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Review Article

# Multi-level prevention of human trafficking: The role of health care professionals

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ABSTRACT

As a major public health issue, human trafficking (HT) affects individuals, families, communities, and societies around the world. A public health approach to combating HT has been advocated. Such an approach seeks to prevent HT by engaging diverse stakeholder groups in addressing risk factors at multiple levels. As a key stakeholder group, health care professionals (HCPs) play a critical role in HT prevention. Herein, we use the Centers for Disease Control (CDC) Social-Ecological Model as a framework to present potential HT prevention strategies for health care professionals. As clinicians, HCPs may deliver tailored interventions to patients and families to address individual- and relationship-level risk factors for HT in the health care setting. As educators, advocates, and researchers, HCPs may collaborate across sectors to implement community- and society-level prevention strategies. Such strategies may include enhancing awareness of HT through education; advocating for local and national policies that promote community health and wellness; combating social or cultural norms that contribute to HT; and building a strong evidence-base to guide future HT prevention programs. Guided by the CDC Social-Ecological Model, we recommend that HCPs use their diverse skills to target risk factors for HT at multiple levels and thereby expand their impact in preventing this form of exploitation.

## 1. Introduction

Human trafficking (HT) involves the forced exploitation of others, typically for sexual or labor purposes (United Nations Human Rights, 2000). As a major public health issue, it affects individuals, families, communities, and societies around the world (United Nations Office on Drugs and Crime, 2016). HT victims experience injuries, infections, untreated chronic disease, and mental health problems (Goldberg et al., 2016; Lederer and Wetzel, 2014; Zimmerman et al., 2003). Families of victims are traumatized by separation, social stigma, and lasting multigenerational health effects (Chisolm-Straker and Stoklosa, 2017). Further, HT has a corrosive effect on communities and societies, undermining local morals and values (Chisolm-Straker and Stoklosa, 2017).

Given these significant consequences, a public health approach to combatting HT has been advocated (Institute of Medicine and National Research Council, 2013). Such an approach seeks to prevent HT by engaging diverse stakeholder groups in addressing risk factors for HT at multiple levels (Mercy et al., 1993). The Centers for Disease Control (CDC) Social-Ecological Model (Centers for Disease Control and Prevention, n.d.) illustrates how factors at the individual, relationship, community, and society levels interact to influence risk for violence, and posits that prevention strategies are most sustainable when they target factors at each of these levels. As a key stakeholder group, health care professionals (HCPs) play a critical role in HT prevention. Although recent publications have urged HCPs to improve identification and treatment of HT victims (Diaz et al., 2014; Greenbaum and

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Crawford-Jakubiak, 2015; Todres and Clayton, 2014), the role of HCPs extends far beyond screening and medical care. With diverse skills as clinicians, educators, advocates, and researchers, HCPs are uniquely positioned to engage in broader prevention efforts that target populations across the risk continuum and seek to mitigate multi-level contributors to HT.

Herein, we use the CDC Social-Ecological Model as a framework to present potential HT prevention strategies for HCPs. First, we discuss how HCPs may incorporate prevention strategies into their clinical work with patients and families in the health care setting. Next, we highlight how HCPs may collaborate across sectors to implement community- and society-level prevention strategies in education, advocacy, and research.

## 2. Targeting prevention at the individual and relationship levels

As clinicians, HCPs can prevent HT by identifying potential victims when they present for medical care and delivering tailored, risk-based interventions. This requires HCPs to be familiar with risk factors that increase vulnerability for HT and that may be revealed during routine history-taking. Such individual- and relationship-level risk factors are well described in the literature (Chisolm-Straker and Stoklosa, 2017; Institute of Medicine and National Research Council, 2013; Titchen et al., 2016; Gibbons and Stoklosa, 2016; Greenbaum and Bodrick, 2017; Loyola University New Orleans's Modern Slavery Research Project, n.d.; United States Department of State, 2016). Some of the more common, empirically supported, and readily identifiable risk factors are listed in Table 1. Although HT screening tools for use in health care settings are only in the early stages of development (West Coast Children's Clinic, n.d.; Greenbaum et al., 2015), they may be used to assist HCPs with assessing key individual-level risk factors (e.g., runaway behavior, substance abuse, risky sexual activity). A detailed social history may then be used to reveal important relationship-level risk factors for HT (e.g., family violence, peer involvement in commercial sex).

