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SEXUAL TRAFFICKING: DEVELOPING A TEACHING STRATEGY FOR
EMERGENCY DEPARTMENT REGISTERED NURSES AN HONORS THESIS

by

Sarah M. Ford

A Thesis Submitted in Partial Fulfillment
of the Requirements for a Degree with Honors
(Nursing)

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Advisory Committee:

Deborah Saber, (Advisor) Ph. D., RN, CCRN, Assistant Professor School of
Nursing

Kelley Strout, Ph.D., RN, Assistant Professor School of Nursing

Katherine Trepanier, RN, MSN, Instructor School of Nursing

David Gross, Adjunct Associate Professor in Honors

Deborah Eremita, RN, MSN, Instructor/Undergraduate Coordinator School of
Nursing

ABSTRACT

Human trafficking is a rapidly growing problem in the United States. This multibillion dollar criminal industry denies freedom to approximately 21 to 27 million people around the world. Through coercion or withholding of an individual's legal documents, vulnerable people are forced to perform labor or sexual acts for the benefit or personal gain of others. Over 80% of victims seek medical help during their captivity, but go unnoticed due to healthcare professional's lack of knowledge and training on the population. This study consisted of a two-step approach. The first involved a literary review of sexual trafficking. Next, a pilot study was conducted where registered nurses in the emergency department were given an educational intervention with a pre and post-survey to monitor knowledge gained. Results showed significant knowledge gain following the educational intervention. This suggests that sexual trafficking educational interventions for registered nurses may aide in the identification and subsequent assistance for sexual trafficking victims.

Table of Contents

Introduction	1
Chapter I <i>The Industry</i>	3
Chapter II <i>Human Trafficking and Law Enforcement</i>	7
Chapter III <i>The Victim</i>	8
<i>Presentation</i>	8
<i>Assistance for Human Trafficking Victims</i>	9
<i>The Trafficking Victim Assessment</i>	10
Chapter IV <i>Prevention</i>	15
Chapter V <i>The Pilot Study</i>	16
<i>Study Aim</i>	16
<i>Internal Review Board</i>	16
<i>Study Preparation</i>	16
<i>Study Procedure and Data Collection</i>	17
<i>Analysis</i>	18
<i>Results</i>	18
<i>Discussion</i>	19
<i>Future Directions</i>	20
<i>Limitations</i>	20
<i>Conclusion</i>	21
References	22
Appendix I <i>Recruitment Flyer</i>	25
Appendix II <i>Notification of Presentation</i>	26
Appendix III <i>Consent</i>	27
Appendix IV <i>Pre-Survey</i>	29
Appendix V <i>Presentation</i>	31
Appendix VI <i>Post-Survey</i>	34
Appendix VII <i>Table I</i>	35
Authors Bibliography	36

INTRODUCTION

Human trafficking is a rapidly growing problem in the United States. This multibillion dollar criminal industry denies freedom to approximately 21 to 27 million people around the world (Hodge, 2014; International Labor Organization, 2012). Through coercion or withholding of an individual's legal documents, vulnerable people are forced to perform labor or sexual acts for the benefit or personal gain of others. (Polaris Project, 2016). California, Texas, and Florida have the highest incidence of sexual trafficking. In 2015 alone, the three states totaled 1,420 reported cases (NHTRC, 2016). The increasing problem of trafficking is recorded by the Human Trafficking Reporting System national crisis line statistics (National Human Trafficking Resource Center [NHTRC], 2016). This line has been reach over 130,00 times regarding trafficking cases since 2007. Furthermore, in three years, from 2012-2015, the number of calls from trafficked victims more than doubled, exemplifying the increased prevalence of trafficking (NHTRC, 2016)

In Maine, from 2015 – 2016, calls to the National Human Trafficking Resource center have increased approximately 50% (NHTRC, 2016). Because underreporting and single cases can involve several women, it is estimated that 200-300 people fall victim to sexual trafficking in Maine every year. More troubling reports found that in 2016, 40% of Maine law enforcement officers had encountered cases of sexual trafficking and less than half of them stated they feel prepared to handle such a case (NHTRC, 2016).

In August and September of 2015, Maine police officers put fake ads on Backpage.com to find trafficking predators. This is a national website with the same concept as Craigslist where the public can place ads for job listings or to sell items and is a hub for traffickers due to the ease of being able to advertise girls all over the nation. Annually, Backpage brings in approximately \$22 million from prostitution based ads (Kristof, 2012). The chief executive officer (CEO) of Backpage, Carl Ferrer, was recently arrested in October of 2016 on allegations of sex trafficking involving minors (NBC News- Helsel, 2016). Through this forum, police posted escort ads to sell individuals for sex at three separate hotels on three separate days in Augusta and Waterville, Maine. Through this sting operation, 21 men were arrested for engaging in prostitution (McLean, 2016b). This case exemplifies the need for raised awareness on sexual trafficking, and healthcare workers can provide a critical role.

