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Human trafficking missed opportunities: Health care provider identification, assessment, and interventions

Eighty-eight percent of human trafficking victims have been seen by health care providers (Baldwin, Eisenman, Sayles, Ryan, & Chuang, 2011). This statistic indicates that health care providers are uniquely positioned to identify victims of trafficking and intervene. When health care providers can intervene and do not, it is a missed opportunity. The reason it goes unnoticed is because health care providers do not know they are witnessing crimes. Educating health care providers about human trafficking is essential. In many ways, may be victims are first advocates. Human Trafficking has been called modern day slavery. Victims are forced or coerced into sex or labor. The International Labour Organization defines human trafficking as “all work or service which is exacted from any person under the menace of any penalty and for which the said person has not offered himself voluntarily” (ILO C.29, Art. 1). The Palermo Protocol defines trafficking as “the recruitment, transportation, transfer, harbouring 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” (United Nations General Assembly, 2000). The International Labour Organization estimates that there are 24.9 million victims of human trafficking globally. Women and children are disproportionately affected. One in four victims are children and 71% of victims are women (2017). Victims are often misidentified as illegal immigrants or prostitutes. Human trafficking presents many health concerns. Victims may be exposed to unsanitary conditions, disease, sexually transmitted infections, long work hours, poor nutrition, and limited healthcare. They are often physically, sexually, and psychologically abused. Victims of human trafficking frequently demonstrate physical

and psychosocial health concerns for many years. They often lack financial means to receive healthcare and may have progressive disease. Untreated communicable diseases place not just the victims, but the community as a whole at risk for a public health crisis. Victims of sex trafficking are more likely to have unintended pregnancy, termination of pregnancy, multiple sexually transmitted infections, and vaginal or rectal trauma (Zimmerman, Hossain, Yun, Roche, Morison, and Watts, 2006). Providers can improve victim identification and services if targeted human trafficking awareness and education among nurses and multidisciplinary health care providers can be made more ubiquitous. With improved awareness, health care providers are more attune to identifying “red flags”; encouraging providers to dig deeper into their assessment findings. Data in the literature supports efforts that lead to better assessment techniques that more effectively identify trafficking victims (White, 2013). This presentation will provide education about human trafficking, “red flag” assessment findings, and health care provider interventions for suspected victims of human trafficking.

Biography: Melissa B. Dyer is a Registered Nurse with 20 years of experience in women’s health, obstetrics, and neonatal intensive care. She is a Senior Lecturer at Kent State University’s College of Nursing. Prior to teaching, she worked in hospital administration. She lobby and advocate for health care policy issues in Washington, DC. Her area of research interest is Human Trafficking and the nurse’s role in identifying, assessing, and providing interventions for victims. As an Education Leadership Policy Fellow, she has served as an American Delegate to China to study that country’s education and healthcare systems.

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