommittee has developed a Human Trafficking Model Policy for Healthcare (Cook County Human Trafficking Task Force, 2020). The policy is appropriate for hospitals and clinics. It defines human trafficking and lists victim warning signs. The CCHTTF’s policy supports the following themes: 1) The need for health care providers to be trained on human trafficking. The policy gives examples of common physical, psychological, and social indicators that human trafficking victims exhibit. 2) The need for human trafficking screening. The policy discusses screening techniques. 3) The need for a multidisciplinary approach. The policy dictates health care provider responsibilities and documentation and directs assessment and referral. 4) The policy supports mandatory reporting laws as dictated by each state. It encourages collaboration with public safety or law enforcement authorities. 5) The need for the National Human Trafficking Hotline to be notified. However, the CCHTTF does not specify that a validated human trafficking assessment tool is used.

Dissemination

The dissemination strategy focuses on sharing the policy brief’s findings with stakeholders and broader audiences.

Local

Results will be disseminated locally by sharing the policy brief and the Department of Health & Human Services, Administration for Children & Families Office on Trafficking Persons’ Fact Sheet: Human Trafficking to the three regional locations mentioned earlier: A level 1 trauma center, a hospital for Veterans, and an urban Native American health center (Department of Health & Human Services, 2021) (see Figure 3, pp. 43-44). The policy brief will be submitted to the Chief Nursing Officer at each location for review and consideration within two months of policy brief approval by the University of St. Augustine for Health Sciences nursing faculty. In addition, the policy brief will be shared at a local community college’s nursing
students in the spring of 2022. This valuable information will be shared with the next generation of nurses, thereby increasing the chances that more victims will be identified and rescued.

State

Within six months, two legislators from the southwestern state will be interviewed. The legislators sponsored a bill in February 2021 to increase penalties for human trafficking in the southwestern state. In addition, the results of this policy brief will be shared with the President of a Native American tribe whose territory occupies portions of three southwestern states. A letter of support will be requested from the legislators and President. The letters will be attached to the policy brief and delivered to the three regional locations in the hope that their endorsement will sway health care leaders to adapt the HT screening recommendations and improve clinician efficacy.

National

The results of this policy brief will be shared on a national level at the Freedom Network USA Human Trafficking Conference, March 16-17, 2022 (Freedom Network USA, 2021). During this two-day event, industry leaders, experts, and representatives from academia gather to share best practices, campaigns and technology, preventative efforts, survivor care, and strategies to help prevent, combat, and respond to the human trafficking crisis.

Plans also include publishing to the Scholarship and Open Access Repository (SOAR@USA). SOAR@USA.edu collects and houses the research and scholarly output of faculty and students at the University of St. Augustine for Health Sciences.

International

A manuscript will be shared with the Journal of Trauma Nursing with six months. The journal is an “international, peer-reviewed, scientific, bi-monthly journal that supports the Society for Trauma Nurse mission by publishing original articles that advance trauma care across the trauma continuum globally” (Journal of Trauma Nursing, 2021, About the Journal section).
Conclusion

Human trafficking is a federal and international crime and is commonly regarded as one of the most pressing human rights issues of our time. Adult and minor victims are trafficked by force (rape, beatings, confinement), fraud, and coercion (Department of Homeland Security, 2020). Early identification of human trafficking victims by their health care providers is critical because the average life expectancy of a human trafficking victim is seven years (Patient Safety Monitor Journal, 2017, p. 3). To increase efficacy, research recommends that health care providers should be adequately trained and use a validated, reliable, and standardized human trafficking assessment tool such as the Vera Institute of Justice’s Trafficking Victim Identification Tool (Chisolm-Straker et al., 2019, p. 73; Vera Institute of Justice, 2014; Peck, 2020, p. 176). Health care providers should seek assistance from multidisciplinary teams that include law enforcement (Clawson, Dutch, & Cummings, 2016, p. 28; Helton, 2016, p. 453; McDow & Dols, 2020, p. e1). This practice will help streamline victim identification, assess victim needs, employ a victim-service delivery model, and report incidents of violence and victimization with efficiency.

The purpose of this DNP project is to increase clinician human trafficking efficacy by introducing best practice guidelines and recommendations for health care providers.

References


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https://doi.org/10.3928/00485713-20210707-01


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https://doi.org/10.1097/JTN.0000000000000480

https://doi.org/10.1002/ajcp.12394

https://doi.org/10.1016/j.nurpra.2020.10.013


### Table 1

**Human Trafficking Assessment Tool, Table of Steps for Front Desk Staff**

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.)</td>
<td>Patient presents to clinic or emergency department. Go to step 2.</td>
</tr>
<tr>
<td>2.)</td>
<td>Front-desk staff check-in patient while discreetly screen for red flags and indicators listed in the Vera Institute of Justice’s Trafficking Victim Identification Tool by completing the following steps. Go to step 3.</td>
</tr>
<tr>
<td>3.)</td>
<td>Does the patient lack appropriate clothing for the weather, venue, or age? If yes or no, go to step 4.</td>
</tr>
<tr>
<td>4.)</td>
<td>Does the patient lack identification documents? If yes or no, go to step 5.</td>
</tr>
<tr>
<td>5.)</td>
<td>Does the patient appear to have a relation to the person accompanying them? If yes or no, go to step 6.</td>
</tr>
<tr>
<td>6.)</td>
<td>Is the patient’s companion overly involved (does not let the patient speak for themselves, refuses to let the patient have privacy, or interprets for them)? If yes, go to step 7. If no, go to step 8.</td>
</tr>
<tr>
<td>7.)</td>
<td>Discreetly alert the health care provider for further assessment.</td>
</tr>
<tr>
<td>8.)</td>
<td>Stop the assessment.</td>
</tr>
</tbody>
</table>


