

NAPNAP Partners Position Statement on Implementation of Core Competencies for Anti-Trafficking Response in Healthcare Systems

The National Association of Pediatric Nurse Practitioners (NAPNAP) recognizes abuse and exploitation of children through trafficking as a critical emerging health threat and egregious human rights violation adversely impacting the physical and mental health and well-being of children globally (Peck et al., 2020). Trafficking of children includes forced labor and commercial sexual exploitation. Human trafficking was first defined in federal code by the Human Trafficking Victims Protection Act in the year 2000 (US Department of State [USDS], 2019; Peck & Meadows-Oliver, 2019). All children are at risk of trafficking, but increased vulnerability occurs in those with prior childhood abuse, trauma and/or Adverse Childhood Experiences (ACEs) (Sprang & Cole, 2018); those with intellectual disability (Reid, 2018); those who identify as lesbian, gay, bisexual, transgender, queer and/or questioning, intersex or asexual (LGBTQIA); and those with a history of foster care and/or juvenile justice system interactions (Greenbaum & Bodrick, 2017). Additionally, risk compounds with environmental influences including inadequate food and shelter availability as well as relationship insecurity or instability (Peck et al., 2020).

The impacts of trafficking are severe and sustained. Children abused and exploited through trafficking are often subjected to severe forms of physical, sexual, psychological, and emotional trauma which result in long-lasting, detrimental health impacts. In addition, they are at high risk for physical injury, adverse sexual health outcomes, unplanned pregnancy, vaccine-preventable illness, food insecurity, poor oral health, weather exposure and poor sanitation related illness (Peck et al., 2020).

Trafficking of children is underrecognized, underreported, and underemphasized in healthcare settings (Peck et al., 2020). Lederer & Wetzel (2014) conducted a survey of persons who had experienced sex trafficking and found that 87% of respondents reported contact with a healthcare provider. Many barriers preclude victim identification in healthcare settings including the fact many affected children do not recognize their own victimization (Peck et al., 2020). A lack of validated screening tools further limits population estimates and victim identification. Other significant impediments to adequately estimating incidence and prevalence of trafficking are the criminalization of trafficking victims, a lack of standardized nomenclature, and the absence of centralized reporting. ICD-10-CM codes released in 2018 cover both adult and child victims who present with suspected or confirmed exploitation through means of commercial sex or labor. These codes are not universally adopted for a variety of reasons including lack of HCP awareness and concern about reporting confidentiality, thus limiting the public health understanding of this crisis (Office of Trafficking in Persons [OTIP], 2018).

Intersectionality between healthcare presentations, legal response pathways, and criminal justice priorities complicates the presentation and management of trafficking in healthcare settings. Victimized persons may fear recrimination, arrest, or deportation and are often under duress with fear of harm to themselves or their loved ones (Peck & Meadows-Oliver, 2019; Peck, 2020). Furthermore, variations in state laws governing mandated reporting obligations, child abuse, and criminalization of prostitution and potential crimes committed under duress while being trafficked, especially for child victims, present barriers to the development of a national reporting mechanism and mandated legal response. These complicated criminal implications can adversely impact effective response in healthcare settings, especially when

clinical settings are ill-prepared for collaborative interprofessional response with planned resource coordination (Peck, 2020).

Another concern is the prevalence of misperceptions and healthcare provider acceptance of misinformation about child trafficking. Some of these false assumptions include the beliefs victimization mainly occurs in international settings or among persons not born in the United States, only impacts women and girls, occurs through kidnapping by strangers, involves persons who are victimized and eagerly await “rescue,” and that victimization only occurs through sexual exploitation. Implicit bias can also prevent clinicians from recognizing risk factors and indicators of victimization. These unconscious biases can include lack of knowledge about human trafficking, preconceived notions about how a victim might behave or how they will look, failure to use a qualified professional interpreter, lack of training on trauma-informed care, victim-blaming mindset or attitude, or attributing patient behaviors to harmful cultural stereotypes (National Human Trafficking Training and Technical Assistance Center [NHTTAC], 2021a).

Nursing is largely underrepresented in child trafficking prevention, response, resource development, educational efforts, healthcare system response program creation, and research (Doiron & Peck, 2021). Awareness among HCP remains remarkably low (Barron, Moore, Baird & Goldberg, 2017; Fraley et al., 2018; Peck & Meadows-Oliver, 2019; & Sinha et al., 2018). Although child victims present in a wide range of healthcare settings, most clinicians do not receive sufficient education or clinical training to initiate an effective, evidence based and sustained response (Peck et al., 2020; Peck, 2020b). In 2018, NAPNAP surveyed organization members ($n=799$) and found that 87% of respondents believed they might encounter child trafficking in their clinical practice; however, only 24% felt confident in their ability to identify exploited youth (Peck & Meadows-Oliver, 2019).

