Received: 4 July 2024 | Revised: 4 November 2024 | Accepted: 11 November 2024

DOI: 10.1111/wvn.12761

WORLDVIEWS ON EVIDENCE-BASED NURSING

REVIEW ARTICLE

Elements of a care pathway for human trafficking victims in emergency departments: A mapping review

Leanne van Rooy MCur, RN[1] | Yvonne Botma PhD, RN, FANSA[2] | Celia J. Filmalter PhD, RN[2] | Tanya Heyns PhD, RN, FANSA[2]

[1]Department of Nursing Science, School of Health Care Sciences, University of Pretoria, Pretoria, South Africa

[2]School of Nursing, University of the Free State, Bloemfontein, South Africa

Correspondence
Leanne van Rooy, Department of Nursing Science, School of Health Care Sciences, University of Pretoria, Pretoria, South Africa.
Email: leannevanrooy@gmail.com

Abstract

Background: Human trafficking, a form of modern slavery, is a global health problem. Human trafficking victims may need health care while they are being exploited, and traffickers often take victims to emergency departments (EDs) if their injuries and illness prevent them from working. Healthcare professionals in EDs could help combat human trafficking; however, 85% of human trafficking victims in EDs remain unidentified. Implementing a standardized care pathway to improve the identification and care of human trafficking victims may improve the identification of these victims and allow victims to become survivors.

Aims: This mapping review aimed to identify the elements that should be included in a care pathway facilitating the recognition of and response to human trafficking victims in EDs.

Methods: Five electronic databases generated 159 articles and 628 gray literature records, of which 23 primary research reports and five reports from gray literature were included. The following electronic databases were searched: EBSCOhost, Scopus, Web of Science, ProQuest, and PubMed. ProQuest Central and gray literature were records OR Magazines OR Newspapers OR Blogs, Podcasts, AND Websites OR Working Papers OR Conference Papers & Proceedings. The inclusion criteria for the population were adults (≥18 years), human trafficking victims, and sex trafficking victims. The concept, pathway and algorithm, and context of the ED were used. Records were blinded when assessing eligibility. The demographics of the included records were descriptively analyzed. The reports and gray literature were deductively coded and charted. The data extraction tool was based on the emergency nursing framework and was developed before data extraction. Inductive analysis was used to create subthemes, namely, approach to victims, characteristics, red flags, identifying questions, opportunities to be recognized, strategies, approach upon recognition, potential danger, and resources.

Results: A holistic care pathway embedded in a person-centered trauma-informed approach was conceptualized. The strategies are based on The Blue Heart and The Blue Campaign 4Ps, including prevention, protection, prosecuting, and partnerships. An

evidence-informed approach that is culturally congruent and gender sensitive should be adopted. Healthcare professionals will be able to identify and assess victims, avoid retraumatization, and initiate interprofessional partnerships to provide coordinated care.

Linking Evidence to Action: Human trafficking victims may escape detection in EDs. This mapping review identified elements to be included in a care pathway for recognizing and responding to victims of human trafficking. The care pathway should be built on person-centered and trauma-informed care and include prevention, protection, prosecution, and partnership-building strategies. Moreover, an interprofessional team approach is needed to identify, assess, and care for such victims. Future studies should develop a standardized care pathway for healthcare professionals to recognize and respond to human trafficking victims in emergency departments.

KEYWORDS
care pathway, emergency department, healthcare professional, human trafficking

BACKGROUND

Human trafficking, a form of modern-day slavery, is a global health problem and criminal industry that makes 108 billion USD dollars every year (Human Trafficking in South Africa, 2022). Human trafficking is the exploitation of a vulnerable person, using force, fraud, and coercion to perform various types of labor (Cheetham & Hurst, 2022). Worldwide, an estimated 40.3 million people are trafficked for exploitation (Barner et al., 2017). Approximately 600,000–800,000 trafficked victims are being transported across national borders, 80% of whom are women and teenagers (Barner et al., 2017). According to the International Labor Organization, 60% of trafficked victims are targeted in Asia and the Pacific region (Barner et al., 2017). Moreover, Eastern Europe is considered the second largest source of sex trafficking victims from where they are moved to Western Europe and the USA (Barner et al., 2017). Africa's involvement in the trafficking industry is growing, with approximately 50,000 people trafficked to other countries per year (Barner et al., 2017). Human trafficking is estimated to encompass 79% of victims of sex trafficking and 18% of victims of forced labor (Cheetham & Hurst, 2022).

Women and children are more vulnerable to sex trafficking. This vulnerability is associated with historical abuse, domestic violence, unstable family situations, and a lack of education (Stevens & Berishaj, 2016). Human trafficking victims (henceforth referred to as victims) are often trapped in romantic relationships with traffickers, resulting in dependence, coercion, and exploitation (Scannell et al., 2018). Traffickers use physical and emotional abuse to control victims and ensure submission (Scannell et al., 2018). Victims are often sexually exploited through various means, such as pornography, illegal escort activities, and forced sexual practices (Richie-Zavaleta, 2017; Scannell et al., 2018). Traffickers often use drug dependence to force their victims into doing whatever is required of them (Byrne et al., 2019).

Victims experience various physical and mental health conditions, such as sexually transmitted infections, unsafe abortions, malnourishment, and a variety of chronic medical conditions, including psychosomatic syndromes (Byrne et al., 2019; Hulick et al., 2022; Macias-Konstantopoulos, 2016). Consequently, most victims may need healthcare while they are being exploited (McAmis et al., 2022; Scannell et al., 2018). Traffickers may take victims to the emergency department (ED) if their injuries and illness interfere with their ability to work and for contraception (Coppola et al., 2019). Surveys of human trafficking survivors indicate that 88% have visited an ED while they were being exploited (Nordstrom, 2022; Scannell et al., 2018). Therefore, healthcare professionals in EDs could play a vital role in combating human trafficking because approximately 60%–80% of victims visit the ED, and 85% are overlooked by healthcare professionals (Coppola et al., 2019; Eickhoff et al., 2023). The low identification rates of victims may be due to limited educational opportunities for healthcare professionals worldwide and a lack of knowledge of the clinical presentation of human trafficking victims (Macias-Konstantopoulos, 2016).

Awareness campaigns, such as the Blue Campaign and the Blue Heart (Stevens & Berishaj, 2016), the Polaris Project (Richie-Zavaleta et al., 2020), and the HEAL Trafficking and Hope for Justice Protocol Toolkit (Tiller & Reynolds, 2020) have been initiated in the United States of America. “Blue” has become an international color for human trafficking awareness. According to the Victims of Trafficking and Violence Protection Act of 2000, the United States of America recommends policies to take the approach of the 4Ps, namely, prevention, protection, prosecution, and partnership (Schwarz et al., 2019; Stevens & Berishaj, 2016).

Although various authors recommend developing standardized care pathways to improve the identification of and response to human trafficking victims (Castellucci, 2020; Eickhoff et al., 2023; McAmis et al., 2022; Richie-Zavaleta et al., 2020; Scannell et al., 2018), few

care pathways exist. The identification and description of care pathway elements may contribute to future practices (Heyn et al., 2019), and victims may become human trafficking survivors. This mapping review aimed to identify the elements of a care pathway for healthcare professionals to recognize and respond to human trafficking victims in EDs.

METHODS

Design

This mapping review aims to describe the nature of evidence in a particular area and identify gaps for future research (Khalil & Tricco, 2022). The review team mapped and categorized elements (Aveyard & Bradbury-Jones, 2019) that should be included in a care pathway for human trafficking victims in EDs. The Preferred Reporting Items for Systematic Reviews and Meta-Analysis extension for Scoping Reviews (PRISMA-ScR) checklist (Tricco et al., 2016) was used to ensure that the review conformed to the reporting standards of a mapping review (Peters et al., 2022; Arksey, 2005).

This review was conducted in the following five stages: (1) identify the review question; (2) identify relevant studies; (3) selection of appropriate studies; (4) data extraction; and (5) analysis and presentation of the data (Pollock et al., 2021).

Identify the review question

We used the population, concept, and context mnemonic to develop the following review question: "Which elements are included in care pathways (*concept*) for human trafficking victims (*population*) in emergency departments (*context*)?" The inclusion criteria for the population were adults (≥18 years), human trafficking victims and sex trafficking victims, and we excluded individuals who were children or adolescents (≤18 years) or who were involved in labor trafficking. We included peer-reviewed primary studies, gray literature, and dissertations/theses. We excluded editorials, commentaries, letters to the editors, and conference proceedings. The timeline was from 2012, when the United Nations published concerns about human trafficking and healthcare (Global Report on Trafficking in Persons, 2023).

Identify relevant studies

An information specialist assisted in refining the search strategy. The search strings used were "recognition" OR "identification" OR "detection" OR "response" AND "human trafficking" AND "victims" AND "emergency department" OR "emergency room" OR "ED" OR "ER" AND "healthcare professionals" OR "healthcare workers" OR "healthcare providers" OR "physician" OR "nurses" OR "doctors" OR "forensic nurses" OR "counselors." The electronic databases used to conduct a reproducible and broad search included EBSCOhost, Scopus, Web of Science, ProQuest, and PubMed. The ProQuest Central database was used to search gray literature records OR Magazines OR Newspapers OR Blogs, Podcasts AND Websites OR Working Papers OR Conference Papers AND Proceedings. The database and gray literature search results are presented in a PRISMA flow chart (Figure 1).

Selection of appropriate studies

A member of the review team uploaded all retrieved records (titles and abstracts) to Rayyan software and removed all duplicates. The review team assessed the blinded records for eligibility. After unblinding, the review team reached a consensus based on the inclusion and exclusion criteria regarding conflicts and possibly responses. The same process was followed for the retrieved reports (full-text articles) and the gray literature records and reports (See Table 1).

Data extraction

The data extraction tool was based on the aim of care pathways to promote quality of care and enhance patient safety and optimize the use of resources (About Care Pathways, 2024) and on patients' experience and preliminary reading. The following data were extracted: author, year, demographics, approach to victims, characteristics, red flags, identifying questions, opportunities to be recognized, strategies, approach upon recognition, potential danger, and resources. The first author used an Excel spreadsheet to enter literatim data from selected reports. Collaboratively, the authors verified the extracted data from each report during online discussions (Data S1).

Analysis and presentation of the data

The demographic characteristics of the retrieved articles were descriptively analyzed. The authors used inductive analysis to create subthemes (e.g., the red flag subthemes are physical, behavioral, psychological, and social). A psychologist was consulted to refine the subthemes of physical characteristics (e.g., physical abuse, fighting, flight, fawn, and freezing). The results are presented in tabular form, followed by a summary of how the results relate to the research question (Tricco et al., 2016). The elements are summarized and presented in map format (Table 2).

RESULTS

Demographic information

The search generated 159 records and 628 gray literature records, of which 23 primary research reports and five reports from gray

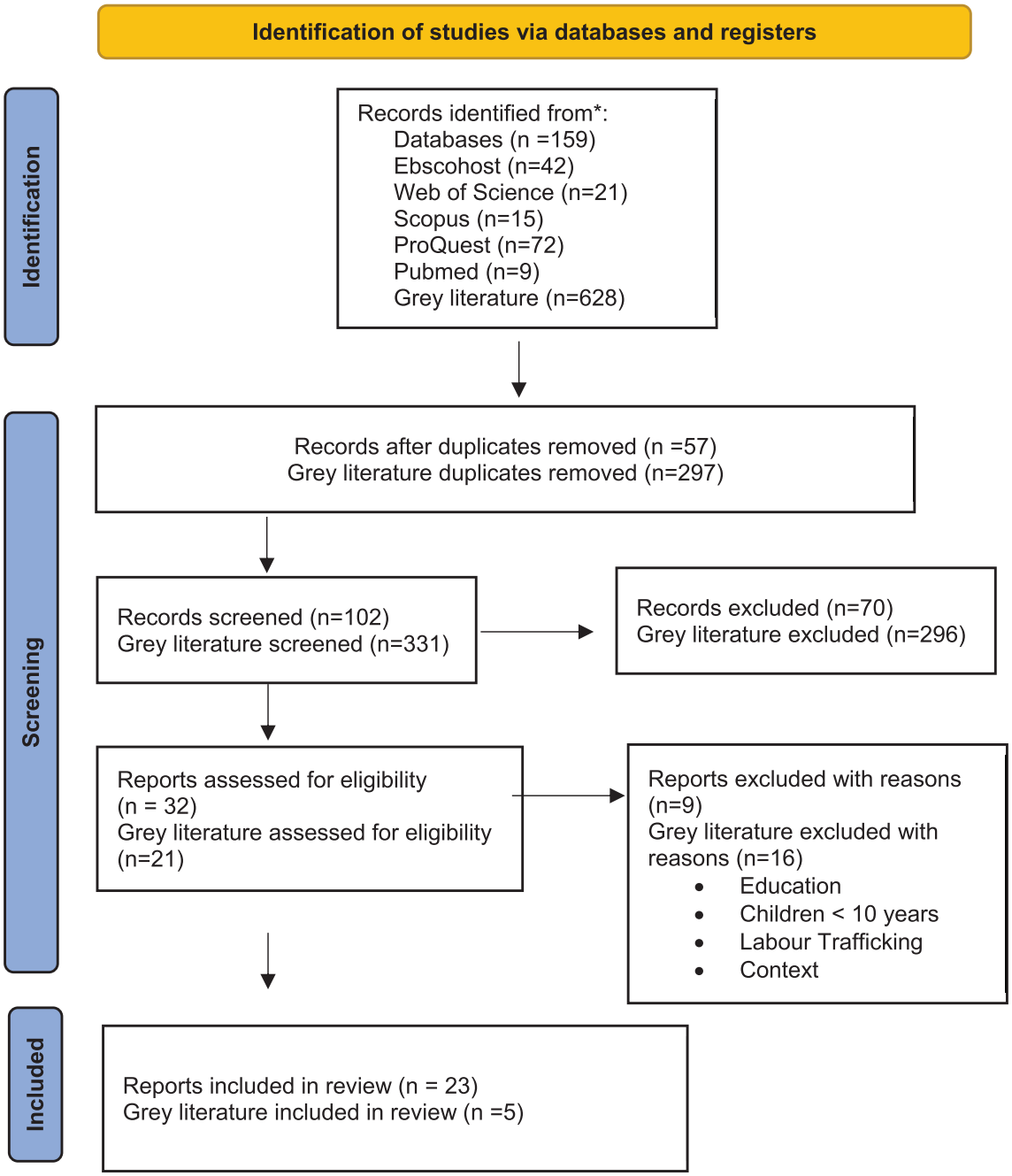

FIGURE 1 Flowchart. From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71.

literature were included in the review (Figure 1). All the reports were from North America, which included the United States of America ($n=26$) and Canada ($n=2$). Figure 2 shows that two to three research reports, including gray literature reports, were published consistently per year from 2016 to 2023, with peaks occurring in 2017, 2018, and 2022. The extracted data are summarized in Figure 2.

The HIRAID Research Group (2021) framework guided the coding and charting of the data. Table 2 shows the five themes and related subthemes that emerged from the data.

Theme 1: Approach

Person-centeredness ($n=2$) (Macias-Konstantopoulos, 2016; Richie-Zavaleta, 2017) and trauma-informed care ($n=4$) (Eickhoff et al., 2023; Macias-Konstantopoulos, 2016; Richie-Zavaleta, 2017; Tiller & Reynolds, 2020) were identified as ideal approaches for human trafficking victims. Person-centeredness is mentioned in seven articles and is described as nonjudgmental, respecting the individual, showing empathy, maintaining confidentiality, and maintaining privacy (Byrne et al., 2019; Hulick et al., 2022; Lamb-Susca &

TABLE 1 Data extraction.