### Table 2

**Human Trafficking Assessment Tool, Table of Steps for Health Care Providers**

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.)</td>
<td>Front-staff have discreetly alerted the health care provider about a possible human trafficking victim. Go to step 2.</td>
</tr>
<tr>
<td>2.)</td>
<td>The health care provider will perform a thorough physical examination while assessing for psychological and physical abuse, traumatic experiences, chronic substance abuse, or violent physical and psychological assaults. The clinician will look for signs and symptoms of human trafficking abuse by utilizing the National Human Trafficking Resource Center’s Identifying Victims of Human Trafficking: What to Look for in a Healthcare Setting. Accurate document the patient’s treatment and services offered. Go to step 3.</td>
</tr>
<tr>
<td>3.)</td>
<td>Based on the health care provider’s clinical judgement, does the health care provider believe that the patient may be a victim of human trafficking? If yes, go to step 4. If no, go to step 5.</td>
</tr>
<tr>
<td>4.)</td>
<td>The health care provider should accurately document patient's injuries and treatment, and discreetly refer patient to an RN or SW for further evaluation.</td>
</tr>
<tr>
<td>5.)</td>
<td>Stop the assessment.</td>
</tr>
</tbody>
</table>

### Human Trafficking Assessment Tool, Table of Steps for Nurse or Social Worker

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.)</td>
<td>The health care provider has discreetly alerted the nurse or social worker about a possible human trafficking victim. Go to step 2.</td>
</tr>
<tr>
<td>2.)</td>
<td>The nurse or social worker will discreetly conduct the Vera Institute of Justice’s Trafficking Victim Identification Tool in private, away from the patient’s companion. Go to step 3.</td>
</tr>
<tr>
<td>3.)</td>
<td>Based on the nurse or social worker’s clinical judgement, does the nurse or social worker believe that the patient is a victim of human trafficking? If yes, go to step 4. If no, go to step 7.</td>
</tr>
<tr>
<td>4.)</td>
<td>Is the patient a minor? If yes, go to step 5. If no, go to step 6.</td>
</tr>
<tr>
<td>5.)</td>
<td>The nurse or social worker should follow agency policy, make appropriate service referrals, alert the National Human Trafficking Hotline by calling 1-888-373-7888 or e-mailing <a href="mailto:NHTRC@PolarisProject.org">NHTRC@PolarisProject.org</a>, and file report with the state’s Children, Youth, and Families Department.</td>
</tr>
<tr>
<td>6.)</td>
<td>The nurse or social worker should follow agency policy, make appropriate service referrals, and file a report with the National Human Trafficking Hotline by calling 1-888-373-7888 or e-mailing <a href="mailto:NHTRC@PolarisProject.org">NHTRC@PolarisProject.org</a>.</td>
</tr>
<tr>
<td>7.)</td>
<td>Stop the assessment. Accurately document patient findings and services rendered.</td>
</tr>
</tbody>
</table>

Results of Search for Research Evidence Using a PRISMA Flow Diagram

Note. Adapted from Moher, D., Liberati, A., Tetzlaff, J. & Altman, D. G. The PRISMA Group (2009). Preferred reporting items for systematic reviews and meta-analysis: The PRISMA Statement. *PLOS Medicine, 6*(7), e1000097. [https://doi.org/10.1371/journal.pmed.1000097](https://doi.org/10.1371/journal.pmed.1000097)
Figure 2

Vera Institute of Justice, Trafficking Victim Identification Tool, Page 1

Trafficking Victim Identification Tool (TVIT) Short Version

Screening purpose. This screening tool is intended to be used as part of a regular intake process or as part of enrollment for specific programs. In order for the results to be valid, the screening should be administered according to pre-arranged protocols, whether or not the client is believed to be a victim of human trafficking. Please refer to the User Guide for directions on using this screening tool.

Screening timing. Since each agency’s intake process is unique, agencies should determine how to best integrate this screening tool with their other intake forms or procedures. Whatever the timing and context of the interview, please begin and end with comfortable topics of conversation to minimize the client’s discomfort.

Deferred/Suspended Screening. In some cases the intake process extends beyond the first meeting with the client. Service providers may sometimes choose to postpone sensitive screenings, judging that clients are not yet ready to disclose or discuss experiences of victimization and would prefer to continue the interview at a later date. If in the course of an interview the client shows acute signs of anxiety, ask the client if s/he would prefer to stop the interview and resume it at a later time.

Date of interview: ________________  Interviewer: ________________

Demographic information: The following are suggested basic demographic questions. You may wish to supplement these with your agency’s routine demographic or introductory questions.

Sex of client: female ______ male ______ other ______

Age/birth date of client: ______________________

Number of years of schooling completed: ________________

Client’s preferred language: ______________________

Country of birth: ______________________

If client answers outside the U.S., please ask migration questions

Migration

1. In what year was your most recent arrival to the U.S.? __________ (YYYY)

[INTERVIEWER: If client has come to the U.S. more than once, you can ask them about other entries to the U.S. if relevant.]

→ If you don’t know exactly when you arrived in the U.S., about how long have you been here?

☐ Less than 1 year  ☐ 1 year  ☐ 2 years  ☐ 3 years  ☐ 4 years  ☐ 5 to 10 years

Figure 2

*Vera Institute of Justice, Trafficking Victim Identification Tool, Page 2*

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**Note.** Adapted from Vera Institute of Justice. (2014). Screening for human trafficking: Guidelines for administering the trafficking victim identification tool. Vera Institute of Justice.
Figure 2

Vera Institute of Justice, Trafficking Victim Identification Tool, Page

6. Have you ever worked [or done other activities] without getting the payment you thought you would get? [INTERVIEWER: You do not need to repeat “done other activities,” if unnecessary and the client understands work does not just mean formal work.]
   - No
   - Yes  ➔ Was it the same work as you described above?
     - No  ➔ What kind(s) of work or activities were you doing?