Healthcare response to children victimized by trafficking must be evidence-based, trauma-informed, patient-centered, and culturally responsive. Rather than considering human trafficking through a criminal justice lens, NAPNAP advocates for application of the Social Ecological Model that conceptualizes child trafficking prevention through a public health lens with an upstream prevention approach (Centers for Disease Control [CDC], 2021). This model presents four scaffolded levels (figure 1) to holistically address risk factors including individual, relationship, community, and societal levels (Peck, 2020b). Individual clinicians must receive formal education to recognize and respond within their scope of practice and avoid re-traumatization of victims or HCP vicarious trauma. Responses must consider potential relationships between child victims and their trafficker, which can be familial, employer-based, or developed with the perception of friendship or a romantic relationship. It is critical for HCPs ensure safety for all parties involved. All health organizations irrespective of care environments and regardless of size, resources, or specialty should provide HCP support by carefully constructing policies, procedures, and protocols and developing trafficking response teams to ensure physical and emotional care of identified victims (Peck, 2020). These initiatives support practice guidelines, research, interprofessional resource collaborations and policy initiatives which are necessary to impact community and societal levels.

Professional nursing organizations are poised to lead the human trafficking healthcare response at community and societal levels. Specific foci include developing clinical practice guidelines, promoting quality nursing research, leading healthcare policy initiatives, and engaging and equipping members for effective clinical practice (Peck & Meadows-Oliver, 2019). In 2016, NAPNAP established NAPNAP Partners for Vulnerable Youth, a 501(c)3 organization, to develop a professional and public awareness campaign on child trafficking. In 2017, this

campaign became the Alliance for Children in Trafficking (ACT). The mission of ACT is to “serve as a national leader in coordinating and uniting efforts to end child labor and sex trafficking” (NAPNAP Partners for Vulnerable Youth, 2021, para 1). Table 1 depicts a timeline of events demonstrating the influence and accomplishments of ACT. NAPNAP published a White Paper in 2020, recognizing trafficking of children as an emerging public health threat. NAPNAP issued a call to action for pediatric clinicians to be equipped to effectively respond to risk in clinical care settings (Peck et al., 2020).

In 2021, NAPNAP co-authored the landmark resource entitled *Core Competencies for Human Trafficking Response in Health Care and Behavioral Health Systems* with the National Human Trafficking Training and Technical Assistance Center (NHTTAC), the Administration for Children and Families Office of Trafficking in Persons, and the International Center for Missing and Exploited Children (NHTTAC et al., 2021). This unprecedented interprofessional effort included expert contributions from nursing, medicine, social work, and mental behavioral health. The goal of the core competencies is educate HCPs, healthcare organizations and academic institutions to “clarify the skill sets needed for [healthcare providers] to identify, respond to, and serve individuals who have experienced trafficking and individuals who are risk for trafficking with trauma-informed, culturally responsive, and patient-centered principles” (NHTTAC et al., 2021, p.5). Along with a singular core competency advocating a trauma- and survivor-informed, culturally responsive approach, six additional competencies encompass understanding the epidemiology of child trafficking and the integration of risk identification, patient needs evaluation, patient-centered care provision, and legal and ethical standards usage with trafficking prevention strategies in clinical settings (NHTTAC et al., 2021).

NAPNAP Partners for Vulnerable Youth and our interprofessional partners make the following recommendations:

1. All healthcare and behavioral/mental health professionals (regardless of specialty or practice area) should apply the Core Competencies as a critical resource in the evaluation of personal readiness as a practicing HCP to respond to trafficked children and youth presenting in clinical environments.
2. All health care entities (e.g., primary care clinics, freestanding emergency rooms, specialty care clinics, etc.) and health systems should use the Core Competencies as a resource to create a comprehensive, interprofessional and inclusive approach that includes readiness to change and resource capacity as a precursor to implementing a formalized human trafficking response.
3. All academic organizations including educators, professors, researchers, administrators, and other academic leaders and scholars assess the Core Competencies for applicability in their specific setting with students, faculty, and staff. This may impact organizational policy, curricular development, programmatic response, and research agendas.
4. Professional healthcare organizations should announce and disseminate the Core Competencies to their individual members, raising awareness and advocating for adoption in healthcare settings by individual providers, healthcare organizations and health systems, and academic institutions.
5. Efforts to evaluate and implement the Core Competencies should be interprofessional with intentional forethought to diversity, equity, and inclusion in the planning,

- implementation, and evaluation stages. This includes survivors with lived experience, who should be appropriately compensated for their professional expertise.
6. The Core Competencies should be integrated into policies, procedures and protocols including but not limited to onboarding training, job descriptions, role responsibilities, and academic curricula and research agendas.
 7. Implementation programs using the Core Competencies should include rigorous implementation and evaluation science to carefully measure outcomes.

Ultimately, the vision of the Core Competencies is to “improve outcomes for individuals who have experienced trafficking and individuals who are at risk of trafficking through empowering health and behavioral health systems; the competencies support a transformation of these systems using an effective, evidence-based, trauma-informed, and culturally responsive approach to human trafficking” (NHTTAC et al., 2021b, p. 5). NAPNAP Partners remains committed to optimizing the health and well-being of all children. We call on healthcare professionals, regardless of clinical setting to review the Core Competencies and adopt them to best serve each organization’s mission and vision and the patient population served to support faculty, clinicians, leaders, and staff.

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