Human Trafficking Victim Identification, Assessment, and Intervention Strategies in South Texas Emergency Departments

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Contribution to Emergency Nursing Practice

- The current state of scientific knowledge on human trafficking indicates that victims seek care in emergency departments. However, there is a lack of knowledge regarding effective methods to identify and intervene for these victims in the emergency department.
- The main finding of this research is the majority of emergency departments surveyed in south Texas do not specifically screen for human trafficking.
- Key implications for emergency nursing practice from this research are that consistent use of validated screening instruments and standardization of processes for human trafficking is needed.

Abstract

Introduction: Human-trafficking victims seek assistance for health issues in emergency departments. This point of contact provides an opportunity for screening and identification of the victim's situation, enabling intervention.

Methods: This descriptive research study was designed to identify whether a standard protocol is currently used to identify, assess, and intervene for human-trafficking victims in 47 south Texas counties. ED leaders were surveyed using a sequential set of strategies including online, e-mail, and/or phone surveys to identify the methods used in emergency departments screening for adult and child human-trafficking victims.

Results: Researchers surveyed 99 emergency departments in south Texas, which includes 21 counties bordering Mexico. Twenty-seven ED leaders responded (27.3%). Despite being located in an area with high rates of human trafficking, these leaders stated that few trafficking victims were identified in 2017. Eleven (40.7%) of the responding emergency departments specifically screened adults for human trafficking, and 10 (37.0%) specifically screened children for human trafficking. A variety of methods were used by each of these emergency departments to identify human-trafficking victims.

Discussion: The failure to recognize human-trafficking victims prevents assessment of the victim's status and further delays referral to appropriate resources. Barriers to screening for human trafficking included lack of awareness of the human-trafficking experience, need for clinical education related to evidence-based protocols, and need for validated screening instruments and standardization of processes that promote action and provide victim assistance.

Key words: Human trafficking; Sex trafficking; Emergency services; Triage

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Introduction

Human trafficking is defined, according to the United Nations, as having 3 components.[1] First, human trafficking is an act in which the person is recruited, transported, transferred, harbored, or received. Second, human trafficking includes use of means such as threat, force, coercion, abduction, fraud, or deception. Third, human trafficking has a purpose of exploitation.[1] Human-trafficking victims are people of any age, race, sex, and socioeconomic status.[2] Victims may feel trapped to provide nonconsensual services or arrangements that include sex, labor, domestic servitude, or forced marriage.[2] On a global scale, it is estimated there are 40.3 million victims of human trafficking, 25% of whom are children.[2] The United States is one of the most prolific countries for traffickers in the world.[3] Traffickers prey upon those individuals seeking new opportunities and those escaping adversity, violence, or economic problems. California, Texas, and Florida, along with cities such as Los Angeles, New York, and Miami, are some of the highest human trafficked areas in the United States.[4,5] According to the United Nation's Global Report on Trafficking in Persons, which uses reports by national authorities to study patterns and flow in trafficking,[6] most trafficking in North America is sex trafficking (71%), with about 65% of trafficking victims being women.[6] According to the National Human Trafficking Hotline, there have been a total of 45,308 human-trafficking cases reported to the US hotline from 2007 to June 30, 2018.[5] In 2017, there were 8,524 human-trafficking cases reported to the National Human Trafficking Hotline, with 792 of these cases in Texas.[5] These existing reports and statistics must be interpreted in light of the limitations of convenience sampling and difficulty enumerating often-hidden victims in the process of being illegally exploited and vulnerable to violence.

There are several barriers to identifying human-trafficking victims and providing intervention and referrals. The clandestine nature of the industry creates challenges in locating offenders and victims.[7] Human trafficking takes many forms, and victims rarely self-identify, especially pediatric victims.[8] Lack of education contributes to the failure to identify human-trafficking victims, as many service providers are unaware of this problem.[9] By failing to recognize victims of human trafficking, opportunities to identify victims and provide resources to those victims are reduced.[10] Furthermore, victims may struggle to leave these situations because of psychological trauma; attachment to their trafficker; dependence; or fear of destitution, arrest, or ostracism.[8,11] Other barriers include cultural and linguistic differences.[11] One of the greatest opportunities for stopping human trafficking lies with health care workers.