CHAPTER I

THE INDUSTRY

Human trafficking is an “underground” industry that encompasses two major types of exploitation and deception. The first and most common type is referred to as labor trafficking. As a form of modern day slavery, victims of labor trafficking are forced to work with little or no payment. They often suffer under harsh, unsafe work conditions that pose risks to their overall health. The most common setting for labor trafficking takes place in manual industries such as farms and factories. The second type, sexual trafficking, involves a single party profiting from forcing an individual into performing sexual acts for others. Each trafficked individual may be forced to engage in sexual activity with several people daily and turn over all payments to their enslaver. They are transported across borders against their will and all freedoms are stripped away. They often live in poor conditions with other women who are also being trafficked and experience daily abuse and malnutrition. The United States is placed second for the largest sexual trafficking market in the world, making a conservative estimate of \$31.6 billion in profits each year (Hodge, 2014). Trafficked victims are lured into their unpredictable fate under false pretense, with thoughts of making a step towards an improved life. Money, love, education, jobs, housing, and much more are promised to victims. These deceptions are conveyed to innocent people, and sadly the truth about their role as trafficked victims are realized after they are trapped. (Lake, 2017). In 2003,

the United Nations developed a global definition for trafficking under the *Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children*, commonly known as the Palermo protocol. The international definition for the industry is the

recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs, [italics added] (p. 2, Art. 3a)
(Hodge, 2014)

The key identifying factor that makes trafficking unique is the method in which the exploiter obtains their victims. Force, fraud, or coercion must be used by the perpetrator for the case to legally be defined as trafficking. In addition, any involvement of a minor is automatically considered trafficking (McLean, 2016b). Traffickers, commonly referred to as pimps, may physically restrain the victim or make threats of serious harm to force an individual into servitude. Sometimes, murder even takes place to set an example for other women (Hodge, 2014). An example of coercion is a “Romeo pimp”. These perpetrators will get romantically involved with a person with the sole intention of sexually exploiting them later in the relationship, once their trust is gained (Breaking Free and Ramsey County Attorney's Office, 2016). As previously mentioned, perpetrators may commit fraud to entice people to join their company by describing that large amounts of money they will have the opportunity to make. These perpetrators are typically men with a history in dealing drugs. They often set up their business within

clubs, hotels, and massage parlors and go to great lengths to keep their business hidden, often by involving victims in illegal activities so they are less likely to come forward. While they may still provide the service they advertise, their main form of business is in prostitution.

According to Hodge (2014), the goal of the perpetrator is to identify, exploit, and create vulnerabilities in victims as well as remove all established credibility they have with outside sources, such as family and law enforcement. To lure victims into the human trafficking business, several strategies are used. Drugs may be promised in exchange for the service or used to control victims by keeping them in a constant daze. Other times, vulnerable people, such as runaway youths or victims of abuse become victims to the trafficking business when they are promised a job, shelter, food, education opportunity, or a better life. Other targeted individuals include refugees, the disabled, the illiterate, those in poverty, and minorities (Hodge, 2014). Then, promises are broken or manipulated and victims end up trapped into a life of servitude and prostitution. Moreover, fear is instilled in these individuals. Pimps master the skill of psychological manipulation and use strategies to successfully control their victims. Pimps will create the illusion that the victim will not survive alone, with no hope of being rescued or other options in life. In other words, without the pimp, the victim will not have shelter, food, or money. Communication with the outside world is cut off, families are threatened, and being turned into the police is a common tactic. Victims are confined and isolated with mental deterioration until they succumb to slavery (Hodge, 2014). To further strengthen control over the victim, pimps commonly withhold identification papers and legal documents such as passports, thereby limiting the victim's ability to escape. Additionally,

sometimes a group mentality is created, threatening that the other women will be punished with rape, abuse, or starvation if one attempts to escape (Hodge, 2014).

The “business” of trafficking is highly profitable. A single woman can be sold infinitely until they escape. Unlike drugs which are gone once sold, a woman can be used over and over again. Women can be exploited on average of thirteen times per day and can bring in as much as \$100-\$600 per hour of service. In a study of eight major United States (US) cities, it was estimated that the underground sex economy was worth \$39.9-\$290 million in 2007. Convicted offenders admit to taking home \$5,000-\$32,833 per week (Urban Institute, 2014). Clients are targeted on the internet through sites such as Craigslist and Backpage to those of a higher class and include but are not limited to lawyers, police officers, judges, and teachers (McLean, 2016b).

