RUTGERS School of Nursing | Camden

Human Trafficking:

New Jersey Registered Nurses Awareness in Identifying Victims to Promote Positive Patient Outcomes

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November 18, 2019

Objectives

- 1. Define Human Trafficking and identify the victims
- 2. Report the Global, National and Regional Statistics related to this public health issue and discuss why it is an underreported issue
- 3. Analyze the role of the healthcare professional in the identifying victims of human trafficking
- 4. Discuss ethical issues related to human trafficking and the role of the healthcare professional and education surrounding this issue
- 5. Discuss the outcome of a research survey conducted to elicit Nursing professional understanding of human trafficking.

What is Human Trafficking?

It is a form of Modern Day Slavery

- Sex Trafficking
- Child Sex Trafficking
- Forced Labor Trafficking
- Bonded Labor or Debt Bondage
- Forced Child labor
- Unlawful recruitment and use of child soldier

TYPES OF HUMAN TRAFFICKING



FORCE, FRAUD, or COERCION used on victims for the purpose of sexual exploitation or labor

Rapidly growing criminal industry second only to drug dealing and equal in scope to arms dealing.

HOW TRAFFICKING BREAKS DOWN.



ACTION

-RECRUITS
-TRANSPORTS
-PROVIDES
-OBTAINS/ATTEMPTS

MEANS

-FORCE -FRAUD -COERCION

PURPOSE

-COMMERICAL Sex acts -Labor services

What are the Statistics of Human Trafficking?

Cuts across all ages, genders, ethnicities, education level, and socio-economic backgrounds

21 million people victims of forced labour



National Human Trafficking Hotline Data

41,008 Calls made to Hotline in 2018 (includes call, emails, and webforms submissions)

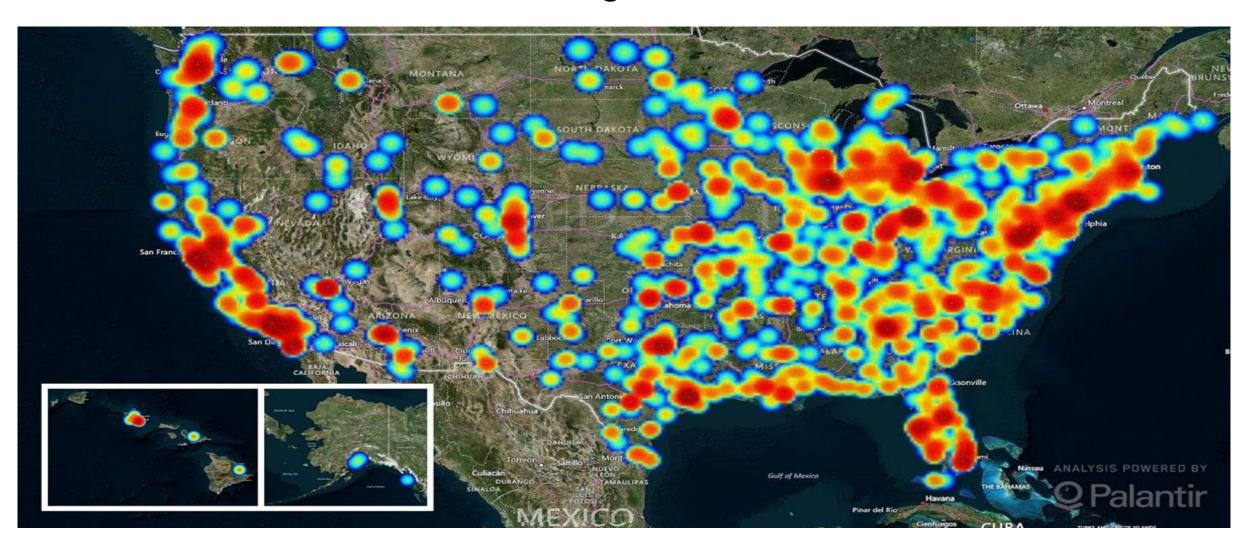
10,949 Human Trafficking Cases Were Reported

