

Human Trafficking: Addressing Need for Common Nomenclature and Inclusion in Nursing Curriculum

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Background: Human trafficking is a crime against humanity and research has confirmed that thousands of individuals are trafficked each year in the United States. The literature identified nurses and other healthcare workers as being positioned to identify and intercede with victims of human trafficking. Nurses are clinically placed in urgent care centers, emergency departments, and physician offices where victims of human trafficking may be taken for treatment of illness and injury. Currently there is little content that is covered in schools and colleges of nursing to prepare nurses to advocate effectively for victims of human trafficking. No systematic review of the literature on human trafficking and resultant publication for nursing education has been noted in the literature. Purpose: This study will attempt to remedy the gap in the literature by conducting a systematic review examining: 1) definitions and nomenclature pertaining to human trafficking, 2) theoretical components as they apply to human trafficking, and 3) need for human trafficking content inclusion in nursing education curriculum.

Background

Acknowledgement of human trafficking as a crime against humanity began under President Abraham Lincoln's leadership with the abolishment of slavery as an accepted practice in the United States. That on the first day of January, in the year of our Lord one thousand eight hundred and sixty three, all persons held as slaves within any State or designated part of a State, the people whereof shall then be in rebellion against the United States, shall be then, thenceforward, and forever free... (Lincoln, A. (1862). Abraham Lincoln's Emancipation Proclamation. Civil War Trust, retrieved on January 27, 2016 from <http://www.civilwar.org/education/history/Primarysources/emanicipation.html>).

The International Labor Organization, 2013, estimated that up to 20.9 million people are trafficked in some aspect annually (Clause & Lawler, 2013). "Statistics show that there are between 12.3 and 27 million people enslaved worldwide and approximately 800,000 men, women, and children are trafficked across international borders each year" (Peters, 2013). "There are more slaves in the world right now than at any other time in history" (Peters, 2013). The U.S. is the second largest trafficking destination country where approximately 50,000 women and children are trafficked into the country each year (Hom & Woods, 2013). Sabella, 2011, and Trout, 2010, identified that while the majority of human trafficking victims are involved in sex trades, trafficking victims can also work in domestic service as nannies and housekeepers, in agriculture as gardeners and farm workers, in janitorial and restaurant positions, in factories and construction, and sweatshops.

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Victims of human trafficking like all persons sustain injuries and become ill. "Trafficking victims typically receive healthcare only when their condition becomes serious, as seeking healthcare for a victim can be risky for the trafficker" (Sabella, 2011). Therefore nurses and other healthcare providers are positioned to interact with, identify, and take steps to help this individual break free from modern day slavery. "This is significant to the nursing profession as nurses may be a key link in breaking the chain of slavery for these victims" (de Chesnay, 2013, p. 3).

Purpose

The purpose of this article is to is threefold: 1) to provide definitions and nomenclature of human trafficking, 2) to explore the use of Orem's (2001), self care deficit theory of nursing (SCDTN) in human trafficking, and 3) to highlight the need for inclusion of human trafficking content in nursing education curriculum. This foundation information is needed today to better prepare nurses for identification, rescue, and support for victims of human trafficking.

Definitions and Nomenclature Nurses Should Know

The United States (U.S.) Department of Health and Human Services (U.S. DHHS) has accepted the following definition of severe forms of human trafficking: "a) sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or the b) the recruitment, harboring, transportation, provision or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery (8 U.S.C. § 1101)" (Clawson & Dutch, 2008). The U.S. DHHS definition appears in a number of human trafficking. For example, de Chesnay, 2013, stated that human trafficking "involves recruiting, harboring, transporting, transferring, or receiving a person for the purpose of exploitation for forced labor or sexual exploitation by fraud, coercion, manipulation, or force..." (p. 901). U.S. DHHS is a national authority and can easily be utilized as a defining authority for human trafficking in nursing curricula in the U.S.

Sex trafficking has been "defined by law as the recruitment, harboring, transportation, provision or obtaining of a person for the purpose of a commercial sex act and is considered as severe when such an act is induced by force, fraud, or coercion, or ... the person induced to perform such an act has not attained 18 years of age" (Sabella, 2011, p. 30). Sex trafficking occurs when individuals are coerced, recruited, sold, or abducted and forced into having sex or are sexually exploited" (McNulty, 2013, p. 52). It should be noted that the definition of sex trafficking closely resembles the definition of human trafficking and they are often interchanged.

