

EDUCATING EMERGENCY DEPARTMENT STAFF ON THE IDENTIFICATION AND TREATMENT OF HUMAN TRAFFICKING VICTIMS



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Contribution to Emergency Nursing Practice

- The current state of scientific knowledge on human trafficking within the ED setting indicates that the majority of trafficking victims receive medical treatment in a hospital's emergency department while in captivity, yet medical personnel are significantly unprepared for identifying and treating victims.
- The main finding of this research is that ED personnel reported that they are more confident in identifying and treating trafficking victims and are more likely to screen patients for human trafficking.
- Key implications for emergency nursing practice from this research are establishing a guideline for how an effective and comprehensive human trafficking training and protocol may be implemented within an ED setting.

Abstract

Introduction: Hospitalization is one of the few circumstances in which the lives of trafficking victims intersect with the general population. Based on survivor testimonies, the majority of human trafficking victims may receive medical treatment in a hospital's emergency department while in captivity. With evidenced-based training, ED personnel have a better opportunity to screen persons who are being trafficked and intervene on their behalf.

Methods: This project examined the efficacy of an innovative, evidence-based online training module (HTEmergency.com) created by the project team. Participants completed a pre-survey to determine learning needs and a post-survey to

determine the effectiveness of the online education. The learning module contained a PowerPoint presentation, identification and treatment guidelines, and 2 realistic case studies.

Results: Data were collected among ED personnel in 2 suburban hospitals located near a northeast metropolitan city. Seventy-five employees participated in the survey and education. Staff completing the education included nurses, physicians, nurse practitioners/physician assistants, registration, and ED technicians. Results indicated that 89% of participants had not received previous human trafficking training. Less than half of the participants stated that they had a comprehensive understanding of human trafficking before the intervention, with an increase to 93% after education. The training module significantly increased confidence in identification (from an average confidence level of 4/10 to 7/10) and treatment (from an average confidence level of 4/10 to 8/10) of human trafficking victims within the emergency department; 96% found the educational module to be useful in their work setting.

Discussion: Participants reported that they are more confident in identifying a possible trafficking victim and are more likely to screen patients for human trafficking after participation in the online training module. The proposed general guideline for care provided ED personnel with a useful tool in perpetuity. The results of this project, coupled with the growth of worldwide human trafficking, highlights the need for focused human trafficking education within the hospital setting.

Key words: Human trafficking; sex trafficking; labor trafficking; emergency departments; protocol; training

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Introduction

Although the enactment of the Thirteenth Amendment in 1865 ushered in the end of conventional slavery in the United States, the trading of human beings still remains a nationwide, multibillion-dollar industry known as human trafficking. Human trafficking, or “Modern Day Slavery,” occurs when people are seen as commodities and are then victimized by force, fraud, or coercion for the purpose of physical or sexual exploitation. Although its underground nature makes it difficult to track, research indicates that there are currently 20.9 million global trafficking victims, making human trafficking the third largest worldwide criminal enterprise.¹

The passage of the Trafficking Victims Protection Act of 2000 officially defined human trafficking within the United States into 2 categories: sex and labor trafficking. The majority of victims are used in the sex industry, with roughly 80% of trafficking victims being women and approximately 30% being minors.² The highest-risk population includes runaway/throwaway, homeless, or orphaned youths: an estimated population of 1.6 million people in the United States.³ Trafficked persons are commonly used in street prostitution, brothels, strip clubs, massage parlors, or other underground facilities, and studies indicate that the average age that girls are first exploited through prostitution is 12 to 14 years old.⁴ Children are also generally preferred to adults in labor trafficking, as minors are more easily coerced and controlled and less likely to recognize that they are victims. General commonalities exist between international and domestic victims as well as sexual and labor victims. Sociological disparities in age, poverty, gender equality, employment and crime rates place people at higher risk, as traffickers often prey on disadvantaged populations and communities.⁴

The health implications associated with human trafficking are varied, as victims commonly exhibit signs of physical, psychological, and sexual trauma. One recent study surveyed hundreds of trafficking victims and found that 88% reported that they received medical care during their captivity, and, of those, 63% had been seen and treated in hospital emergency departments.⁵ Hospitalization is one of the few occurrences that intersect the lives of trafficking victims with the general public, making the interaction between victims and ED staff imperative for identification and treatment of trafficked persons.

