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Nursing Education and Identification of Sex and Human Trafficking Victims

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Abstract***Background***

Human trafficking is a global pandemic that affects boys and girls of all ages— this is a hidden population that allows healthcare providers to intervene due to the likelihood that they are brought into care. Currently no national standard exists to help with the identification of victims.

Objectives

The purpose of our evidence-based project is to determine whether an increase in education has a positive outcome on the identification of victims within a healthcare setting.

Methods

The student team reviewed current literature from databases such as PubMed, CINAHL, and the National Library of Medicine to determine the impact of education, trauma-informed care, and health screening tools on the identification of human and sex trafficking victims.

Results

Fifteen studies were selected that focused on available education, screening tools, and common red flags that can be found in the population. Using these publications, the student team determined that there appears to be a positive correlation with an increase in education and confidence and knowledge on identifying human trafficking victims.

Conclusions

There is not enough research to draw a direct correlation between education and identification. Although the results were often subjective when measuring healthcare professionals' confidence and education, the overall conclusions showed that a nationally standardized curriculum and screening tools could be beneficial in the identification of trafficked children.

Background Information, Significance, and Objectives

According to the United Nations (UN) (n.d.), “Human trafficking is the recruitment, transportation, transfer, harbouring or receipt of people through force, fraud or deception, with the aim of exploiting them for profit.” Human trafficking is a global industry, but in the United States it generates approximately \$32 billion per year, with only the drug industry generating more yearly income (Scott et al., 2020). Healthcare professionals (HCPs) are the people most likely to encounter victims of trafficking due to the trauma related injuries of the victims, and the direct interactions that HCPs have with the victims. Victim identification and education is severely lacking within the healthcare community—there are no screening tools available that are consistent across the nation, and there is no national education for this pandemic.

To understand the significance of this issue, Bauer et al. (2019) state: “You can sell a kilo of heroin once, you can sell a fourteen-year old girl 20 times a night 365 days a year.” The average age of victims who are recruited is 12 to 14, and is *not* limited to just young girls, though there is less identification of male victims. Victims of trafficking are a hidden population, however on average, 9 out of 10 minors seek care in a healthcare setting (Ertl et al., 2020). This shows the importance of proper education and identification of human and sex trafficking victims in healthcare settings because once they are no longer identified as minors (18 and older), there is a limit to what HCPs can do due to HIPAA (Donahue et al., 2019).

In the United States, only three states require training on trafficking for licensure and re-licensure among healthcare professionals, these states being Michigan, Florida, and Texas (McAmis et al., 2020; Marcinkowski et al., 2022; Donahue et al., 2019). Across the nation, there are approximately 6,000 hospitals, but only 1% of these hospitals have policies regarding the treatment of patients who are being trafficked (Donahue et al., 2019). In a study surveying

healthcare providers across those specialties most likely to interact with trafficking victims, “68% reported never having received training regarding identification [of potential victims]” (Lee et al., 2021). Without a standardized approach to the education of HCPs regarding trafficking, there is a knowledge gap among professionals that can impact the identification of victims who present to healthcare settings.

Victims of sex trafficking are not always safely and effectively identified within a visit to a healthcare facility. The purpose of this research is to identify how improved nursing education can lead to increased levels of identification of human and sex trafficking victims. The problem of human trafficking is complex and therefore requires a multifaceted approach to prevention and treatment. Research suggests that a federal standard for nursing education regarding trafficking, which includes technological screening tools, standardized curricula, trauma-informed care, and earlier identification of minors, can lead to improved victim outcomes.

Methods

During September 2022, research was conducted using databases such as PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), National Library of Medicine, and Health Source: Nursing/Academic Edition, to name a few. The keywords that we used to narrow our search parameters were sex and human trafficking, identification, education, nursing, healthcare, training, and emergency department.