The definition of unlawful sexual conduct with minor has been noted as "No person who is eighteen years of age or older shall engage in sexual conduct with another, who is not the spouse of the offender, when the offender knows the other person is thirteen years of age or older but less than sixteen years of age, or the offender is reckless in that regard" (Ohio Revised Code 2907.04).

Orem Self Care Deficit Theory of Nursing and Human Trafficking

Orem, 1991, reported a theory of self care which detailed how adult humans develop to become capable to care for self. In the term self care, the word self is used in the sense of one's whole being. Self care carries the dual connotation of "for oneself" and "given by oneself". The provider of self care is referred to as a self care agent. Self care is the practice of activities that individuals initiate and perform on their own behalf in maintaining life, health, and well being (p. 117).

Orem, 1991, described a developmental environment where person's grow and develop ability to care for self. This environment is one where "care is offered and provided to those with needs. There are opportunities for solitude and companionship. Help is available with respect to personal and group interest and concerns. Individual decisions and pursuits are personal matters; there is no interference except in matters of grave consequence to the individual or others affected by the situation. Respect, belief, and trust are given to other; and developmental potential is both recognized and fostered. Each person expects or strives to earn respect or trust from others. Each person assumes or attempts to assume responsibility for self and personal development. Victims of human trafficking are abused to the point of inability to determine what they can or cannot do for themselves" (p. 11). Orem, 1991, bases her theoretical components on a number of premises. Critical to an understanding of victims or human trafficking self care agency is knowledge of the premises to which self care is predicated upon. These include: Self care...it is learned activity, learned through interpersonal relations and communications. Self care conduct is affected by self concept and by the level of maturity of the individual.

Self care conduct is affected by culturally derived goals and practices. Self care conduct is affected by scientifically derived health knowledge possessed by a person. Self care conduct is affected by placement in the family constellation. Adults may or may not choose to engage themselves in specific self care actions. Gaining understanding of how self care concepts and actual ability to care for self are derived by humans helps us appreciate the delayed development of self care that human trafficking victim's experience.

Signs and Indicators of Human Trafficking

Signs that indicate a person may be a victim of human trafficking as noted in the literature include: The person accompanying the person seeking treatment answers questions for client, the person accompanying the person seeking treatment will not leave the client's side, the description of injury or injuries is not congruent with clinical presentation, the person being treated is not in possession of or is unable to produce identity documents, the person seeking treatment is unable/unwilling to provide home address. Victims may or may not have poor hygiene. Underage clients who are victimized may present with sexually transmitted diseases or infections (STD/STI). Often victims of human trafficking appear fearful, anxious, or uncooperative, or they may present with a flat affect and be emotionless (de Chesnay, 2013; McNulty, 2013; Peters, 2013; Sabella, 2011; Trout, 2011).

The knowledge and skill level of healthcare providers in assessing and identifying victims of human trafficking is essential. The "Human Trafficking Awareness Survey" developed by a team of graduate nursing students was utilized to educate as well as assess the human trafficking skill and knowledge level of healthcare providers in local emergency department in the Toledo, Ohio area (Hoblet, Kuhn, & Perne', 2014). This survey, although not yet tested for validity and/or reliability, is a unique method for educating healthcare workers in emergency departments while collecting important data on knowledge of human trafficking. The "Human Trafficking Awareness Survey" is noted in Table 1.1.

Table 1.1

Human Trafficking Awareness Survey

Age:

18 25 years, 26 33 years, 34 41 years, 42 49 years, 58 or older

Race/ ethnicity:

American Indian/Alaskan Native, Asian, Black or African American,
 Hispanic/Latino, White, Two or more ethnicities, Prefer not to answer

Gender:

Male, Female, Prefer not to answer

Highest level of education:

High School or Equivalent, Secondary Education Certification, Associate Degree, Some College, Diploma, Bachelor Degree, Master Degree, PhD, MD, DO

What year did you graduate from your last formal educational program (example, 1996).

Years of employment in health care:

0 5, 11 15, 16 20, 21 25, 26 30, 30 or more

Where did you first learn about Human Trafficking (check box)?

In school, as part of the curriculum
 In school, outside of the curriculum
 While employed, outside of job training
 While employed, as part of job training
 I have no formal education on the topic
 I do not remember

Other, please list _____

Check the box(es) in front of the corresponding statements that you know indicate signs of human trafficking?

Person with client answers questions for client
 Person with client will not leave the client's side
 Story is not congruent with clinical presentation

- Not having possession of identity documents
- Poor hygiene
- Unable/unwilling to provide home address
- Fearful/Anxious/uncooperative
- Underage client
- Client with STD/STI
- Flat affect and emotionless client

Have you ever identified a client that is a victim of human trafficking? Yes, No

Does your organization have a procedure for responding to victims of human trafficking?

