Aiding Nurses' Recognition of Human Trafficking in an Emergency Department:

A Pilot Module

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A project presented to the faculty of

The University of North Carolina at Chapel Hill

in fulfillment of the requirements for

Undergraduate Honors

Date completed: March 21, 2019

Honors Advisor Approval: _____

Abstract

Although slavery was abolished in the United States in 1865, modern-day slavery, also known as human trafficking, is still very real. Human trafficking is a global problem that has recently been gaining more awareness. Healthcare facilities, and particularly emergency departments (ED), are one of the few places that allow for interaction with victims while they are being trafficked. Therefore, ED nurses have a responsibility to these victims; however, they can only be effective if they are educated about the prevalence, characteristics, and necessary response to identify human trafficking. Previous studies have shown that, although education is effective at improving nurses' identification of victims of human trafficking, very few nurses have been educated. The aim of this project was to create an educational module for nurses in an ED that addresses human trafficking. In order to do this, a PowerPoint and corresponding VoiceThread were constructed following the structure of Learning Made Simple (LMS) modules, the educational modules used by UNC Hospitals. The module includes the definition, scope, physical and psychological characteristics, risk factors, and appropriate response to human trafficking, with a case study to apply the results. This project also compels nurses to advocate for policy development in hospitals in order to provide the best possible holistic care to victims of human trafficking.

Introduction

Human trafficking is a public health epidemic with vast impact around the world. It is

defined as "a form of modern-day slavery in which traffickers use force, fraud, or coercion to

control victims for the purpose of engaging in commercial sex acts or labor services against

his/her will" (Human Trafficking, n.d.). The United Nations Office on Drugs and Crime

(UNODC) developed the Action-Means-Purpose (AMP) Model to describe the three main

elements of human trafficking (UNODC, 2015). The Action is the recruiting, transporting,

harboring, or receiving of an individual (UNODC, 2015). The Means refers to force, fraud, or

coercion used in order to maintain control over the person or persons, although it is not necessary

for children under the age of 18 (UNODC, 2015). The Purpose is labor or commercial sexual
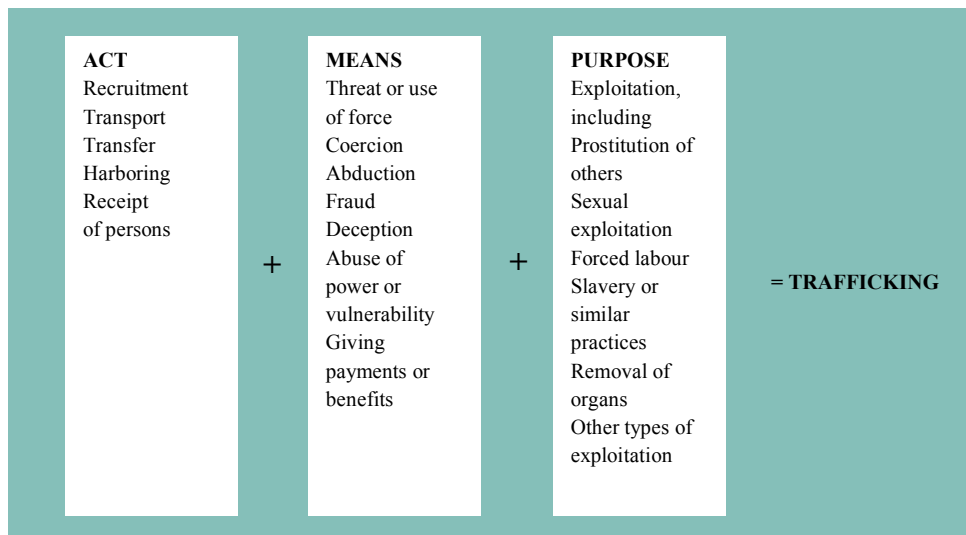
exploitation (UNODC, 2015).

Figure 1. The Action Means Purpose Model (UNODC, 2015).

