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Human Trafficking: Implications for the Role of the Advanced Practice Forensic Nurse

Helen Cole

Human trafficking is internationally recognized as a widespread violation of human rights. This article defines and gives a detailed historical account of the political and social issues surrounding human trafficking. The article explains the role of the advanced practice forensic nurse in recognizing and addressing the needs of victims of human trafficking. The developing roles of the advanced practice psychiatric forensic nurse in collaboration with law enforcement and health care professionals are described with the ultimate goal of restoring the lives of victims of human trafficking. J Am Psychiatr Nurses Assoc, 2009; 14(6), 462-470. DOI: 10.1177/1078390308325763

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Human trafficking (HT) is the equivalent of modern-day slavery. Although exact numbers are difficult to ascertain, it is known to be an international problem of significant magnitude (U.S. Department of State, 2006). The advanced practice forensic nurse has an opportunity to provide a holistic approach to victims of HT including compassion, critical thinking, problem solving, and lobbying skills. Addressing this egregious crime, nurses must identify not only medical issues but also mental health, social, ethical, and legal concerns. The purpose of this article is to examine the role of the advanced practice forensic nurse in developing and providing education and promoting multidisciplinary collaboration with law enforcement and health care professionals with the goal of identification, intervention, and protection of victims of HT. This article reviews the history of HT with emphasis on current interventions and future research opportunities. The role of all nurses and specifically the role of the advanced practice forensic nurse and the mental health nurse in relationship to victims of HT is discussed.

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OVERVIEW OF HT

The UN Protocol to Prevent, Suppress, and Punish Trafficking in Persons that was signed in December of 2000 in Palermo, Italy, defines trafficking in persons as the recruitment, transportation, transfer, harboring, or receipt of persons, by means of threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of abuse of power, or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation (United Nations, 2000). HT is an unspeakable abuse of basic human rights, in the most vulnerable populations, occurring in almost every country in the world (Burke, 2008). Exploitation includes sexual exploitation, forced labor, slavery, and exploitation for the purpose of organ harvesting. The abuse is both emotional and physical, with effects felt not only by the individual but also by families. The impact of abuse undermines the health, safety, and security of the communities and countries involved (U.S. Department of State, 2008).

Defining HT has enabled standardized collection of statistical information, a problem that has hindered an organized front against this issue. The reported number of victims of trafficking varies, depending on

the source of information, with estimated numbers between 15,000 to 20,000 in the United States annually (Federal Bureau of Investigation, 2006). The numbers for international trafficking range from 4 million to 27 million (U.S. Department of State, 2008). This estimate can be compared to the actual number of known survivors of trafficking, which, according to the *2008 Trafficking in Persons Report* (U.S. Department of State, 2008), is 1,379 victims certified by the U.S. Department of Health and Human services since October 2000, 303 of those in 2007. This huge discrepancy points to the need for better detection.

The primary source countries of trafficking victims involve those located in Asia and central and eastern Europe (Milko & Park, 2003). North Korea was highlighted, in the latest *Trafficking in Persons* report, as a highly vulnerable country for abuse because of the extremely poor economic and humanitarian conditions along with the country's border with China (U.S. Department of State, 2008). The destination countries, which include the United States, Japan, and western European countries, are targets because of the profitability to traffickers in these countries (Vayrynen, 2005). Trafficking is a capitalistic business generating more than US\$32 billion annually (UN Office of Drugs and Crime, 2008). It is the third largest source of income for organized crime according to Moynihan (2006).

