



Screening for Human Trafficking in the Emergency Department

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Purpose

The purpose of this project was to develop a screening tool for human trafficking and provide recommendations for the process to implement it within the emergency department at Atrium Medical Center in Middletown, Ohio. This project will identify two screening questions that will be asked during the triage process and explain why these questions are the most useful in identifying human trafficking victims.

Background

- Human trafficking is most notably known for sex trafficking and labor trafficking (Polaris Project, 2020).
- Sex trafficking includes making a profit by forcing a person into prostitution, escorting, sexual photos or videos, brothels, etc (Polaris Project, 2020).
- Labor trafficking can be defined as fraudulent behavior or coercion to work in farming services, restaurants, salons and nail services, carnivals and fairs with little or no pay (Polaris Project, 2020).
- 88% of human trafficking victims seek healthcare during captivity (Polaris Project, 2020).
- It is imperative healthcare workers are able to recognize the signs of human trafficking (Polaris Project, 2020).

Significance of the Problem

- The human trafficking industry profits billions of dollars and impacts more than 24 million of people (Polaris Project, 2020).
- Human trafficking targets victims of any race, age, gender, and socioeconomic status (Dols et al., 2019).
- Women represent 61% of victims and children account for 25% (Dols et al., 2019).
- Victims have suffered trauma and become attachment to their captor and fear being arrested or harassed (Dols et al., 2019).
- Victims can suffer from various health concerns such as abuse or physical injury, sexually transmitted infections, malnourishment, and psychiatric problems (Dols et al., 2019).
- Healthcare workers can provide a safe environment that leads to help for these victims.



Review of Literature

Common findings in literature:

- Lack of healthcare provider knowledge (Dols et al., 2019).**
 - As of 2018, there was no screening tool that has been approved to screen human trafficking victims in the ED (Lamb-Susca & Clements, 2018).
- Human traffickers seek out individuals that are vulnerable**
 - Unemployed, homeless, runaways, or disabled (Lamb-Susca & Clements, 2018).
 - Force a trusting relationship with the victim, which can include offering love and affection, false promises (Lamb-Susca & Clements, 2018).
- ED chief complaints**
 - Chief complaints such as sexual transmitted infections, physical abuse or injuries, mental abuse, and malnourishment (Dols et al., 2019).
 - Pregnancy and pregnancy related problems (Lamb-Susca & Clements, 2018).
 - Burns, fractures, tattoos or branding, poor hygiene, and hx of lack of health care (Lamb-Susca & Clements, 2018).
 - PTSD, depression, anxiety, hopelessness, confusion, mental status changes, SI, sleep deprived, and self destructive behaviors (Lamb-Susca & Clements, 2018).
- Red Flags**
 - Patient that present to the emergency department with no identification (Lamb-Susca & Clements, 2018).
 - Patient not being able to explain job description, lack of residential address, and unable to identify current location of city or state (Tiller & Reynolds, 2020).

Nursing Theoretical Framework

- Hildegard Peplau's Theory of Interpersonal Relations (Nursing Theory, 2020).
- The orientation phase begins with the nurse meeting the patient and begins the assessment (Nursing Theory, 2020).
- The nurse is able to identify the patient's specific needs and develop a plan of care through the identification phase (Nursing Theory, 2020).
- The third phase is the exploitation phase, which relies on problem solving and finding resources for the patient (Nursing Theory, 2020).
- The last phase of the theory is the resolution phase, which ends the relationship between the nurse and the patient (Nursing Theory, 2020).



