Title: Human Trafficking: Intervention and Prevention in the Health Care Setting

ABSTRACT

INTRODUCTION: Human trafficking is the recruitment, forcing, fraud, coercing, providing or obtaining of a person for the purpose of involuntary servitude, debt bondage or sexual exploitation. Human trafficking is an ever-expanding criminal industry in which vulnerable individuals are marketed to execute certain acts according to their trafficker’s specifications. In the United States we typically see sex trafficking and labor trafficking. Global trafficking also encompasses child soldiering, baby trafficking and organ harvesting which may pervade the United States. Victims of human trafficking suffer from a variety of physical and mental health problems that will most likely force them to seek medical help. The education of health care workers can assist in identifying and preventing human trafficking. The National Association of Pediatric Nurse Practitioners (NAPNAP) provides a variety of resources that health care workers may utilize to determine the varying identifiers of a victim.

This Project of Excellence is focused on the significant lack of education on human trafficking within the United States healthcare industry. The primary goal of the Alliance for Children in Trafficking (ACT) Advocate Workgroups, part of the NAPNAP organization, that I was a part of was to develop materials to educate individuals in the healthcare system on trafficking using up-to-date resources and research. Within academic literature there is a lack of research due to complications of collecting data on the victims or perpetrators which made research on the topic quite difficult. Due to the mass number of victims who see healthcare, provider and healthcare staff education on the subject can assist the victims of human trafficking. As an ACT Advocate Workgroup, we compiled and organized current best practices and protocols for human trafficking intervention and prevention for use in our educational materials.
PURPOSE: National Association of Pediatric Nurse Practitioners’ (NAPNAP) Alliance for Children in Trafficking (ACT) Advocate Workgroup’s function is to educate those in the healthcare industry about indicators of potential labor and sex trafficking in pediatric patients. They help identify risk factors of human trafficked children and how to identify and discuss state and local organizations that can help victims and survivors. An important part of the workgroup is to identify why human trafficking protocols are important and to be able to assist providers and healthcare workers in identifying their role in prevention, identification, referral, treatment, aftercare, and advocacy for trafficking victims. My work with NAPNAP’s ACT Advocate Best Practices and Protocols Workgroup was focused on the development of advanced practice protocol and education materials.

RESEARCH COMPLIANCE: The research compliance requirement for participation in this project was Human Subject Protection Training through Collaborative Institutional Training Initiative, also known as CITI. This ethics training program is done online for researchers performing research on human subjects, the part that I completed was the Social and Behavioral Research Investigators and Key Personnel group. The training program requires a completion score of ninety percent or more to receive certification. The requirement for renewal of the Human subjects’ training is to occur every 5 years and can be completed through the CITI online refresher course.

Per the request of Doctor Jessica Peck DNP, MSN, I also completed pedsCE Human Trafficking 101 modules through the National Association of Pediatric Nurse Practitioners, also referred to as NAPNAP. I was accredited 1.5 NAPNAP Contact Hours for completion of the modules and a post-module quiz. Both training modules will be used in educating the nursing workforce in the future.
EXPECTED RESULTS/OUTCOMES AND SIGNIFICANCE: Expected results of this project are to produce, with the collaboration of other NAPNAP members, a catalog of organizational protocols that will stay up-to-date, create a website to provide access to available protocols for healthcare providers, development of a “Frequently Asked Questions” page for providers that are seeking implementation of a protocol, design posters to be displayed in the clinical setting that advertise awareness and available resources, and catalog available resources to assist with protocol creation, adaptation and implementation.
Human Trafficking: Intervention and Prevention in the Health Care Setting

Introduction

Human trafficking is the recruitment, forcing, fraud, coercing, providing or obtaining of a person for the purpose of involuntary servitude, debt bondage or sexual exploitation. Human trafficking is an ever-expanding criminal industry in which vulnerable individuals are marketed to execute certain acts according to their trafficker’s specifications. Sex trafficking and labor trafficking are the most common kind of trafficking in the United States. Global trafficking encompasses child soldiering, baby trafficking and organ harvesting; which may pervade the United States. Victims of human trafficking suffer from a variety of physical and mental health that often result in seeking medical treatment. The education of health care workers can assist in identifying and preventing human trafficking. The National Association of Pediatric Nurse Practitioners provides a variety of resources that health care workers may utilize to determine the varying identifiers of a victim.