The root cause of HT includes the breakdown of communism in European countries, which has led to poverty, increased organized crime, and weakened law enforcement. This has led directly to opportunities for perpetrators to take advantage of women, the largest victimized group (Milko & Park, 2003). Trafficking has flourished because of the lack of financial security in the countries where trafficking originates (Milko & Park). Based on an analysis of country reports of organized crime earning data, HT is a billion-dollar business (Gajic-Veljanoski & Stewart, 2007). This staggering number provides huge benefits for both the country of origin and the country of destination. Trafficking of human beings can be more profitable than drugs because human beings survive travel over long distances and can be reused and resold (Clark, 2003). These high profits often result in government corruption that embraces the traffickers and ignores the plight of HT victims (Vayrynen, 2005). Police and governmental officials accept bribes and in some cases conspire with the traffickers by selling fake identification (Milko & Park). Furthermore, the lack of police knowledge about effective interventions results in increased danger for the victims of trafficking (Spear, 2004).

Government immigration and asylum policies affect traffickers and victims. The laws for immigration and the degree to which they are enforced are directly related to the criminality used by human traffickers to make a profit (Vayrynen, 2005). In a study by Koser (2000) where 32 Iranian asylum seekers from the Netherlands were interviewed about their experiences, asylum policies were identified as contributing to trafficking by creating more vulnerability for asylum seekers. In some cases, trafficking is the only means that an asylum seeker has of escaping. Policy makers must consider the outcomes of immigration and asylum policies in regard to promoting vulnerability of victims to HT. A respondent in Koser's study on Iranian asylum seekers in the Netherlands reported being persecuted in Iran because of an article she published in a university newspaper. This respondent understood that the only way to survive was to leave Iran, but immigration laws prevented this from occurring in any legal manner. She felt forced to flee through the help of a human trafficker but in the process felt like a criminal.

Lack of current legislation sets the stage for high profits and little risk for traffickers. For example, in the Netherlands and Belgium, the maximum penalty for HT is 1 year, whereas the penalty for a woman who is forced into prostitution can be as high as 10 years (Truong, 2001). In Maryland it is a felony to have sex with a minor but only a misdemeanor for arranging for someone else to have sex with a minor (HumanTrafficking.Org, 2007). Kelly (2002), in reviewing current research, found a consensus among researchers that a lack of legal frameworks, weakened law enforcement, disinterest and complicity about the fates of victims, and a lack of knowledge of law enforcement all created barriers to countertrafficking activity.

There is substantial agreement in the literature that HT affects women and children because of low social status, poverty, and the lack of educational and professional opportunities (Gajic-Veljanoski & Stewart, 2007). Women who are seeking a better life for themselves and their children are more vulnerable to coercion tactics of traffickers. The vulnerability increases after a woman is trafficked because there is no longer a support system. Many times they do not speak the language of the country they are in, and their travel documents are confiscated. Victims who have been deceived into thinking there would be a better life in another country now find themselves paying a debt to their traffickers, sometimes by becoming traffickers themselves (Clark, 2003).

Milko and Park (2003) found that many cultures value males more than females, sons more than

daughters. Daughters are seen as an economic liability, and desperate families will sell their daughters to traffickers for an immediate payoff and to avoid paying for a dowry. Kelly (2002) found that some women are vulnerable to traffickers as a means to escape domestic violence and sexual abuse only to find themselves victims again. The traffickers show a general disregard for human life and dispose of their victims when there is a fear or suspicion that their criminal activity has been discovered or if they feel the victim might report the crime (Gozdziak & Collett, 2005).

LEGISLATION, PREVENTION, AND INTERVENTIONS

In November 2000, the United Nations passed the UN Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children (United Nations, 2000). This protocol was in response to the fact that most victims of HT are women and children. Implementation of the protocol has been difficult because of the organized criminal nature of the traffickers, the inability to distinguish victims from traffickers, the lack of training for the county legal systems and law enforcement, and rapidly changing immigration laws. Safety procedures are rarely in place for identified victims of HT, which prevents more victims from testifying or even identifying their perpetrators (Joshi, 2002).

