# Reproductive Health Care for Trafficked Women Traversing South of America

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## 1 Impact of Human Trafficking

Human trafficking entails the fraudulent and illegal commodification of human beings for profit [1]. According to the United Nations, women and girls represent the majority of human trafficked victims, representing more than 70% of trafficking victims globally [1]. The trafficking industry in the industrialized United States (US) is tenacious as the market for women and girls continues to grow [2]. The deleterious psychosocial and physical effects of trafficking are chronic, particularly for women across their lifespan [3, 4].

American values surrounding human rights, particularly related to human trafficking, have shifted toward justice. Individual and collective research advancements and coordinated efforts by global human rights organizations and other alliances have heightened public awareness of the problem. Geopolitical alignment with several countries, particularly those south of America, has enhanced surveillance, reporting, and mitigation strategies against trafficking across the southern regions [3, 4].

Based on 2018 statistics provided by the Global Slavery Index (GSI), trafficking prevalence is amongst the highest in states and countries with close geographical borders where quality of life is suboptimal [5]. The GSI tracks prevalence, vulnerability, and governmental response as a function of risk management. As a plethora of immigrants illegally traverse the southern US border, either to escape repressive governments/regimes, or for seasonal work (often associated with labor trafficking), chaos ensues. The situation is further exacerbated by those with expired visa classifications awaiting deportation. The result is that these individuals frequently live, work, and exist in dire situations that are not amenable by means of personal control.

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M. de Chesnay, D. Sabella (eds.), *Human Trafficking: A Global Health Emergency*, https://doi.org/10.1007/978-3-031-33875-5_22

Trafficked women who become pregnant are at risk for reproductive injustice. Many women are said to have "anchor babies"—a derogatory term—inferring extended ties to the US by illegal means. Postpartum deportation, which ensues after mothers give birth and deportation orders are processed, creates a maternal/child dilemma and is a common practice designed to deter women from entering the US illegally. These cases are highly complicated due to a multitude of variables. The above encompasses the derivation of human trafficking for women, making multidisciplinary professional roles vital when providing reproductive health care.

## 1.1 Impact on Families

Women are often said to be the gateway to the family. When women's lives are changed for the better, the functionality of the family unit is enhanced. Women with improved health literacy often promote health and well-being in the family [6]. When familial kinship bonds are broken through trafficking, families are vulnerable to acute or chronic diseases that lead to poor quality of life. This is extremely detrimental to the family. The chronic and malignant cycle of trafficking endangers entire families for generations as many are looped into the cycle of slavery. Thus, the trafficking impact on families is profound as women are often powerless to advocate for themselves, their families, or their children to establish or support a strong family unit.

## 1.2 Impact on Children

Trafficking impacts not only women but also their children. The UN estimates that children account for slightly more than 30% of trafficking victims [1]. While all trafficked children are at risk, girls are particularly subject to being trafficked or groomed for sex work. This occurrence is due to misconceived societal norms surrounding gender roles that place girls in jeopardy of sexual, physical, and emotional exploitation [7]. All of the aforementioned have devastating effects on the psyche of children [7]. Girls, who are highly susceptible to violence, may attempt to flee their situations, which potentiates sex trafficking [8].

Trafficked women hold deep feelings and beliefs about their situations. Those brave enough to speak on their probable plights offer insight into their humanity. In one such case, a probable trafficked victim in the deportation process fighting to stay with her child, a US citizen by birth, who provided fundamental thoughts about the functionality of familial ties. The woman inferred that women are the same regardless of race, ethnicity, or circumstances. Moreover, women desire to be loved and healthy and to have themselves and their children treated with dignity and respect. The depth of profound feelings such as the above may be considered for professional role when caring for vulnerable women and their families.