- Highest: 1656 in California
- Lowest: 11 in New Hampshire

NATIONAL HUMAN TRAFFICKING HOTLINE

1-888-373-7888

Human Trafficking in the United States



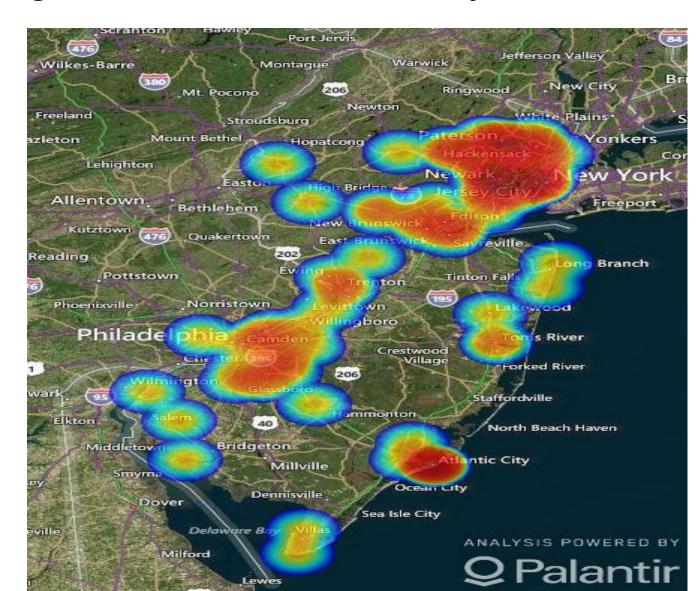
National Human Trafficking Hotline: New Jersey Data

New Jersey is ranked 14th out of 50 states in numbers of victims

2018 Data

433 Calls to the hotline

- 224 Human Trafficking
 Cases reported
- 176 were Sex Trafficking cases

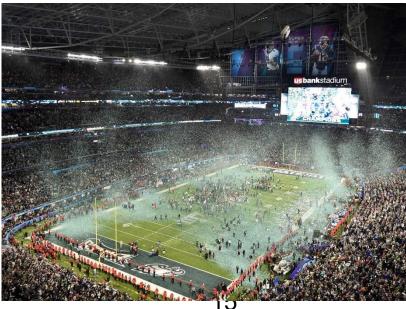


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Why is the Incidence High in New Jersey?

- POPULATION
 - Eleventh most populous, but most densely populated
- LOCATION
- INDUSTRY
 - Casino
 - Farming
- EASY ACCESS
 - Many major interstate routes, truck-stops, airports, seaports, and terminals.
 - Large venue events are also prime grounds for trafficking rings





Who are the Victims?

- Disproportionate number of women are involved
- Most trafficking is national or regional, carried out by people of same nationality, culture, or ethnicity.
- Europe has victims from wide range of origins
- Victims from Asia are trafficked most widely



Who are the victims?

Children & Youth are also victims

- Usually recruited by family members, friends, or strangers for financial gain
- Risk factors include
 - Runaways
 - History of neglect or familial abuse
 - Dysfunctional family
 - Poverty
 - Mental health problems
 - Drug use and abuse

National Center for Missing and Exploited Children (NCMEC)

 69% of child pornography victims were abused or exploited by people who were familiar to them

Usually begins around age 3 through 8

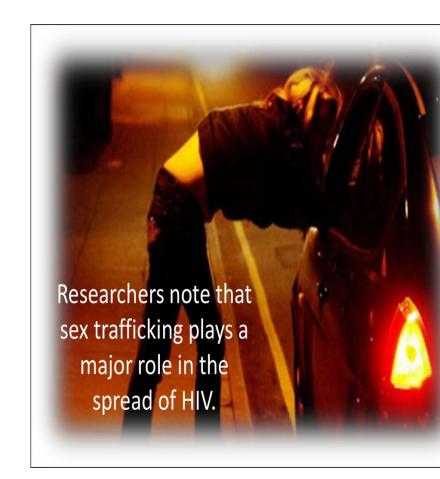
Donley-Hayes, K. (2014). The Sex Trafficked Child. Contemporary Pediatrics

Sex Trafficking and Risk for HIV and other STIs

- Endure the riskiest types of unprotected sex
- Increased risk of HIV transmission more vulnerable to assault and rape in these settings.
- Limited access to testing and treatment for HIV during enslavement.

