

Identifying Victims of Human Trafficking in the Emergency Department: Addressing a Growing Pandemic



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INTRODUCTION

Slavery exists today, in the form of human trafficking, to an even greater extent than after the civil war.¹ In 2021, the US National Human Trafficking Hotline (NHTH) received a total of 51,073 substantive reports of human trafficking nationwide.² Globally, it is estimated that there are over 20 million current human trafficking victims.³ In one survey, 88% of victims reported that they received medical treatment during the time they were trafficked. Of those, over 63% of those encounters occurred in the Emergency Department.⁴ Despite this, most emergency departments do not have any formal training for their providers, policies in place to treat these patients, or resources to provide potential victims.⁵

OBJECTIVES

The objective of this project was to create a process for identifying, communicating, and delivering complete care to potential victims of human trafficking and to educate staff on a trauma informed approach to victims of human trafficking and what resources are available to these victims.

METHODS

A triage screening system was implemented to silently flag potential victims using the American Hospital Association 10 Red Flags of Human Trafficking (Figures 1 and 2).⁶ Once a patient was flagged in the EHR, staff then made attempts to get the patient alone so that a more formal screening process could occur. The patient was provided with resources for local shelters and the human trafficking crisis center. Staff were educated on methods at monthly meetings. In addition, the Emergency Medicine resident physicians received specific training by the local human trafficking crisis center on how to identify potential victims.

Figure 1. American Hospital Association 10 Red Flags



Figure 2. Triage Screening Tool

Risk Screenings	
Do you have thoughts of harming yourself or others?	<input type="radio"/> Yes <input type="radio"/> No Comment
Do you fear for your safety?	<input type="radio"/> Yes <input type="radio"/> No
Do you have a history of falling?	<input type="radio"/> Yes <input type="radio"/> No
Approx date of last fall	<input type="radio"/> <input type="radio"/>
Do you suspect pt may be victim of human trafficking?	<input type="radio"/> Yes <input type="radio"/> No Comment
10 RED Flags that your patient could be a Victim: 1. Clinical Presentation and oral history don't match up 2. Oral history is scripted, memorized or mechanical 3. Someone with the patient exerts an unusual amount of control over the visit 4. Patient appears fearful, anxious, depressed, submissive, hypervigilant or paranoid 5. Patient is concerned about being arrested or jailed 6. Patient is concerned for his/her family's safety 7. Evidence that care has been lacking for prior or existing conditions 8. Tattoos or insignia's indicative of ownership 9. Occupational-type injuries or physical ailments linked to their work 10. Sexually transmitted infections	
Disposition	
Acuity	<input type="radio"/> Non-Urgent (5) <input type="radio"/> Less-Urgent (4) <input type="radio"/> Urgent (3) <input type="radio"/> Emergent (2) <input type="radio"/> Critical (1)

Interventions: Notes, Advance Status, Depart, EMR, eMAR, Comment, Order, Order List, Admit, Obs Admit, Transport, Reception, Summary Rpt, Reminders, Patient Data, Dept Statistics, Room/Staff, Reconcile Med, Pref Pharmacy, Transfusions

Buttons: Edit Date/Time, Edit User, Recall Values, Insert Occurrence, Discontinue Occurrence, Go to, Cancel, Save

Figure 3. Chapstick Resource

How do you know it is abuse?	How do you know if it's human trafficking?
1. Threatens to hurt you or your children? 2. Abuse you when using alcohol or drugs? 3. Blame you for everything? 4. Promise not to abuse you again, but does? 5. Put you down in public or isolate you from family or friends? 6. Force you to have sexual contact when you don't want to? 7. Push, hit, kick, choke, slap, or restrain you?	1. Are you being forced to work? 2. Are you being forced to have sex? 3. Is someone threatening to harm you if you stop? 4. Have you been deprived of food/water/sleep or medical care? 5. Has anyone threatened your family? 6. Has your ID documents been taken from you?
Answering yes to any of these means you are in an abusive relationship. You are not alone and you have choices. There is free help available to plan to leave safely.	Answering yes to any of these mean you could be a victim of human trafficking. There are resources to help you plan to leave safely.
Numbers to call Women's Resource Center (Cleveland and McClain Counties) Can provide or connect you to local resources and identify emergency department. DV Crisis Line: 405-701-5540 SV Crisis Line: 405-701-5660	National Human Trafficking Hotline 1-888-373-888 or text "BeFree" to 233733
OK Safeline Can connect you with shelters statewide. 800-522-7233 RAINN Hotline 800-656-4673 OK Coalition Against Domestic Violence and Sexual Assault 405-524-0700	Safety Plan – Consider calling a local hotline to discuss your personal safety plan. Trust your instincts. Consider telling someone you trust about the abuse and have a signal if you are in immediate danger.
	Things to take with you: Driver's license, photo ID and birth certificate Bank books, checkbooks, and credit cards Passport, work permits, VISA, school records, immunization records, and medications. Cell phone, cell phone charger, and keys Photo of abuser

DISCUSSION

In the first month of implementation, fourteen potential human trafficking victims were identified in triage. Unfortunately, staff reported many barriers to further screening and interventions. Those barriers included patient and staff safety, inability to separate the potential victim from the trafficker, difficulty distinguishing between domestic violence and trafficking, and staff concern for creating more trauma for victims. Several system-wide changes were made to address these barriers. We created a discrete information sheet (available in English and Spanish) placed in an empty chapstick container (Figure 3) that can be given to potential victims. In addition, we placed an easily accessible, printable sheet within the electronic health record that contains information and resources for labor and sex trafficking available in 23 languages. During the initial implementation period, we also realized that there were members of staff that the patients confided in that did not initially receive training in identifying human trafficking. As such, ALL new employees at our hospital are required to complete education on human trafficking during the onboarding process. This education is focused on the importance of identifying potential victims and providing them with resources rather than trying to illicit a confirmation of abuse from the victim.

The majority of human trafficking victims report being seen in an Emergency Department at some point during their captivity. Unfortunately, many barriers exist to further intervention. We are currently partnering with the local human trafficking resource center and with our internal inclusion diversity council to raise awareness on the importance of identifying and intervening on this often-overlooked human rights issue.

REFERENCES

1. Barrows J, Finger R. Human trafficking and the healthcare professional. *South Med J*. 2008;101(5):521-4.
2. National Human Trafficking Hotline. National Human Trafficking Hotline Data Report. Accessed April 13, 2022. <https://humantraffickinghotline.org/sites/default/files/2023-01/National%20Report%20For%202021.docx%20%283%29.pdf>
3. Richards TA. Health implications of human trafficking. *Nurs Womens Health*. 2014;18(2):155-62.
4. Lederer LJ, Wetzel CA. The health consequences of sex trafficking and their implications for identifying victims in healthcare facilities. *Annals Health L*. 2014;23:61.
5. Marcinkowski B, Caggiola A, Tran BN, Tran QK, Pourmand A. Sex trafficking screening and intervention in the emergency department: A scoping review. *J Am Coll Emerg Physicians Open*. 2022;3(1)
6. American Hospital Association. 10 Red Flags That Your Patient Could Be A Victim of Human Trafficking. 2022. Accessed April 13, 2022. <https://www.aha.org/system/files/2018-07/human-trafficking-infographic.pdf>