PROBLEM DESCRIPTION

Main Line Health is a not-for-profit health system serving a significant portion of Philadelphia and its western suburbs, boasting 10,000 employees across 4 acute care hospitals and

other health care facilities. In 2016, emergency departments across Main Line Health cared for more than 170,000 patients, none of whom were systematically screened for human trafficking. The northeast corridor is a significant hotspot for trafficking, with Philadelphia playing a substantial role in the northeast human trafficking circuit. In October 2016, an FBI-led domestic operation arrested and charged 239 human traffickers nationwide, with 44 arrests (18%) occurring in Philadelphia and the surrounding suburbs.⁶

Main Line Health is not the only health care system lacking human trafficking policies and procedures. There are nearly 6,000 total hospitals in the country, but only an estimated 60 (1.0%) have policies for treating patients who are being trafficked.⁷ At present, only 2 states, Florida and Michigan, require health care workers to complete some form of human trafficking training as part of their licensure procedure.⁸ Whereas other professions, such as flight attendants and commercial drivers, require human trafficking training in multiple states, health care professionals are lagging behind.

Many health care professionals are unaware of referral services and the national hotline that is available for possible trafficking victims. More than half of human trafficking survivors indicate that they have accessed health care services at least once while in captivity.⁹ Of those who have accessed health care, 96.7% indicated that they had never been provided with information and/or resources about trafficking.⁹ One of the largest and most well-known non-profit, non-governmental organization committed to ending human trafficking is The Polaris Project. This organization provides client services, conducts policy advocacy, offers education and training, collects data for findings reports, and operates the Human Trafficking National Hotline. The trafficking hotline offers the ability for victims or tipsters to anonymously report possible trafficking incidences and receive support. During the 2014 calendar year, the trafficking hotline received 23,500 substantive tips, with 12.7% of calls coming directly from trafficking victims.¹⁰

SPECIFIC AIMS

The aims of this evidence-based project were to¹ educate ED personnel on the issue of human trafficking, to increase staff confidence in recognizing and treating possible human trafficking victims, and² to develop and implement a screening tool with guidelines of care for anyone who is identified as a possible victim.

AVAILABLE KNOWLEDGE

At present, research concerning the effectiveness of training ED staff on identification and treatment of human trafficking victims is limited. One study, conducted by Chisolm-Straker et al¹¹ found that an online learning module on human trafficking for ED personnel was successful. Before training, 4.8% of participants felt confident in the ability to recognize a human trafficking victim; this increased to 53.8% after training. Another report by Grace et al¹² found the proportion of participants who rated themselves as knowledgeable/very knowledgeable increased from 7.2% to 59% after an educational intervention.

Methods

This project examined the efficacy of an evidence-based online training module (HTEmergency.com) created by the project team. Participants completed a pre-survey to determine learning needs and a post-survey to determine the effectiveness of the online education. The learning module contained a PowerPoint (Microsoft Corp, Redmond, WA) presentation, 2 realistic case studies, and identification and treatment guidelines embedded within the website.

The PowerPoint presentation contained the definition of human trafficking, general statistics, stages of entrapment, a discussion of at-risk populations, potential red flags to identify victims, screening questions, and typical health implications. The presentation then focused on a general guideline for care, which included a flowchart assessment tool that provided a step-by-step recommendation on treating a potential trafficking victim (Figure 1). The flowchart guideline was adapted for use at Main Line Health by using the "Framework for a Human Trafficking Protocol in Healthcare Settings" developed by the US Department of Health and Human Services¹³ and a treatment guideline created by the Philadelphia Anti-Trafficking Coalition Social Service Subcommittee.¹⁴ Following the PowerPoint presentation, users were asked to complete 2 realistic case studies depicting a health care provider's interaction with a human trafficking victim. The website, PowerPoint presentation, case studies, and guidelines for care all directed the user to employ the Human Trafficking National Hotline when a possible human trafficking victim was identified.