CHAPTER II

HUMAN TRAFFICKING AND LAW ENFORCEMENT

Human trafficking is considered a crime in the national Uniform Crime Report; however, the crime is relatively minimal risk due to law enforcement's lack of a protocol for reporting and investigation trafficking cases (Urban Institute, 2014). It is difficult for law enforcement to identify traffickers when compared to other illegal activities such as drug dealers, who often have addictive behaviors or characteristics and may carry illegal substances, making them more easily identifiable. The outward appearance of pimps may not appear suspicious because they do not have to carry anything illegal and often appear as a business owner.

Recently, steps have been made to make the process for uncovering trafficking cases for law enforcement easier. A tool name Spotlight has been created, with large efforts from actor Ashton Kutcher, to aid police in identifying possible trafficking cases. Normally, law enforcement manually explores web ads to identify cases, but Spotlight uses algorithms to connect data and pinpoint suspicious ads. This program is used by over 4,000 officers in 50 states and in the past 12 months has identified 7,442 cases and has increased efficiency by 60%. This is the equivalent to identifying and hopefully saving five children per day from the world of trafficking (Thorn, 2017).

CHAPTER III

THE VICTIM

Presentation

Victims of sexual trafficking are normally white females ranging from ages of 14 to 30. Often these women have a history of abuse, have no caregiver, or are abusing drugs (Hornby Zeller Associates, Inc., 2015). Other risk factors that may contribute to being victimized are poverty, minimal education, housing insecurity, language limitations, decreased health literacy and adverse childhood events (Health and Human Rights Journal, 2016). A staggering 80% of trafficking victims are United States citizens that are in vulnerable states ideal for exploitation (Alpert, 2014).

Once entrapped in the sexual trafficking business, victims become vulnerable to serious health consequences. Of 102 interviewed victims, over 88% reported having depression and over 41% had attempted suicide. An overwhelming 82% report feelings of guilt. These women averaged thirteen “buyers” per day and over 92% experienced physical abuse on top of the sexual abuse. Moreover, sexually transmitted diseases were present in over two thirds of the cases and over 60% of women had at least one pregnancy, with many being forced to end the pregnancy with an abortion. In addition, victims often suffer from insomnia, memory loss, social withdrawal, and decreased initiative (Hodge, 2014). Due to the high levels of abuse, infections, and pregnancies, healthcare is often sought out by victims. Over 87% report having contact with some form of healthcare, the majority having gone to the emergency room, walk in clinic, or

family services. Because so many of these victims enter the healthcare system for treatment, there is a small, yet critical, window of time in which healthcare professionals can reach out and identify these victims.

Assistance for Human Trafficking Victims

When victims gain the confidence to leave captors, they face the fear of prosecution for prostitution. Moreover, they “escape” without proper resources or tools to recover from their experience and consequently end up struggling to survive. (Epstein & Edelman, 2014). One way to tackle this is to expand safe harbor laws, which are currently in place by only 34 states. These laws prevent prosecution of the victim and instead provide services for recovery, including legal help, housing, medical care, and more. Though most states only grant immunity to minors, policies are constantly being revised and expanding to cover all victims. The Trafficking Victims Protection Act of 2000 declared trafficking a federal crime and mandates restitution be paid to victims. It also gives victims the ability to sue their perpetrators and gives them an opportunity to earn citizenship if not already obtained. A new visa was created, called the T-visa, that is for people who have experienced severe forms of trafficking (Hodge, 2014). This visa enables victims access to the healthcare systems to get the mental and physical help they need to recover. By taking away threats of punishment and offering help, more women are likely to come forward with cases of trafficking, ultimately helping a broader spectrum of women (Polaris Project, 2015).

Health care professionals, particularly those in walk in clinics and emergency departments, are optimally positioned to reach out, identify, and help sexual trafficking victims. However, over 87% of victims have reached out to healthcare in some form and

were not identified (Gorenstein, 2016). With 5,686 hospitals, nationwide, only 60 of them have a protocol to follow if someone seeks help regarding trafficking. In addition, 73% of emergency department doctors and nurses do not think it affects the population they are serving. (Gorenstein, 2016), which may contribute to the missed assessment of the vague signs exhibited by sexual trafficking victims.