I have researched Human Trafficking education and protocols within the healthcare system based on Doctor Jessica Peck’s, DNP research and preexisting research obtained from CINAHL and Google Scholar. Dr. Peck has an extensive background as a Pediatric Nurse Practitioner, a clinical nurse educator, and a clinical nurse leader. Victims of human trafficking suffer from a variety of physical and mental health problems that will most likely result in them seeking medical help. “Up to 87 percent of human trafficking victims have has as many as 9 encounter(s) with a healthcare provider in which they are not recognized as victims, missing opportunity for early intervention” stated NAPNAP Partners Director Jessica Peck. Education of health care workers can assist in identifying and preventing human trafficking.
According to research led by Dr. Peck and NAPNAP, little to no education is provided to many healthcare workers on human trafficking identification. NAPNAP’s Alliance for Care Coordination of Children in Human Trafficking is a pilot program designed to end human trafficking of children. NAPNAP President Tresa Zielinski said “this is a multi-year, multi-disciplinary effort focused on ending human trafficking of youth, improving prevention efforts and reacting to the dramatic shift of recruitment tactics in the U.S.”. Within the Best Practices and Protocol Workgroup of the Alliance for Care Coordination of Children in Human Trafficking program, the goal is to develop resources for child trafficking protocols for hospitals, outpatient clinics, urgent care, convenient care, independent primary care offices and other settings. I gathered, reviewed, and assisted in a unique approach to develop best practices and protocols so that pediatric providers can prevent, identify and refer victims of human trafficking.

Purpose

The principle issue to be addressed is educating and intervening with those suspected to be involved in human trafficking in a healthcare setting. Academic literature lacks accurate, substantial research about human trafficking; likely due to difficulty in acquiring data from victims and their perpetrators. There is a great difficulty getting the perpetrators to discuss their involvement in human trafficking. Many times, victims are afraid or have an inability to discuss trauma inflicted on them; however, many victims seek health care. If workers can be educated on the characteristics of the victims, the health care workers would enhance their ability to intervene on behalf of the victims. Providing proper education will aid in helping remove victims from the situation. The health care worker has the opportunity to provide the victim emotional stability, physical wellbeing and law enforcer notification.
The primary purpose of the project was to educate health care workers via different medias on different methods to understand, identify, intervene and prevent human trafficking. As previously mentioned, most human trafficking victims seek health care and if the workers are educated, they would have the knowledge to identify and intervene. The over-all goal of this project was to educate myself and others about human trafficking using existing research. I also wanted to refine my skills in multi-media, education, research, and group work.

Along with other ACT Advocate workers, I evaluated and cataloged current existing organized protocols for human trafficking identification and intervention within the healthcare system. This assured that the resources being created for education for a variety of settings, as mentioned previously, will be accurate and will continue to be so in the coming years. This would allow a continuation of education in the health care setting that is up-to-date at all times. The collaborators and I in the Best Practices and Protocol Workgroup also worked together to come up with different web-based research resources on a variety of specialties’ protocols for human trafficking intervention. My research subject area to contribute was preexisting human trafficking prevention and identification protocols in Pediatric Emergency Department and their effectiveness.

I created a website template in a Word Document that was then used to create a website template to provide provider access to available protocols. We then created a “FAQ” page for providers seeking implementation of a protocol, advertised awareness and available resources, and cataloged available resources to assist with protocol creation, adaptation and implementation. The biggest utilization from the ACT workgroup projects is the ACT Advocates presentation that is used by NAPNAP members to present and educate individuals on human trafficking.
Literature Review

Human Trafficking is a prevalent form of abuse across all borders. Researching methods of human trafficking and signals to identify those affected will provide a basis for which the research may provide valid procedures to assist in saving those caught in the abuse. Throughout this project I continued to educate myself in current human trafficking issues. Additionally, I learned how to collaborate with a variety of individuals on one subject/project through extensive research, conducted individual research, and manipulated media to educate a wide variety of individuals. The research questions that I established were the following: “What can be done to further the eradication of human trafficking and how can healthcare workers play a part in fighting trafficking?”, “What preexisting policies are there in the healthcare field to combat human trafficking and what rate of success have they produced?”, “What are the biggest challenges of conducting research on human trafficking, and how does that effect implementation of suppressing the unlawful business?”