The education was tailored for ED personnel and could be completed in approximately 20 minutes. Between October 2016, and December 2016, ED staff members from 2 Main Line Health Hospitals were invited to participate in the computer-based training. Regarding ethical considerations, under the direction of a research consultant and conversations

with members of the hospital system's institutional review board (IRB) committee, it was determined that IRB approval was not required for this evidence-based project.

MEASURES

Data for the pre- and post-education surveys were collected using a Survey Monkey questionnaire embedded within the created website. The survey included general demographic data including profession, years of experience, and hospital location. The survey also explored whether the sampled health care professionals had received human trafficking training in the past and whether participants perceived that they had a comprehensive understanding of human trafficking. Finally, the survey used Likert Scale questions to determine each participant's confidence in identifying and treating possible human trafficking victims. The pre-education survey and post-education surveys were nearly identical in nature to track improvement following implementation of the intervention.

Results

Seventy-five employees completed the pre-survey, and 56 employees completed the post-survey. Staff completing the education included nurses, physicians, nurse practitioners/physician assistants, registration, and emergency room technicians; 66% of those completing the education were nursing staff, with the majority of participants having had more than 2 years of experience.

Results indicated that 89% of participants had not received previous human trafficking training. Less than half of the participants stated that they had comprehensive understanding of human trafficking before the intervention, with an increase to 93% after education. The training module significantly increased confidence in identification (from an average confidence level of 4/10 to 7/10) and treatment (from an average confidence level of 4/10 to 8/10) of human trafficking victims within the emergency department; 96% found the education module to be useful in their work settings. All survey results can be found in Table 1.

Discussion

The data collected highlighted a significant need for human trafficking training among health care professionals. With only 11% of respondents indicating that they had received human trafficking training in the past, and less than half of