The Trafficking Victim Assessment

Sexual trafficking victims may appear similarly to those of domestic violence because physical abuse is common in sexual trafficking to establish dominance and to instill fear in the victim. A common red flag to help identify sexually trafficked victims is the unique presentation of a woman seeking sexual health care while also displaying signs of physical abuse. Untreated sexually transmitted infections, pregnancy, birth control requests, or abortion services all fall under sexual health and in combination with signs of domestic violence, point towards trafficking. Abuse indicators common to trafficking include injuries to the face, patterned bruises around the neck showing signs of strangulation, or markings around the wrists indicating being tied up (Levin, 2014; McLean, 2016a). If this unique combination is present, it is critical that the patient is also assessed for signs of sexual trafficking that includes depression, post-traumatic stress disorder, shame, substance abuse, and rape. The patient may also respond with vague answers when asked to identify their location, place of residence, or source of income. In addition, tattoos are often used as markers and can suggest trafficking. If another person accompanies the patient, trafficking should be suspected. This is especially important if the companion is a male who dominates the conversation or is the one who holds the insurance or identification card. It is important the patient is interviewed alone and all

accompanying people are removed from the clinical setting. This can be accomplished by suggesting the companion signs necessary paperwork at the check in desk or by assisting the patient to the bathroom. Once alone, questions to ask should be similar to the following:

- Is anyone making you do anything you don't want to do?
- Are you safe?
- Where do you live?
- Where do you sleep at night?
- Are you able to leave the person you are with if you wanted to?

Many times, the patient may feel ashamed or at fault, and does not view themselves as a victim. For this reason, the patient may not come forward. In this case, it is important a relationship is established and that the patient/victim knows of resources available if they do choose to discuss their situation (McLean, 2016a).

Health care professionals must be prepared to support victims who confide in them. Lack of widespread training and education creates a gap between identifying these red flags and attributing them to sexual trafficking, which leads to lack of appropriate intervention by medical professionals (Health and Human Rights, 2016). For this reason, more widespread training should be available to ensure each case is handled appropriately. One way to accomplish this is to have more Sexual Assault Forensic Examiners (SAFEs) in the hospital setting. SAFEs are registered nurses who have participated in a course, clinical observation, and continuing education that teaches the specifics of how to handle a sexual assault case. They perform and document a medical history, physical, and emotional assessment in detail as well as provide emotional

support. This includes compiling a rape kit, a collection of DNA, pictures, and health exam documentation that is gathered in such a way that it can be used as evidence in court. The compilation of the kit takes three to six hours and once opened, cannot be left alone to ensure “chain of custody”, or appropriate handling of evidence to maintain integrity (International Association of Forensic Nurses, 2016). Each part of the exam is entirely sanctioned by the victim, as parts such as the internal exam may be traumatic or triggering, bringing back difficult memories from their abuse. The kits themselves are at no cost to the victim, they are paid for by the victim’s compensation program. This is a state government program that reimburses victims of violent crimes (The National Center for Victims of Crime, 2017). Once complete, the kits are sealed and either sent to the police station where the report was made for evidence testing, or are held at the local police station for 90 days or until the victim decides to come forward with a report. Currently, there are 35 trained SAFEs in Maine, most of which are clustered in areas. Due to the lack of available trained SAFEs, evidence is being handled improperly by untrained professionals. If evidence is handled improperly, the state may be unable to prosecute (Feulner, 2013).

Resources for sexually trafficked victims already exist in Maine and include Hope Rising in Bangor. This is a home and treatment program that provides a safe place for victims to recover and move forward with their lives. The goal is to help victims process and cope what they have gone through and provide them with the life skills to move forward. This facility houses victims and provides programs from 8am-8pm Monday-Friday that include individual and group therapy, substance abuse treatment, and mental health treatment. In addition, the victims are assessed for education needs and goals, as

well as vocational strengths. Care coordinators then reach out to local resources to help victims secure a job, housing, or further education. Residents are also expected to participate in cooking and cleaning in the house and well as organize activities for others in the house. By having a support system, resources, and peers that have gone through similar experiences, it is easier for trafficking victim to recover from their traumatic experience as they reestablish themselves into society (Hope Rising, 2016)

Other similar programs include the Freedom Clinic of Massachusetts General Hospital, established in April of 2015(Alpert et al., 2014). This is a health care clinic and safe haven in the Boston area for those victimized by sexual trafficking. Free primary and preventative care is offered and includes treatment of chronic or acute illnesses and injuries, physical examinations, vaccinations, and infectious disease screening and treatment. Mental health services provide psychological support, and social services can direct patients to recommended specialists (Alpert et al, 2014). In addition to establishing a clinic for trafficking people, Massachusetts has taken steps to improve the overall process of assisting victims from identification through recovery.

