CHOC Children's. Nursing Research

CHOC Children's Hospital
Best Evidence and Recommendations

Human Trafficking Screening Protocol

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PICO: In the pediatric hospital setting, what are best practices in the implementation of human trafficking screening to increase the identification of pediatric human trafficking victims?

P (Population/problem): Pediatric patients in the hospital setting.
I (Intervention/issue): best practices in the implementation of a human trafficking screening tool and response system.
C (Comparison): no standardized process
O (Outcome): increased identification of high-risk patients and victims of human trafficking.

Background: Human trafficking:
Health care professionals are essential in raising awareness and responding to the needs of trafficked youth. Human trafficking is a growing public health crisis that affects youth on a national, global, and local level. It is a crime where force, fraud, or coercion is used to exploit someone for labor, services, and/or commercial sex acts (United States Department of Justice, n.d.). In addition, children under the age of 18 who perform commercial sex acts are victims of trafficking, even if coercion is not utilized. According to the Orange County Human Trafficking Task Force, 415 human trafficking victims were assisted in 2017 and 2018, 87% were victims of sex trafficking, and 27% of these victims were minors under 18 years of age (OC Human Trafficking Task Force, 2019).

Due to the hidden nature of human trafficking, its prevalence can be difficult to measure. Despite this challenge, health care professionals must be aware of the risk factors and indicators of human trafficking as we are providing direct care to this population. Nurses and healthcare professionals can directly impact the recognition and response to children who are being trafficked or are at risk of being trafficked. According to several studies, trafficked youth are often in contact with a health care professional while being trafficked (Ertl et al., 2020; Henry, 2016; Richie-Zavaleta et al., 2020;). It is essential that healthcare professionals are not only aware of this issue but are prepared to identify, intervene, advocate, and provide optimal care for children who are affected by this crime.

To be successful, we must bridge the knowledge gaps by increasing provider awareness and providing standardized education in human trafficking and trauma-informed care. The implementation of a human trafficking response protocol is essential for staff to be able to intervene and respond appropriately, including the use of validated screening tools to enable the recognition of this population. Engaging and working collaboratively with human trafficking

community leaders will not only assist in improving outcomes for identified patients but also youth at risk of human trafficking.

The prevalence of human trafficking in Orange County, California has led to the organization of various youth support services. Orangewood Foundation's Project CHOICE specializes in providing support services to youth ages 11-21 who are at risk or involved in sex trafficking. Their 2019/2020 fiscal year report reflected 77 youth assisted in Orange County, 71% having a confirmed history in trafficking, 29% being at risk (Project CHOICE, 2020). Through outreach and their low-barrier drop-in center, the organization works to reduce entry or re-entry of youth into sexually exploitative situations; 787 drop-in visits were documented in 2019/2020 (Project CHOICE, 2020).

Recently, due to Covid-19, community support services have experienced increased challenges and barriers in providing outreach. Project CHOICE has reported an increase in youth returning to their trafficker or exploitative situation for survival, as well as an increase in domestic violence, mental health issues, and substance abuse (Project CHOICE, 2020).

The purpose of this evidence-based practice project was to present literature review findings and determine the best practice for the identification and treatment of patients who are being trafficked or are at-risk for being trafficked. Improving outcomes for patients affected by human trafficking can be achieved through the recommendations below.

Search Strategies and Databases Reviewed:

- Databases searched for this review included: PubMed, Google Scholar, SUMsearch, Trip Database, Mendeley, AHRQ, Wiley. Search terms utilized: Human Trafficking, Human Trafficking screening tool, CSEC screening, Child Sex Trafficking, Human Trafficking awareness, Knowledge gaps, Human Trafficking Algorithm, DMST.
- Professional organization websites reviewed included: ACS Guidelines, APSAC Practice Guidelines (American professional society on the abuse of children), Boston Medical Center, Children's National Medical Center, Washington, DC, Cincinnati Children's, Ohio, Dignity Health, Johns Hopkins Children's Center, Baltimore, Maryland Hospital Association/Maryland HT task force, Texas Children's Hospital, and VERA Institute.
- Communication with professionals at other facilities and organizations included: Boston Children's, Boston Medical Center, Children's Healthcare of Atlanta, Emory University, Children's Hospital Los Angeles, Children's Mercy Hospital, Kansas City, HEAL Trafficking, OC Human Trafficking Task Force, University of California Irvine, Division of Pediatric Critical Care, Henry Ford Health Systems, Detroit, Michigan, St. Joseph, Orange, CA, and Vanguard University Southern California.

Synthesis of Evidence:

The literature was consistent in demonstrating that, even though healthcare providers are essential in anti-trafficking efforts, there remains a lack of standardized education, screening tools, response algorithms, and a collaborative referral system in place to address human trafficking in the pediatric population.