The primary sources of scholarly articles used was CINAHL, Google Scholar and articles Dr. Peck sent me along with other NAPNAP ACT Advocate members. When utilizing Google Scholar specific key words were used such as “human trafficking, pediatrics”, “human trafficking, nursing” and “human trafficking, healthcare”. The articles were then narrowed down to ones published after 2005 to assure up-to-date information and their prevalence.

One article (Baldwin, Eisenman, Sayles, Ryan, & Chuang, 2011) focused on the identification of human trafficking victims in the healthcare settings. They conducted a study that shows health care settings can be sites of trafficking victim identification and that there are factors that prevent victims from disclosing their trafficking information to the healthcare providers. The ability to eliminate these barriers and spread awareness can assist providers in
better assessing risk patients and help with victim identification. There were two different phases of this study. The first was to interview key informants and gather data which was used to create a script for providers to ask to female trafficking survivors. In Phase Two, the providers would gather information from the survivors to better understand their situations while they were a victim. The findings indicated that half of the interviewees had visited a physician while in their trafficker’s control. They were also prevented from disclosing their situation to the healthcare provider due to fear, shame, language barriers and limited interaction with the medical personnel.

Healthcare settings are the primary sites of trafficking victim identification. Identifying and understanding the barriers between the victims and the health care providers is an important aspect in the educational component of my Project of Excellence. Relaying this information to the actual healthcare providers allows them to take this information into work and have the ability to use it accurately.

Another article (Clawson, Grace, & United States Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation, 2007) discussed how the Department of Health and Human Services programs are currently addressing the needs of trafficking victims, with a focus on the youth. It is focused on female minors who are victimized by sex traffickers and informing programs on improving their services to them. It also reviews relevant literature to this subject, barriers and promising practices for addressing the needs of trafficking victims. The purpose of the article is to inform current and future program designs and improving services to this population. The authors found that that minor victims of domestic sex trafficking need services such as out-of-home placement and law protection.

There is a great demand for more options for a safe haven for these girls to receive care that they need, both emotionally and physically. Also, these girls need and deserve the “…
humanitarian protections called for Federal statutes” (Clawson, Grace, & United States Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation, 2007), which is a difficult thing to do and must be managed on a case-by-case basis in order to identify common components or elements that can show a promise of being effective for the rest of the population. Lastly, housing programs for these girls need additional training and access to appropriate resources to better serve the population and provide safety and stability to them. Education in these areas to the population can greatly help progress the girls’ chances for a new life free from emotional instability and physical harm.

Lastly, a journal titled “What Is Human Trafficking? A Review Essay” (Parreñas, Hwang, & Lee, 2012) discusses the importance of research on human trafficking. The journal discusses that there is little to no agreement between researchers, policy makers, and activists about the scope of the human trafficking problem. The confusion stems from an absence of accurate or reliable data and the difficulty of collecting data from the victims, this lack of education causes the theory that the dominant crime-and-punishment approach to trafficking actually harms the people that it is trying to protect. The journal compared and contrasted differences in the limited intellectual projects of human trafficking with a focus on information from the United Nation. They found that there is an inefficient amount of research and scholarly articles or discussions of human trafficking and the diversity of it.

In conclusion, the human trafficking awareness has, in recent years, been brought to the mainstream media’s attention which allows further attention to the issue. However, this newfound attention is not even remotely reflected in the academic world which causes the slanted and limited knowledge of the public on the issue. In 2012 there was a lack of evidence-based discussions and grounded studies, however, now there is more research on the issue and
awareness is growing slowly. Something that is concurrent with this 2012 journal, and still absent today, is enough studies on other groups identified as vulnerable to trafficking besides females, and the lack of a sufficient legal path for aiding victims.