Kloer, A. (2010). Sex trafficking and HIV/AIDS: A deadly junction for women and girls. Human Rights, 37, p 8-10.

http://cf.ppt-online.org/files/slide/k/KRLkt5vEdmZfG6o1ipalxs8BX9TcyFbPgD2MYw/slide-42.jpg



Risks of Sex Trafficking among Children and Young Teens

- More susceptible to the genital tearing because of developing bodies
- Less likely to be in control of choices
 Less education on safer practices, and less opportunity to insist on condom use.
- Some men seek ever younger children for sex (believing it would reduce the incidence of HIV transmission)

Kloer, A. (2010). Sex trafficking and HIV/AIDS: A deadly junction for women and girls. Human Rights, 37, p 8-10.

Why it is Under-Reported?

- Victims may not cooperate with Law Enforcement
 - Fear further trauma or retaliation by the perpetrators.

- Victims helpers may also not alert law enforcement
 - Fear victim may be harmed by the criminal justice process

Fear deportation if they are in this country illegally

Role of the Health Care Professional

Initial encounter: HEAR

- Healthcare professionals: identify victims based on presentation
- **Examine**: collect history, examine body, examine emotions
- Ask: specific questions
- Review: all options, refers and report when necessary



Ethical Challenges that Health Professionals Face: When and What to Report

- Child and Adolescent (under age 18) Victims:
 - required in most states to report injuries caused by weapons or injuries caused in violation of criminal law, suspected abuse, or domestic violence

- Adult Victims:
 - informed consent should be obtained before reporting to authorities or making referrals.

Education and Training of the Healthcare Professional

- Perpetrators tend to prevent the victim from seeking care, or seek care urgent centers, or multiple locations
- Lederer, LI & Wetzel CA (2014) reported on a cohort of survivors (N=98) who sought care while being trafficked

Healthcare professionals are exposed to victims, however, some may not know the signs or recognize the symptoms related to exploitation/trafficking in patients with any consistency

Lederer, LI & Wetzel CA (2014). The health consequences of sex trafficking and their implications for identifying victims in healthcare facilities. Annals of Health Law, 23, (1) pg.. 61-87.



Human Trafficking

10 Red Flags that Your Patient Could be a Victim

- Clinical presentation and oral history don't match up
- Oral history is scripted, memorized or mechanical
- Someone with the patient exerts an unusual amount of control over the visit
- Patient appears fearful, anxious, depressed, submissive, hypervigilant or paranoid
- Patient is concerned about being arrested or jailed

- Patient is concerned for his/her family's safety
- Evidence that care has been lacking for prior or existing conditions
- Tattoos or insignia's indicative of ownership
- Occupational-type injuries or physical ailments linked to their work
- Sexually transmitted infections





Human Trafficking and Physical Consequences

- -Unexplained cigarette burns or injuries
- -Tattoos (unwanted markings)
- Medical conditions that persist and are never addressed
- -Evidence of malnourishment, dehydration
- -Unexplained gastrointestinal difficulties
- -Serious dental problems

Reproductive issues

Unwanted pregnancy

Abortion related issues

STIs and HIV/ AIDS

Unexplained rectal and/or vaginal trauma

GU difficulties- persistent UTIs

Infertility issues (RT chronic reproductive infections)

Emotional issues

Major Depression

Post traumatic stress disorder (PTSD)

Suicidal

Anxiety- unexplained

Aggression or aggressiveness

New Jersey Knowledge and Awareness of Human Trafficking

The objectives of this pilot study was four-fold:

- 1. To assess the current state of knowledge and understanding
- 2. To identifying the **level of awareness**
- 3. To identifying educational needs
- 4. To develop and implement an educational initiatives

New Jersey Knowledge and Awareness of Human Trafficking

Methods

- A literature review and descriptive cross-sectional study using survey methodology was used
- All registered nurses licensed (or registered with the NJ State Nurses' Association)
- An online and anonymous survey was sent to approximately 120,000
 Registered Nurses working in New Jersey---final collected sample of 734
 individual RNs.