Victims report a high incidence of health issues such as physical abuse, sexually transmitted infections, malnourishment, and psychological trauma.[4,10] When a victim seeks medical attention, this presents a rare opportunity to identify victims.[7,12] Therefore, health care facilities, especially emergency departments, become the venue for identifying victims of human trafficking, providing a potential safe haven for victims.[7] To combat human trafficking, health care workers need to be educated on how to identify victims, how to approach suspected victims, and what actions to take once a victim is identified, particularly in those areas of the country where human trafficking is rampant.

REVIEW OF LITERATURE

Human trafficking is a massive global issue that has detrimental effects on public health.[7] One of the challenges in research development stems from the nature of this criminal industry.[7] The secretive, evasive nature of human trafficking makes current and generalizable research difficult to achieve.[13] Regardless of the challenges, more information regarding human trafficking and its health implications is an urgent necessity. In the 2018 Report on Trafficking in Persons, the US Department of State specifically recommended increased screening of vulnerable populations for human trafficking.[14] In recent years, there has been an aggressive pursuit of human-trafficking research to help formulate evidence-based practices for health care workers, increase awareness, and encourage action to identify and protect victims.[13,15]

There are noteworthy accomplishments in tool development. In 2011, the National Human Trafficking Resource Center published a document delineating a method to assess victims for potential signs of human trafficking.[16] Although useful and developed to recognize all types of trafficking, the document also stated that the tool was not tailored to every program and should be appropriately modified for each program's specific environment.[16] Then, in 2014, Simich et al published a tool to assist social service providers, law enforcement, health care, and shelter workers in identifying human-trafficking victims.[17] Eighty-seven percent of the tool's questions were determined to be significant predictors of human trafficking.[17] In 2018, the Department of Health and Human Services (DHHS) published a screening toolkit and guide for adult victims of human trafficking that was designed specifically for health care workers.[18] However, the tool remains unvalidated at

this time. The guide also mentions 8 other tools for human-trafficking assessment, most of which focus on child victims.[18] These recent developments show great improvement in national awareness of human trafficking and provide potentially useful resources for health care workers. However, health care still lacks a standardized, validated human-trafficking tool, and there is little research regarding the health of victims.[15]Although recent accomplishments encourage change, there is still a great need for improvement in human-trafficking recognition.

PURPOSE

This research study was designed to identify the actions currently taken by ED clinicians and providers to identify, assess, and intervene for victims of trafficking. The purpose of this study was to identify and describe the current strategies for identification, assessment, and intervention for human-trafficking victims in the emergency departments in 47 South Texas counties.

Methods

STUDY DESIGN AND SURVEY

This descriptive study used a survey design to collect information identifying current ED practices related to human trafficking. The study used a brief survey of 23 questions developed by the nurse researchers, based on a review of the literature and expertise with ED processes and care. The survey focused on the type of emergency department, providers, and clinical staff; methods used to screen adult and child human-trafficking victims; and results, including number of positive screens, characteristics of individuals with positive screens, strategies helpful to identify human-trafficking victims, and the actions taken following identification.

The list of nurse leaders contacted to answer the survey was obtained by calling the emergency departments and requesting names and e-mail addresses of emergency nurse leaders. Institutional Review Board (IRB) approval was obtained before deploying the survey. The survey was deployed using a sequential set of strategies including an online survey tool, e-mailed survey, and phone survey with reminders in the same format. Participants were informed that involvement in the research was voluntary, and survey completion indicated consent. Surveys could be answered anonymously. To promote response to the surveys, each leader participating in the survey was entered in a drawing for a gift certificate.