Author	History and physical cues:	Red flag	Approach	Strategies	Opportunities to be recognized	Response upon recognition	Potential danger	Resources
Alvarado (2021)	Inconsistent stories between history and injuries	No insurance; no personal identification; no guardianship documentation; an offer to pay cash; another individual speaking on behalf of the patient. *AND* broken bones, burns; urinary tract infections, history of multiple abortions, pelvic inflammatory disease, sexually transmitted infections, body tattooing or branding; history of poor health or dental care. *AND* posttraumatic stress disorder, depression, drug or alcohol dependence, suicidal ideation or attempt	Trauma-informed approach	Flowchart assessment tool outlining a step-by-step protocol that addresses the needs of the potential victim and supplies the staff with the national hotline phone number. *AND* assessment of potential danger, perceived danger *AND* resources appropriate steps to try to separate patients from their traffickers, ask the screening questions, and even move the patients to a designated safe area	Many electronic health records can be altered or adjusted to incorporate the suggested screening questions developed specifically for healthcare providers. *AND* bathroom instructing patients to self-identify by placing a red-colored dot on their urine specimen container	Not reported	Is the trafficker present? (i.e., in the waiting room/ outside), What will happen if the patient does not return to the trafficker? Does the patient believe he/she or a family member is in danger?, Is the patient a minor?	National Human Trafficking Resource Center (NHTRC) Hotline 1-888-3737-888
ACOG Committee Opinion Summary (2019)	Individual who does not let the patient speak for themselves, refuses to allow privacy, insists on interpreting for them in place of a professional	Not reported	Not reported	Providing a safe and comfortable environment for the patient *AND* using appropriate methods of communication, acknowledging the dynamics involved in evaluating a patient who is subject to human trafficking.	More discretely, in bathrooms in addition to contact information for organizations and resources that can support survivors, brochures, pamphlets, and pocket cards displayed in examination rooms, waiting rooms	Evaluate a patient's medical and nonmedical needs	Not reported	Not reported

(Continues)

TABLE 1 (Continued)

Author	History and physical cues:	Red flag	Approach	Strategies	Opportunities to be recognized	Response upon recognition	Potential danger	Resources
Ashe-Goins (2018)	Posttraumatic stress disorder, physical abuse/injury, neurological conditions, cardiovascular diseases, respiratory conditions, gastro-intestinal conditions, health issues, reproductive health issues *AND* depression, suicidal ideation, self-harming behaviors (cutting), anxiety, nightmares, flashbacks, no affect, guilt or shame, hypervigilance, hostility, dissociation disorders, trauma bonding with the trafficker, unaware of location, date, time	No address provided, inconsistent history, person accompanying the patient does all the talking; no identification *AND* unwilling or hesitant to respond, evidence of controlling relationship, fearful, nervous, no eye contact	Trauma-informed, evidence informed, empowerment model, victim-centered, culturally relevant	Victims must be believed, protected from the accused, and their privacy must be respected, safe environment, if accompanied, find private setting away from the person accompanying the patient *AND* utilize professional interpreters as needed, develop rapport with the patient, ensure that you and the patient understand confidentiality policies in your setting, recognizing that nurses are mandatory reporters, multidisciplinary resources	Not reported	Not reported	Not reported	Understanding Sex Trafficking 2014 SC State Plan to Address Human Trafficking SC Human Trafficking Task Force 2016 Annual Report
Anonymous (2018)	Not reported	Not reported	Trauma-informed, patient-centered approach	Report safety concerns to appropriate personnel (e.g., nurse supervisor, patient safety, security officer), report risk factors or indicators as required or permitted by law/regulation, safe and private setting, private room with closed doors AND staff know their federal, state, local, and facility reporting requirements, potential victim's wishes, safety, and well-being.	Not reported	Nonthreatening manner, asking the companion to help fill out registration forms in the lobby, say there's a requirement or need for a private exam, such as a radiology or urine test If staff are unable to begin a private conversation with a patient or have difficulty dealing with the companion once the private conversation ends	Not reported	National Domestic Violence Hotline, 1-800-799-SAFE, National Sexual Assault Hotline, 1-800-656-HOPE, National Human Trafficking Hotline, 1-888-373-7888
Bramham (2022)	Frightened, more vague about what had happened and how they'd been hurt, on their cellphones, constantly texting or talking, checking in kept looking over their shoulders or at the door as if expecting someone to burst in, they could not or would not be separated from the person	Hidden under her clothes was a nonremovable device to track her movements	Not reported	Minors: health professionals are required by law to report to police. Adults: decision is left to the individual	Not reported	Forensic nurse examiners, medical evidence is gathered to legal standards, victims get proper care in hospital and the aftercare, includes medical, social, emotional supports, a safe place to live, help navigating the court system if they choose to report to police	Not reported	Not reported

TABLE 1 (Continued)

Author	History and physical cues:	Red flag	Approach	Strategies	Opportunities to be recognized	Response upon recognition	Potential danger	Resources
Byrne et al. (2019)	Muscle strain, headaches, dizziness, back pain, abuse (bald patches where hair has been pulled out, bruises, burns, bite marks), malnourishment, lack of healthcare, jaw problems, and brain damage, *AND* recurring sexually transmitted infections, positive pregnancy tests, or abortions, repeated abortions, vaginal/rectal trauma *AND* outbursts of anger, intense shame, self-blame, self-loathing, hypersexualization, sleep disturbances/nightmares, anxious, frightened, depressed, inconsistent stories, are not allowed to speak for themselves, trafficker insisting on speaking for the patient	Unusual tattoos or branding	Patient-centered response, gender equality, and violence, create a safe, nonjudgmental environment.	Call HFH, Report under 18 years, choose to report situation AND social workers play a critical role in developing patient safety plans and providing appropriate referrals to comprehensively meet the patient's physical and psychosocial needs. Trust is imperative; the nurse should interview the patient in private to promote, honest, open answers. By avoiding interruptions, leading questions, and continuous direct questions without pauses, language may be a barrier to communication; requiring the use of an interpreter	Not reported	Not reported	Not reported	National Human Trafficking Hotline number (1-888-373-7888) *AND* Risk-specific resources for patients who lack familial support, housing, stability, and basic needs to reduce vulnerability to recruitment
Cheetham and Hurst (2022)	Pelvic inflammatory disease, pregnancy, contraceptive, genital trauma, physical and sexual assault, medical infections, exacerbations of underlying medical conditions, acute dehydration, dental issues *AND* revealing clothing, multiple sexual partners and not use condoms, inconsistencies in the information and history provided, abused as a child, foster care, run away, feared that the man she was living with would find them and likely harm her, unlikely to identify themselves, manic affect and pressured speech, anxiety, a flat affect, hostility toward the medical team. Adult accompanying may appear to intimidate the patient, talk in place of the patient, "not allow" the patient to answer, or refuse to leave the examination room, *AND* substance abuse	Not know her current address, not know her cell phone number, not have any forms of identification living with a man she describes as her "uncle." Pretend to be a love interest, friend, or family member, unfamiliar with the "local area." *AND* poor hygiene	Not reported	Legal duty to report suspected abuse or neglect of minors, and providers should follow specific state laws as they apply to reporting of human trafficking *AND* social work should be involved early in the evaluation of patients, building rapport with the goal of establishing 2-way communication, maximizing trust, preventing retraumatization, providers should introduce themselves and have the patient and anyone accompanying them introduce themselves, every effort should be made to interview the patient alone, providers should begin by establishing confidentiality, ask open-ended questions, structured and detailed medical and social history, physical examination performed respectfully and carefully	Not reported	Evaluation of their overall health, addressing immediate concerns, treating any acute conditions	She did not want any printed resources or information about her visit because she feared that the man she was living with would find them and likely harm her, providers should pay attention to the patient's behavior, how the patient is treated by the person accompanying them, and other environmental cues that may suggest the patient is a victim of human trafficking	National Human Trafficking Hotline, US National Human Trafficking Hotline *AND* physicians against the Trafficking of Humans, "Caring for Trafficked Persons: Guidance for Health Providers", National Center for Missing and Exploited Children

(Continues)

TABLE 1 (Continued)

Author	History and physical cues:	Red flag	Approach	Strategies	Opportunities to be recognized	Response upon recognition	Potential danger	Resources
Egyud et al. (2017)	Not reported	Absence of insurance offering to pay cash, no photographic identification odd stories about guardianship, no insurance, patient who is with a person who does all of the talking *AND* urinary tract infection, pelvic or abdominal pain tattoo branding *AND* suicide attempt, psychogenic nonepileptic seizures (pseudoseizures)	Not reported	Ongoing education, training, and screening tools *AND* security personnel participated in our huddle and remained in the department, local law enforcement, contact local police, room in the radiology department emergency nurse and social worker escorted the patient to the radiology area for a private screening. *AND* victims younger than 18 years, a report was immediately filed with child protective services as required by law, and the victim received intervention *AND* emergency nurses need to teach patients identified as trafficking victims about local resources available for rescue, effective communication skills help to create a trusting relationship that allows victims to ask for help when ready, make eye contact with patients while asking the sexual abuse questions not appear uncomfortable during the questions, for potential victims who refused intervention, we placed follow-up phone calls within 24 hours to offer intervention again and repeat the information about available resources, team approach with the physician, security, social services, and nursing leadership, huddle, plans were made for further assessment and rescue	If registration personnel identified a possible victim or if the patient answered yes to questions in our existing domestic violence screening, the emergency nurse completed the Department of Health and Human Services Screening Tool for Human Trafficking *AND* signage was located in bathrooms and instructed potential victims to place a blue dot on the specimen cup when giving a urine specimen. A blue dot on the specimen cup triggered use of the screening tool by the emergency nurse. To ensure patient safety, all team members were also alerted of the blue dot, and the patient was taken to a designated safe area within the department for care.	The emergency nurse and the social worker collaborated with local agencies to provide for the patient's immediate safety and personal needs including housing, food, and medical treatment. *AND* nurses must inform patients who are not ready to be rescued that help is available by a phone call or text message to the National Human Trafficking Resource Center	Not reported	Federal Bureau of Investigation Human Trafficking Division National Human Trafficking Center *AND* website and the "Be Free" text-messaging program. In this program, victims can elicit help by texting the word HELP or INFO to 233733 (BEFREE). free phone line (1-888-373-7888)

TABLE 1 (Continued)

Author	History and physical cues:	Red flag	Approach	Strategies	Opportunities to be recognized	Response upon recognition	Potential danger	Resources
Eickhoff et al. (2023)	Not reported	Appear with a male or female 'family member' or 'boyfriend' who does not want to leave *AND* history of pregnancies or sexually transmitted infections and comorbidities *AND* noticing a patient appearing withdrawn, fearful of a person accompanying them; *AND* substance use disorder, depression	Trauma-informed care, confidentially	Proper resources: education for healthcare personnel, training resources, comprehensive screening *AND* hospitals to foster community connections and resources, including legal resources, so that if a trafficked patient identified in an ED setting is ready to leave their situation, that individual will have a safety net in place. *AND l*egal consultation, objective documentation, mandatory report vs. consent, federal and state laws *AND* building rapport, trust, confidentiality and clarification of confidentiality must be provided, community partnerships for safe housing and crisis intervention services. ED settings with adequate interdisciplinary staff, funding, interpretation services, social workers, forensic FBI agents, appropriate referral. Given that nurses are involved in patient care from triage to discharge, resources and personnel have been established, honesty	Flagging systems, screening protocols, nationally validated tools *AND* signage was located in bathrooms and instructed potential victims to place a blue dot on the specimen cup when giving a urine specimen. A blue dot on the specimen cup triggered the use of the screening tool by the emergency nurse. To ensure patient safety, all team members were also alerted of the blue dot, and the patient was taken designated safe area within the department for care	Not reported	Not reported	Not reported

(Continues)

TABLE 1 (Continued)

Author	History and physical cues:	Red flag	Approach	Strategies	Opportunities to be recognized	Response upon recognition	Potential danger	Resources
Hospitalsafetycenter.com (2018)	History of multiple sexually transmitted infections and abortions, poor dental hygiene, severe or recurring head and neck trauma from forced oral sex *AND* inability to speak for himself/herself due to a third party insisting on being present and/or interpreting, not being aware of location, date, or time	No legal identification documents *AND* tattoo 'brandings'	Not reported	Be aware of other local resources that might be available *AND* multidisciplinary care	Not reported	Tend to life-threatening or emergent health issues. *AND* separate the victim from his or her suspected trafficker and cell phone, then question the victim privately, limit the amount of staff interaction, patient is unwilling to discuss their situation, providers can discreetly provide information for help if the patient has a change of heart in the future, communicate messages of hope: "You are not alone," "You are entitled to services and help," and, "You have rights."	Not reported	National Human Trafficking Resource Center (NHTRC) at 888-373-7888, National Human Trafficking Hotline: https://humantraffickinghotline.org/states *AND* the Joint Commission, Quick Safety issue on human trafficking: https://www.jointcommission.org/assets/1/23/QS_41_Human_trafficking,6_12_18_FINAL1.PDF, The National Association of Pediatric Nurse Practitioners training module: https://ce.napnap.org/content/human-trafficking-101#group-tabs-nodecourse-default1, Human Rights Commission: http://sf-hrc.org/what-humantrafficking# What is, National Human Trafficking Resource Center: https://humantraffickinghotline.org/resources, The Polaris Project: https://polarisproject.org
Hulick et al. (2022)	Sexually transmitted infections, unwanted pregnancy, acute physical injuries, *AND* substance dependence, depression, anxiety, suicidal ideation	History of sexually transmitted infection, History of broken bone, traumatic loss of consciousness, significant wound, sexual assault or abuse; emotional, physical abuse and neglect *AND* drug and/or alcohol use	Trauma-informed approach, patient centered care, patient privacy, confidentiality	Team approach, clear communication and delineation of roles, responsibilities, effective care coordination and linkage to services for trafficked patients	Universal screening to minimize missed opportunities for care, Screening tool of 2–3 flagging questions *AND* signage in EDs to signal trafficking awareness and patient support	Not reported	Not reported	Not reported

TABLE 1 (Continued)

Author	History and physical cues:	Red flag	Approach	Strategies	Opportunities to be recognized	Response upon recognition	Potential danger	Resources
Kaltiso et al. (2021)	Posttraumatic stress disorder, abuse, acute sexual assault, dental infections, chronic pain, severe complications due to not consistent treatment and access to health care, injuries, concerns of domestic violence, evidence of malnutrition. *AND* anogenital trauma, signs/symptoms of sexually transmitted infection, issues related to pregnancy, recurrent urinary tract infection *AND* posttraumatic stress disorder, depression, substance abuse disorder suicide, drug overdoses	Rushing to receive services and leave, inappropriately speaking for the patient, holding a patient's identification or documentation, refusing to allow the patient to speak with a staff member in private	Trauma-informed care, respect, autonomy and privacy, empowerment of victim	Not reported	Screening questions were built into the hospital's electronic medical record (EMR) system, domestic violence is screened separately in the EMR and includes questions of safety at home, safety in relationships, and whether the patient had been threatened, abused sexually, or abused physically at home, patients were also screened if they were forthcoming about their trafficking status or experiences; if the provider was concerned about coercion or patient safety	Patients who did not use of ED referrals likely benefitted from receiving information resources and a clear message that the hospital staff was concerned about their well-being, respecting the patient's decision cannot be overstated.	Not want to leave situation due to complex nature of relationship	Not reported

(Continues)

TABLE 1 (Continued)

