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Midwives experiences are an important factor in identifying and supporting victims of sex trafficking

Gordon, Clare ORCID: <https://orcid.org/0000-0003-0183-1845> and Barclay, Kirsty (2022) Midwives experiences are an important factor in identifying and supporting victims of sex trafficking. Evidence-Based Nursing. ISSN 1367-6539

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**Category:** Women's health and midwifery

**Study type:** Phenomenology

### Declarative title

Midwives experiences are an important factor in identifying and supporting victims of sex trafficking

**Commentary on:** Ruiz-Gonzales, C, Roman, P, Benayas-Perez, N et al (2022) Midwives' experiences and perceptions in treating victims of sex trafficking: A qualitative study. Journal of Advanced Nursing doi/org/10/1111/jan15165

### Implications for practice and research (30)

- Specific training for all healthcare professionals to be able to identify, refer and support victims of human trafficking
- Future research considering the experiences of the wider healthcare professional community

### Context (100)

Human trafficking is a major global public health issue. It is an international crime and violation of human rights. It is the forced exploitation of others for sexual or labour purposes and is often referred to as modern slavery. People are trafficked across international borders however it is difficult to gain accurate figures because much of what happens goes underground. It is likely that healthcare providers including midwives are likely to encounter trafficked women and girls while they are still captive. Victims of trafficking more often experience injuries, infections, chronic disease and mental health problems that are left untreated <sup>1</sup>

### Methods (150)

The study was carried out using a hermeneutic phenomenological approach using semi-structured interviews and focus groups. Fourteen midwives participated in the study who worked in either primary care, labour and delivery or emergency rooms. The participants had at least five years' experience as midwives and had cared for women who had been victims of sex trafficking. The data was collected across three hospitals in Spain. Two focus groups each of four midwives who worked labour and delivery took place followed by six in-depth interviews with three midwives from primary care, two from the emergency room and one from labour and delivery. The interviews and focus groups were transcribed. To ensure rigour, researcher triangulation was used and content analysis independently carried out. Lincoln and Guba's <sup>2</sup> criteria was applied to establish trustworthiness.

### Findings (200)

There were two main themes identified with several sub themes. The first theme was sex trafficking: a camouflaged reality on the invisible spectrum. The sub themes that were

identified were invisible signs, screaming for help; concealing slavery through multiple obstacles; a missed opportunity for liberation: the influence of the healthcare environment. The second theme identified was a thirst for attention in the aftermath of violence. The sub themes that were identified are: consequences of trafficking on the sexual and reproductive health of victims; medical professionals: seeking to meet vital needs; building a way out of slavery.

## Commentary (300)

There is a wealth of studies that consider the impact of human trafficking but this study looks at the specific experiences of midwives. Whilst this study is set in the Spanish healthcare system, it reflects the themes found in other countries <sup>3</sup>. It only considers the views and experiences of midwives and not other healthcare professionals narrowing the focus of the study.

Ruiz-Gonzalez et al <sup>4</sup> recognised that human trafficking impacts on users and providers of healthcare. Healthcare providers needed specific guidance and tools to enable them to identify and support victims of trafficking <sup>3</sup>. They also noted that there is a clear need for midwives to be aware of the complex health and social care needs and be able to identify, refer and support. Miranda, Collins & Skarparis, Dovydaitis <sup>3,5,6</sup> agree that healthcare settings may be the first opportunity for victims of trafficking to engage with someone outside of the environment they find themselves in. There is an inherent difficulty in both identifying victims of trafficking and victims having the ability to engage with healthcare services. It is often a silent issue that has real negative impact on victims' health and lifestyle. Ruiz-Gonzales et al <sup>4</sup> noted that women that attended healthcare settings would often present with advanced stages of infection, illness or pregnancy. Barriers such as a lack of identification documents to provide the bare minimum of information to healthcare providers and victims would be accompanied by the trafficker or an appointed individual who would control the conversation and answer questions on behalf of the victim frequently occur. Ruiz-Gonzales et al <sup>4</sup> noted this and recognised that staff need to have specific training to recognise and respond to the individual needs of victims. They also note there needs to be clear protocols for midwives and healthcare professionals to follow.

## References

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Commentator details -

Name: Mrs Clare Gordon

Affiliation: University of West London, College of Nursing, Midwifery and Healthcare

Correspondence address: University of West London, College of Nursing, Midwifery and Healthcare, Berkshire Institute for Health, Fountain House, Reading, Berkshire, RG1 7QF

Email: clare.gordon@uwl.ac.uk

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Commentator details -

Name: Mrs Kirsty Barclay

Affiliation: University of West London, College of Nursing, Midwifery and Healthcare

Correspondence address: University of West London, College of Nursing, Midwifery and Healthcare, Berkshire Institute for Health, Fountain House, Reading, Berkshire, RG1 7QF

Email: Kirsty.barlcay@uwl.ac.uk

Competing interests None to declare