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Abstract

Introduction

Human trafficking has gained attention as a major human rights concern, yet little is known about the awareness of human trafficking among Emergency Medical Services (EMS) professionals. This is a significant concern; EMS professionals may be uniquely equipped to intervene with victims of trafficking. To address this gap, this study assessed the familiarity with and attitudes about trafficking in EMS professionals.

Methods

An anonymous online survey assessed whether respondents had previous trafficking training, if they endorsed myths related to trafficking, recognized indicators of trafficking, and the awareness of how to report suspected trafficking. A total of n=244 EMS professionals completed the survey.

Results

Less than half of respondents reporting receiving training in human trafficking. Respondents who completed training were significantly less likely to endorse myths about trafficking and were able to identify indicators of trafficking more frequently. Previous training did not influence preferred avenues for reporting trafficking.

Implications

To address the identified gaps, a detailed description of training is outlined, including governmental data, myths about trafficking, warning signs of trafficking, and suggestions for a trauma-informed approach to interacting with suspected victims. Operationalizing these findings, the research team created a free interactive training on human trafficking for EMS professionals (https://dvmedtraining.csw.fsu.edu/training/ems/).

Key Words: Emergency Medical Services, Human Trafficking, Sex Trafficking, Paramedicine, Health care; Trauma informed care

Introduction

Human trafficking is a global issue which involves the denial of the human rights of one person by another person. Human trafficking is defined as "the harboring, transporting, providing, or obtaining a person for compelled service or sex acts through the use of force, fraud, or coercion" (Gibbons & Stoklosa, 2016a). Human trafficking is considered by many as a form of modern day slavery whereby a person(s) exploits another person for the basis of profit (Weitzer, 2015; Kara, 2017). The United Nations Office on Drugs and Crime (2018) states that almost every country in the world is affected by trafficking, be it originating from that country, in transit, or the destination for victims. Human trafficking in the United States has been on a steady increase since 2007, making that country a prime target for human traffickers (National Human Trafficking Hotline, 2018).

The Prevalence of the Problem

The clandestine nature of human trafficking makes prevalence statistics difficult to gather. Some offer the global estimates of the number of trafficked persons as being from 600,000 to 200 million (Timoshkina, 2014). The prevalence of human trafficking in the United States can be extrapolated from National Human Trafficking Hotline statistics where over 40,000 cases have been reported since 2007 (National Human Trafficking Hotline, 2018). In 2017 alone, there were 26,557 calls regarding human trafficking and 8,759 reported cases in the United States (Polaris, 2018). Women and children are primary victims of human trafficking, and sex trafficking is the most common form of trafficking in the United States (Cunningham & Cromer, 2016). Every year, it is estimated that 100,000 to 300,000 children are at risk for exploitation in the commercial sex trade alone, with the average age of these children being between 12-14 years old (Shandro, Chisolm-Straker & Duber, 2016).

People are trafficked for many reasons but the most common include sexual exploitation, forced labour, domestic servitude, and criminal activity (Ecclestone, 2013). In the United States, sexual exploitation is the most widely recognized form of human trafficking with other types of exploitation in the areas of hospitality, sales crews, agriculture, manufacturing, janitorial, restaurants, and carnivals (Shandro et al., 2016). The countries of destination for human trafficking tend to be wealthy and industrialized, making the United States prime grounds for this trade (Hodge, 2008, Mace et al., 2012). Victims of human trafficking are at risk for significant health issues including symptoms of fatigue/exhaustion, malnutrition, physical/emotional injuries, sexually transmitted infections, stress, depression, anxiety, self harm, memory loss, dissociation, somatic complaints and suicide (Ecclestone, 2013; Shandro et al., 2016).

Prevention Strategies

Samarasinghe and Burton (2007) state that the most effective prevention measures other than apprehension and prosecution of human traffickers include training of professionals who are involved in areas relevant to human trafficking. Emergency Medical Services (EMS) personnel perform their duties across a variety of settings and demographics, including where incidents of human trafficking most likely occur (Komansky, 2014). As victims of human trafficking are frequently isolated, they often have limited access to medical care and do not interact with health professionals until there is a medical emergency. EMS personnel are often the first on the scene to respond to these medical emergencies (Ecclestone, 2013). This provides an opportunity for these professionals to intercede by determining inconsistencies in the victims' statements when combined with evidence of the presenting symptoms (Grubb & Bennett, 2012; Mace et al., 2012; Komansky, 2014). EMS personnel are trained to ask questions pertinent to the patients' health and circumstance, making their interviewing skills ideally suited to intervening with human

