

Adolescent Sex Trafficking Screening Tool in an Emergency Department

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Structured Abstract

PROBLEM/BACKGROUND

Sexual trafficking (ST) is prevalent in the United States and Alabama (Polaris, 2019). According to U.S. law, any person under the age of 18 who is induced to perform a commercial sex act is a victim of ST regardless of whether there is force, fraud, or coercion. Once free from trafficking, up to 88% of victims report that they had been in contact with a healthcare provider while being trafficked. Of those, few reported being questioned regarding their ensnarement by traffickers, and more than half were treated in emergency care settings (Polaris, 2019). Most victims report ST began between the ages of 15 and 17, with the grooming process beginning years earlier (Polaris, 2019). Because patients rarely self-identify as victims of sex trafficking, nurses in the emergency department need to be at the forefront of screening ST victims and reporting pediatric cases appropriately. Existing evidence suggests that to rescue victims of ST, healthcare providers must receive additional training, develop and implement an age-appropriate screening tool, and incorporate a protocol for the rescue of these patients. The planned project included providing ST education, preparing for the implementation of a validated six-question adolescent screening tool, and developing a protocol for the care of ST victims seen in the University of Alabama Health Care Gardendale Freestanding Emergency Department in Gardendale, Alabama.

PROJECT PURPOSE

The purpose of the project is to develop pediatric sex trafficking education, choose and adapt a brief screening tool, and create a protocol specific to the adolescent population who access Gardendale Emergency Department.

THEORETICAL FRAMEWORK

Jean Watson's conceptual model of caring and Robin Walter's midrange theory of emancipatory nursing practice have been merged to support the DNP project. Watson's model will focus on the care of the patient who triggers ST screening, while Walter's model will support the nurse in recognizing that the patient is a victim of ST. By utilizing these two complementary models, the experiences of both patients and nurses are supported.

METHODOLOGY

The design of the planned project has three components. The first is providing ST education for the staff on the prevalence and care of ST patients, focusing on the local pediatric population in Birmingham, AL. Using Walter's framework, the education is delivered synchronously via Zoom, then offered as a self-paced, voice-recorded PowerPoint presentation created by the authors.

The project's second component is the adaptation of a validated adolescent ST screening tool (Greenbaum et al., 2018). Staff selected by the nurse manager were surveyed for input when developing the screening tool. The last component is coordinating a protocol to support staff in screening and providing individualized, trauma-informed care to each patient.

IMPLEMENTATION COMPONENTS/PROCESS

The ST education was conducted over three days using one-hour presentations built on the SOAR model created by the National Human Trafficking Training and Technical Assistance Center. A 30-minute discussion followed each session to gather feedback from the nursing staff and leadership. During subsequent meetings, information on the six-question adolescent ST tool was introduced via an in-person PPT presentation to select nursing staff and leadership. The goal was to brainstorm possible methods of incorporating the tool into nursing care at the Gardendale Emergency Department. Finally, the selected nursing staff will modify a protocol to guide the treatment of ST victims from existing evidence-based algorithms.

EVALUATIVE PLAN

The authors will collect formative feedback from the nurse manager and the select staff who collaborated in its planning. A post-education survey will evaluate the effectiveness of the education in meeting the learning objectives. After discussion of the screening tool and protocol, the emergency department leadership will plan to implement components provided by this planned project.

IMPLICATIONS FOR PRACTICE

The DNP project aims to impact patient care by altering assumptions and dispelling the myths about adolescent ST victims. Nurses at Gardendale Emergency Department who complete the ST education and provide input into the screening tool's development will be more willing to screen patients that may have been overlooked in the past. They will use this knowledge to ensure they provide trauma-informed care to their patients to prevent re-traumatization and increase the victim's likelihood of disclosure. In doing so, more victims may be rescued and referred to safety and appropriate resources.

REFERENCES

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