   - Yes  ➔ What payment did you expect and why?

   ➔ What did you receive?

7. Did someone ever (check all that apply):
   - withhold payment from you,
   - give your payment to someone else, or
   - control the payment that you should have been paid?
   - none of the above

   [INTERVIEWER: Record volunteered information here]

8. Have you ever worked [or done other activities] that were different from what you were promised or told?
   - No
   - Yes  ➔ What were you promised or told that you would do?

   ➔ What did you end up doing?

9. Did anyone where you worked [or did other activities] ever make you feel scared or unsafe?
   - No
   - Yes  ➔ Could you tell me what made you feel scared or unsafe?

10. Did anyone where you worked [or did other activities] ever hurt you or threaten to hurt you?
    [INTERVIEWER: This could include any physical, sexual, or emotional harm]
    - No
    - Yes  ➔ Could you tell me what they did or said?

Figure 2

Vera Institute of Justice, Trafficking Victim Identification Tool, Page 4

11. Were you allowed to take breaks where you worked [or did other activities], for example, to eat, use the telephone, or use the bathroom?
   □ No → What if you were sick or had some kind of emergency?
   → What did you think would happen if you took a break?

   □ Yes → Did you have to ask for permission?
   → What did you think would happen if you took a break without getting permission?

12. Were you ever injured or did you ever get sick in a place where you worked [or did other activities]?
   □ No
   □ Yes → Were you ever stopped from getting medical care? □ No □ Yes
   → If you feel comfortable, could you tell me more about what happened?

13. Have you ever felt you could not leave the place where you worked [or did other activities]?
   [INTERVIEWER: Probe for situations where someone threatened to do something bad if client tried to leave.]
   □ No
   □ Yes → Could you tell me why you couldn’t leave?
   → What do you think would have happened to you if you tried to leave?

14. Did anyone where you worked [or did other activities] tell you to lie about your age or what you did?
   □ No
   □ Yes → Could you explain why they asked you to lie?

15. Did anyone where you worked [or did other activities] ever trick or pressure you into doing anything you did not want to do?
   □ No
   □ Yes → If you are comfortable talking about it, could you please give me some examples?

Figure 2

Vera Institute of Justice, Trafficking Victim Identification Tool, Page

16. Did anyone ever pressure you to touch someone or have any unwanted physical [or sexual] contact?
   □ No
   □ Yes → If you are comfortable talking about it, could you tell me what happened?

17. Did anyone ever take a photo of you that you were uncomfortable with?
   □ No
   □ Yes → If you feel comfortable talking about this, could you tell me who took the photo?

   → What did they plan to do with the photo, if you know?
   [LAW ENFORCEMENT: If the respondent indicates that the photo was posted online, you should ask which website.]

   → Did you agree to this? □ No □ Yes

18. Did you ever have sex for things of value [for example money, housing, food, gifts, or favors]? [INTERVIEWER: Probe for any type of sexual activity]
   □ No
   □ Yes → Were you pressured to do this? □ No □ Yes
   → Were you under the age of 18 when this occurred? □ No □ Yes

19. Did anyone take and keep your identification, for example, your passport or driver’s license?
   □ No
   □ Yes → Could you get them back if you wanted? [INTERVIEWER: Probe for details]

20. Did anyone where you worked [or did other activities] ever take your money for things, for example, for transportation, food, or rent?
   □ No
   □ Yes → Did you agree to this person taking your money? □ No □ Yes
   → Could you describe this situation?

Figure 2

Figure 2

Vera Institute of Justice, Trafficking Victim Identification Tool, Page 6

Post-interview Assessment (to be completed by the interviewer)

6a. Note any nonverbal indicators of past victimization:

   
   
   
   

6b. Note any indicators that responses may have been inaccurate:

   
   
   
   

6c. Indicate the likelihood that the client is a victim of trafficking:

   [ ] certainly not   [ ] likely not   [ ] uncertain either way   [ ] likely   [ ] certainly

6d. Briefly state up to three reasons for your rating:

   (1) 
   (2) 
   (3) 

6e. What kind of service referrals, if any, will you make for the client?

   (1) 
   (2) 
   (3) 
   (4) 
   (5) 

6f. Additional Notes:

   
   
   
   


Figure 3

Department of Health & Human Services, Administration for Children & Families Office on Trafficking Persons, Fact Sheet: Human Trafficking, page 1

FACT SHEET: Human Trafficking

Human trafficking is a public health issue that impacts individuals, families, and communities. Traffickers disproportionately target at-risk populations including individuals who have experienced or been exposed to other forms of violence (child abuse and maltreatment, interpersonal violence and sexual assault, community and gang violence) and individuals disconnected from stable support networks (runaway and homeless youth, unaccompanied minors, persons displaced during natural disasters).

Definition of Trafficking in Persons

The Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. § 7102), defines “severe forms of trafficking in persons” as:

- **Sex trafficking:** the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act, in which the 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; and
- **Labor trafficking:** 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 subjecting to involuntary servitude, peonage, debt bondage, or slavery.

