Implementation of Human Trafficking Education and Treatment Algorithm in the Emergency Department

Authors: Amber Egyud, DNP, RN, Kimberly Stephens, DNP, RN, Brenda Swanson-Bierman, DNP, MPH, RN, Marge DiCuccio, MSN, RN, and Kimberly Whiteman, DNP, RN, Monroeville, Waynesburg, and Pittsburgh, PA

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Contribution to Emergency Practice:

- Emergency department nurses are in the unique position to identify and rescue victims of sex trafficking.
- 87% of sex trafficking victims receive healthcare while in captivity.
- The addition of screening for sex trafficking and a treatment algorithm improved the identification of patients in unsafe environments.

Abstract

Problem: Health care professionals have not been successful in recognizing or rescuing victims of human trafficking. The purpose of this project was to implement a screening system and treatment algorithm in the emergency department to improve the identification and rescue of victims of human trafficking. The lack of recognition by health care professionals is related to inadequate education and training tools and confusion with other forms of violence such as trauma and sexual assault.

Methods: A multidisciplinary team was formed to assess the evidence related to human trafficking and make recommendations for practice. After receiving education, staff completed a survey about knowledge gained from the training. An algorithm for identification and treatment of sex trafficking victims was implemented and included a 2-pronged identification approach: (1) medical red flags created by a risk-assessment tool embedded in the electronic health record and (2) a silent notification process. Outcome measures were the number of victims who were identified either by the medical red flags or by silent notification and were offered and accepted intervention.

Results: Survey results indicated that 75% of participants reported that the education improved their competence level. The results demonstrated that an education and treatment algorithm may be an effective strategy to improve recognition. One patient was identified as an actual victim of human trafficking; the remaining patients reported other forms of abuse.

Implications for Practice: Education and a treatment algorithm were effective strategies to improve recognition and rescue of human trafficking victims and increase identification of other forms of abuse.

Key words: Human trafficking; Intervention; Rescue; Health care provider education

Amber Egyud is Chief Nursing Officer and Vice President of Patient Care Services, Forbes Hospital, Allegheny Health Network, Monroeville, PA.

Kimberly Stephens is Assistant Professor of Nursing, Waynesburg University, Waynesburg, PA.

Brenda Swanson-Bierman is Assistant Professor, Physician Assistant Studies, Rangos School of Health Science, Duquesne University, Pittsburgh, PA.

Marge DiCuccio is Chief Nursing Officer, Vice President of Patient Care Services, Allegheny General Hospital, Allegheny Health Network, Pittsburgh, PA.

Kimberly Whiteman is Assistant Professor of Nursing, Waynesburg University, Waynesburg, PA.

For correspondence, write: Amber Egyud, DNP, RN; E-mail: Amber.Egyud@ahn.org.

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Introduction

Human trafficking is defined as the recruitment, transfer, harboring, or receipt of persons by threat or use of force, induced commercial sex acts, and sexual servitude.[1] Trafficking occurs in all 50 states, with an estimated 100,000 to 300,000 American youths at risk of being exploited yearly.[2] The National Human Trafficking Hotline has received reports of 14,588 cases of trafficking within the United States since 2007.[3] Trafficking is one of the fastest growing forms of organized crime, and the US Department of Justice (DOJ) estimates that the profits generated from trafficking are near $32 billion annually.[4] Unfortunately, the literature reveals that 87% of victims sought medical treatment during captivity without

recognition or rescue.[5] Many of the victims received care in emergency departments across the country. The number of victims presenting for treatment each year is not clear because of the lack of recognition by health care providers.