## 2 Professional Roles in Human Trafficking

All disciplines have professional roles that require accountability, client trust, and the assurance of safety [9]. However, the professional role when caring for trafficked women has not been adequately defined and is often disjointed and fragmented. Comprehending professional roles may contribute to providing reproductive care for probable, past, or persistent trafficking victims and *prevent* trafficking in the first place. Moreover, many trafficked women do not continually undulate between states or countries. Rather, some trafficked women traverse between jobs and individual homes [3, 4]. However, most of these women endure inhumane conditions surrounding inadequate funds, hard labor, unpaid work, and physical, sexual, or emotional abuse with poor living conditions [1, 10]. Professionals within all disciplines must be aware of the social determinants of health impacting these women. Ethical, moral, and legal implications often obscure professional roles when providing health care for the trafficked.

### 2.1 Ethical Considerations

Ethics is a complex philosophical inquiry method ranging from conceptual to applied components. Most health disciplines function at the applied level utilizing professional, ethical standards that refer to "what is good" with an internal value-based reflection ([11], p. 6). The goal of health care in the US is to promote well-being, improve quality of life, and prevent disease [12]. This goal requires a commitment to beneficence, autonomy, non-maleficence, and justice.

Healthcare goals in the US do not have an asterisk or delineation by race, ethnicity, disability, income, gender, or immigration status. Therefore, providing reproductive health care for trafficked women appears to meet basic ethical clearance and is within the purview of nursing, medicine, public health, and allied health partners. While all health disciplines have a duty to report what is illegal, it is not within the scope of practice to legislate or apply judiciary punishment. The latter is a process that creates a professional conflict of interest and would prevent "doing what is good," which is the philosophical underpinning of professional ethics.

### 2.2 Justice Considerations

Human rights research in the twenty-first century has advanced to continuously include one of the most under-utilized and controversial ethical principles of justice. For more than 20 years, the World Health Organization (WHO) has included reproductive justice within its human rights framework [13]. This delineated framework includes women's rights to bodily autonomy, child status (having children or not), and parenting [13]. Trafficked women are often excluded from reproductive justice principles because of their societal standing. Ensuring reproductive justice for these women requires healthcare partners across all

disciplines to know the trafficking problems and to keep ethical principles as the basis of professional practice.

## 2.3 Moral Considerations

Morals are the values that guide the internal locus of control. Understanding morals as an essence of self helps to guide the thought processes and actions required in professionalism. Healthcare providers may be challenged to care for trafficked victims because of individual morals conflicting with the law. These are often valid and necessary considerations, as morality is individual and innate. Moral thought often surrounds healthcare resource allocation for those with an illegal status who arrive without a formal process. Many health providers assert that providing health care for those with unlawful immigration status deprives US citizens of health care resources. The aforementioned is a form of "distributive justice" and is a function of what society has deemed equitable ([11], p. 408).

When caring for probable trafficked women, it should be considered that these women often lack autonomy. Presenting in the health care setting is usually a last resort and is a frightening endeavor for this group. These women fear being reported, deported, and a trifecta of abuse that contributes to deteriorating physical and mental health. To assist moral logic, healthcare professionals may apply the moral tenants of empathy and respect for humanity when caring for vulnerable and trafficked women. Reflection on these virtues of morality may support professionalism in promoting health advocacy and autonomy when providing reproductive care for trafficked women.

Another important consideration is the human virtue of empathy. Empathy requires one to identify with others as fellow beings who are deserving of having their basic human needs met. Having empathy for others encompasses fleeting self-reflection that guides behaviors and actions. The act of human trafficking inherently decreases a victim's dignity. Moreover, trafficked women have complex reproductive needs where their dignity and humanity require consideration. Health professionals are well-positioned to offer empathy, a critical component of caring. For all of the reasons stated above, health professionals must ponder the ramifications of denying the intrinsic dignity and humanity of any person and allow this simple query to guide decisions about best clinical practices.