**Methodology/Timeline**

To complete this project, I began working with Dr. Peck’s guidance and alongside other preexisting partners in her project *The Alliance for Care Coordination of Children in Human Trafficking* in November of 2018. I assisted in creating education multimedia, best practices and protocols, training ACT advocates, and chapter toolkit aspects of the project. I collected and analyzed data provided by Dr. Peck and the other collaborators of the *Best Practices and Protocols Workgroup* and applied it for the creation of the work force projects and agendas. The project was completed entirely through web-based conversations and internet use. Dr. Peck mentored me by providing her current research as well as her contacts that I worked alongside. I completed CITI research compliance training, pedsCE Human Trafficking 101 modules, analyzed preexisting research to better understand this subject, created research questions and contacted members of the workgroup via email in order to contribute to the workgroup’s direction all during the Fall of 2018. I completed the workgroup project alongside the collaborators in the Spring of 2019, had a rough draft of the Project of Excellence paper and presentation done in the Spring of 2019 after completion of the workgroup project, then proceeded to complete the entirety of the Project of Excellence presentation and paper completed on July 19, 2019.

**Project Results**
The members of NAPNAP can sign up to be an ACT Advocate Speaker through an online form on the NAPNAP site that can be shared with other groups interested in scheduling a training. Also, NAPNAP members can instruct trainings and they will fill out a form to let the NAPNAP Partners know about the trainings scheduled throughout the United States in order to keep track of the spread of information. There is also an ACT Advocate Post-training Impact/Outcomes Report form for the Advocate to complete after training to report the impact and outcomes that the training provided to keep NAPNAP up-to-date. Many NAPNAP members are becoming ACT Advocates to advance the education of HCP’s on Human Trafficking.

Brenda Cassidy and Shenoa Williams presented an ACT Advocates Program on Human Trafficking at the University of Pittsburgh which was sponsored by Three Rivers Chapter of NAPNAP. Twenty participants were educated over the course of an hour, highlighting the ACT Advocates PowerPoint created by the ACT workgroup.

Many different ACT Advocate members were involved to accomplish the spreading awareness of Human Trafficking. Initially, I was unaware of how severe the lack of education was for the entire healthcare population. I had very limited education on the subject myself. Once I began to do my own research, I was truly shocked that as a country we are so blind to one of the fastest growing “businesses” that is in all ways immoral, unethical, and corrupt. Work that NAPNAP participates in across the United States in Human Trafficking is a key in decreasing the incidence of pediatric abuse, and I am interested in working with this team in the future. We have been able to disseminate education throughout the United States one presentation and piece of information at a time.

In April 2019, Doctor Peck became involved with Texas Senate Representative Cesar J. Blanco (Democrat) who was pushing to file bill H.B. 2059 which would mandate trafficking
Continued Education (CE) for all direct care providers in Texas. The bill was scheduled for a hearing in the Public Health Committee in which Doctor Peck testified in favor of this bill. Challenges arose due to lack of research on the effectiveness of CE. Doctor Peck speech explained that a NAPNAP member survey of 799 participants showed that 99% of the participants thought that it is important to know how to identify a potential Human Trafficking victim, one third felt they knew about the healthcare needs of said victims and 100% desired further education on the topic. In 2017 Governor Abbott signed a law that mandates training for truck drivers and commercial vehicle operators in Texas, but there are no requirements like this for healthcare providers. She explained how beneficial it would be to have all staff be adequately trained on human trafficking in Texas, allowing us to continue our anti-trafficking efforts in the state to provide victims with adequate care and attention.

In May of 2019, Doctor Peck updated the ACT workgroups about her involvement in the Texas legislature. She is involved in trying to get NAPNAP’s 3-PARRT training on Human Trafficking Prevention on the approved list of CE modules for Texas. After extensive efforts to advocate for the bill, it eventually passed. Providers in Texas will now be required to take a one-hour CE on Human Trafficking from the approved list by the Health and Human Services Commissioner in the next two years.