To provide this continuum of care, Massachusetts adopted a preferred multidisciplinary approach to aiding sexual trafficking victims by enacting the Support to End Exploitation Now (SEEN) Coalition. SEEN takes a long-term approach to supporting victims and establishes a relationship of trust with victims that aids them in the lengthy process of rehabilitation. They develop safety plans with victims to help investigate cases, hold perpetrators responsible, and improve the victim's wellbeing by addressing physical and psychological needs. Several support departments are needed to

meet the needs of victims. The following list provided by Georgetown Law that specifies the disciplines that should be involved when caring for sexual trafficking victims.

- Police Department
- Public Schools (if minor)
- Department of Mental Health
- Department of Public Health
- Department of Probation
- Department of Children and Families
- Executive Office of Health and Human Services
- Federal Bureau of Investigations
- Commission on Sexual and Domestic Violence
- Medical Providers
- District Attorney's Office
- Social Work/Service Providers/Advocate

CHAPTER IV

PREVENTION

To address the growing sexual trafficking problem, it is important to concentrate on prevention by identifying root causes. As previously discussed, pimps target vulnerable individuals. People that fall under this category include people experiencing poverty, homelessness, language barriers, abuse, etc. If vulnerable patients are identified, healthcare professionals can preemptively educate these patients on sexual trafficking, the warning signs, and techniques to avoid the trafficking industry. Discussing trafficking at runaway youth or homeless shelters and schools is a hopeful first step as victims often enter the industry at the age of 14. Individuals can be provided information that includes the heavy presence of sexual trafficking, characteristics of the business, tactics of pimps, and results of falling victim to trafficking. It is a similar concept to stranger and kidnapping awareness that is taught across the country in schools. Children become aware that talking to strangers should be avoided, and that there are certain methods, such as “I lost my dog”, to lure children. If sexual trafficking becomes as widely known as stranger awareness, the problem may begin to decline (Epstein & Edelman, 2014).

Another supportive intervention could require that nurses participate in human trafficking training if they wish to renew their license. In January 2016, Michigan was the first state to implement this strategy. Every two years nurses are required to participate in trafficking training. This ensures up to date information regarding the treatment of patients that is integrated into practice and ultimately improves patient care (Lake, 2017).

CHAPTER V

THE PILOT STUDY

Study Aim

To evaluate the role of the nurse in sexual trafficking, this pilot study aimed to assess the baseline knowledge level of emergency department (ED) registered nurses at Eastern Maine Medical Center about sexual trafficking and their ability to synthesize and learn from education provided on the topic. The aim of this research was to:

1. Determine baseline knowledge of ED nurses on sexual trafficking.
2. Educate ED nurses on sexual trafficking.
3. Evaluate knowledge gained of ED nurses after educational intervention.

Internal Review Board

This study was reviewed and approved as exempt status from both the University of Maine's and Eastern Maine Medical Center's (EMMC) internal review boards (IRBs).

Study Preparation

Prior to data collection, the primary investigator (PI) and advisor, Deborah Saber, met with the ED nurse educator. The procedure and goals of the study were discussed, the dates for data collection were determined, and methods to advertise the study were implemented. A flyer was created to be hung by the nurse's station in the ED and an announcement was transcribed to be included in huddles the week before data collection.

(See Appendices I and II). The PI was available by phone or e-mail with questions or concerns regarding the upcoming study.

Study Procedure and Data Collection

On March 13 and March 14 at approximately 11:30 am, data was collected from ED registered nurses at EMMC during a “huddle”. A huddle is a brief meeting conducted by the charge nurse that occurs on every shift to go over daily goals, updates, and agenda with all ED staff. Only registered nurses on staff these two days were included. Medical doctors, certified nursing assistants, other medical personnel, and anyone under the age of 18 were excluded. Participation was completely voluntary and any participant could terminate their involvement in the study at any time.

In the ED on March 13 and 14, the PI arrived at the nurse’s station at approximately 11:30 am where the ED staff were gathered for huddle. The PI introduced herself and read the IRB approved informed consent (see Appendix III). RNs volunteering to participate in the study were given folders containing the informed consent for participant viewing as required by the IRB, a pre-test, and a post-test . Participants were told not to write their name or any identifying factors on materials given to them. Participants were then asked to complete the pre-test, which assessed demographic information and the participants’ knowledge on sexual trafficking. (See Appendix IV). The PI then held a brief presentation of approximately five minutes in length that included key sexual trafficking statistics and information. (See Appendix V). After the presentation, participants were asked to complete the post-test, which included the same knowledge based questions of the pre-test. (See Appendix VI). Folders containing the pre and post-test were then collected by the PI. The PI thanked the

department for their time, and left some food in their break room for participating. Folders were given to the advisor and held in her locked office at the University of Maine for data analysis. All unidentified data was analyzed using SPSS v24 and stored in a secured cloud storage.