The UN Victims of Trafficking and Violence Protection Act of 2000 provides suggestions for the prevention and deterrence of HT for women and children. The act includes a list of economic programs that would educate potential victims regarding business skills (United Nations, 2000). Programs to keep children in school could eliminate future poverty that makes the perpetrator's offers so attractive to young women (Joshi, 2002). Economic education and awareness of traffickers would keep women and children in their own communities and would give them a better chance at maintaining a support system, providing a standard of living that makes the offers from traffickers less attractive (Clark, 2003).

To be effective, HT legislation must address not only prevention but also issues of protection for victims. The Victims of Trafficking and Violence Protection Act of 2000 (United Nations, 2006) makes provisions for safe integration, reintegration, or resettlement of victims of trafficking as long as the victim cooperates with the prosecution of the perpetrator of this crime. This is done with the cooperation of both

governmental and nongovernmental agencies (United Nations, 2000). Although this process would seem to be straightforward, the attempt to stop illegal immigration becomes confused with trafficking. Trafficking and illegal immigration are two separate crimes but have overlapping elements making it difficult for law enforcement to distinguish which is occurring (Clark, 2003). When immigration laws are used as criteria to review trafficking victims, the victims are often found to be in violation. As violators, the victims are punished through deportation or treated as criminals; however, when returned to their own country victims often receive no support (Makkai, 2003). Clark supported (2003) the UN protocol proposal to grant victims residency status because of humanitarian and compassionate factors. Clark stated that residency status would provide victims with basic rights such as the right to privacy, legal representation, and the right to return to their native country or not. Protecting and promoting the rights of victims can create a culture within which victims may be more willing to testify against the traffickers resulting in successful prosecutions. It would also provide incentive for victims to report their perpetrators to law enforcement agencies (Clark, 2003).

In 2006 the United Nations prepared a Toolkit to Combat Trafficking in Persons. The purpose of this 223-page document is to prevent and fight the trafficking of human beings, in addition to protecting the rights of the victims. The United Nations hopes to accomplish this by increasing the awareness of the problem and by giving law enforcement agencies information on how to deal effectively with traffickers and victims. The plan is to foster cooperation among countries, governments, and nongovernmental agencies by providing comprehensive strategies that capture the international nature of the problem, the underlying criminal element, and the feelings and fates of the victims (United Nations, 2006). The toolkit is a comprehensive guide for controlling trafficking. It provides legal and legislative frameworks, strategies for developing assessment tools, law enforcement, prosecution, victim protection, prevention, and tools for monitoring and evaluation (United Nations, 2006). Worldwide adoption of the toolkit would greatly aid the effort to curtail HT.

Presently, Congress is reviewing the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2007, an act to authorize funding for fiscal years 2008 through 2011 for the Trafficking Victims Protection Act of 2000, to enhance measures to combat trafficking in persons, and so on (U.S.

Senate, 2007). This bill would redefine trafficking to include local prostitution, provide funding to address the issue of child soldiers, and establish an Office to Monitor and Combat Trafficking within the Department of State (Congressional Research Service, 2008).

The Trafficking Victims Protection Reauthorization Act of 2005 requires the U.S. Agency for International Development (USAID, 2006) to conduct a study on trafficking in conflict zones. USAID provides antitrafficking activities by protecting women's rights, meeting basic needs of women and children, and fostering economic opportunities. The goals are accomplished through education, financial support, medical care, and shelters, which are tailored to the conditions of each of the more than 70 countries in Africa, Asia, Eastern Europe, Latin America, and the Caribbean.

It is difficult to find current literature on the effectiveness of interventions and prevention measures. The Trafficking Victims Protection Act of 2000 requires the U.S. State Department to submit an annual Trafficking in Persons (TIP) report to Congress describing foreign countries efforts to eliminate HT. This annual report provides current information on international interventions and prevention measures in an effort to increase international awareness and to foster government action. The 2006 Department of State TIP Report highlights 10 persons, each from a different country, who have in some way made a significant contribution toward the elimination of HT. The report discussed Iana Matei, founder and coordinator of a program in Romania called Reaching Out. This program has provided direct assistance to 127 victims of HT through a 1-year recovery program that provides shelter, legal aid, health care, and education. Reaching Out also sponsors information awareness campaigns (U.S. Department of State, 2006). The annual TIP report provides an international media format for reporting successful interventions.