Review of Literature

A review of the literature was conducted for information regarding prevalence, recognition, and treatment. Trafficking is a major public health issue both domestically and internationally. The DOJ reports that fewer than 1% of victims are identified because of the frequent movement of victims, knowledge deficit related to medical red flags among health care providers, and victim inability to escape.[4] Seventy-five percent of victims are US citizens, 98% are female,[3,4] and 40% are children. Many of the victims have come from juvenile systems, poverty, and children's services.[6] Runaways (children leaving their homes) also fall prey to traffickers. According to the DOJ, runaways may be lured into trafficking as soon as 48 hours after leaving their homes.[4]

Traffickers often gain the victim's trust by faking a romantic relationship, offering a sense of security, and providing basic needs.[7] Once the relationship is developed, traffickers use a variety of methods to control victims. Victims are forced to comply with demands of the trafficker or face torturous consequences.[8] Many traffickers are violent and not fearful of law enforcement. The literature describes violence, physical restraints, forced drug intake, addiction, shame, the threat of police, and frequent relocation as forms of control.[9] Tattoo branding of names and symbols related to the trafficker, such as the word "Daddy," are frequently found on victims' bodies as an effort of the trafficker to claim ownership.[5]

The literature has shown that health care professionals are in a unique position to disrupt the captivity cycle[2] but are not adequately educated on victim recognition and treatment. A common reason for not recognizing victims is that trafficking can resemble other crimes such as prostitution, domestic violence, child abuse, rape, drug addiction, and sexual assault.[10] It is essential to have mechanisms in place that act as a guide. This would include formal screening tools for identification and plans for treatment and rescue. Training on communication styles that encourage victims to report the abuse to health care providers is recommended.[11]

Purpose

The purpose of this project was to improve the identification and rescue of victims of human trafficking in the emergency department through the implementation of a screening tool and treatment algorithm.

Methods

CONTEXT

The project was implemented at a level 2 trauma center in a southwestern Pennsylvania community hospital with an annual ED census near 41,000. The hospital is located near major highways with access to northern, southern, eastern, and western interstates. The emergency department had no standardized education or screening process for human trafficking. ED health care providers including physicians, nurses, ancillary personnel, and social services were the participants in the project.

INTERVENTIONS

An interprofessional team consisting of front-line emergency nurses, nursing administration, security, radiology, social services, patient registration, physicians, and community experts was formed. The team used the Johns Hopkins Nursing Evidence-Based Practice Model[12] to guide the project and the Everett M. Rogers Change Model[13] to plan the implementation of the practice change. After the review of the literature, the team completed a gap analysis between evidence-based best practices and current practice and concluded that education, screening, and rescue plans were needed.

EDUCATION

When the plans were designed, ED staff including nursing, physicians, laboratory, social services, radiology, registration, security, and transport completed mandatory education. The educational program was developed using live training at department and hospital meetings. For staff members who were not able to attend, educators attended the change-of-shift huddles to provide instruction, and an informational binder was assembled and made available in the unit's nurses' station. At the end of the educational session, emergency nurses received a tip sheet for clinical use. After live education, a video and copies of the treatment algorithm were uploaded to our online learning management system to ensure that all employees had access to the information. The content of the education included screening tools, medical red flags of human trafficking, resources for rescue, and plans for notification of appropriate agencies.

Red flags were divided into social screening completed at registration and health care screening completed by emergency nurses and physicians. Registration personnel were educated to look for social signs of trafficking that

included absence of insurance, offering to pay cash, no photographic identification, and odd stories about guardianship.[8] Emergency nurses and physicians were instructed to look for common presenting signs including urinary tract infection, pelvic or abdominal pain, suicide attempt, and psychogenic nonepileptic seizures (pseudoseizures) during the health assessment.[8] Nurses were instructed to make eye contact with patients while asking the sexual abuse questions and to not appear uncomfortable during the questions. An algorithm for identification and treatment of victims that included roles for caregivers and plans for ensuring the safety of the patient and staff was introduced. Caregivers were defined as nurses, physicians, social workers, and nurse aides.

SCREENING

Screening began at the registration desk, where personnel looked for social signs of trafficking. Social signs of trafficking include no insurance, offer to pay cash, no personal identification, no guardianship documentation, and a patient who is with a person who does all of the talking. If registration personnel identified a possible victim or if the patient answered yes to questions in our existing domestic violence screening, the emergency nurse completed the Department of Health and Human Services Screening Tool for Human Trafficking (Figure 1), which was embedded in the electronic health record.

