

Introduction

Advanced practice nurse practitioners (APRN) providing urgent care services are positioned to emancipate victims of human trafficking. This integrated literature review will discuss two evidence-based tools utilized in the identification of trafficking victims, the Trafficking Identification Tool (TVIT) and the Medical Assessment Tool by the Polaris Project.

The United States Department of State defines sexual trafficking as any commercialized sexual act involving a person under the age of 18 or an adult who is deceived or maintained in prostitution, in which such acts are induced by coercion, fraud, or force (Macy & Graham, 2012).

This current form of slavery, with over 17,000 annual victims arriving to the U.S. annually, is assumed to be 80% female (50% of whom are sexually trafficked) proving the problem to be much larger than current public perception (Dovyditis, 2010; Bespalova, Morgan, & Coverdale, 2016; Houston-Kolnik, Soibatian & Shattell, 2017).

Estimated numbers of female trafficking victims are thought to be inaccurate since the approximately 100,000-300,000 annual U.S. runaway teens thought to be coerced or forced into sex trafficking are not included in the statistics (Bespalova et al., 2016).

Currently, the incidence of human trafficking in all forms outnumbers the African slavery history in the U.S. and accounts for one-third of organized crime revenue (Dovyditis, 2010).

Advanced practice nurses (APRN) are presented with an opportunity to screen and intervene on behalf of trafficking victims when the Emancipatory Nursing Praxis, a theory of social justice, is incorporated into practice (Walter, 2016).

Currently, research is emerging exploring how victims are being identified within the United States. This timely integrative review aims to encourage screening for victims of trafficking within healthcare encounters and calls for future modification of screening tools for use within urgent care settings

Aim & Objectives

The aim of this project is to analyze which APRN rendered screening tool, the Medical Assessments Tool by the Polaris Project or the Trafficking Victim Identification Tool (TVIT), best identifies female adolescent trafficking victims in urgent care encounters.

The research question proposed within this integrative review is: In trafficked adolescent females seeking medical care, which tool rendered by the advanced nurse practitioner, the Medical Assessment Tool or the TVIT, accurately identifies trafficking victims within urgent care health encounters?

The goal of this integrative review is to develop an intervention for organizations servicing in urgent care, to address APRN knowledge deficit of trafficking, and to introduce a screening tool appropriate for APRN use within urgent care environments.

Capstone Process

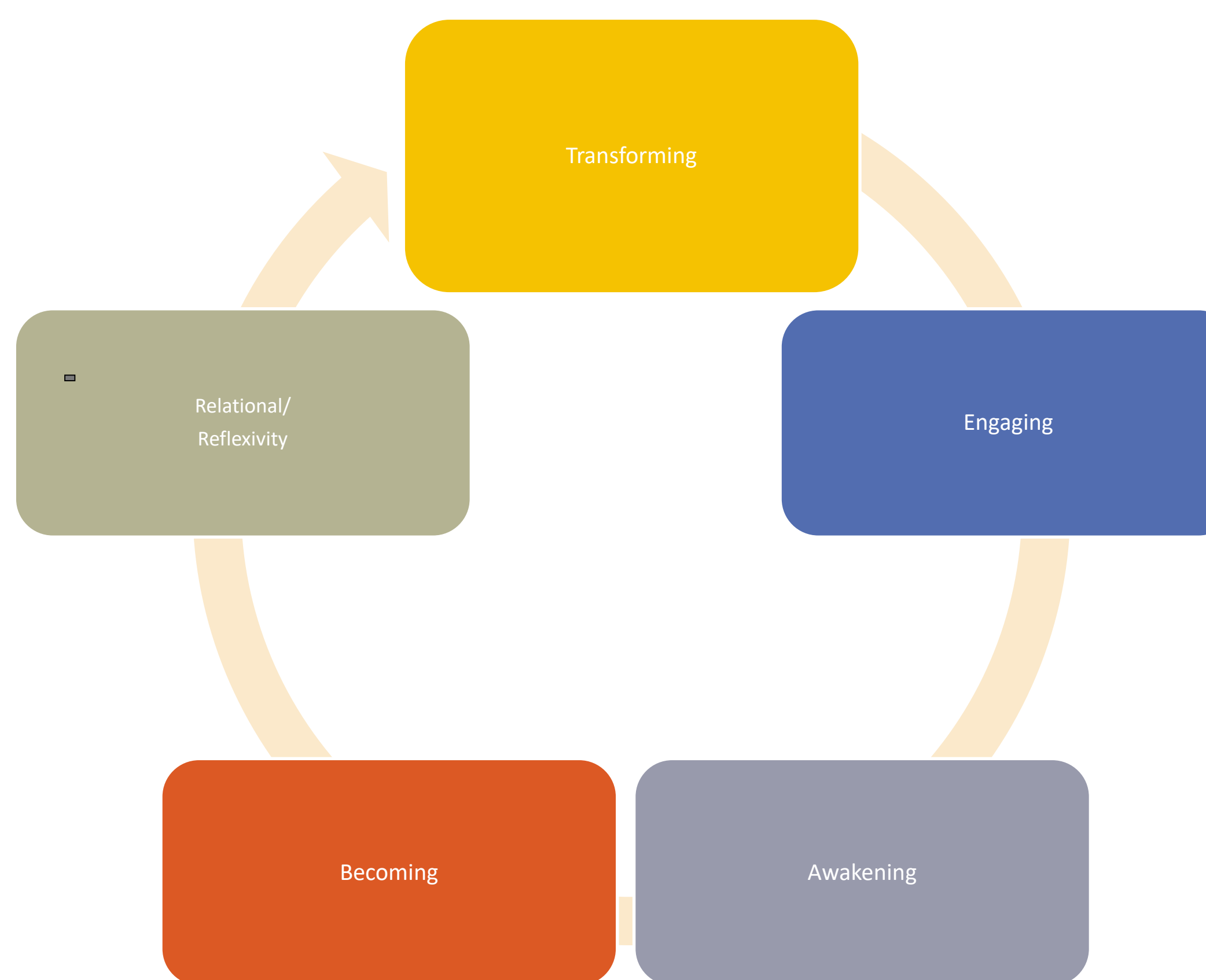
Fourteen original research articles, retrieved from the search engines Google Scholar, CINAHL, and PubMed with the search terms "human trafficking", "health care provider", and "screening tool" were chosen for review by title and content relative to the topic.

