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**Human Trafficking “Modern Day Slavery”
Promoting the Need for Adequate Screening,
Assessment, and
Interventions for Physical and Mental Conditions
by Health Professionals**

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The United States Secretary of State, Hillary Rodham Clinton, commented on the state of the problem at the presentation of the 2009 Trafficking in Persons Report:

"The ninth annual Trafficking in Persons Report sheds light on the faces of modern-day slavery and on new facets of this global problem. The human trafficking phenomenon affects virtually every country, including the United States. In acknowledging America's own struggle with modern-day slavery and slavery-related practices, we offer partnership.

We call on every government to join us in working to build consensus and leverage resources to eliminate all forms of human trafficking (Clinton, 2009).

Abstract

Worldwide human trafficking, frequently referred to as “modern-day slavery,” is considered to be the third-largest criminal industry and one of the fastest-growing, surpassed only by arms and drug dealing. Human trafficking is a multi-faceted complex global issue that involves essentially all developed countries either as a source, transit or destination sites. It is the act of recruiting, receiving, and apprehending individuals using threat, coercion and or physical force for exploitation. This analytical review of the literature addressed existing research and literature on the current status of human trafficking. The victims of trafficking may access some healthcare organizations at some point in time during their captivity. Therefore, health professionals (e.g., advanced practice nurses, nurses) need to be able to screen, assess and identify certain clues and health conditions that are common to this population. Besides, to improve their health outcomes, this visit will be useful for their capture. *The Holistic Model Based on Adequate Screening, Assessment and Interventions for Improving the Health Outcomes in Victims of Human Trafficking* is a useful model for guiding health professionals in recognizing the relevance of violence when victims present certain illnesses in diverse healthcare organizations. Strategies for improving the health outcomes for this group include: (a) adequate screening, assessment, and interventions and (b) more education for health professionals on assessing and recognizing victims of human trafficking. Policy development is needed in changing laws for the protection of victims of human trafficking around the globe.

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Overview

Worldwide human trafficking, frequently referred to as “modern-day slavery,” is considered to be the third-largest criminal industry and one of the fastest-growing, surpassed only by arms and drug dealing (Salett, 2006). Human trafficking is the illegal sale, transport or profit from human beings who are forced to work for others against their will (Salett, 2006). Besides, human trafficking is a multi-faceted complex global issue that involves essentially all developed countries either as source, transit or destination sites (Kennedy, 2017a; Rockinson-Szapkiw, Spaulding, Justice, Spieth, & Owens, 2017). It is the act of recruiting, receiving, and apprehending individuals using threat, coercion and or physical force for exploitation (Kennedy, 2017a; Rockinson-Szapkiw et al., 2017). While the act of trafficking is illegal in itself, the serious health implications for the victims of trafficking include physical and mental as well as acute and chronic problems (Lederer, & Wetzel ,2014; Sabella, 2011; Salett, 2006). Trafficking victims may suffer from an array of physical and psychological health issues stemming from inhumane living conditions, poor sanitation, inadequate nutrition, poor personal hygiene, brutal physical and emotional attacks at the hands of their traffickers (Moynihan & Amenta 2012). Also, victims of human trafficking experience dangerous workplace conditions, occupational hazards, and general lack of quality health care (Moynihan & Amenta 2012).

Definition

The Trafficking Victims Protection Act of 2000 (TVPA) defines trafficking as the use of force, fraud, or coercion to compel labor and/or commercial sexual activity (U.S. Department of State, n.d.). Under this definition, human trafficking can present itself in multiple ways and by numerous settings. The United Nations defined the term trafficking in persons (TIP) as follows: The recruitment, transportation, transfer, harboring or receipt of persons, through threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or a position of vulnerability or the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for exploitation. Human trafficking includes sexual exploitation, domestic servitude, organ harvesting, servile marriage, child soldier, forced criminal activity, and forced labor (International Labor Organization [ILO]2014).

Population Affected

Human trafficking deprives people of their fundamental human rights and freedoms, increases global health risks, fuels growing networks of organized crime and can sustain levels of poverty

and impede development in certain areas (United Nations Office of Drugs and Crime (UNODC, 2019). Globally, 51% of human trafficking victims are adult women (UNODC, 2019). Women and girls account for 71% with girls representing 3 out of 4 children trafficking victims[(UNODC], 2019).

The population at risk for human trafficking are women and children, both girls and boys, specifically between the ages of 12 – 14 (Ernewein & Nieves, 2015). The perpetrators of human trafficking prey on children and teenagers that may have low self-esteem, with limited or no parental supervision, runaways, homeless, kidnapped, or children in the foster system (Hickle & Roe-Sepowitz, 2014). These victims are forced into a life of prostitution where they are forced to have sex with people for money. Also, victims of human trafficking may be forced into the workforce in inhuman treatment. In most cases, the victims of human trafficking will never see the benefit of any of the money (Hickle & Roe-Sepowitz, 2014). The money goes straight to their trafficker or pimp (Hickle & Roe-Sepowitz, 2014). The victims of human trafficking are treated as property instead of a human being who has rights. They are beaten and manipulated into believing their perpetrators are the only people who care for them (Hickle & Roe-Sepowitz, 2014). The victims of human trafficking comprised of children, adults, males and females, runaway or homeless adolescents and particularly vulnerable populations in the community (Norton-Hawk, 2002; Raphael & Shapiro, 2002; Silbert & Pines, 1982). Runaways and homeless children are particularly at risk for human trafficking. On average, children are solicited for sex within seventy-two hours of being on the street.