Author	History and physical cues:	Red flag	Approach	Strategies	Opportunities to be recognized	Response upon recognition	Potential danger	Resources
Lamb-Susca and Clements (2018)	Posttraumatic stress disorder, abuse, mimic domestic violence, bruises, broken bones, burns, scars, bald spots, back problems, malnutrition, infectious diseases, sexually transmitted infections, pregnancy, pelvic inflammatory disease, transmitted infections, vaginal or anal trauma, pelvic pain, Human Immunodeficiency virus, urinary tract infections, multiple abortions/pregnancies, history of poor health care (dental) *AND* acute anxiety, depression, feelings of shame (helplessness shame, humiliation, distrust, self-hatred, disbelief), denial, suicidal thoughts, disorientation/confusion, substance abuse, somatic complaints, insomnia, irritability, self-destructive, aggressive behavior, prevalence of illiteracy, homelessness, poverty, societal isolation	Limited English capability or the need for a translator, uncertainty of location, lack of identification documents, lack of available funds, confusion of job description, confusion of resident location, inability to access the victim for further information, inconsistent personal stories *AND* tattooing, body branding *AND* unaware of their situations, afraid to ask for help, or they may be fearful of their trafficker, fear people in authority, unlikely to divulge information	Empathy, nonjudgmental environment	Attempts can be made to speak with the patient privately while in the rest room or during an X-ray or procedure. The safety of the victim and ED nurse should always be a primary concern above obtaining information. *AND* open attitude, fostering concern and respect for the victim, even in the face of victims' avoidant and, at times, avoid leading questions, interruptions, power struggles, continuous direct questions without pauses, and making promises that cannot be kept, building trust with the victim is a hurdle because the shame, associated with "the life"; the subculture of prostitution, complete with rules and a hierarchy of authority and language	Not reported	Unless an individual's life is in imminent danger, ED nurses should not act on behalf of trafficked persons or seek to remove them from their situation unless a patient requests such assistance	Decline help such as routine healthcare, resist any assistance if they fear that it will place their families in danger	Department of Homeland Security: 1-866-347-2423, The National Human Trafficking Hotline (NHTH): 1-888-373-7888, Text HELP or INFO to BeFree (233733) TTY: dial 711, US Department of Justice and Department of Labor, Trafficking in Persons and Work Exploitation Task Force complaint line 1-888-428-7581
Long and Dowdell (2018)	Infectious diseases, malnutrition, abuse (broken bones, burns, concussions), dental problems, complications from poor medical care. *AND* sexually transmitted infections, genital mutilation, urinary difficulties, pregnancy resulting from rape or prostitution, *AND* substance abuse, posttraumatic stress disorder, anxiety, depression	Not likely to self-identify	Not reported	Not reported	Not reported	Not reported	Not reported	Resources for victims of Inter Personal Violence that are offered in the emergency department, such as women's shelters, the Special Victims Unit, and even lipsticks with a crisis hotline number inside Victims of human trafficking have different psychological and physical needs from victims of violence, so these specific shelters are important resources that should be made available to victims of human trafficking
Ma (2023)	Not reported	Not reported	Not reported	Safety planning, include safety considerations for others as well *and* Collaborative approach with other, victim-serving agencies can foster healing relationships	Not reported	Coordination of collaborative relationships to create a "warm handoff" after the patient leaves the hospital will increase the likelihood of disclosures and longer term connections	Not reported	Not reported

TABLE 1 (Continued)

Author	History and physical cues:	Red flag	Approach	Strategies	Opportunities to be recognized	Response upon recognition	Potential danger	Resources
Macias-Konstantopoulos (2016)	Posttraumatic stress disorder, abuse, untreated chronic diseases, poor oral health, injuries (e.g., tooth decay/ fractures, mandibular dislocations, malnourishment, intentional traumatic injuries) *AND* vaginal, perineal, rectal injuries, sexually transmitted infections, contraception, forced sterilization or use of contraceptive devices, unplanned and high-risk pregnancies, unsafe, forced abortions, forced pregnancy and childbirth, lack of prenatal care, including prevention of vertical HIV transmission *AND* substance use disorders, Stockholm syndrome, affective disorders, dissociative disorders, sleep disorders, psychosomatic syndromes, low self-esteem, shame, guilt, self-loathing, hopelessness, high-risk, self-injurious behaviors, suicide, accidental death *AND* accompanied by a person who answers questions, corrects the patient, attempts to control the encounter, who insists on translating, scripted or restricted patient communications, inability to answer simple questions, reported age is older than apparent age, discrepancy between history and clinical presentation, possession of multiple fake forms of identification, many hotel keys, or large sums of cash, inappropriate clothing for the weather, distrust of authority, patient frequently glances to the accompanying person for approval after speaking, patient avoids eye contact, signs of submission, fear, hypervigilance, frequent calls or texts, inability to delay response, hyperstartle reflex	Payment in cash *and* Branding/ tattooing	Trauma-informed approach, survivor centered, evidence-based, culturally	Knowledge dissemination (e.g., human trafficking training), protocol implementation (e.g., protocol in-services), monitoring and evaluation (e.g., impact, effectiveness, and quality assurance), and revision of the response plan as needed. *AND* law enforcement, state mandatory reporting laws. *and* Identify an interdisciplinary team of professionals whose local knowledge, experience, and community partnerships will enhance protocol development and implementation (e.g., physician/nurse experts, child protection services, social workers, mental health providers, forensic examiners, addiction specialists, legal counsel, security personnel)., providers should engage in discussions about safety, coercive relationships, and trafficking in private or with the assistance of professional medical interpreters, building trust and rapport with patients suspected of being trafficked instead of immediately trying to obtain a disclosure. Aggressive pursuit of victim disclosure can be harmful to the patient and damage the patient–provider relationship, which may diminish the likelihood of a future disclosure, allow patient participation, respectful of patients' decisions about how much and what type of assistance to accept., Patients should be reassured that screening is routine. They should be informed about their right not to answer any questions and about the limits of confidentiality	Not reported	Not reported	Providers should take cues from the patient, and the interview should proceed sensitively from general questions about working and living conditions, to those about general safety and coercion, and then to those specifically about trafficking	National Human Trafficking Resource Center hotline phone number (1-888-373-7888) or texting service (text "HELP" or "INFO" to 233-733 or "BeFree"), National Human Trafficking Resource Center: Polaris Project 1-888-373-7888 (24-hour hotline) https://traffickingresourcecenter.org, A Comprehensive Human Trafficking Assessment http://traffickingresourcecenter.org/sites/default/files/Comprehensive%20Trafficking%20Assessment.pdf, Webinar on Recognizing and Responding to Human Trafficking in a Healthcare Context, http://traffickingresourcecenter.org/resources/recognizing-andresponding-human-trafficking-healthcare-context, Office on Trafficking in Persons: U.S. Department of Health and Human Services, Administration for Children and Families, Federal Strategic Action Plan on Services to Victims of Human, Trafficking in the United States www.acf.hhs.gov/programs/endtrafficking/initiatives/federal-plan, SOAR to Health and Wellness Training, www.acf.hhs.gov/programs/endtrafficking/initiatives/soar, The Rescue & Restore Victims of Human Trafficking Campaign, U.S. Department of Health and Human Services, Administration for Children and Families, Rescue & Restore Campaign Tool Kit for Health Care Providers, www.acf.hhs.gov/programs/endtrafficking/resource/rescue-restore-campaign-tool-kits, Centers for Disease Control and Prevention: Injury Prevention &, Control, Division of Violence Prevention, Understanding Sex Trafficking, www.cdc.gov/violenceprevention/sexualviolence/trafficking.html, Caring for Trafficked Persons: Guidance for Health Providers: International Organization for Migration, United Nations Global, Initiative to Fight Trafficking in Persons, and the London School of Hygiene and Tropical Medicine Handbook, http://publications.iom.int/system/files/pdf/ct_handbook.pdf, Human Trafficking: Guidebook on Identification, Assessment, and Response in the Health Care Setting: Massachusetts General Hospital Human Trafficking Initiative and the Massachusetts Medical Society Guidebook www.massmed.org/Patient-Care/Health-Topics/Violence-Prevention-and-Intervention/Human-Trafficking-(pdf) Addressing Human Trafficking in the Health Care Setting: Catholic Health Initiatives and the Massachusetts General Hospital Human Trafficking Initiative Web-based course www.catholichealthinitiatives.org/addressing-human-trafficking-course/story_html5.html, (p586)

(Continues)

TABLE 1 (Continued)

Author	History and physical cues:	Red flag	Approach	Strategies	Opportunities to be recognized	Response upon recognition	Potential danger	Resources
Marcinkowski et al. (2022)	Not reported	Inconsistencies when the patient is asked about his/her injury, someone speaking on behalf of the patient *AND* physical or sexual abuse, medical neglect, untreated sexually transmitted infection, and/or torture	Safe, nonjudgmental environment	Multidisciplinary approach, variety of health care personnel	Not reported	Not reported	Not reported	Not reported
Mumma et al. (2017)	Gynecological, GI/abdominal pain, Medical conditions, Abuse, Neurologic, Trauma/injury *AND* substance use	Not reported	Not reported	Multidisciplinary approach	Not reported	Not reported	Not reported	Not reported

TABLE 1 (Continued)

Author	History and physical cues:	Red flag	Approach	Strategies	Opportunities to be recognized	Response upon recognition	Potential danger	Resources
Reid (2022)	Various stages of healing, hunger, dehydration *AND* new and expensive jewelry, wearing clothing not typical for the weather, someone speaking on their behalf, history of personal violence	No identification, someone with them speaking on their behalf *AND* appearing hungry or malnourished, unusual tattoos or branding, tattoos with crowns, money, symbols, or barcodes, multiple sexually transmitted diseases or sexual partners, bruises at various stages of healing *AND* fearful, anxious *AND* substance abuse	Trauma informed care, victim centered care, Watson Theory of human caring	Law enforcement, When screening a potential victim for Human Trafficking, they must feel safe and have a level of privacy to disclose information to the healthcare professional, creating a safe space for them to discuss their trafficking experience and need for help. *AND* social worker would complete further follow-up, including giving the patient resources to leave the trafficking experience and support services to help them when they were ready, attending to the patient's basic human needs is important in the process of developing a relationship, building trust, giving hope, and initiating healing are the values necessary in identifying potential victims, dignity and building a relationship considering the patient's traumatic experience, each patient must be approached as an individual where building rapport and a relationship is important for potential victims to discuss their situation and needs, answering the questions openly and honestly will assist the nurse and social worker in how to proceed with care and providing the patient with support and resources	Identification and screening of all potential human trafficking victims seeking care in the emergency department could be improved with the integration of the assessment in the electronic health record *AND* electronic medical record screening to note red flags, automated process to social worker	Not reported	Not reported	Victim is identified, additional resources, such as housing, counseling, legal services can be initiated, helping the victim get back on their feet

(Continues)

TABLE 1 (Continued)

Author	History and physical cues:	Red flag	Approach	Strategies	Opportunities to be recognized	Response upon recognition	Potential danger	Resources
Stevens and Berishaj (2016)	Underdressed for the weather particularly during winter	Few or no personal possessions, not in control of his or her own money, no financial records, or bank account, not in control of his or her own identification documents, not allowed or able to speak for themselves, boyfriend answering for the patient during clinic visit, inconsistencies in his or her story *AND* lacks medical care, malnourished, physical and/or sexual abuse, physical, restraint, confinement, or torture *AND* fearful, anxious, submissive, avoids eye contact, loss of sense of time *AND* depressed, tense, nervous/paranoid	Nonjudgmental attitude to help facilitate a trusting and therapeutic relationship	Safety measures for healthcare professionals, review and update emergency plan periodically, establish relationship with the local police force and institutional security personnel, preprogram 911 into all telephones including personal cellphones, develop an emergency notification system, obtain a security audit of the office or the institution, restrict after-hours access, enclose and secure reception, restrict access to all doors except the main entrance, install deadbolt or electronic locks, install security cameras, mirrors, and panic buzzers, improve lightning at entrances and parking lots *AND* safe environment, the goal of the nurse–patient interaction should not be "to get disclosure" from the suspected victim but rather to create a climate that is safe, secure, and caring, empowering the victim to disclose if she chooses to do so. *AND* developing a trusting relationship where the patient is believed and supported, nurse to maintain, rapport, placed in a safe and confidential environment, If they are accompanied by someone who could be their trafficker, separate before asking questions, help of a staff member who speaks the language	Screening tool	ED nurse and other healthcare professionals may be able to treat emergent physical needs, referral and consultation to specially trained mental health professionals to address acute and chronic psychological consequences associated with trafficking is critical. *AND* nurses disclose the legal boundaries of their practice, that is, mandatory reporting, so that the patient has informed consent when deciding whether to disclose, Healthcare providers must be cognizant to the fact that retribution by the trafficker is a reality, and by disclosing, the patient may be putting themselves or those they love at risk of harm	Not reported	National Human Trafficking Resource Center Hotline (1-888-3737-888), U.S. Immigration and Customs Enforcement (1-866-872-4973) and Polaris Project: A national resource for human trafficking, http://www.polarisproject.org/what-we-do/globalprograms, Safe Horizon Anti-Trafficking Program and Hotline (1-800-621-HOPE [4673]): http://www.safehorizon.org/index/what-we-do-2/anti-trafficking-program-13.html, United Nations Office on Drugs and Crime Web site: https://www.unodc.org/unodc/en/human-trafficking *AND* plan of care that addresses the physical, psychological, and safety needs of the patient care of the trafficked victim takes a coordinated effort from several agencies such as health, law, criminal justice, and social systems

TABLE 1 (Continued)

Author	History and physical cues:	Red flag	Approach	Strategies	Opportunities to be recognized	Response upon recognition	Potential danger	Resources
Stoklosa et al. (2017)	Posttraumatic stress disorder *AND* abortions, miscarriages, sexual transmitted infections, Human immunodeficiency virus *AND* substance abuse, mental illness, depression, anxiety, self-harm, attempted suicide	Opioid addiction	Trauma-informed, survivor-centered, culturally relevant, evidence-based, gender-sensitive, nonjudgmental, confidentiality and privacy, Include the patient in conversations about him/her when present	State-specific mandatory reporting requirements. *AND* provide information in a way that is understood, informed consent, meeting basic needs, building trust and rapport, being conscious of language, remaining sensitive to power dynamics, respectful, equitable, and nondiscriminatory care. Approach interactions with the victim or survivor with respect and kindness, Be empathetic, but not sympathetic, or appearing to pity. *AND* be aware of nonverbal communication: collaborate with multidisciplinary health care team to formulate plan; adequately select and prepare interpreters and coworkers, communicate effectively with other members of the care, listen to and respect each patient's assessment of their situation and risks to their safety	Not reported	The overarching goal improving health and safety, important to respect all patients' assessment of their situation and risks to their safety, allow the patient to lead or set the pace of the exam, prioritize the safety of trafficked persons, yourself, and other staff, and provide a private, warm, quiet, and comfortable place for the interview and exam. *AND* respect the rights, choices, and dignity of each person by encouraging independent decision making	Not reported	HEAL Trafficking website, National Human Trafficking Resource Center's "Framework for a Human Trafficking Protocol in Healthcare Settings"

(Continues)

TABLE 1 (Continued)

