Awareness and knowledge of human sex trafficking involving minors among emergency room staff in Northwest Ohio

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2010
Dedication

I would like to thank my wife for endless support in my academic endeavors. This work is dedicated in honor of my professor, Mr. Todd Marshall. He truly understood the greater things in life and his brief visit in my life taught me more than any textbook. For this I am grateful.
Acknowledgments

I would like to thank my advisor Walter Edinger, Ph.D. of the University of Toledo Department of Psychiatry. Without his open-mind and guidance none of this would have been possible.

The following have also embraced my research and provided me with unconditional support.

- Celia Williamson, Ph.D. University of Toledo
- Great Lakes Emergency Nurses Council
- Bill Turton, RN, BSN, EMT-P Director of Emergency Services, Firelands Regional Medical Center
- Connie Dagg, MSN, RN-BC Director of Education Services, Firelands Regional Medical Center
- Patricia S. Martin, MOD, BSN, RN Vice President, Quality and Patient Satisfaction, Firelands Regional Medical Center
- Sr. Pamela Marie Buganski, SND Provincial Treasurer, Sisters of Notre Dame Toledo Province
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Introduction

Child sex trafficking is occurring in our communities. In a 2010 study from the Ohio Trafficking in Persons Study Commission, a report to Attorney General Richard Cordray, it is estimated that 2,879 American born youth are at-risk for sex trafficking, and another 1,078 youth are being trafficked into the sex trade over the course of a year in Ohio. (Williamson et al., 2010) In particular, Toledo has been identified by the Federal Bureau of Investigation (FBI) to be a major hub in the country for the sex trafficking of our youth. (Nash 2009) Educational seminars by University of Toledo professor Celia Williamson, Ph.D. in 2010 revealed that the Toledo community was ranked 4th in the nation for child sex trafficking and number one when compared per capita across the United States. She also notes that when related to other crimes across the United States, human trafficking is ranked 2nd, which is more prevalent than gun crime, but slightly less than the number of drug related crimes. (Williamson, 2010)

A few years ago I was working in an emergency room when a speaker from a woman’s support group presented for 5 minutes during a meeting about the prevalence of human trafficking in Northwest Ohio (NWO). This group was reaching out for support and I didn’t understand why, because in my small community I believed these things did not exist. The more I thought about the issue the more I began to understand how victims of child sex trafficking could be treated and released with little suspicion.

In 2008, and similar to previous years, www.statehealthfacts.org estimated that there were approximately 523 emergency room visits per 1,000 persons in the state of Ohio. Emergency rooms have been picking up the healthcare needs for those who have lost their health insurance benefits in the recent economic recession as well. This high patient volume typically leads to the following scenario commonly seen in the emergency department (ED). A young
female accompanied by a purported friend will come to the ED for care, then be treated and never seen or heard from again. The busy environment and stereotypical belief of “kids these days being so promiscuous” hinders the healthcare provider from picking up on clues of a victim asking for help. ED staff and physicians are no longer privileged to spend extra time talking with patients with acute needs, because the focus is to turn the bed over for the next patient. Yet despite limited contact time, the victims are seeking healthcare in the ED. Between 2000 and 2005, Dr. Williamson interviewed 53 women involved in sex trafficking. These interviews revealed these women “were less likely to receive sustained medical treatment or preventive care from health professionals and more likely to sporadically visit emergency rooms and clinics with little follow-up care.” (Williamson & Baker, 2008) These sporadic visits provide an opportunity to rescue a victim. This study was designed to determine if ED staff is aware and knowledgeable of child sex trafficking in NWO. This is study is follow-up to the idea that emergency rooms could serve as a safe zone to possible rescue victims and refer to appropriate resources.
Literature Review