In recognition that victims may be fearful of the trafficker overhearing a conversation, a silent visual notification tool was implemented to notify staff of abuse or unsafe living situations. Signage was located in bathrooms and instructed potential victims to place a blue dot on the specimen cup when giving a urine specimen. A blue dot on the specimen cup triggered the use of the screening tool by the emergency nurse. To ensure patient safety, all team members were also alerted of the blue dot, and the patient was taken to a designated safe area within the department for care.

PLANNING FOR RESCUE

When a potential trafficking victim was identified, the emergency charge nurse conducted a huddle with the physician, security, social services, and nursing leadership. During the huddle, plans were made for further assessment and rescue. A room in the radiology department was used as a private place to interview the patient without the trafficker

- Can you leave your job or situation if you want?
- Can you come and go as you please?
- Have you been threatened if you try to leave?
- Have you been physically harmed in any way?
- Describe your working or living conditions.
- Where do you sleep and eat?
- Do you sleep in a bed, on a cot, or on the floor?
- Have you ever been deprived of food, water, sleep, or medical care?
- Do you have to ask permission to eat, sleep, or go to the bathroom?
- Are there locks on your doors and windows so you cannot get out?
- Has anyone threatened your family?
- Has your identification or documentation been taken from you?
- Is anyone forcing you to do anything that you do not want to do?

*Retrieved from Department of Health and Human Services Human Trafficking Screening Tools

FIGURE 1
Suggested Screening Questions of Human Trafficking.

present because it is common practice for patients to be alone when radiographs are taken. An emergency nurse and social worker escorted the patient to the radiology area for a private screening. For victims younger than 18 years, a report was immediately filed with child protective services as required by law, and the victim received intervention.

If the private screening with the emergency nurse and the social worker resulted in an adult patient requesting rescue, the charge nurse notified nursing leadership, who contacted the local police and the Federal Bureau of Investigation Human Trafficking Division. The emergency nurse and the social worker collaborated with local agencies to provide for the patient's immediate safety and personal needs including housing, food, and medical treatment. Our algorithm also called for increased presence of security in the emergency department, notification of local law enforcement, and a call to the Federal Bureau of Investigation Human Trafficking Division.

If the adult victim refused intervention, local shelters and agencies and national resources were discussed with the patient, including the National Human Trafficking Center Web site and the "Be Free" text-messaging program. In this program, victims can elicit help by texting the word HELP or INFO to 233733 (BEFREE). Victims may also use a free phone line (1-888-373-7888).[3] For potential victims who refused intervention, we placed follow-up phone calls within 24 hours to offer intervention again and repeat the information about available resources.

PLANNING FOR SAFETY

Safety concerns in the emergency department included patients, staff, visitors, and the trafficker's potential for violence. When a potential victim was identified, security personnel participated in our huddle and remained in the department. While health care providers ensured that the patient received adequate medical and nursing care, security managed any threats to safety and tried to detain the trafficker until local law enforcement arrived. If the trafficker attempted to flee the hospital, security was instructed to contact local police and maintain the safety of the hospital campus.

MEASURES

Participants in the educational program completed an anonymous survey to measure their perception of knowledge gained and willingness to change practice. Answers were reported as percentages. A query of the electronic health record was completed each month for 5 months after the implementation of the project to determine compliance with documenting the screening process, the number of potential trafficking victims identified by medical red flags or the silent notification process, and the number of victims accepting intervention by the health care team.

ETHICAL CONSIDERATIONS

The institutional review board approved this project as a quality-improvement initiative.

Results

An anonymous survey measured the effectiveness of education regarding the signs of human trafficking and the staff member's intent to change practice. One hundred two staff members completed the post-education survey. Of the participants, 97% (n = 99) stated they were committed to change practice. The remaining 3 participants were somewhat committed to change practice. Most participants perceived that the education improved their competence (n = 76, 74%), and 77 participants (75%) planned to use alternative communication strategies to identify victims.