Author	History and physical cues:	Red flag	Approach	Strategies	Opportunities to be recognized	Response upon recognition	Potential danger	Resources
Richie-Zavaleta (2017)	Violence/Abuse, sexual assault injuries *AND* sexually transmitted infections, regular check-ups to ensure they were free of infections, birth control purposes, pelvic pain *AND* chronic pain, headaches, gastrointestinal conditions	May not possess a phone, yields to companion's medical care or incident-story suggestions, or demands, narrates an incongruous story, controls account of what happened before medical emergency, need for checkups, or treatment/ medications, has possession of victim's identification or social security card, or both, fills out in-take paperwork *AND* tattoos reflecting the nature of the crime; e.g., money bags, dollar signs, abortions, sexually transmitted infections, sexual abuse injuries, rapes, intentional Injuries: broken bones, stabbing, fall incidents *AND* does not establish eye contact with healthcare professional, looks down at all times, has a dead look, seems scared or frighten, constantly looking at her surroundings, or who is outside, acts skittish	Trauma-informed approach, evidence and practice-based, victim-centered, trauma- and practice-informed, models of care, culture built on compassionate care	Safety plan that relies on protection and privacy, Provide guidance regarding how to screen any accompanying person linked to a potential HT victim advocate on behalf of victim/ patients' privacy, Provision of local, resources to victims, Safety plans *AND* utilization of a definition of human trafficking based on federal and state laws, *AND* genuinely interact with victim/patients to build rapport, withholding judgment and exhibiting empathy, possessing a knowledge base and deep understanding of victims' fears and their barriers trusting healthcare professionals, existence of partnerships linking local social services and law enforcement agents, trusting relationship	Not reported	Not reported	Not reported	Not reported

TABLE 1 (Continued)

Author	History and physical cues:	Red flag	Approach	Strategies	Opportunities to be recognized	Response upon recognition	Potential danger	Resources
Sakamoto (2018)	Abuse (bone fractures, intracranial bleeding, lacerations, burns, blackened eye, bald spots), malnutrition, weight loss, poor health (dental problems), infectious diseases *AND* sexual Transmitted Infections, vaginal or anal trauma *AND* signs that the accompanying individual controls the person, exhibition of fear or depression	Tattoos or brands of gang symbols or barcodes	Culturally and linguistically competent	If the victim is safe, providers should first contact the National Human Trafficking Hotline for further assistance., Questioning the potential victim alone and in a safe environment; explaining confidentiality policies and how the provider will use the information *AND* medical personnel are mandated to report suspected victims of human trafficking *AND* building a trusting relationship with the potential victim; focusing on the needs of the potential victim focusing on the needs of the potential victim, Using indirect questioning	Not reported	Not reported	Not reported	National Human Trafficking Resource Center Hotline, Polaris Project, Shared Hope International, National Center for Missing and Exploited Children *AND* National Human Trafficking Hotline (888) 373-7888

(Continues)

TABLE 1 (Continued)

Author	History and physical cues:	Red flag	Approach	Strategies	Opportunities to be recognized	Response upon recognition	Potential danger	Resources
Tiller and Reynolds (2020)	Boyfriend has the patient's identification *AND* sexually active with multiple partners *AND* withdrawn with a flat affect, looks to her boyfriend for approval before answering questions	Few or no personal possessions, claims of just visiting and inability to clarify where he/she is staying/address, lack of knowledge of whereabouts, not know what city he/she is in, loss of sense of time, inconsistencies in his/her story, not in control of his/her own money, no financial records, or bank account, not in control of his/her own identification documents (ID or passport), not allowed or able to speak for themselves (a third party may insist on being present and/or translating), lacks health care, appears malnourished, signs of physical and/or sexual abuse, physical restraint, confinement, or torture *AND* fearful, anxious, avoids eye contact, submissive, nervous/paranoid *AND* depressed	Trauma-informed	Safety Considerations *AND* procedures for external reporting, procedures regarding documentation, guidelines for forensic examination	Not reported	Not reported	Strategies for responding to patients who decline assistance	The HEAL Trafficking and Hope for Justice Protocol Toolkit, The heal trafficking. org website – protocol resources, Vera Institute of Justice "Out of the Shadows" tool, Children's Healthcare of Atlanta Institute on Healthcare and Human Trafficking guidelines, AN23e Dignity Health Shared Learnings Manual. *AND* the National Human Trafficking Hotline (888-373-7888 or text "HELP" to 233733)

TABLE 1 (Continued)

Author	History and physical cues:	Red flag	Approach	Strategies	Opportunities to be recognized	Response upon recognition	Potential danger	Resources
Ward (2019)	Not reported	Abused patients rarely come in by themselves, and their abusers are often reluctant to leave their side	Trauma-informed	Educate *AND* tell them your mandated reporting obligations Call the NHTRC hotline at 888–373-7888, Follow your organizational process/policy, document your findings/ suspicions, (concern that patient is human trafficking victim' as a free text in the medical history as not to be missed on future patient encounters) *AND* using the same as words the patient and not correcting them, especially regarding their relationships and situation, being open to unfamiliar narratives/ stories, always speaking privately, professional interpretation services and never a friend of the patient, safe environment, provide privacy, speaking to a patient alone is crucial, though it can often be challenging. there are methods you can use to get the patient alone without raising suspicion, such as: asking the companion to help fill out registration forms in the lobby, say there's a requirement or need for a private exam, such as a radiology or urine test, providers also need to assess the patient's willingness to speak about his or her problems	Hiding the hotline for the National Human Trafficking Resource Center (NHTRC) in the barcode of items like lipstick, soap, or boxes of bandages	Not making promises that cannot be kept, giving them contact information for hotlines and social services, and giving them other means to seek help in the future, such as returning to the clinic, validating their feelings and confirming they have a choice to accept your help. *AND* assuring them that you won't contact authorities without consent (unless mandated to do so)	Ask "What would happen if you went home tonight?"	NHTRC hotline at 888-373-7888

TABLE 2 Themes, categories, and subcategories derived from the data.

Theme		Categories	Subcategories
1	Approach	Person-centeredness	• Nonjudgmental • Respect • Empathy • Maintaining confidentiality • Privacy • Empowerment
		Trauma-informed care	• Evidence-based • Cultural congruent gender-sensitive • Retraumatization • Empowerment
2	Strategies	Prevention	• Monitoring and evaluation of care • Evidence-based practice • Ongoing education
		Protection	• Safe and confidential environment • Safety resources • Security personnel • Dedicated examination rooms • Response plan
		Prosecution	• Legal resources (legislation) • Record keeping
		Partnership	• Interprofessional teams • Communication (acknowledge complex dynamics, open-ended questions, honest answers, avoid interruptions, maintain dignity, basic communication skills) • Trusting relationships • Strong relationship with local police
3	Identify	History and physical cues	• Posttraumatic stress disorder • Physical *(medical, reproductive, and abuse)* • Responses *(Fight, Flight, Freeze, Fawn)*
		Identifying questions	• Forces, coercion, control, threats, living conditions, work conditions, recreational, social abuse of power
		Red flags	• Social cues • Physical signs • Behavior • Psychological cues
4	Assess	Opportunities to be recognized	• Electronic health records • Screening tools • Silent signage
5	Care	Response upon recognition	• Immediate healthcare needs • Create a psychologically safe space • Victims choice • Following policies and procedures
		Potential danger	• Questions relating to the safety of the victim and family
		Resources	• Hotline numbers • Interprofessional coordinated care approach

Clements, 2018; Marcinkowski et al., 2022; PEARR, 2018; Stevens & Berishaj, 2016; Stoklosa et al., 2017).

The trauma-informed approach ($n=12$) is the most discussed approach for human trafficking victims (Alvarado, 2021; Ashe-Goins, 2018; Eickhoff et al., 2023; Hornor et al., 2023; Hulick et al., 2022; Kaltiso et al., 2021; Macias-Konstantopoulos, 2016; PEARR, 2018; Reid, 2022; Richie-Zavaleta, 2017; Tiller & Reynolds, 2020; Ward, 2019). Trauma informed care incorporates an evidence-informed approach ($n=3$) (Ashe-Goins, 2018; Richie-Zavaleta, 2017; Stoklosa et al., 2017) that includes culturally congruent practices ($n=5$) (Ashe-Goins, 2018; Macias-Konstantopoulos, 2016; Richie-Zavaleta, 2017; Sakamoto, 2018; Stoklosa et al., 2017) and gender-sensitive components ($n=2$) (Byrne et al., 2019; Stoklosa et al., 2017) for human trafficking survivors and is part of victim- and survivor-centeredness ($n=6$) (Ashe-Goins, 2018; Cheetham & Hurst, 2022; Lamb-Susca & Clements, 2018; Macias-Konstantopoulos, 2016; Reid, 2022; Richie-Zavaleta, 2017; Stoklosa

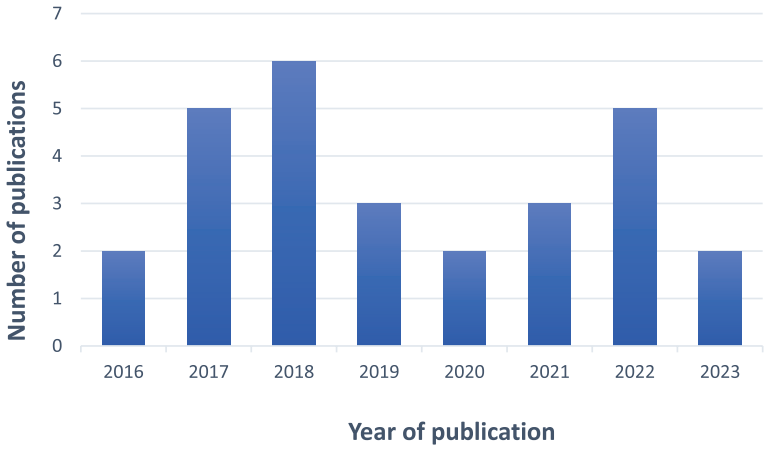

FIGURE 2 Publication trends.

et al., 2017). Furthermore, healthcare professionals are guided by the trauma-informed approach to perform physical assessments to avoid retraumatization of the victim.

Theme 2: Strategies

The Blue Heart and the Blue Campaign recommend the following strategies to combat human trafficking: prevention, protection, prosecution, and partnership (Stevens & Berishaj, 2016).

The prevention strategy consists of continuous monitoring and evaluation of the effectiveness of care ($n=4$) (Egyud et al., 2017; Eickhoff et al., 2023; Macias-Konstantopoulos, 2016; Tiller & Reynolds, 2020), evidence-based practices ($n=5$) (Ashe-Goins, 2018; Eickhoff et al., 2023; Macias-Konstantopoulos, 2016; Richie-Zavaleta, 2017; Stoklosa et al., 2017), and ongoing education for healthcare professionals ($n=5$) (Egyud et al., 2017; Eickhoff et al., 2023; Macias-Konstantopoulos, 2016; Richie-Zavaleta, 2017; Ward, 2019).

The protection of healthcare professionals and victims from traffickers is essential. Therefore, hospital security should be improved to safeguard victims and healthcare professionals ($n=2$) (Egyud et al., 2017; Ma, 2023). ED personnel should know when to activate ($n=5$) (Alvarado, 2021; Eickhoff et al., 2023; Macias-Konstantopoulos, 2016; Richie-Zavaleta, 2017; Tiller & Reynolds, 2020) a safety response plan that includes a reporting chain of command (e.g., nurse supervisor and security officer) ($n=3$) (Egyud et al., 2017; PEARR, 2018; Stevens & Berishaj, 2016). Furthermore, a dedicated examination room that cannot be accessed by an accompanying trafficker may provide a psychologically safe environment for victims ($n=7$) (Alvarado, 2021; Ashe-Goins, 2018; Egyud et al., 2017; Human Trafficking, 2019; Reid, 2022; Richie-Zavaleta, 2017; Stevens & Berishaj, 2016).

Prosecution includes legal requirements ($n=2$) (Eickhoff et al., 2023; Macias-Konstantopoulos, 2016), mandatory reporting ($n=6$) (Cheetham & Hurst, 2022; Egyud et al., 2017; Eickhoff et al., 2023; Macias-Konstantopoulos, 2016; Tiller & Reynolds, 2020), and subsequent legislative prescriptions ($n=4$) (Eickhoff et al., 2023; Macias-Konstantopoulos, 2016; Richie-Zavaleta, 2017; Tiller & Reynolds, 2020). Thorough records of forensic examinations and care delivered to victims are essential for future use during legal proceedings ($n=2$) (Eickhoff et al., 2023; Tiller & Reynolds, 2020).

Partnerships enable healthcare professionals to have access to extensive resources, including health care, safety, legal advice, and shared information such as the number of human trafficking hotlines with victims ($n=8$) (Alvarado, 2021; Egyud et al., 2017; Eickhoff et al., 2023; Ma, 2023; Macias-Konstantopoulos, 2016; Richie-Zavaleta, 2017; Safety, 2018; Tiller & Reynolds, 2020). The interprofessional team should include nurses, physicians, mental health specialists, forensic nurses, counselors, social workers, safety officers, local police, interpreters, and administrative staff to provide holistic patient care ($n=12$) (Ashe-Goins, 2018; Eickhoff et al., 2023; Ma, 2023; Macias-Konstantopoulos, 2016; Marcinkowski et al., 2022; Mumma et al., 2017; Reid, 2022; Richie-Zavaleta, 2017; Safety, 2018; Stevens & Berishaj, 2016; Stoklosa et al., 2017; Tiller & Reynolds, 2020). Social workers play an integral role in following up when survivors are ready to leave, offering women shelter contacts, special victim unit numbers, and crisis hotline numbers ($n=8$) (Byrne et al., 2019; Cheetham & Hurst, 2022; Egyud et al., 2017; Eickhoff et al., 2023; Long & Dowdell, 2018; Reid, 2022; Stevens & Berishaj, 2016; Stoklosa et al., 2017). Administrative staff are included in the team because they can flag signs on the electronic admission form to alert the staff to a possible victim. Professional interpreters are preferred over family members/accompanying persons to enhance trust ($n=4$) (Byrne et al., 2019; Macias-Konstantopoulos, 2016; Stoklosa et al., 2017; Ward, 2019).

To enhance effective interprofessional partnerships, communication has been highlighted as an essential component of care ($n=5$) (Egyud et al., 2017; Eickhoff et al., 2023; Hulick et al., 2022; Human Trafficking, 2019; Richie-Zavaleta, 2017). This review highlights the partnership between healthcare professionals and victims. Healthcare professionals should acknowledge the complex dynamics of human trafficking victims, ask open-ended questions, provide honest answers, and avoid interruptions ($n=9$) (Byrne

et al., 2019; Cheetham & Hurst, 2022; Human Trafficking, 2019; Lamb-Susca & Clements, 2018; Macias-Konstantopoulos, 2016; Reid, 2022; Sakamoto, 2018; Stoklosa et al., 2017; Ward, 2019). One characteristic of effective communication is building rapport and trust ($n=7$) (Ashe-Goins, 2018; Byrne et al., 2019; Cheetham & Hurst, 2022; Egyud et al., 2017; Eickhoff et al., 2023; Reid, 2022; Richie-Zavaleta, 2017), which develops by maintaining the dignity of the victim ($n=7$) (Macias-Konstantopoulos, 2016; Reid, 2022; Richie-Zavaleta, 2017; Sakamoto, 2018; Stevens & Berishaj, 2016; Stoklosa et al., 2017; Ward, 2019).

Trusting relationships are fundamental for building partnerships, and healthcare professionals need to introduce themselves, listen attentively, make eye contact, create a safe and confidential environment in the examination room, and separate the victim from the trafficker before asking questions ($n=11$) (Ashe-Goins, 2018; Byrne et al., 2019; Cheetham & Hurst, 2022; Egyud et al., 2017; Eickhoff et al., 2023; Hulick et al., 2022; Kaltiso et al., 2021; Lamb-Susca & Clements, 2018; Stevens & Berishaj, 2016; Stoklosa et al., 2017; Ward, 2019). Treating victims as individuals, attending to basic needs and wishes, providing for well-being and safety, and asking for informed consent contribute to trusting relationships ($n=5$) (Lamb-Susca & Clements, 2018; PEARR, 2018; Reid, 2022; Sakamoto, 2018; Stoklosa et al., 2017).