This literature review focuses on human sex trafficking of minors in Toledo and NWO. The literature review process for this original research on emergency room staff awareness and knowledge of child sex trafficking served to help form the survey that was used and deliver the background information as to the importance of this research. There have been recent studies since 2000 on child sex trafficking as it relates to Toledo. Most of the cited literature comes from Celia Williamson Ph.D., University of Toledo professor, researcher, social workers, and Second Chance founder for trafficked victims. Professor Williamson has personal research from meeting with women involved in prostitution in the Toledo area and is considered the local expert on domestic sex trafficking. The Ohio Attorney General also recognizes Dr. Williamson's expertise and invited her to participate in research to report on the estimated prevalence of human trafficking in Ohio. To gather a better understanding of the community impact of child sex trafficking, I also attended multiple community outreach events to see what type of information the general public was receiving. Internet research databases such as Pubmed and CINAHL were also used, but often revealed more information regarding international human trafficking. Terms used during online research included “Child sex trafficking”, “Ohio prostitution”, and “Human trafficking in Toledo, Ohio”. National resources such as FBI crime reports, the Polaris Project, and NCMEC were also utilized. None of my research involved personal interaction with victims or those under the age of 18. The voluntary surveys from emergency room staff across NWO provided the most relevant material to my original research regarding healthcare provider awareness and knowledge of child sex trafficking in NWO.
Methods

The research design for this study is a cross-sectional survey. My hypothesis was that emergency room staff lacked knowledge and awareness of child sex trafficking in NWO. My population of interest was emergency room staff in NWO that has face-to-face communication contact with patients and visitors. This includes but is not limited to physicians, physician assistants, nurse practitioners, nurses, LPN’s, phlebotomists, radiology technicians, respiratory technicians, orderlies, EMTs, psychiatrists, and other mental health personnel.

ED Director Bill Turton of Firelands Regional Medical Center invited me to attend a Great Lakes Emergency Nurse’s Council (GLENC) meeting. At this meeting and through a follow-up email I presented my research proposal in an attempt to get multiple area emergency departments throughout NWO involved. I secured permission to survey the ED staff at 10 hospitals out of the 21 hospitals that were represented by the GLENC group. The participating hospitals are listed in Appendix A. The Institutional Review Board of the University of Toledo reviewed and approved the research protocol and questionnaire for use.

Patricia S. Martin MOD, BSN, RN, VP of Quality and Patient Satisfaction of Firelands Regional Medical Center helped to audit and refine my survey questionnaire to ensure question reliability and validity before disbursing it to my sample population. She also introduced me to Connie Dagg, MSN, RN-BC Director of Education Services to use Firelands Regional Medical Center’s password to Survey Monkey so that I could have a secure vehicle to deliver my survey and receive anonymous responses from my sample population.

Everyone employed through the hospital’s emergency departments who met my criteria of having face-to-face communication contact with patients and visitors had sufficient opportunity to fill out a survey. A flyer was also posted in the emergency departments
advertising the research, so that those who did not check their e-mail could take a tear-off with the website to participate. The 24-question survey (Appendix B) was made available for one month and received 98 responses. Emergency rooms are inherently open for service twenty-four hours a day seven days a week with staff often working at more than one facility. The different hospitals also have various employment numbers. Although the method of distribution did not allow for an exact population count a goal response rate was 10 responses per ED.
Results

The research study received 98 responses from various emergency room staff across 10 different hospitals averaging 9.8 responses per facility. The hospitals ranged from small rural hospitals to large urban hospitals with several hundred employees. The following results were given voluntarily and gathered anonymously through survey monkey over a one-month period.

Demographics

The average age of those who participated in this research was 38.57. When asked about profession, 91 responses were received with 76.9% identifying as nurses. Other responses were collected from those who self-identified as emergency medical technicians, orderlies, physicians, registration staff, phlebotomists and LPNs. The gender responses follow the traditional female occupations with 82.3% replying as female. White (non-Hispanics) were most represented in this study at 94.8%, followed by two African Americans and an American Indian while 2 respondents preferred not to answer.