trafficking victims. Okech et al., (2011) state that identification of victims of human trafficking is the most difficult hurdle in the prevention of human trafficking and developing an awareness of suspicious activities or conditions concerning human trafficking is a skill that requires training in order to cultivate. According to the U.S. Department of Education (2007), raising awareness and victim identification are two of the most effective ways to fight human trafficking. Even though recognizing the signs of human trafficking can be difficult, (since the nature of this trade is hidden from health and other professionals) there are certain risk factors that can help first responders in the awareness of possible human trafficking situations. For example, a young girl who is exhibiting some negative health symptoms and also has a significantly older boyfriend who holds her identification may warrant further investigation. Some risk factors taken in isolation may not indicate a possible human trafficking situation, but when taken in connection with others can indicate a possible human trafficking condition. Recognizing these risk factors involves the training of individuals (EMS personnel), who are in positions to identify possible human trafficking situations through their work providing health care to these individuals (Mace et al., 2012). By being aware of the signs of human trafficking and asking questions, EMS personnel can play a crucial role in identifying human trafficking victims (Gibbons & Stoklosa, 2016).

Given the clear intersection between EMS and human trafficking, an exploratory, pilot study was conducted to assess the frequency with which EMS personnel are trained in the identification of human trafficking as well as how familiar EMS personnel are with the indicators of human trafficking. We outlined the following research questions:

1. What percentage of EMS professionals have received human trafficking training?
2. Does human trafficking training influence endorsement of human trafficking myths?

3. Does human trafficking training improve the identification of indicators of human trafficking?
4. Does human trafficking training influence on whom EMS professionals would report human trafficking?

Methods

To collect data, a voluntary, anonymous survey was placed at the end of an online training module for EMS personnel relating to domestic violence. The training was disseminated by the University of Florida, TraumaOne Flight Services Education Coordinator using a list of Florida Fire Chiefs, Florida Association of Emergency Medical Services Educators (which includes both EMT- Basic and EMT-Paramedic instructors), and local public and private providers of Emergency Medical Services in Florida. This list contains approximately 60 directors and instructors, all of whom received three emails describing the free online Domestic Violence training and how to use it. Directors were provided with a summary of the content of the online training and encouraged to have their staff log on to the training to collect continuing education credit on domestic violence issues. At the outset of the study, a decision was made to collect at least n=200 responses prior to analysis. Data were collected between May 2016 and December 2017. A total of n=275 EMS personnel completed the survey. While participants received continuing education credits for completing the domestic violence training, no remuneration or compensation was provided for completing the survey on human trafficking. After dropping participants that completed less than 80% of the survey (Hertel, 1976), a final useable n of 244 participants were retained.

Measures

In order to assess familiarity with the signs of human trafficking, participants were asked to indicate if they had ever had training on human trafficking in the past and complete the Human Trafficking Myths Scale (Cunningham & Cromer, 2014). This scale has 17-items; responses are collected on a 6 point Likert scale with response options ranging from 1= definitely false to 6= definitely true. In this sample, the scale performed with acceptable reliability, with a Cronbach's alpha of 0.76. To assess the ability to identify human trafficking, respondents were asked to indicate if they would suspect human trafficking if they saw a number of indicators of human trafficking which were drawn from the National Human Trafficking Hotline ("Recognizing the signs," 2017). Respondents were asked if they saw the indicators, would they suspect someone of being trafficked, using a 5-point Likert scale, with response options ranging from 1= definitely not to 5=definitely yes. Finally, respondents were asked to indicate to whom they would report suspected human trafficking using the same Likert scale (response options ranging from 1= definitely not to 5=definitely yes). Finally, respondents were asked to report demographic characteristics.

Results

In this sample, 46% of respondents (n= 122) reported having previous training on human trafficking. Descriptive and bivariate analyses using independent samples t-tests revealed significant differences between EMS personnel who had and personnel who had not received previous training on human trafficking.

The first analysis assessed the level of endorsement of human trafficking myths by whether individuals had reported previous training. Individuals who had completed training on human trafficking (M= 2.04, SD= .53) endorsed human trafficking myths less frequently than those who had not completed training (M= 2.2, SD=.53); $t(223)= -2.25$, $p<. 05$.

The next analysis assessed if previous training made a difference in being able to identify human trafficking. Results are presented in Table 1.

[Insert Table 1 about here]

As demonstrated in Table 1, in nine situations which might increase suspicion, those with training were significantly ($p<.05$) more likely to suspect human trafficking. It is notable that while only some significant differences were identified in whether human trafficking would be suspected given certain patient characteristics, in every case, the mean level of suspicion reported was lower for those without training than those with training.

Our third analysis assessed the frequency with which EMS professionals would report human trafficking. Of note, no significant differences were identified in those who had and had not had previous training on human trafficking.

[insert Table 2 about here]

Our final analysis assessed if there were significant differences in training on human trafficking by demographic characteristics. We found no significant differences on participation in training by gender, age, length of service, level of certification, urbanicity of primary service area, number of hours worked in a week, martial status, or net personal income. Demographic characteristics of this sample are presented in Table 3.