Human Trafficking versus Human Smuggling

Human trafficking and human smuggling are two separate crimes under federal law:

<table>
<thead>
<tr>
<th>HUMAN TRAFFICKING</th>
<th>VS.</th>
<th>HUMAN SMUGGLING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victims are forced, defrauded, or coerced into trafficking. Even if victims initially offer consent, that consent is rendered meaningless by the actions of the traffickers to exploit them for labor, services, or commercial sex.</td>
<td>Individuals consent to being smuggled. The transaction is mutual and ends upon arrival at desired destination.</td>
<td>Smuggling is a crime committed against a country.</td>
</tr>
<tr>
<td>Human trafficking is a crime committed against an individual.</td>
<td>Smuggling involves the illegal transport of an individual across a national border. Smuggling is always transnational.</td>
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<tr>
<td>Trafficking does not need to involve the physical movement of a person. Trafficking victimization can be transnational or domestic.</td>
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</table>

Learn more at [www.acf.hhs.gov/otip](http://www.acf.hhs.gov/otip).

How Victims Are Trafficked

Traffickers use force, fraud, or coercion to subject victims to engage in commercial sex or forced labor. Anyone can be a victim of trafficking anywhere, including in the United States.

<table>
<thead>
<tr>
<th>ACTIONS</th>
<th>MEANS</th>
<th>PURPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruiting</td>
<td>Includes proactive targeting of vulnerability and grooming behaviors</td>
<td>Commercial Sex Act is any sex act on account of anything of value given to or received by any person.</td>
</tr>
<tr>
<td>Harboring</td>
<td>Includes isolation, confinement, monitoring</td>
<td>Involuntary Servitude is any scheme, plan, or pattern intended to cause a person to believe that, if the person did not enter into or continue in such condition, that person or another person would suffer serious harm or physical restraint; or the abuse or threatened abuse of the legal process.</td>
</tr>
<tr>
<td>Transporting</td>
<td>Includes movement and arranging travel</td>
<td>Debt Bondage includes a pledge of services by the debtor or someone under debtor’s control to pay down known or unknown charges (e.g. fees for transportation, boarding, food, and other incidentals; interest, fines for missing quotas, and charges for “bad behavior”). The length and nature of those services are not respectively limited and defined, where an individual is trapped in a cycle of debt that he or she can never pay down.</td>
</tr>
<tr>
<td>Providing</td>
<td>Includes giving to another individual</td>
<td>Peonage is a status or condition of involuntary servitude based on real or alleged indebtedness to another person.</td>
</tr>
<tr>
<td>Obtaining</td>
<td>Includes forcibly taking, exchanging something for ability to control</td>
<td>Slavery is the state of being under the ownership or control of someone where a person is forced to work for another.</td>
</tr>
<tr>
<td>*Soliciting</td>
<td>Includes offering something of value</td>
<td></td>
</tr>
<tr>
<td>*Patronizing</td>
<td>Includes receiving something of value</td>
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<tr>
<td>*Only for sex trafficking</td>
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</tbody>
</table>

Help for Victims of Trafficking

Get help, report a tip, find services, and learn more about your options. The National Human Trafficking Hotline provides assistance to victims in crisis through safety planning, emotional support, and connections to local resources. **CONFIDENTIAL | TOLL-FREE | 24/7**

CALL 1-888-373-7888
TEXT HELP to BEFREE (233733)
EMAIL help@humantraffickinghotline.org
VISIT www.humantraffickinghotline.org

Learn more at www.acf.hhs.gov/otip.
Figure 4

Human Trafficking Assessment Tool Algorithm for Front-Desk Staff

Patient Presents to Clinic or Emergency Department

Front Desk Staff: Does the patient lack appropriate clothing for the weather, venue, or age?

No

Yes

Does the patient lack identification documents?

Yes

Discreetly alert the health care provider.

Stop the assessment.

No

No

Does the patient appear to have a relation to their companion?

Yes

Is the patient’s companion overly-involved?

No

Figure 5

Human Trafficking Assessment Tool Algorithm for Health Care Providers

Front-desk staff has discreetly alerted the health care provider that a patient may be a human trafficking victim.

Health Care Provider: Perform physical examination, and assess for abuse while referring to the National Human Trafficking Resource Center's Identifying Victims of Human Trafficking: What to Look for in a Healthcare Setting.

Based on your clinical judgement, do you believe that the patient may be a victim of human trafficking?

- Yes
  - Accurately document patient's injuries and treatment, and discreetly refer patient to an RN or SW for further evaluation.
- No
  - Stop the assessment.

**Figure 6**

*Human Trafficking Assessment Tool Algorithm for Nurse or Social Worker*

The health care provider has discreetly alerted the nurse or social worker that a patient may be a human trafficking victim.

**Nurse or Social Worker:**
Screen the patient in a private area away from their companion using the Vera Institute of Justice’s Trafficking Victim Identification Tool.

Based on your clinical judgement, do you believe that the patient is a victim of human trafficking?

- **Yes**
  - Is the patient a minor?
    - **Yes**
      - Follow agency policy, make appropriate service referrals, alert the National Human Trafficking Hotline by calling 1-888-373-7888 or e-mailing NHTRC@PolarisProject.org, and file report with the state’s Children, Youth, and Families Department.
    - **No**
      - Follow agency policy, make appropriate service referrals, and file a report with the National Human Trafficking Hotline by calling 1-888-373-7888 or e-mailing NHTRC@PolarisProject.org.

- **No**
  - Stop assessment. Accurately document patient’s responses and services offered.