RESEARCH

The literature on HT shows that there is an agreement among government agencies, nongovernmental agencies, and researchers on both the national and international fronts, concerning the scarcity of information on HT (Kangaspunta, 2003). Conducting research on HT is dangerous, expensive, and difficult with no organized plan of how to proceed. Kelly (2002) identified a pressing need for research because of the emphasis on evidence-based policies. However, there is concern that this urgency could lead to research that is not well

planned or designed, resulting in unreliable data that in turn could lead to ineffective interventions.

Shelley (2003) proposed six different business models that could effectively address the human rights violations involved with HT and the business practices that have historically contributed to its continued growth. Shelley reasoned that economic strategies focused on confiscating the assets of traffickers along with interventions to provide economic support for victims could be the key to stopping HT.

Evaluating the effectiveness of antitrafficking efforts is difficult because it requires measuring changes in a trend without a baseline and monitoring an underground activity that is constantly moving (USAID, 2006). The association of HT with organized crime and violence limits the access to informants, which leads to questions about the reliability and validity of data that are imperative to credible research (Kelly, 2002). To get valid data on HT, the research must be able to measure consent and exploitation. The data at the present time come from case studies, media reports, and informants. This method of collecting data may not demonstrate what is actually happening because victims are reluctant to speak honestly with law enforcement, health care providers, and reporters because of fear of reprisal from perpetrators and government authorities (Makkai, 2003).

The 12th Session of the Commission on Crime Prevention and Criminal Justice met in Vienna in May 2003 (Makkai, 2003). The session provided strategies for further research, including four specific areas of interest needed to improve successful prosecution of perpetrators. The first area is which legislative changes aimed at harsher punishments for traffickers would result in curtailing the number of persons benefiting from trafficking. Second, a method for tracking Internet information as a means of documentation must be developed. Third, a system for tracking the money that is obtained from these illegal activities is recommended. Finally, there is a need for the development of a method of tracking the victims and providing for their safety in return for their testimony against the traffickers (Makkai, 2003). Clark (2003), Koser (2000), and Kangaspunta (2003) described the need to deal with the demand for trafficking as well as the way it is supplied.

Further research could help to identify which strategies for identification and protection of victims are effective. Understanding the cultural and individual differences of victims may lead us to develop more effective interventions. Further research will not be without difficulty. The involvement of organized

crime, the fear of the victims, and the lack of theoretical frameworks are all issues that need to be addressed. There is a need for a comprehensive, international database with mandatory reporting. Some of the problems that prevent accurate statistical reports include confusion about what constitutes trafficking and who it affects, the lack of agencies with the ability to record statistics, combining trafficking statistics with those on illegal immigration, and reporting only the cases where national borders are crossed, which ignores internal trafficking (United Nations, 2006). Forensic nurses must find a way to identify and meet the needs of this vulnerable population when they appear in the health care system.

NURSING IMPLICATIONS

The advanced practice forensic nurse has expertise in issues and circumstances related to nursing practice and the law. Moynihan (2006), a forensic nurse, was one of the first nurses to identify the role of nurses in addressing the plight of HT victims in the United States. She challenged those in the advanced practice forensic nurse to address the issue of HT and was a leader in promoting public awareness and addressing the health care needs of victims. The advanced practice forensic nurse applies knowledge in the area of forensic science and law to modern nursing strengthening the forensic role that was already being undertaken by practicing nurses (Lynch, 2006). This is demonstrated clearly in the role of the psychiatric nurse where aspects of forensics are already incorporated into clinical practice. Psychiatric nurses regularly address the specific needs of populations where mental health issues have been precipitated by forensic situations (Gajic-Veljanoski & Stewart, 2007). Lynch also developed an integrated practice model that demonstrated the importance of psychology, sociology, criminology, forensics, and education in the developing role of the forensic nurse. As this new area of nursing practice is developed, forensic nurses distinguish themselves in roles such as psychiatric forensic practice, forensic generalists in hospital settings, death investigators, coroners, legal nurse consultants, expert witnesses, and correctional experts, among others.

