

ORIGINAL ARTICLE

Assessment of emergency healthcare worker knowledge of indicators of human trafficking

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ABSTRACT

Human trafficking is a multibillion-dollar industry and Toledo, Ohio has been identified as a hub of human trafficking activity. Current literature identified that healthcare providers working in emergency departments, urgent care centers, and physician offices (nurses, physician assistants, and physicians) are in positions to identify victims of human trafficking and help with rescue. Current curricular guidance for healthcare education did not include specific information on indicators of human trafficking and resources to assist with rescue and recovery. The human trafficking awareness study was completed to determine if healthcare providers working in nine Toledo, Ohio area emergency departments had knowledge of the indicators of human trafficking and of the resources to help victims. The study design also afforded the opportunity to provide healthcare workers in these organizations' information about indicators of human trafficking and local, state and national resources to help victims with rescue and recovery.

Key Words: Human trafficking, Indicators, Healthcare, Worker, Knowledge

1. INTRODUCTION

Human trafficking is a flourishing global industry fueled by human bondage.^[1,2] INTERPOL, the world's largest police organization and the International Labor Organization described the industry of trafficking humans for financial gain to be yielding billions of dollars each year.^[3,4] "According to Interpol, smuggling people is now the third most profitable activity for organized crime worldwide."^[4] The United States Federal Bureau of Investigation described human trafficking as the "third largest criminal activity in the world."^[5] Human trafficking in Ohio was affirmed to be one of the fastest growing criminal enterprises (Ohio Department of Health, 2016). Human trafficking statistics are generated by criminal arrests and therefore estimation of the magnitude of activity

is difficult at best to determine.^[6]

1.1 Review of selected literature

Human trafficking involving the sex industry has gained the most notoriety.^[7-9] In the sex trade industry, teenagers are at greatest risk.^[3,7] However trafficking victims can also be found in work situations that require human labor such as cleaning services, yard and lawn care, farming and agriculture, restaurant work, swimming pool maintenance, construction and building trades, and in industry, e.g., sweat-shop labor.^[9] Research conducted by Baldwin in 2011^[10] demonstrated that victims of human trafficking were working in many of the settings described by Trout in 2010 which included many of those listed previously.^[9] Published works

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have also brought to light that many human trafficking victims incur injuries and are taken to physicians, urgent care centers and emergency department for care.^[10,11] Becker and Betchel^[12] described and created a taxonomy of injuries and illnesses reported by patients who identified as having been trafficked. The reported healthcare issues included: physical trauma, physical illness, mental illnesses, and psychiatric symptoms.

Scholars have identified healthcare professionals (nurses, physicians, and others) as pivotal in the identification of and facilitation of rescuing victims of human trafficking due to the nature of their work and the need for healthcare services by victims.^[2,8] However, healthcare practitioners working in these areas often do not possess the knowledge which would enable them to identify victims and initiate a rescue plan utilizing available resources.^[1] Eccleston noted that people working in the caring professions in the United Kingdom lack knowledge about signs of and consequences of human trafficking.^[13] Sabella observed that education for nurses regarding human trafficking is lacking.^[8] Educational content regarding human trafficking should include: indicators of potential victims, how to intervene, and resources available to health care workers and victims. Education should further recommend processes or development of procedures to intervene, and resources available to healthcare workers and victims.^[8] Miller recognized that most medical professionals trained in the United States (U.S.) are not educated or trained to interview patients who are victims of abuse or neglect, but are obligated to report cases of suspected abuse to appropriate authorities.^[14] In some states human trafficking is now being included as a part of the continuing education requirement for licensure renewal. This was not the case when this study was completed as no specific literature or curricular content was identified in nursing and/or medical programs in the U.S.***.^[1] This content is essential to provide healthcare professionals with the knowledge tools needed to successfully advocate and care for victims of human trafficking as well as implement policy and procedures for to rescue and provide support for victims.^[1]

1.2 Nursing theory

Orem, 2001, defined human ability to care one's self as self-care agency.^[15] Self-care agency is the total capabilities and limitations a person possesses to care for themselves. "Self-care as action requires a base of education in the home, at school, and from practical experiences in self-care. Self-care is only one aspect of healthful living, but without continuous self-care of therapeutic quality, integrated human functioning is disrupted." (p. 183) "Self-care agency is understood

as developed capabilities of individuals to engage in the named self-care operations in order to know and meet their requirements for self-care within time and place frames of references." (p. 258) Human trafficking victims experience disruption in their social, physical, and emotional support structures and experience abuse in a variety of forms limiting their self-care capabilities. Self-care capabilities develop through education and experience. Having an appreciation of the forms and levels of abuse victims of human trafficking experience helps one begin to understand why human trafficking victims do not self-report when they are provided with opportunities during treatment for illness or injury.

