

# Ep #169: Recognizing Human Trafficking: What Every NP Should Know with Dr. Lauren Mays



## Full Episode Transcript

With Your Host

**Anna Miller**

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Anna: Welcome to the *Real Deal Nurse Practitioner Club*, the podcast for nurses who are ready to pass their boards and thrive in their careers as real deal nurse practitioners. I'm Anna, and I'm the Director of Nursing Content at Blueprint Test Prep. Whether you're deep in exam prep or stepping into practice, I've got you. It is time to become the confident, knowledgeable NP that you're meant to be. Let's dive in.

Welcome back to the *Real Deal Nurse Practitioner Club*. I'm Anna, and today we're diving into a topic that is incredibly important, but it's one that many nurse practitioners don't feel adequately prepared to address, and that's human trafficking. Joining me today is Dr. Lauren Mays. Lauren is a nurse practitioner, an educator, a speaker, and an advocate who has spent years educating healthcare professionals on human trafficking awareness and trauma-informed care. So, Lauren, thank you so much for being here.

Lauren: Yeah, Anna, thank you so much for having me. I'm excited to be here. This is definitely one of my favorite topics to talk about because it truly has the potential to change patient outcomes. The more healthcare providers understand about human trafficking, the more opportunities we have to help identify these vulnerable individuals and connect them with help.

Anna: Before we get into the clinical side of things, I'd love for you to share a little bit about your background and how you became involved in this work.

Lauren: Yeah, sure, absolutely. So this is not something that I had set out to practice in. Like many people, human trafficking wasn't something that I expected to be involved in professionally early in my career. I started recognizing that many healthcare providers, including myself, we weren't receiving much education on trafficking, despite the fact that these individuals were coming into healthcare settings every day.

And so the more that I learned, the more I realized that, you know, this isn't just a law enforcement issue. This is a healthcare issue, and so I became

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passionate about helping other healthcare providers really understand what trafficking actually is, how trauma affects people, and how we as clinicians can respond appropriately when concerns do arise.

And so over the years, I've worked with healthcare organizations, students, and clinicians to build awareness and confidence around this topic because, you know, many providers want to help, right? But we're often afraid that we will say the wrong things or miss something important.

Anna: All right, let's start with the foundations here because I think many people hear the term human trafficking, and they think of the movies or the media, but they don't fully know what it encompasses. So how do you define human trafficking?

Lauren: That's a great question. So human trafficking is the exploitation of a person through force, fraud, or coercion for labor or commercial sex. Now, one important thing for listeners to remember is that when a minor is involved in commercial sex, that component of force, fraud, or coercion does not need to be proven. It is automatically considered trafficking.

And honestly, one of the biggest misconceptions is exactly what you mentioned, right? It's people often imagine those kidnappings, people being transported across borders or dramatic situations portrayed in movies. And now, while those situations can certainly happen, many trafficking victims, they know their trafficker. The trafficker is a family member, a loved one, a romantic partner, a friend, an employer. It's typically someone that they trust.

And trafficking can occur anywhere: in urban communities, rural communities, affluent neighborhoods, and underserved areas. It really doesn't discriminate.

Anna: Yeah, thank you for that, Lauren. Now, I think some listeners may be wondering, why is this something I need to know as an NP? So why is healthcare such an important piece of this conversation?

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Lauren: Yeah, so that's a good question. I was wondering the same thing myself when I got into this. And the reason is because survivors, they often interact with healthcare providers in healthcare settings while they are actively being trafficked. Studies have actually shown that many trafficking survivors access healthcare services during their exploitation, in fact, up to 88%. So it's pretty common.

The challenge, though, is that they don't walk into the clinic and say, "Hey, I'm being trafficked."

Anna: Right.

Lauren: So that's where the challenge comes in, and instead, we need to be aware of some common symptoms that they may have. For example, things like anxiety, depression, chronic pain, frequent UTIs, recurrent STIs, substance use, headaches, injuries, sleep problems, missed preventative care. You know, the trafficking itself may never be mentioned, but as healthcare providers, we're often seeing pieces of that larger story.

Anna: Absolutely. All right, so let's talk about that larger story a little bit. If I'm seeing patients in primary care, urgent care, women's health, or really any outpatient setting, what are some of the things that should make me pause and think, you know, "Something doesn't seem quite right here"?

Lauren: I love that. That means you're listening to your gut when you hear those things like, "Something doesn't seem right." That's the first step. So I always caution people not to look for one specific sign because trafficking doesn't have a single presentation. So instead, think about those patterns.

Some examples may include someone accompanying the patient and refusing to leave, a person answering questions for the patient, fearfulness or even hypervigilance, inconsistent explanation for injuries, like I said earlier, those frequent STIs, delayed medical care, evidence of physical abuse, untreated chronic conditions, signs of malnutrition, anxiety,

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depression, PTSD, some of those other symptoms that I previously mentioned.

You might also hear vague explanations about living situations or unemployment situations that don't quite add up. That question you said, "Something's just not right here." Again, none of these confirm trafficking, but they should encourage us to become more curious and more observant.

Anna: Yeah, and I think this is where many new clinicians, they become a little unsure, right? They start recognizing some of those red flags and they wonder like, what am I supposed to do now? Like what is my role as an NP in this situation?