[insert Table 3 here]

While broadly our demographic data did not yield significant results, Cunningham and Cromer (2016) noted a significant difference in endorsement of human trafficking myths by gender. This was also the case in our sample. Women ($M=2.02$, $SD= .53$) endorsed myths about human trafficking at a significantly lower level than men ($M=2.2$, $SD= .52$); $t(222)=2.58$, $p= .01$.

Discussion

In this exploratory study, we outlined four research questions related to human trafficking awareness in EMS professionals. First, we set out to describe the frequency with which EMS professionals received training in human trafficking. In this sample, less than half of participants had received training on human trafficking. The second research question addressed the impact of training on human trafficking myths. In this sample, among those who had received training, analyses revealed a significant difference in adherence to trafficking myths. Those who had taken training on human trafficking were significantly less likely to endorse common myths (e.g. only immigrants or foreigners are trafficked or human trafficking must include physical force) related to human trafficking than those who had not. The third research question addressed if training made a difference in the ability to identify indicators of human trafficking. In this study, while not all the differences in identifying indicators of human trafficking were significant, those who had taken training were consistently more likely to suspect human trafficking than those who had not. A final finding in this study is that there were no differences in preferred avenues for reporting human trafficking, regardless of training status. This finding raises several important questions. Did previous training not cover how to report human trafficking? Are preferred avenues of reporting unclear for EMS professionals? Respondents indicated their most preferred routes of reporting are to supervisors or to nurses at the hospital; are these the best avenues? What if a supervisor is unavailable or the patient refuses transport to the hospital? These results indicate it may be more important to increase clarity about and reporting options for EMS professionals.

Implications

As a result of our study, we echo others' calls for universal training on human trafficking (see, e.g., Beck et al., 2015; Gibbons & Stoklosa, 2016b; Macias-Konstantopoulos, 2016);

however, this training must be geared to address the specific concerns of EMS personnel. To understand what content should be addressed in EMS-specific training, a review of the current literature was undertaken to identify what should be included; this review identified many salient issues. Specifically, training for EMS on human trafficking should include legal definitions of human trafficking so EMS professional are clear about what constitutes human trafficking (see, e.g., National Institute of Justice, 2017). The prevalence of human trafficking in the state and region should be discussed so that EMS personnel can be aware of the extent of the crime locally. It is also important for EMS personnel to understand that human trafficking is present in every country of the world and that anybody can be trafficked, although there are populations that are more vulnerable (Ernewein & Nieves, 2015; Fraley & Aronowitz, 2017). These vulnerable populations include women, children, recent immigrants, children who are homeless or in the child welfare system, and individuals with substance abuse or mental illness problems (Polaris, 2016). Although there are other types of human trafficking, including human organ trafficking, that are more common abroad, EMS should be aware of the two main types of human trafficking: labor and sex trafficking, as well as the dynamics of each.

The dynamics of labor trafficking should be described so that EMS personnel can understand how a person could be lured into human trafficking, and then be unable to leave (Izcara, Palacios, & Yamamoto, 2017; Reid, 2016). The recruiting tactics for labor trafficking, including fraudulent job ads, fraudulent travel agencies, and promises of a safe home and good employment should be described (Draper, 2010; Dumas, 2012, Hepburn & Simon, 2010). EMS personnel should also understand the common methods of control, including threats against relatives, violence, drug addiction, and imprisonment that are used by traffickers to ensure that their victims do not escape (Rockinson-Szapkiw, Spaulding, Justice, & Owens, 2017). EMS

personnel may not be familiar with the concept of debt bondage in which victims are told they owe fees to the traffickers that must be repaid (Reid, 2016). Further, EMS personnel must understand that traffickers commonly verbally and physically abuse and starve victims in order to control them (Kim, 2011; Gallop, 2013). Immigrants are controlled in other ways: they are threatened with deportation (Reid, 2016; Rockinson-Szapkiw et al., 2017; Boone, 2017), their passports and identification are taken from them by traffickers, and their family members in countries of origin are threatened with violence if the victim tries to leave (Hepburn & Simon, 2010; DeLea, 2014; WTSP staff, 2017). EMS personnel should also learn about indicators of sex trafficking so that they can recognize and differentiate it from crimes such as prostitution and domestic violence (Dovydaitis, 2010; Roe-Sepowitz, Hickle, Dahlstedt, Gallagher, 2014.) They should understand the dynamics of fraud perpetrated on victims who expected genuine romantic relationships with perpetrators but were instead victimized by them (Reid, 2016). Further, they should recognize the traumatic bonding that can occur between a victim and trafficker which may make victims reluctant to report the crime (Reid, 2016). Beyond being able describe the indicators of labor and sex trafficking, EMS personnel should be able to distinguish between myths and facts about human trafficking (Roe-Sepowitz, Bayless, Sabella, Tate, & Whitney, n.d.; see, e.g., Department of Homeland Security [DHS], n.d.) Misinformation that appears in the media should be rebutted so that EMS personnel have only the research-based facts about the crime. Myths including the idea that most trafficking is a result of a violent abduction (Hathaway, 2015), that men aren't trafficked (Jones, 2010), and that trafficking rarely occurs in the U.S. (Peters, 2016) should be rebutted so that EMS personnel have accurate information. Because EMS crews may potentially be called to anywhere in their communities, it is important for them to know the locations where human trafficking is commonly found, such as door-to-