Experience, Education and Location

The respondents to this survey averaged 8.21 years of experience in the emergency room since completing their initial career training. Only 2.1% of respondents reported having education and or training specific to child sex trafficking during their initial education, while 89.7% reported no specific education with another 8.2% unable to recall any. Thirteen respondents (13.4%) claim to have attended an educational or training class specific to child sex trafficking since their initial education. Of these 13 respondents, 9 had training within the last year and 4 recalled the training taking place two to three years ago. Responses show 81.4% claimed to receive no education on the topic after their initial education and another 5.2% were unable to recall if they had. Most of those who responded (94.8%) agreed that they would be
interested in education/training specific to child sex trafficking. Only 5.2% would not be interested in additional education. When asked about their hospital location the majority self-identified with the community (56.7%) setting. Other responses to hospital location included urban (19.6%), Suburban (12.4%), and Rural (11.3%).

**Knowledge and Beliefs**

When asked to rate self-knowledge of child sex trafficking in relation to the emergency room setting, 44% felt it was poor with another 23.5% reporting they had none. Only 27.6% felt their knowledge was fair and 4.1% felt good. No one replied that their knowledge of child sex trafficking in relation to emergency rooms was excellent. Similarly 49.5% felt their awareness of child sex trafficking in relation to NWO was poor with another 15.5% stating they had were not aware at all. On the other hand, 3.1% felt their awareness was excellent, 7.2% felt good, and the other 24.7% felt their awareness of child sex trafficking in relation to NWO was fair.

With 65% of respondents reporting that their awareness of child sex trafficking was either poor or none at all, the study assessed a geographical question that has often been used as a headline in press releases. The majority of those surveyed correctly selected Toledo, OH (28.6%) in comparison to other cities as to which city ranked number one per capita for child sex trafficking. Other cities selected were Miami, FL (20.4%), Detroit, MI (16.3%), New York, NY (14.3%), Las Vegas, NV (13.3%), Atlanta, GA (3.1%), Cincinnati, OH (2.0%), and Cleveland, OH (2.0%).

Regardless of which city has child sex trafficking, states have different levels of legislation for prosecuting those involved. Fortunately the 2000 Trafficking Victims Protection Act was an attempt to shift the lens and view trafficked children as victims rather than prostitutes. (Williamson, 2010) This survey assessed the current attitudes of the ED staff on this
issue. According to the results, if a minor were to admit to participating in sex trafficking/prostitution 70.4% of those who were surveyed would view them as a victim. Unfortunately 17.3% feel they would view child as a victim first and later as a prostitute in the courts and one person responded they would view them as a prostitute from the start. Eleven percent have a different view than the answers provided.

Fifty-seven percent of those surveyed feel child abuse and child sex trafficking is the same with 28.1% in disagreement. Another 14.6% are undecided if child abuse and child sex trafficking are the same. Interestingly 79.6% reported that they do not know if victims of child sex trafficking receive the same treatment/rehabilitation as victims of child abuse when referred from the emergency department. Another 12.2% feel the treatment is not the same and another 8.2% feel referral treatment is the same as it is for victims of child abuse.

Fifty-seven percent do not know if their emergency room/hospital has a protocol specific to child sex trafficking. Another 40.8% believe their hospital does not have a protocol. Only 2 respondents believe their facility has a protocol. When asked about what is required to prosecute a case of child sex trafficking, only 4 respondents are aware that neither force (33.0%), fraud (24.7%), nor coercion (28.9%) is necessary. The other 62.9% do not know what specific criterion is needed to prosecute a case of child sex trafficking. The most common age group exploited/prostituted was correctly identified by the majority (62.2%) as 17 and younger, however 7.1% believe the average age is 18-25 with the other 30.6% responding that they do not know the most common age group.

**Indicators and Encounters**

Research participants were surveyed about 17 common indicators of child sex trafficking and asked to check all of the scenarios that they may have encountered. The scenarios that
received 50% or more of the responses were teens dating much older, overly controlling, or abusive men (54.9%), inconsistencies in story (62.2%), recurrent sexually transmitted infections (51.2%), needing pregnancy tests frequently (53.7%), and substance use and abuse (74.4%). This question about common indicators was also skipped by 16 of the 98 responders. When asked if the encounters experienced by the respondent may have been someone who is involved in child sex trafficking, 21.1% replied yes, 50.5% were undecided, 13.7% replied no, and 14.7% did not check anything of the common indicators. For those who answered, “yes” about the possibility of an encounter, respondents were asked if their suspicions were followed up with appropriate resources or protocols. Again only 21.1% (20) replied “yes” about the possibility of the their encounter being someone who may have been involved in child sex trafficking. Yet 47 answers were given in regards to following up on their suspicions and are as follows: only 3 (6.4%) followed up with appropriate resources, 8 (17%) only in some cases did, 9 (19.1%) had no follow-up, and 17 (36.2%) felt their encounter was not applicable to require additional resources. However, 13 (27.7%) felt they were unaware of the indicators when they were observed.