## Appendix A Summary of Primary Research Evidence

<table>
<thead>
<tr>
<th>Citation</th>
<th>Design</th>
<th>Sample</th>
<th>Intervention</th>
<th>Theoretical Foundation</th>
<th>Outcome Definition</th>
<th>Usefulness Results Key Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chisolm-Straker, M., Sze, J., Einbond, J., White, J., &amp; Stoklosa, H. (2019). Screening for human trafficking among homeless young adults. <em>Children and Youth Services Review, 98</em>, 72–79. <a href="https://doi.org/10.1016/j.childyouth.2018.12.014">https://doi.org/10.1016/j.childyouth.2018.12.014</a></td>
<td>Descriptive Non-Experimental</td>
<td>307 Participants</td>
<td>Participants were asked questions from the Vera Institute’s Trafficking Victim Identification Tool and the Human Trafficking Identification Assessment. This combination of questions became the basis for the Quick Youth Indicators for Trafficking (QYIT) tool (Chisolm-Straker et al., 2019, p. 74).</td>
<td>This investigation aimed to develop a simple, rapid tool for social service agencies to screen for human trafficking experiences among homeless young adults (Chisolm-Straker et al., 2019, p. 73).</td>
<td>The Quick Youth Indicators for Trafficking (QYIT) tool eliminated the need for an expert to screen every client served for trafficking (Chisolm-Straker et al., 2019, p. 77).</td>
<td>A HTAT enables social service providers to systematically detect and serve homeless young adults who have labor and/or sex trafficking experiences. (Chisolm-Straker et al., 2019, p. 78). Youth are victimized via labor exploitation and commercial sex (Chisolm-Straker et al., 2019, p. 78). There is a need for “youth friendly” language (Chisolm-Straker et al., 2019, p. 74). The law specifies that there are no child prostitutes (Chisolm-Straker et al., 2019, p. 72).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Design</th>
<th>Sample Size</th>
<th>Description</th>
<th>Purpose</th>
<th>Results</th>
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<tbody>
<tr>
<td>Descriptive Non-Experimental Level IV A</td>
<td>102 Staff Members</td>
<td>Johns Hopkins Nursing Evidence-Based Practice Model to guide the project and the Everett M. Rogers Change Model (Johns Hopkins Medicine, 2017; Egyud et al., 2017, p. 527).</td>
<td>The purpose of this project was to improve the identification and rescue of victims of human trafficking in the emergency department through the implementation of a screening tool and treatment algorithm (Egyud et al., 2017, p. 527).</td>
<td>Providing education and screening tools improved recognition of trafficking victims and improved recognition of patients in other types of abusive situations, such as domestic violence and sexual assault (Egyud et al., 2017, p. 530). 87% of HT victims were not recognized by their health care providers (Egyud et al., 2017, pp. 526-267). Child Protection Services must be alerted as required by law (Egyud et al., 2017, p. 528). There are child abuse laws (Egyud et al., 2017, p. 529).</td>
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</table>

After the review of the literature, the team completed a gap analysis between evidence-based best practices and current practice and concluded that education, screening, and rescue plans were needed (Egyud et al., 2017, p. 527).

97% (n = 99) of staff members stated they were committed to change practice. Three participants were somewhat committed to change practice.
Most participants perceived that the education
<table>
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<tbody>
<tr>
<td>Eight Articles</td>
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<tr>
<td>The National Human Trafficking Resource Center method of screening is currently used to identify human trafficking victims within the hospital setting (Leslie, 2018, p. 288).</td>
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<tr>
<td>The purpose of this article was to review the process used in health care settings to identify victims of traffickers (Leslie, 2018, p. 282).</td>
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<td>Health care professionals in the hospital setting have missed opportunities to save the life of a trafficking victim because they are focused on patient pain (Leslie, 2018, p. 288).</td>
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<td>Up to 80% of victims are seen by a health care provider while under the control of their trafficker (Leslie, 2018, p. 282).</td>
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<td>Traffick screening has a greater sensitivity than the concern of the emergency room physician (Leslie, 2018, p. 288).</td>
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<tr>
<td>Patients have language barriers (Leslie, 2018, p. 282).</td>
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<tr>
<td>Child soldiering, debt bondage, and bonded labor are unlawful (Leslie, 2018, p. 283).</td>
</tr>
<tr>
<td>There are mandatory reporting laws (Leslie, 2018, p. 287).</td>
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<tr>
<th>Level</th>
<th>Type</th>
<th>Articles</th>
<th>Description</th>
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<tbody>
<tr>
<td>V</td>
<td>Descriptive Non-Experimental</td>
<td>Seven</td>
<td>Legal nurse consultants possess knowledge and skills and have unique contact opportunities that can be leveraged to rescue victims (Mason, 2018, p. 28).</td>
</tr>
<tr>
<td>A</td>
<td>Level V</td>
<td>A</td>
<td>Nurses are familiar with signs of human trafficking (Mason, 2018, p. 29).</td>
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<td></td>
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<td>Victims use sexualized language (Mason, 2018, p. 30).</td>
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<td>Federal law does not require proof that a defendant used force, fraud, or coercion to determine the action of trafficking when the victim is a minor (Mason, 2018, p. 31).</td>
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</table>

