

CHAPTER 87

Human Trafficking: The Need for Nursing Advocacy

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"I freed a thousand slaves. I could have freed a thousand more if only they knew they were slaves."

Harriet Ross Tubman, nurse abolitionist

Human trafficking is a serious crime of forced labor or enslavement. As defined under U.S. federal law, victims of human trafficking include children involved in the sex trade, adults age 18 years or over who are coerced or deceived into commercial sex acts, and anyone forced into different forms of labor or services, such as domestic workers held in a home or farm workers forced to labor against their will. A victim does not have to be physically transported from one location to another for the crime to fall under the definition of human trafficking (U.S. Department of State, 2013a).

Trafficking not only violates human rights but also contributes to harmful social, health, and economic conditions for the persons who are trafficked. Persons who are trafficked can experience intense psychological trauma, infectious disease (most notably HIV/AIDS), extensive physical injury, drug addiction, unwanted pregnancy, and malnutrition. Human trafficking also poses a significant public health problem.

Victim identification is the critical first step in stopping this crime. Nurses are well placed in every community to identify trafficking victims. They also bring a public health lens to this human rights issue, which contributes to their having a better understanding of the complexity of the issues a survivor faces. Nurses can focus on developing and implementing a victim-centered approach. The U.S. Department of Homeland Security Blue Campaign defines a victim-centered approach to

combating human trafficking as one that places equal value on the identification and stabilization of victims, with the investigation and prosecution of traffickers (U.S. Department Homeland Security, 2013).

ENCOUNTERING THE VICTIMS OF HUMAN TRAFFICKING

Many nurses have treated victims of human trafficking without realizing it. Encountering modern-day slavery can provoke a strong visceral response, often followed by the urge to distance oneself. These feelings make it hard to imagine what you, one nurse, could possibly do to stop it. However, nurses are uniquely situated to make a difference.

Nurses should ask themselves one question: "What role can nurses have in stopping human trafficking?" (See Box 87-1.)

ADVANCING POLICY IN THE WORKPLACE

Does your place of employment have a policy on nursing's role in human trafficking? Does it have an action plan or protocol to follow when a person who is trafficked is identified? Networks of health care providers, law enforcement, lawyers, and nongovernmental organizations are developing evidence-based multisectoral policies and protocols on how to proceed when a person has been identified as being trafficked. If your place of work does not have a policy, you can take the lead and get this process in motion to ensure that people who have been trafficked are given proper care, treated with respect, protected from harm, and

BOX 87-1 What Can You Do About Human Trafficking?

- Be well informed. Start with investigating what policy and protocols are in place at your health institution and if the issue of human trafficking is being addressed in the nursing curriculum in courses at your university or college.
- If there are no policies in place, start an interdisciplinary task force to develop policies and pursue a plan to implement them.
- Assess and educate community stakeholders, such as shelters, victim-assistance agencies, advocacy groups, and law enforcement agencies, and collaborate with them.
- Become familiar with services and hotlines so that you can refer people who have been trafficked. Build a resource list, and keep it current. Access to reporting at the national level includes the National Human Trafficking Resource Center (NHTRC). The NHTRC is a national, toll-free hotline that operates 24 hours a day, 7 days a week, 365 days a year. The NHTRC can be reached by calling 1-888-3737-888 or text BeFree (233733).
- Bring the issue of human trafficking to the public's attention in their local communities through public speaking in schools, places of worship, and social action groups. Use both traditional media and social media to launch campaigns and increase pressure on local authorities to act to stop human trafficking.

directed to social and legal services. Resources that can provide support to develop a protocol are the Polaris Project (2014), which offers training and technical assistance, and the International Organization for Migration handbook on Caring for Trafficked Persons (International Organization on Migration, 2009).

ROLE OF PROFESSIONAL NURSING ASSOCIATIONS

Historically, nursing organizations have played a critical role in developing and advancing policies on human rights issues. The International Council of Nurses' (ICN) Code of Ethics for Nurses position statement, *Nurses and Human Rights*, requires nurses to safeguard and promote human rights

(ICN, 2006a, 2006b). This statement as well as other ICN advocacy and lobbying position statements cover a wide range of health issues where nurses must act to enforce human rights and to promote and protect health as a fundamental human right and a social goal (ICN, 2010).

In 2008, the New York State Nurses Association (NYSNA) invited me to deliver an address entitled *Nurses Working to Stop Human Trafficking* at their annual convention. The NYSNA board's response was immediate. They drafted and submitted an action proposal on human trafficking to the American Nurses Association (ANA), which was passed by the ANA House of Delegates in 2008. The resolution states that it will advocate legislation to reduce the incidence of human trafficking and will work to ensure that nurses know how to identify and assist victims. This is a commendable action by the ANA to educate nurses nationally and support stronger enforcement of the federal laws (American Nurses Association [ANA], 2008).