door sales crews, restaurants and bars, nail salons, domestic labor, and food processing factories, among others (Gallop, 2013; Godoy, 2017; McClure, 2010). Additionally, training should include red flags or warning signs of labor and sex trafficking. These red flags include tattoos of names or barcodes on victims that specify ownership of a trafficker (Roe-Sepowitz, et al., n.d.). Other red flags include intentional scarring on victims, people who are not able to speak for themselves and are spoken for by third parties, and people who do not have a knowledge of the area in which they are living because they have been frequently moved around by their traffickers (National Human Trafficking Resource Center [NHTRC], n.d.; Sabela, 2011). Individuals who do not carry personal identification should also be considered potential victims of human trafficking because their traffickers hold their papers and passports (DHS, n.d.; NHTRC, n.d.; Polaris, 2015).

As a matter of course in their work, EMS personnel often may have an opportunity to talk with potential trafficking victims (Roe-Sepowitz, et al., n.d.) Therefore, an understanding of the impact that human trafficking has on victims is critical. Extant research has identified many devastating negative mental and physical health effects of victimization; physical injuries such as bruises and broken bones, or malnutrition, and sexually transmitted diseases are common (U.S. Department of Health and Human Services [USDHHS], 2012; USDHHS, 2011). Victims also may experience posttraumatic stress, anxiety, depression, and traumatic bonding with traffickers (Abas et al., 2013; Zimmerman et al., 2008; USDHHS, 2012). EMS should be aware that victims may have complex emotions toward traffickers, a total reliance on them for sustenance, and they may even develop a sense of loyalty to their trafficker (Crane & Moreno, 2011; Peters, 2015; Raghavan & Doychak, 2015).

Significant overlap exists between domestic violence and human trafficking. EMS personnel should understand, for example, that both traffickers and domestic violence perpetrators typically use a power and control dynamic, as well as a cyclical pattern of violence including physical and sexual violence to control their victims (National Human Trafficking Resource Center, 2011). Domestic violence can make the victim more vulnerable to human trafficking (Roe-Sepowitz, Hickle, Dahlstedt, & Gallagher, 2014); the crimes can co-occur when a family member or intimate partner forces the victim into prostitution (Walberg, 2010). Despite these commonalities, the difference between the two crimes are important. In the crime of domestic violence, there is often a single abuser and victim. In human trafficking, there are usually multiple perpetrators and multiple victims at a time and perpetrators seek financial gain (TraffickFree, n.d.). The trauma that victims of human trafficking have suffered can make victims appear to EMS as withdrawn or angry, or unresponsive to questions. Victims might also experience distrust and have trouble creating therapeutic relationships (Stoklosa, Grace, & Littenberg, 2015). These are all normal responses to trauma. A relatively recent approach to interacting with victims of crime in a responsible manner is called the trauma-informed approach (Rollins, Gribble, Barrett, & Powell, 2017). When EMS are trauma-informed, they are more likely to understand and empathize with the predicament of victims. In addition, trauma-informed EMS may be able to obtain information that will be helpful to rescuing the victim (Butler, Critelli, & Rinfrette, 2011). For these reasons, training on human trafficking issues for EMS should include trauma-informed approaches to interacting with victims. A trauma-informed approach involves an awareness of how a victim perceives the EMS personnel and how the EMS personnel attempt to obtain information from the victim. Training should include guidance for

EMS personnel on how to ask questions in a gentle, non-judgmental manner and how to listen and contextualize the answers that are provided by the suspected victim (Rollins et al., 2017).

Finally, as our data set suggests, EMS personnel should understand how to report suspected cases of human trafficking to local authorities (Atkinson, Curnin, & Hanson, 2016). It is generally helpful for EMS agencies to have a human trafficking protocol in place to guide EMS response. In addition, EMS should have a good understanding of and easy access to the local resources that are available to help victims. Finally, EMS personnel should have access to additional training created specifically for those in the health professions.

As a result of this research and literature review, an online, interactive free training for EMS personnel was developed (available at https://dvmedtraining.csw.fsu.edu/training/ems/). Although the Florida Attorney General funded the training, it is adaptable, usable nationally, and free of charge. This resource, along with other free resources is presented in Table 4.