Often, victims are unaware of their rights and the crime related to trafficking. Victims are usually kept isolated with no freedom (Clawson, Dutch, & Williamson, 2008; Kennedy, 2015). These victims become dependent on the trafficker and not considering themselves as victims (Clawson et al, 2008; Kennedy, 2015). Victims of traffickers come from countries or communities with high rates of crime, poverty, and corruption, lack opportunities for education, lack family support (e.g., orphaned, runaway/thrown-away, homeless, family members collaborating with traffickers), and/or have a history of physical and/or sexual abuse (Clawson et al., 2008; Kennedy, 2015). Often, traffickers will prey on the victim's fear to keep the victim hidden (Clawson et al., 2008; Kennedy, 2015). For example, they may use fear of law enforcement and an inability to trust those positions of authority, fear of retaliation against the victim or his/her family, fear of anyone finding out what has happened to the victim (e.g., shame to self and family).

Sex Trafficking

Sex trafficking is defined as a commercial sex act induced by force, fraud, or coercion or in which the person performs sex act before the age of 18-year-old (United States Department of Justice, 2019). Also, sex trafficking consists of commercial sex work such as prostitution, pornography, exotic dancing, stripping, live sex shows, mail-order brides, military prostitution, and sex tourism. Around the globe, women and females are often targeted for sex trafficking (Deshpande & Nour, 2013).

Labor and Work Trafficking

Children are generally preferred to adults in the labor world as they are more easily controlled, cheaper and less likely to demand better working conditions (Herzfeld, 2002). Typically, girls are more likely to be trafficked for commercial sexual exploitation and domestic services and boys tend to be trafficked for forced labor in commercial farming, petty crimes, and the drug trade (International Labor Organization, 2002). Victims of sex trafficking can be found working in brothels, massage parlor, truck stops, strip clubs, private houses or as escorts (Sabella, 2011). Also, victims of labor trafficking work in various domestic and commercial capacities to include nannies, housekeepers, farmworkers, janitorial, restaurant staff, factory workers, and construction workers (Sabella, 2011). In addition, victims work in diverse jobs in industries such as construction, hospitality services, street begging, agriculture, and commercial fishing. Often, trafficking of children may include forced child labor, child soldiers, and child sex trafficking. Typically, victims of labor traffickers are forced to work long hours, received no pay and little food (Sabella, 2011). Often, they are threatened with bodily harm or death if they resist or try to escape. Some victims may have to work off a debt incurred either by the victim or by a member of the victim's family (Sabella, 2011). Sex trafficking is estimated to be a billion-dollar industry; however, victims of this crime do not receive payment for their services.

Victims of Human Trafficking for Human Organs

Victims of human trafficking are often recruited for human organs (Getu, 2006). The incidence and prevalence of the victims of human trafficking for illegal human organs are unknown. Victims of children are missing because of obtaining human organs. However, the demands for human organs have been increased in Western Europe especially children (Getu, 2006). Also, this market is gradually becoming more widespread in Latin America.