Identifying Questions

The survey included a series of questions developed from the National Human Trafficking Resource Center and the Prostitution Round Table of Toledo to help recognize signs of and clues to possible victims of trafficking. Respondents were asked to mark any of the questions that they had asked to a possible victim. Out of the 55 participants that addressed this question, the following questions received at least 25% of the responses. Do you have multiple sexual partners? (63.6%) Have you or your family ever been threatened? (50.9%) Do you have frequent sexually transmitted infections? (49.1%) What type of work do you do? (45.5%) What
are your working and living conditions like? (27.3%) What’s your school attendance like? (25.5%)

Respondents were then asked to rate their personal awareness and knowledge of the previous questions to help identify a possible victim of trafficking. Out of 96 replies, 37.5% self reported poor awareness and knowledge, 22.9% reported none, 31.3% reported fair knowledge and awareness, 7.3% good, and 1% felt excellent.
Discussion

The survey received 9.8 responses per hospital from June 1\textsuperscript{st}, 2010 to July 2\textsuperscript{nd}, 2010. This success was from the support from the ED management and administrators of the 10 hospitals listed in appendix B. The GLENC meeting provided an excellent platform for multiple hospital emergency room research. The GLENC meetings were created so that emergency departments from NWO could collaborate to improve unity and efficiency in the way emergency rooms operate. This platform allows not only for research, but for the results of the research to be utilized to improve our local emergency rooms.

The most important questions from this survey are the two that request a self-ranking of awareness and knowledge of child sex trafficking in NWO. Sixty-eight percent of those surveyed ranked their knowledge of child sex trafficking in relation to the ED setting as either poor or none at all. (Figure 1) In correlation 65% of respondents felt their awareness of child sex trafficking in relation to NWO was poor or none at all. (Figure 2) This lack of knowledge and awareness on such a serious matter is a calling for more community oriented educational lectures. For a hospital to prosper and be prepared, they must understand the communities they serve. Child sex trafficking should be researched, studied, and assessed just as increases in cancer, low birth weight, and out-of-hospital cardiac arrest survival rates are looked at.

Dr. Celia Williamson and co-researcher Dr. L. M. Baker (2008) organized a round table discussion format for one year in Toledo that included members of the community from local citizens to survivors of prostitution. Although healthcare workers were a part of these discussions, a post assessment revealed the need for physicians and emergency room staff at meetings because emergency rooms are a likely place to identify/ rescue victims of prostitution.
To assess the readiness of ED staff to respond to the problem the current survey gave scenarios a provider might encounter with a possible victim of child sex trafficking. A positive finding is that most ED staff would view minors who admitted they participated in sex trafficking/prostitution as victims. Just over 70% replied that they would view the child as a victim and only 1% replied that they would view the child as a juvenile prostitute. This is a marked difference from how the court system used to view these children. In fact, it was not until 2000 with the passage of the Trafficking Victims Protection Act (TVPA) that children were finally seen by the judicial system as victims instead of juvenile prostitutes. (Williamson, 2010)

Of the 95 responses to the question of whether they felt they had encountered a possible victim, 71.6% felt they either did or were undecided if the encounter could have been a possible victim of child sex trafficking. Only 13.7% felt the scenario they encounter was not someone involved with child sex trafficking. Although some might identify an undecided response as not encountering a possible victim, it should be noted that the basis for reporting child abuse in Ohio is just suspicion of abuse, not substantiating the case. Substantiating abuse is the role of children services. The standard set for reporting child abuse may be a model for addressing the problem of child sex trafficking in hospital settings.