[insert Table 4 about here]

Limitations

There are limitations to this study. First, this is an exploratory pilot study with a relatively small number of respondents. As such, the reliance on a convenience sample of EMS professionals who opted into the survey after completing another training limits the generalizability of these findings. This study design makes it impossible to assess if significant differences exist between participants who did choose to participate and those who did not. A second limitation to this study is in how we assessed previous training on human trafficking. While participants indicated in a yes/no format if they had had previous training, we did not ask about where or when they had received the training. It is possible training might have been six months ago or five years ago. Further, the training might have been in a brief webinar or a

lengthy departmental training. Future research should seek to assess the depth, source, and date of training as a possible moderating influence. While these limitations should be addressed in future research, these exploratory findings do shed light on the reach of current training efforts, the influence on myths pertaining to human trafficking, and the lack of clarity on how to report human trafficking.

References

Abas, M., Ostrovschi, N. V., Prince, M., Gorceag, V. I., Trigub, C., & Oram, S. (2013). Risk factors for mental disorders in women survivors of human trafficking: A historical cohort study. BMC psychiatry, 13, 204.

Atkinson, H.G., Curnin, K.J., & Hanson, N.C. (2016). U.S. state laws addressing human trafficking: Education of and mandatory reporting by health care providers and other professionals. Journal of Human Trafficking, 2(2), 111-138. doi: 10.1080/23322705.2016.1175885

Beck, M. E., Lineer, M. M., Melzer-Lange, M., Simpson, P., Nugent, M., & Rabbitt, A. (2015). Medical providers' understanding of sex trafficking and their experience with at-risk patients. Pediatrics, 135(4), e895-e902. doi:10.1542/peds.2014-2814

Boone, R. (2017, January 04). Mexican veterinarians sue Idaho dairy for human trafficking. Retrieved from https://www.usnews.com/news/us/articles/2017-01-04/mexican-veterinarians-sue-idaho-dairy-for-human-trafficking

Butler, L. D., Critelli, F. M., & Rinfrette, E. S. (2011). Trauma-informed care and mental health. Directions in Psychiatry, 31(3), 197-212.

Crane, P. A., & Moreno, M. (2011). Human trafficking: What is the role of the health care provider? Journal of Applied Research on Children: Informing Policy for Children at Risk, 2(1), 7.

Cunningham, K. C., & Cromer, L. D. (2016). Attitudes about human trafficking: Individual differences related to belief and victim blame. Journal of Interpersonal Violence, 31(2), 228-244. doi:10.1177/0886260514555369

DeLea, P. (2014, December 15). Harrisonburg restaurant managers indicted.

Retrieved from http://www.whsv.com/home/headlines/Harrisonburg-Restaurant-Mangers-Indicted-285860161.html

Department of Homeland Security [DHS]. (n.d.). Indicators of human trafficking. Retrieved from https://www.dhs.gov/blue-campaign/indicators-human-trafficking

Department of Homeland Security. (n.d.). Myths and misconceptions. Retrieved from: https://www.dhs.gov/blue-campaign/myths-and-misconceptions

Dovydaitis, T. (2010). Human trafficking: The role of the health care provider. American College of Nurse Midwives, 55(5), 462-467. doi: 10.1016/j.jmwh.2009.12.017

Dumas, B. (2012, January 30). Pound ridge sex traffic victims file $100 million lawsuit. Retrieved November 15, 2017, from http://poundridge.dailyvoice.com/news/pound-ridge-sex-traffic-victims-file-100-million-lawsuit/464126/

Ecclestone, D. (2013). Identifying victims of human trafficking. The Journal of the Health *Visitors' Association, 86*(5), 40-42.

Ernewein, C., & Nieves, R. (2015). Feature article: Human sex trafficking: Recognition, treatment, and referral of pediatric victims. The Journal for Nurse Practitioners,11, 797-803. doi:10.1016/j.nurpra.2015.06.005.

Fraley, H. E., & Aronowitz, T. (2017). The peace and power conceptual model: An assessment guide for school nurses regarding commercial sexual exploitation of children. Nursing Science Quarterly, 30(4), 317-323. doi:10.1177/0894318417724456.

Gallop, J. (2013, October 29). Police say 24 children rescued from human trafficking scheme - Two men arrested in case of Orlando kids selling items door-to-door in Palm Bay. Retrieved November 03, 2017, from

http://www.floridatoday.com/story/news/local/2013/10/29/police-say-24-children-rescued-from-human-trafficking-scheme-two/77199404/

Gibbons, P., & Stoklosa, H. (2016). Identification and treatment of human trafficking victims in the emergency department: A case report. The Journal of Emergency Medicine, 50(5), 715-719.

Gibbons, P., & Stoklosa, H. (2016). Original contributions: Identification and treatment of human trafficking victims in the emergency department: A case report. Journal of Emergency Medicine, 50, 715-719. doi:10.1016/j.jemermed.2016.01.004.

