

## Acting against human trafficking



■ 21 years of trust ■ Ethical tensions for a school nurse

# Countering human trafficking

## *Nurses play key role in recognizing, responding to patients in exploited circumstances*

By Genna Rollins

**H**uman trafficking, a crime involving the exploitation of a person for labor, services, or commercial sex, ranks second only to drug trafficking as a global criminal enterprise. The tentacles of this nefarious activity reach across continents and venues—extending even into healthcare. This might come as a surprise to many nurses, who believe they've never encountered a person victimized by trafficking.

“With globalization and ease of travel, it's a worldwide problem, but we nurses tend to think, ‘It's not in our hospital. We're in a civilized community, a civilized society.’ But if we become aware of some subtle signals, we'll find it's there,” said Joop Breuer, RN, FAEN, co-author of the Emergency Nurses Association (ENA) and International Association of Forensic Nurses joint position statement, Human Trafficking Awareness in the Emergency Care Setting. A charge nurse at Leiden University Medical Centre in the Netherlands, Breuer also serves on the board of directors of ENA, an organizational affiliate of the American Nurses Association (ANA).

Nurses in a wide range of practice settings likely have already interfaced with patients ensnared in trafficking, or will do so, according to Breuer and other experts. “No nurse is immune to encountering someone who might be in a trafficking situation, and nurses need to be equipped and prepared to respond appropriately within their scope of practice,” said Jessica Peck, DNP, APRN, CPNP-PC, CNE, CNL, FAAN, FAANP, a Texas Nurses Association member and clinical professor at the Louise Herrington School of Nursing at Baylor University in Dallas.



Jessica Peck

In healthcare, nurses aren't alone in lacking awareness of trafficking. As many as 87% of victimized individuals may have had contact with a healthcare provider, but just a scant fraction of suspected cases gets reported. For example, in 2020, the National Human Trafficking Hotline received reports of more than 19,000 potential trafficking victims, but only 1,600 came from healthcare and behavioral health professionals.

### Legal, ethical guidance

The Trafficking Victims Protection Act of 2000 first defined trafficking as a federal crime, but in the 2

decades since, awareness and action in healthcare has lagged. The Child Abuse Prevention and Treatment Act of 1974 and subsequent amendments and reauthorizations clearly link sex trafficking in children with child abuse and child sexual abuse, with mandated reporting requirements. In the case of adults, however, with no universal screening tool or protocol and a patchwork of state laws regarding mandated reporting, knowledge of individual nurses and indeed, institutions, leaves considerable room for improvement. Some states have enacted education requirements for healthcare providers about trafficking; Texas is the only one to have established standards for that training, according to Peck, who was recognized in 2022 with the ANA Advocacy Award for her leadership in anti-human trafficking.

Several provisions of the *Code of Ethics for Nurses with Interpretive Statements* (the *Code*) oblige nurses to report suspected trafficking, according to Linda Olson, PhD, RN, NEA-BC, FAAN, a member of the Illinois Nurses Foundation Board of Directors and a past member of the ANA Center for Ethics and Human Rights Advisory Board. Provision 1 of the *Code* states that nurses practice with compassion and respect for the inherent dignity, worth, and unique attributes of every person. Meanwhile Provision 2 states that a nurse's primary commitment is to their patient, and Provision 3 states that nurses promote, advocate for, and protect the rights, health, and safety of their patients. Finally, Provision 8 states that nurses collaborate with other health professionals and the public to protect human rights and that they “bring attention to human rights violations in all settings and contexts.”

### Suspending stereotypes

Healthcare providers might have an image of what people experiencing trafficking look like or how they present for care, but Peck and others urged nurses to set aside these stereotypes. Pop culture might draw a picture of a white female enslaved in sex trafficking who seeks care in an emergency setting and gives secret signals asking to be rescued. In reality, victimization worldwide spans persons of all genders and sexes, disproportionately affects people of color, targets more people for forced labor than sex trafficking, and frequently renders individuals terrified to disclose their status. Patients caught in trafficking show up in all kinds of healthcare settings, including emergent and primary care, dental care, and surgery. They might seek treatment for not only sexually transmitted infections and genitourinary injuries, but also burns, fractures, heat exhaustion, cosmetic procedures, mental health, and more.