SETTING

Texas is divided into 22 trauma service areas (TSAs) (Figure). Regional advisory councils are designated by the Texas Department of State Health Services (TDSHS) to develop, implement, and maintain regional trauma and emergency health care systems in each TSA.[19] For this study, the setting included emergency departments in 5 South Texas TSAs including Southwest Texas TSA (P), Golden Crescent TSA (S), Seven Flags TSA (T), Coastal Bend TSA (U), and Lower Rio Grande Valley TSA (V). These regions include a mixture of urban, suburban, and rural areas. The 2 largest counties are Bexar, with 1.9 million residents (largest city: San Antonio), and Hidalgo, with 0.8 million residents (largest city: McAllen). A substantial number of the counties are considered border counties (n = 21, 44.7%), as they are located within 100 kilometers of the Rio Grande River on the US border of Mexico.[20] The South Texas region is a major corridor for human trafficking because of its proximity to the Mexican border and connections to major interstate highways (Interstate 10 and Interstate 35) for the continuous transport of victims to new markets and large cities including San Antonio and Houston.[21] The population in the 47 counties is 5,103,477 (Table 1).[22,23] Collectively, residents in the counties are primarily white (85.2% to 98.8%) and predominately Hispanic, with the majority (n = 28, 59.6%) of the counties being more than 50% Hispanic.[22] The counties have a high percentage of people who are poor, with impoverished persons ranging from 8.0% to 35.4% of the population per county and with 49.0% (n = 23) of the counties having greater than 20% of the population impoverished.[22] The population of the counties has a median age ranging from 28.1 to 52.7 years.[22] Texas is one of the 5 youngest states in the United States, with a median age of 33.6 years.[22] Within these 47 counties, there are 99 emergency departments.

Results

Twenty-seven of the 99 emergency departments in the 5 trauma service areas responded to the survey for a 27.3% response rate (Table 2). Responses were received by online survey (n = 13), by e-mail (n = 7), and by phone (n = 7). Spam filters blocking the online survey software e-mails prompted the researchers, with IRB approval, to directly email surveys and then use phone calls to reach nonresponders to offer a direct e-mail format or phone survey.

E-mail addresses changed with the turnover of ED leaders and finding a convenient time to complete the survey