## 2.4 Legal Considerations

The legalities surrounding care for trafficked women are numerous. Trafficking is illegal and fraudulent in the US. Nevertheless, the industry for trafficking continues to expand, particularly for women [1, 2]. There is an apparent juxtaposition between reporting duty and health care delivery as professionals seek to abate worsening the predicaments of patients. The Victims of Trafficking and Violence Protection Act of 2000 seeks to provide justice for trafficked victims in terms of prevention, protection

from harm, and to ensure prosecution of the perpetrators [14]. Health professionals must be familiar with the regional, state, national, and global laws, acts, and policies implemented to protect trafficked women.

While multidisciplinary professionals in all 50 states may encounter trafficked women, providers along the U.S. southern border are most likely to interface due to proximity [15]. An interdisciplinary team is required to mitigate morbidity and mortality for these individuals [2]. Law enforcement partners are vital resources against trafficking but are often under-resourced to tackle the trafficking pandemic. Healthcare professionals need knowledge of the problem, an understanding of trafficked victims' characteristics, and of the duty to report. If human trafficking is reasonably expected without malicious intent to harm, it may be reported [16]. Human trafficking drastically hurts women, families, communities, and the nation.

## 3 Characteristics of Trafficked Women

Another impairment to health professionals' ability to report legally is the lack of knowledge regarding the characteristics of suspected trafficked women. It is impossible to delineate all characteristics of one specific group as this often requires years of immersion with the group under study. However, prolonged engagement with potential or trafficked women (intentional or unintentional) may aid in creating a profile of the unique characteristics of this group of interest. After more than a decade of service providing direct clinical care to thousands of diverse women traversing south of the US, it is plausible to chronicle approximate characteristics that exist for trafficked women.

Trafficked women often present without legal identification (driver's licenses, social security numbers, birth certificates, passports, or any identifying document). These women typically sign with an "X." The women are likely to walk into healthcare facilities without an appointment. Often, little English is spoken, particularly in the presence of a suspected trafficker or their representative. Grooming may be inadequate for what is socially normative, and clothing may be inconsistent with the weather. Though culture is considered, many women lack eye contact and speak softly, often in as few sentences as possible. Reproductive and gynecological histories are inconsistent and illogical. There are no physical ties to the city or town, be it names of relatives, phone numbers, addresses, or orientation. Cell phones may be pre-programmed with only a few numbers. Atypical preoccupation with specific activities of the provider or the care team is evident as the patient asks several reporting-related questions. Patients may ask for food or drink at the clinic. Follow-up care may be declined due to a lack of trust during the first encounter. Lack of follow-up creates significant barriers to care and an impetus for adverse clinical outcomes for trafficking victims, ultimately increasing morbidity and mortality.

## 4 Clinical Implications of Trafficking

Clinical implications for trafficked women are vast. These women face unique barriers to health related to access, quality, and timeliness of healthcare delivery. Health professionals caring for women are often the primary care providers. As such, providers are required to manage chronic conditions and reproductive health. Reproductive health implications include obstetric challenges (prenatal, postpartum, and breastfeeding) and gynecological challenges surrounding urinary tract infections, vaginal injury/trauma, sexually transmitted diseases, vaginal infections, and contraception misuse, which leads to unintended pregnancies [2, 10]. Chronic conditions impacting reproductive health may be related to hypertension, dyslipidemia, and diabetes, which challenge decision-making when providing reproductive care [17]. Therefore, trafficked women are at risk for worse health outcomes.

## 5 Obstetric Services

Care for pregnant women with past, probable, or persistent trafficking histories is arduous. A comprehensive obstetric history is one of the most vital aspects of care for pregnant women. These women will often not share extensive histories that allow for obstetric decision-making, management, treatment, and prevention. Complicating obstetric care is a late entry to prenatal care services during the second or third trimesters, where accurate last menstrual periods and gestational ages cannot be calculated. The latter may lead to poor fetal outcomes. Some trafficked women present to the clinic just before delivery, further complicating the labor and delivery process.