Investigate to see whether your state nurses' association and specialty nursing association has a position statement on nurses' role in human trafficking. You can be the person who takes the lead on this initiative if nothing exists to date. A good place to start would be to identify one or two state nurses' associations that have already developed a policy and ask for guidance from them on strategy and language for your state nurses' association.

ADVOCATING FOR STATE LEGISLATION AND POLICY ON HUMAN TRAFFICKING

Nurses can become part of a national network of health providers and advocacy groups challenging the lack of services available to victims of human trafficking by advocating for the allocation of resources on both the federal level and state level to address this void. They can also use their influence and leadership to advocate for better enforcement of existing antitrafficking laws in their state.

In 2000, the federal law Victims of Trafficking and Violence Protection Act (TVPA) was enacted, making human trafficking a federal crime. The TVPA includes a provision that each state could

pass their own legislation to strengthen the work of the federal government and coordinate a partnership with local and federal law enforcement. The Federal Bureau of Investigation (FBI) and agents of Immigration and Customs Enforcement (ICE), a division under Homeland Security, are the main federal agencies involved in investigating human trafficking cases. Because states are enacting legislation and strengthening laws to prosecute traffickers and training law enforcement, we have an increase in investigating human trafficking. To date, not every one of the 50 states has done so. The website of the Center for Women Policy Studies (2014), an advocacy organization, provides an interactive map to learn about individual states and their statutes on human trafficking. If your state has legislation and an interagency antitrafficking task force working on a comprehensive plan to provide services for persons who have been trafficked, ask if there is a nurse on the task force. Once identified, ask how you can help. If there is no nurse on the task force, work toward getting a nurse appointed, or nominate yourself. If your state is one of the remaining states without antitrafficking laws, identify local and national advocacy organizations working toward this goal and work with them to pass this legislation. Contact and engage your state nurses' association to lobby to pass these comprehensive laws.

ADVANCING POLICY THROUGH MEDIA AND TECHNOLOGY

The media, both traditional media and digital media, is the single most powerful tool to educate, effect social change, and influence policies. Like most Americans, nurses' knowledge about human trafficking has been shaped by the media. A study by researchers Johnston, Friedman, and Scafer (2012) evaluated print and broadcast media reports on human trafficking beginning in 2008 through 2012. They found that stories on the crime of sex trafficking dominated the coverage, while stories of survivors or the impact on public policy were less common. Dramatization of human trafficking appears more frequently in story lines on popular crime series on television and in movie plots in

theaters. The news media have been the primary source of national policy and legislative issues about human trafficking.

Coverage of the issue about the health of the victims and the public health implications of human trafficking has been missing. A recent study on the dominant issues covered in the media on the issue of sex trafficking reported that only 1% of the news coverage addressed the issue of public health. When nurses become educated on the health implications of human trafficking they can become resources for the media's coverage on trafficking and shape the public's understanding of human trafficking beyond the issue that it is a crime. When the public is aware of the indicators of human trafficking and whom to contact if they see such indicators, victims can more readily be identified and helped.

Technologies are now being used for antitrafficking efforts. The Global Human Trafficking Hotline Network shares and analyzes data from hotlines to find and help victims and identify trafficking locations. One of them, the National Human Trafficking Resource Center (NHTRC) in the United States, answers calls from anywhere in the country and has started accepting text messages. Texting can be a safer form of connecting with victims and those seeking to report suspected human trafficking activities. When a text is received, a live, trained specialist receives the text and responds immediately. Texting provides secrecy that phone lines cannot provide if the person reporting feels threatened by others near them (Polaris Project, 2014).

TRAFFICKING AS A GLOBAL PUBLIC HEALTH ISSUE

There are more than 13 million nurses worldwide providing up to 80% of the health services in most countries (ICN, 2010). In every community where a nurse provides care, there are people who are vulnerable and could be targeted by traffickers. For nurses, trafficking in persons can be best understood as a very serious health risk, because trafficking, like other forms of violence, is associated with physical and psychological harm (International

Organization on Migration, 2009). It has serious public health implications related to the spread of infectious diseases such as tuberculosis, HIV, and other sexually transmitted infections. Victims of trafficking are highly prone to social, economic, and legal issues that further put them at risk for a variety of mental health issues, including substance abuse, addiction, posttraumatic stress disorder, anxiety, depression, and even suicide (Hynes & Raymond, 2002). Common abuses experienced by trafficked persons include rape, torture, and other forms of physical, sexual, and psychological violence (Zimmerman et al., 2008). Paradoxically, these victims who desperately require health services are less likely to have access as a result of discrimination, social stigma, fear of law enforcement, and other factors. Nurses can contribute their expertise by conducting research on human trafficking as a global public health issue.