New Jersey Knowledge and Awareness of Human Trafficking **Data Analysis**

- 94% of respondents were female,
 - greater than 43% were BSN prepared
- 43% worked in in-patient setting, while more than 50% worked in outpatient (clinic, urgent care, or homecare facilities)
- Mostly respondents identified as working in Bergen and Camden Countiescounties closest to NYC and PHIL respectively

New Jersey Knowledge and Awareness of Human Trafficking

Results

- Familiar with the concept of Human Trafficking (86.62%), also identify it as a problem in their community (46.07%)
- Ability to identify Human Trafficked victims-
 - 22.9% of respondents believed they recognized signs and provided care,
 - 7.72% definitely recognized signs and provided care
- Available Human Trafficking education-
 - 63.06% have not attended an educational session
 - Greater than 86.42% would attend an educational session if offered

New Jersey Knowledge and Awareness of Human Trafficking

Recommendations

- New Jersey Hospital Association- Mandatory Training available for all healthcare workers
- Currently, there is no HT education available specifically for RNs. There are in-services and algorithm, but no formal national program.
- Developing both an online and face to face platform that specific for Registered Nurses working in the clinical setting.

Conclusion

- Human Trafficking is a complex issue requiring interventions from many areas to help reduce the incidence
- Laws need to be implemented and reinforced to support the victims
- **Better education** for both health care professionals and law enforcement to help increase awareness of the public health issue
- Support victims and those at risk on many levels
 - Support self esteem and self worth
 - Support programs to assist them out of impoverished situations
 - Address problems of poverty and lack of education for every child, adolescent and adult

References

- Coppola, J.S and Cantwell, E.R. (2016). Health professional role in identifying and assessing victims of human labor trafficking, *The Journal of Nurse Practitioners*, 12, e193-e.199.
- Coppola, J.S & Cantwell, E.R (2019). Human Trafficking: Knowledge and Awareness in Nursing Practice. *Journal of Nursing Practice Applications and Reviews of Research*, 9, pg. 40 to 49.
- Donley-Hayes, K. (2014). The Sex Trafficked Child. Contemporary Pediatrics, 31. pg. 28-31.
- Farrell, A., and Fahy, S. (2009). The problem of human trafficking in the U.S.: Public frames and policy responses. *Journal of Criminal Justice,* 37. pg. 617–626
- Greenbaum, J. (2017). Identifying human trafficking victims in the Emergency Department. Clinical Pediatric Emergency Medicine, 17, pg. 241-248.
- Kloer, A. (2010). Sex trafficking and HIV/AIDS: A deadly junction for women and girls. *Human Rights*, 37, p 8-10.
- Lederer, LI & Wetzel CA (2014). The health consequences of sex trafficking and their implications for identifying victims in healthcare facilities. Annals of Health Law, 23, (1) pg.. 61-87
- Macias-Konstantopoulos, W.L. (2017). Caring for the trafficked patient: Ethical challenges and recommendations for health care professionals *Journal of Ethics*, 191, pg. 80-90.
- Richards, T. (2014). Health implications of human trafficking. *Nursing for Women's Health*, 16,pg. 155-162
- Wirth, K. E, Tchetgen E.J.T, Silverman, J.G., & Murray, M.B (2013). How does sex trafficking increase the risk of HIV infection? An observational study from Southern India. *American Journal of Epidemiology,* 177, pg. 232-241.