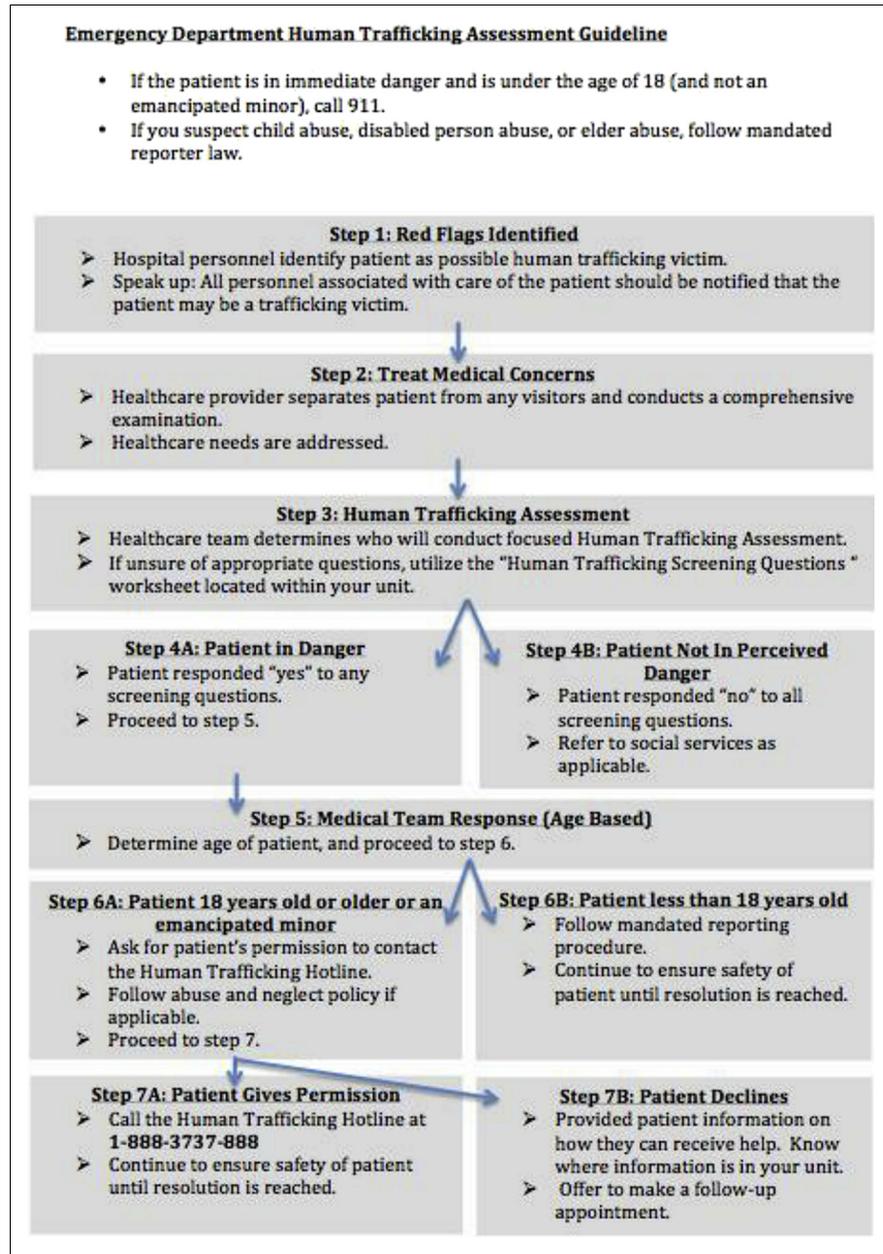


FIGURE 1
Assessment guideline.^{13,14}

the participants having had a general understanding of human trafficking before the education session, these results suggest that health care professionals may not be equipped with the tools necessary to identify human trafficking victims.

This evidence-based project was successful in reaching its specific objectives. The first goal was to increase confi-

dence of staff in recognizing and treating possible human trafficking victims. By educating staff on at-risk populations, potential red flags, and typical health implications, the results indicated that staff quickly became more confident in recognizing a possible trafficked person. Discussing these topics and providing health care professionals with a

TABLE 1

Survey summary

Survey Question

Average
Pre-Training
ResponseAverage
Post-Training
Response

Survey Question	Average Pre-Training Response	Average Post-Training Response
Do you have a comprehensive understanding of what human trafficking is?	Yes: 49%	Yes: 93%
Have you ever been formally trained on human trafficking?	No: 89%	N/A
On a scale of 0 to 10, with 0 being “not confident” and 10 being “very confident,” if you suspect a patient is a victim of human trafficking, how confident are you in addressing and discussing this topic with the patient?	4/10	7/10
On a scale of 0 to 10, with 0 being “not confident” and 10 being “very confident,” how confident are you in identifying a human trafficking victim?	4/10	7/10
On a scale of 0 to 10, with 0 being “not confident” and 10 being “very confident,” how confident are you in treating and caring for a human trafficking victim?	4/10	8/10
Did you find this learning module useful to your clinical setting?	N/A	Yes: 96%
Do you believe there are sufficient materials to increase awareness for human trafficking in your emergency department?	No: 92%	N/A

list of potential questions to ask a patient during a focused assessment made ED personnel more confident in addressing and discussing this topic with a suspected trafficking victim.

Although identification of possible victims is an important first step, the project also concentrated on the specific actions that should be taken by ED personnel if a trafficking victim is identified. The educational module provided a general guideline for care, which included a flowchart assessment tool (Figure 1). This assessment tool outlined a step-by-step procedure to address the needs of a potential trafficking victim and provided the National Hotline phone number. To improve access to information if a staff member suspected a case of human trafficking in the emergency department, a double-sided laminated page was distributed at strategic hotspots in the emergency department. One side of the laminated page included the assessment tool, and the other side provided guidance for screening including questions to ask, red flags, and physical signs of trafficking (Figure 2). By having the assessment tool readily available, ED personnel reported that they felt significantly more confident in treating a possible human trafficking victim.