Theme 3: Identify

Due to the nature of human trafficking, victims who enter the ED will not claim that they are victims. Therefore, healthcare professionals should be alert, with a high index of suspicion when identifying those who are exploited. The interprofessional healthcare team can identify a human trafficking victim through a thorough history and physical cues, asking the right questions, and noticing red flags. The three subthemes are described below.

Subtheme 1: History and physical cues

Victims experience multiple forms of abuse and disrespect during captivity, leading to posttraumatic stress disorder (PTSD), which is the most prevalent presentation of a human trafficking victim (Mak et al., 2023). Human traffic victims can participate in fight, flight, freezing, or fawn activities, which are the body's natural survivor tactics.

Victims of sexual abuse may present with muscle strain ($n=1$) (Byrne et al., 2019); back pain ($n=2$) (Byrne et al., 2019; Lamb-Susca & Clements, 2018); bald patches where hair has been pulled out ($n=2$) (Byrne et al., 2019; Lamb-Susca & Clements, 2018); bite marks ($n=1$) (Byrne et al., 2019); fractures ($n=5$) (Hulick et al., 2022; Lamb-Susca & Clements, 2018; Long & Dowdell, 2018; Macias-Konstantopoulos, 2016; Sakamoto, 2018); jaw problems, such as mandibular dislocations ($n=4$) (Byrne et al., 2019; Kaltiso et al., 2021; Macias-Konstantopoulos, 2016; Safety, 2018); burns ($n=4$) (Byrne et al., 2019; Lamb-Susca & Clements, 2018; Long & Dowdell, 2018; Sakamoto, 2018); and vaginal and rectal trauma ($n=12$) (Ashe-Goins, 2018; Byrne et al., 2019; Cheetham & Hurst, 2022; Hulick et al., 2022; Kaltiso et al., 2021; Long & Dowdell, 2018; Mumma et al., 2017; Sakamoto, 2018; Safety, 2018).

Reproductive health issues were mentioned in 14 reports and included urinary tract infections, sexually transmitted infections, pelvic inflammatory diseases, and infectious diseases of the reproductive system, including HIV (Ashe-Goins, 2018; Byrne et al., 2019; Cheetham & Hurst, 2022; Hulick et al., 2022; Kaltiso et al., 2021; Lamb-Susca & Clements, 2018; Long & Dowdell, 2018; Macias-Konstantopoulos, 2016; Mumma et al., 2017; Richie-Zavaleta, 2017; Safety, 2018; Sakamoto, 2018; Stoklosa et al., 2017; Tiller & Reynolds, 2020). Pregnancies, abortions, and miscarriages are mentioned in 10 reports and are the reasons victims frequently visit EDs (Byrne et al., 2019; Cheetham & Hurst, 2022; Hulick et al., 2022; Lamb-Susca & Clements, 2018; Long & Dowdell, 2018; Macias-Konstantopoulos, 2016; Mumma et al., 2017; Richie-Zavaleta, 2017; Safety, 2018; Stoklosa et al., 2017). Victims have multiple sex partners and are often not allowed to use condoms that contribute to reproductive health challenges ($n=2$) (Cheetham & Hurst, 2022; Tiller & Reynolds, 2020).

Overwhelming stress causes an automatic and subconscious response in the body, triggering a survival mechanism (Mak et al., 2023). Fight and flight are self-preservation responses and are accompanied by an increase in cortisol and adrenaline levels (in the sympathetic nervous system) (Mak et al., 2023). Fight responses include anger outbursts and hostility ($n=3$) (Byrne et al., 2019; Cheetham & Hurst, 2022; Lamb-Susca & Clements, 2018). Other behaviors portrayed by victims are manic pressured speech ($n=1$) (Cheetham & Hurst, 2022), hypersexualization ($n=1$) (Byrne et al., 2019), irritability ($n=1$) (Lamb-Susca & Clements, 2018), and a hyperstarting reflex ($n=1$) (Macias-Konstantopoulos, 2016). Victims may also be disoriented toward time and place ($n=3$) (Cheetham & Hurst, 2022; Lamb-Susca & Clements, 2018; Safety, 2018).

The fight response is a trauma response controlled by panic behavior (Mak et al., 2023), and victims are anxious, as seen in 8 reports (Ashe-Goins, 2018; Byrne et al., 2019; Cheetham & Hurst, 2022; Hulick et al., 2022; Lamb-Susca & Clements, 2018; Long & Dowdell, 2018; Macias-Konstantopoulos, 2016; Stoklosa et al., 2017). In addition to victims being inappropriately dressed ($n=3$) (Cheetham & Hurst, 2022; Macias-Konstantopoulos, 2016; Reid, 2022), they are hypervigilant and continuously assess their surroundings for potential threats, for example, looking around to determine where the "uncle" or trafficker is ($n=2$) (Ashe-Goins, 2018; Macias-Konstantopoulos, 2016). Consequently, victims frequently complain about sleep disturbances such as insomnia and nightmares ($n=6$) (Ashe-Goins, 2018; Bramham, 2022; Byrne et al., 2019; Lamb-Susca & Clements, 2018; Macias-Konstantopoulos, 2016; Tiller & Reynolds, 2020). A hypervigilant victim constantly seeks approval from a "boyfriend" before answering questions and displays fearful behavior ($n=4$) (Byrne et al., 2019; Cheetham & Hurst, 2022; Macias-Konstantopoulos, 2016; Sakamoto, 2018). Furthermore,

victims with a flight response may show dissociation behavior, are withdrawn and detached from reality (*n* = 3) (Ashe-Goins, 2018; Macias-Konstantopoulos, 2016; Tiller & Reynolds, 2020), and may deny being exploited (*n* = 1) (Cheetham & Hurst, 2022).

The parasympathetic nervous system takes over the sympathetic nervous system when victims experience freezing or fawn (Mak et al., 2023), which is self-destructive and harmful to numbing and inward dissociative behaviors (*n* = 4) (Ashe-Goins, 2018; Lamb-Susca & Clements, 2018; Macias-Konstantopoulos, 2016; Stoklosa et al., 2017). Freezing is a traumatic response that relies on dissociation to detach from perceived threats and withdraw from reality (Mak et al., 2023), often resulting in distrust of authorities (*n* = 2) (Cheetham & Hurst, 2022; Macias-Konstantopoulos, 2016). Stockholm syndrome can develop when the victim is traumatized by a trafficker (*n* = 2) (Ashe-Goins, 2018; Macias-Konstantopoulos, 2016). Freezing can be portrayed as flop behavior by accepting the situation and not fighting; the victim does not fight because resistance is futile. Additional characteristics of freezing behavior include not being allowed to speak for themselves, having no privacy during medical examination, and being alone if the victim needs to be on a cell phone with the trafficker, who is called the "uncle" (*n* = 7) (Bramham, 2022; Byrne et al., 2019; Human Trafficking, 2019; Macias-Konstantopoulos, 2016; Safety, 2018; Sakamoto, 2018; Tiller & Reynolds, 2020).

Fawning is a people-pleasing traumatic response to avoid conflict, and the victim develops a codependent relationship with the trafficker (Mak et al., 2023). Submission and collapse are types of mechanical obedience. Victims survive by being compliant and submissive when victims avoid eye contact and look for approval to speak (*n* = 2) (Cheetham & Hurst, 2022; Macias-Konstantopoulos, 2016). Victims are often runaways with a history of personal violence, illiteracy, and homelessness (*n* = 4) (Ashe-Goins, 2018; Cheetham & Hurst, 2022; Lamb-Susca & Clements, 2018; Reid, 2022).

Subtheme 2: Identifying questions

The identifying questions were extracted according to the definition of human trafficking, namely, force, coercion, control, threats, and abuse of power (Table 3).

Subtheme 3: Red flags

Red flags are signs used to identify human trafficking victims (Mayes, 2022) and are grouped into social cues, physical signs, behavior cues, and psychological cues.

Regarding social signs, victims rarely have identification documents or personal documents, or the trafficker controls all the documents. Hence, victims are not allowed to self-identify and are often younger than they appear (*n* = 12) (Ashe-Goins, 2018; Cheetham & Hurst, 2022; Kaltiso et al., 2021; Lamb-Susca & Clements, 2018; Long & Dowdell, 2018; Macias-Konstantopoulos, 2016; Reid, 2022; Richie-Zavaleta, 2017; Safety, 2018; Stevens & Berishaj, 2016; Tiller & Reynolds, 2020). Victims do not have health insurance, and their guardian offers to pay in cash (*n* = 1) (Egyud et al., 2017). The person accompanying the victim speaks on their behalf (*n* = 6) (Ashe-Goins, 2018; Hulick et al., 2022; Kaltiso et al., 2021; Marcinkowski et al., 2022; Reid, 2022; Stevens & Berishaj, 2016) and may be referred to as a guardian, "family member"/"boyfriend" who does not leave her side (*n* = 2) (Egyud et al., 2017; Eickhoff et al., 2023). Another social sign is that the trafficker is rushing health services and is in a hurry to leave the ED (*n* = 1) (Kaltiso et al., 2021). Healthcare professionals are not allowed to have private conversations with the victim and are unable to talk to the victim alone (*n* = 6) (Ashe-Goins, 2018; Kaltiso et al., 2021; Lamb-Susca & Clements, 2018; Richie-Zavaleta, 2017; Stevens & Berishaj, 2016; Tiller & Reynolds, 2020).

Regarding physical cues, victims' stories are inconsistent regarding their history and injuries (*n* = 7) (Alvarado, 2021; Bramham, 2022; Byrne et al., 2019; Cheetham & Hurst, 2022; Kaltiso et al., 2021; Macias-Konstantopoulos, 2016; Safety, 2018). Physical abuse is a red flag, and victims present with fractures, burns, and bruises with various stages of healing related to "falls" (*n* = 7) (Alvarado, 2021; Hulick et al., 2022; Marcinkowski et al., 2022; Reid, 2022; Richie-Zavaleta, 2017; Stevens & Berishaj, 2016; Tiller & Reynolds, 2020). Victims often present with dehydration associated with malnourishment, hunger, and poor health (*n* = 5) (Alvarado, 2021; Marcinkowski et al., 2022; Reid, 2022; Stevens & Berishaj, 2016; Tiller & Reynolds, 2020). Together with exacerbated underlying medical conditions (*n* = 10) (Ashe-Goins, 2018; Byrne et al., 2019; Cheetham & Hurst, 2022; Kaltiso et al., 2021; Lamb-Susca & Clements, 2018; Long & Dowdell, 2018; Macias-Konstantopoulos, 2016; Mumma et al., 2017; Safety, 2018; Sakamoto, 2018), victims may present with branding or tattooing with crowns, money, or barcodes that reflect the nature of the crime (*n* = 3) (Alvarado, 2021; Reid, 2022; Richie-Zavaleta, 2017).

PTSD is an overarching theme seen in these victims and their behavior (*n* = 6) (Alvarado, 2021; Ashe-Goins, 2018; Kaltiso et al., 2021; Lamb-Susca & Clements, 2018; Macias-Konstantopoulos, 2016; Stoklosa et al., 2017). Hence, depression with suicide attempts (*n* = 11) (Alvarado, 2021; Ashe-Goins, 2018; Byrne et al., 2019; Eickhoff et al., 2023; Hulick et al., 2022; Kaltiso et al., 2021; Lamb-Susca & Clements, 2018; Long & Dowdell, 2018; Macias-Konstantopoulos, 2016; Stoklosa et al., 2017; Tiller & Reynolds, 2020) and substance abuse are common among victims (*n* = 12) (Alvarado, 2021; Cheetham & Hurst, 2022; Eickhoff et al., 2023; Hulick et al., 2022; Kaltiso et al., 2021; Lamb-Susca & Clements, 2018; Long & Dowdell, 2018; Macias-Konstantopoulos, 2016; Mumma et al., 2017; Reid, 2022; Stoklosa et al., 2017). Other posttraumatic stress syndrome-associated signs are pseudoseizures (*n* = 1) (Egyud et al., 2017), abdominal pain, which is a vague symptom (*n* = 1) (Egyud et al., 2017), gastrointestinal distress, and headaches (*n* = 4) (Ashe-Goins, 2018; Macias-Konstantopoulos, 2016; Mumma et al., 2017; Richie-Zavaleta, 2017).

TABLE 3 Summary of the categories for questioning.

Categories	Questions	Sources
Force	Are you forced to perform sex acts or to work to pay off debt?	Reid (2022), Alvarado (2021), Kaltiso et al. (2021), Sakamoto (2018)
	Have you ever broken any bones, been knocked unconscious, or had any injuries? (Physically harmed; beaten, hit, yelled, if working at a slow pace and wanted to leave)	Kaltiso et al. (2021), Byrne et al. (2019), Sakamoto (2018), Ashe-Goins (2018), Long and Dowdell (2018), Egyud et al. (2017), Macias-Konstantopoulos (2016)
	Is anyone forcing you to do anything that you do not want to do? (Sexual intercourse, forced in current job, forced to use alcohol and substances)	Chisolm-Straker et al. (2021), Kaltiso et al. (2021), Byrne et al. (2019), Ward (2019), Long and Dowdell (2018), Sakamoto (2018), Ashe-Goins (2018), Mumma et al. (2017), Egyud et al. (2017), Stevens and Berishaj (2016)
Coercion	Has anyone ever asked you to have sex with another person (taken sexual pictures or posted on the internet?	Sakamoto (2018)
	Did you ever have sex for things of value? (Money, housing, food, or other items)	Chisolm-Straker et al. (2021), Sakamoto (2018), Macias-Konstantopoulos (2016)
	What might happen if you went back home? (Wanted to leave but you felt that you could not)	Sakamoto (2018)
	Is there anything going on in your life that makes you feel stressed/unsafe/scared? (Do you feel like anyone is hurting your health, safety, or well-being?)	Chisolm-Straker et al. (2021), Anonymous, Human Trafficking (2019), Sakamoto (2018)
	Is there anything you'd like to share with me?	Anonymous, Human Trafficking (2019)
Control	Are you free to leave your job?	Sakamoto (2018), Ashe-Goins (2018), Egyud et al. (2017), Stevens and Berishaj (2016)
	Are you deprived of food/water/sleep and medical care (limited availability)	Byrne et al. (2019), Sakamoto (2018), Ashe-Goins (2018), Egyud et al. (2017)
	Who decides when you eat/sleep? (Do you live where you work and the person in charge tells you where you should live? Not permitted to purchase food and or clothes for yourself)	Reid (2022), Sakamoto (2018), Ashe-Goins (2018)
	Do you have to ask permission to go to the bathroom, eat, sleep or talk to others?	Sakamoto (2018), Egyud et al. (2017), Kaltiso et al. (2021), Mumma et al. (2017)
	Are you allowed to go out on your own? (If you not working, are you free to come and go as you please?)	Kaltiso et al. (2021), Byrne et al. (2019), Sakamoto (2018), Sakamoto (2018), Safety (2018), Egyud et al. (2017), Mumma et al. (2017), Stevens and Berishaj (2016)
	Do you keep all the money you earn? (Is someone else in charge of your money?	Kaltiso et al. (2021), Long and Dowdell (2018), Sakamoto (2018), Safety (2018), Mumma et al. (2017)
	Do you keep your own identification papers? (Immigration documents and travel documents)	Reid (2022), Alvarado (2021), Kaltiso et al. (2021), Byrne et al. (2019), Long and Dowdell (2018), Sakamoto (2018), Ashe-Goins (2018), Safety (2018), Mumma et al. (2017), Egyud et al. (2017), Macias-Konstantopoulos (2016), Stevens and Berishaj (2016)
	Are there people who guard your workplace/place you live or video cameras (Locks on your doors/windows so you cannot get out)	Byrne et al. (2019), Sakamoto (2018), Ashe-Goins (2018), Egyud et al. (2017), Stevens and Berishaj (2016)
	Are you allowed to contact your friends or family whenever you would like?	Reid (2022), Kaltiso et al. (2021), Sakamoto (2018), Mumma et al. (2017)
	Did someone tell you what to say today?	Safety (2018)