The results of the implementation of a screening tool and treatment algorithm were measured for 5 months after implementation. A query of compliance with screening obtained through the electronic medical record revealed 100% compliance with the process. A total of 38 patients who had the potential to be trafficking victims were identified. Medical red flags helped to identify 20 patients (53%), and 18 patients (47%) used the silent notification system (Figure 2). Intervention was offered to all patients identified as possible victims of trafficking, with 4 adults accepting help and 1 minor receiving mandatory intervention as per the state child abuse laws. Three of the five patients who eventually accepted interventions were identified via the medical red flag system by presentation with a suicide attempt, pseudoseizure, and domestic abuse. A fourth victim was identified through the blue dot process. The other 17 patients who placed blue dots on their urine specimens were assumed to be victims who may have initially wanted help but changed their minds once questioned by a health care provider.

Discussion

SUMMARY

The overall outcomes of this evidence-based project underscore the importance of formal education, screening, and treatment protocols for ED personnel to guide identification and rescue of victims of human trafficking. Before implementation of the screening tool and treatment algorithm,

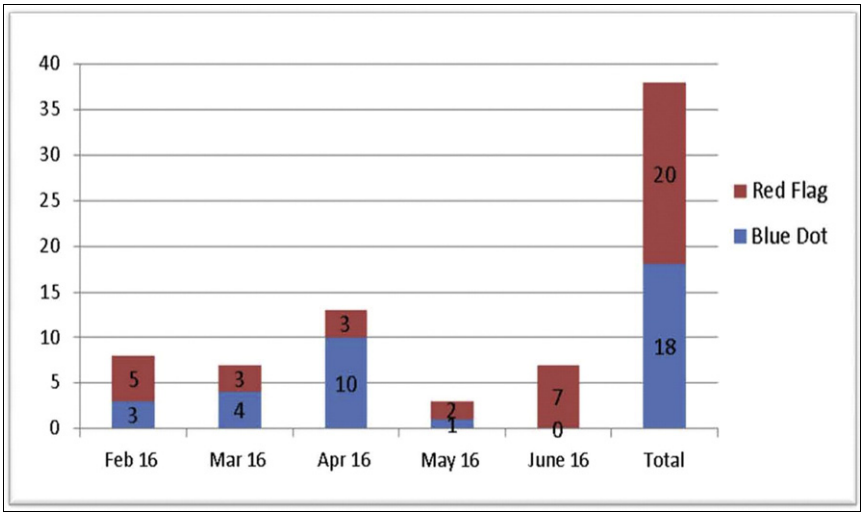

FIGURE 2
Method of Identification of Victims.

no human trafficking victims had been identified in this emergency department. With the use of screening tools, the health care team identified 38 potential victims, and 5 patients accepted rescue from their abusive living situation. One rescued patient was a victim of trafficking. This patient was identified after a medical red flag of attempted suicide. During the screening assessment with the nurse and social worker, the patient reported that she was a victim of human trafficking.

INTERPRETATION

In this project, providing education and screening tools improved recognition of trafficking victims and also improved recognition of patients in other types of abusive situations, such as domestic violence and sexual assault. Furthermore, providing a treatment algorithm directed the health care team to take the appropriate interventions for rescue while ensuring the safety of the victim and hospital personnel. Approximately 20% of the potential victims identified accepted rescue. Adult victims may not want intervention for a variety of reasons including fear for personal safety, inability to support themselves, or emotional ties to the abuser. Our outcomes are congruent with the literature that suggests victims may require multiple encounters with health care providers before accepting help.[5]

Limitations

The screening tools were useful in identifying potential victims of human trafficking. However, it was not possible to determine whether all victims who presented to the emergency department screened positive and were offered rescue. Because many potential victims were identified with the blue dot process and not the screening tool, further refinement is needed to develop sensitive and practical screening tools for use in the clinical environment.

Conclusions

Emergency nurses play a paramount role in the identification and rescue of this vulnerable population. To identify victims, hospitals and other medical providers, including emergency nurses, should be provided with ongoing education, training, and screening tools. Effective communication skills help to create a trusting relationship that allows victims to ask for help when ready.[13] Emergency nurses need to teach patients identified as trafficking victims about local resources available for rescue. Because victims may be moved across the country, nurses must inform patients who are not ready to be rescued that help is available by a phone call or text message to the National Human Trafficking Resource Center, which is answered 24 hours per day.[13] To begin to combat human trafficking, it is imperative for screening of victims to occur in every emergency department across the country.

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