The forensic nurse in the generalist role can provide education in health care settings by educating colleagues regarding HT and assessment skills to identify and by problem solving within communities regarding how to provide service and save refuge. All nurses need to be aware of the signals that might

signify a victim of HT as victims may appear anywhere in the health care system.

Forensic health care can be a subspecialty of the psychiatric nurse who has additional training related to mental health problems. The combination of forensic and psychiatric nursing allows a clinician to draw from both disciplines in understanding the complex symptoms that appear in a variety of circumstances because of cultural and psychosocial issues and appreciate the extreme mental health issues displayed by victims of trafficking including an increased defenselessness against anxiety and depression (Tsutsumi, Izutsu, Poudyal, Kato, & Marui, 2007). The expert assessment skills of psychiatric nurses along with their counseling experience provide a clinician immediately ready to address the unique needs of HT victims (Gajic-Veljanoski & Stewart, 2007). Mental health nurses can identify the silent signals needed to recognize a victim and provide the counseling urgently needed.

The exact role of the advanced practice forensic nurse for HT victims is still developing. Advanced practice forensic nurses have a foundation based in forensic education that will enable them to provide consultation with professionals from a variety of disciplines. Health care clinicians must work together to promote legislation to address the issue of HT and find ways to increase services to victims of HT.

The direct role related to HT victims can be divided into three areas: identification, rescue, and restoration. For a victim to be identified, there must be a general awareness of the magnitude of HT victims. HT can occur and is occurring in countless communities throughout the United States and not just in "other" countries as was once thought (Salvation Army, 2006). Awareness, combined with knowledge of the warning signs, plays an essential role in identification. Health care professionals need to know that victims rarely receive medical care except in emergency situations; as such, an appearance in an emergency room might be the only opportunity to identify and rescue this victim but because of the rarity could easily be missed (Barrows & Finger, 2008). When seen in a health care facility, victims are usually not left alone. Many victims are from countries other than the United States, may or may not speak or understand English, and have no valid identification. Any of these red flags should raise the index of suspicion in the health care provider that a potential trafficking victim is in need of treatment and rescue (U.S. Department of Health and Human Services, 2005). The warning signs can include living with the person who arranged the

victim's working assignment, not being able to go out alone, fear of authority figures, reluctance to give personal information, and injuries that do not match the explanation (Spear, 2004). Physical symptoms can include malnutrition, sexually transmitted diseases, dehydration, poor personal hygiene, and psychiatric conditions such as posttraumatic stress disorder or emotional distress including suicide attempts (U.S. Department of State, 2008).

All nurses, and specifically forensic and psychiatric nurses, must also be aware of the cultural barriers that can prevent a victim from reporting abuse. Cultural conditions including a submissive role for women, shame in reporting sexual violence, a tolerance of violence from men toward women, and social stigmatization all contribute to victimization (Salvation Army, 2006). These risk factors related to culture can result in the victims feeling that their circumstances are of their own creating; subsequently, victims cannot report something they cannot identify (Kul, Galvin, & Morales, 2007).

Victims cannot be expected to identify themselves. The mental health consequences of HT could easily be missed, but an increasingly aware psychiatric nurse can detect the nonverbal pleas for help (Gajic-Veljanoski & Stewart, 2007). Nonverbal cues have prompted the U.S. Department of Health and Human Services (2005) to use the slogan "look beneath the surface" in their national campaign against HT. The reason that an individual presents for care may be a physical condition, but depression, suicidality, and substance abuse may be subtly perceptible. Vigilance on the part of the mental health clinician in identifying the rare appearance of a HT victim could mean the beginning of the end of a tragic experience for at least one victim.