Subject matter experts emphasized that no single red flag would alert a nurse that a patient potentially is subject to trafficking, but rather a patient's overall clinical picture, and a nurse's gestalt about that picture. "Recognition of human trafficking builds on experience nurses already have, and an instinct to pick up when something isn't right that makes them concerned for their patient's safety," said Candace Rich, MSN, RN, CPNP, co-founder and director of operations for Reclaim611, a nonprofit that provides training and resources to help healthcare professionals recognize and report human trafficking.

Red flags include a patient who: can't provide their address or identification, is inappropriately dressed for the weather, has a companion who answers all questions or hovers near the exam room, or reports being of adult age but responds as someone developmentally younger. These patients also could be drug- or alcohol-dependent and show signs of physical abuse or emotional abuse. More red flags should heighten nurses' concerns.

Because of an exploited person's vulnerabilities, not only in their present circumstances but also in the act of revealing their situation, Patricia M. Speck, DNSc, CRNP, FNP-BC, AFN-C, DF-IAFN, FAAFS, DF-AFN, FAAN, professor and coordinator of the advanced forensic nursing program at the University of Alabama School of Nursing in Birmingham, implored nurses to use trauma-informed care principles in their patient assessments and interactions. "A victimized patient may lose their life because of their healthcare encounter. So, we have to set aside our judgments and see the patient in front of us as a person with similar needs and goals, hopes and dreams," she emphasized. This includes making a respectful overture to the patient, seeking permission to ask sensitive questions about their safety.



**Patricia Speck**

Speck, president of the Forensic Nursing Certification Board and coauthor of the American Academy of Nursing Council for the Advancement of Nursing Sciences policy brief on the nursing response to human trafficking, cautioned that treating a patient who is a trafficking victim could surface a nurse's own traumatic experiences or expose them to vicarious or secondary trauma.

*Core Competencies for Human Trafficking Response in Health Care and Behavioral Health Systems* issued by the National Human Trafficking Training and Technical Assistance Center identifies trauma-informed care as a universal competency. This document also cites six core competencies, including nature and epidemiology, risk, needs evaluation, patient-centered care, legal/ethical standards, and prevention.



Peck served as the nursing representative on the expert panel that developed these competencies.

## Establishing trust

Because the stakes are so high for exploited individuals, they might be fearful of and even resistant to disclosing their status and asking for help, making it incumbent on nurses to approach them carefully and cautiously. "Nurses are in a trustworthy profession, and we have a confidential relationship with these patients," observed Carrie Schirato, MSN, RN, FNP-C, ANCP-C, co-founder and executive director of Reclaim611. "Those two things give us a unique opportunity to talk to a patient and potentially make them feel safer to talk to us than other people in the community."

Respect and openness are the bedrock of nurses' interactions with patients who might be ensnared in trafficking, according to Emilie Kreilkamp, BSN, RN, CPN, a critical care float nurse at Children's Wisconsin in Milwaukee and chair of the Wisconsin Nurses Association Anti-Human Trafficking Task Force. "You want to create that trusting relationship with them, be diligent and observant, and be the caring and trusting health professionals that we are," she said.



**Emilie Kreilkamp**

Schirato added that nurses are in an exceptional position to get support for survivors' immediate

needs—not only medical, but also social (housing and food), and legal services. “We have a platform that literally nobody else has,” she emphasized.

Building a victim’s trust so they will disclose their circumstances typically doesn’t happen in a single encounter. For this reason, Olson urged nurses to thoroughly document their objective observations so subsequent providers who interact with a suspected victimized person will be aware of this as a possibility.

### Building institutional supports

Nurses also need institutional systems and supports to act on behalf of victims—resources that might not be in place. In Schirato’s and Rich’s experience, a health system might offer a single training session, but not take additional steps to implement protocols and tools for risk and safety assessments, trauma-informed care, a safety plan for the survivor, and chain-of-command notifications.

“Hospitals are approaching human trafficking as this internal and inoculated issue when it’s extremely complex,” Schirato said. She added that health systems tend to appoint a task force of staff members who are passionate about the topic but may not have the knowledge or authority necessary to implement best practices. Breuer also stressed that protocols should extend beyond healthcare organizations. “There needs to be a system-wide approach, not only a hospital or law enforcement approach, but an integrated approach,” he said.