Analysis

Descriptive analysis was used to analyze demographic data and the pre and post scores from individual questions. The non-parametric Wilcoxon signed ranks test was used to determine if there was a significant difference between the medians pre and post total scores. This test was chosen because the sample size was small with 19 pre/post scores.

Results

Nineteen registered nurses in the ED participated in the study at the selected hospital, Eastern Maine Medical Center. Of the nurses polled, 10.5% had worked in the field less than a year, 26.3% had worked for one to three years, 31.6% worked for four to six years, and another 31.6% had worked for 11-20 years. Though approximately 63% of participating RNs reported to have worked over 4 years in the field, only 15% reported having treated a sexual trafficking victim at some point in their career. Only 36.8% reported being trained on treating patients involved in sexual trafficking. Furthermore, only 15% reported being confident in treating this population, while 84% reported being “somewhat” or “not at all” confident. In addition, over half of the polled RNs disclosed they did not know of proper resources to refer patients to if they were found to be involved in sexual trafficking. When asked if sexual trafficking was thought to be a problem in their patient population, 57.9% agreed.

For the first knowledge based question, participants were asked to focus on sexual trafficking's annual revenue. On the pre-survey, only six participants, or 31.6% of those polled, answered the question correctly. After education was provided, 73.7% were able to answer the question correctly on the post-survey. Of the true/false questions, the two questions with the most significant improvement were focused on hospital policy. The first stated, "Your hospital currently has a human trafficking policy". Approximately 73% incorrectly answered true on the pre-survey, whereas only 21.1% correctly answered false. On the post-survey, the number of participants that answered correctly increased by 63.1%. After education, 84.2% of participants answered the question correctly. Another true/false question stated, "Most hospitals have policies set up in regards to human trafficking". At first, only 42.1% correctly answered false. After education, 94.7% were capable of answering the question correctly. The full summary of the percentage of participants who answered correctly on each question is displayed in Table I in Appendix VII.

Registered nurses' knowledge on sexual trafficking was compared based on their results from the pre and post tests administered. Using the Wilcoxon signed-ranks test, a significant improvement was found. ($z = -3.630, p < .001$)

Discussion

This study reveals that an educational intervention is successful in increasing knowledge of sexual trafficking in emergency department registered nurses. Findings suggest that there is a lack of existing knowledge and training of sexual trafficking in this population. Based on the findings of this study, there is a significant improvement in knowledge regarding sexual trafficking through the educational intervention provided by

the PI. This supports educational sessions for staff regarding contemporary healthcare issues. Furthermore, this study supports that brief, time restrained educational sessions still have the potential to provide significant improvement in knowledge gained while more optimally fitting the fast paced, limited schedule of a registered nurse. Further teaching strategies in various healthcare facilities could be implemented to prepare registered nurses to care for sexual trafficking victims. A national standardized training program implementation would ensure that nurses across the country are more aware of best practices based on current evidence and ultimately better prepared to handle a sexual trafficking victim.

Future Directions

This study was one of the initial steps in broadening the competency levels of registered nurses in regards to sexual trafficking. Further studies could include a wider population (e.g., multiple units at multiple hospitals nationally) to improve efforts towards generalizable findings. Additionally, a longitudinal study tracking the progression of sexual trafficking victims identified in the hospital setting could serve as a benchmark to assess whether these educational interventions are legitimately improving rates of identification. Further studies like the ones suggested could aid in the development of an evidence-based, gold standard for healthcare professionals to follow when screening for the sexual trafficked patient.

Limitations

There were limitations of this study. The data collection was limited to a two-day period at one hospital. This resulted in a small sample size and a decreased variety of participants (n=19). In addition, the educational intervention was under a time constraint

of 5-10 minutes. It was held in the middle of a work shift, meaning there was background noise and distractions. This time frame enabled only minimal information to be provided and the surrounding distractions may have decreased learning potential. A 2013 study described how noise of various intensities, similar to those present in the emergency department setting, impair performance and ultimately learning ability (Klatte, Bergström & Lachmann, 2013). In addition, the tool was limited and psychometric testing was not confirmed on the tool. A more refined tool to measure knowledge would improve the validity of the results.