Discussion

I began this project with the intent of finishing it to receive credit in the Honors Program and have something unique to add to my resume, I did not know that it would lead me down the path of applying to graduate school to get my Pediatric Primary Care Nurse Practitioner degree.
and a strong desire to continue working with NAPNAP in the ACT Workgroups. To be completely honest, this entire project caught me off guard. I had no prior knowledge of human trafficking and the huge network of healthcare workers attempting to help the children who are emotionally, physically, and spiritually harmed from this business that takes advantage of their vulnerabilities. The research part of this project did not affect me as much as the documentaries did. After watching “I am Jane Doe” on Netflix I was filled with a sense of helplessness and utter dismay. A population of children who have been called horrible names and been through unspeakable trials in their lives struggle to receive understanding and help that they needed.

I realized the gravity of the human trafficking situation globally while conducting my research; and gained a greater appreciation for the movement for prevention of trafficking. That is what has pushed me forward with this Project of Excellence for the past years, the knowledge that I am doing something to help these human trafficking victims even if it is in a small way. I may not understand or know how much my research and input with NAPNAP will help human trafficking victims, but I know I can help at least one victim, my countless hours of work will be utterly worth it.

**Conclusion**

Nursing is a profession that requires a continual learning throughout the one’s career. This project enhanced my education by preparing me to convert research-based principles into practice in the healthcare setting. Nurses also collaborate in the healthcare setting to solve patient-based problems. This project allowed me the opportunity to sharpen my leadership skills and learn to effectively delegate tasks to achieve a goal in research. The study and presentation of the research along with the workgroup agendas and accomplishments assists in strengthening my undergraduate level education and honors curriculum objectives. This project aided in the
overall preexisting education on the human trafficking identification, prevention and intervention in the nursing field. Additionally, I was challenged to complete rigorous tasks in a short amount of time, which enhanced my time management skills.

In conclusion my main job was to gather sources of preexisting toolkits, best practices and best protocols within different organizations that display evidenced-base practices and successful implementation. I then combined this information along with other members in the workgroup so that we could review their credibility and relevance. We narrowed down the sources based on different specialty areas and content. Once this was done, I organized the various websites in Microsoft Word, placed them by specialties and sent it to be posted on the NAPNAP website for providers to refer to. After this, I was asked to write an introduction paragraph for the website explaining human trafficking and what NAPNAP is doing to assist by spreading education.

The findings of this Project of Excellence are still pending. The work that the ACT Workgroups and NAPNAP is doing is still ongoing and members are still educating different audiences around the world. Our goal is that by spreading education and easing information access, that we are doing our part in the fight against human trafficking.