After identifying individual- and relationship-level risk factors, HCPs may then deliver tailored interventions to patients and families (Table 1). To target behaviors associated with HT across the risk spectrum, HCPs may provide general anticipatory guidance about healthy sexual relationships and internet safety as well as more specific education about high-risk situations for HT, common recruitment techniques, and resistance strategies. Role-plays and motivational interview techniques (Gibbie and Lubman, 2012) may assist patients and families with developing resilience skills and investing in change. Individuals are often recruited into HT with promises of something desirable such as love, money, shelter, food, and employment (Reid, 2016). Thus, HCPs may provide risk-specific resources to patients who lack familial support, adequate housing, socioeconomic stability, and other basic needs as a strategy to reduce their vulnerability for HT recruitment. Given the logistical constraints of delivering interventions within the health care system (e.g., time, personnel), HCPs should leverage various resources within and outside of their practice setting. For example, they may use informational posters, brochures, videos, websites, and social media resources to supplement face-to-face anticipatory guidance and education. HCPs should partner with social workers and community health workers to more comprehensively meet the basic and psychosocial needs of patients and families. In addition, HCPs must be knowledgeable about community organizations that serve individuals with risk factors for HT (e.g., LGBTQ support programs, mental health agencies, substance abuse programs, and shelters) and how to link individuals safely to such organizations. HCPs should develop policies and protocols within their systems to streamline HT screening, assessment, and response to ensure a systematic approach to identification and intervention.

## 3. Targeting prevention at the community and society levels

Beyond clinical work with patients and families, HCPs may engage in community- and society-level prevention efforts as educators, advocates, and researchers. Risk factors for HT at the community and society levels include limited awareness of HT, insufficient multi-sector collaboration, community dysfunction, social or cultural norms, and limited evidence base for HT risk/resilience factors and prevention strategies (Table 1).

To address limited awareness of HT within the health care community, there have been increasing efforts to enhance education and training of HCPs about HT (Ahn et al., 2013). A variety of educational resources are now available for use by HCPs and trainees (Table 2). HCPs should take advantage of these resources to actively build their own knowledge base and teach others. To enhance awareness of HT in the broader community, HCPs must consider approaches beyond direct education of patients within the clinic setting. For example, HCPs may help adolescents and young adults create networks for peer-to-peer discussion about HT risk factors, prevention strategies, and local resources. Such an approach has proven to be effective for reducing suicide behaviors among high-school youth (Wasserman et al., 2010). Given the widespread use of mobile devices, social media, and related technologies (UNICEF, n.d.), HCPs should consider incorporating these tools in educational efforts targeting adolescents and young adults.

Insufficient multi-sector collaboration has been reported as a barrier to HT identification, intervention, and service provision (Institute of Medicine and National Research Council, 2013). As such, HCPs have been encouraged to establish partnerships with mental health, education, legal, public service, commercial, and government organizations to develop coordinated systems of surveillance and response (Institute of Medicine and National Research Council, 2013). HCPs should leverage these partnerships for prevention efforts as well. Multidisciplinary collaboration can help expand the reach of educational efforts, strengthen legislative advocacy efforts, and promote innovative research.

Because HT often occurs within the context of other community problems (Institute of Medicine and National Research Council, 2013), HCPs should utilize their expertise to advocate for policies and programs that promote community health and wellness, child welfare, gender equality, and violence prevention. Furthermore, they should work to combat social or cultural norms (e.g., gender-based discrimination and violence, sexualization of children, intolerance of sexual minorities) that may contribute to HT. Finally, HCPs should conduct and/or support research on factors influencing HT risk to inform the development and evaluation of effective prevention programs.

## 4. Conclusions

Beyond identification and treatment of HT victims, HCPs can play an important role in preventing HT. Guided by the CDC Social-Ecological Model, we recommend that HCPs use their diverse skills to target risk factors for HT at multiple levels. As clinicians, HCPs may deliver tailored interventions to patients and families to address