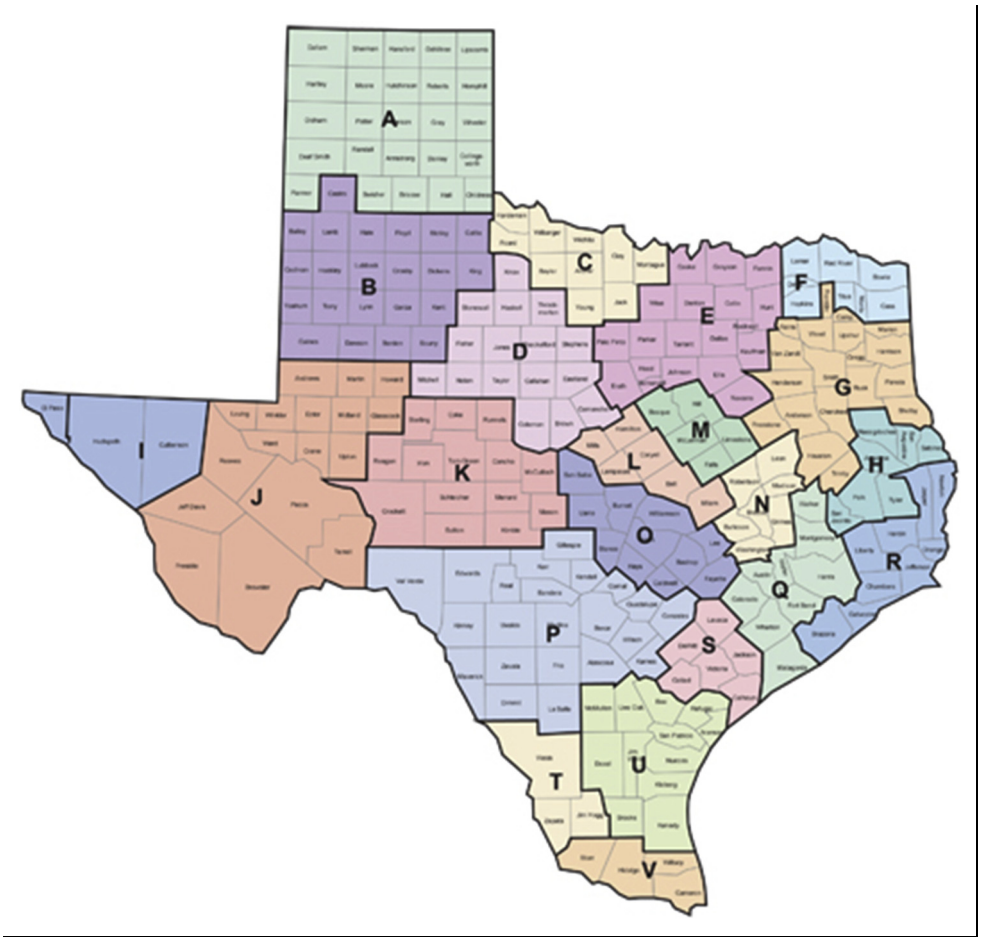

FIGURE
Trauma Service Areas in Texas (Permission to print: Texas Department of Health and Human Services).

verbally prompted the option to enable the leader to select email or verbal survey response. Seven of the responding ED leaders stated that their emergency departments were American College of Surgeons (ACS) trauma-designated level 4, 2 were designated level 3, 1 was designated level 2, and 17 had no ACS trauma designation. Seven of the responding ED leaders stated that their emergency departments were designated by the Southwest Texas Regional

TABLE 1
2015 population statistics by trauma service area

TSA	Population	Land square miles	Population density/square mile
P – Southwest Texas	2,688,869	26,688	100.72
S – Golden Crescent	177,257	4,949	35.82
T – Seven Flags	289,295	5,495	52.65
U – Coastal Bend	597,898	11,552	51.76
V – Lower Rio Grande Valley	1,350,158	4,276	315.75
Total	5,103,477	52,960	96.36

TABLE 2
Responses by trauma service area (n = 27)

TSA	Counties	Border Counties	EDs	Responses	Response Rate/No. ED
P - Southwest Texas	22	10	65	17	26.2%
S - Golden Crescent	6	0	6	1	16.7%
T - Seven Flags	3	3	4	1	25%
U - Coastal Bend	12	4	11	3	27.3%
V - Lower Rio Grande Valley	4	4	13	4	30.8%
Not indicated	County not identified			1	
Total	47 Counties (21 Border Counties)		99	27	27.3%

TSA, trauma service area.

Advisory Council (STRAC) as certified regional trauma and emergency health care system level 4, 2 were certified as level 3, 1 was certified as level 2, and 17 had no STRAC designation.

The facilities were staffed by varying combinations of both providers and clinical staff members. Each of the emergency departments responding had physicians (n = 27, 100%) and various other providers including nurse practitioners (n = 15, 55.6%) and physician assistants (n = 15, 55.6%). Every responding emergency department had RNs (n = 27, 100%) and various clinical staff including licensed vocational/practical nurses (n = 8, 29.6%), sexual assault nurse examiners (SANE) (n = 4, 14.8%), social workers (n = 6, 22.2%), radiology technologists or laboratory technologists (n = 2, 7.4%), registered paramedic (n = 1, 3.7%), and no clinical nurse specialists (CNS).