Incidence and Prevalence

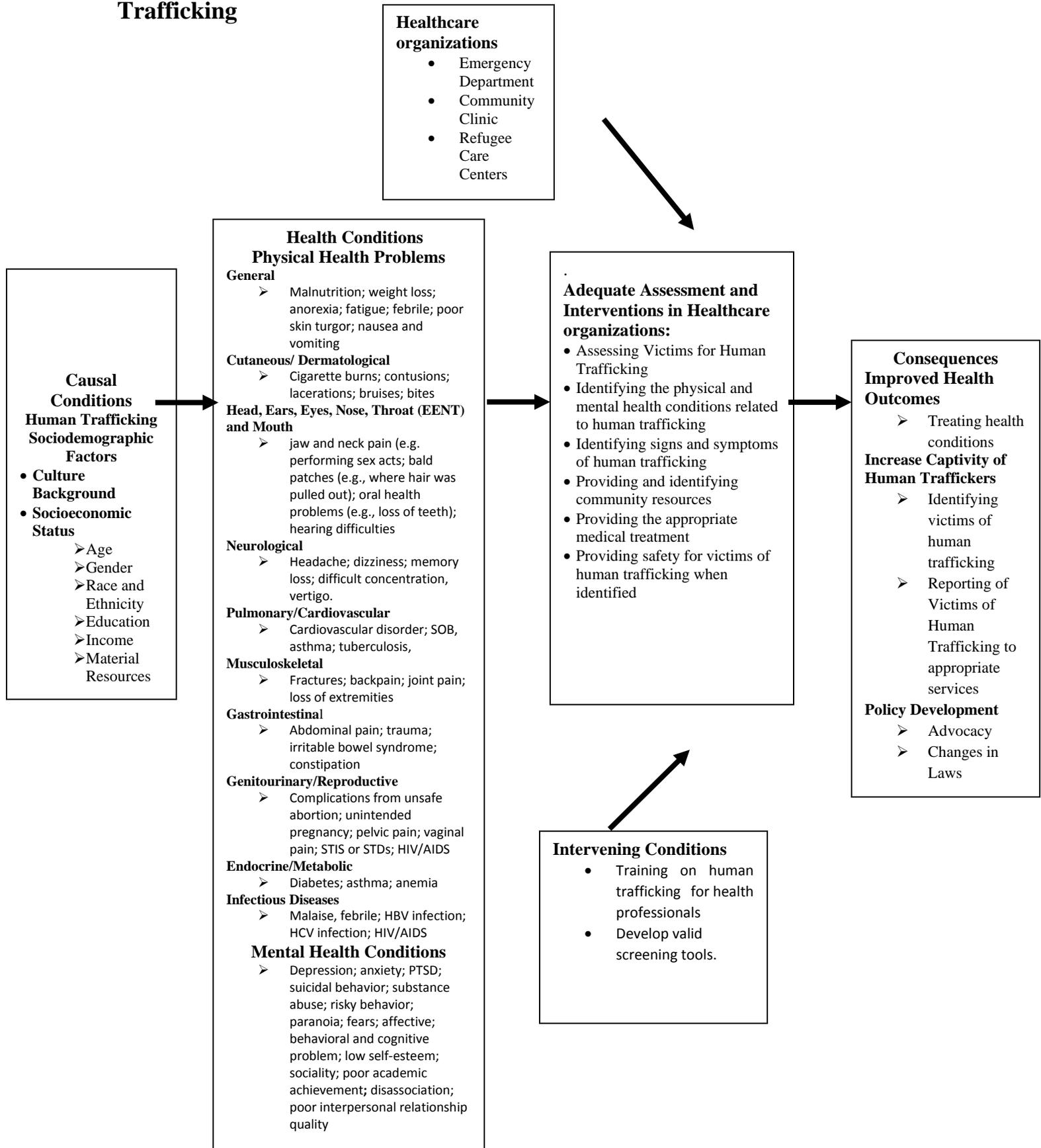
Approximately, 3 out of every 4 women and girls are trafficked for sexual exploitation (Kennedy, 2017a). The United Nations estimated that 700,000 to 4 million women and children are trafficked around the world for purposes of forced prostitution, labor and other forms of exploitation every year (United Office of Drugs and Crime [UNODC], 2019). However, 43% are trafficked for commercial sexual exploitation, 32% are trafficked for forced labor and the remainder 25% are trafficked on a mixture of both underdetermined reasons (Hepburn & Simon, 2010).

Between 600,000 and 800,000 people are victims of human trafficking every year (Hernandez & Rudolph, 2015). An estimated that at least 2.4 million adults and children are victims of forced labor and sexual servitude as a result of trafficking (Hernandez & Rudolph, 2015). Approximately, 20.9 million people are victims of forced labor on a global level (International Labor Organization, 2012).

It is recognized that out of 192 countries worldwide, 143 are involved in human trafficking (Getu, 2006). Women and girls comprise 56% of persons trafficked for forced labor while men and boys comprise 44% (Hepburn & Simon, 2010). Children constitute 40-50% of the overall force labor population (Hepburn & Simon, 2010). Victims frequently suffer physical, emotional, sexual abuse, rape, financial fraud, threats against self, family, and even death (Kennedy, 2017a).

This analytical review of the literature addressed existing research studies and significant literature on the current status of human trafficking. The first section of the paper includes the *Causal Conditions of Human Trafficking*. An overview of adequate screening and assessment for health providers (e.g. advanced practice nurse) will be addressed. In this section, sociodemographic factors are addressed. The sociodemographic factors consist of (a) cultural perspective and (b) socioeconomic status (e.g., age, gender, race and ethnicity, education, income, education, and material resources). The author developed a Model: Figure 1: *A Holistic Model on Adequate Screening, Assessment and, Interventions for Improving the Health Outcomes in Victims of Human Trafficking*. This model is useful for guiding health professionals in recognizing victims of human trafficking because they present certain illnesses and clues when accessing care in diverse services organizations. The main concepts of this model will be identified. The model is listed below:

Figure 1: A Holistic Model on Adequate Screening, Assessment, and Interventions for Improving the Health Outcomes in Victims of Human Trafficking



Adequate Screening and Assessment

This model is a holistic approach addressing the biopsychosocial-spiritual perspective when treating victims of human trafficking. This section of the paper consists of (a) adequate screening and assessment and (b) sociodemographic factors. Beside adequate screening is needed before a thorough assessment and physical exam. The sociodemographic factors consist of (a) cultural perspective and (b) socioeconomic status (e.g., age, gender, race and ethnicity, education, income, and, material resources). Health professionals need to know the sociodemographic factors of the population to provide holistic treatment. Despite access to these healthcare organizations, only a small proportion of abused victims are identified by health professionals (Hage, 2006). Therefore, health professionals need to become aware of certain backgrounds of trafficking victims to better treat this group, in addition to their identification and captivity.

