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EDUCATING HEALTH CARE PROFESSIONALS ON HUMAN TRAFFICKING

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ABSTRACT

BACKGROUND: Human trafficking victims commonly interact with health care professionals during their time of trafficking, and most are not identified as a victim. These interactions with health care provide an optimal time for identification, but only if the health care professionals are educated on clinical indicators, treatment options, and post-trafficking referrals. Currently, evidence suggests that the majority of health care professionals have never received formal training on how to identify, treat or assist a human trafficking victim that would present to a health care facility. PURPOSE: The purpose of this systematized review is to understand the current educational and training programs on human trafficking that are available for health care professionals, and applicable to nursing. Additionally, this review will explore the effectiveness of these training and educational resources and offer recommendations specifically for the discipline of nursing. METHODS: A systematized review of the literature was conducted in September 2017 using the PubMed and CINAHL databases with the search terms "human trafficking" [MeSH] AND "education" OR "human trafficking" [MeSH] AND "training." RESULTS: A wide variety of training modalities are available to health care professionals with similar themes of educational content. Training came in the form of online videos, voiceover presentations, online toolkits, education during departmental meetings, or presentations during Grand Rounds. Content of these programs most commonly included information on identification, clinical presentation, referral options, long-term consequences, and treatment. None of these programs were assessed for efficacy or validity, but some programs reported increases in self-rated knowledge and confidence. DISCUSSION: In recent years, there have been considerable improvements in the quality and number of educational/training programs on human trafficking available for health care professionals. The modalities of current programs are diverse and many do not have metrics or objective measurements to evaluate efficacy. Given the

important role of the nurse in victim identification, continued improvements in these educational programs could have a meaningful impact on patient outcomes.

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Chapter 1

Introduction

Human trafficking has been described as modern day slavery and affects approximately 20.9 million people worldwide (Polaris, 2016b). It is a crime involving the exploitation of another person for the purposes of labor or sex through the use of force, fraud, or coercion (Polaris, 2016b). Victims of this multi-billion dollar criminal industry are exploited and enslaved through coercion and deception and thus effectively lose their freedom (United States Department of State, 2000). Human trafficking victims are most commonly exploited for sexual purposes or forced labor, but they can also be trafficked for other exploitative purposes such as forced marriage, removal of organs, child soldiering, begging, or the selling of children (United Nations Office on Drugs and Crime [UNODC], 2016). Although human trafficking can affect anyone, traffickers often target society's most vulnerable individuals, which most often includes the poor, uneducated, homeless, physically and mentally disabled, and racially or sexually discriminated members of society, such as lesbian, gay, bisexual, transgender, or questioning (LGBTQ) individuals (Curtis, Terry, Dank, Dombrowski, & Khan, 2008).

The two most common forms of human trafficking are sex trafficking and labor trafficking (UNODC, 2016). Victims of sex trafficking are forced or coerced into engaging in sexual acts against their will, while labor trafficking victims are forced into performing manual work through threats, psychological coercion, or abuse of the legal system (United States Department of State, 2000). Forced labor is widespread in the US in several industries, including prostitution and sex services (46%), domestic service (27%), agriculture (10%), sweatshop/factory work (5%) and hotel service (4%) (Bales, Fletcher, & Stover, 2004).

In the United States, the National Human Trafficking Hotline has received reports of over 22,000 sex trafficking cases and 5,400 labor trafficking cases since its inception in 2007 (Polaris, 2016a). In 2016 alone, over 7,500 cases of human trafficking were reported in the U.S., 2,400 of which involved victims under age 18. (National Human Trafficking Hotline, 2016a). It is widely believed that these statistics are underestimations when it comes to the true number of human trafficking victims, as many victims go uncounted and undocumented (Baldwin, Eisenman, Sayles, Ryan, & Chuang, 2011; Macias-Konstantopoulos et al., 2013; Polaris, 2016a).

Challenges Associated with Identifying Victims of Human Trafficking

It is difficult to determine exactly how prevalent human trafficking is in the United States due to the hidden nature of the crime (Bales et al., 2004). Victims are often kept in isolation with no freedom of movement, leaving them dependent on the trafficker for access and contact to the outside world (Clawson & Dutch, 2008). Even if victims come in contact with law enforcement or a health care provider, there are many reasons they may be unable to self-identify and reveal their status as a human trafficking victim (Macias Konstantopoulos et al., 2013). Traffickers may instill in their victims a sense of mistrust and fear of law enforcement or those in positions of authority in order to keep them quiet (Clawson & Dutch, 2008; Macias-Konstantopoulos et al., 2013). Shame or humiliation may also keep them from self-identifying, as the trafficker may have told the victim that they are to blame for their situation (Greenbaum, Dodd, & McCracken, 2015). Conversely, the victim may not even consider themselves to be a victim of human trafficking in some cases, such as if they view the trafficker as their protector or boyfriend/girlfriend (Reid, 2014). All of these factors can make identification of victims extremely challenging.