ADULT HUMAN-TRAFFICKING SCREENING

Eleven (40.7%) of the responding 27 emergency departments screened adults to identify human-trafficking victims. ED screening included a variety of methods (Table 3). The most frequent method of screening adults for human trafficking reported by emergency departments was asking questions during triage regarding the patient's feelings of safety. Sixteen (59.3%) of the 27 emergency departments did not screen adults to identify human-trafficking victims. After answering "No" to the question "Do you formally

TABLE 3
ED assessment methods for adult (n = 11) and child (n = 10) human trafficking

Assessment methods	Screen for adult human trafficking N (%)	Screen for child human trafficking N (%)
Triage questions on feelings of safety	4 (36.4)	0 (0)
Safety screening	0 (0)	2 (20)
Triage questions, but depending on age are answered by parents/caregivers	0 (0)	2 (20)
One question: Are they in a relationship in which they are afraid or have been abused?	2 (18.2)	1 (10)
Screening questions during assessment	1 (9.1)	1 (10)
Screen patients for abuse and neglect. Nursing is also trained to assess for adult/child protective service cases	1 (9.1)	1 (10)
Clinical presentation and thorough history	1 (9.1)	1 (10)
No details provided regarding assessment	2 (18.2)	0 (0)
We look for signs of no eye contact with caregiver bringing them in	0 (0)	1 (10)
Ask Border Patrol/Customs for background information	0 (0)	1 (10)

TABLE 4
Actions of emergency departments not screening for human trafficking: adult (n = 16), children (n = 17)

Actions taken in emergency departments when not screening for HT	EDs without HT screening for adults N (%)	EDs without HT screening for children N (%)
Safety screening questions asked but not specific to HT (including questions about abuse, neglect, domestic violence, and suicidal/homicidal ideation)	5 (31.3)	2 (11.8)
No details provided regarding actions taken in the emergency department	5 (31.3)	5 (29.4)
HT screening is not done (for children and/or adults or both)	2 (12.5)	5 (29.4)
HT suspected based on patient assessment or symptoms	0 (0)	2 (11.8)
Identification is based on assessment done by providers and nurses	2 (12.5)	1 (5.9)
Identification is based on knowledge	1 (6.3)	1 (5.9)
Dependent on situations and presentations	1 (6.3)	1 (5.9)

HT, human trafficking.

screen adults to identify human-trafficking victims?" many of the nurse leaders reported an action performed but clarified that the action did not screen for human trafficking (Table 4).

Based on the unique staffing mix of each emergency department, the leaders identified that the following providers and staff performed screening in the emergency departments for human trafficking: physicians (37.0%), nurse practitioners (14.8%), physician assistants (14.8%), RNs (66.7%), licensed vocational/practical nurses (7.4%), and SANE (3.7%).

If adults were screened for human trafficking, the most likely times and places for the screening to be done were during triage (55.6%), after the patient was placed in a room (37.0%), during the provider evaluation (25.9%), and when discharging a patient (3.7%). None of the responding emergency departments identified an adult human-trafficking victim in 2017. One (3.7%) identified several victims who had already been identified by another agency, stating, "I had a runaway female yesterday. Typically, they're young, female, Hispanic, 20s, sexual trafficking. They're also very open once they've been identified. I had one girl talk for 5 hours straight."

CHILD HUMAN-TRAFFICKING SCREENING

Ten (37.0%) of the 27 emergency departments screened children to identify human-trafficking victims. Screening by these emergency departments included a variety of methods (Table 3). Many responses were duplication of the methods to screen adults for human trafficking. Seventeen (63.0%) of the 27 emergency departments did not screen children to identify human-trafficking victims. After answering "No" to the question "Do you formally screen children to identify human-trafficking victims?" respondents identified several methods they used that were not specific to human trafficking but rather were focused on generalized safety concerns or assessment findings as part of the providers' and staff's routine processes (Table 4).