Universal screening is when a clinician provides a brief screening of every female patient through age 64 for a history of abuse, as opposed to only screening certain patients because of risk factors or warning signs (US Department of Human Services [USDHS], 2013). Screening may consist of a few short, open-ended questions asked by a clinician to the patient. It can also be facilitated by the use of forms or other assessment tools (USDHS, 2013). Medical Assessment Tool/ Polaris Project is a useful screening guideline for the screening of suspected victims of trafficking (Medical Assessment Tool/Polaris Project, 2019).

The health assessment is an evaluation of the health status of an individual by performing a physical examination after obtaining a health history (Mosby's Medical Dictionary, 2016). For example, a health provider may identify common health conditions of human trafficking when performing a thorough health assessment. However, if abuse is identified based on certain information presented on the screening or assessment, then, these findings need to be reported to the proper authority (USDHS, 2013).

Sociodemographic Factors

Victims of trafficking usually live in poverty, are young, have limited education, lack work opportunities, lack family support (e.g., orphaned, runaway/throwaway, homeless, family members collaborating with traffickers) have a history of sexual abuse, physical or mental health challenges and live in vulnerable areas (e.g., presence of police corruption, high crime) (Kennedy, 2015). Also, victims of international trafficking may be in a situation where they are trying to escape from internal strife such as civil war and economic crises (Aiko, 2002). These victims often

come from poorer countries where trafficking has become a significant source of income (Newman, 2006). In developed and developing countries, women and girls are more likely to be trafficked for commercial sexual exploitation and domestic services; whereas men and boys tend to be trafficked for forced labor in commercial farming, petty crimes and the drug trade (International Labor Organization, 2002). Other risk factors for sexual exploitation, including sex trafficking, and history of childhood sexual abuse (Farley & Kelly, 2000; Raphael & Shapiro, 2004; Spangenberg, 2001), family disruption (e.g., death, divorce, abandonment, substance abuse, and domestic violence) (Raphael & Shapiro, 2004; Zimmerman, Hossain, & Watts, 2011), school-related problems (Martinez, 2006), and chronic runaways and periods of homelessness (Norton-Hawk, 2002; Raphael & Shapiro, 2002; Silbert & Pines, 1982)

Although, there are no defining characteristics of victims of human trafficking certain sociodemographic factors may be shared with this population. In this model, certain *sociodemographic factors* assisted in identifying victims of human trafficking to include: (a) *cultural perspective*, and (b) *socioeconomic status* (e.g., (a) *age*, (b) *gender*, (c) *race and ethnicity*, (d) *education*, (e) *income*, and (f) *material resources*). Understanding the sociodemographic factors will assist health providers such as advanced practice nurses in adequately assessing victims who are at risk when accessing their services.

Cultural Perspective

Cultural violence consists of traditions, norms, and practices of certain cultural groups used to justify or legitimize direct or structural violence which may be exemplified by religion and ideology, language, art, empirical science, and formal science (Kennedy, 2015). The meaning of violence varies in diverse cultural groups based on cultural practices of different countries (Alhabib, Nur, & Jones, 2009; Kennedy, 2015; Kennedy, 2017a, b). Sometimes, violence varies within the same culture group.

Abused women are characterized by the subordination of women in society, the objectification of women and the power inequalities of women in the social structure (Kennedy, 2015; Kennedy, 2017a). Violence against women derives from cultural patterns, especially the traditional practices, and the acts of extremism linked to race, sex, language or religion (Kennedy, 2017a, b). Cultural hierarchies dictate women's subordinate position, which developed from a patriarchal world where social arrangements are stratified and determined by gender (Kennedy, 2017a, b).

Socioeconomic status (SES). Socioeconomic status (SES), also called socioeconomic position, is a core concept of sociology (Kennedy, 2013). It represents a form of an individual's place in a society's status hierarchy (Kennedy, 2013). Where SES is taken as a single concept, it is not directly observed, but instead a statistical measurement. In most countries, females and children are more poverty-stricken than men (Kennedy, 2017a). Women in lower socioeconomic status are often poverty-stricken. Poverty increases vulnerability to gender inequalities (Kennedy, 2017a, b). Often, women in lower SES are dependent on men. Because of the need for economic support, females are often married early and gender inequalities make them less empowered to make decisions about safe sexual practices. Also, girls and boys may be sold to others for the economic survival of the family (Kennedy, 2017a, b).

Age. Age affects entering into a life of trafficking (Kennedy, 2017a). Young children may be sold in trafficking for the survival of the family. In some cultures, children are sold as child brides for dowry. Whereas older members of society having more power over younger members. Therefore, children have less power to make decisions about their lives. Also, younger women have less power than younger boys in most countries. Age is the greatest factor in promoting child sex trafficking and child sexual exploitation (Kennedy, 2017a, b). The demand is for younger females such as children is greater in sex trafficking. The average age for introduction into prostitution is 13 (Clawson & Grace, 2007). Traffickers often prey on vulnerable groups such as children and adolescents that can be easily manipulated (Hachey & Phillipi, 2017). This vulnerable group typically has a history of childhood sexual abuse.