We limited our research to research that was conducted within the last five years. As a group, we initially looked at studies completed within the last 10 years, but the majority of the studies that we reviewed were all done within the last five years. We determined that all studies must have been completed in the United States and were relevant to nurses in a healthcare setting. We limited it to the United States because that’s where we’re located, as well as likely to enter into

the healthcare profession. There is also research that suggests that victims are brought into the United States, which may expose nurses to trafficking victims more often.

Figure 1.1 on page 5 is a literature review matrix of our screening tools and information from all articles screened. Within the figure is information regarding the databases used for each resource, and how the research became more limited as we included parameters. For a more detailed literature review matrix, see appendix A.

All studies that are represented in our research targeted education for healthcare providers and identification of sex and human trafficking victims. Healthcare settings included private hospitals, federally funded facilities, clinics, emergency departments, and schools. Some studies included anonymous surveys, cross-sectional design by email invitation, interviews among experts in the field, medical chart reviews and case studies, and reviews of other researchers' studies. All of the studies included a statement of non-bias.

Most of the research conducted were levels 4, 5, 6, and 7 due to the nature of the research question. There is a limited number of evidence based clinical practice regarding long-term effects of education for identification of trafficking victims. Therefore, many studies completed are systematic reviews of other qualitative studies as well as opinions rendered forth by authorities on how to identify victims and educate healthcare professionals.

Author	Date	Title	Databases Used	Initial Results	Results after Narrowing
Bauer et al.	2019	What Health Providers Should Know About Human Sex Trafficking	Health Source: Nursing/Academic Edition	441	367
Donahue et al.	2018	Educating Emergency Department Staff on the Identification and Treatment of Human Trafficking Victims	Google Scholar	19,000	18,600
Ertl et al.	2020	Healthcare needs and utilization patterns of sex-trafficked youth: Missed Opportunities at a children's hospital	CINAHL	104,891	16
Lee et al.	2021	The Impact of Human Trafficking Training on Healthcare Professionals' Knowledge and Attitudes	National Library of Medicine	78	77
Marcinkowski et al.	2022	Sex trafficking screening and intervention in the emergency department: A scoping review	National Library of Medicine	78	77
Mathilde et al.	2022	Are screening tools for identifying human trafficking victims in health care settings validated? A scoping review.	PubMed	2,023	1,336
McAmis et al.	2022	Assessing healthcare provider knowledge of human trafficking	Nursing & Allied Health	448	198
Munro-Kramer et al.	2022	Understanding Health Facility Needs for Human Trafficking Response in Michigan	CINAHL	109,894	16
Pederson et al.	2022	Healthcare providers; perspectives on the relevance and utility of recommended sex trafficking indications: A qualitative study	Health Source: Nursing/Academic Edition	441	367
Powell et al.	2017	Training US health care professionals on human trafficking: where do we go from here?	Google Scholar	19,000	18,600
Scannell et al.	2018	Human Trafficking	National Library of Medicine	469	447
Scott et al.	2020	Identifying human trafficking victims in the pediatric and school nurse setting.	CINAHL	62	40
Stoklosa et al.	2015	Medical Education on Human Trafficking	KSU Library	39,687	1,212
Unertl et al.	2021	Combating human trafficking in the United States: how can medical informatics help?	CINAHL	62	32
Wolf et al.	2022	Education Needs of U.S. Emergency Nurses Related to Forensic Nursing Processes	KSU Library	39,687	1,212
TOTAL				336261	42597

Figure 1.1: Literature Review Matrix with authors, dates, and article titles, as well as a breakdown of the results found using approved keywords and parameters.

Results

We limited our studies to those that were conducted in the United States within the last 10 years. Across all of the articles that we used, we had six qualitative studies, five quantitative studies, and three mixed studies. All of the studies were focused on the healthcare provider population. The sampling methods used a mix of phone and in person interviews, emails, surveys, case studies, chart reviews, and systematic reviews. The recruitment methods were a mix of phone calls and emails. The number of participants ranged from as few as 11 individuals to 6,603 individuals, and 42 hospitals. The range of evidence for the research articles was levels 1 - 2, with a quality of A and B.