In these cases, building trust and rapport is paramount. All labs, imaging, and electronic fetal monitoring must be done at the clinical sites, as there are minimal opportunities to engage these women. A thorough physical examination is pertinent as any infections or pelvic abnormalities must be identified, treated, and planned for before delivery. Women must be oriented to emergency services, call service lines, and the correct hospital or delivery facility. A multidisciplinary team must be assembled to optimize care for potentially trafficked women requiring obstetric care. Follow-up visits may be recommended every 2–3 days (in severe cases and if feasible) or weekly in some cases, as several opportunities to interface with these patients are required to optimize maternal and fetal outcomes.

### 5.1 Prenatal care

Prenatal and routine obstetric care provided throughout pregnancy is pertinent for trafficked women. Unlike regular medical appointments, prenatal appointments allow professionals to interact with potentially trafficked women at least ten-plus times if following a regular prenatal schedule. The prenatal period is also a time to

build trust and rapport and to alert potential trafficked victims of their rights. There are several opportunities for clinicians or care team members to isolate victims and to speak privately with them. Therefore, it is vital to maintain the standards associated with a professional role while also exhibiting excellent bedside manners consistent with empathy and respect for the trafficking victims' humanity.

Further, prenatal appointments are times when providers monitor fetal growth, development, and maternal health. There are opportunities to address potential problems such as hypertension, gestational diabetes, anemia, sexually transmitted diseases, and vaccinations early in the pregnancy and before complications arise. With adequate prenatal care, potential trafficked women will develop better-coping skills to care for themselves and their newborns. The prenatal period is an optimal time for outreach team members to conduct covert investigations (without harming the victim) while appropriate resources can be allocated to assist this vulnerable group.

## 5.2 Postpartum Care

Postpartum trafficked women with maternal instinct desire to mother, bond, and protect their children above all. However, many trafficked women do not return for postpartum care. Failure to return is partly due to a lack of systematic trust in health care. Other times, patients may have abruptly moved away from legal ties to the town or city. Unfortunately, these women are at risk for postpartum bleeding, anemia, vaginal complications, infection, eclampsia, stroke, wound disruption, and subsequent mortality. Any postpartum complication may temporarily or permanently take a mother away from a child, which can be distressing for both entities. Missed postpartum follow-up is a squandered opportunity to discuss further care such as contraception and breastfeeding. Finally, postpartum care is often the last interface to disseminate trafficking laws and protections available to these women who may deny a trafficking history.

## 5.3 Breastfeeding

Breastfeeding provides essential antibodies, fats, proteins, and eugenic properties to sustain infant life [7]. Exclusive breastfeeding is a primary prevention strategy to reduce maternal and infant mortality. Global organizations recommend exclusive breastfeeding for the first 6 months of life and continued breastfeeding as is compatible with the needs of the mother, child, and family [7].

Trafficked women traversing south of America may be inclined to breastfeed. The inclination to breastfeed may be related to culture. Often, trafficked women are not in positions to afford traditional infant-feeding formulas as a function of access and costs. Women benefit from breastfeeding for maternal protection against breast and ovarian cancer, decreased postpartum bleeding, and weight loss [7]. Infants may gain protection against necrotizing enterocolitis, respiratory tract infections, asthma, diabetes, obesity, and sudden infant death syndrome [7]. Women must be

educated about the benefits of breastfeeding and taught methods to keep their milk supplies intact through adequate food, hydration, and frequent feedings or pumping. Medical professionals should teach women about the ominous signs of infection.

## 6 Gynecological Services

A range of gynecological services is often required for trafficked women. Healthcare professionals across all disciplines with proximity may refer suspected trafficking victims for gynecological services. While primary care providers often possess the knowledge to provide basic gynecological care for trafficked women, these women are best cared for when treated by professionals specializing in women's health. The Department of Health and Human Services lists common reproductive problems that may alert clinicians or health professionals to potential trafficking [10].