Human trafficking (HT) is a massive global issue with more slaves reported in the world

right now than ever before (Peters, 2013). Victims have been identified in 124 different countries

(Hachey & Phillippi, 2017), and it is estimated that 20.9 million people are trafficked each year,

making it a $150 billion industry (Hachey & Phillippi, 2017). It is difficult to estimate the impact

of human trafficking because of the secret and covert nature of the crime. However, the number

of victims, whether it is an underestimate or an overestimate, is too high. Human trafficking was

recognized as a worldwide crisis by the United Nations (UN) in 2000 (Peters, 2013). The UN

defined human trafficking as "the recruiting, transporting, transferring, harboring, or receiving of

persons for profit while subjecting them to sexual exploitation, forced labor or slavery, or debt

bondage" and classified it as a crime (Peters 2013). In 2015, the UNODC established the "Blue

Heart Campaign," and made a blue heart the international symbol for human trafficking (Stevens

& Berishaj, 2016). This campaign raises awareness about HT throughout the world in an effort to

eliminate the practice. Like any business, human trafficking grows based on supply and demand.

Human traffickers primarily target people in vulnerable situations so the supply of victims is

always present. Demand for HT has grown due to the global economic issues and the need for

cheap labor and services (Peters, 2013). This has made HT the second largest and fastest

growing organized crime; however, it is predicted to pass drug trade and become the first largest

organized crime because while drugs can only be sold once, people can be sold again and again

(Peters, 2013).

The United States is not immune to this crime. This is not something that only happens in

third-world countries without affecting the western hemisphere. Although slavery was made

illegal in the 13th Amendment to the constitution, it occurs in this country each day. Human

trafficking has been reported in all 50 states (Hachey & Phillippi, 2017). The large wealth

disparities within the United States and the high revenue offered by United States buyers make

the US one of the primary destinations for traffickers to bring victims (Hachey & Phillippi, 2017;

Peters, 2013). The Central Intelligence Agency (CIA) reported that an estimated 50,000 people

are trafficked into the US every year, but this number does not include those who are trafficked

within the US or those who are taken out of the country (Peters, 2013). The National Human

Trafficking Hotline (NHTH) reports 26,557 calls and 8,524 cases reported in 2017 (Hotline

Statistics, 2017). The large disparity between estimated and reported numbers of cases of HT

demonstrate the need for awareness and training for all people throughout the United States. It is

a highly secretive and deceptive crime, which also contributes to why so few cases of HT are

actually reported.

The United States government has recognized human trafficking as a global and

nationwide problem and has taken steps to raise awareness and promote education. In 2000, the

Trafficking Victims Protection Act was created in order to protect victims of human trafficking

who were brought into the United States (Stevens & Berishaj, 2016). It provides the opportunity

for victims to obtain a T-visa, which allows them to stay in the United States as long as they help

with the prosecution of their trafficker. President Barack Obama spoke out strongly against

human trafficking and designated January as National Human Trafficking awareness month

(Stevens & Berishaj, 2016). In 2015, Congress passed the "Trafficking Awareness Training

Health Care Act" for training for healthcare providers and within schools of medicine and

nursing (Powell, Dickens, & Stoklosa, 2017). Right now, the "SOAR to Health and Wellness

Act" is waiting on the Senate's vote. If passed, it would allow the Department of Health and

Human Services to establish a program to educate healthcare providers on HT (Powell et al.,

2017).

Background

North Carolina is no exception to the human trafficking nightmare. In fact, according to

the hotline data, NC was 8th highest state in the country with HT cases reported in 2017 (Hotline

Statistics, 2017). There were 221 reported cases in NC with 176 female victims, 44 male, and 3

gender minorities (Hotline Statistics, 2017). UNC Hospitals, a tertiary care facility in Chapel Hill

with over 900 beds, is a state hospital committed to finding ways to improve the health of all

North Carolinians (UNC Health Care, n.d.). This mission requires that they be on the front line

of recognizing new health risks to the community and combating them. Because of the growing

risk human trafficking places on the people of North Carolina, UNC Hospitals must act by

putting protocols and policies in place.