Building rapport and trust is essential if the victim is to accept services and see safety as a reality. In the case of a suspected victim of trafficking, the victim should be discretely separated from the supposed trafficker to provide an opportunity for private discussion (Salvation Army, 2006). It is essential that the nurse have some understanding of the risk these individuals take in disclosing their plight and choose words that build trust with a possible victim for the victim to feel confident enough to identify the abuse and seek safety (Sisters of the Divine Savior, 2006). The Salvation Army has developed both a Quick Guide to Victim Identification (Appendix A) and a list of questions to ask potential victims. The U.S. Department of Health and Human Services (2006) has developed a *Health Care*

Provider Assessment Card that can be laminated and carried as a quick reference (Appendix B).

According to Spear (2004), the next step after the identification of a victim is to provide an individualized plan of care for the immediate needs of the victim, whatever they might be at that given moment. A rescue plan must be developed, disseminated, and understood by health care professionals and law enforcement. The process must be detailed and ready to put into immediate action to capture the short window of opportunity available for rescue. A coordinated response can provide safety, and apprehension of the trafficker if possible. The plan should contain the phone number for the trafficking information and referral hotline, 888-373-7888, a national number with ties to local services (U.S. Department of Health and Human Services, 2005). The numbers for local legal and social service resources can be found through both government and private organizations and included in the plan, along with the Trafficking in Persons and Worker Exploitation Task Force complaint line, 888-428-7581 (Spear, 2004).

The final patient focus for the advance practice forensic nurse is restoring the specific physical, mental, and emotional needs of the trafficking victims. The physical problems can include malnutrition, physical trauma, reproductive problems, and infectious diseases (Barrows & Fingers, 2008). The mental and emotional issues may include depression, posttraumatic stress disorder, substance abuse, and suicidal tendencies (Gajic-Veljanoski & Stewart, 2007). Because of the lack of medical care along with appalling living conditions and physical and mental abuse, HT victims will require a long-term, intensive restorative care plan that advanced practice nurses are prepared to develop and implement (Tsutsumi et al., 2007).

Forensic nurses use their expertise to educate health care providers, especially in collaboration with emergency room personnel, and law enforcement. It is incumbent on the health care community to develop standard training and protocols to initiate the response to a victim who presents for care. An educational curriculum, *Human Trafficking in the United States: Promoting Law Enforcement Awareness*, was developed through the U.S. Department of Justice. This curriculum was then distributed throughout the national network of regional community policing institutes. This is an established comprehensive program that includes an introduction to HT, a legal overview, immigration issues, victim services, investigative considerations, interagency cooperation, engaging the community, and resources. This

educational program, along with the pamphlet *The Crime of Human Trafficking: A Law Enforcement Guide to Identification and Investigation*, developed and distributed by the International Association of Chiefs of Police (2006), can provide the education needed by both law enforcement and health care providers. Included in the pamphlet is a field reference pocket guide on HT that includes things to remember, a synopsis of the Trafficking Victim's Protection Act, interview questions for identifying possible victims, and references (International Association of Chiefs of Police, 2006).

Law enforcement must be aware of the potential harm faced by victims of trafficking when their perpetrators realize that their victims have been identified. Steps need to be taken as soon as possible to protect victims. If not protected, the consequences can be further abuse or death (Spear, 2004). The number of law enforcement agents who have possible access to a HT victim is enormous. It is a monumental task to provide education to all law enforcement agencies and officers and to keep them current when the number of cases of trafficking that they see may be small. Law enforcement agents and health care providers must be able to interview these victims without causing further trauma along with learning what resources are available (Salvation Army, 2006). Law enforcement must be realistic in the help they can provide, being careful not to promise something they cannot fulfill (Sisters of the Divine Savior, 2006). Although the training and goals for health care providers and law enforcement can be similar, they play different roles. Law enforcement is focused on apprehending and prosecuting perpetrators, whereas health care professionals are focused on addressing the medical, physical, and emotional needs surrounding HT issues. Knowledge about trafficking needs to be understood and recognized at the local level as this is where victims will be recognized and where nurses can take a lead in referring victims through the appropriate channels.

