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Human Trafficking and Resources Provision in the ED

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Executive Summary

Title: Human Trafficking Recognition and Intervention in the Emergency Department

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Introduction of the Problem

Human trafficking is the second most profitable organized crime worldwide, a violation of human rights, and a public health crisis across the United States (Clemmons-Brown, 2020; Lee et al., 2021; Rapoza, 2022). Nearly five thousand human trafficking victims have been identified in Illinois through contact with the Human Trafficking Hotline since it became available in 2007, and studies have shown that up to 88% of human trafficking victims have interacted with healthcare professionals during the time they were being trafficked (Lee et al., 2021). These statistics indicated a need for providers and colleagues in a busy, central Illinois emergency department to be able to identify and know how to care for potential victims of human trafficking. All caregivers in the emergency department needed to have access to training about how trafficking victims could be recognized, how to provide trauma-informed, holistic care to this patient population, and what resources were available and accessible.

Literature Review

The emergency department is one of the most likely places a trafficking victim may interact with the healthcare system and provides a unique opportunity for a secure setting where those victims may seek rescue resources and have a safety plan developed (Macy et al., 2021; Protocol Toolkit for Developing a Response to Victims of Human Trafficking in the Health Care Settings| National Human Trafficking Hotline, n.d.). Healthcare professionals must address bias and pre-conceived ideas about human trafficking, have access to clear guidelines for actions to be taken when a potential victim is identified, and be knowledgeable about the implication of

federal, state, and local laws on reporting suspected human trafficking and patient confidentiality (Framework for a Human Trafficking Protocol in Healthcare Settings. Pdf., n.d.; Hulick et al., 2022; Myths & Facts| National Human Trafficking Hotline, n.d.). Multiple protocols for action following the identification of potential trafficking victims have been developed and published, but a validated protocol does not yet exist (Macy et al., 2021). Lack of confidence in actions that should be taken and concerns regarding legal issues may be primary issues that must be addressed before care providers are willing to acknowledge the possibility that a patient may be a trafficking victim or survivor.

Project Methods

Education based on the National Human Trafficking Resource Center recommendations and the Central Illinois Human Trafficking Task Force healthcare division guidelines was condensed into a voice-over PowerPoint presentation and distributed to all staff and providers likely to interact with patients in the emergency department. The education was sent to physicians, nurse practitioners, physician assistants, nurses, unlicensed assistive personnel, social workers, and security personnel. The educational material focused on red flags that may indicate human trafficking, addressing existing misconceptions about trafficking victims and survivors and how to proceed when a potential trafficking victim is identified.

Five identical binders were created and placed in each of the five structurally separated areas in which patients are cared for. All colleagues included in the education were provided with the location of binders for ease of access. The front cover of each binder provided the emergency Human Trafficking Hotline number and a simple flowchart of the next steps to take when a possible trafficked person was identified. More detailed information on each step, along with answers to commonly asked questions, were included inside each binder. The binders also

contained phone lists of local resources to address the multiple needs a victim or survivor may present with, such as legal advocacy, secure shelter, food, and mental health or substance abuse resources. Face-to-face interactions with providers, charge nurses, and other colleagues in the emergency department provided the opportunity to remind them of the locations and availability of the resources.

Evaluation

Before the educational presentation, a questionnaire containing eight questions was distributed through SurveyMonkey. An identical questionnaire was distributed through Survey Monkey immediately following education and again six weeks later. Six questions were designed to evaluate learning outcomes, three statements were intended to determine the confidence of participants pre- and post-education, and the final question was designed to assess participants' beliefs regarding whether they had encountered trafficking victims in their work setting pre- and post-education.

Data Analysis

The confidence of emergency department colleague participants in identifying and providing resources to human trafficking victims and survivors through answers to three questions assessed by utilizing a five-point Likert scale. Emergency department colleague learning and retention were assessed by graphic displays of the percentage of correct answers to six questions summarizing key points of the education presentation. Lastly, participants were asked to estimate the number of trafficked persons they had seen in their career to evaluate a change in perception following education about the prevalence of human trafficking.

Likert Scale. A five-point Likert scale, ranging from strongly agree to strongly disagree, was utilized to assess three confidence statements about the personal ability to identify and provide

appropriate resources to human trafficking victims and survivors. Answers were categorized into "Confident" for all strongly agree and agree responses and "Not Confident" for all those answering neutral, disagree, and strongly disagree. The confidence level was then assessed for statistical significance utilizing the Chi-square test with the Spearman correlation coefficient. A statistically significant increase in confidence was proven when comparing the pre-test to both post-education test one and post-test two, submitted six weeks following education.

Knowledge Assessment. Knowledge gained from the education provided and knowledge retention was assessed utilizing the percentage of correct answers to six questions, three of which required multiple answers to be considered correct.

Perception. The final question, "I believe I have cared for trafficked persons _____ times in my career," allowed participants to estimate, in intervals of five, how often they believed they had interacted with trafficked persons. This question was utilized to evaluate differing perceptions of how often participants may have interacted with trafficked persons before and after education.

Limitations

Project implementation was delayed by several months following health system changes related to budgetary concerns. This was based on a decision to allow all colleagues an adjustment period to become familiar with changes and with the hope of higher colleague engagement. Education was distributed, and the post-test due date was identical to the due date of all required safety computer-based learning assignments for the year. While the pre-education test had 63 participants, the immediate post-test had only 20 participants, and the final post-test had seven participants. This may have been due to conflicting obligations or to normal attrition with the request for repetitive surveys of the same nature. Participation was voluntary, and there was no way to track participants. If education were to have been developed as computer-based

learning and assigned by emergency department leaders, it is likely that participation rates would have been both higher and more evenly distributed among all surveys without the impact of attrition.

Two knowledge questions within the survey were observed as needing improvement. One question was the percentage of trafficking victims interacting with healthcare providers during trafficking. It was noted during the education review that this information was removed from written text in edits and was only available verbally to participants. Participants failed to show improvement on this question, perhaps for this reason. The second question that did not show contained a multi-select list of conditions that patients may present to the emergency department with during a trafficking experience. Migraines were utilized in literature as an example of a chronic condition and were a correct answer within the selections. Examples of chronic conditions were not discussed in the educational PowerPoint presentation, and it should be considered that participants may not have interpreted migraines as a chronic condition.

Impact on Practice

Since education distribution, two human trafficking cases have been identified in the organization. Both cases were outside of the emergency department; however, the involved colleagues all chose to contact the emergency department for resources. The stated reason for contacting the emergency department was that the ED staff were assumed to be the most likely to know what to do. Charge nurses in the emergency department utilized the human trafficking resource binders to provide resources to the other departments. Social services and the chief nursing officer have since utilized the provided resources to develop an organizational policy specific to the care of identified possible human trafficking victims.

The predicted long-term impact is increased awareness of indicators of human trafficking, the resources available locally, and what actions to take if a possible human trafficking victim is identified. I would recommend that human trafficking education be made available through a computer-based learning format that would allow assignments by leaders within the organization.

Conclusions

When possible, victims of human trafficking were identified, resource binders containing human trafficking information and easy access to contact information for appropriate agencies proved the most helpful part of the project. Providing education to emergency department colleagues increased the confidence level of participants, and the knowledge gained was retained over time. Future efforts should include separate education on sex trafficking, labor trafficking, and trafficking in the pediatric population. Attempts should be made to include all inpatient and outpatient settings within the health system, and each area of practice should be provided with resources and action steps appropriate to its specific location and practice setting.

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