Child sex trafficking is often considered the same as child abuse. When this question was surveyed, 57.3% felt it was the same, 28.1% felt it was not, and another 14.6% felt undecided on the issue. Despite the general familiarity with children service and abused children among health care providers, 79.6% of respondents did not know if victims of child sex trafficking receive the same treatment/rehabilitation as victims of child abuse when referred from the ED. Emergency rooms typically have protocol’s in place for reporting child abuse not to mention that many of those who were in healthcare are mandatory reporters through states law. Yet 57.1% of
respondents did not know if their emergency room or hospital had a protocol specific to sex trafficking. Another 40.8% stated that their facility did not have a protocol, while only 2% believed they did. Without the concrete support of policies by the hospitals it is easy to see how the confidence for reporting such suspected behavior is so diminished. The confusion might be because society is not sure if general child abuse should include victims of child sex trafficking when their needs are different. Celia Williamson readily examines these differences between child abuse and child sex trafficking victims.

The differences are that in child trafficking the child may feel powerful and in control. The child may act as the seducer within their social network outside side of school. The child oppressors involved reinforce the prostitution as a good or admirable profession. The child’s life style is not secretive from their peers who are engaging in the same activities, rather they talk and share tips for making more money. The wider community also views the behavior and the pimps involved negatively keeping the child in the life style where clients view them as a positive people with meaning. (Williamson, 2010)

However in child abuse, the child often feels powerless. The child is not normally the seducer and their personalities are often withdrawn and quiet, although at times may be loud, aggressive and self-destructive. These victims are usually still in the school systems and keep their abuse secret from friends and peers. The community will almost always view the abuser as the bad person and are more supportive and sympathetic to the child. (Williamson, 2010) Despite the differences in potential treatments, the initial goal should be to investigate our suspicions and place the child in a protective and rehabilitative setting, not in juvenile detention.

One conclusion from this survey is that there is a need for and an openness to educational opportunities to increase the knowledge and awareness of the staff in area EDs. Almost all
(97.9%) of those surveyed were either unable to recall or did not receive any initial education/training specific to child sex trafficking. Despite all of the continuing education programs and guest speakers only 13.4% received education/training on child sex trafficking with 9 respondents having that training with in a years time and the other 4 within the past 2-3 years. With the other 86.6% with no or at least unable to recall any such education/training while on the job, 94.8% of those surveyed stated they would be interested in education/training specific to child sex trafficking. In research and literature review, educational programs are typically affiliated with social workers and broadcast to similar professionals who work with in the community. Hospitals have been notoriously switching to a patient centered practiced of medicine in order to better serve each patient. The hospitals should follow this same idea of patient centeredness with a community-centered approach. An example would be the inefficiency of just treating the symptoms of the flu when a person comes to the ER and not looking at the epidemic building. Instead we educate our community on vaccination and hand hygiene to prevent spread in the community. The epidemic of child trafficking could be slowed if the community was aware, in part by the health care services noting the prevalence of cases and the disastrous effects on our children. But first the ED staff should be educated on child sex trafficking so that they can pick up on the signs and symptoms of child trafficking, just like they are educated on the flu to identify possible victims. Unless you know what to look for, you cannot protect the greater good.

Although nursing staff (76%) comprised the majority of participants in the survey, the smaller subgroups under represented in this survey such as physicians, registration, and other ancillary services may need more education, before they can understand how someone in their position might come into contact with and should respond to a victim. For example, some of the
registration staff from the ED immediately referred me to the nurse as soon as I mentioned child sex trafficking. However they immediately began to speak about how they have had patients give them false identification and insurance information. It was interesting to see how suddenly a registration worker realized her role in discovering a victim. I feel the other ancillary services just need to see how their interaction with patients could be the cue that others miss and lead to a report of child sex trafficking.