Nurses are also at risk for being trafficked. As poorer nations prepare nurses for export to other countries, questionable recruiting practices have led some migrating nurses to be threatened with criminal charges and deportation when they object to exploitative working conditions. Raising nurses' awareness about human trafficking can lower their own risk.

THE WORLD OF THE VICTIMS

Without recruiters and criminals, human trafficking would not exist. Poverty, unemployment, economic collapse, war, natural disasters, and the lack of a promising future are compelling factors that facilitate the ease with which traffickers recruit people, but they are not the cause of trafficking. Traffickers take advantage of poverty, unemployment, and the desire to emigrate to recruit people and traffic them into dangerous situations. Tragically, recruiters often know their victims. A common way that many victims are recruited is through a friend or acquaintance (e.g., a cousin, neighbor, or boyfriend) or by an individual recommended to them by someone they trusted.

Finally, traffickers can be anyone. Traffickers brazenly operate in our neighborhoods. They advertise in our newspapers and on Craigslist. They

are men and women of all ages. They run legal employment agencies. They are diplomats who often get diplomatic immunity when caught, and they work in all types of professions (General Accounting Office [GAO], 2008). They act alone or they may be members of international crime rings (Table 87-1).

INTERNATIONAL POLICY

The first international statement to use the term human rights was the Universal Declaration of Human Rights (UDHR), adopted by the United Nations General Assembly in Paris in 1948. The UDHR states that human rights are rights inherent to all human beings, whatever our nationality, place of residence, sex, national or ethnic origin, color, religion, language, or any other status. Among several protections covered by the UDHR, Article 4 of the UDHR states: "No one shall be held in slavery or servitude: slavery and the slave trade shall be prohibited in all their forms." The UDHR made history and is used by human rights activists globally (General Assembly of the United Nations, 1948).

The first international legal instrument to address human trafficking as a crime and to define trafficking was passed in 2000, when the United Nations Office on Drugs and Crime (2000) passed the Protocol to Prevent, Suppress, and Punish Trafficking in Persons. As of 2009, 136 Member States have signed the Protocol. It defines trafficking in persons as follows:

The recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the 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. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs. (United Nations, 2000)

TABLE 87.1 Myths and Misconceptions about Human Trafficking

The U.S. Department of Homeland Security's antitrafficking plan, called the Blue Campaign, provides a list of six myths and misconceptions about human trafficking:

Myth #1

Human trafficking does not occur in the United States. It only happens in other countries.

Fact

Human trafficking exists in every country, including the United States. It exists nationwide, in cities, suburbs, and rural towns, and possibly in your own community.

Myth #2

Human trafficking victims are only foreign-born individuals and those who are poor.

Fact

Human trafficking victims can be any age, race, gender, or nationality: young children, teenagers, women, men, runaways, U.S. citizens, and foreign-born individuals. They may come from all socioeconomic groups.

Myth #3

Human trafficking is only sex trafficking.

Fact

You may have heard about sex trafficking, but forced labor is also a significant and prevalent type of human trafficking. Victims are found in legitimate and illegitimate labor industries, including sweatshops, massage parlors, agriculture, restaurants, hotels, and domestic services. Note that sex trafficking and forced labor are both forms of human trafficking, involving exploitation of a person.

Myth #4

Individuals must be forced or coerced into commercial sex acts to be a victim of human trafficking.

Fact

According to U.S. federal law, any minor under the age of 18 years who is induced to perform commercial sex acts is a victim of human trafficking, regardless of whether he or she is forced or coerced.

Myth #5

Human trafficking and human smuggling are the same.

Fact

Human trafficking is not the same as smuggling. "Trafficking" is exploitation-based and does not require movement across borders. "Smuggling" is movement-based and involves moving a person across a country's border with that person's consent, in violation of immigration laws.

Although human smuggling is very different from human trafficking, human smuggling can turn into trafficking if the smuggler uses force, fraud, or coercion to hold people against their will for the purposes of labor or sexual exploitation. Under federal law, every minor induced to engage in commercial sex is a victim of human trafficking.

Myth #6

All human trafficking victims attempt to seek help when in public.

Fact

Human trafficking is often a hidden crime. Victims may be afraid to come forward and get help; they may be forced or coerced through threats or violence; they may fear retribution from traffickers, including danger to their families; and they may not be in possession or have control of their identification documents.

Retrieved from www.dhs.gov/blue-campaign/myths-misconceptions.

This International Protocol established the standard approach for governments developing policies on trafficking: the 3P Paradigm—prevention, prosecution, and protection of victims.

In 2007, the United Nations Global Initiative to Fight Human Trafficking (UN.GIFT) was estab-

lished to coordinate global efforts to adopt the Protocol. In addition to working with governments, the UN.GIFT works with businesses, academia, civil society, and the media to develop effective tools to fight human trafficking (United Nations Office on Drugs and Crime [UNODC], 2009).