TABLE 3 (Continued)

Categories	Questions	Sources
Threats	Have you been physically harmed or threatened? (with violence)	Reid (2022), Alvarado (2021), Chisolm-Straker et al. (2021), Kaltiso et al. (2021), Byrne et al. (2019), Ward (2019), Long and Dowdell (2018), Sakamoto (2018), Ashe-Goins (2018), Safety (2018), Egyud et al. (2017), Mumma et al. (2017), Macias-Konstantopoulos (2016), Stevens and Berishaj (2016)
	Has anyone threatened your family?	Reid (2022), Chisolm-Straker et al. (2021), Kaltiso et al. (2021), Byrne et al. (2019), Long and Dowdell (2018), Sakamoto (2018), Ashe-Goins (2018), Safety (2018), Egyud et al. (2017), Mumma et al. (2017), Macias-Konstantopoulos (2016)
	Has anyone threatened you with deportation?	Alvarado (2021), Mumma et al. (2017), Macias-Konstantopoulos (2016)
Abuse of power: *Living conditions*	Where do you sleep? (Do you feel safe where you sleep?)	Byrne et al. (2019), Sakamoto (2018), Egyud et al. (2017), Macias-Konstantopoulos (2016), Stevens and Berishaj (2016)
	Do you sleep in a bed, on a cot, or on the floor?	Sakamoto (2018), Ashe-Goins (2018), Egyud et al. (2017), Macias-Konstantopoulos (2016)
	What are your living conditions like? (Do you pay rent? Do you stay with your employer, live with other people, your family nearby?	Byrne et al. (2019), Sakamoto (2018), Ashe-Goins (2018), Egyud et al. (2017), Macias-Konstantopoulos (2016)
Abuse of power: *Work conditions*	Do you have debt to someone you cannot pay off? (Employer, did you know you would have to pay money before beginning work)	Reid (2022), Kaltiso et al. (2021), Long and Dowdell (2018), Sakamoto (2018), Mumma et al. (2017)
	Has anyone lied to you about the type of work you would be doing? (Trapped in the situation)	Reid (2022), Alvarado (2021), Kaltiso et al. (2021), Sakamoto (2018)
	What type of work do you do? (Where do you work?)	Sakamoto (2018), Macias-Konstantopoulos (2016)
	What is your schedule? (Hours per week, are you paid for your work)	Stevens and Berishaj (2016)
	How did you come to know your boyfriend/boss? (How did you first hear about your job? What kind of work did you expect to do?)	Sakamoto (2018)
	Does your employer permit you to take breaks? (Has anything been said or done to make you afraid/scared to leave your job? Can you leave your job?)	Sakamoto (2018)
	Has your employer ever offered you drugs or medications?	Sakamoto (2018)
Abuse of power: *Recreational*	Do you use drugs/alcohol?	Sakamoto (2018)
	Do you ever have problems with the police?	Sakamoto (2018)
	Have you been sexually active in the past? (Having oral, vaginal or anal sex? More than 5 sexual partners?)	Sakamoto (2018)
	Have you ever had sexually transmitted infections?	Sakamoto (2018)
Abuse of power: *Social*	Where are you from? (How did you get here/arrive here? Do you know where you are right now?	Sakamoto (2018), Stevens and Berishaj (2016)
	Have you ever run away from home?	Ward (2019), Sakamoto (2018)
	Do you like this tattoo?	Ward (2019)

Theme 4: Assessment

Healthcare professionals need to create opportunities for victims to be recognized and create a safe environment for victims to disclose their status. "Opportunities to be recognized" is the subcategory of the "assessment" theme.

Subtheme 1: Opportunities to be recognized

The interprofessional team should familiarize themselves with Red Flags to identify victims ($n=2$) (Eickhoff et al., 2023; Richie-Zavaleta, 2017). Screening tools should be incorporated into the care pathway ($n=7$) (Alvarado, 2021; Egyud et al., 2017; Eickhoff et al., 2023; Hulick et al., 2022; Reid, 2022; Richie-Zavaleta, 2017; Stevens & Berishaj, 2016). Electronic health records can incorporate screening tools and red flags to alert healthcare professionals, who should create an opportunity for victims to disclose their status ($n=3$) (Alvarado, 2021; Kaltiso et al., 2021; Reid, 2022).

Victims can self-identify using silent signage to inform healthcare professionals of "victim" status, for example, instructions to place a blue/red dot on the urine specimen in the bathroom when the victim needs to provide a urine sample ($n=4$) (Alvarado, 2021; Egyud et al., 2017; Eickhoff et al., 2023; Human Trafficking, 2019). Another method involves displaying posters about human trafficking to create awareness and state patient support in EDs, providing brochures and pamphlets in examination rooms, and providing human trafficking hotlines on soap, bandages, and lipsticks that can be handed out to victims ($n=4$) (Egyud et al., 2017; Hulick et al., 2022; Human Trafficking, 2019; Ward, 2019).

Theme 5: Care

Once the victim has been identified and recognized, healthcare professionals can use certain resources to provide care to victims in EDs. Response upon recognition, potential danger, and resources are the three subcategories of caring for the victim.

Subtheme 1: Response upon recognition

The immediate physical and psychosocial healthcare needs of the victim should be addressed ($n=5$) (Cheetham & Hurst, 2022; Egyud et al., 2017; Human Trafficking, 2019; Safety, 2018; Stevens & Berishaj, 2016). Once the victim is stable, they should be referred using appropriate community and legal resources ($n=8$) (Bramham, 2022; Byrne et al., 2019; Egyud et al., 2017; Eickhoff et al., 2023; Hornor et al., 2023; Long & Dowdell, 2018; Reid, 2022; Stevens & Berishaj, 2016). Creating a safe and comfortable space ($n=5$) (Human Trafficking, 2019; Lamb-Susca & Clements, 2018; Reid, 2022; Safety, 2018; Stoklosa et al., 2017), for example, a designated area that separates the victim from the trafficker behind closed doors, is crucial ($n=14$) (Alvarado, 2021; Ashe-Goins, 2018; Egyud et al., 2017; Kaltiso et al., 2021; Ma, 2023; Macias-Konstantopoulos, 2016; Marcinkowski et al., 2022; PEARR, 2018; Reid, 2022; Safety, 2018; Sakamoto, 2018; Stevens & Berishaj, 2016; Stoklosa et al., 2017; Ward, 2019). The victim should be empowered and respected. Ensuring a "warm handoff" after the victim leaves the ED might increase the likelihood of disclosure and longer-term connections between healthcare professionals and victims ($n=6$) (Kaltiso et al., 2021; Ma, 2023; PEARR, 2018; Safety, 2018; Stevens & Berishaj, 2016; Stoklosa et al., 2017).

Healthcare professionals need to act according to policies and procedures, including documentation and the process of reporting human trafficking cases ($n=5$) (Cheetham & Hurst, 2022; PEARR, 2018; Sakamoto, 2018; Stoklosa et al., 2017; Ward, 2019). Furthermore, healthcare professionals should know how to use the Human Trafficking Hotline ($n=3$) (Byrne et al., 2019; Sakamoto, 2018; Ward, 2019). Mandatory reporting applies to all under 18-year-old victims in the United States of America ($n=5$) (Bramham, 2022; Byrne et al., 2019; Cheetham & Hurst, 2022; Egyud et al., 2017; Hornor et al., 2023), and victims older than 18 years have a choice to report or not ($n=3$) (Bramham, 2022; Byrne et al., 2019; Stevens & Berishaj, 2016). Healthcare professionals need to assure victims that no contact with authorities will be made without the victim's consent, thus validating their choice to be helped ($n=4$) (Eickhoff et al., 2023; Lamb-Susca & Clements, 2018; Stoklosa et al., 2017; Ward, 2019).

Subtheme 2: Potential danger

Human trafficking is a criminal trade, and potentially dangerous situations may occur when caring for this vulnerable population. Healthcare professionals can ask four questions to determine the potential danger to the victim in the ED (Alvarado, 2021): is the trafficker present in the waiting room/outside? What will happen if the victim does not return to the trafficker? Does the victim believe he/she or a family member is in danger? Is the victim a minor? (Alvarado, 2021; Ward, 2019).

The victim's behavior can be observed to determine whether the victim is living in fear. Victims who do not accept resources or refuse to take pamphlets may be afraid of punishment ($n=2$) (Cheetham & Hurst, 2022; Macias-Konstantopoulos, 2016). Another sign of potential danger is that the victims refuse help from healthcare professionals and believe that they will escape by themselves ($n=3$) (Cheetham & Hurst, 2022; Kaltiso et al., 2021; Lamb-Susca & Clements, 2018; Tiller & Reynolds, 2020).

Subtheme 3: Resources

The United States of America has several hotlines for victims and healthcare professionals. Healthcare professionals should familiarize themselves with the available resources in their country (Alvarado, 2021; Byrne et al., 2019; Cheetham &

Hurst, 2022; Egyud et al., 2017; Lamb-Susca & Clements, 2018; Macias-Konstantopoulos, 2016; PEARR, 2018; Safety, 2018; Sakamoto, 2018; Stevens & Berishaj, 2016; Tiller & Reynolds, 2020; Ward, 2019). The additional resources available in the United States of America ($n=5$) are the National Human Trafficking Resource Center: Polaris Project, https://traffickingresourcecenter.org (Macias-Konstantopoulos, 2016; Safety, 2018; Sakamoto, 2018; Stevens & Berishaj, 2016; Stoklosa et al., 2017).

Interprofessional partnerships are recommended to provide coordinated care, for example, huddling plans for further assessment, appropriate referrals, flowcharts, clear role clarifications, and responsibilities ($n=12$) (Alvarado, 2021; Ashe-Goins, 2018; Bramham, 2022; Cheetham & Hurst, 2022; Egyud et al., 2017; Eickhoff et al., 2023; Hulick et al., 2022; Long & Dowdell, 2018; Reid, 2022; Safety, 2018; Stevens & Berishaj, 2016; Stoklosa et al., 2017). Law enforcement, including local police and the Federal Bureau of Human Trafficking, is a risk-specific resource in the United States of America ($n=4$) (Byrne et al., 2019; Egyud et al., 2017; Reid, 2022; Stevens & Berishaj, 2016).

DISCUSSION

A care pathway could assist healthcare professionals in recognizing and responding to human trafficking victims (Egyud et al., 2017). No standardized care pathways are available for use in EDs (Alvarado, 2021; Baldwin et al., 2023; Egyud et al., 2017; Richie-Zavaleta, 2017). A care pathway should include the elements of person-centeredness and trauma-informed care, including strategies of prevention, protection, and prosecution and an interprofessional team approach to identify, assess, and care for victims in EDs (Chambers et al., 2022; Eickhoff et al., 2023; Portillo, 2021; Tiller & Reynolds, 2020). Figure 3 is a conceptual map of the results showing the elements of a care pathway for healthcare professionals to recognize and respond to human trafficking victims in EDs.

Approach

Person-centeredness and trauma-informed care complement each other for optimal outcomes in EDs (Brennan et al., 2024; Chambers et al., 2022; Kimberg, 2019; Price et al., 2021;). The combined approach supports and sensitizes the interprofessional team toward person-centeredness, gender and cultural sensitivity, and the empowerment of victims to provide them with a voice and choice in their care plan (Chambers et al., 2022; Greenwald et al., 2023; Jain et al., 2022; Kokokyi et al., 2021; Ladd & Neufeld Weaver, 2018). Empowerment is key to both person-centeredness and trauma-informed care and emphasizes physical, psychological, and emotional safety for victims and healthcare professionals (Kimberg, 2019).

Victims should be respected as individuals, and understanding victims' uniqueness is key to person-centeredness (Kim et al., 2022). Furthermore, care should be focused on the whole-person and the right to self-determination (McConnell et al., 2016). Person-centeredness

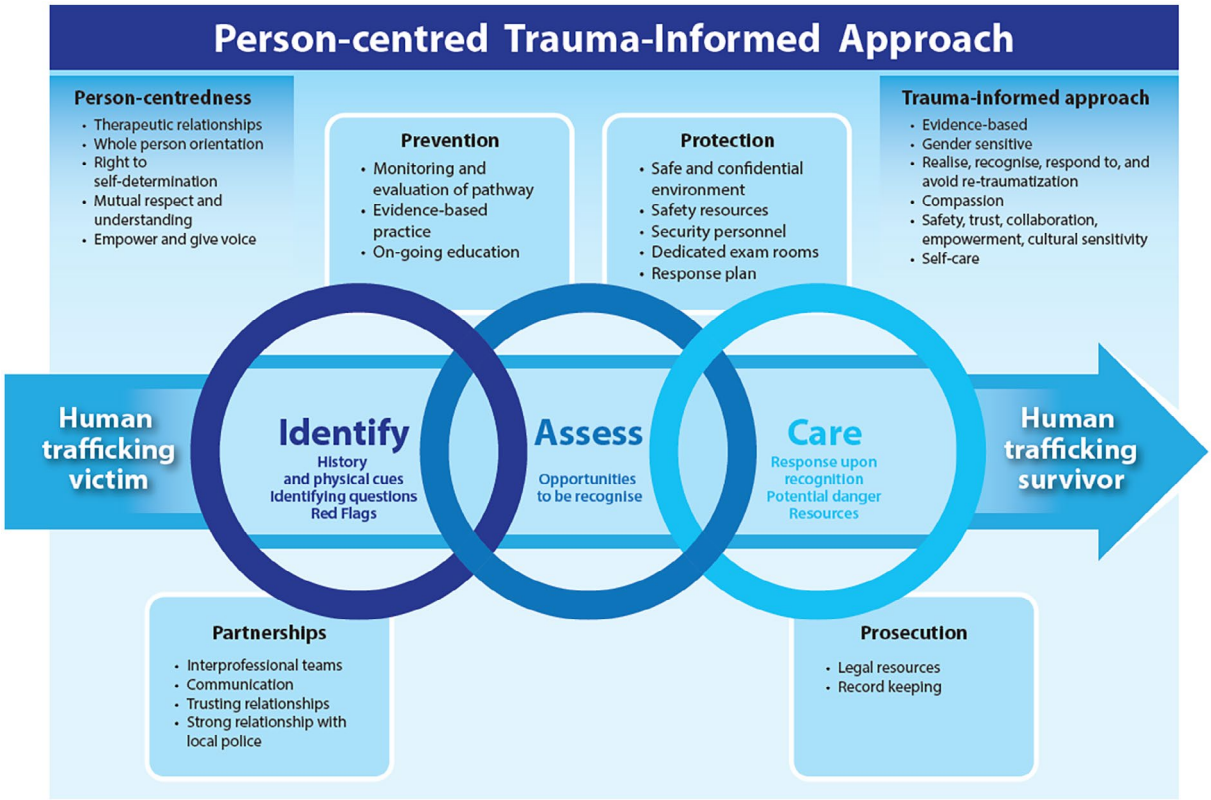

FIGURE 3 Depiction of the elements to be included in a care pathway for human traffic in emergency departments.

improves health outcomes by empowering victims through the formation of respectful therapeutic relationships (Baldwin et al., 2023; Morgan & McNaughton, 2021; Price et al., 2021) and by listening to the victim's story and avoiding assumptions (Kim et al., 2022). Giving a voice to victims and allowing them to be part of shared decision-making contributes to building resilience in these victims (Cannon et al., 2019; McConnell et al., 2016). Person-centeredness strengthens quality patient care, enhances the experience of the victim, and improves the clinical outcome of the victim becoming a survivor (Kim et al., 2022). Although person-centeredness is the foundation of health care, it does not address the vulnerability of human trafficking victims in EDs (Bassuk et al., 2017). Therefore, trauma-informed care should be incorporated to support the identification of and response to human trafficking victims by providing compassionate care and creating a safe environment (Kim et al., 2022; Parchment & Stinson, 2020; Reid, 2022).