Ertl et al. (2020) surveyed 39 patients at the Child and Adolescent Protection Center (CAPC) in Washington, D.C., and found that “90% of patients were seen in the healthcare system....totalling 191 encounters...less than half, 43%, had any documented provider concern for sex trafficking in their medical record prior to identification as DMST [domestic minor sex trafficked youth].” This is supported by McAmis et al. (2022), which found that “...76.9% of patients were unidentified due to lack of inquiries by healthcare providers.” Scott et al. (2020), Donahue et al. (2019), Marcinkowski et al. (2022) also found similar results.

When looking at the training that healthcare providers have received, Marcinkowski et al. (2022) stated: “86.8% answered that they did not know what questions to ask to identify potential victims, and 78.3% said that they lacked sufficient training to assist trafficked people.” McAmis et al. (2022) and Donahue et al. (2019) also found that the majority of their participants had not received training of human and sex trafficking victim identification previously, though McAmis found that many believed they would benefit from such a training.

In 2016, the American Board of Emergency Medicine added human trafficking to their list of conditions “for which emergency healthcare providers must be prepared to address and practice” (Marcinkowski et al., 2022). Following this, in 2020, the American College of Emergency Physicians released a policy statement on human trafficking, stating that “trafficking victims are treated for acute injuries and illnesses in EDs more often than in any other health care facility, and thus emergency physicians are in the best position to assess, intervene, and refer for assistance” (Marcinkowski et al., 2022). This has added an awareness to the growing problem, along with initiatives such as SOAR training (Powell et al., 2017), the Polaris Project (Donahue et al., 2019), SANE nursing certifications (McAmis et al., 2022) have continued to bring more awareness to the topic.

Discussion

Discussion of the Evidence

The majority of the articles shared the same ideas: the importance of education, trauma-informed care, and the significance of red flags. In contrast to the majority of studies that were reviewed, Mathilde (2022) found that, “Although many screening tools, resources, and programs for identifying victims of human trafficking exist, consensus is lacking on which tools are more useful which have been validated, and whether they are effective.” This emphasizes the importance of having a standardized care and curriculum at the national level, which should be multifaceted to truly attack the problem from all angles. According to Scannell (2018), human trafficking education for HCPs must include a general understanding of the scope of the problem, the actual means to properly identify potential victims in the acute traumatic stages of being trafficked, “medical treatment that is guided with trauma-informed care,” measures to ensure a victim’s safety, psychological care of a patient that shows the need for a basic understanding of forensic

nursing principles and the knowledge to access resources that are readily available for healthcare professionals.

Better education across the board has shown to have a positive impact on recognition and treatment of human trafficking victims. Powell et al. (2017) interviewed 11 healthcare providers about improvements that could be made about current approaches to training, and found that there was a need for “...standardization of training, field-tested metrics for training impact in order to develop an evidence base, access to funding support, and incentivization of HCPs for training.” This corroborates what Mathilde says in their article because there is not enough information regarding the efficacy of education on human trafficking identification, and emphasizes the lack of evidence for the impact of training.

Pediatric care providers come into contact with adolescents and minors more frequently than other providers, therefore making them the first line of defense for underaged trafficking victims (Ertl et al., 2020; Scott et al., 2020). School nurses are in a unique position because they are able to have a more focused and meaningful relationship with the minors that they come into contact with (Scott et al., 2020). Scott et al. also found that more than 90% of the victims attend school daily, therefore giving school nurses the potential to make an impact on victim identification because they are more likely to identify the health indicators in this population. This is significant to the victim population because the identification of minors makes it easier to intervene before adulthood when “...HIPAA regulations and established hospital policy may limit a health care provider’s ability to report a trafficking victim” (Donahue et al., 2019). This could cause an already hidden population to disappear further.