Yes, No, Not Sure

Do you think Human Trafficking is relevant to your patient population?

Yes, No, Not Sure

Please check your perceived ability in relating to the following:

I am able to identify a victim of human trafficking:

Not confident, Hesitant, Confident, Very confident

I know the process to assist victims of human trafficking to obtain resources and referrals to get out of the situation.

Not confident, Hesitant, Confident, Very confident

Is there any information on human trafficking available in the emergency department or elsewhere in your organization? Yes, No, Not sure

Again, thank you for your participation.

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Resources to Help Victims of Human Trafficking

National: National Hotline to report human trafficking is 888 3737 888. The uniquely written telephone number is in this form so that healthcare providers and other individuals who may be position to help will easily remember. Other resources available on a national level include: Federal Bureau of Investigation <https://tips.fbi.gov/>; National Domestic Violence Hotline at 1 800 799 SAFE (7233) or Tele TYpewriter (TTY) 1 800 787 3224; Rape, Abuse, and Incest National Network at 1 800 656 HOPE (4673) or visit their on line hotline at <https://ohl.rainn.org/online/>; National Teen Dating Violence Hotline 1 866 331 9474 or Tele TYpewriter (TTY) 1 866 331 8453; Vets or Military – COD Safe Helpline 877 995 5247 (de Chesnay, 2013; Ohio Department of Health, Human Trafficking Resources, 2016).

State: The Attorney General's office may have state specific human trafficking resource information noted. All healthcare providers can easily access their state's website.

Human Trafficking Content in Nursing Curriculum

Currently there is little if any content included in schools and colleges of nursing to prepare nurses to advocate effectively for victims of human and/or sex trafficking. When exploring community health nursing, primary care nursing, and public health nursing science textbooks no human trafficking or sex trafficking content was noted. Examination of the American Association of Colleges of Nursing Clinical Nurse Leader competencies, The Essentials of Baccalaureate Education for Professional Nursing Practice, and the Association of Community Health Nurse Educators (ACHNE) Essentials of Baccalaureate Nursing Education for Entry Level Community/Public Health Nursing no human trafficking or sex trafficking content was noted (AACN, 2008, 2013; ACHNE, 2009).

Current curricular recommendations for BSN competencies contain multiple areas where human trafficking could be included: Essential I Liberal education for baccalaureate generalist nursing practice, III Scholarship for evidence based practice, Essential IV – Information management and application of patient care technology, Essential V – Healthcare policy, finance, and regulatory environments, VI – Inter professional communication and collaboration for improving patient health outcomes, VII – Clinical prevention and population health, VIII – Professionalism and professional values, IX – Baccalaureate generalist nursing practice. Curricular content could be integrated in any or all of the essentials listed above.

Recommended content should include: 1) background information and statistics on global, national, and regional human trafficking, 2) definitions and common nomenclature regarding human trafficking, 3) signs and symptoms that human trafficking victims present at emergency departments, health departments, urgent care centers, psychiatric health centers, and primary provider offices, and 4) national, regional, and local resources to help with immediate rescue, housing, and transitional help. This body of content should be included in nursing curriculum at all levels of nursing education. It has been noted that nurses are positioned to identify and rescue victims of human and sex trafficking. Nurses are clinically placed in psychiatric centers, urgent care centers, emergency departments, and physician offices where victims of human trafficking may be taken for treatment of illness and injury (de Chesnay, 2013, Hom & Woods, 2013, Newby & McGuinness, 2012, Peters, 2013). Hom and Woods (2013) noted that trauma sensitive services should include better screening methods among first responders and health care professionals. Screening methods should include knowledge of "red flags of trafficking" (Hom & Woods, 2013). Utilization of specific protocols similar to what has been established for domestic violence cases, is essential for identifying, reporting and responding to trafficking cases in emergency room settings (2013). Providers need to implement four significant practices for providers: Performing a comprehensive needs assessment, ensuring safety and confidentiality, engaging in trauma informed care, and providing wide ranging case management that coordinates health, human and legal services.

Conclusion

Human trafficking takes many forms. Human trafficking is a form of slavery that has been noted to occur worldwide. This article begins to provide basic information on identified definitions and common nomenclature for use by nurses and other healthcare workers. This information may provide the tools for nurses who are uniquely positioned to have contact, identify, and assist in rescuing these individuals when nurses possess the knowledge and skills to assess and access helping resources.

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