Godoy, M. (2017, March 29). In U.S. restaurants, bars and food trucks, 'modern slavery' persists. Retrieved from https://www.npr.org/sections/thesalt/2017/03/29/521971468/in-u-s-restaurants-bars-and-food-trucks-modern-slavery-persists

Grubb, D., & Bennett, K. (2012). The readiness of local law enforcement to engage in US anti-trafficking efforts: An assessment of human trafficking training and awareness of local, county, and state law enforcement agencies in the State of Georgia. Police Practice and Research, 13(6), 487-500.

Hathaway, B. (2015). Abduction myths surrounding human trafficking. Retrieved from http://theihti.org/abduction-myths-surrounding-human-trafficking/

Hepburn, S., & Simon, R. (2010). Hidden in plain sight: Human trafficking in the United States. Gender Issues, 27(1/2), 1. doi:10.1007/s12147-010-9087-7.

Hertel, B. R. (1976). Minimizing error variance introduced by missing data routines in survey analysis. Sociological Methods & Research, 4, 459-474. doi: 10.1177/004912417600400404

Hodge, D. R. (2008). Sexual trafficking in the United States: A domestic problem with transnational dimensions. Social Work, 53(2), 143-152.

Izcara Palacios, S. P., & Yamamoto, Y. (2017). Trafficking in US agriculture. Antipode, 49(5),1306-1328. doi:10.1111/anti.12330.

Jones, S. (2010). The invisible man: The conscious neglect of men and boys in the war on human trafficking. Utah Law Review (4), 1143-1188.

Kara, S. (2017). Perspectives on human trafficking and modern forms of slavery. Social Inclusion, 5(2), 1-2. Doi: 10.17645/si.v5i2.1048

Kim, K. (2011). The coercion of trafficked workers. Iowa Law Review, 96(2), 409-474. https://login.proxy.lib.fsu.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=57494089&site=eds-live

Komansky, S. J., & Barishansky, R. M. (2014). The role of EMS in intelligence gathering. Retrieved from www.emsworld.com.

Mace, S. L., Venneberg, D. L., & Amell, J. W. (2012). Human trafficking: Integrating human resource development toward a solution. Advances in Developing Human Resources, 14(3), 333-344. doi: 10.1177/1523422312446053

National Human Trafficking Hotline. (2018). Hotline statistics. Retrieved from https://humantraffickinghotline.org/states

National Human Trafficking Resource Center [NHTRC]. (n.d.). Framework for a human trafficking protocol in healthcare settings. Retrieved from: https://humantraffickinghotline.org/sites/default/files/Framework%20for%20a%20Human%20Trafficking%20Protocol%20in%20Healthcare%20Settings.pdf

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National Human Trafficking Resource Center (n.d.). Identifying victims of human trafficking: What to look for in a healthcare setting. Retrieved from https://traffickingresourcecenter.org/sites/default/files/What%20to%20Look%20for%20during%20a%20Medical%20Exam%20-%20FINAL%20-%202-16-16.docx.pdf

National Human Trafficking Resource Center. (2011, October). Human Trafficking: Intersections with Domestic Violence. Retrieved April 16, 2018, from https://humantraffickinghotline.org/resources/human-trafficking-intersections-domestic-violenceNational Institute of Justice. (2017). Human trafficking. Retrieved from: https://www.nij.gov/topics/crime/human-trafficking/pages/welcome.aspx

Peters, A. (2016). Reconsidering federal and state obstacles to human trafficking victim status and entitlements. Utah Law Review, 535-574.

Peters, A. W. (2015). Responding to human trafficking: Sex, gender, and culture in the law. University of Pennsylvania Press.

Polaris. (2015). Recognize the signs. Retrieved from http://polarisproject.org/human-trafficking/recognize-signs

Polaris. (2016). 2016 Hotline Statistics. Retrieved from https://polarisproject.org/sites/default/files/2016-Statistics.pdf

Polaris. (2018). 2017 Hotline statistics. Retrieved from https://polarisproject.org/2017statistics

Raghavan, C., & Doychak, K. (2015). Trauma-coerced bonding and victims of sex trafficking: Where do we go from here. International Journal of Emergency Mental Health and Human Resilience, 17(2), 583-587.

Recognizing the signs. (2017). Retrieved from https://humantraffickinghotline.org/human-trafficking/recognizing-signs)

Reid, J. A. (2016). Entrapment and enmeshment schemes used by sex traffickers. Sexual Abuse: A Journal of Research and Treatment, 28(6), 491-511. doi:10.1177/1079063214544334.