Methods and Project Description

Implementing two screening questions into the triage process

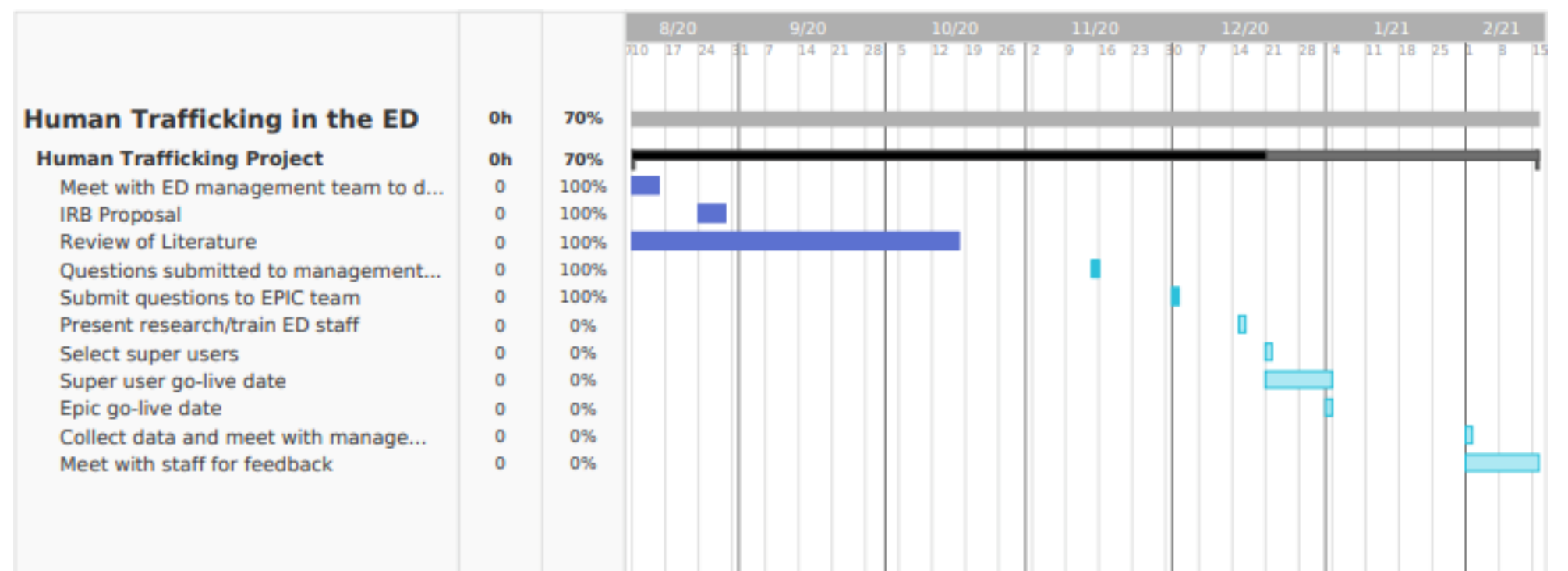
- “Is anyone forcing you to do anything that you do not want to do?” (Mumma et al., 2017).
- “Were you (or anyone you work with) ever beaten, hit, elled at, raped, threatened or made to feel physical pain or working slowly or for trying to leave?” (Mumma et al., 2017).
- These questions will not be asked in the presence of anyone accompanying the patient.
- Answering “Yes” to one of these questions automatically sends a notification to the physician and social worker that there is a concern for safety and possible human trafficking.

Steps for implementation:

- Management approval to implement questions
- Review of literature conducted
- Present questions to management and EPIC team
- Staff education and presentation
- Super users and go-live date selected
- Data collection after 4 weeks
- Review data with management team
- Seek staff input



Gantt Chart



Outcomes and Evaluation

- 90% of patients that are age 12 years or older will be asked the human trafficking screening questions.
- Success will also be based off of staff compliance with asking the patients the screening questions.
- Due to previous data of patients leaving with out treatment (LWOT) and against medical advice (AMA), approximately 3% of patients will leave the emergency department without triage completion.
- 100% of any patients that trigger the screening questions will receive further evaluation by the social worker and the chart will be flagged for potential human trafficking victim.

Outcomes and Evaluation Continued.

- Will allow nurses, advanced practice providers, physicians, and social workers the opportunity to better identify possible human trafficking victims
- To begin evaluation, a meeting will be held December 15th do address staff knowledge of staff preparedness.
- After 4 weeks, the implementer will collect information from the EPIC data team.
- Staff questionnaire- whether or not staff is asking questions, how the new process is impacting their workflow and patients, and to see if they have any recommendations to improve the process.

Barriers/Challenges

- Negative staff attitude, be disinterested, and push back with resistance.
- If an adult is identified as a victim and refuses help, there is nothing that a healthcare worker can do.
- Organizational issues and delays due to staff resistance and noncompliance
- Delay in implementation due to COVID-19 pandemic

Implications for APRNs

- Nurses and healthcare workers in general are mandated reporters for any adolescent or elder abuse (Dols et al., 2019).
- An APRN should recognize, assess, and intervene in situations (Byrne et al., 2019).
- Assess the patient in a private, safe room where a trusting relationship can develop in order to obtain more information (Byrne et al., 2019).
- Intervene by having the social worker talk with the patient, providing the patient with resources.

Conclusion

- Having a screening tool in the emergency department can help identify at-risk individuals and human trafficking victims.
- Healthcare workers must be informed, educated, and prepared to act once a victim is identified.
- Having a process that is efficient in identifying victims is crucial to not only setting healthcare workers up for success, but also allowing victims to receive the vital resources they need.