Gender. Gender may contribute to violence and the victim role in our society (Kennedy, 2017a, b). For example, in countries, where females are not employed, they may be sold in prostitution and sex trafficking. Therefore, sex trafficking is considered gender-based violence. Gender-based violence contributed to the power imbalance between women and men (Hachey & Phillipi, 2017; Kennedy, 2017a; Quaraisha, Sengeziwe, & Cheryl, 2010). Gender inequalities related to differences and unequal socio-cultural expectations and treatment of women as compared to men contribute to many health disparities experienced by women and their children (Kennedy & Jenkins, 2018). The victims of gender-based violence are primarily women and the risk of violence that women face is aggravated by poverty and political instability to include inadequate access to reproductive health services contributing to unwanted pregnancy, unsafe abortion, inadequate antenatal, and lack of skilled birth (Carr, 2004). The interaction of gender

with age is an important determinant of distribution related to power in our society (Quarasha et al., 2010). Women are often recruited for domestic work subsequent sold in sex trafficking (Hachey & Phillipi, 2017). Also, younger women have less power than younger boys in some countries.

Race and Ethnicity. Race is a social classification, not a biologic descriptor but a measure of exposure to racism (Kennedy, 2013; Kennedy, 2017a). Also, race and ethnicity affect entering to trafficking. For example, ethnic minority groups in some countries are typically more poverty-stricken which places them in a position to be abused or treated unfairly in society. Therefore, predators' prey upon individuals who are poverty-stricken and vulnerable living in an unstable environment.

In the United States, victims of sex trafficking were 40% Blacks in comparison to 26% Whites whereas 63% Hispanic and 17% Asian were involved in labor trafficking (Banks & Kyckelhahn, 2011).

Education. Women who are poorer and less educated may have less knowledge and unable to adopt sexual assertiveness or preventive behavior (Jenkins & Kennedy, 2013; Kennedy & Jenkins, 2011; Kennedy, 2017a). In some countries, females are not able to attend school or college. The lack of education and skills may result in a lack of opportunities in life. Therefore, females who are less educated may enter into trafficking for survival.

Income. Income is a factor predisposing females and children to enter into human trafficking (Kennedy, 2015; Kennedy, 2017a). Women who earn less or no income places her in a position for human trafficking. Young women and girls may enter into prostitution for survival. All over the globe women have issues of income, poverty, unemployment, hunger, disease, and illiteracy (Getu, 2006; Kennedy, 2017a). Besides, employment, education, vocational training, and economic opportunities are limited in poverty-stricken vulnerable groups such as women and children especially minor females (Getu, 2006; Kennedy, 2017a). For example, unemployed and dropout youth are more prone to human trafficking. Young girls are especially more prone to human traders with the promise of marriage, employment, education opportunities, and a better life (Getu, 2006; Kennedy, 2017a).

Material Resources. Material resources are linked to both individual income and distribution of income (Kennedy, 2013; Lynch & Kaplan, 2000; Lynch, Smith, Kaplan, & House, 2003). Income has a significant relationship on material resources in our society (Kennedy, 2013; Lynch

& Kaplan, 2000; Lynch et al., 2003). Typically, income determines accessibility to resources such as housing, food, clothing, health care, and recreation opportunities (Kennedy, 2013; Kennedy, 2017a). Women have a lack of material resources because, in many countries, they may not own property or have financial resources and dependent on men for support. Because of poverty, no education and job skills, many of these women may enter human trafficking for the survival of themselves and families (Kennedy, 2015; Kennedy, 2017a).

Victims may be lured in trafficking with the hope of good working conditions and income (Moynihan & Amenta, 2012). On a global level, women are more poverty-stricken than men. Therefore, women have poor access to material resources. The lack of material resources can result in trafficking for survival.

The next section includes *Health Conditions in Victims of Human Tracking*. This section addresses (a) *Access to Care*, (b) *Physical Health Conditions*, and (c) *Mental Health Conditions*. Next, *the intervening Factors* will be discussed. The *Intervening Factors* have an impact on the assessment and interventions for improving the health outcomes of human trafficking victims. Last, the section to follow is *Adequate Assessment and Interventions in Healthcare Organizations*. This section includes interventions for victims of trafficking: (a) *Assessing Victims of Human Trafficking*; (b) *Identifying Signs and Symptoms of Human Trafficking*; (c) *Providing Safety for Victims*; (d) *Providing the Appropriate Medical Treatment*; and (e) *Providing and Identifying Community Resources*.

Health Conditions in Victims of Human Trafficking

In this model, the *Health Conditions* consist of physical and mental health conditions. In health care organizations especially the emergency department, victims may access care for physical conditions that prevent them from fulfilling their duties in trafficking. Health professionals are in a unique position in identifying victims of human trafficking (Helpingstine, Boyd, & Barton, 2018). However, health professionals need to be aware of certain cues and conditions that this client may be trafficking. The health services organization in which they access is key in treating their conditions but also, in their captivity when identifying the victim of trafficking.

Access to Care

This model is a holistic approach addressing the biopsychosocial-spiritual perspective when treating victims of trafficking. Despite access to these healthcare organizations, only a small proportion of victims are identified by health professionals (Hage, 2006).