Roe-Sepowitz, D.E., Hickle, K.E., Dahlstedt, J., & Gallagher, J. (2014). Victim or whore: The similarities and differences between victim's experiences of domestic violence and sex trafficking. Journal of Human Behavior in the Social Environment, 24(8), 883-898. doi: 10.1080/10911359.2013.840552

Roe-Sepowitz, D., Bayless, A., Sabella, D., Tate, R., & Whitney, J. (n.d.). What you need to know sex trafficking and sexual exploitation: A training tool for EMS providers. [Brochure]. Arizona State University: School of Social Work- Office of Sex Trafficking Intervention Research. Retrieved from: http://endsextrafficking.az.gov/sites/default/files/emsfirstrespondersbrochure.pdf

Roe-Sepowitz, D., Hickle, K., Bayless, A., Christensen, R., Garuba, M., Sabella, D., & Tate, R. (n.d.). What you need to know sex trafficking and sexual exploitation: A training tool for health care providers. [Brochure]. Arizona State University: School of Social Work-Office of Sex Trafficking Intervention Research. Retrieved from: https://www.mccaininstitute.org/wp-content/uploads/2016/10/257575833-sex-trafficking-asu-healthcare-brochure-1.pdf

Rollins, R., Gribble, A., Barrett, S. E., & Powell, C. (2017). Who is in your waiting room? Health care professionals as culturally responsive and trauma-informed first responders to human trafficking. AMA journal of ethics, 19(1), 63-71.

Rockingson-Szapkiw, A. J., Spaulding, L.S., Justice, J.S., & Owens, D. (2017). Identify intervene, and advocate: Human services workers' role in youth sex trafficking. Journal of Human Services, 37(1), 63. Retrieved from

https://login.proxy.lib.fsu.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=edo&AN=125932156&site=eds-live

Sabella, D. (2011). The role of the nurse in combating human trafficking. American Journal of Nursing,111(2), 22-37.

Samarasinghe, V., & Burton, B. (2007). Strategising prevention: A critical review of local initiatives to prevent female sex trafficking. Development in Practice, 17(1), 51-64. doi: 10.1080/09614520601092378

Shandro, J., Chisolm-Straker, M., Duber, H. C., Findlay, S. L., Munoz, J., Schmitz, G., Stanzer, M., Stoklosa, H., Wiener, D. E., & Wingkun, N. (2016). Human trafficking: A guide to identification and approach for the emergency physician. Annals of Emergency Medicine, 68(4), 501-508.

Stoklosa, H., Grace, A. M., & Littenberg, N. (2015). Medical education on human trafficking. AMA Journal of Ethics, 17(10), 914.

Timoshkina, N. (2014). Human trafficking: Assumption, evidence, responses. International Journal of Arts & Sciences, 7(4), 409-421.

TraffickFree. (n.d.). Similarities and Differences between HT & DV [PDF]. Retrieved April 16, 2018, from http://traffickfree.org/wp-content/uploads/2016/07/Similarities-and-Differences-between-HT-and-DV.pdf

United Nations [UN]. (1998). Human rights curriculum: Understanding human rights. Retrieved from http://www.un.org/cyberschoolbus/humanrights/about/understanding.asp November 27, 2011.

United Nations Office on Drugs and Crime. (2018). Human trafficking. Retrieved from https://www.unodc.org/unodc/en/human-trafficking/what-is-human-trafficking.html#What_is_Human_Trafficking

U.S. Department of Education. (2007). Human trafficking of children in the United States: A fact sheet for schools. Retrieved from http://www2.ed.gov/about/offices/list/osdfs/factsheet.html

U.S. Department of Health and Human Services (2012). Fact sheet: Sex trafficking. Retrieved from http://www.acf. hhs.gov/trafficking/about/fact_sex.html

U.S. Department of Health and Human Services. (2011). Resources: common health issues seen in victims of human trafficking. Retrieved from https://www.justice.gov/sites/default/files/usaondia/legacy/2011/10/14/health_problems.pdf

Walberg, M. (2010, March 17). Man accused of forcing wife into prostitution. Retrieved April 16, 2018, from http://articles.chicagotribune.com/2010-03-17/news/ct-met-sold-wife-for-sex-20100317_1_prostitution-wife-threatenedWeitzer, R. (2015). Human trafficking and contemporary slavery. The Annual Review of Sociology, 41, 223-242. Doi: 10.1146/annurev-soc-073014-112506

Wirsing, E. K. (2012). Outreach, collaboration and services to survivors of human trafficking: The Salvation Army stop-it program's work in Chicago, Illinois. Social Work Christianity, 39(4), 466-480.

WTSP staff. (2017, May 24). Trafficking victim says she was forced to have sex with 120 men a week. Retrieved on November 15, 2017 from http://www.wtsp.com/news/trafficking-victim-says-she-was-forced-to-have-sex-with-120-men-a-week/442784356

Zimmerman, C., Hossain, M., Yun, K., Gajdadziev, V., Guzun, N., Tchomarova, M., ... & Motus, M. N. (2008). The health of trafficked women: a survey of women entering posttrafficking services in Europe. American Journal of Public Health, 98, 55-59.

Table 1:

If you saw the following, would you suspect you were dealing with a victim of human trafficking?