A limitation to this study is that the survey did not have adequate representation from the full range of ED staff. Potential respondents from ancillary services could have participated just by reading the flyers posted in the ED, while the nursing staff received emails from the ED manager. In order to achieve a better response rate from the ancillary services in the ED an effort should be made in future studies to personally reach each employee via email. This would allow for a more standard and equal dissemination of surveys. This is the likely reason why 76% of responders identified with nursing and not representative of an entire ED staff. This limitation in the researchers perspective does not hinder the results gathered, because the majority of consistent staff in an ED is nursing services.
Conclusion

It is unclear whether the survey results could be applied across Ohio. It was only a small sample of NWO. However, given the recent community awareness programs and media involvement one might suspect that staff here would be more knowledgeable than other areas of Ohio. These results indicate that if staff in NWO could benefit from more education, the same may well apply to other areas of the state that receive less attention to the issue of sex trafficking. This research could also serve as a pilot survey that could later be distributed to ED staff across the state.

It appears from this research that the staff of emergency rooms in NWO would benefit from more knowledge of domestic child sex trafficking and just how prevalent the illegal practice is. The staff may also be hesitant to report suspected cases because hospitals do not have policies specific to child sex trafficking. It is also unclear what type of treatment a child involved in sex trafficking should receive. On the surface it appears child sex trafficking is child abuse, but with further questioning, the circumstances are very different. There may need to be specific legislation for addressing suspicion that a child is the victim of sex trafficking. The differences between the two types of child abuse may also require different strategies for rehabilitating the victims of the abuse.

Despite gathering responses anonymously through survey monkey, some of the most interesting findings came when I personally distributed a flyer to each of the survey sites. When I would present my research to the triage nurse, who typically greets patients to enquire on the chief complaints of new patients, I would get a mix of responses. At one hospital I talked to a registration member, who never heard of such a thing and referred me to the triage nurse, who then told me to get a hold of a Sexual Assault Nurse Examiner (SANE), because “they are the
ones who know about that kind of stuff.” Another interesting visit came when I distributed flyers at hospitals within 10 minutes of each other. The staff at one hospital told me that child sex trafficking was a very big problem and they had an incident just last night, while the staff at second hospital that was only 10 minutes away never heard of such a thing in Toledo and thought my research was misguided. It was interesting to see how uncomfortable the ED staff was discussing the issue of child sex trafficking. Their responses ranged from denial of a problem to immediate referral to a SANE nurse to an appreciation that someone is going hospital-to-hospital bringing up the issue.

ED staff is willing to learn about child sex trafficking. The emphasis should be to find a guest speaker who can deliver the information. The FBI task force centered in Toledo has saved over 60 kids from child sex trafficking since its development in 2006. This research sampling of only 10 hospitals shows that 20 respondents believed they could have made contact with a child possibly involved in sex trafficking. Another 48 responders were undecided if they had encountered a possible victim or not. This research suggests that the ED should be considered a safe zone for trafficked children and that if the staff knows what to look for that children can be saved.

In conclusion this research allows emergency departments in NWO to consider how the illegal underground practice of child sex trafficking is affecting their communities. This research demonstrates that distinctions between child abuse and child sex trafficking may need clarification and that policy changes should clarify the obligations of ED staff to protect suspected victims. This research also shows a deficit in the education of our ED staff, but more importantly identifies an area of interest for future continuing education.
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http://www.toledolegalnews.com/articles/index/id/5939


Figure 1

How would you rate your knowledge of child sex trafficking in relation to the emergency room setting:

- Excellent: 44.9% (44)
- Good: 27.6% (27)
- None: 23.5% (23)
- Fair: 4.1% (4)
- Poor: 0% (0)

Knowledge
Figure 2

How would you rate your awareness of child sex trafficking in relation to Northwest Ohio:

- 49.5% (48) poor
- 24.7% (24) fair
- 15.5% (15) none
- 7.2% (7) good
- 3.1% (3) excellent
Appendix A

1) Bay Park Community Hospital- Kendra Contreras Director of ED
   2801 Bay Park Dr. Oregon, OH 43616

2) Firelands Regional Medical Center- Bill Turton, RN, BSN, EMT-P, Director of ED
   1101 Decatur St. Sandusky, OH 44870