As healthcare providers (HCP), nurses are in a key position to combat this form of

slavery. According to a 2014 study, 87.8% of victims of human trafficking reported contact with

a healthcare provider while they were being trafficked (Lederer & Wetzel, 2014). However,

HCPs are not aware that victims of HT seek medical care (Ramnauth, Benitez, Logan, Abraham,

& Gillum, 2018). Approximately 96% of victims that had interactions with healthcare workers

while being trafficked expressed that they were not given any information about trafficking

during their visit (Donahue, Schwien, & LaVallee, 2019). Victims reported going to hospitals,

emergency rooms, Planned Parenthood, women's health clinics, primary care providers and

others for a variety of problems including physical injuries, sexually transmitted infections, birth

control prescriptions, and abortions, during their victimization (Lederer & Wetzel, 2014).

Despite data showing the prevalence of human trafficking within the United States, it is still a

largely unaddressed issue in healthcare. There are over 6,000 hospitals in the US, but only 1% of

the hospitals have policies for identifying and responding to patients who are being trafficked

(Donahue et al., 2019). Florida and Michigan are the only states to require healthcare workers to

receive training on human trafficking as part of their initial training and Continuing Education

(Donahue et al., 2019). All members of the healthcare team need to be aware and educated on

HT because of the huge percentage of victims who need healthcare services while being trafficked.

As the most trusted profession (Brenan, 2018), nurses have a unique role and opportunity in the identification and care for victims of human trafficking. Nurses spend more time with their patients than most other members of the healthcare team, so they have an increased opportunity to establish trust, rapport, and open conversations. They are on the front line of caring for HT victims (Stevens & Berishaj, 2016). Every time a victim of HT comes to the hospital or clinic is an opportunity for identification and change. It provides a chance to separate the victim from the trafficker and participate in conversation and assessment. Therefore, lack of training in nurses is a missed opportunity for victims to receive aid (Ramnauth et al., 2018). A recent study reported that 84% of nurses had not received training in HT (Ramnauth et al., 2018). By increasing nurses' awareness of HT, we can decrease the number of opportunities that are lost. Human trafficking can happen to anyone no matter the age, gender, ethnicity, culture, etc. so nurses in every department need to be educated and prepared (Ramnauth et al., 2018).

While victims of human trafficking go to all areas of healthcare, the majority are seen in the emergency department (ED) (Lederer & Wetzel, 2014). Lederer's study reported that 63.3% of victims who received healthcare while trafficked were treated at the ED (Lederer & Wetzel, 2014); however, 89% of ED personnel have not received training on human trafficking (Donahue et al., 2019). They are trained on sexual assault, domestic violence, and child abuse, but not typically on HT (Grace et al., 2014). Although some of the signs of all of these are the same, HT is different in many ways and can be more difficult to identify. The nurse is often the first healthcare provider who comes in contact with patients in the ED so it is essential that nurses are equipped to identify and respond to signs of HT (Long, 2018). The Emergency Nurses

Association has recognized the important position ED nurses are in and is pushing for mandatory education on HT (Donahue et al., 2019).

A 2014 study found that, before education, only 8.8% of ED providers felt knowledgeable on HT and 25.8% knew who to call (Grace et al., 2014). The ED providers received an education that consisted of a PowerPoint presentation including the background of HT, relevance of the information to healthcare, physical and psychological signs, and referral options for victims (Grace et al., 2014). After this education, 60.9% felt knowledgeable and 98.8% knew who to call (Grace et al., 2014). Healthcare providers described the number one barrier to identification of victims of HT as lack of education (Beck et al., 2015). The second highest barrier reported was lack of awareness (Beck et al., 2015). By providing training that gives both education and awareness, we can greatly reduce the barriers between nurses and victim identification.