Knowledge Gaps/Barriers:
To fully understand the impact of human trafficking in the pediatric population, one must consider the knowledge gaps and barriers experienced in the healthcare setting. The literature review resulted in 23 articles specifically related to knowledge gaps and barriers. A common theme among these articles were the missed opportunities in identifying trafficked youth while in contact with healthcare providers. Studies were consistent in demonstrating that trafficked youth are often seen within the healthcare system during their time of being trafficked but remain unidentified or undocumented (Ertl et al., 2020; Richie-Zavaleta et al., 2020). The lack of identification is not surprising as healthcare providers, including nurses, remain unaware of human trafficking in the pediatric population and are inadequately prepared to provide patient-centered, trauma-informed care for trafficked and high-risk patients (Barron, Moore, Grayson, & Goldberg, 2016; Beck et al., 2015; Costa, McCoy, Early, & Deckers, 2019; Dowling Dols, Beckmann-Mendez, McDow, Walker, & Moon, 2019; Katsanis et al, 2019; Ramnauth, Benitez, Logan, Abraham, & Gillum, 2018; Recknor, Gemeinhardt, & Selwyn, 2018; Sinha, Tashakor, & Pinto, 2019; Titchen et al., 2015).

To implement a comprehensive and sustainable healthcare protocol for trafficked youth, provider knowledge must be increased through human trafficking and trauma-informed care training. (Albright, Greenbaum, Edwards, & Tsai, 2020; Costa et al., 2019). Several studies concluded that effective educational interventions regarding human trafficking can increase provider knowledge and confidence in the identification of trafficked patients, eliminating systemic barriers faced by trafficked youth (Berishaj, Buch, & Glembocki, 2019; Donahue, Schwien, & LaVallee, 2019, Fraley, Aronowitz, & Stoklosa, 2020; Garga., Pandaa, Neudeckera, & Lee. 2020; McMahon-Howard, & Reimers, 2013).

The barriers in identifying and treating this population also include the lack of an organizational policy, which includes a patient response algorithm and a coordinated victim response system. (Dowling Dols et al., 2019; Katsanis et al., 2019; Macias-Konstantopoulos et al., 2015). There was one article found regarding the use of a response algorithm, which demonstrated that a treatment algorithm, coupled with provider education, might be an effective strategy in improving trafficked patient recognition (Egyud, Stephens, Swanson-Bierman, DiCuccio, & Whiteman, 2017).

Screening Tools:
Of the thirty-three articles that were critically reviewed, ten were explicitly related to evidence-based screening tools. Findings of an integrative review confirmed the scarcity of validated screening tools to identify trafficked youth (Armstrong, 2017). Currently, the CST is the only validated, data-driven screening tool for use in the inpatient healthcare setting to identify child sex trafficking victims. Findings demonstrated a significant rate of child sex trafficking among patients presenting to the ED, teen clinics, and other areas where screening was implemented. (Armstrong, 2017; Greenbaum et al., 2018; Greenbaum, Dodd, & McCracken, 2018; Kaltiso et al., 2018). There are limitations to this tool as it has not been validated in youth under 12 years old. It does not include labor trafficking, and further research is required to study its implementation by other disciplines (Greenbaum et al., 2018).

The implementation of a screening tool has increased sensitivity and led to a greater impact on patient identification (Bond, Morgenstern, Heitz, & Milne, 2019; Mumma et al., 2017). Also, adolescent screening may improve the identification of trafficked individuals as well as patients with high-risk exposures and/or behaviors (Raj, Baird, Moore, & Barron, 2019; Chang, Lee, Park, Sy, & Quach, 2015).

Human trafficking survivors require healthcare that is trauma-informed, culturally sensitive, and survivor-driven. Collaborating in multidisciplinary community efforts is essential in implementing a comprehensive, evidence-based, human trafficking protocol (Albright et al., 2020; Chisholm-Straker, 2018; Ijadi-Maghsoodi, Bath, Cook, Textor, & Barnet, 2018; Stoklosa, Showalter, Melnick, & Rothman, 2016).

An unexpected finding was the lack of labor trafficking screening tools. Globally it is estimated that child labor trafficking affects 5.5 million youth (Thomas, Stoklosa, & Murphy, 2020). According to a multi-city study of 641 youth through Covenant House, more than 14% (92) of the total population had been trafficked for sex, while 8% (52) had been trafficked for other forced labor., and 3% (22) were trafficked for both sex and labor. Despite evidence of child labor trafficking in the US, there is still a lack of data-driven research surrounding the issue (Kaufka-Walts, 2017; Murphy, 2017).

In summary, the studies reviewed advocated for clinical education of healthcare providers on human trafficking identification, trauma-informed care, evidence-based protocols, and the need for validated screening implementation (Albright et al., 2020; Dowling Dols et al., 2019; Fraley, Aronowitz, & Stoklosa, 2020; Garg et al., 2020; Hemmings et al., 2016; Ijadi-Maghsoodi et al., 2018; Sinha, Tashakor, & Pinto, 2019; Titchen et al., 2015).

Practice Recommendations:

1. Form a multidisciplinary team to implement a comprehensive HT protocol.
2. Provide staff education on Trauma-Informed Care and Human Trafficking to increase awareness and identification skills.
3. Implement a Human Trafficking screening tool for youth 12 to 18yo that includes both sex and labor trafficking.
4. Develop a patient response algorithm that includes collaboration with a multi-agency referral system specializing in Human Trafficking.
5. Identify a Human Trafficking protocol champion to serve as a facilitator and resource.
6. Innovate use of technology; possibility for an App to link patients with a positive identification of being trafficked or high-risk youth to local outpatient resources.

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