1.3 Barriers to helping human trafficking victims

Barriers exist for victims human trafficking in alerting healthcare workers that they are being victimized and held captive. These barriers include denial, shame, fear of retaliation for themselves or family members, and language.^[10,16,17] Barriers for healthcare workers include: 1) lack of knowledge and skills required to successfully advocate for victims of human trafficking who present for healthcare issues,^[18] 2) lack of content in healthcare program in United States nursing, physician assistant, and medical schools regarding human trafficking,^[1] and 3) lack of policies and procedures for responding to human trafficking in healthcare settings.^[11]

1.4 Purpose

The research was done to assess Toledo, Ohio area emergency department healthcare provider, nurses', physician assistants', and physicians', knowledge of indicators of human trafficking and resources to help victims of human trafficking. The study design allowed for assessment of healthcare providers knowledge regarding the primary indicators of human trafficking as well as creating a mechanism to deliver content about indicators of human trafficking and available resources to assist victims and health care workers.

2. METHODS

This research was approved by The University of Toledo Social and Behavioral Institutional Review Board (IRB), by ProMedica Health System and Mercy Health System Toledo, Ohio, Institutional Review Boards. A convenience sample of employees working in the nine Toledo, Ohio area emergency departments on the day scheduled for data collection were provided informed consent and were given a Human Trafficking Awareness Survey for self-administration.

2.1 Data collection

Data collection was completed by the administration of the Human Trafficking Awareness Survey (HTAS), a one-page

instrument (front and back), designed specifically for this research. Development of the HTAS utilized a key term search of literature from CINAHL and PubMed from 2004-2014. Key terms included: human trafficking, emergency departments, assessment, signs, symptoms, healthcare providers, sex trafficking, trafficking minors, knowledge of, and protocol.

The HTAS was comprised of 14-item including: 1) six demographic items (age, race/ethnicity, gender, education and specialty, year of graduation, education level of participant), 2) one item indicating where they learned about human trafficking, 3) one item where they were to select all indicators

or human trafficking they identified from a list of ten possible indicators, and 4) eight questions regarding the participants confidence in their abilities to identify and help victims. Completion of the HTAS took less than ten minutes per participant.

2.2 Data analysis

Basic statistical analyses were completed using SPSS 23. Frequency tables were developed indicating the number of times participant recognized each of the indicators of human trafficking. Analysis of recognition of indicators of human trafficking are noted in Table 1.

Table 1. Analysis of recognition of indicators of human trafficking

Items	Valid	Frequency	Valid Percent	Cumulative Percent
Person with client answers questions client is asked	No	25	25.8	25.8
	Yes	72	74.2	100.0
	Total	97	100.0	
Person with client does not leave client	No	18	18.6	18.6
	Yes	79	81.4	81.4
	Total	97	100.0	100.0
Story told about reason for admission is not congruent with clinical presentation	No	16	16.5	16.5
	Yes	81	83.5	100.0
	Total	97	100.0	
Client does not have possession of identity documents	No	23	23.7	23.7
	Yes	74	76.3	76.3
	Total	97	100.0	100.0
Client has poor hygiene	No	46	47.4	47.4
	Yes	51	52.6	52.6
	Total	97	100.0	100.0
Client unable or unwilling to provide home address	No	27	27.8	27.8
	Yes	70	72.2	100.0
	Total	97	100.0	
Client is fearful, anxious, or uncooperative	No	22	22.7	22.7
	Yes	75	77.3	100.0
	Total	97	100.0	
Client is underage	No	42	43.3	43.3
	Yes	55	56.7	100.0
	Total	97	100.0	
Client diagnosed with sexually transmitted disease or infection	No	49	50.5	50.5
	Yes	48	49.5	100.0
	Total	97	100.0	
Client has a flat affect or is emotionless	No	27	27.8	27.8
	Yes	70	72.2	100.0
	Total	97	100.0	

Most participants did not learn about indicators of human trafficking during their preparation as a health care professional as noted in Table 2.