Although human trafficking can affect anyone, certain populations are more at-risk. Studies show that 40% of victims of sex trafficking are African American and 26% of victims are Caucasian (Banks & Kyckelhahn, 2011). Labor trafficking predominantly impacts a different population, with 49% of victims being Hispanic and 16% Asian (Banks & Kyckelhahn, 2011). A common misconception is that victims are only immigrants and not United States citizens. This was disproved by the reported data, as 55 of the cases in North Carolina involved US citizens and 49 involved foreign nationals (Hotline Statistics, 2017). While men are also victims of HT, a greater proportion of victims are women (Hachey & Phillippi, 2017). Children are at very high risk because they more vulnerable, more easily manipulated, and often don't recognize that they are victims (Donahue et al., 2019). Runaway, homeless, and orphaned minors are the most at risk population for HT (Donahue et al., 2019). The average age of entry into HT is 12-14 years old

for girls and 11-13 years old for boys, and of these children, 80-90% have a history of sexual

abuse (Hachey & Phillippi, 2017).

Key signs of human trafficking are classified by physical characteristics, psychological

characteristics, and situational red flags. Physical characteristics include signs of violence,

especially to the head and face, sexual violence, recurrent sexually transmitted infections,

malnutrition, and delayed treatment of serious medical problems (Hachey & Phillippi, 2017;

Peters, 2013). Depression, post-traumatic stress disorder (PTSD), anxiety, and substance abuse

can all affect victims of HT (Lederer & Wetzel, 2014; Hachey & Phillippi, 2017). Red flags

include: if the patient does not speak English, reports an inconsistent personal story, is uncertain

of their present location, shows a lack of control of money, has a tattoo showing ownership, and

has a partner present who controls the conversation and answers questions (Hachey & Phillippi,

2017; Lamb-Susca & Clements, 2018; Stevens & Berishaj, 2016).

The purpose of this honors project is to develop an educational module on HT

specifically designed for emergency department nurses. The aim of the module is to educate

nursing staff on the prevalence, characteristics, and effective response to human trafficking. As a

significant public health issue, human trafficking impacts every facet of care. Nurses take a

holistic view of care for patients, but they cannot say they are caring for the whole person when

opportunities for freedom to be restored are overlooked.

Methods

In order to identify the research that best provided relevant content for an educational

module for ED nurses on HT, the author met with a School of Nursing librarian. The databases

PubMed and CINAHL were used with the search terms "human trafficking," "sex trafficking,"

"emergency services," "emergency medical services," and "emergency nursing." 48 articles

resulted from these searches. These articles were reviewed and 15 were eliminated from the scoping study because they were not applicable to the study. The remaining articles were reviewed and given a tag of "Background", "Global", "US", "NC", "Healthcare", "Nursing", "ED", and/or "Methods" depending on how they were relevant to the scoping study.

UNC Hospitals uses Learning Made Simple (LMS) modules for education of employees. Certain modules are assigned to employees based on job description, unit of work, and access to specific exposures. These modules are required for continued employment. The LMS modules are a compilation of informational slides and review or quiz questions. In order to develop the educational module, the general compliance training modules currently assigned annually to employees of UNC Hospitals were reviewed, including modules on sepsis, blood-borne pathogens, and tuberculosis. The typical components of LMS modules are instructions for navigating the course, the objectives of the module, the definition of the topic, signs and symptoms of the problem, high risk populations, and a knowledge check. The knowledge check consists of questions about the subject matter either at the end of the module or included throughout. Some presentations incorporated eye-catching graphics, notes with additional information, a voice-over reading the information from the slides, and a time requirement for each slide.

Microsoft PowerPoint and VoiceThread were used to create the human trafficking educational module and record a voice-over. The format of the LMS modules was followed in making the PowerPoint, which included the objectives of the module, the definition of human trafficking, the scope of the problem, characteristics to look for, high risk groups, how to respond, a case study applying the information, and future implications (Appendix A). Graphics and bright colors were used to make the information stand out. After the PowerPoint was

completed, it was downloaded to VoiceThread and a voice-over was recorded to make the

module more engaging and to provide additional information

(https://unc.voicethread.com/share/12130818/).