3) Flower Memorial Hospital- Sherry Watson, RN, Director of ED/ Trauma Services
   5200 Harroun Dr. Sylvania, OH 43560

4) Henry County Hospital- Jane Zachrich, RN, MSN, VP Nursing
   208 N. Columbus St. Hicksville, OH 43526

5) Mercy Hospital of Defiance- Renee Davis, RN, ER Manager
   1404 E. 2nd St. Defiance, OH 43512

6) St. Charles Mercy Hospital- Denise Abbott, RN, Trauma Program MGR/ EC Clin. MGR
   2600 Navarr Ave Oregon, OH 43616

7) St. Lukes Hospital- Cheryl Herr, RN, ED Services Nursing MGR
   5901 Monclova Road Maumee, OH 43537

8) St. Vincent Mercy Medical Center- Katy Stringfellow, RN, Director of ED/ Trauma Services
   2213 Cherry St. Toledo, OH 43608

9) The Bellevue Hospital- Michelle Garcia, RN, CEN, ER/ Occ. Health Nurse Leader
   1400 W. Main St. Bellevue, OH 44811

10) University of Toledo Medical Center- Hollis Hamilton Sen. Dir. ED Serv./Hemodialysis
    CS 10008 3065 Arlington, Toledo, OH 43699
Appendix B

The following questions 1-13 apply to the person completing this survey. The purpose of this section is to find relationships and compare groups/fields working in the emergency room.

Gender:
[ ] Male  [ ] Female  [ ] Prefer not to answer

Age Group:
_______ (Enter a whole number)

Race/ Ethnicity: Mark all that apply.
[ ] White (Non-Hispanic)  [ ] African American  [ ] Hispanic
[ ] Latino  [ ] American Indian  [ ] Alaska Native
[ ] Native Hawaiian  [ ] Pacific Islander  [ ] Asian
[ ] other________________ [ ] Prefer not to answer

Current position in relation to Emergency Department:
[ ] Physician  [ ] Physician Assistant  [ ] Nurse Practitioner
[ ] Nurse  [ ] LPN  [ ] Phlebotomy
[ ] Radiology  [ ] Respiratory  [ ] Registration
[ ] EMT  [ ] Orderly  [ ] Psychiatrist
[ ] Mental Health Professional  [ ] other______________

Years in ER position, after completion of initial required education/ training:
_______ (Enter a whole number)

How would you describe the location of your hospital:
[ ] Urban  [ ] Suburban  [ ] Community  [ ] Rural

Did you receive any education specific to child sex trafficking during your initial education/ training:
[ ] Yes  [ ] No  [ ] Unable to recall

Have you received any education/training specific to child sex trafficking since your initial education/ training:
[ ] Yes  [ ] No  [ ] Unable to recall

If you answered “yes” to question 8, how long has it been since this class/training:
[ ] <1year  [ ] 2-3 yrs. Ago  [ ] 4-5 yrs. Ago  [ ] >6 yrs. Ago

How would you rate your knowledge of child sex trafficking in relation to the emergency room setting:
[ ] excellent  [ ] good  [ ] fair  [ ] poor  [ ] none
How would you rate your awareness of child sex trafficking in relation to Northwest Ohio:

[ ] excellent [ ] good [ ] fair [ ] poor [ ] none

Would you be interested in education/training specific to child sex trafficking:

[ ] Yes [ ] No

How do you view minors who admit they are participating in sex trafficking/prostitution:

[ ] Juvenile Prostitutes
[ ] Victims
[ ] A victim first, then later a juvenile prostitute by the court system.
[ ] Other

The following are common indicators of US child sex trafficking according to Shared Hope International and the Prostitution Round Table via Second Chance of Toledo. Please check all scenarios that you have encountered with patients or visitors during your career as it pertains to minors. Mark all that apply.