Theoretical Framework

The Emancipatory Nursing Praxis is a theoretical framework developed to assist APRNs to act on issues of social justice through a systematic approach (Walter, 2016). Developed by social justice advocates, the theory moves the APRN through several distinct phases of analysis and praxis at multiple levels. Relational concepts at the most basic level of the individual advance through higher levels to include community and global institutions within the framework. APRNs progress analysis through four phases: transforming, engaging, awakening, and becoming. Transforming addresses social relationships to achieve conditions of equality and human thriving. Engaging involves analysis of power and working together in systems to influence change. Awakening involves the critical analysis of an issue and identifying factors and placing oneself into dialogues to better understand and verify the problem. While finally, becoming examines personal beliefs and socio-economic factors. APRNs initially approach social issues in a forward direction through the stages and then backward, reflectively moving toward justice and emancipation.

Relational factors:

Individual/Community/
Organizational/State/National/
Global



Reflexivity:

Descriptive/Self Aware/
Critical/Emancipatory

Adaptive from original theory, social concerns are analyzed moving from relational then to reflexivity (Walter, 2016). Image adapted from http://www.nursinglibrary.org/vhl/bitstream/10755/616207/1/1_Walter_R_p78497_1.pdf

Transforming occurred in understanding the complexities of human trafficking, engaging occurred in understanding the necessary training and resources required for emancipation of victims and how victims present in health encounters. Awakening the advance nurse practitioner to the current problem as it exists in society, and becoming involved analysis and interventions developed for future research, advocacy for resources and screening tool implementation. Relational concepts between organizations, advanced nurse practitioners, community resources occurred in this integrative review. Reflective analysis moves the advance practice towards using the findings of this integrative review and empowers change in practice towards emancipatory efforts by the APRN in Urgent Care settings

Leadership skills attained

The identification of trafficking victims requires great personal reflection individually, organizationally, and globally (Walter, 2016). Educating the APRN on trafficking increases the likelihood of the identification of a problem locally and may lead to action (Geynisman-Tan, Taylor, Edersheim & Taubel, 2017).

A simplistic tool would be very useful specifically for the advanced nurse practitioner in an urgent care setting.

Findings of this integrative review provide valuable knowledge for primary prevention in the forms of risk assessment and community education and development of organizational implementation of screening including provider awareness assessments, educational forums, and implementing tool utilization.

Nurses in advanced practice are positioned to influence change within organizations, state, and global institutions as well as in personal practice.

Deliverable(s) /Rationale

Laws should be developed to support mandatory provider education, resources, and screening for human trafficking and the support of victims long-term. As many victims' lack insurance coverage for healthcare and aftercare of trafficking, advocacy for funding is a critical role for the APRN (Geynisman-Tan et. al., 2017).

Since limited validated quick tools for screening exist for urgent care this author suggests future study utilizing a one question screening that corresponds with areas of assessment in the TVIT and has led to emancipation of victims in one study

That question is:

"Were you or any one you work with ever beaten, hit, yelled at, raped, threatened or made to feel physical pain for working slowly or for trying to leave?" (Mumma et al., 2017, p. 4).

Synthesis of the Research

Project Muse, authored by Chisholm-Straker et al. (2016) extensively studied human trafficking and retrospectively labeled in comparison the effective screening questions as applied to the TVIT, identifying which of the TVIT questions were effective at victim identification within their study. The authors of Project Muse concluded that the TVIT was not designed for use in healthcare settings and called for further research. A common theme in all three studies was that a tool for rapid one-time encounters needs development and validation (Chisholm-Straker et al., 2016; Mumma et al., 2016; Egyud et al., 2017).

Since no current research was available with the use of the Polaris Medical Assessment tool as a successful identifier of victims no evidence supports its use currently.

Implications for Practice/Future Research

Impact of screening cannot be appreciated until multiple organizations and practitioners adapt screening protocols into practice and report findings. Therefore, future research should revolve around the implementation of screening by healthcare professionals. The reporting of emancipatory research findings in urgent care and emergency room settings will assist in validating a rapid trafficking screening tool for one-time healthcare encounters.

Careful exploration of survivor experiences will assist in tailoring screening tools that reflect the unique needs and circumstances faced by trafficking victims and help to validate tools. Research using the Polaris Medical Assessment tool is lacking, therefore, confirmatory research to validate this tool is called for. Research into the lived experience of victims who are emancipated long term should also be explored as an indicator that screening and emancipation have led to safety.

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