In order to assess the usability and clarity of the module, a survey was created with

Google Forums and distributed to eight students in the nursing school of different genders,

ethnicities, and backgrounds. The survey had 10 questions total: 7 yes-or-no questions and 3

short answer questions with a space for additional comments (Appendix B). Five of the nursing

students responded to the invitation to watch the educational module and complete the survey.

Adjustments were made to the module based on the responses of the students. All respondents

reported that the module was easy to navigate, the progression of information made sense, the

topic was applicable to their nursing practice, and it covered all of the objectives listed. When

asked what they learned in the module, most reported that they did not know how widespread the

problem was or the characteristics to look for. All respondents reported that they would

recommend that the module be used in the ED. Based on the survey responses, the module was

determined to be easily usable, well designed, and very informative.

Discussion

The emergency department nurse plays a vital role in stopping human trafficking. The

evidence-based research examined in this project supports the role of the emergency department

nurse in identification and response to human trafficking. The purpose of this project was to

create an educational module for ED nurses that communicated the prevalence, characteristics,

and response to human trafficking. Based on the responses of nursing students who completed

the educational module and a corresponding survey, the module appeared to have sufficient

usability.

This project had certain limitations related to the time frame and scope of the project. Because of this, the author was unable to communicate with nurse managers in the emergency department. Doing so would have allowed the feasibility of presenting the educational module to ED nurses to be examined. No survivors of human trafficking were shown the module for feedback although communication with survivors was crucial in the evidence-based research examined in the scoping study. Another limitation was that the survey used to assess the usability of the educational module was completed by nursing students, and not by ED nurses. Because of time constraints and a convenience sample, nursing students were asked to participate. Related to this, the sample size of respondents was very small.

This project is just a first step in many necessary steps. Because of the largely secretive nature of human trafficking, few hospitals are prepared to combat HT in their community and within their hospital. An essential part of this project is the realization that so much more needs to be done. There are clinical implications for nursing practice, policy development, and legislative advocacy. For example, increased awareness of HT by the ED nurse and applying that in practice could change the lives of victims. Moreover, a policy must be developed in each hospital around the country that addresses human trafficking not only in the emergency department, but throughout the hospital. These policies must be community-specific, multidisciplinary, and trauma-informed. There is an additional need for nurses to be active in advocating for legislation addressing human trafficking. Legislation can have huge implications for the prevention of HT, education of healthcare providers, and resources for survivors; therefore, nurses should be involved with this decision making.

Conclusion

Human trafficking is the sexual or labor exploitation of persons through fraud, force, or coercion. It impacts every nation, state, and community. While it is a very hidden crime, 87.8% of victims had contact with a healthcare provider during their victimization and 63.3% were at the emergency department (Lederer & Wetzel, 2014). Nurses in the emergency department have a unique opportunity to identify cases of HT, but they need awareness and training in order to combat human trafficking. This educational module addresses the scope of human trafficking, characteristics to look for, and how to respond to the identification of a victim of HT. The module can be used in the ED setting, but needs to be followed by further education and policy development. Nurses in the ED and throughout healthcare can be a part of putting a stop to human trafficking.