<p>|       |       |       | Emergency room nurses, risk managers, and clinical educators are members of team (Mason, 2018, pp. 3032). |</p>
<table>
<thead>
<tr>
<th>Source</th>
<th>Study Design</th>
<th>Participants</th>
<th>Sample Description</th>
<th>Study Details</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>McDow, J., &amp; Dols, J. D. (2020).</td>
<td>Descriptive Non-Experimental, Level IV</td>
<td>309 Women</td>
<td>304 participants (98.4%) completed all 5 screening questions. Fourteen (n = 4.6%) provided a positive response to 1 or more questions and were further evaluated by the staff (McDow &amp; Dols, 2020, p. e3).</td>
<td>The purpose of this project was to initiate a sustainable, standardized HT screening protocol to improve HT identification among women seeking prenatal care (McDow &amp; Dols, 2020, p. e1).</td>
<td>Women’s health and primary care settings are not conducive to human trafficking screening meant for emergency triage. Few validated human trafficking screening tools exist. More validated tools are needed in women’s health and primary care settings, and a national standardized screening tool for health care settings would ensure human trafficking screening of all patients (McDow &amp; Dols, 2020, p. e5). Trafficked women receive health care services but are often unnoticed (McDow &amp; Dols, 2020, p. e1). There is a need for HT resources to be offered in different languages (McDow &amp; Dols, 2020, p. 3). Nurse managers, health care providers, ultrasound technicians, nursing assistants, and volunteers make up the multidisciplinary team (McDow &amp; Dols, 2020, p. e1).</td>
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<tr>
<td>Miccio-Fonseca, L. C. (2017).</td>
<td>Descriptive Non-Experimental, Level V</td>
<td>Crossvalidated normative sample (N=1056) of Multiplex Empirically</td>
<td>Risk Scale (internal consistency reliability 0.801) Protective Risk Scale (internal) This article provided a conceptual framework of the juvenile female</td>
<td>Female juvenile sex traffickers are involved in the recruitment processes of human trafficked female juveniles.</td>
<td>More research is needed about the female juvenile sex trafficker (Miccio-Fonseca, 2017, p. 31). Providers need to be wellversed in slang or informal</td>
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<tr>
<td><strong>Descriptive Non-Experimental Level IV</strong></td>
<td><strong>Youth experiencing homelessness (n = 129)</strong></td>
<td><strong>A mixed-methods study design</strong></td>
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<td><strong>The aim is to assess the differences in the identification of human trafficking among youth experiencing homelessness between a standard psychosocial assessment tool and a human trafficking specific assessment tool (Mostajabian et al., 2019, p. 1).</strong></td>
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<td><strong>Standard psychosocial assessment tool and a human trafficking specific assessment tool developed by the Urban Institute (Mostajabian et al., 2019, p. 4).</strong></td>
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<td><strong>The tool developed to specifically assess for human trafficking was more likely to identify youth experiencing sexual and labor exploitation, as well as the risk factors for human trafficking (Mostajabian et al., 2019, p. 1).</strong></td>
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<td><strong>Evidence suggests that youth experiencing human trafficking interact with the healthcare and social services systems where they can be, but are often not identified (Mostajabian et al., 2019, p. 14).</strong></td>
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<td><strong>HT victims need assessment and assistance provided in their own language (Mostajabian et al., 2019, p. 2).</strong></td>
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<tr>
<td><strong>Descriptive Non-Experimental Level V</strong></td>
<td><strong>Eight female victims</strong></td>
<td><strong>Forensic examiners lack effective and appropriate interviewing approaches (Nogalska et al., 2021, p. 338).</strong></td>
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<td><strong>Improved interviewing strategies used by forensic investigators can increase the likelihood that victims will disclose information</strong></td>
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<td><strong>Multidisciplinary teams should be educated to assist victims (Nogalska et al., 2021, p. 330).</strong></td>
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have safe harbor laws (Peck, 2020, p. 181).
<table>
<thead>
<tr>
<th>Study Authors</th>
<th>Study Title</th>
<th>Study Type</th>
<th>Population</th>
<th>Study Design</th>
<th>Research Questions/Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Powell, C., Dickins, K., &amp; Stoklosa, H. (2017)</td>
<td>Training US health care professionals on human trafficking: Where do we go from here?</td>
<td>Descriptive Non-Experimental</td>
<td>24 United States based experts</td>
<td>A</td>
<td>The first component consisted of structured interviews with experts in human trafficking HCP education. The second portion of the study involved an analysis of data from HCP calls to the National Human Trafficking Resource Center (Powell, C., Dickins, K., &amp; Stoklosa, H. (2017, p. 3). The goal of this study was to assess the gaps and strengths in HT education of health care practitioners in the United States (Powell, C., Dickins, K., &amp; Stoklosa, H. (2017, p. 3). Potential improvement in current training approaches included standardization of training, metrics to evaluate and develop the evidence base for training impact, funding opportunities, survivor integration, and incentives to encourage training (Powell, C., Dickins, K., &amp; Stoklosa, H. (2017, pp. 67). Interviews revealed that the experience, approach, and content of such training varied widely (Powell, C., Dickins, K., &amp; Stoklosa, H., 2017, p. 4).</td>
</tr>
<tr>
<td>Scott, J. T., Ingram, A. M., Nemer, S. L., &amp; Crowley, D. M. (2019)</td>
<td>Evidence-based human trafficking policy: Opportunities to invest in trauma-informed strategies.</td>
<td>Descriptive Non-Experimental</td>
<td>Federal legislation (n = 1,056) introduced between the 101st and the 114th Congresses (1989–2016)</td>
<td>A</td>
<td>The content analysis aimed to explore how research was used in legislative text (Scott et al., 2019, p. 352). The existing and emergent research basis pertaining to trauma-informed practice creates an opportunity because research-based provisions can indirectly support practices that measurably demonstrate effectiveness (Scott et al., 2019, p. 355). There are safe harbor laws (Scott et al., 2019, p. 354).</td>
</tr>
</tbody>
</table>

References:


This project offers an example of how the Plan-DoStudy-Act framework was used to make meaningful changes in the identification of human trafficking in three Midwest primary care clinics (Stevens & Dinkle, 2020, p. e1).

Four primary themes were revealed in a review of the literature: Physical and emotional consequences of human trafficking, risk factors, red flags, and assessment tools (Stevens & Dinkle, 2020, p. e1).

HT victims were in plain sight of health care providers, but they went unnoticed (Stevens & Dinkle, 2020, pp. e1-e2).

Administrators, technology teams, primary care providers, and staff are identified as members of the interdisciplinary team (Stevens & Dinkle, 2020, p. e2).