Conclusion

This study not only demonstrated that a gap of knowledge exists concerning sexual trafficking in healthcare professionals, but that this gap has the potential to be significantly decreased with an educational intervention. By implementing similar educational interventions to the one described in this study, healthcare professionals may be better able to identify and treat sexual trafficking victims. Because the population of sexual trafficking victims is steadily increasing, it is important registered nurses are appropriately prepared to treat these people and aid them in their path to recovery.

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APPENDIX I

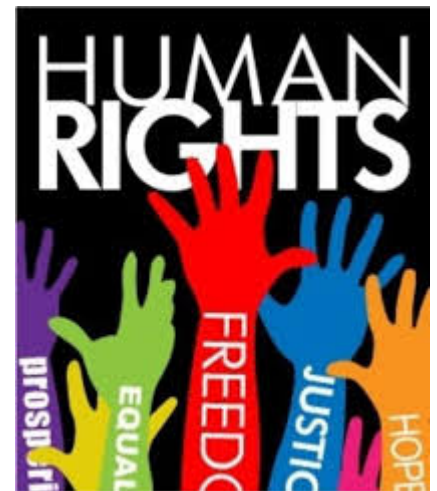
RECRUITMENT FLYER

You are invited to participate in a research project being conducted by Sarah Ford, an undergraduate student in the Department of Nursing at the University of Maine. The purpose of the research is to evaluate RNs knowledge gained about human trafficking industry, the human trafficked victims, and how RNs at EMMC can identify trafficked victims after a PPT presentation is delivered. Pre/post surveys will be given before and after the presentation to assess knowledge gained. Information obtained during the data collection will be anonymous. In other words, your name will not be associated with the data. In total, participation should take approximately 10 minutes of your time and refreshments will be provided in the break room.

Time: 1130/Huddle

Date: 3/14/17 & 3/15/17

Place: Nurse's Station



APPENDIX II

NOTIFICATION OF PRESENTATION

Sarah Ford, a University of Maine nursing student will be attending huddles throughout the next week to gather research for her thesis. You will be asked to take two short surveys and listen to a short presentation. You can refer to the flyer on the announcements board for further information.

APPENDIX III

CONSENT

Eastern Maine Medical Center
489 State Street
Bangor, Maine 04401

CONSENT FOR RESEARCH

INVITATION TO PARTICIPATE:

You are invited to participate in a research project being conducted by Sarah Ford, an undergraduate student in the Department of Nursing at the University of Maine and her advisor, Deborah Saber, PhD, RN, CCRN-K. The purpose of the research is to evaluate the ED RN knowledge gained on human trafficking and human trafficked victims, and how ED RNs at EMMC can identify trafficked victims after a PPT presentation. A copy of this consent will be given to you.

PROTOCOL NAME:

Sexual Trafficking: Developing a Teaching Strategy to Educate Emergency Department Staff

INVESTIGATOR(S):

Sarah Ford -Primary Investigator

Deborah Saber – PI's Advisor

WHAT YOU WILL BE ASKED TO DO:

If you decide to participate, you will be asked to complete two short surveys, one before and one after a presentation. It may take approximately 10 minutes to complete both surveys and engage in the presentation.

RISKS:

Besides your time, and inconvenience, there are no risks to you from participating in this study.

BENEFITS:

While this study will have no direct benefit to you, this research may help us learn more about:

- human trafficking and its prevalence in Maine.
- what you can do as a nurse to help sexual trafficking victims.

COMPENSATIONS:

Refreshments will be provided.

CONFIDENTIALITY:

This study is anonymous. There will be no records linking you to the data. Please do not write your name on the survey. Paper questionnaires will be kept in the locked office of Deborah Saber until data are entered into an electronic database. Paper questionnaires will be destroyed May 2017. The electronic data will be kept indefinitely.

VOLUNTARY PARTICIPATION:

Participation is voluntary and your participation in the surveys indicates consent to participate in this study. If you choose to take part in this study, you may stop at any time. You may skip any questions you do not wish to answer.

QUESTIONS:

If you have any questions, please ask.

If you think of questions later please contact the investigator. If you think you have a research-related injury, please contact the investigator(s).”

The Primary Investigator, Sarah Ford, may be reached at any time at (603)425-9949 or fords1194@gmail.com. You may also reach the faculty advisor (Deborah Saber) on this study at (207) 581-2553, Deborah.saber@maine.edu, or 5724 Dunn hall room 224.

If you have any questions about your rights as a research subject, please call the office of the Institutional Review Board at EMMC at (207)973-7906.