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Appendix A

Human Trafficking Educational Module
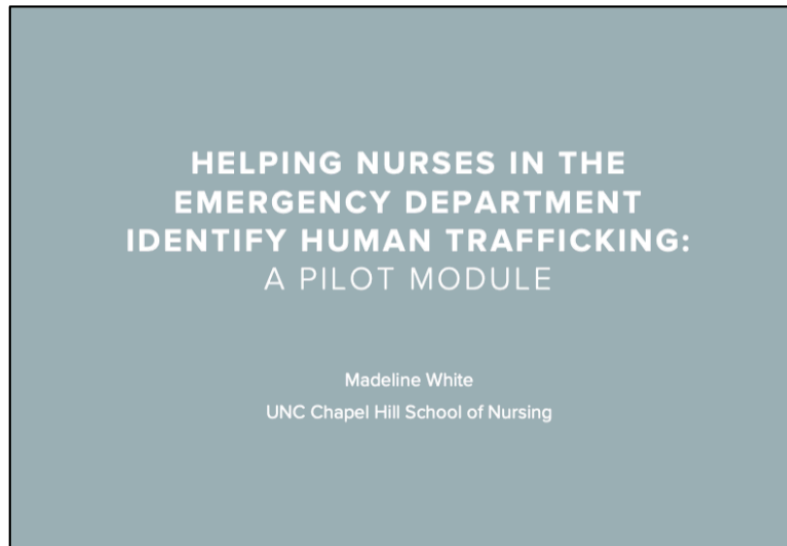
Slide 1
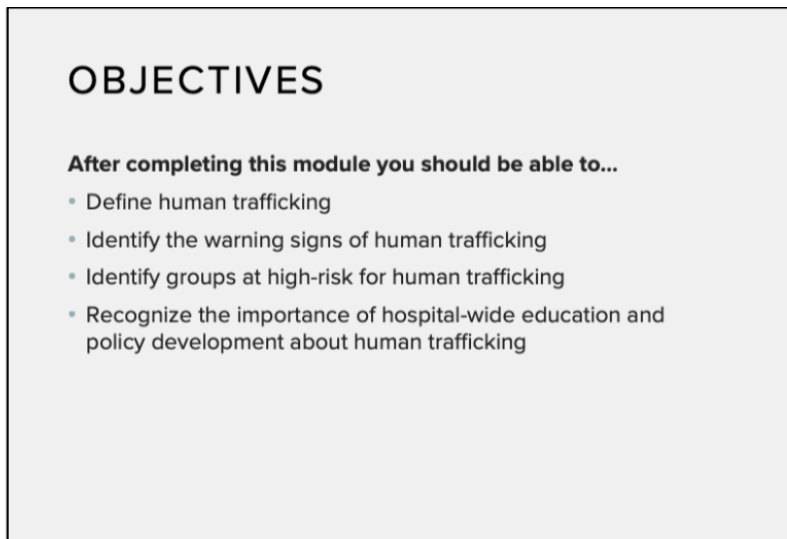
Slide 2

Slide 3
HT defined using AMP model (Stevens & Berishaj, 2016)
- Act – recruitment, transportation of victim
- Means – how HT is achieved by the trafficker
- Purpose – forced labor, sexual exploitation, or other forms of trafficking including organ trafficking

Slide 4
$20.9 million people in 2017 being taken advantage of through modern day slavery (Hachey & Phillippi, 2017)
US is primary destination for human trafficking related to huge extremes between wealth and poverty; huge numbers of disadvantaged and marginalized people (Peters, 2013)

Slide 5
Highways I40, I85, and I95 put NC at risk (NC DOA, 2019)
Man arrested and charged with HT of 14 year old girl in Raleigh (Lamb, 2019)
Knightdale massage parlor shut down because owner charged with HT (Mims, 2017)