SUMMARY

HT is a major violation of basic human rights seen in escalating numbers within the United States and globally (Miller, 2006). Forensic nurses are a powerful group and can make a difference by joining their professional organization, the International Association of Forensic Nurses, which provides an avenue for promoting health policies and nursing practice. Forensic nurses must take the lead in terms of addressing this egregious human rights violation and network with other professionals to develop a coordinated response

to HT (Hammer, Moynihan, & Pagliaro, 2006). Forensic and psychiatric nurses can take a leadership role through developing community workshops, multidisciplinary training, and resource development. Nurses bring a holistic approach to the victims of HT that will provide social, psychological, physical, and emotional care in a safe environment. The complexities of HT provide a challenging opportunity for nurses to use a foundation based on forensic education and experience in addressing the severity of the mental health issues to provide a comprehensive solution to this international issue. Knowledge of the skills needed to address this sensitive subject will serve to motivate individual action and begin the process of rescuing HT victims.

APPENDIX A

Quick Guide to Victim Identification

Red Flags

There are some indicators which may raise a red flag that a person may be a victim of human trafficking. You may want to take a second look at situations where people:

- Appears to be under someone else's control. They appear to be under someone else's surveillance at all times. All or most contacts with family, friends, and professionals are controlled and monitored. They are rarely alone.
 - Are unable to move to a new location or leave their job.
 - Do not manage their own money or their money is largely controlled by someone else.
 - Are not in control of their own identification or travel documents.
 - Work excessive hours.
 - Are unpaid for their work or paid very little.
 - Live with multiple people in a very cramped space.
 - Live with their employer.
 - Have no English language skills or knowledge of the local community
 - Appear to have little privacy or are rarely alone.
 - Appear to have visible injuries or scars, such as cuts, bruises, or burns. May have injuries around the head, face, and mouth from being struck in the head or face.
 - Have untreated illnesses or infections, particularly sexually transmitted diseases. May have general poor health and/or diseases associated with unsanitary living conditions.
 - Exhibit submissive behavior or fearful behavior in the presence of others.
 - Exhibit emotional distress such as depression, anxiety, manifestations of trauma, self-inflicted injuries, or suicide attempts.
 - Engage in prostitution or live in a brothel.
 - Are sexually exploited in strip clubs, massage parlors, or pornography.
 - Are younger than 18, in prostitution, or hanging around adult entertainment businesses such as strip clubs, massage parlors, adult book or video stores, and so on.
-

APPENDIX B

Health Care Provider Assessment Card

Side One:

3x5

LOOK BENEATH THE SURFACE

Victims of human trafficking may look like many of the people you help everyday.

Look for the Following Clues:

- > Evidence of being controlled
- > Evidence of inability to move or leave job
- > Bruises or other signs of physical abuse
- > Fear or depression
- > Not speaking on own behalf and/or non-English speaking
- > No passport or other forms of identification or documentation

Call the Trafficking Information and Referral Hotline, 1.888.3737.888



Side Two:

3x5

Asking the right questions will help you determine if the person in front of you is a victim of trafficking who needs your help.

Key Questions to Ask:

- > What type of work do you do?
- > Are you being paid?
- > Can you leave your job if you want to?
- > Can you come and go as you please?
- > Have you or your family been threatened?
- > What are your working and living conditions like?
- > Where do you sleep and eat?
- > Do you have to ask permission to eat/sleep/go to the bathroom?
- > Are there locks on your doors/windows so you cannot get out?
- > Has your identification or documentation been taken from you?

Call 1.888.3737.888, the Trafficking Information and Referral Hotline, if you think you have encountered a victim of trafficking.



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