Trauma-informed care is based on four principles: (1) understanding and acknowledging how trauma affects an individual, (2) recognizing trauma, (3) responding to trauma, and (4) preventing retraumatization (Brennan et al., 2024; Price et al., 2021). Preventing the retraumatization of victims is vital and promotes resilience and psychological healing in vulnerable populations (Brown et al., 2022; Parchment & Stinson, 2020). Cultural and gender-sensitive issues should be recognized as important components of healing and need to be incorporated into the person-centered trauma-informed approach (Brennan et al., 2024; Cannon et al., 2019; Parchment & Stinson, 2020). Even when victims decline resources, trauma-informed care creates a feeling of safety for the victim, and the victim might decide to return for support and help to escape (Sampsel et al., 2023). This approach integrates knowledge into the care pathway to prevent retraumatization (Ward, 2019).

Trauma information includes the self-care of healthcare professionals (Brown et al., 2022) and entails establishing clear boundaries, conducting debriefing sessions, being approachable, and realizing the importance of caring for one's own emotional well-being (Cannon et al., 2019). Self-care comprises the four Cs, namely, (1) staying calm and promoting calmness, (2) containing history that impacts the plan of care, (3) self-care through self-compassion, and (4) coping by focusing on interventions that build resilience (Ashworth et al., 2023; Kimberg, 2019).

A person-centered trauma-informed care pathway aims to improve care for specific complex patient populations (Van Houdt et al., 2013; Vanhaecht, 2011), which in this case are trafficking victims admitted to EDs. Educating healthcare professionals on person-centered trauma-informed care empowers them with clinical knowledge and confidence to treat victims and provide opportunities for them to become survivors (Brown et al., 2022; Chambers et al., 2022; Greenwald et al., 2023).

Strategies

The care pathway should incorporate the four strategies outlined in the Blue and the Blue Campaign, as defined by the United Nations Protocol and the National Action Plan to Combat Human Trafficking (Winterdyk & Zarafonitou, 2022).

Prevention

Care pathways aim to address gaps in current practice and improve the quality of care (Van Houdt et al., 2013). Care pathways are evidence-based, improve communication between healthcare professionals and patients, and strengthen coordination among interprofessional teams (Price et al., 2021; Schrijvers et al., 2012; Vanhaecht, 2011). Healthcare professionals in EDs must be prepared to provide evidence-based care and ongoing education to healthcare professionals and continuously evaluate the care pathway for effectiveness (Macias-Konstantopoulos, 2016; Murphy, 2022).

Protection

The Polaris Project emphasizes the importance of protection and outlines a safety plan for victims, which includes the assessment of current risks, the creation of strategies to avoid or reduce threats and harm, and options for responding when safety is compromised (Macias-Konstantopoulos, 2018). A response plan forms part of the person-centered trauma-informed approach and empowers the victim to make their own decisions (Jain et al., 2022; Macias-Konstantopoulos, 2018). A safe and confidential environment with dedicated examination rooms forms part of the response plan (Kimberg, 2019). The HEAL Trafficking protocol suggests involving hospital security and that healthcare professionals be familiar with appropriate documentation and reporting of these victims (HEAL Trafficking, n.d.; Tiller & Reynolds, 2020).

Prosecution

According to federal law, healthcare professionals are mandated to report human trafficking and report on children under the age of 18 years (Portillo, 2021). Therefore, healthcare professionals should be familiar with specific laws (Sampsel et al., 2023). To successfully prosecute traffickers, healthcare professionals should adhere to legal requirements when documenting injuries and caring for victims (Portillo, 2021; Sampsel et al., 2023).

Partnership

An interprofessional team approach is recommended for recognizing and responding to victims, including nurses, forensic nurses, doctors, social workers, administrative staff, police, and lawyers (Baldwin et al., 2023; Price et al., 2021; Portillo, 2021; Parchment & Stinson, 2020). A team approach will assist in the healing journey and provide continuous support to survivors (Ma, 2023; Price et al., 2021). Partnerships with local resources and local police could

assist in identifying more victims and providing appropriate support to survivors (Flinn, 2022; Portillo, 2021). Professional interpreters play an important role in the team and need to understand the complexity of the victim to be able to identify cultural aspects to build a trusting relationship (Macias-Konstantopoulos, 2018). One team member should be tasked with contacting the human trafficking hotline and providing resources to the victim. Allocating the task to a specific team member supports establishing and maintaining relationships for open communication with specialized resources (Portillo, 2021).

Communication contributes to trusting relationships and creates rapport with the victim (Parchment & Stinson, 2020). Healthcare professionals have limited time to build trust with victims, and giving control to victims will assist victims in revealing their status, allowing them to move closer to becoming survivors (Combs & Arnold, 2022; Flinn, 2022; Macias-Konstantopoulos, 2018; Morgan & McNaughton, 2021). Respecting the victim by being nonjudgmental, using a calm tone of voice, and maintaining eye contact contribute to a trusting relationship (Macias-Konstantopoulos, 2018). The ED is chaotic, but healthcare professionals need time to introduce themselves and their role in victims' care, ask victims about their name, which fosters trust (Ashworth et al., 2023), and explain the procedures in the ED to victims so that they can understand and participate in decision-making and choose the best option for their safety (Kim et al., 2022). A trusting relationship with the victim is a starting point and gives the victim a choice on their unique journey after being exploited (Ladd & Neufeld Weaver, 2018).

Identify

Healthcare professionals are not educated on the history and physical cues often present in in victims (Portillo, 2021). Therefore, they may fail to identify victims seeking health care (Portillo, 2021). Victims present with acute and chronic physical and emotional signs of abuse and psychological challenges that lead to PTSD (Chambers et al., 2024; Ladd & Neufeld Weaver, 2018; Portillo, 2021; Price et al., 2021). Reproductive health issues, especially unplanned pregnancies, STIs, and traumatic injuries, are common reasons why victims visit the ED (Portillo, 2021). Substance abuse might also be a red flag (Chambers et al., 2024).

We formulated questions according to the definition of human trafficking (Chambers et al., 2024) that might be asked by healthcare providers in EDs. The questions address the five core elements of force, coercion, control, threats, and abuse of power (Macias-Konstantopoulos, 2018). The questions can be incorporated into conversations while establishing rapport with the victim (Macias-Konstantopoulos, 2018). Red flags help healthcare teams recognize potential victims and guide them to use a predetermined care pathway (Macias-Konstantopoulos, 2018; Murphy, 2022). Red flags are grouped into physical signs, behavior, and psychological cues with which the healthcare team needs to be familiar to identify victims (Portillo, 2021).

Assess

Early recognition contributes to appropriate responses and ensures the safety of victims in EDs (Brady, 2020; Murphy, 2022). Screening tools are an important element of the care pathway, and healthcare professionals need to include them in conversations with potential victims (Macias-Konstantopoulos, 2018). Healthcare professionals should be vigilant and able to identify red flags (Macias-Konstantopoulos, 2018; Murphy, 2022). Silent flag systems should be implemented in EDs for victims to self-identify (Eickhoff et al., 2023). Electronic health records should incorporate screening tools, and red flags might first be identified by administrative staff, who then alert healthcare professionals of potential victims (Arceneaux, 2023).

Care

Victims seek health care for various medical reasons, and the fear of traffickers may discourage them from disclosing their status and refusing help (Flinn, 2022). Once victims have been identified, they should be taken to a designated safe room (Flinn, 2022) or an emotionally safe space (Cannon et al., 2019; Price et al., 2021). Physical and emotional safety is part of trauma-informed care (Brown et al., 2022). Victims can be empowered by asking permission to proceed, adapting the examination to the individual's needs and mutual understanding (Ashworth et al., 2023), and involving the victim in decision-making. Healthcare professionals may jeopardize victims' safety by making decisions on their behalf (Brown et al., 2022). Healthcare professionals must advocate for patient safety (Parchment & Stinson, 2020).

Victims should be offered resources, including hotline numbers, appropriate referrals, and legal resources (Combs & Arnold, 2022; Jain et al., 2022; Portillo, 2021; Tiller & Reynolds, 2020). The victim's safety and quality of life are important because they address the concerns of victims (Macias-Konstantopoulos, 2018).

Limitations

The research team may have missed sources because not all databases were accessed. Additionally, the review included only sources from North America and may not represent the rest of the world.

LINKING EVIDENCE TO ACTION

- Healthcare professionals have a responsibility to respond to human trafficking victims in EDs.
- We identified elements that should be included in a care pathway for recognizing and responding safely and appropriately to human trafficking victims.

- The care pathway should be based on person-centered and trauma-informed care, including prevention, protection, prosecution, and partnership-building strategies.
- An interprofessional team should work together to identify, assess, and care for such victims.
- Future research should develop a standardized care pathway for healthcare professionals to recognize and respond to human trafficking victims in EDs.

CONCLUSIONS

The literature on human trafficking and health care from around the world is limited to North America. Healthcare professionals could play an important role in rescuing human trafficking victims in EDs if there is awareness and a predetermined care pathway. The care pathway is built on person-centeredness and trauma-informed care, and includes prevention, protection, and prosecution strategies and an interprofessional team approach to identify, assess, and care for victims in EDs. Moreover, the immediate healthcare needs and safety of victims are paramount. The authors recommend that stakeholders and human trafficking survivors be given a voice in what elements should form part of the care pathway. Future research should include the design of a care pathway for healthcare professionals to recognize and respond to human trafficking victims in EDs.

ACKNOWLEDGMENTS

Winkie Siebane, an information specialist at the Department of Library Science, University of Pretoria, assisted with developing the search string and searching reports on electronic databases. Marizanne Booyens, Studio Manager, Faculty of Health Sciences, Department for Education Innovation, Creative Studios, University of Pretoria, who designed Figure 3. Dr. Cheryl Tosh for editing the article. Muneera Mohamed, psychologist, was a critical friend during the data analysis.

CONFLICT OF INTEREST STATEMENT

None.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are openly available in Open Access Framework at https://osf.io/48whj/, reference number https://osf.io/48whj/.

REGISTRATION

As suggested by the JBI, the mapping review proposal was registered in the Open Access Framework database (https://osf.io/48whj/).

ORCID

Leanne van Rooy https://orcid.org/0009-0000-3365-1078
Yvonne Botma https://orcid.org/0000-0003-1462-4079
Celia J. Filmalter https://orcid.org/0000-0003-4070-3467
Tanya Heyns https://orcid.org/0000-0001-5184-3735

REFERENCES

Alvarado, J. (2021). *Implementation of a protocol in the freestanding emergency department to screen for and identify possible victims of human trafficking*. [Doctoral dissertation, University of Nevada Las Vegas]. UNLV Theses, Dissertations, Professional Papers, and Capstones. https://doi.org/10.34917/25373996

Arceneaux, S. (2023). Education improves emergency department providers' knowledge of human trafficking. *Advanced Emergency Nursing Journal*, *45*(2), 138–144. https://doi.org/10.1097/tme.0000000000000455

Arksey, H. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology*, *8*, 19–32. https://doi.org/10.1080/1364557032000119616

Ashe-Goins, F. (2018). *Human trafficking: Implications for nurses*. The South Carolina Nurse. https://www.scnurses.org

Ashworth, H., Lewis-O'Connor, A., Grossman, S., Brown, T., Elisseou, S., & Stoklosa, H. (2023). Trauma-informed care (TIC) best practices for improving patient care in the emergency department. *International Journal of Emergency Medicine*, *16*(1), 38. https://doi.org/10.1186/s12245-023-00509-w

Aveyard, H., & Bradbury-Jones, C. (2019). An analysis of current practices in undertaking literature reviews in nursing: Findings from a focused mapping review and synthesis. *BMC Medical Research Methodology*, *19*(105), 1–9. https://doi.org/10.1186/s12874-019-0751-7

Baldwin, S. B., Miller, C. L., Maclin, B. J., Williams, S. J., & Stoklosa, H. (2023). Toward an evidence-based framework to guide health care responses for patients impacted by human trafficking: Evaluation of the HEAL trafficking protocol toolkit. *Journal of Human Trafficking*, 1–15. https://doi.org/10.1080/23322705.2023.2170693

Barner, J. R., Okech, D., & Camp, M. A. (2017). "One size does not fit all:" A proposed ecological model for human trafficking intervention. *Journal of Evidence-Informed Social Work*, *2*(15), 1–14. https://doi.org/10.1080/23761407.2017.1420514

Bassuk, E. L., Latta, R. E., Sember, R., Raja, S., & Richard, M. (2017). Universal design for underserved populations: Person-centered, recovery-oriented and trauma informed. *Journal of Health Care for the Poor and Underserved*, *28*(3), 896–914. https://doi.org/10.1353/hpu.2017.0087

Brady, R. R. (2020). *Human trafficking: Opening our eyes through a screening tool*. [Doctoral thesis, Grand Canyon University]. ACM Digital Library.

Bramham, D. (2022). *Signs of human trafficking: Nurses taught to spot clues*. National Post. https://www.proquest.com/newspapers/signs-human-trafficking-nurses-taught-spot-clues/docview/1609440526/se-2?accountid=14717

Brennan, G., Miell, A., Grassie, J., Goodall, K., & Robinson, S. (2024). What are the barriers and enablers to trauma-informed emergency departments? A scoping review protocol. *BMJ Open*, *14*(1), e076370. https://doi.org/10.1136/bmjopen-2023-076370

Brown, T., Ashworth, H., Bass, M., Rittenberg, E., Levy-Carrick, N., Grossman, S., Lewis-O'Connor, A., & Stoklosa, H. (2022). Trauma-informed care interventions in emergency medicine: A systematic review. *The Western Journal of Emergency Medicine*, *23*(3), 334–344. https://doi.org/10.5811/westjem.2022.1.53674

Byrne, M., Parsh, S., & Parsh, B. (2019). Human trafficking: Impact, identification, and intervention. *Nursing Management*, *50*(8), 19–24. https://doi.org/10.1097/01.numa.0000575304.15432.07

Cannon, L. M., Coolidge, E. M., LeGierse, J., Moskowitz, Y., Buckley, C., Chapin, E., Warren, M., & Kuzma, E. K. (2019). Trauma-informed education: Creating and pilot testing a nursing curriculum on trauma-informed care. *Nurse Education Today*, *85*, 104256. https://doi.org/10.1016/j.nedt.2019.104256

Castellucci, J. (2020). *Identification of human trafficking victims in the healthcare setting: An integrative review*. [Doctoral dissertation, Liberty University]. Digital Commons Library. https://digitalcom

mons.liberty.edu/cgi/viewcontent.cgi?article=3691&context=doctoral

Chambers, R., Gibson, M., Chaffin, S., Takagi, T., Nguyen, N., & Mears-Clark, T. (2024). Trauma-coerced attachment and complex PTSD: Informed care for survivors of human trafficking. *Journal of Human Trafficking*, *10*, 41–50. https://doi.org/10.1080/23322705.2021.2012386

Chambers, R., Greenbaum, J., Cox, J., & Galvan, T. (2022). Trauma informed care: Trafficking out-comes (TIC TOC study). *Journal of Primary Care & Community Health*, *13*, 1–18. https://doi.org/10.1177/21501319221093119

Cheetham, A. L., & Hurst, I. A. (2022). Human trafficking: When to suspect in the pediatric emergency department? *Pediatric Emergency Care*, *38*, 167–171. https://doi.org/10.1097/PEC.0000000000002685

Chisolm-Straker, M., Singer, E., Strong, D., Loo, G. T., Rothman, E. F., Clesca, C., d'Etienne, J., Alanis, N., & Richardson, L. D. (2021). Validation or a screening tool for labor and sex trafficking among emergency department patients. *Journal of the American College of Emergency Physicians Open*, *2*(5), e12558. https://doi.org/10.1002/emp2.12558

Combs, M. A., & Arnold, T. (2022). Human trafficking: Empowering healthcare providers and community partners as advocates for victims. *Journal of Holistic Nursing*, *40*(3), 295–301. https://doi.org/10.1177/08980101211045554

Coppola, J. S., Cantwell, E. R., Kushary, D., & Ayres, C. (2019). Human trafficking: Knowledge and awareness in nursing practice. *Journal of Nursing Practice Applications & Reviews of Research*, *9*(1), 40–49.