Legend:

- Health Care Provider (HCP)
- Human Trafficking (HT)
- Human Trafficking Assessment Tool (HTAT)
- International Classification of Diseases (ICD)
- Multiplex Empirically Guided Inventory of Ecological Aggregates for Assessing Sexually Abusive Children and Adolescents (MEGA)
- National Association of Pediatric Nurse Practitioners (NAPNAP)
- Number (N)
- Nurse Practitioner (NP)
- Quick Youth Indicators for Trafficking (QYIT)

Appendix B

Summary of Systematic Reviews (SR)
<table>
<thead>
<tr>
<th>Citation</th>
<th>Quality Grade</th>
<th>Question</th>
<th>Search Strategy</th>
<th>Inclusion/Exclusion Criteria</th>
<th>Data Extraction and Analysis</th>
<th>Key Findings</th>
<th>Usefulness/Recommendation/Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chisolm-Straker, M., Sze, J., Einbond, J., White, J., &amp; Stoklosa, H. (2019). Screening for human trafficking among homeless young adults. <em>Children and Youth Services Review</em>, 98, 72–79. <a href="https://doi.org/10.1016/j.childyouth.2018.12.014">https://doi.org/10.1016/j.childyouth.2018.12.014</a></td>
<td>Level IV A</td>
<td>How to develop a human trafficking screening tool for homeless young adults?</td>
<td>Search USA</td>
<td>Inclusion: HT, sex trafficking, forced labor, HT human assessment, HT policy, human rights, sexual exploitation, labor exploitation, domestic servitude, sex industry, United States, America, homelessness, runaways, PC &amp; ED providers, clinicians, emergency room, emergency department, HT persons, female, young adults, youth, and adolescents. Exclusion: Adults, children, years prior to 2015</td>
<td>Clothing/education/employment/food/medical assistance, housing, family reunification, legal aid, parenting classes, ESL classes, status documentation, psychological support, spiritual/religious support</td>
<td>Of 340 homeless youth, 8.8% (n = 30) were positive on HTIAM-14 for trafficking experience. There is a need for &quot;youth friendly&quot; language (Chisolm-Straker, 2019, p. 74).</td>
<td>Agencies providing services to homeless youth should assess for HT. Clients may be eligible for more services. Agency may not be providing necessary services. The law specifies that there are no child prostitutes (Chisolm-Straker et al., 2019, p. 72).</td>
</tr>
<tr>
<td>Egyud, A., Stephens, K., Swanson-Bierman, B., DiCuccio, M., &amp; Whiteman, K. (2017). Implementation of human trafficking education and treatment algorithm in the emergency department. <em>Journal of Emergency Nursing</em>, 43(6), 526–531. <a href="https://doi.org/10.1016/j.jen.2017.01.008">https://doi.org/10.1016/j.jen.2017.01.008</a></td>
<td>Level IV A</td>
<td>Do emergency departments need a HT education and treatment algorithm?</td>
<td>Search USA</td>
<td>Inclusion: HT, sex trafficking, forced labor, HT human assessment, HT policy, human rights, sexual exploitation, labor exploitation, domestic servitude, sex industry, United States, America, homelessness, PC &amp; ED providers, clinicians, emergency room, emergency department, HT persons, female,</td>
<td>Suggested screening questions</td>
<td>Of 102 staff members, 97% (n = 99) stated they were committed to change practice. Three participants were somewhat committed to change practice. Most participants perceived that the education</td>
<td>Results of study reflect the need for formal education, screening, and treatment protocols for ED personnel to guide identification and rescue of victims of human trafficking.</td>
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improved their competence (n = 76, 74%), and 77 participants (75%) planned to use alternative communication.

<table>
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<tr>
<th>Citation</th>
<th>Quality Grade</th>
<th>Question</th>
<th>Search Strategy</th>
<th>Inclusion/Exclusion Criteria</th>
<th>Data Extraction and Analysis</th>
<th>Key Findings</th>
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<th>Key Findings</th>
<th>Usefulness/Recommendation/Implications</th>
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<tbody>
<tr>
<td></td>
<td>Level V A</td>
<td>Should the National Human Trafficking Resource Center's method of screening be adopted nationally?</td>
<td>Search USA</td>
<td>Inclusion: HT, sex trafficking, forced labor, HT human assessment, HT policy, human rights, sexual exploitation, labor exploitation, domestic servitude, sex industry, United States, America, homelessness, PC &amp; ED providers, clinicians, emergency room, emergency department, HT persons, female, adults, children, young adults, youth, and adolescents.</td>
<td>ED, emergency department, health consequences, healthcare assessment, human trafficking, protocol, red flags, screening tool, sex trafficking, traffickers, trauma, victim identification, warning signs</td>
<td>The National Human Trafficking Resource Center's method of screening should be used to help increase the degree at which HT victims are identified within the hospital setting (Leslie, 2018, p. 288). Up to 80% of victims are seen by a health care provider.</td>
<td>More emphasis is needed in the delineation of a national framework for the identification of the human trafficking victim within the health care setting (Leslie, 2018, p. 288). Traffick screening has a greater sensitivity than...</td>
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<td>Federal law requested HT training for health care providers (Leslie, 2018, p. 282). Low HT detection results from ineffective laws (Leslie, 2018, p. 283).</td>
<td>Child soldiering, debt bondage, and bonded labor are unlawful (Leslie, 2018, p. 283).</td>
<td>There are mandatory reporting laws (Leslie, 2018, p. 287).</td>
<td>Legal nurse consultants possess knowledge and skills and have unique contact</td>
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<th>Citation</th>
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<th>Key Findings</th>
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<td>spx?direct=true&amp;db=ccm&amp;AN=133554046&amp;site=eds-live</td>
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<td>providers, clinicians, emergency room, emergency department, HT persons, female, adults, children, youth, and adolescents. Exclusion: Years prior to 2015, domestic servitude, young adults, runaways, HT persons</td>
<td></td>
<td>consultants to assist in this area.</td>
<td>to rescue victims (Mason, 2018, p. 28). Victims use sexualized language (Mason, 2018, p. 30). Federal law does not require proof that a defendant used force, fraud, or coercion to determine the action of trafficking when the victim is a minor (Mason, 2018, p. 31). Emergency room nurses, risk managers, and clinical educators make up team (Mason, 2018, pp. 30-32).</td>
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<tr>
<td>Citation</td>
<td>Quality Grade</td>
<td>Question</td>
<td>Search Strategy</td>
<td>Inclusion/Exclusion Criteria</td>
<td>Data Extraction and Analysis</td>
<td>Key Findings</td>
<td>Usefulness/Recommendation/Implications</td>
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<td>Level IV</td>
<td>Are women's health and primary care settings conducive to human trafficking screening meant for emergency triage?</td>
<td>Search USA</td>
<td>Inclusion: HT, sex trafficking, forced labor, HT human assessment, HT policy, human rights, sexual exploitation, labor exploitation, sex industry, United States, America, homelessness, PC &amp; ED providers, clinicians, emergency room, emergency department, HT persons, female, and adults.</td>
<td>HT, maternal health, sex trafficking, vulnerable population</td>
<td>304 participants (98.4%) completed all 5 screening questions. Fourteen (n = 4.6%) provided a positive response to 1 or more questions and were further evaluated by the staff (McDow &amp; Dols, 2020, p. e3).</td>
<td>Few validated human trafficking screening tools exist. More validated tools are needed in women’s health and primary care settings, and a national standardized screening tool for health care</td>
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</table>
Exclusion: Years prior to 2015, children, youth, and adolescents, domestic servitude, young adults, runaways, HT persons settings would ensure human trafficking screening of all patients (McDow & Dols, 2020, p. e5).