Appendices

Literature Review: Best Practices and Protocols
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<th>Reference Area</th>
<th>Specialty</th>
<th>Purpose</th>
<th>Proposed Best Practices and Protocols</th>
<th>Implementation/Conclusion</th>
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<td>(2019). Dignityhealth.org. Retrieved 22 July 2019, from <a href="https://www.dignityhealth.org/-media/cm/media/documentst/Human-Trafficking/Dignity%20Health_Human-Trafficking_Response(HTR).pdf">https://www.dignityhealth.org/-media/cm/media/documentst/Human-Trafficking/Dignity%20Health_Human-Trafficking_Response(HTR).pdf</a></td>
<td>Dignity Health</td>
<td>Dignity Health Human Trafficking Response (HTR)</td>
<td>Identify Members and Establish Task Force Meetings; Review and Implement Education; Implement Victim Response Procedures; Review Cases to Ensure Evidence-Based Best Practices; Ensure Sustainability of the Program; Strengthen the Community</td>
<td>HTR Program was delegated to HTR Task Forces with support from System Program Leadership. A first meeting with each task force began the program at each site. HTR Program Director provided a checklist to them with step-by-step action items for implementation.</td>
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<td>Pediatric Emergency Department</td>
<td>Apply and evaluate the screening tool to help identify pediatric emergency department patients as victims of child sex trafficking</td>
<td>Patients in the Pediatric ED of an inter-city hospital were “recruited in a representative convenience sampling” if their primary complained related to high-risk social of sexual behaviors. A six item screening tool was verbally used with the participants. If two of the six items were positive, then it was a positive screen. A trafficking victim was considered true if any of the information gathered showed that the situation met the federal definition of child sex trafficking.</td>
<td>Patients that identified as true child sex trafficking victims, a total of 11 out of 203 participants, were referred to social services and received care. The screening tool had a high sensitivity and high negative predictive values. The results show that the screening tool is appropriate for an initial screening to rule out child sex trafficking in a high-risk population.</td>
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<td>Framework for a Human Trafficking Protocol in Healthcare Settings.</td>
<td>National Resource that provides a visual framework for healthcare professionals on Once patient gets medical services the healthcare professional looks for</td>
<td>Framework uses a web-like visual that prompts next actions once something is</td>
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<td>Resource</td>
<td>human trafficking protocols.</td>
<td>different red flags. If any are done/identified. Allows healthcare professionals to respond to victims with ease and involves NHTRC.</td>
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<td>Center (NHTRC):</td>
<td>Step-by-step instructions after a possible human trafficking victim has been identified by healthcare professional.</td>
<td>If there are human trafficking indicators, call the NHTRC to receive help with assessment and next steps. From there, NHTRC assists with assessments (also on framework), next steps, referrals and local resources.</td>
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<td>General</td>
<td>Topic, identified professional.</td>
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<td>Health, Education, Advocacy, Linkage. (2019). HEAL Trafficking: Health, Education, Advocacy, Linkage. Retrieved 22 July 2019, from <a href="https://healtrafficking.org/2017/06/new-heal-trafficking-and-hope-for-justices-protocol-toolkit-for-developing-a-response-to-victims-of-human-trafficking-in-health-care-settings/">https://healtrafficking.org/2017/06/new-heal-trafficking-and-hope-for-justices-protocol-toolkit-for-developing-a-response-to-victims-of-human-trafficking-in-health-care-settings/</a></td>
<td>To create a protocol one must identify the community multidisciplinary responders is the first step, second involve the non-medical community stakeholders, then engage medical participants within the community. The fourth step is to understand human trafficking and health generally and locally. Fifthly, create and convene an interdisciplinary protocol committee and then develop multidisciplinary treatment and referral plan. The components of the protocol are as follows: process for identifying patients at risk for trafficking;</td>
<td>Toolkit is based off of existing guidelines and recommendations from human trafficking experts. The HEAL Trafficking toolkit is the most widely used resource to fight human trafficking among healthcare professionals and NAPNAP heavily used this resource. The ability for a healthcare professional to provide a safe space, respect patient autonomy, empower patients, a stronger relationship develops and assists the provider to have a positive impact. Toolkit was developed from professionals</td>
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<td>HEAL Trafficking and Hope for Justice’s Protocol Toolkit</td>
<td>Help healthcare professionals in a variety of specialties develop protocols to help respond to possible human trafficking victims. Goal is for “an ambitious, comprehensive approach to protocol development”. Provide patient autonomy and safety with questions, health procedures and spaces where the professional will provide victims with health amenities and education on referrals and resources at their disposal.</td>
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guidelines for interviewing high risk patients; strategies for interviewing patient alone; safety considerations; multidisciplinary treatment and referral plan; strategies for working with minor patients; strategies for responding to patients who decline assistance; procedures regarding documentation; guidelines for forensic examination; procedures for external reporting. PEARR Tool: Provide Privacy: Discuss sensitive topics alone in a safe place, resistance to separation my indicate abuse, neglect, or violence. Educate: in a nonjudgmental manner. Ask: Allow time for discussion Respect and Respond: respect the patient’s wishes and if there are concerns with patient safety, offer information on resources in case of emergency. This document is basically a script on how to identify victims in a respectful way and know when to stop and what to do which certain patients. Know what to do with cases involving children, vulnerable adults, domestic violence cases, sexual violence cases, and human trafficking. It is the most sensitive way to gather information and help the patient. At the bottom of PEARR Tool is resources and reporting agencies.
References

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sh=D0D7178E6853C8A9D762D0AB01EF46B3AEC1086B


Human Trafficking Prevention | National Association of Pediatric Nurse Practitioners.


User account | National Association of Pediatric Nurse Practitioners.