### 6.1 Urinary Tract Infections

Urinary tract infections (UTIs) are common in the trafficked due to sexual abuse or limited access to hygienic processes. In general, the proximity of a woman's reproductive organs (urethra, vagina, rectum) puts women at risk for bladder infections that may move into the kidneys, causing pyelonephritis. Therefore, UTIs are serious and often require specific antibiotics to rid the offending organism. Without care, trafficked women may self-medicate and worsen the problem. Once an organism and antibiotic are identified through culture and sensitivity (C&S), it is relatively simple to treat these infections. However, C&S is not always necessary for empirical UTI treatment. Trafficked women prone to repeat UTIs may require education surrounding prophylactic treatment, such as taking a prescribed antibiotic daily for a while to avoid the need for repeat office visits, complications, or hospitalizations.

### 6.2 Vaginal Injury and Trauma

Many women are trafficked for sexual work and consequently experience an increased risk of vaginal injury [10]. High suspicion for female trafficking includes the presentation of red, inflamed mucosa (out of proportion for a regular sexual act), vaginal lacerations and bleeding, or perineal burns by chemical irritants or devices. There is frequently a significant amount of pain associated with these injuries. Women with these conditions may appear ashamed or reluctant to receive a physical examination. In addition, the provided histories are likely incongruent with the observed injury.

It is essential for providers to have a chaperone that speaks the patient's language while using translation services as policy dictates. The provider should thoroughly explain the risks/benefits of a vaginal exam (which are most often minimal). A

signed consent to treatment is prudent. Never force the woman to open her legs or touch her body without permission during the exam. Utilize the least invasive equipment for assessment and diagnosis and obtain vaginal cultures for stat processing. Use in-office microscopes as resources for rapid diagnosis and treatment. Repair vaginal lesions in the office if appropriate. Provide appropriate antibiotics, antivirals, or antifungal medications where applicable. Offer pain medication that is not controlled when feasible. Finally, refer to medicine or the hospital for severe cases as needed.

### 6.3 Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) are problematic for trafficked women [1, 3, 4]. The UN reports that many women are most at risk for sex trafficking [1]. Even when not directly trafficked for sex purposes, women traversing south of America are well aware of the dangers of STDs as there may be rapes or encounters that may contribute to the spread of diseases. These women may have chronic histories of sexually transmitted infections such as human immunodeficiency virus (HIV), gonorrhea, chlamydia, syphilis, herpes, and hepatitis B and C.

The provider should complete a comprehensive physical examination of the eyes, nose, throat, extremities, skin, and pelvic region. On pelvic exam, providers may quickly identify conditions (common in non-trafficked women) such as ectoparasitic infections, human papillomavirus, molluscum contagiosum, bacterial vaginitis, vulvovaginal candidiasis, trichomonas, and herpes. The history and chronicity of these infections may give insight into the diseases' origin or other related factors. Full STD panels, regardless of stated history, but with patient consent, should be sent urgently since early treatment is paramount to preventing pelvic inflammatory disease, infertility, and community disease spread.

Trafficked women south of America require screening and education for diseases outside of the standard HIV, gonorrhea, chlamydia, syphilis, herpes, and hepatitis B and C. Women from the south of America and certain parts of the Caribbean may also come in contact with epididymitis, chancroid, and lymphogranuloma venereum. Providers must stay current with emerging STDs in various regions. Clinicians may also empirically treat trafficked women with different evidence-based medications if presenting symptoms suggest sexually transmitted diseases. Successful STD treatment requires both parties to be diagnosed and treated. Multiple traffickers may sexually abuse women, which is a barrier to health.

## 7 Hormonal and Non-hormonal Contraception

The ability to family plan ranks among the top ten public health achievements in the US [6, 18]. Family planning is a step toward reproductive justice, which asserts personal control and decision-making. In addition, reproductive control is a measure of autonomy. The ability to family plan is not just for citizens of the US. All women

require the ability to plan their families to facilitate maternal health and well-being. Therefore, access to contraception is a pivotal component of family planning. The lack of reproductive control in trafficked women may place these women at risk for unwanted pregnancies with subsequent poor maternal and fetal outcomes and risks for morbidity and mortality.