Based on the unique staffing mix of each responding emergency department, the leader of emergency departments that screened for child human trafficking identified the following providers and staff as performing the screenings for child victims of human trafficking: physicians (51.8%), nurse practitioners (14.8%), physician assistants (18.5%), RNs (63.0%), licensed vocational/practical nurses (3.7%), SANE (3.7%), and social workers (3.7%).

If children were screened for human trafficking, the most likely times and places identified for the screening to be done were during triage (48.1%), after the patient was placed in a room (33.3%), during the provider evaluation (22.2%), and when discharging a patient (3.7%). One respondent noted that the screening must be done when the minor is alone, separated from the adult. Twenty-six (96.3%) of the emergency departments did not identify a child human-trafficking victim in 2017. One (3.7%) emergency department identified 10 children who were human-trafficking victims. One emergency department received 5 child-trafficking victims identified by another agency: "They are brought in by border patrol or customs with background information on their situation."

Four (14.8%) of the emergency departments have identified child-trafficking victims previously, although not in the last year. These ED leaders stated that they were helped in identifying the child human-trafficking victims by their "physical appearance, behavior, body language, and eye

contact;" "suspicious events and history;" and as a result of "training and staff education." One ED leader stated that they are a "border hospital, so we get lots of patients with border patrol and bad situations. We, as a department, don't label patients as human-trafficking victims or not; we just treat them and call the police if there are any suspicions of abuse or trouble with the law. We don't get to follow up with the patients to see if the issue actually was human trafficking; so we do screen for abuse, but not specifically human trafficking." One ED leader identified that despite education, staff find it "difficult to act…due to staff anxiety."

ADULT AND CHILD HUMAN-TRAFFICKING SCREENING

Of the 14 hospitals screening for individuals being trafficked, 7 screened for both adults and children. Four (14.8%) screened adults exclusively, and 3 (11.1%) screened children exclusively. If a trafficking victim was identified, the emergency departments identified actions they would take including consulting with a social worker (15.4%), reporting to police (30.8%), and referring to a battered women's shelter (7.7%). None identified that they would contact hospital spiritual care, chaplain services, or a community faith leader (eg, pastor, rabbi, elder, imam). Several emergency departments received victims of human trafficking identified by border patrol. SANE identified 10 child-trafficking victims at 1 site in 2017. Several ED leaders stated that there were no routine processes or formal assessments for human trafficking, but rather human-trafficking assessments were merely based on symptoms and complaints. Several respondents noted that required notices were posted in the waiting and examination rooms within the department, and annual continuing education modules on identifying victims were held. An interest in screening for human trafficking was expressed by several ED leaders. A legal concern regarding child-trafficking victims that was reported in the returned surveys included a statement that it was a health insurance portability and accountability act (HIPAA) violation to report the issue to police because reporting required patient consent. A misconception reported was that trafficked children would be young, nervous, have visible injuries, and be accompanied by older men.

Discussion

Despite being identified as a high traffic area,[4,5] very few ED leaders responding to the survey reported ED identification of human-trafficking victims in 2017. ED screening processes reported are inconsistent with differences in the individuals performing the screenings, the location and timing of the screenings, education of clinical staff, patient education provided, and assessments performed. Respondents did not identify a standard method or tool for screening; rather, many use questions to determine the person's safety or assess the individual.

Victims rarely self-identify, and the failure to recognize victims eliminates the opportunity to provide resources.[8,10] Only 40.7% of the emergency departments specifically screened adults for human trafficking, with most ED clinical staff using 1 or more safety questions as their screening tools. Of the 59.3% of the emergency departments that did not screen adults specifically for human trafficking, several screened only children; some focused on domestic violence or abuse/neglect screening; others asked questions about safety in general, but clarified that it was not specific to screening for human trafficking; and others offered no information on any actions taken in the emergency department related to human-trafficking screening.

Emergency nurses must be cognizant of the legal reporting requirements for both child and adult maltreatment, abuse, and human-trafficking victims in their state or country of practice. Although the screening of these victims may be similar, the individual situation may require additional considerations beyond current standard assessments to differentiate the victim's circumstances.