With only 8% of participants reporting that sufficient materials had been available to increase awareness for human trafficking, it became apparent that additional resources were necessary within the emergency department. Many state parks, national parks, and highway rest areas provide bathroom signs that include the national hotline phone number.

Following this initiative, victim-focused, bilingual posters with the national hotline phone number were placed in all ED bathrooms within Main Line Health. In addition, posters created by the US Department of Health and Human Services were provided in lobbies and hallways around each hospital to help increase public awareness.

LIMITATIONS

Certain limitations were present during the data collection process. First, this evidence-based project experienced a non-response error. Seventy-five ED employees participated in the pre-survey, whereas only 56 employees participated in the post-survey. This is an attrition rate of approximately 25% of participants. Second, all data were self-reported and subject to reporting biases. This project was conducted in Montgomery and Chester Counties located next to Philadelphia, an area with high incidence of human trafficking. It is possible that participants had a baseline awareness of the topic before receiving training. Finally, choosing to analyze participants on their confidence level rather than using an alternative measurement, such as a pre- and post-education quiz, provided an opportunity for social desirability bias. It is possible that participants rated themselves “very confident” on topics they were less knowledgeable about, as participants may be hesitant to represent themselves as uninformed on such a pressing topic as human trafficking.

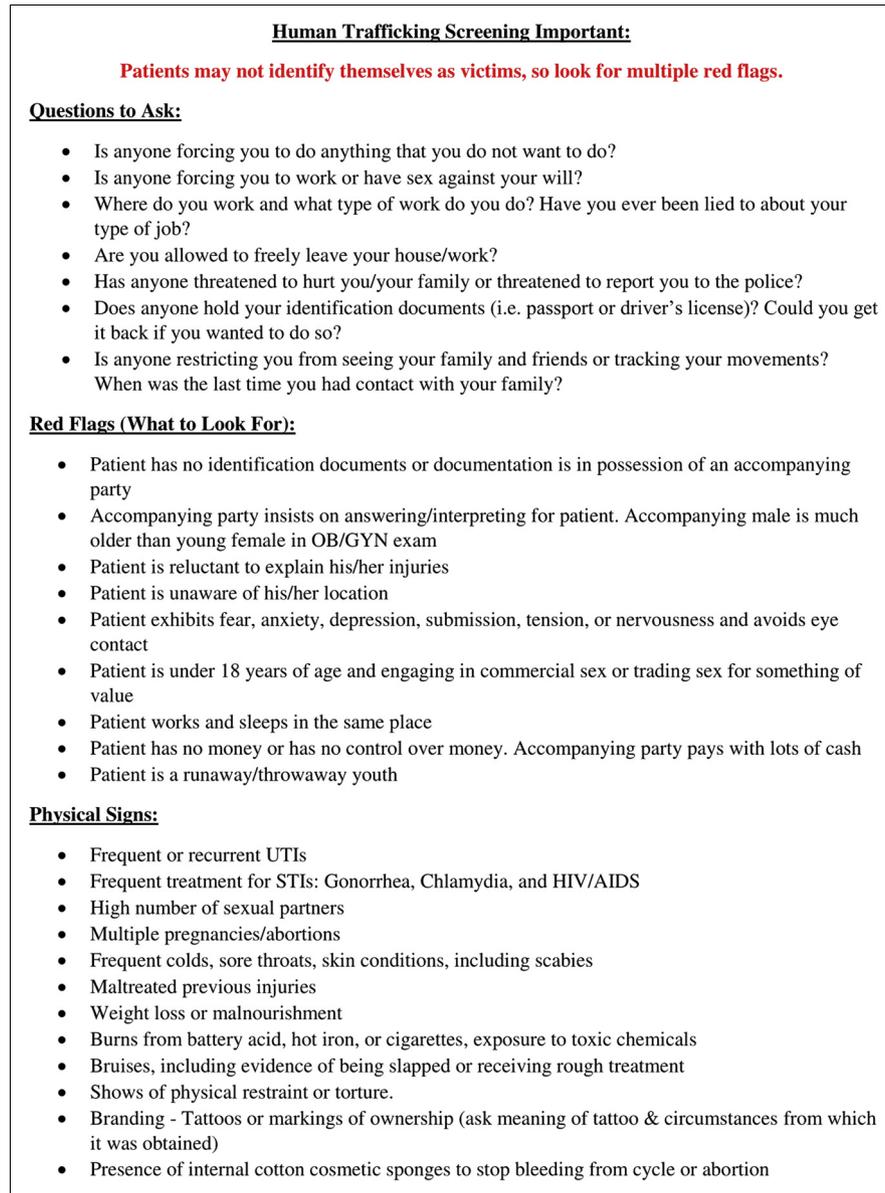


FIGURE 2

Human trafficking screening: questions to ask, red flags, and physical signs.^{13,17}

Implications for Emergency Nursing

Nurses in the emergency department are in a unique position to intervene on behalf of trafficking victims while they are in captivity. Those being trafficked may not openly identify themselves as victims; therefore, ED staff must embrace their role in observing for signs and symptoms of trafficking.¹⁵ Victims often do not immediately seek help or self-identify as victims of crime because of a variety of

factors including lack of trust, self-blame, or specific instructions by the traffickers regarding how to behave when talking to law enforcement or social services.¹⁶ In addition, HIPAA regulations and established hospital policies may limit a health care provider's ability to report a trafficking victim. If a patient is in immediate danger, a health care provider is permitted to call local police. If a patient is a victim of child abuse, elder abuse, or disabled person abuse, the