Comprehensive education is pivotal to providing effective contraception for women at risk for trafficking. Providers should offer contraception after considering past and current medical and reproductive histories, after a thorough discussion of the most effective method to meet the client's needs, and aligned with heterogeneous cultural values. Providers must avoid inferring preferred contraceptive methods as the woman must make an informed decision-based on individual needs. Trafficked women often require covert methods of contraception. Therefore, various contraception modalities may uniquely benefit these women.

## 7.1 Oral Contraceptive Pills

Oral contraceptive pills (OCPs) are effective toward preventing unwanted pregnancies [17]. These pills may contain estrogen and progestin, also known as combined oral contraceptives (COCs) or progestin-only pills (POPs). The mechanism of action for OCPs, dependent upon the type, is to prevent the ovaries from releasing eggs, thicken cervical mucous, or thin the uterine (endometrium) lining. Various formulations of estrogens and progestins allow providers to tailor OCPs for the patient's current and future needs.

Trafficked women often utilize OCPs due to their relative ease of use, cost, and access. It is pertinent to provide as many packs of pills as allowed, typically a 90-day supply with four refills for the year. This increases compliance and may prevent unwanted pregnancy. Some women do not prefer an endometrial withdrawal bleed, so pills must be dosed to allow this occurrence. For some, a withdrawal bleed may offer protection and deterrence against sexual advances, even for a short duration. Further, a withdrawal bleed may be preferred due to cultural traditions where monthly bleeding is associated with cleanliness and linked to health. Many women cannot fathom the concept of a drug-induced thin endometrium that prevents the need for a monthly menstrual cycle. There are advantages and disadvantages to both. The advances in formulations of OCPs makes it easier for clinicians to calculate and amend withdrawal bleeding profiles.

## 7.2 Contraceptive Patches and Rings

Combined contraceptive patches and rings contain estrogen and progestin similar to OCPs. The delivery systems are transdermal and intravaginal, respectively. These methods bypass first pass metabolism and may be better options for those taking certain medications [19, 20]. Further, the patch may be placed in inconspicuous places or stated to be something other than contraception. The ring may be briefly

taken out during intercourse to avoid detection if there is trafficking of women for child-bearing purposes. The effectiveness of these methods depends on device positioning and consistent skin adherence. Weight should be considered with the patch, so body mass index calculation is prudent [19, 20].

## 7.3 Progestin Injections

Depo-Provera is a contraceptive progestin injection that delivers a form of synthetic progestin injection into a muscle [19, 20]. The injection is typically given in-office or by an individual after displaying anatomical knowledge of where to place the medication. The injection is generally given every 3 months. The advantages include the costs and efficacy. The disadvantages are related to quarterly appointments, potential weight gain, bone density loss with prolonged usage, and undesired bleeding profiles. Trafficked women may benefit from Depo-Provera's efficacy if given on schedule. Precise scheduling may also be a disadvantage of this method. Many women achieve reduced menses or amenorrhea, which is effective against anemia. The privacy surrounding Depo-Provera lends to bodily autonomy in cases where women cannot use contraception. In extreme instances, where women are at risk for repeat pregnancy in the early postpartum period, providers may give the injection at hospital discharge. Injection at hospital discharge gives women the time to establish exclusive breastfeeding, which may be used for several months as a method of contraception.

## 7.4 Long-Acting Reversible Contraception

Long-acting reversible contraception (LARC) methods are available to trafficked women. These methods are known as intrauterine devices (IUDs) and subdermal implants. Longer-acting reversible contraception can be removed (temporary unlike sterilization) and does not require women to use OCPs, patches, rings, or injections on the daily, weekly, or quarterly. The advantages of these methods are related to the length of use, one-time insertion, and superior efficacy. The disadvantages include costs, removal fees, and side effects such as continuous vaginal bleeding. Women should be taught to feel for longer strings (inferring IUD shifting) and to ensure that the IUD has not been displaced after heavy menses.