As major health systems up their game with anti-trafficking policies and protocols, Peck noted, a trend has emerged in which victimized persons and their traffickers present at facilities in rural or underserved areas that might not have developed those responses, making it less likely they’ll be detected. “It’s really important that everyone is equipped and prepared because trafficking can show up anywhere in any health system,” she observed.

Both Schirato and Rich emphasized the importance of a team approach to anti-trafficking efforts. For example, Rich recalled a case in which a security guard who had undergone anti-trafficking training noticed while working in an emergency department that the person checking in a patient had kept the patient’s identification, along with other red flags. The guard, following the institution’s protocol, notified emergency department providers, setting in motion a response that led to the patient being safely removed from trafficking.

A team approach also could ease the response load on nurses, perhaps better enabling them to act on their observations. “The benevolence, caring, and compassion are there, but many nurses today are operating on such a low reservoir of energy and to take on one of these very difficult cases takes time. It’ll keep you from going home on time, so we may have blinders on as to



a patient’s situation,” Speck said.

Peck underscored the hazards of nurses attempting to intervene in a suspected trafficking situation when they lack sufficient training or institutional support. “Oftentimes nurses feel moral distress when they encounter someone who’s been trafficked and they feel like they have to solve all of their problems,” she observed. “It’s not the responsibility of nurses to rescue patients. That’s a harmful narrative and unfair burden to put on nurses.”

She and others stressed the need for nurses foremost to obtain evidence-based education. From there, acting together, they can prompt health systems to marshal resources and protocols for a more comprehensive, effective response by all. As Speck concluded, “Nursing has the key.”

— Genna Rollins is a writer/editor at the American Nurses Association

### Resources

**HEAL Trafficking** ([healtrafficking.org](http://healtrafficking.org))

**Human Trafficking Search** ([humantraffickingsearch.org](http://humantraffickingsearch.org))

**American Hospital Association: Legal requirements for reporting and education for human trafficking and health care providers** ([bit.ly/3JQpM7t](https://bit.ly/3JQpM7t))

**Office on Trafficking in Persons: SOAR to health and wellness training** ([acf.hhs.gov/otip/training/soar-health-and-wellness-training](https://acf.hhs.gov/otip/training/soar-health-and-wellness-training))

**Office on Trafficking in Persons: Report: Core competencies for human trafficking response in health care and behavioral health systems** ([bit.ly/3HBtgb2](https://bit.ly/3HBtgb2))

**Reclaim611** ([reclaim611.org](http://reclaim611.org))

**Partners for Vulnerable Youth: Provider & public resources** ([napnappartners.org/provider-public-resources](http://napnappartners.org/provider-public-resources))

**Polaris** ([polarisproject.org](http://polarisproject.org))

## Nurses ranked most honest and ethical professionals for 21st year

The American Nurses Association (ANA) congratulates nurses for maintaining the number 1 ranking in Gallup's annual Most Honest and Ethical Professions Poll. The American public rated nurses the highest among a host of professionals including medical doctors, pharmacists, and high school teachers.

"This recognition belongs to America's 4.4 million incredible registered nurses," said ANA President Jennifer Mensik Kennedy, PhD, MBA, RN, NEA-BC, FAAN. "For more than two decades now, the nation has recognized the vital role you play in keeping our friends, families, and communities safe and healthy, regardless of the setting you work in or the challenges you might face. Your ranking in this poll is an acknowledgement that without your bravery, professionalism, and clinical expertise, our health-care system could not function."

According to the poll, 79% of Americans rated nurses' honesty and ethical standards as "very high" or "high." The second highest-rated profession, medical doctors, was rated 17% behind nursing.

Nurses have been able to maintain their ranking in this poll by providing high-quality, patient-centered care to individuals, families, and communities across the country and in every conceivable health-care setting. But this accomplishment doesn't over-



shadow the serious challenges facing the entire nursing profession.

"Though COVID-19 may have receded from the headlines, it continues to weigh on nurses in communities and care settings in every corner of the country," said Mensik Kennedy. "And the lurking menace of workplace violence can make what is already a difficult job, a deadly one."

Throughout 2023, ANA will continue to advocate on behalf of our nation's nurses in addition to educating the public about who nurses are, what they do, and how their vast knowledge and expertise touches and improves the lives of Americans everywhere.