Version Date: January 28, 2017

- T / F Most hospitals have policies set up in regards to human trafficking
- T / F Over 80% of trafficking victims seek medical help

APPENDIX V

PRESENTATION

The Problem:

- 87%. This percentage represents the thousands of girls that someone like you has the ability to save from a life of slavery.
- 87% is the number of sexual trafficking victims who entered a health care facility and slipped through the fingers of their providers, going unnoticed.
- In American hospitals, we have countless policies and screening tools to keep our patients safe, yet somehow we have yet to develop an effective one for trafficking.
- Only 60 hospitals nationwide have a protocol to follow if someone seeks help regarding trafficking.
- In addition, 73% of ED doctors and nurses do not see ST as a relevant problem in their patient population, yet cases reported continue to steadily increase.

What is it:

- We are talking about a multibillion dollar industry, denying freedom to 21 million people worldwide
- To be considered trafficking:
 - Force: physical abuse, threats of abuse, physical restraints, rape
 - Fraud: promise job, shelter, drugs, or a better life
 - Coercion: get romantically involved, intention of exploiting later on, fear, lies, money
 - Or a minor

Who:

- Targets vulnerable people
- Runaway youth, victims of abuse, homeless, involved in drugs, language barrier, poverty
- These people are innocent 14 year old girls, the most common age of entering the market. These people are predominantly US citizens. They are people with professional backgrounds going through a difficult time.
- Its important we don't stereotype what a trafficking victim looks like, and open our eyes to what sits in front of us.

Why not leave/confide?

- Instill fear – nowhere to go, help, other way to live
- Fear of prosecution
- Withhold Documents

Economy:

- Backpage.com, whose CEO was recently arrested, made 22 million off of prostitution based ads
- In 2007, 8 cities alone brought in up to 260 million in trafficking
- Women are exploited on average 13 times per day, charging 100-600 per hour of service

Presentation:

- Due to the high level of abuse and sexual contact, victims are forced to reach out to healthcare facilities often
- This gives us a small yet critical window to help
- This is hard because there is no evidence based, gold standard to follow
- 88% - depression
- 67% - STI
- 62% - pregnancy

- Combo of:
 - **Sexual health services** – birth control, STI, pregnancy, abortion
 - **Physical harm** – bruises, broken bones, facial trauma, patterns around neck, markings on wrists
 - **Mental health** – PTSD, anxiety, depression, shame
 - **Vague** – can't describe location, residency, job
 - **Male Companion**
- The number one thing you can do is get your SAFE nurse certification
- EMMC has less than a handful of SAFEs
- You will be better able to recognize the signs and better able to handle legal evidence appropriately
- Know the resources
 - Hope Rising in Bangor
 - Treats recovering trafficking victim

APPENDIX VI

POST-SURVEY

What would you say the average annual revenue from sexual trafficking is?

- A. 100-500 million
- B. 500-900 million
- C. 100-200 billion

What would you say is the average age victims get involved in sexual trafficking?

- A. 14
- B. 19
- C. 23

True or False

- | | | | |
|---|---|---|---|
| T | / | F | Most of sexual trafficking victims are immigrants |
| T | / | F | Your hospital currently has a human trafficking policy |
| T | / | F | Victims usually have a professional background |
| T | / | F | Trafficked victims knowingly enter the sex business |
| T | / | F | Victims often profit from their work and make their money off of tips |
| T | / | F | Most hospitals have policies set up in regards to human trafficking |
| T | / | F | Over 80% of trafficking victims seek medical help |

APPENDIX VII

TABLE I

**Table 1: Pre-Test & Post-Test Results: % Correct
n=19**

Question	Pre (%)	Post (%)
Average Revenue	(31.6)	(73.7)
Victim Age	(57.8)	(94.7)
Immigrants	(84.2)	(94.7)
EMMC Policy	(21.1)	(84.2)
Professional	(21.1)	(52.6)
Entrance	(94.7)	(94.7)
Profit	(84.2)	(100)
Hospital Policies	(42.1)	(94.7)
Seek Help	(10.5)	(78.9)

AUTHOR'S BIOGRAPHY

Sarah Ford was raised in Londonderry, New Hampshire and came to the University of Maine to pursue a bachelorette degree in nursing. She was an avid member of club field hockey and various intramural sports. She plans to explore a career in critical care nursing and obtain her Sexual Assault Forensic Examiner nurse licensure. Her plans after graduation include moving to California and traveling cross country to various national parks. She is excited to see what opportunities her newly obtained license brings.