Limitations

By limiting our articles to only the United States, there is a possibility that we missed an effective curriculum or screening tool from another country that has had success with trafficking identification. Powell et al. (2017) found that “A 2003 European study was the first to demonstrate the health risks and consequences of trafficking in women and adolescents.” By acknowledging the existence of the study, we are limiting the information that is available and accessible to researchers. As stated by Scott et al. (2020), human trafficking is a pandemic that has global implications.

Many of the research articles, such as Donahue et al (2019), McAmis et al. (2022), Pederson et al. (2021), Lee et al. (2021), focus on the perspectives from the healthcare providers that were interviewed on the subject. Subjectivity is not something that can be tested and verified, making it difficult to reproduce the results from their studies. If we look more broadly, what these researchers found may vary if the same study is done at another hospital or with another population.

Additionally there were some surveys that had a limited number of participants (Munro-Kramer et al., 2022; Powell et al., 2017; Lee et al., 2021; Wolf et al., 2022), as well as a high attrition rate of the participants between pre- and post-surveys (Donahue et al., 2019; Lee et al., 2021).

Implications

The scope of research suggests that one of the major implications to nursing practice concerns the education of healthcare professionals. Only three states have a requirement for their HCPs to undergo training regarding sex and human trafficking for licensure, and there is no nationally standardized and recognized curriculum available. Without a nationally standardized

curriculum, there is no way for us to know that HCPs are getting the same quality of education in each of the states. This could, theoretically, become a detriment to the identification of victims as HCPs are not receiving the same education and therefore could fail to identify victims even though they are in the same scenario. Without this evidence-based practice, we could see patient safety and health decline.

Another implication to nursing practice is the identification of trafficking victims. Looking at a national level, there is no set screening tool available for HCPs to use. In the state of Michigan, there is technology in place for the identification of victims of child and domestic abuse (Munroe, 2020), which implies that this technology could be used for victim identification in instances of human trafficking. There is also research that suggests using screening technology alongside community facing tools to help widen the reach of victim identification (Unertl, 2021). By using more advanced screening tools, it could lead to higher levels of identification and ultimately better patient outcomes. Screening tools could also lead to a higher level of confidence when faced with a trafficking situation.

Recommendations

Since there isn't a national standard and many hospitals are not making human and sex trafficking a priority, there is limited research available on the efficacy of certain educations and curriculums. The priority moving forward should be geared towards more research conducted on the subject, as well as ensuring the participation of healthcare providers. More research conducted on the effectiveness of the implementation of education and standards of practice regarding victim identification could lead to a nationally standardized curriculum.

By creating and using a curriculum that is regulated by a national entity, we can guarantee that HCPs are receiving the same education regardless of where they are located. A standardized

education and screening tool would bridge the gap between states and lead to similar outcomes regardless of where HCP state licensure is obtained. This would allow three different people from three different areas to have the same result when faced with the same scenario, therefore ensuring patient outcomes are better nationwide.

Conclusions

Based on our research, we believe that there needs to be a national standard of education and screening tools accessible to healthcare providers for better identification of human and sex trafficking victims. With the use of standardized tools, there needs to be more research conducted so that there is consensus on the evidence-based practices for the implementation of nursing interventions for human trafficking victims. Red flags are not necessarily the best way to determine if someone is a victim because they can be seen as subjective depending on the person who is identifying and/or interviewing a patient. With better education, nurses can confidently identify and help victims in their care. Although SANE and SAFE nurses have had training regarding human trafficking, Wolf et al. (2022) determined that it is unlikely that they will be insufficient to support the variety of patients that require forensic nursing care.