health care provider must follow mandated reporter laws. If the patient is of legal age or an emancipated minor, the patient may possibly refuse help without recourse. In this circumstance, it would likely be considered a HIPAA violation to contact the National Hotline with identifying information without the approval of the victim. Although this circumstance places staff in a difficult position, resources should still be available for a potential victim. For this project, discreet shoe cards and other concealed take-home materials were made available for distribution.

The Emergency Nurses Association (ENA) recognizes the need for comprehensive human trafficking training and is leading the call for mandatory education. The April 2017 issue of *ENA Connection* focused primarily on victim services, with a noteworthy cover article titled “I Spy Human Trafficking: Experts Call for Mandatory Training to Identify Hidden Crimes.”⁸ The field of emergency nursing is aware that there is a need for training, but no official framework for education exists. This evidence-based project contributes to the field’s initiative to address this void, providing a guideline for how a successful and comprehensive human trafficking training could be implemented within any ED setting.

Conclusions

Studies indicate that medical care providers are unprepared to identify and respond appropriately to trafficked persons. In a report by the Coalition to Abolish Slavery and Trafficking, 40% of human trafficking survivors indicated that there was something that their physicians could have said or done to help them while they were in their trafficking situation.⁹ As health care professionals, we may participate in one of the few instances where a person being trafficked intersects with the outside world, making our single interaction with a trafficked person within the emergency department potentially life altering.

Although the ENA and human trafficking experts agree that human trafficking training should be mandatory for ED personnel, there remains no standardized training requirement. This evidence-based project demonstrates that participants are more confident in identifying and treating a trafficking victim and more likely to screen persons for human trafficking after completing comprehensive computer-based training (HTEmergency.com). The success of this educational module further highlights the need for nationwide mandatory training and may provide an example of an evidence-based training program.

Following the training at Main Line Health, several patients have been screened as potential human trafficking victims. With an estimated 20.9 million global trafficking victims, it is crucial that ED personnel around the world be able to recognize, intervene, and care for a potential trafficked person; implementing a simple framework could save countless people from lives of exploitation and suffering.

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