Egyud, A., Stephens, K., Swanson-Bierman, B., DiCuccio, M., & Whiteman, K. (2017). Implementing of human trafficking education and treatment algorithm in the emergency department. *Journal of Emergency Nursing*, *43*(6), 526–531.

Eickhoff, L., Kelly, J., Zimmie, H., Crabo, E., Baptiste, D. L., Maliszewski, B., & Goldstein, N. (2023). Slipping through the cracks-detection of sex trafficking in the adult emergency department: An integrative review. *Journal of Clinical Nursing*, *32*(17–18), 5948–5958. https://doi.org/10.1111/jocn.16727

Flinn, L. (2022). *Implementation of an updated screening tool to identify human trafficking victims in the emergency department*. [Doctoral dissertation, Bradley University]. ProQuest. https://www.proquest.com/openview/44ef42d99bce9cb2e0de2f3d3b82853a/1?pq-origsite=gscholar&cbl=18750&diss=y

Global Report on Trafficking in Persons. (2023). *United Nations*. https://www.unodc.org/unodc/en/human-trafficking/index.html

Greenwald, A., Kelly, A., Mathew, T., & Thomas, L. (2023). Trauma-informed care in the emergency department: Concepts and recommendations for integrating practices into emergency medicine. *Medical Education Online*, *28*(1), 2178366.

HEAL Trafficking. (n.d.). https://healtrafficking.org/2017/06/protocol-toolkit/

Heyn, P. C., Meeks, S., & Pruchno, R. (2019). Methodological guidance for a quality review article. *The Gerontologist*, *59*(2), 197–201. https://doi.org/10.1093/geront/gny123

HIRAID Research Group. (2021). The implementation of an emergency nursing framework (HIRAID) reduces patient deterioration: A multicentre quasi-experimental study. *International Emergency Nursing*, *56*, 100976. https://doi.org/10.1016/j.ienj.2021.100976

Hornor, G., Hollar, J., Landers, T., & Sherfield, J. (2023). Healthcare use and case characteristics of commercial sexual exploitation of children: Teen victims versus high-risk teens. *Journal of Forensic Nursing*, *19*(3), 160–169. https://doi.org/10.1097/JFN.0000000000000402

Hulick, J., Jensen, L., Mihaiuc, A., Shin, R. H., Pope, S., & Gimbel, S. (2022). Current practices and nurse readiness to implement standardized screening for commercially and sexually exploited individuals in emergency departments in western washington hospitals. *Advanced Emergency Nursing Journal*, *44*(4), 322–332. https://doi.org/10.1097/TME.0000000000000427

Human Trafficking. (2019). ACOG committee opinion summary, Number 787. *Obstetrics and Gynecology*, *134*(3), 662–663. https://doi.org/10.1097/AOG.0000000000003428

Human trafficking in South Africa. (2022). https://thepointmall.co.za/blog/human-trafficking-in-south-africa/#:~:text=Regardless%20of%20nationality%2C%20victims%20are,is%2013%2Dyears%2Dold

Jain, J., Bennett, M., Bailey, M. D., Liaou, D., Kaltiso, S. O., Greenbaum, J., Williams, K., Gordon, M. R., Torres, M. I. M., Nguyen, P. T., Coverdale, J. H., Williams, V., Hari, C., Rodriguez, S., Salami, T., & Potter, J. E. (2022). Creating a collaborative trauma-informed interdisciplinary citywide victim services model focused on health care for survivors of human trafficking. *Public Health Reports*, *137*(1_suppl), 30S–37S. https://doi.org/10.1177/00333549211059833

Kaltiso, S. O., Greenbaum, V. J., Moran, T. P., Osborne, A. D., Korniotes, J., Marazzi, G., & Clery, M. (2021). Feasibility of a screening tool for sex trafficking in an adult emergency department. *Academic Emergency Medicine*, *28*(12), 1399–1408. https://doi.org/10.1111/acem.14313

Khalil, H., & Tricco, A. C. (2022). Differentiating between mapping reviews and scoping reviews in the evidence synthesis ecosystem. *Journal of Clinical Epidemiology*, *149*, 175–182. https://doi.org/10.1016/j.jclinepi.2022.05.012

Kim, J. M., Kim, N. G., & Lee, E. N. (2022). Emergency room nurses' experiences in person-centred care. *Nursing Reports*, *12*(3), 472–481. https://doi.org/10.3390/nursrep12030045

Kimberg, L. (2019). Trauma and trauma-informed care. In M. Gerber (Ed.), *Trauma-informed healthcare approaches* (pp. 25–55). Springer.

Kokokyi, S., Klest, B., & Anstey, H. (2021). A patient-orientated research approach to assessing patients' and primary care physicians' opinions on trauma-informed care. *PLoS One*, *16*, e0254266. https://doi.org/10.1371/journal.pone.0254266

Ladd, S. K., & Neufeld Weaver, L. (2018). Moving forward: Collaborative accompaniment of human trafficking survivors by using trauma-informed practices. *Journal of Human Trafficking*, *4*(3), 191–212.

Lamb-Susca, L., & Clements, P. T. (2018). Intersection of human trafficking and the emergency department. *Journal of Emergency Nursing*, *44*(6), 563–569. https://doi.org/10.1016/j.jen.2018.06.001

Long, E., & Dowdell, E. B. (2018). Nurses' perception of victims of human trafficking in an urban emergency department: A qualitative study. *Journal of Emergency Nursing*, *44*(4), 375–383. https://doi.org/10.1016/j.jen.2017.11.004

Ma, C. (2023). *Child trafficking and healthcare settings*. The Nursing Voice.

Macias-Konstantopoulos, W. (2016). Human trafficking: The role of medicine in interrupting the cycle of abuse and violence. *American College of Physicians*, *165*(8), 582–588. https://doi.org/10.7326/M16-0094

Macias-Konstantopoulos, W. (2018). *National human trafficking training and technical assistance center*. Administration for Children and Families. Office on Trafficking in Persons. https://nhttac.acf.hhs.gov/resources/toolkit-adult-human-trafficking-screening-tool-and-guide

Mak, J., Bentley, A., Paphtis, S., Huq, M., Zimmerman, C., Osrin, D., Devakumar, D., Abas, M., & Kiss, L. (2023). Psychosocial interventions to improve the mental health of survivors of human trafficking: A realist review. *Lancet Psychiatry*, *10*(7), 557–574. https://doi.org/10.1016/S2215-0366(23)00105-0

Marcinkowski, B., Caggiula, A., Tran, B. N., Tran, Q. K., & Pourmand, A. (2022). Sex trafficking screening and intervention in the emergency department: A scoping review. *Journal of the American College of Emergency Physicians Open*, *3*(1), e12638. https://doi.org/10.1002/emp2.12638

Mayes, K. L. (2022). Nursing education and identification of sex and human trafficking victims. *Symposium of Student Scholars*, *315*, 1–14.

McAmis, N. E., Mirabella, A. C., McCarthy, E. M., Cama, C. A., Fogarasi, M. C., Thomas, L. A., Feinn, R. S., & Rivera-Godreau, I. (2022). Assessing healthcare provider knowledge of human trafficking. *PLoS One*, *17*(3), e0264338. https://doi.org/10.1371/journal.pone.0264338

McConnell, D., McCance, T., & Melby, V. (2016). Exploring person-centredness in emergency departments: A literature review. *International Emergency Nursing*, *26*, 38–46. https://doi.org/10.1016/j.ienj.2015.10.001

Morgan, C. J., & McNaughton, S. (2021). Learning person-centredness interprofessionally: An uneasy student journey. *Journal of Inerprofessional Care*, *35*(2), 240–247. https://doi.org/10.1080/13561820.2020.1715930

Mumma, B. E., Scofield, M. E., Mendoza, L. P., Toofan, Y., Youngyunpipatkul, J., & Hernandez, B. (2017). Screening for victims of sex trafficking in the emergency department: A pilot program. *The Western Journal of Emergency Medicine*, *18*(4), 616–620. https://doi.org/10.5811/westjem.2017.2.31924

Murphy, M. C. (2022). Supporting emergency department nurse's self-efficacy in victim identification through human trafficking education: A quality improvement project. *International Emergency Nursing*, *65*, 101228. https://doi.org/10.1016/j.ienj.2022.101228

Nordstrom, B. M. (2022). Multidiscplinary human trafficking education: Inpatient and outpatient healthcare settings. *Journal of Human Trafficking*, *8*(2), 184–194.

Parchment, J., & Stinson, A. (2020). Clinical nurses: Leading through the complexity of human trafficking. *Nursing Administration Quarterly*, *44*(3), 235–243. https://doi.org/10.1097/NAQ.0000000000000423

PEARR. (2018). *Treating abuse and violence victims, step by step*. PSQH. https://www.psqh.com/analysis/pearr-treating-abuse-and-violence-victims-step-by-step

Peters, M. D. J., Godfrey, C., McInerney, P., Khalil, H., Larsen, P., Marnie, C., Pollock, D., Tricco, A. C., & Munn, Z. (2022). Best practice guidance and reporting items for the development of scoping review protocols. *JBI Evidence Synthesis*, *20*(4), 953–968. https://doi.org/10.11124/JBIES-21-00242

Pollock, D., Davies, E. L., Peters, M. D. J., Tricco, A. C., Alexander, L., McInerney, P., Godfrey, C. M., Khalil, H., & Munn, Z. (2021). Undertaking a scoping review: A practical guide for nursing and midwifery students, clinicians, researchers, and academics. *Journal of Advanced Nursing*, *77*(4), 2102–2113. https://doi.org/10.1111/jan.14743

Portillo, B. (2021). *Screening for human trafficking: Best practice guidelines and recommendations for health care providers*. SOAR@ USA. https://soar.usa.edu/cgi/viewcontent.cgi?article=1068&context=scholprojects

Price, K., Nelson, B. D., & Macias-Konstantopoulos, W. L. (2021). Understanding health care access disparities among human trafficking survivors: Profiles of health care experiences, access, and engagement. *Journal of Interpersonal Violence*, *36*(21–22), NP11780–NP11799. https://doi.org/10.1177/0886260519889934

Reid, D. (2022). *Adult human trafficking screening tool impact on victim identification*. [Doctoral dissertation, Grand Canyon University]. ProQuest. https://www.proquest.com/docview/2720946184?pq-origsite=gscholar&fromopenview=true&sourcetype=Dissertations%20&%20Theses

Richie-Zavaleta, A. C. (2017). *Survivors of sex trafficking in healthcare settings and their recommendations regarding identification screening and protocols and practices*. [Doctoral dissertation, Drexel University]. ProQuest. https://www.proquest.com/docview/1944383550/70AF87A95F6747CCPQ/1?accountid=9783&sourcetype=Dissertations%20&%20Theses

Richie-Zavaleta, A. C., Villanueva, A., Martinez-Donate, A., Turchi, R. M., Ataiants, J., & Rhodes, S. M. (2020). Sex trafficking victims at their junction with the healthcare setting – a mixed-methods inquiry. *Journal of Human Trafficking*, *6*(1), 1–29. https://doi.org/10.1080/23322705.2018.1501257

Safety, B. o. (2018). *Guidance on spotting possible victims of human trafficking*. Hospital Safety Center.

Sakamoto, K. (2018). *Sex trafficking assessment protocol for medical professionals in the emergency department*. [Doctoral dissertation, University of Hawai'i at Manoa]. ProQuest. https://www.proquest.com/docview/2128016576/E4CC25168FD6469CPQ/1?accountid=9783&sourcetype=Dissertations%20&%20Theses

Sampsel, K., Deutscher, J., & Duchesne, E. (2023). Intimate partner violence and human trafficking. Trauma we may not identify. *Emergency Medicine Clinics of North America*, *41*(1), 101–116. https://doi.org/10.1016/j.emc.2022.09.013

Scannell, M., MacDonald, A. E., Berger, A., & Boyer, N. (2018). Human trafficking: How nurses can make a difference. *Journal of Forensic Nursing*, *14*, 117–121. https://doi.org/10.1097/JFN.0000000000000203

Schrijvers, G., van Hoorn, A., & Huiskes, N. (2012). The care pathway: Concepts and theories: An introduction. *International Journal of Intergrated Care*, *12*, e192. https://doi.org/10.5334/ijic.812

Schwarz, C., Alvord, D., Daley, D., Ramaswamy, M., Rauscher, E., & Britton, H. (2019). The trafficking continuum: Service providers' perspectives on vulnerability, exploitation, and trafficking. *Journal of Woman and Social Work*, *34*, 116–132.

Stevens, M., & Berishaj, K. (2016). The anatomy of human trafficking: Learning about the blues: A healthcare provider's guide. *Journal of Forensic Nursing*, *12*(2), 49–56. https://doi.org/10.1097/JFN.0000000000000109

Stoklosa, H., MacGibbon, M., & Stoklosa, J. (2017). Human trafficking, mental illness, and addiction: Avoiding diagnostics overshadowing. *AMA Journal of Ethics*, *19*(1), 23–34. https://doi.org/10.1001/journalofethics.2017.19.1.ecas3-1701

Tiller, J., & Reynolds, S. (2020). Human trafficking in the emergency department: Improving our response to a vulnerable population. *The Western Journal of Emergency Medicine*, *21*(3), 549–554. https://doi.org/10.5811/westjem.2020.1.41690

Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K., Colquhoun, H., Kastner, M., Levac, D., Ng, C., Sharpe, J. P., Wilson, K., Kenny, M., Warren, R., Wilson, C., Stelfox, H. T., & Straus, S. E. (2016). A scoping review on the conduct and reporting of scoping review. *BMC Medical Research Methodology*, *16*(15), 1–10. https://doi.org/10.1186/s12874-016-0116-4

Van Houdt, S., Heyrman, J., Vanhaecht, K., Sermeus, W., & De Lepeleire, J. (2013). Care pathways across the primary-hospital care continuum: Using the multi-level framework in explaining care coordination. *BMC Health Services Research*, *13*, 296. https://doi.org/10.1186/1472-6963-13-296

Vanhaecht, K. P. (2011). What about care pathways? In J. Ellershaw & S. Wilkinson (Eds.), *Care of Dying: A pathway to excellence* (pp. 2–11). Oxford Academic.

Ward, B. (2019). Trauma-informed care: Seeing through the patient's. *Patient Safety Monitor Journal*, *20*(9), 1–4.

Winterdyk, J., & Zarafonitou, C. (2022). Human trafficking and urban safety: Exploring pathways to prevention, protection, partnership, and beyond. *Urban Crime – An International Journal*, *3*(1), 1–7.

SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

How to cite this article: van Rooy, L., Botma, Y., Filmalter, C. J., & Heyns, T. (2025). Elements of a care pathway for human trafficking victims in emergency departments: A mapping review. *Worldviews on Evidence-Based Nursing*, *22*, e12761. https://doi.org/10.1111/wvn.12761