## New *OJIN* topic: The pandemic and mental health concerns for nurses

Check out the latest topic in *OJIN: The Online Journal of Issues in Nursing*, the official scholarly journal of the American Nurses Association (ANA).

"COVID-19: Addressing ongoing pandemic mental health concerns for providers" offers perspectives about trauma-informed approaches and mental healthcare for nurses.

The seven new articles cover a range of issues:

- A discussion of how to support nurses with a trauma-informed organization-level approach to address burnout.
- Strategies to apply a trauma-informed framework to graduate nursing education.
- A care initiative to offer virtual learning sessions for nursing staff during the pandemic.
- A study exploring the degree to which nurses reported stress, anxiety, and stress-related growth during the COVID-19 pandemic.
- Tools to improve resilience among nurses who suffer from post-traumatic stress disorder and

administrative strategies for creating a healthy workplace during times of pandemic stress.

- Challenges and strategies to support a post-COVID-19 pandemic future that features resilience, adequate working conditions, and investments in the nursing profession to protect mental health.
- A critical review about accessibility and financial barriers in the utilization of alternative to discipline programs in the United States.

Visitors to [ojin.nursingworld.org](http://ojin.nursingworld.org) will experience a new and improved website, launched in September, 2022. The redesigned site showcases the high-quality, peer-reviewed, *OJIN* content members have come to rely on and value for more than 25 years. The new website aims to enhance readers' experience via a more dynamic presentation and content visibility, enhanced navigation, and the ability to print, share, and save PDF versions of articles.

Only ANA members have access to the current *OJIN* topic. Previous topics are available to all viewers. Access the journal at [ojin.nursingworld.org](http://ojin.nursingworld.org).

## Celebrate America's nurses in May: New toolkit now available

**N**urses Month is an opportunity to recognize and honor America's 4.4 million registered nurses and their contributions to the health of their patients, communities, and the world. Plan now to participate in Nurses Month in May. ANA expanded National Nurses Week in 2020 to a full month of celebration for the nation's most trusted profession and the largest segment of the healthcare workforce.

The overall theme for Nurses Month each year is "You Make a Difference." Each week will focus on activities to support nurses, advance nursing practice, and encourage future generations of nurses. The weekly themes are:

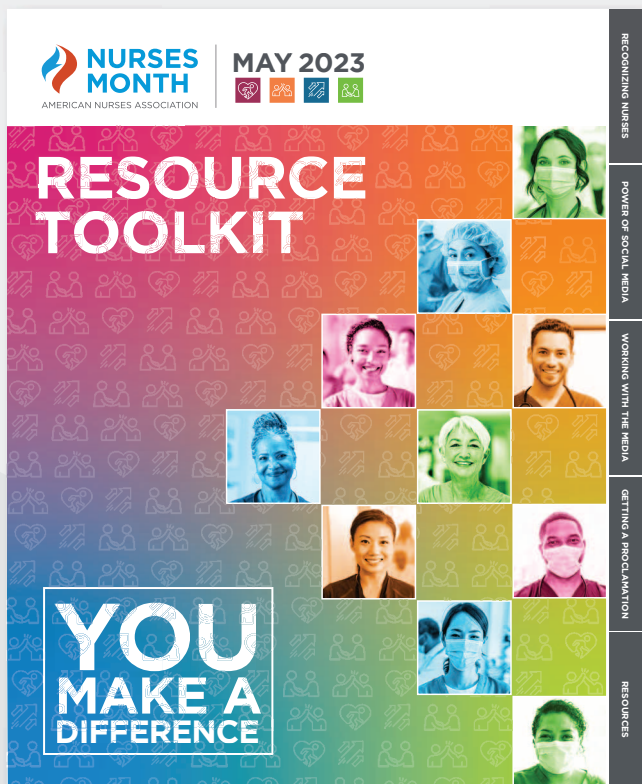
- Self-care Week: May 1-7
- Recognition Week: May 8-14
- Professional Development Week: May 15-21
- Community Engagement Week: May 22-31

To promote Nurses Month, access the Nurses Month toolkit, which includes a Nurses Month logo to use on promotional materials, in social media, and at celebrations and activities. You'll also find tools to promote Nurses Month in local communities and media. You can download the toolkit and logo from [nursingworld.org/ana-enterprise/nurses-month/](https://nursingworld.org/ana-enterprise/nurses-month/).