Lauren: Yes, and this is where, like you said, a lot of NPs do struggle because we as healthcare providers, we want to help. But our role here is not to investigate. Our role is not to rescue. And honestly, our role is not even to prove trafficking. And you're like, "What? We don't need to like identify this person as being trafficked?" No, so our role when we suspect this is to provide safe, patient-centered care.

Often, it's going to start with just creating that environment where opportunities for privacy are available. If possible, you want to speak with the patient alone. You want to ask open-ended questions. You want to build trust, assess safety, and know your resources. So one of the most important powerful things that we can do as clinicians is to create that environment where a patient feels safe enough to disclose their concerns if and when they are ready.

Anna: All right, let's make this a little more practical for our listeners. All right, let's say I have a patient in the clinic, several things are raising concerns for me. What should I do?

Lauren: Okay, first, you're going to prioritize safety. If possible, separate the patient from anyone accompanying them. Now, this doesn't have to be

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confrontational. This could be something as easy as, "We need to complete part of the exam privately," or, "I need to take you to the lab. I need to get a urine specimen." Something that's going to cause that separation. Then, focus on open-ended questions.

Avoid judgment. I'm going to repeat that because nine times out of 10, when I've talked with individuals who have been trafficked, I will ask them about their interactions with healthcare, and I'm like, you know, "What prevented you from disclosing?" not that they have to disclose, but nine times out of 10 they say, "I felt judged." And so again, avoid judgment.

You want to avoid interrogation, avoid making assumptions, and you may ask things like, "Do you feel safe where you live?" "Can you leave your job if you want to?" "Has anyone threatened you?" "Is anyone controlling your identification, your money, your movement?" And most importantly, don't force disclosure. Many patients, they're not ready to talk, and that's okay. Sometimes just simply planting that seed of trust, that is incredibly valuable.

Anna: Yeah, I think that's a really really important point. As nurses, a lot of times, I feel like we want to fix things.

Lauren: Yes.

Anna: That's not our main role here. So what are some other things that providers should avoid in these situations?

Lauren: A few big ones here. So don't confront or approach a suspected trafficker. You want to maintain that safety for yourself and for your patient. Don't promise complete confidentiality. You know, as healthcare providers, we're mandated reporters, so I would encourage you to know your state laws. You also don't want to pressure someone into disclosing information. And don't assume that if someone declines help today, that they're never going to seek help later. Trauma is complicated. Trust takes time. And sometimes, your interaction is simply one step in a much longer journey.

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Anna: Yeah, absolutely. And, you know, you've mentioned trauma several times here. So can you talk a little bit more about trauma-informed care?

Lauren: Absolutely. Do we have all day?

Anna: Sure.

Lauren: So trauma-informed care is really about recognizing how trauma affects behavior, how it affects communication and how it affects those healthcare interactions. Many trafficking survivors have experienced significant trauma. And when providers approach patients with curiosity rather than judgment, it changes everything.

And trauma-informed care really focuses on some core principles. So safety, number one, trust, choice, collaboration, empowerment. It's not about having that perfect script with the patient. It's really about helping patients feel respected and in control of their healthcare experience.

Anna: Yeah. And I want to finish by talking about some resources. So if someone wants to learn more about this or they need help supporting a patient, where can they turn?

Lauren: Yes, so it's so important. So now we know what to look for, how to interact with the patient, but then what's next, right? So, resources. One of the best national resources is the National Human Trafficking Hotline. So the way I always remember this number is 888-373-7888. So you'll never forget it: 888-373-7888. They also have a text option available, and many states have additional trafficking coalitions.

So I'd encourage you to look at your state and see what resources are available at the state level. Also, there's victim advocacy organizations and local community resources. I always encourage providers to identify those resources before they need them. The worst time to look for a referral is during a crisis. Every clinic should know their local shelters, their crisis centers, social work resources, behavioral health resources, and those

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human trafficking support organizations. Having those contacts readily available before you need them can make a huge difference.

Anna: Yeah, it's like a lot of what we do in nursing, right? We're practicing, we're learning our resources, our protocols for ACLS when you're in the hospital before you need them, not at that moment.

Lauren: Right.

Anna: Now, before we wrap up, if there is one thing, I know we could talk all day about this, but if there is one thing that you want future and even, you know, practicing NPs to remember, what would it be?

Lauren: Hmm, that's a hard question, Anna. Let me think about this. So if there was one thing that I would want our listeners to take away today, I would say that human trafficking can affect anyone. There is not one single victim profile, and you don't have to be an expert to make a difference. You may be the first healthcare provider who listens without judgment. You may be the first person who creates that sense of safety. You may be the first person who helps someone feel seen, and that matters. You know sometimes much more than we realize.

Anna: Yeah, it can take a while for them to start feeling comfortable and want to disclose, but having that atmosphere of safety and not being judged is huge.

Lauren: Yes, absolutely.

Anna: Well, Lauren, thank you so much for sharing your expertise and for all of the work you're doing to educate healthcare professionals on this really important topic.

Lauren: Yeah, Anna, and thank you for having me today. I hope our listeners leave feeling a little more confident and a little more prepared to help recognize opportunities to support vulnerable patients.

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Anna: And thank you to everyone for listening to this podcast. If you're looking for more NP education, board prep resources, or just support throughout your NP journey, check out our website, [npreviews.com](http://npreviews.com). You can join our free Facebook community and follow us on Instagram at [SMNP reviews official](https://www.instagram.com/smnp_reviews_official). We'll see you next time.

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