[ ] Teens dating much older, overly controlling, or abusive men.
[ ] Lying about age and/or giving false ID.
[ ] Restricted or strict communication.
[ ] Symptoms of exhaustion/fear/anxiety/depression/nervous
[ ] Inconsistencies in story.
[ ] Pagers or cell phones not paid for by a parent or guardian.
[ ] Lack of knowledge about a given community or whereabouts.
[ ] Recurrent sexually transmitted infections.
[ ] Needing pregnancy tests frequently.
[ ] Bruising and injury.
[ ] Signs of branding. (Tattoo of pimps name)
[ ] Inability or fear to make eye contact.
[ ] Increased mental health symptoms.
[ ] Substance use and abuse.
[ ] Extreme weight loss.
[ ] Expensive and trendy jewelry and clothes that could not be supported by family’s financial circumstances.
[ ] Having quantities of cash that exceed what the family or “legitimate” employment could provide.

At this time, do you feel the indicators checked in question 14 could have involved someone a part of child sex trafficking:

[ ] Yes [ ] No [ ] Undecided [ ] None checked.
If you answered “yes” to question 15, were these suspicions followed up with appropriate resources/protocol:

[ ] Yes  [ ] Only in some cases  [ ] No  [ ] Not applicable  
[ ] I was unaware of the indicators when they were observed.

The National Human Trafficking Resource Center has developed a list of questions to identify a possible victim of trafficking. Included with these are some questions developed by the Prostitution Round Table in Toledo. Please indicate each question you have asked to a possible victim.

Mark all that apply.

[ ] What type of work do you do?
[ ] Have you or your family been threatened?
[ ] What are your working and living conditions like?
[ ] Has your identification or documentation been taken from you?
[ ] Do you know anyone who has exchanged sex for something they needed or wanted, for money, drugs, shelter, clothes or food?
[ ] Have you ever exchanged sex for something?
[ ] Have you ever stripped, danced or worked in an escort service?
[ ] What’s your school attendance like?
[ ] Do you have frequent Sexually Transmitted Infections.
[ ] Do you have multiple sexual partners?
[ ] Tell me about your boyfriend/girlfriend…What do you know about their job, family, age, and their friends?
[ ] Does your boyfriend/girlfriend take care of you and do they give you nice things?

Please rate your prior awareness/knowledge of the questions from 17 to identify a possible victim:

[ ] excellent  [ ] good  [ ] fair  [ ] poor  [ ] none

Do you feel child abuse and child sex trafficking are the same:

[ ] Yes  [ ] No  [ ] Undecided

Do victims of child sex trafficking receive the same treatment/rehabilitation as victims of child abuse when referred from the emergency department:

[ ] Yes  [ ] No  [ ] Don’t Know

Does your emergency room/hospital have a protocol specific to child sex trafficking:

[ ] Yes  [ ] No  [ ] Don’t Know

Which of the following is/are REQUIRED to prosecute a case of child sex trafficking:

Mark all that apply.

[ ] Force (against their will)  [ ] Fraud (intended deception)  [ ] Coercion (compelled)
[ ] None of the above  [ ] Don’t Know
The most common age group exploited/prostituted is:
[ ] 17 yrs. And younger [ ] 18-25 yrs. [ ] 26 yrs. And older [ ] Don’t Know

Which city, do you believe ranks #1 in the nation for child sex trafficking PER CAPITA:
[ ] Miami, FL [ ] Las Vegas, NV [ ] Detroit, MI [ ] Los Angeles, CA
[ ] New York, NY [ ] Toledo, OH [ ] Atlanta, GA [ ] Cincinnati, OH
Abstract

Objective: This research is to better understand the awareness and knowledge of child sex trafficking in local emergency departments.

Methods: Ten emergency rooms across Northwest Ohio were emailed a survey with twenty-four questions to assess the staff's general knowledge and awareness of child sex trafficking and its relation to Northwest Ohio.

Results: The ninety-eight responses correlate with the initial hypothesis in that there would be a lack of knowledge and awareness on the issue, despite the fact that 71.6% of respondents felt they either did encounter a possible victim or were undecided if the encounter could have been a possible victim of child sex trafficking.

Conclusion: This research indicates an increased need for education on child sex trafficking among emergency room staff who may have an opportunity to identify and respond to victims who present to the emergency room for care.