Victims of trafficking present to healthcare organizations such as emergency rooms, community clinics, refugee care centers, and unlicensed medical professionals. These limited health services organization poses a problem with getting the needed care. Also, certain injuries and health conditions such as infections prevent them from earning money and performing sex acts.

Many victims of trafficking have poor access to health care and no health insurance (Cole, 2009; Sabella, 2011). Victims may only receive health care when the condition is serious (Cole, 2009; Sabella, 2011). However, there has been limited research studies regarding their access to health care. Victims of trafficking have numerous physical and psychological health problems (Sabella, 2011).

Often, these victims are denied access to health care by their captives (Powell, Dickins, & Stoklosa, 2017). If medical care is sought, it is usually well after the injury has occurred or the infection is prevalent. However, when victims of trafficking access the healthcare system they may not be rescued (Conrad & Downing, 2015). However, it is estimated that 87% of trafficking victims that access care is not identified as human trafficking victims (Hackey & Phillippi, 2017). Therefore, health professionals such as nurses (e.g. Advanced Practice Nurses, nurses) will have an opportunity to provide a window of opportunity for disclosure.

Human trafficking is a health issue, and health professionals have a vital role in the identification, prevention, and care of these victims (Bohnert, Calhoun, & Mittel, 2017; Powell, et al., 2017). The research reported that victims of human traffickers have been in contact with health providers during their captivity especially in the emergency department. The emergency room is a place where trafficked victims come in contact with health professionals such as nurses. However, there have been missed opportunities for them identifying their physical and psychological conditions. The emergency department is a unique environment whereas nurses can first interact with victims to identify, support, and making the appropriate referrals when needed (Edmonson, McCarthy, Trent-Adams, McCain, & Marshall, 2017).

Victims of human trafficking come in contact with the healthcare system during their captivity (Conrad & Downing, 2015). However, this contact has not resulted in rescued from their traffickers. Health professionals need more education on the characteristics, sign, and symptoms, and common health problem when they access care. Many victims of trafficking have poor access to health care and no health insurance (Cole, 2009; Sabella, 2011). Victims may only receive

health care when the condition is serious (Cole, 2009; Sabella, 2011). However, there has been limited research studies regarding their access to health care.

Victims of trafficking have numerous physical and psychological health problems when they access to care (Lederer, & Wetzel ,2014; Sabella, 2011). These victims of sex trafficking are often required to work 7 days a week and perform multiple sex acts per day (Powell et al., 2017). Often, the victims of sex trafficking, identification documents have been held or destroyed by their captives. In some cases, their identification is deliberately erased both physically and psychologically as means of controlling victims. The lack of identification poses a problem when they do access to the health care system.

Victims of trafficking experience numerous challenges such as deprivation of food, sleep, extreme stress, hazards of travel, physical and sexual violence, violence, and potential work hazards (Dovydaitis, 2011). They have poor access to care and lack timely care (Dovydaitis, 2011). However, when they access care, their condition has advanced and more complex. Victims don't have preventive care therefore when they access to care the clinician will identify numerous health conditions.

Physical Health Conditions

Persons who are trafficked can experience physical health conditions (Oram et al., 2012). They have diverse physical conditions such as infectious disease (most notably HIV/AIDS), extensive physical injury, drug addiction, unwanted pregnancy, and malnutrition (Edmonson et al., 2017). These conditions can lead to chronic long-term diseases. When victims of human trafficking don't have regular health care, they will experience negative health outcomes (Curran, Naidoo, & Mchunu, 2017).

Dovydaitis, (2011) reported conditions such as sexually transmitted infection, multiple forced and unsafe abortion in victims of trafficking. They may have experienced physical abuse and torture from perpetrators and abusers resulting in bone fractures contusion, loss of teeth, and cigarette burns.

Often, these victims have unprotected sex exposing them to sexually transmitted diseases (STDs) by their offenders (Dovydaitis, 2011; Edmonson et al., 2017; Powell et al., 2017). The unprotected sex, exposed them to sexually transmitted diseases (STD) by their offenders. Also, females may become pregnant and have forced abortion by unlicensed persons. In addition, young sex trafficked victims may experience a high incidence of pelvic pain and diseases, urinary tract

infections, and sexually transmitted diseases. Victims of sex trafficking have injuries to mucosal breaks and inflammatory vaginal infections (Wirth, Tchetgen, Silverman, & Murray, 2013). Because of their immature epithelium lining place younger sex-trafficked females at a higher risk of HIV exposure. Underage, women are frequently targeted by traffickers to satisfy clients' demand for younger victims who are thought to be virgins and HIV free (Wirth et al., 2013).

Physical health conditions of victims of sex trafficking are sexually transmitted diseases, vaginal and rectum trauma, unintended pregnancies, infertility and urinary tract infections (Sabella, 2011). Victims have been reported to have diseases such as diabetes, cancer, hypertension, cardiovascular disorder, and respiratory conditions (Sabella, 2011). Often, these diseases may go untreated. Other physical conditions, victims of trafficking may experience are malnutrition, dehydration, exhaustion, and dental and visual problems if deprived of adequate food, water, light and sleep (Sabella, 2011).