### National Nurses Month webinar on May 17

Save the date for the 2023 National Nurses Month Webinar, "Asking and advocating for what nurses need," on May 17. Nurses' voices are needed from the halls of hospitals to those on Capitol Hill. This webinar will inform you about the tools and skills to ask for what you need and help you optimize your workplace environment and foster a culture of self-advocacy that will improve patient care. Register now at [nursingworld.org/continuing-education/2023-Nurses-Month-Free-Webinar](https://nursingworld.org/continuing-education/2023-Nurses-Month-Free-Webinar).

All nurses, hospitals, and other stakeholders are encouraged to participate in Nurses Month to recognize nurses and educate the public about the profession's invaluable work. Be sure to share your Nurses Month activities on social media channels like Facebook and Twitter with the hashtags #ANANursesMonth and #YouMakeADifference. With your help, this recognition event can raise the visibility of the nursing profession and express gratitude for nurses' enduring commitment and expertise.



### Recognize certified nurses on March 19

**E**ach year, the ANA Enterprise recognizes Certified Nurses Day™ on March 19, the birthday of Margretta "Gretta" Madden Styles, EdD, RN, FAAN, a renowned pioneer and expert in nurse credentialing. It's the perfect opportunity to invite all nurses to advance their careers by choosing certification. The American Nurses Credentialing Center provides free downloadable tools and recognition ideas at [certifiednursesday.org](https://certifiednursesday.org).



## Navigating competing ethical and civil-legal obligations

To: **Ethics Advisory Board**

From: **A conflicted school nurse**

Subject: **Honoring a do not attempt resuscitation order**

I'm a school nurse at an elementary school where I've cared for a student with an ongoing illness who now has been enrolled in hospice. Part of the child's plan of care includes a do not attempt resuscitation (DNAR) order. The school district is refusing to honor this order. What can I, as a nurse and employee of the district, do for this child?



From: **ANA Center for Ethics and Human Rights**

You're describing a difficult and increasingly common ethical tension in which a nurse's ethical obligations conflict with institutional or civil obligations. These tensions put nurses in trying positions as they attempt to navigate between their ethical obligations to their patient(s) and real pressures that come from disregarding employer-based or civil-legal mandates.

According to the *Code of Ethics for Nurses with Interpretive Statements* (the *Code*), a nurse's primary obligation (Provision 2) is to the patient for whom (whether individual or community) they also must show a respect for human dignity (Provision 1.1) ([nursingworld.org/coe-view-only](http://nursingworld.org/coe-view-only)). The latter implies a respect for specific patient rights such as the right of self-determination (Provision 1.4). Patients have the right to decide what is done to their bodies as well as receive accurate information in a manner that facilitates informed decision-making. Children are included in decisions around their health as appropriate and in consideration of their age and developmental level. Parents are understood to be the most appropriate decision-makers for their children.

As a school nurse, your professional obligations are to respect your patient's plan of care and decisions

made by parents to forgo certain medical treatments. Changing from curative to hospice goals of care can be a very emotional and taxing experience. In this case, parents have made the difficult but loving decision to focus on their child's quality of life and avoid interventions such as cardiopulmonary resuscitation. This probably was done in collaboration with the child's healthcare providers and the child likely is being followed by a hospice team.

Your primary professional obligation is to respect this child's plan of care, but you also must be knowledgeable about state and district regulations. Doing so involves several important steps. The first would be to understand why the district is refusing to honor the patient's choices. It could simply be a misunderstanding. Second would be to advocate for your patient through relationship building and conflict resolution (Provision 1.5), fulfilling responsibilities to not only your patient but also the district and your colleagues. Third would be to advocate for your patient and your professional obligations (Provision 6), as providing unwanted treatment to this child would violate their fundamental rights.

If the district is unable to accommodate the child's care plan, you could advocate further for the child by collaborating with the hospice team, local emergency medical service, or even a legal provider (Provision 2.3). If the child and their parents ultimately choose to stay at that school, you should discuss with your supervisors how your professional code of ethics requires you to honor the patient's wishes. Nurses have an obligation to improve employment conditions that promote quality care (Provision 6). Look to the *Code* and policy statements from professional organizations, such as the National Association of School Nurses, an organizational affiliate of the American Nurses Association, as you articulate your ethical obligations.