Emergency nurses in the United States are mandated reporters for child and elder abuse. Clarity of the conceptual definition of human trafficking[1] vs other forms of suspected maltreatment or abuse—followed by education—is needed to enable providers and clinical staff to identify differences in screening, identification, referral, and treatment for child abuse, intimate partner violence, and child and adult human trafficking.[8] The failure to identify human-trafficking victims may be attributed to lack of provider and staff education as well as failure to use tools specifically designed to identify human-trafficking victims.[9,15]

Key change agents to build new processes and provide knowledge and skills to improve human-trafficking victim identification include staff such as forensic nurses (SANE), clinical nurse specialists, and chaplains. In this study, 10 children were identified as trafficking victims in 1 emergency department. This identification occurred through the forensic nurse examination, which was performed by RNs educated to recognize the signs and symptoms of human trafficking. ED leaders responding to the survey did not list CNS in their staffing mix. One of the foundational skills of a CNS includes gap analysis, which could provide the needed activity to differentiate current

TABLE 5
Human-trafficking screening tools

Author	Year	Screening	Setting	Design
International Organization for Migration and United Nations Office on Drugs and Crime[27]	2006	Screening interview form on the International Organization for Migration for the Identification of Victims of Trafficking	To combat international human trafficking through the sharing of knowledge among political, legal, and civic arenas	102 questions
Polaris Project[28]	2010	Human trafficking medical assessment tool	For medical professionals	Flowchart
Praed Foundation[29]	2010	Child and Adolescent Needs and Strengths (CANS) commercially sexually exploited assessment Children and adolescents	Child welfare professionals or clinical interviews	72 validated questions
Shared Hope International[30]	2010	To identify youth and reduce the risk of retraumatization	Service providers and clinicians, and juvenile justice employees For experienced professionals only	42 questions Available for purchase
National Human Trafficking Resource Center[31]	2011	Human trafficking tool for educators Students	To assist educators in identifying risk factors and indicators of human trafficking and how to respond.	Flowchart
Polaris Project[32]	2011	Human trafficking assessment tools	For airlines and airports	Flowchart
Indiana Protection for Abused and Trafficked Humans (IPATH) Task Force[33]	2012	Human trafficking identification, screening tool and report	For individuals who are likely to encounter victims such as those who work in law enforcement, health care, charities, and youth organizations	Tool consists of three segments: initial screening, detailed interview, and human trafficking report
Covenant House[34]	2013	Human Trafficking Interview and Assessment Measure (HTIAM-14) for homeless and exploited youth	Child welfare professionals, clinical interviewers	14 questions

continued

TABLE 5
Continued

Author	Year	Screening	Setting	Design
Ohio Human Trafficking Task Force[35]	2013	For mental health screenings of incarcerated victims	For the Ohio Department of Rehabilitation and Corrections and the Ohio Department of Youth Services	11 questions (6 for the initial mental health screen, 5 for the mental health professionals to ask after referral from prison staff)
Loyola University Chicago Center for the Human Rights of Children[36]	2014	Childright: New York Child Trafficking Rapid Screening Instrument (RST)	Social service agencies	10 questions
Vera Institute of Justice[37]	2014	Trafficking victim identification tool All ages, domestic and foreign-born, for sex and labor trafficking	For social service providers, law enforcement, health care and shelter workers	Long version available (26 questions) and short version (16 questions)
Michigan Department of Health and Human Services and Genesee County Medical Society[38]	2015	Adult and child tools for suspected victims	Initial screening tool for suspected adults and children of human trafficking. Assists health care providers in determining whether referral to social work or law enforcement is necessary	Adult tool (7 questions) Child tool (9 questions)
West Coast Children's Clinic (community pediatric mental health clinic)[40]	2016	Commercial Sexual Exploitation Identification Tool (CSE-IT) Children and youth (ages 10 and older)	Professionals who work with children, such as social service providers, health care professionals, law enforcement, educators, and charity workers	40 Questions Score 0-23
United States Conference of Catholic Bishops[39]	2017	Stop Human Trafficking and Exploitation. Protect, Help, Empower, and Restore Dignity (SHEPHERD) toolkit	For raising awareness and identifying victims in parishes and the community by learning about human trafficking from the Catholic perspective	Email **MRSShepherd@usccb.org** to request the SHEPHERD toolkit and leader's guide
Urban Institute[41]	2017	Pretesting a human trafficking screening tool in the child welfare and runaway and homeless youth systems Child Welfare (CW) and Runaway and Homeless Youth (RHY)	A tool that addresses a diverse youth population	85 questions