Table 2. First knowledge about human trafficking provided in school in curriculum

Valid	Frequency	Valid Percent	Cumulative Percent
No	78	80.4	80.4
Yes	19	19.6	100.0
Total	97	100.0	

Awareness of resources to rescue was also collected.

3. RESULTS

Table 1 demonstrates that indicators of human trafficking are not well known by emergency department personnel in the Toledo, Ohio area, although inconsistency in recognition of some of the indicators of human trafficking was noted.

These results support assertions by other scholars on human trafficking that indicators of human trafficking are not well known by healthcare professionals who interact with victims.^[8]

Frequency tables of indicators of human trafficking

It was also noted that 28.8% of participants felt confident that the institution they worked for had a procedure to help victims of human trafficking once identified, 4% believed there was not a procedure, 64.9% were uncertain if there was a procedure, and two or 2% did not answer this item.

Table 2 identified that only 19.6% of participants learned about indicators of human trafficking in school as part of the curriculum.

4. RECOMMENDATIONS

The findings of this research support the additions of critical information regarding human trafficking in healthcare curriculum such as nursing, physician assistant, and medicine.^[1]

The enormity of content currently required in healthcare programming by accreditation bodies may prohibit inclusion in healthcare provider curriculum and should be considered for required continuing education following licensure.

This research also supported the need for education and training of health care professionals regarding understanding of human trafficking including: recognition of victims, procedures on rescuing, and collaborations with resources to help support victims with social and legal services as noted by Ahn et al.^[19]

Hom and Woods proposed that assessment tools and protocols be developed to enable emergency healthcare providers

to have the knowledge tools to identify and provide appropriate treatment to potential victims of human trafficking.^[20] Recommendations regarding protocol development included: 1) knowledge of how to provide care to trauma victims during in-depth assessment, 2) how providers must reassure potential victims that they are safe, 3) how confidentiality will be maintained regarding all findings and information shared as is required by law, and 4) how to initiate coordination of healthcare and social services to support the complex needs of human trafficking victims (2013). Moynihan and Amenta proposed that comprehensive human trafficking identification programs be developed for emergency department personnel.^[18] Content to be included in these programs: signs of human trafficking, resources for technical assistance and referrals, standard operating procedures for response, and encouragement for providers to share their expertise (2012). Development and use of policies and procedures to identify and implement actions to rescue victims are essential for all emergency departments. Use of policies and procedures established for cases of suspected child and elder abuse, and domestic violence could be utilized as templates.^[8, 12, 16, 20] Lastly, O’Callaghan posited that healthcare professional should fulfill their social obligation of advocacy by becoming informed and acting as modern-day abolitionist.^[21]

5. CONCLUSION

Human trafficking is an illegal international enterprise that generates financial gains of billions of dollars every year providing the incentive for traffickers to continue. Healthcare professionals including nurses, physician assistants, and physicians working in emergency departments are situated to identify and help victims. Regrettably these healthcare professional’s inability to demonstrate consistent knowledge of indicators and resources to help victims coupled by the lack of policies and procedures to facilitate rescue contribute to the continuation of the human trafficking industry.

This quantitative research assessed emergency healthcare professional’s knowledge of the most common human trafficking indicators and local, state, and national resources to support victims. This work also provided essential education to all healthcare employees working in those emergency departments included in the study regarding the most common indicators of human trafficking and contact information regarding local, state, and national resources to support victims. The outcomes of this research validate that physicians, nurses, and other healthcare professionals working in emergency departments are not cognitively prepared to identify human trafficking victims, and healthcare organizations have not developed policies and procedures to facilitate rescue and

support victims once identified. This work provided an opportunity to educate those healthcare professionals who were working in Toledo, Ohio area emergency departments on the scheduled dates of data collection. Educational components

included indicators of human trafficking and resources to support victims which may facilitate future rescues.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare no conflicts of interest.

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