# **Human Trafficking: How Can We Help**

Morgan Dutler DNP, RN



This article regarding human trafficking (HT) is the second in the series and will address how to implement a screening tool in an emergency department (ED) or an urgent care clinic, including an assessment of the community to show why a screening tool needs to be implemented. There are many screening tools out there, but few are validated (Tiller & Reynolds, 2020). One must be cognizant of the type of questions being asked and how many. In an ED or urgent care setting, patients are not there for long, therefore, there is not a lot of time to spend interviewing patients to see if they are being human trafficked or not. Screening tools that only have a few questions would be ideal. Time must be used wisely and effectively.

### Where to Start

A starting point is to know what is happening in the community. It is important to complete a community needs assessment. This will give insight into who lives in the community. As noted in the previous article, Hispanics and Asians are the most trafficked populations, but who else

lives there, and what else is happening in the community (Polaris Project, 2021)? Some items to investigate in a needs assessment include:

- What is the percentage of different ethnicities and races in the community?
- What is the income level and educational background of the community?
- How safe is the community?
- Do the residents see it as a safe place to live?
- What is the age breakdown of the community?
- What is the homeless population?
- Is there a way to know the breakdown of sexual orientation or others in the LGBTQ+ community?
- What types of businesses are in the community?
- Is there a regional airport or train station?

According to the U.S. Department of State (n.d.), children who are in foster care, in the juvenile justice system, runaways, and homeless youth are the highest populated trafficked victims. Other factors to investigate include poverty, food security

or insecurity, access to healthcare, homicides, violent crimes, housing security, and transportation access. These are areas to start to look at in order to understand who is in your community, and what would make these community members vulnerable to being trafficked.

### **Having a Plan**

To implement in an organization, there are many factors to consider. It is recommended to integrate the screening tool into the electronic health record (EHR). This is to ensure that each patient who enters the ED can be screened. Parameters should be examined. Should screening include all patients or only adults? Should patients be medically stable upon questioning? When a patient is in a lifeor-death situation, screening for human trafficking is not the top priority. In such cases, is it necessary to implement a soft stop or a hard stop in the screening tool to ensure all patients are screened once stabilized? This would prevent the chart from being closed without the screening tool being completed. Utilizing the specific ICD 10 codes for human trafficking can help ensure the safety of the patient. These codes mask the patient's sensitive information within the EHR (Greenbaum et al., 2021). Healthcare providers need to be trained to discuss this with patients and how the information is entered into the EHR. This is not something that happens overnight but can take months to add to the EHR.

It is paramount to then work with the social services department for resources (De Shalit, et.al, 2020). It is one thing to screen, but screening is not enough. If the patient is ready to leave their trafficking situation, they need a safe place to go to upon discharge. Making sure resources are ready and available will hopefully allow for a smooth transition. Calling local

## **ATTENTION HEALTH CARE PROFESSIONALS!**

Sign up today to volunteer during a disaster or public health emergency!

- Nurses and Medical Technicians
- EMTs and Paramedics
- Behavioral Health Professionals
- Physicians and Pharmacists
- Veterinarians
- Other community members in the healthcare field

Your expertise is vital in ensuring the safety and well-being of Nebraskans.



DEPT, OF HEALTH AND HUMAN SERVICES



For more information scan the QR Code.





or state HT residences or shelters to see what services they offer and what the protocol is for getting the patient into the residence is beneficial for that smooth transition. Along with a social worker, it would also be a good idea to have a contact person each shift to help with the HT situation. It could be a nurse or a doctor who would then be on the team to help with the coordination of caring for the patient and keeping them safe. A committee of stakeholders to help implement and help with resources for HT survivors is vital. Stakeholders can include HT survivors, lay people of the community, business owners, etc. This committee can work on staff training regarding protocol, keeping protocol current, designating staff as front-line management of HT patients, and educating staff about human trafficking.

It might also be advantageous to have a code word for an HT patient. It could be any word that when discussed, the staff knows there is a trafficked victim in the hospital (Richie-Zavaleta et.al., 2021). This can trigger moving the patient to a more secure area away from the ED and the patient waiting area, where if the trafficker or person associated with the trafficker tries to ask where the patient is. they cannot be found. Not using the patient's real name in order for the trafficker or associates to find the person also needs to be included in safety. Having hospital security in on all the training and safety precautions is highly recommended. Safety is a major concern for trafficking victims and survivors.

All hospital staff need to be educated on human trafficking. This is not limited to ED medical staff, but also ancillary staff of environmental services, lab, radiology, dietary, intake coordinators, unit clerks, techs, maintenance workers, and even volunteers (Nordstrom, 2020). Anyone and everyone should be educated on human trafficking. Staff need to understand what HT is, what to look for, and what to do if they think a person is being trafficked. Several organizations have training programs that can be adopted for the needs of the facility. Education needs to be done routinely so all stay abreast of changes in human trafficking trends. Suggested pre-educational quizzes, followed up with HT education, and ending with a post-educational guiz can help determine the staff's confidence and knowledge of human trafficking.

### Conclusion

Developing and implementing a human trafficking screening protocol is a complex undertaking that will require time to fully realize. Many steps need to be completed to truly encompass what caring for a trafficked survivor looks like. From knowing the community to creating a committee to decide which screening tool might be best; security, resources, and education are just a few of the areas that need to be addressed when wanting to implement a successful program to screen and help trafficking victims. This is not an event that will take place overnight but will need time to make sure all steps are addressed thoughtfully and thoroughly. It can happen, just patience will be needed to see it through successfully.

#### References

De Shalit, A., van der Meulen, E., & Guta, A. (2020). Social service responses to human trafficking: The making of a public health problem. *Culture, Health* & Sexuality, 23(12), 1–16. https://doi.org/10.1080/136 91058.2020.1802670

Greenbaum, J., Garrett, A., Chon, K., Bishop, M., Luke, J., & Stoklosa, H. (2021). Principles for safe implementation of ICD Codes for human trafficking. *Journal of Law, Medicine & Ethics, 49*(2), 285–289. https://doi.org/10.1017/jme.2021.40

Nordstrom, B. M. (2020). Multidisciplinary human trafficking education: Inpatient and outpatient healthcare settings. *Journal of Human Trafficking, 8*(2), 184–194. https://doi.org/10.1080/23322705.2020.1775049

Polaris Project. (2024). *Polaris analysis of 2021 data from the national human trafficking hotline*. https://polarisproject.org/wp-content/uploads/2020/07/Polaris-Analysis-of-2021-Data-from-the-National-Human-Trafficking-Hotline.pdf

Richie-Zavaleta, A. C., Villanueva, A. M., Homicile, L. M., & Urada, L. A. (2021). Compassionate caregoing the extra mile: Sex Trafficking Survivors' Recommendations for Healthcare Best Practices. *Sexes*, *2*(1), 26–49. https://doi.org/10.3390/sexes2010003

U.S. Department of State. (2023). *About human trafficking*. https://www.state.gov/humantrafficking-about-human-trafficking/



iowanurses.org Volume 9 Number 1 Iowa Nurse Reporter | 11