continued

TABLE 5
Continued

Author	Year	Screening	Setting	Design
United States Department of Health and Human Services[18]	2018	Adult human trafficking screening tool Adult victims of labor and sex trafficking	To screen and identify potential victims via face-to-face interview between a trained, trauma-informed clinician and a client For public health, behavioral health, health care, and social work professionals	8 Questions
Covenant House[42]	2019	Quick Youth Indicators for Trafficking (QYIT) screening tool for sex and labor trafficking	Social service providers who screen for human trafficking in runaway and homeless youth Does not require a trained expert to administer	4 questions

and best practices in the effort to improve screening and identification of human-trafficking victims.[24] Although individuals from pastoral/spiritual care may be requested by ED clinicians to participate in patient care to listen to patients, meet them in their current situation, and de-escalate situations,[25] requests for a pastor for a trafficked victim was not 1 of actions reported by the ED leaders surveyed.

Emergency nurses are in a key position to identify and intervene to stop human trafficking and provide resources to the victims. As reported by Gibbons and Stoklosa, emergency departments are regarded as safe havens for victims of human trafficking who may present with a compendium of injuries and health issues, the ED clinical staff needs to be ready to identify and support victims.[7,10]

Limitations

The study was limited by its regional focus on south Texas emergency departments. Although findings are difficult to generalize, given the specific geographic location, the area was chosen because of its proximity to the US/Mexico border and easily accessible interstate highways.

The convenience sample, low response rate, and data collection that relied on 1 ED leader at each site having comprehensive information are additional limitations. There was interference in the timely collection of data, owing to high turnover in ED leaders, spam filters blocking the distribution of the online survey or link, and difficulty reaching leaders by phone at convenient times to participate in the study. The survey was not designed to collect individual contextual information—such as patient age, situation, language spoken—and permission to report in their responses to external services (eg, police, women's shelters). Use of interpreter services was not addressed in this study.

Implications for Emergency Nurses

Emergency nurses may be the first health care professionals that trafficking victims come in contact with, which puts them in a unique position to recognize and intervene.[12,26] Emergency nurses and clinical staff need specific, valid screening and assessment tools focused on human-trafficking victims, as screening processes for human trafficking in emergency departments are often inconsistent. Emergency nurses in the United States are mandated to report child abuse; all states have reporting laws for elder

abuse. Emergency nurses need to be aware of the legal requirements and implications for reporting other maltreatment of children, child human trafficking, and potential adult human-trafficking victims to legal authorities, which may vary substantially by state and country. Further research is needed to validate screening tools (Table 5)[18,27-42] and evaluate the impact of standardizing ED processes for human-trafficking screening and assessment.

Conclusions

Missed opportunities to intervene in human trafficking are due, in part, to barriers in identification. This study provides information regarding the current status of human-trafficking screening in south Texas. Few human-trafficking victims are currently identified in the south Texas emergency departments.

Identification of possible victims and connection to resources is needed to combat the human-trafficking crisis. Increasing the awareness, knowledge, and skills of ED staff and providers is required for change. Valid screening tools and use of standardized processes for human-trafficking victim identification, assessment, and referral are high priorities.

Author Disclosures

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