Victims of trafficking may present with bald patches where hair was pulled out, laceration, bruises, scars, burns, and bite marks (Sabella, 2011). They may suffer from chronic back pain, muscle sprain, and sprains. Also, they may have experienced physical abuse and torture from perpetrators and abusers, resulting in bone fractures contusion, loss of teeth, and cigarette burns (Dovydaitis, 2011). Besides, to sexually transmitted diseases, these victims often may contract HIV/AIDS and tuberculosis (Sabella, 2011; Kennedy, 2015).

Victims of sex trafficking may present with jaw and neck pain from repeatedly performing sex acts, bites and teeth marks (McGuinness & Newby, 2012). Also, many victims may experience post-traumatic disorder because of their traumatic experiences. It estimated that 76 to 100% of female survivors of sex trafficking have experienced sexual assault (Clawson et al., 2008). Clawson, Dutch, Salomon, and Grace (2009) reported that sometime victims would have a combination of disorders. Caliber Associates (2007) reported a diversity of health conditions: (a) infectious diseases, (b) headaches, (c) stomach problems, (d) chronic back pain, (e) hearing, (g) cardiovascular disorder, (h) respiratory problems, (i) eye problems, and (j) dental problems.

Mental Health Conditions

Victims experience common psychological problems to include depression, anxiety, suicidal ideation, posttraumatic stress disorder (PTSD) and addiction (Dell, Maynard, & Born, 2017); Dovydaitis, 2011; Ferrari et al., 2014; Sabella, 2011). Mental health problems such as paranoia, anxiety, fear, depression is common among victims of sex trafficking (Bryne, Parish, & Ghilian

2017). Many victims feel a sense of shame because of the prostitution and contrast to family values. In some cases, victims are branded like cattle by pimps to show ownership. Some victims have been supplied with drugs to maintain control over them (Sabella, 2011). Victims of trafficking have resulted in mental health consequences due to their traumatic experiences.

Victims who are exposed to a traumatic experience such as sexual abuse experience affective, behavioral and cognitive problems (Cohens & Mannarino, 2008). Other mental health problems include acute post-traumatic stress symptoms, low self-esteem, sociality, poor academic achievement, substance abuse, disassociation, and poor interpersonal relationship quality (Cohens & Mannarino, 2008; Fong & Cardoso, 2010).

During the assessment and screening, victims of sex trafficking can be fearful, less verbal, and isolated (Dovydaitis, 2011). They have a great need for mental health services in comparison to other victims of violence.

Intervening Factors

In the model, *Intervening Factors* will have an impact on the adequate assessment and interventions for improving the outcomes of victims. The workplace needs to include training on human trafficking for health professionals, in addition to developing valid screening tools (Edmonson et al., 2017; Helpingstine, Boyd, & Barton, 2018). More research is needed on developing more valid screening tools. Nurses can play a pivotal role in policy development and advocacy to improve patient outcomes (Ortelli & Burlingame, 2018; Peck, 2018). The appropriate screening, assessment, and interview by health providers can assist in the identification of victims of human trafficking. Health professionals need more education on trafficking (Egyud, & Macias-Konstantopoulos, 2017; Egyud Stephens, Swanson-Bierman, et al. 2017).

Adequate Assessment and Interventions in Healthcare organizations

Assessing Victims of Human Trafficking

Health professionals need to be able to assess the verbal and non-verbal cues of victims of human trafficking when they access their healthcare organization. Victims of sex trafficking may access different healthcare organizations (Conrad & Downing, 2015). When they enter these health services they may use different names. Besides, the language may be a barrier when communicating with this group (Moynihan & Amenta, 2012). If needed it would be useful to provide an interpreter.

When they access the healthcare organization, they may not have any identifying information (Byrne, Parrish & Ghillian, 2017; Moynihan & Amenta, 2012). The person accompanying them may claim to be a relative without adequate identifying information (Moynihan & Amenta, 2012). The challenge will be seeing the patient alone (Hackey & Philippi, 2017; Moynihan & Amenta, 2012). The best time to communicate with a victim is when they are away from their captor such as during assessment, routine testing, and diagnostic procedures. They may tell inconsistent stories about seeking medical treatment. If the person, brings the victim to the healthcare facility and will not leave the exam room, then this is a sign of victim trafficking.

Communicating and identifying with the victims of trafficking may be difficult because of the *Stockholm syndrome* (Moynihan & Amenta, 2012). This *Stockholm syndrome* is a psychological response when a victim in captivity identifies with his or her captor or perpetrator (Lambert, 2019). The bond is initially created when the captor threatens the victim or the captive's life and then decides not to kill the victim. The victim feels a sense of gratitude in sparing his or her life. Therefore, the victim will have a sense of loyalty to the captor, thereby not reporting to the captivity to the health provider. Therefore, the health provider needs to assess verbal and non-verbal cues when victims access health care.

A complete and thorough physical exam is needed especially for signs of trauma regardless of the chief complaint (Coppola & Cantwell, 2016; Hackey & Phillippi, 2017). The physical exam needs to start from the least to the most intrusive procedure. For example, the reproductive and pelvic exam needs to be performed last.