There is a need for HT resources to be offered in different languages (McDow & Dols, 2020, p. 3).

Nurse managers, health care providers, ultrasound technicians, nursing assistants, and volunteers make up team (McDow & Dols, 2020, p. e1).


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<tr>
<td>Mostajabian, S., Santa Maria, D., Wiemann, C., Newlin, E., &amp; Bocchini, C. (2019). Identifying sexual and labor exploitation among sheltered youth experiencing homelessness: A comparison of screening methods. <em>International Journal of Environmental Research and Public Health, 16</em>(3).</td>
<td>Level IV A</td>
<td>Are there differences in the identification of human trafficking among youth experiencing homelessness between a standard psychosocial assessment tool and a human</td>
<td>Search USA</td>
<td>Inclusion: HT, sex trafficking, forced labor, HT human assessment, HT policy, human rights, sexual exploitation, labor exploitation, sex industry, children, youth, and adolescents, domestic servitude, young, runaways, United States, America, homelessness, PC &amp; ED providers, clinicians, emergency</td>
<td>Human trafficking, youth homelessness, sexual exploitation, labor exploitation, screening tool</td>
<td>The tool developed to specifically assess for human trafficking was more likely to identify youth experiencing sexual and labor exploitation, as well as the risk factors for human trafficking</td>
<td>Providers need to be well-versed in slang or informal HT language (Miccio-Fonseca, 2017, pp. 27, 30). There are state, federal, and international laws against HT (Miccio-Fonseca, 2017, p. 27). Youth experiencing human trafficking interact with the healthcare and social services systems where they can be, but are often not, identified (Mostajabian et al., 2019, p. 15).</td>
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Evidence suggests that youth experiencing human trafficking interact with the healthcare and social services systems where they can be, but are often not, identified (Mostajabian et al., 2019, p. 14). HT victims need assessment and assistance provided in their own language (Mostajabian et al., 2019, p. 2).
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</table>
States, America, homelessness, PC & ED providers, clinicians, emergency room, emergency department, and female.

Exclusion: Years prior to 2015, HT persons, domestic servitude, young, runaways, adults, children, youth, and adolescents,

risk factors, red flags, and assessment tools (Stevens & Dinkle, 2020, p. e1).

Legend:

Emergency Department (ED)
Health Care Provider (HCP)
Human Trafficking (HT)
Human Trafficking Assessment Tool (HTAT)
Human Trafficking Identification and Measurement (HTIAM-14)
Multiplex Empirically Guided Inventory of Ecological Aggregates for Assessing Sexually Abusive Children and Adolescents (MEGA)
National Association of Pediatric Nurse Practitioners (NAPNAP)
Nurse Practitioner (NP)
Primary Care & Emergency Department (PC & ED)
Quick Youth Indicators for Trafficking (QYIT)
Appendix C

Permission to use the Cook County Human Trafficking Task Force’s Human Trafficking Model Policy for Healthcare was obtained in writing on 10/12/21.

Appendix D

Permission to use the U.S. Department of Health & Human Services, Administration for Children & Families' Fact Sheet on Human Trafficking, was obtained in writing on 10/18/21.
Thank you for reaching out. Yes, this is approved. Please let us know if there is anything else you need.

Take care,

HUMTAC

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I am a graduate nursing student at the University of St. Augustine for Health Sciences working on my Doctor of Nursing Practice degree. My practice project pertains to human trafficking. I would like to include the U.S. Department of Health & Human Services, Administration for Children & Families’ Fact Sheet on Human Trafficking in my policy brief. I need written permission before I can proceed. May I have your agency’s approval? 


Fact Sheet: Human Trafficking
Doc No: OTP-PS-16-01 Issuance Date: November 21, 2017 FACT SHEET: Human Trafficking. Human trafficking is a public health issue that impacts individuals, families, and communities. Traffickers


Thank you for considering my request.