References

- Bauer, R., Brown, S., Cannon, E., & Southard, E. (2019). What Health Providers Should Know About Human Sex Trafficking. *MEDSURG Nursing*, 28(6), 347 - 351. <https://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,shib&db=hch&AN=140364652&site=ehost-live&scope=site&custid=ken1>
- Donahue, S., Schwien, M., LaVallee, D. (2018). Educating Emergency Department Staff on the Identification and Treatment of Human Trafficking Victims. *Journal of Emergency Medicine*, 45(1), 16 - 23. <https://doi.org/10.1016/j.jen.2018.03.021>
- Ertl, S., Bokor, B., Tuchman, L., Miller, E., Kappel, R., Deye, K. (2020, July). Healthcare needs and utilization patterns of sex-trafficked youth: missed opportunities at a children's hospital. *Child: Care, Health and Development*. <https://doi.org/10.1111/cch12759>
- Lee, H., Geynisman-Tan, J., Hofer, S., Anderson, E., Caravan, S., & Titchen, K. (2021). The Impact of Human Trafficking Training on Healthcare Professionals' Knowledge and Attitudes. *Journal of Medical Education and Curricular Development*, 8. PubMed Central. <https://doi.org/10.1177/23821205211016523>
- Marcinkowski, B., Caggiula, A., Tran, B.N., Tran, Q.K., & Pourmand, A. (2022). Sex trafficking screening and intervention in the emergency department: A scoping review. *Journal of the American College of Emergency Physicians Open*, 3(1). <https://doi.org/10.1002/emp2.12638>
- Mathilde, H., Thompson, K.J., Ha, C.J., Herzog, H.L., Roberts, T., Ades, V. (2022). Are screening tools for identifying human trafficking victims in health care settings validated? A Scoping Review. *National Library of Medicine*. DOI: 10.1177/00333549211061774

- McAmis, N. E., Mirabella, A. C., McCarthy, E. M., Cama, C. A., Fogarasi, M. C., Thomas, L. A., Feinn, R. S., & Rivera-Godreau, I. (2022). Assessing healthcare provider knowledge of human trafficking. *PLoS ONE*, *17*(3). <https://doi.org/10.1371/journal.pone.0264338>
- Munro-Kramer, M. L., Beck, D. C., Martin, K. E., & Carr, B. A. (2022). Understanding Health Facility Needs for Human Trafficking Response in Michigan. *Public Health Reports*, *137*, 102S–110S. <https://doi-org.proxy.kennesaw.edu/10.1177/00333549211048785>
- Pederson, A. C., & Gerassi, L.B. (2022). Healthcare providers' perspectives on the relevance and utility of recommended sex trafficking indications: A qualitative study. *Journal of Advanced Nursing*, *78*, 458 - 470. <https://doi.org/10.1111/jan.15019>
- Powell, C., Dickens, K., & Stoklosa, H. (2017). Training US health care professionals on human trafficking: where do we go from here? *Medical Education Online*, *22*(1). <https://doi.org/10.1080/10872981.2017.1267980>
- Scannell, M., MacDonald, A.E., Berger, A., & Boyer, N. (2018). Human Trafficking. *Journal of Forensic Nursing*, *14*(2), 117-121. <https://doi.org/10.1097/jfn.0000000000000203>
- Scott, S. (2020, December). Identifying human trafficking victims in the pediatric and school nurse setting. *Pediatric Nursing*. *46*(6), 278-281
- Stoklosa, H., Grace, A., & Littenburg, N. (2015). Medical Education on Human Trafficking. *American Medical Association Journal of Ethics*, *17*(10), 914-921.
- Unertl, K. M., Walsh, C. G., & Clayton, E. W. (2021). Combatting human trafficking in the United States: how can medical informatics help? *Journal of the American Medical Informatics Association*, *28*(2), 384–388. <https://doi.org.proxy.kennesaw.edu/10.1093/jamia/ocaa142>
- United Nations. (n.d.). Human Trafficking. *United Nations Office on Drugs and Crime*. <https://www.unodc.org/unodc/en/human-trafficking/human-trafficking.html>

Wolf, L.A., Perhats, C., & Delao, A. (2022). Educational Needs of U.S. Emergency Nurses Related to Forensic Nursing Processes. *Journal of Trauma Nursing: The Official Journal of the Society of Trauma Nurses*, 29(1), 12-20. <https://doi.org/10.1097/JTN.0000000000000627>