There are several types of IUDs on the market today. The differences are related to duration (3–10 years), diameter, progestin dosages, parous status, and family planning or medical needs. A thorough history with comprehensive education is required to determine the device that best fits the patient's needs. While there is no relative maintenance required for IUDs other than occasional string checks, trafficked women may be challenged to commence the latter due to access to care. As a matter of privacy, discussions regarding string length can be negotiated for women desiring discretion. Many facilities offer IUDs at reduced costs for impoverished women.

### 7.5 Subdermal Implant Contraceptives

Subdermal implants are progestin-only devices implanted under the skin by a licensed professional. This device delivers progestin in a time-released sequence over 3 years. The device is inconspicuous and is often a favorite of women at risk for trafficking. These women may have contraindications to OCPs, patches, and rings or do not prefer IUDs. The implant is highly efficacious and helps to prevent unwanted pregnancies. Those meeting insertion criteria may also achieve amenorrhea status. Amenorrhea reduces the need for feminine hygiene products that are not always available to trafficked women. The advantages are the ease of insertion, length of time, privacy, and efficacy. The disadvantages are cost, side effect profile, and locating a licensed professional for removal.

### 7.6 Non-hormonal Methods

LARCS and COCs are not the only methods of contraception for trafficked women. Non-hormonal methods include condoms (male and female), spermicides, vaginal sponges, cervical caps, and diaphragms that may be preferred by some women. Some women prefer no method of contraception due to culture. Providers should discuss alternative methods of contraception such as condoms, periodic abstinence by way of calendar usage, ovulation method, and thermal checking [19]. In addition, there is sterilization, which is permanent. Clinicians or care teams may also discuss lactational breastfeeding methods. Trafficked women may be provided samples of non-hormonal methods if feasible. Condoms should be adjunctive to any contraceptive method, as STD prevention is paramount.

## 8 Chronic Conditions

Chronic conditions challenge reproductive health. Reproductive health cannot be advanced until chronic conditions are identified and controlled. Certain chronic conditions often preclude or limit the full scope of contraceptive interventions [17]. Trafficked women often present with hypertension, dyslipidemia, coronary artery disease, obesity, renal or hepatic impairment, or diabetes due to poor access to quality health care and habits not conducive to optimal health. These conditions must be adequately assessed through history, physical examination, and laboratory confirmation. Labs should not be limited to STD panels in reproductive health if covered by insurance or grants. Various disease processes may be missed if there is tunnel vision regarding the comprehensive needs of women. Clinicians must be ready to serve as primary care providers to prevent, treat, and educate women about the impact of chronic diseases on reproductive health during obstetric or gynecologic care. Early detection and prevention are measures to prevent chronic diseases.

## 9 Summary

Trafficked women of reproductive age are heterogeneous and vulnerable groups. No individual woman or group from a specific region is homogenous. All trafficked women face different trajectories and present with distinctive needs and challenges. The social determinants of health are essentially absent or gravely deficient for trafficked women. Healthcare professionalism mandates diverse health disciplines to consider the ethical, legal, moral, and practical implications when providing reproductive care for trafficked women. Considering the humanity of trafficked women is judicious as this underserved group deserves adequate clinical care that is evidence based for best practice and aligned with individuals' cultural values.

Reproductive health care must be comprehensive while considering the chronic health of women. To improve reproductive health, interdisciplinary teams across all health disciplines must work together to report and *prevent* trafficking. Health professionals proximal to the problems are also closest to solutions to mitigate morbidity and mortality as well as to facilitate comprehensive reproductive health care for trafficked women.

**Discussion Questions**

Discussion surrounding reproductive health care for human trafficked victims is a way to determine strategies to allay trafficking in the US. Below are questions for health care professionals across all disciplines to consider when caring for vulnerable trafficked women.

- Discuss the legal duty to report suspected trafficking in your state.
- Discuss additional clinical implications for trafficked women.
- Discuss how culture may impact the delivery of health care for trafficked women.

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