	Yes	No	
A patient who is living in a space with a large number of occupants	3.56	3.48	t(240)=.69, p=N/S
A minor child involved in sex work	4.72	4.62	t(238)=1.66, p=N/S
A patient won't be seen alone	3.83	3.72	t(240)=1.04, p=N/S
A patient with tattoos or brands indicating ownership	4.12	3.76	t(236)=2.98, p=.003
A patient refusing to disclose his or her name or age	3.79	3.60	t(240)=1.54, p=N/S
A patient with a physical injury from beating or weapons	4.10	3.97	t(240)=1.18, p=N/S
A third party on the scene who insists on being present or translating	4.05	3.80	t(240)=2.3, p=.022
A scene with large amounts of cash or condoms	4.26	4.14	t(238)=1.29, p=N/S
A patient who lacks knowledge of whereabouts and/or of what city he/she is in	4.22	4.03	t(239)=1.8, p=N/S
The patient who is not in control of his/her own identification documents (ID or passport)	4.38	4.15	t(239)=2.24, p-.026
A patient who has few or no personal possessions	3.76	3.6	t(240)=1.35, p=N/S
A patient who claims of just visiting and inability to clarify where he/she is staying/address	3.8	3.75	t(240)=.427, p=N/S
A patient who has numerous inconsistencies in his/her story	3.96	3.83	t(240)=1.2, p=N/S
A patient who has an older boyfriend who insists on being with her	3.9	3.64	t(238)=2.21, p=.028
A patient who has a history of persistent or untreated STIs, frequent abortions or miscarriages, or other reproductive issues	4.17	3.94	t(240)=2.17, p=.031
A patient who appears overly fearful, anxious, or submissive, or does not make eye contact	4.14	3.97	t(240)=1.74, p=N/S
A patient who is hesitant to speak on his/her own behalf	4.04	3.85	t(240)=1.81, p=N/S
A patient traveling with an older male that is not a guardian	4.00	3.78	t(239)=1.93, p=N/S
A patient who is not allowed breaks or suffers unusual restrictions at work	4.02	3.71	t(238)=2.77, p=.006

A patient with high security measures in their workplace or living locations (e.g., boarded up windows, barbed wire, security cameras)	4.26	4.10	t(239)=1.61, p=N/S
A patient who is in the commercial sex industry and has a pimp or manager	4.46	4.30	t(239)=1.62, p=N/S
A patient who exhibits unusually fearful or anxious behavior after bringing up law enforcement	4.15	3.91	t(237)=2.14, p=.033
A patient who appears malnourished or shows signs of repeated exposure to harmful chemicals	4.23	4.02	t(238)=1.91, p=N/S
A patient who is not in control of his or her own money, no financial record, or bank account	4.12	3.81	t(239)=2.91, p=.004
A patient who works excessively long and/or unusual hours	3.85	3.30	t(239)=2.10 p=.037
A patient who shows signs of physical and/or sexual abuse, physical restraint, confinement, or torture.	4.59	4.45	t(239)=1.81, p=N/S

Table 2: Frequency of preferred resources for reporting human trafficking

If you encountered someone who you suspected was a victim of human trafficking, what would you do?	Mean	SD
Report to a supervisor at my agency	4.84	.48
Report to the nurse taking report in the emergency room	4.77	.64
Report to the charge nurse	4.70	.65
Talk to the patient and assess for safety	4.66	.66
Report to the local LEO	4.57	.76
Give information about local community resources	4.31	.89
Contact ICE (Immigration and Customs Enforcement)	3.62	1.17
Contact the National Human Trafficking Resource Center	4.12	1.07
Contact the Homeland Security trafficking hotline	4.01	1.09

Table 3: Free Human Trafficking Resources for EMS

Name of Training	URL	Description
The National Prevention Toolkit on Domestic Violence and Human Trafficking for Medical Professionals	https://dvmedtraining.csw.fsu.edu/training/ems/	This interactive training helps EMS personnel learn to identify different types of human trafficking, report trafficking, and identify resources for reporting. It references dozens of cases from news reports to increase awareness.
Trauma-Informed Human Trafficking Screenings	https://humantraffickinghotline.org/resources/trauma-informed-human-trafficking-screenings	This training is helps EMS personnel screen potential victims of human trafficking in a way that is sensitive to trauma.
Department of Homeland Security Blue Campaign Awareness Videos	https://www.dhs.gov/blue-campaign/videos	The Department of Homeland Security offers videos that promote awareness about labor trafficking and sex trafficking.
Addressing Human Trafficking in the Health Care Setting	http://www.catholichealthinitiatives.org/addressing-human-trafficking-course/story_html5.html	This powerpoint developed by Catholic Health Initiatives for medical professionals provides education on trauma-informed care, warning signs of human trafficking, and screening advice.
Human Trafficking: Information and Resources for Emergency Healthcare Providers	http://www.humantraffickinged.com/index.html	The “educational tools” tab of this website includes a powerpoint, a pre-training survey, a training evaluation, and a case study.