U.S. RESPONSE TO HUMAN TRAFFICKING

The U.S. Department of State began monitoring trafficking in persons in 1994, when the issue began to be covered in the Department's Annual Country Reports on Human Rights Practices. During the Clinton administration, the United States passed the TVPA of 2000. This Act established the standard for federal policy on trafficking, and responses to the Act were all based on the 3P Paradigm.

More recently, advocacy organizations globally are launching campaigns that focus on the demand side of slavery as a means of stopping this crime. These laws would take the focus off the women and children in prostitution and put it on the end user or customer. Another demand-reduction strategy is an education and awareness campaign that is aimed at boys and young men and focuses on the negative consequences of purchasing sex: from public and private health problems such as the spread of HIV and other sexually transmitted infections to the grim facts about who runs the sex trade and how customers are helping traffickers flourish and hurting those who have been trafficked.

The 2013 Trafficking in Persons (TIP) report (U.S. Department of State, 2013b) outlines major forms of human trafficking including forced labor, bonded labor, debt bondage among migrant laborers, involuntary domestic servitude, forced child labor, child soldiers, sex trafficking, and child sex trafficking and related abuses. The 2013 report focuses on victim identification as a top priority in the global movement to combat trafficking in persons. It details training and techniques that make identification efforts successful, and areas that need further focus such as culturally sensitive health services for all victims and better understanding in identifying boys, men, and lesbian, gay, bisexual, and transgender people who are trafficked. The 2013 TIP report stated that 47,000 victims of human trafficking were identified globally in 2013, a small percentage of the estimated 27 million women, men, and children being trafficked at any time. Global convictions of human

traffickers increased by almost 20% from 2012 with 4746 convictions in 2013.

In January 2014, the White House released the 5-year federal strategic action plan *Coordination, Collaboration, Capacity: Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States, 2013-2017*. The Plan is a collaborative project involving 15 agencies across the federal government and nonprofits. This strategic plan includes significant input from survivors of trafficking. Development of the Plan was a collaborative, multiphase effort across a number of federal agencies, led by co-chairs from the U.S. Departments of Justice, Health and Human Services, and Homeland Security.

The Plan outlines a strategic coordinated effort with specific goals, objectives, and action items to better identify and provide services to victims of trafficking in the United States.

CONCLUSION

Although there is much work that needs to be done to understand and end human trafficking, great progress has been made since 2000. The international community has taken decisive action to end human trafficking. Greater research related to trafficking is a prerequisite for ending the abuse. Lack of data and failure to grasp the complexities that underlie human trafficking worldwide must be addressed. The media treatment of trafficking does not present the true dimensions of the problem, and we should work toward better reporting to help shatter the myths about human trafficking. Nongovernment agencies and advocacy groups dedicated to creating public awareness campaigns and developing victim services programs should be supported by volunteering your nursing expertise, time, and resources. Whether nurses are engaged in clinical care, advocacy, policy, or program activities, they can monitor human trafficking and have an impact on preventing it. Most activists agree that to stop human trafficking, global awareness of the problem must increase. Nurses can add their voices through advocacy and help build the global capacity needed to stop human trafficking.

DISCUSSION QUESTIONS

1. There is a clear need to develop, implement, and evaluate high-quality education and training programs that focus on human trafficking for nurses and other health care providers. How can you contribute to this unmet need?
2. What skills do you already have as a nurse when it comes to working with a patient who has experienced violence and trauma that can inform your work going forward advancing the health care needs of people who have been victims of human trafficking?
3. Consider researching a current news item on human trafficking and conduct a media analysis of how human trafficking is reported. Is this news item a blame narrative? Is the language sensitive to the victim or exploitive? Does it provide a health lens or public health lens? If not, consider a response pointing these issues out with a letter to the editor. Be sure to identify yourself as a registered nurse.

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ONLINE RESOURCES

- General HEAL Trafficking Listserv
HEAL Trafficking
Health Professional Education, Advocacy, Linkage
Because Human Trafficking is a Health Issue
The purpose of the HEAL Trafficking Listserv is to discuss issues at the intersection of health and human trafficking. Although we recognize the value of learning about the breadth of antitrafficking efforts, please reserve nonhealth-related conversations for another forum. Please do not solicit funding on this Listserv and at no time discuss any protected health information, including identity, about any potential victim.
To post to this group, send an e-mail to: human-trafficking-and-health-care@googlegroups.com
Visit this group at: groups.google.com/group/human-trafficking-and-health-care
For more options, visit: groups.google.com/d/optout
- ECPAT USA
www.ecpatusa.org/home
- Polaris Project
www.polarisproject.org
- U.S. Department of State Office to Monitor and Combat Human Trafficking
www.state.gov/j/tip