— Response by Ian D. Wolfe, PhD, RN, HEC-C, a member of the ANA Ethics and Human Rights Advisory Board

### References

National Association of School Nurses. *Do not attempt resuscitation (DNAR)—The role of the school nurse*. June 2018. [nasn.org/nasn-resources/professional-practice-documents/position-statements/ps-dnar](http://nasn.org/nasn-resources/professional-practice-documents/position-statements/ps-dnar)

Zacharski S, Minchella L, Gomez S, Grogan S, Porter S, Robarge D. Do not attempt resuscitation (DNAR) orders in school settings: Special needs school nurses review current research and issues. *NASN Sch Nurse*. 2013;28(2):71-5. doi:10.1177/1942602X12472540

Do you have a question for the Ethics Inbox?  
Submit at [ethics@ana.org](mailto:ethics@ana.org).

# The state of nurses in 2023

## Survey highlights need for better support from employers

By Amy Hanley

**A**fter coping with nearly 3 full years of the COVID-19 pandemic, along with surges of influenza and respiratory syncytial virus as well as other challenges, nurses continue to report high levels of stress and exhaustion. Results from the American Nurses Foundation (the Foundation) Annual Assessment Survey also indicate that nearly half of respondents reported feeling some level of burnout. As a continuation of the Pulse on the Nation's Nurses Survey Series, this survey, released in January 2023, explored changes to nurses' mental health, and their experiences with workplace verbal abuse, racism, and organizational support, while collecting insights into nurses' financial well-being, intent to leave, and workforce satisfaction. The survey, reflecting responses from more than 12,500 respondents from all 50 states and the District of Columbia, also considered successful strategies for supporting nurses. The survey's findings underscore the precarious environment in which nurses practice—particularly younger nurses, nurses of color, and nurses in acute care settings.

When asked about their feelings over the last 14 days, respondents gave concerning feedback. For instance, nurses still report feeling stressed (64%), frustrated (60%), and exhausted (57%). The data indicate that younger nurses are struggling more with emotional health than their more experienced colleagues.

Burnout remains widespread among nurses, with nearly 50% reporting feeling some level of burnout, including 21% who said they were beginning to burn-out, 22% burned out now, and 4% completely burned out and possibly needing help. When queried about what contributes most to workplace burnout, most respondents cited not enough staff to adequately do their jobs (38%).

The survey also found that employers need to do more to support nurses. Responses to five statements ranging from employers caring about their well-being to nurses being recognized for doing good work stagnated in comparison to prior years, while other metrics improved. As with other dimensions of the survey, nurses ages 25 to 34 indicated that they need more support from their employers compared to nurses 55 or older. Nurses employed at mid-sized acute care hospitals (100 to 500 beds) reported lower scores across all five statements, while those at schools of nursing and community or public health facilities reported higher scores.

Nurses reported year-over-year worsened financial well-being. Overall, 45% of respondents said they



have some level of concern about managing their student loan debt, with 36% somewhat or very concerned. Strikingly, a statistically significant number of Black nurses indicated being somewhat or very concerned (57%), and 47% of Black nurses who have student loan debt said they lack sufficient information to act upon their debt.

Throughout the survey, the effects of employers falling short in supporting their nurses are evident. These findings underscore that nursing professionals aren't a monolith, but rather have unique needs based on specific segments, calling for individualized support. The survey highlights the exigency for employers to take immediate steps to maintain a robust healthcare system and enable nurses to perform at their best.

The Foundation provides an array of free resources, designed by nurses for nurses, to support mental health and well-being. These multi-modal resources are accessible on-demand and generally available in brief interludes. The Foundation regularly updates this content based on nurses' strictly confidential and anonymous feedback. For more information, visit the Well-Being Initiative at [nursingworld.org/thewellbeinginitiative](https://nursingworld.org/thewellbeinginitiative).

*Pulse on the Nation's Nurses Survey Series is a national resource on the state of nursing for federal government agencies and health organizations. All results are public and provide informative comparisons of the pandemic's impact across age groups, race, professional roles, and U.S. states and the District of Columbia.*

— Amy Hanley is a program manager at the American Nurses Foundation.