Slide 6
Physical violence, especially to head/neck (Lederer & Wetzel, 2014)
Broken bones not treated effectively (Peters, 2013)
Uncontrolled chronic diseases (Peters, 2013)
Drugs used as a means of coercion (Lederer & Wetzel, 2014)
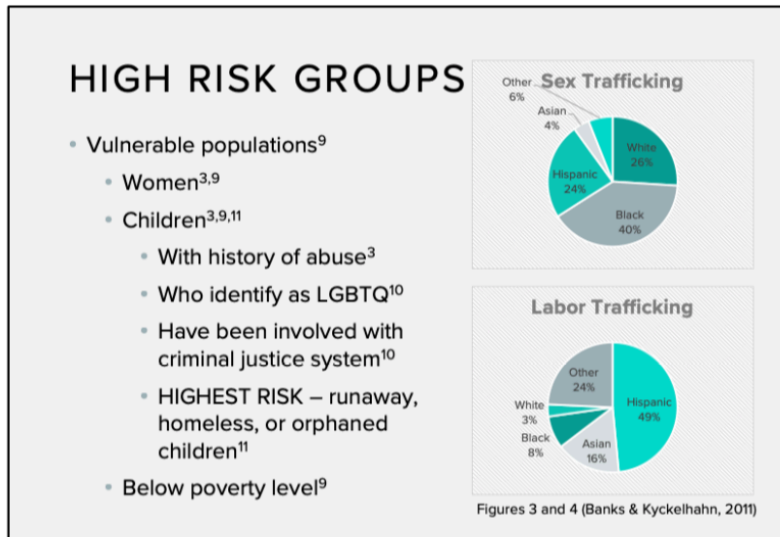
Slide 7
HT is more often affects women than men (Hachey & Phillippi, 2017)
80-90% of children in sex trafficking have a history of abuse (Hachey & Phillippi, 2017)
Children are more vulnerable and more easily manipulated; may not realize they're being trafficked (Donahue et al., 2019)
Marginalized populations (Stevens & Berishaj, 2016)
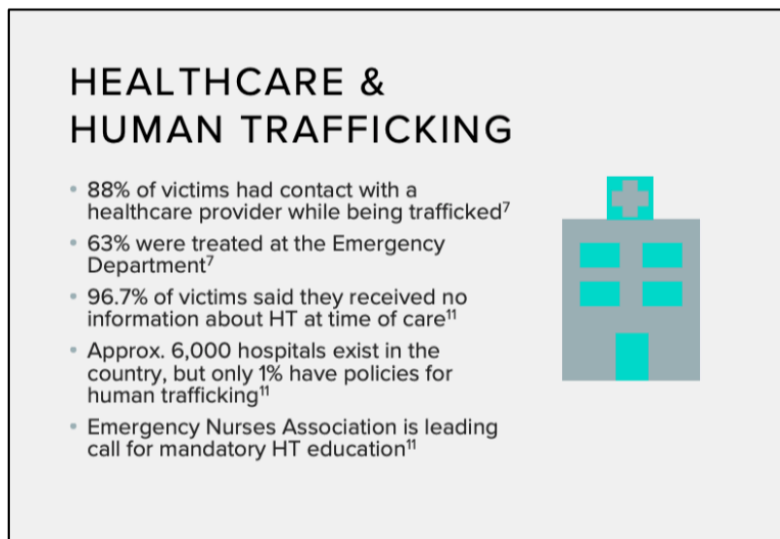
Slide 8
Most nurses thought that victims did not seek medical care (Ramnauth et al., 2018)
Hospitals provide an opportunity to separate victim from trafficker (Ramnauth et al., 2018)

Slide 9

Slide 10

Slide 11
Hospital with room in radiology for private interviews with potential victims (Egyud et al., 2017)
Patient may not recognize self as victim (Lederer & Wetzel, 2014)
Importance of multidisciplinary involvement (Powell et al., 2017)

Slide 12

"It ought to concern every person, because it is a debasement of our common humanity. It ought to concern every community, because it tears at our social fabric. It ought to concern every business, because it distorts markets. It ought to concern every nation, because it endangers public health and fuels violence and organized crime. I'm talking about the injustice, the outrage, of human trafficking, which must be called by its true name - - modern slavery."

President Barack Obama

Slide 13
Spoken to Clinton Global Initiative in 2012

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Slide 16

Appendix B

Educational Module Survey

Human Trafficking Module Survey

Thanks so much for watching the module and taking this survey!

* Required

Full name *

Your answer

1. Was the module easy to navigate? *

○ Yes

○ No

2. Did the progression of information make sense? *

○ Yes

○ No

3. Was the topic applicable to your nursing practice? *

○ Yes

○ No

4. Did the module cover all of the objectives listed? *

○ Yes

○ No

5. Were there any slides you would change/add/delete? *

○ Yes

○ No

6. If so, what were they?

Your answer

7. Did you learn anything? *

◯ Yes

◯ No

8. If so, what did you learn?

Your answer

9. Would you recommend that this module be used in the
Emergency Department? *

◯ Yes

◯ No

10. Why or why not? *

Your answer

Additional comments?

Your answer

SUBMIT

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