Identifying Signs and Symptoms of Human Trafficking

Victims of human trafficking access healthcare organizations during their captivity. (Dovydaitis, 2011). Unfortunately, health providers often missed the signs and symptoms of human trafficking and an opportunity to intervene in assisting in their freedom. Regardless of mandatory training, health providers may not be able to assess victims of human trafficking. However, healthcare organizations need more education on the cues, signs, and symptoms when victims of human trafficking access their services. Numerous healthcare organizations have developed policies for human trafficking, however, there needs to be more uniformity in standards of practice. The health professionals need to ask about their suspicion of being in sex trafficking. Also, health professionals need to assess for signs and symptoms of sex trafficking in young victims such as frequent headaches, backaches, fatigue, and STDs (Byrne et al., 2017). Also,

other signs include vaginal and rectal trauma, burns, bruises, repeated abortions, and malnourishment (Byrne et al., 2017). Health professionals need to be aware of such cues as suicidal attempts, seizures, and overdose.

Providing Safety for Victims

Providing safety for victims of violence is important (Ellsberg, Jansen, Heise, Watts & Garcia-Moreno, 2008; Hackey & Philippi, 2017; Kennedy, 2017a, b; Trevillion, Agnew-Davies, & Howard, 2013). Victims of sex trafficking are often accompanying by their captives when they access health care (Byrne et al., 2017). Health professionals need to consider the safety of the victim. The victim may fear their lives and the lives of the family member. It would be useful not to ask suspiciously about the victim of human trafficking about employment or lifestyle if the captive is present (Byrne et al., 2017). Health professionals should be aware that victims are usually accompanied by their captives. Therefore, health professionals need to ensure that the victims are safe to include contacting the criminal justice system or legal services if needed and providing the client with contact information related to escape plan and a local shelter for victims of abuse (Ellsberg et al., 2008; Kennedy, 2017a, b; Hackey & Philippi, 2017; Trevillion et al., 2013).

Providing the Appropriate Medical Treatment

The appropriate interventions can be completed after women disclose abuse through the screening process (USDHHS, 2013). Providing appropriate medical treatment is essential (Hage, 2006; Lipski, & Caetano, 2007). It is essential to provide the appropriate medical treatment for specific conditions. If the abuse of victims is unrecognized, referrals are not made to the needed services or resources (Lipski, & Caetano, 2007). The health providers may treat the injury or illness without addressing the underlying cause or causes that contribute to them (Hage, 2006). Health professionals need to recognize the relevance of violence when victims present certain illnesses (Alhabib et al., 2009). Some healthcare organizations may have medical and mental health services (Howard & Hunter, 2008; Rose et al., 2011). Some victims may need hospitalization when the medical conditions are severe (Moynihan & Amenta, 2012). However, the admission of victims to the hospital may be a challenging because of the strict monitoring of perpetrators. This admission may be an opportunity for treatment and to come out of captivity especially when the patient is under 18 years old.

Providing and Identifying Community Resources

Health professionals need to provide patients who are victims of the abuse with a safety plan at home, community resources (e.g., shelters), and advocacy groups (Trevillion et al., 2013). Law enforcement may have to be contacted if the patient is in immediate danger (Hachey & Phillippi, 2017). Also, victims of trafficking need to know the resources such as contacting a crisis hotline, house services, victim's advocate services, and legal services (Kennedy, 2017b). Healthcare organizations need to develop partnerships with other organizations and community stakeholders to meet the need for victims of trafficking (Hachey & Phillippi, 2017). The services needed for victims of trafficking include medical and psychiatric treatment, substance abuse, housing, abuse treatment, trauma recovery treatment, and financial support.

Consequences

In the model, *The Consequent Section* consists of *Improved Health Outcomes* depicting the identification and appropriate treatment of victims of trafficking (Kennedy, 2017a). If health professionals are able to identify this group when they access the healthcare organizations, they will be able to better identify victims of trafficking assisting with their safety and referring to appropriate services. More advocacy groups need to especially focused on the needs of abuse of children (Agathis, Payne, & Rachael, 2018). On a global level, more laws need to be developed for the prevention of human trafficking (Kennedy, 2017a). The government in many countries plays a vital role in eliminating human trafficking (Kennedy, 2017a). They are vital in developing laws promoting equality and eliminating gender inequality. The laws of countries differ based on the structure.

Conclusion

Trafficking is considered to be “Modern Day Slavery” because the process includes the acts of fraud or extortion in recruitment and coercion, restraints, gang rape, the threat of physical harm, loss of liberty and loss of self-determination on arrival in the destination industry. This process includes the marginalization of a certain population in human trafficking. Health professionals need more education on human trafficking. Advanced practice nurses are in a unique position to advocate for victims of human trafficking for improving health outcomes. More research is needed on the use of valid tools for assessing human traffickers. Policy development is needed on a global level to improve laws. The unlicensed health professionals need to be addressed and laws enforced

when discovered. Children who are born in brothels are the upcoming generations of victims of human trafficking.

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