Effects of Human Trafficking on Victims and Society

The effects of human trafficking on a victim are profound. One study revealed that 99.1% of human trafficking survivors reported at least one physical health problem that occurred due to their trafficking (Lederer & Wetzel, 2014). Victims frequently experience repetitive physical and psychological abuse, rape, confinement and food deprivation (Viergever, West, Borland, & Zimmerman, 2015). Mental disorders such as depression, anxiety, and post-traumatic stress disorder are frequently reported among trafficking victims (Ross, Dimitrova, Howard, Dewey, Zimmerman, & Oram, 2015). Along with health problems, victims may also face legal and economical restrictions. This may manifest as confiscation of money or passport/identity documents, or threats of deportation. Legal consequences can develop if victims are forced into committing crimes, such as prostitution, drug possession/use/sales/transport, theft, gang activity, or recruitment of other victims, and then are charged by law enforcement (Human Trafficking and the State Courts Collaborative, 2013).

Human trafficking can be a significant economic burden to society. The cost of this crime includes the resources devoted to its prevention, treatment of victims, prosecution of traffickers, and government funding to support victims after trafficking (United Nations Office on Drugs and Crime [UNODC], 2008). The cost of care, which often includes medications, medical testing and treatments, alcohol or drug rehabilitation, housing, education or tutoring, job training, counseling and psychological services, and recreation/cultural enrichment, costs society an average of over $90,000 per year for each victim (Christian Alliance for the Restoration of Trafficking Survivors, 2016). The Office on Trafficking in Persons (2018) estimates that it has spent over $95 million on re-assimilation programs for foreign national and domestic trafficking victims from 2011-2017. Re-assimilation is a long and costly journey, as survivors of human trafficking often face

major struggles overcoming mental health problems and substance addictions (Zimmerman et al., 2008). However, re-assimilation is frequently unsuccessful, as survivors are apt to relapse and rejoin the trafficking system.

Health Care Providers' Awareness of Human Trafficking and Response

Health care professionals are one of the few groups of professionals who are likely to encounter a trafficking victim during their captivity (Barrows & Finger, 2008). Therefore, they have a critical role in serving as a "first responder" in the identification and referral of a human trafficking victim (Lederer & Wetzel, 2014). Health care professionals must be cognizant of red flags or specific signs and symptoms that trafficking victims could demonstrate (Lederer & Wetzel, 2014). To properly and effectively recognize victims, all members of the interdisciplinary team must be trained, educated, and armed with proper identification tools. Their job does not stop after identification, as health care professionals must be knowledgeable on both assessment techniques and referral services available for human trafficking victims.

Several studies have noted a lack of training and education on human trafficking for health care providers. Studies have found that 63-97% of health care professionals have never received formal training on how to identify, treat and assist a human trafficking victim that presents to a health care facility (Beck et al., 2015; Chisolm-Straker, Richardson, & Cossio, 2012). Lack of interest in the growing epidemic is not the problem, as additional studies have indicated that between 68-95% of health care providers are interested in training and education on human trafficking victims (Beck et al., 2015; Chisolm-Straker et al., 2012; Viergever et al., 2015). When professionals were asked how best to improve service to human trafficking victims, the most frequent responses were adequate training and additional funding (Clawson et al., 2003). When trained, health care professionals have reported increased competency and

confidence in their ability to identify and treat victims (Beck et al., 2015; Chisolm-Straker et al., 2012).

There has been a lack of attention focused specifically on education and training needs to help health care professionals, especially nurses, identify and treat victims of human trafficking. Nurses are in a unique position to provide a lifeline to trafficking victims by recognizing that they may be under someone's control, treating them with care and sensitivity, separating them from their trafficker and providing a safe place to disclose their abuse, and then providing referrals to facilitate their safe transition out of trafficking (Peters, 2013). Additionally, nurses are able to coordinate with other professionals (i.e. law enforcement, social workers, psychiatrists) to develop an organized response to human trafficking (Hammer, Moynihan & Pagliaro, 2013). Nurses need to be educated on the signs and symptoms of trafficking victims and intervention strategies when they encounter a victim. Studies have noted that nurses are most interested in learning about definitions and concepts related to human trafficking, the role of the health care provider in caring for the victims, and the health consequences of trafficking (Viergever et al., 2015).

Purpose

The purpose of this systematized review is to understand the current educational and training programs on human trafficking that are available for health care professionals, and applicable to nurses. Additionally, this review will explore the effectiveness of these training and educational resources and offer recommendations specifically for the discipline of nursing. This study aims to address the following questions:

1. With respect to human trafficking, what educational or training programs for health care professionals are available that have been evaluated for efficacy?

2. What topics should be included in educational and training programs on human trafficking for nurses and how should they be implemented?

Chapter 2

Background

In 2016, over 7,600 cases of human trafficking were reported in the United States (National Human Trafficking Hotline, 2016a). Even though this is a significant number of victims, it is likely an underestimation due to the undercover nature of human trafficking and its lack of awareness in certain geographic areas and populations (Polaris, 2016a). Thus, these statistics only encompass some of the victims of this issue.

Human trafficking is defined as:

> the recruitment, transportation, transfer, harbouring or receipt of persons, by means of threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs (United Nations, 2000).

More specifically, sex trafficking occurs when people are illegally recruited, transported, or captured for the ultimate purpose of sexual exploitation and labor trafficking occurs when people do not voluntarily offer their services, but are forced into working under the premise of punishment (International Labour Organization, 1930; United States Department of State, 2008). A victim's consent to their trafficking exploitation is irrelevant if any of the previously mentioned forms of force have been employed. Additionally, if a child (under the age of 18) has

been recruited, transported, transferred, harboured or received for the ultimate purpose of exploitation, it is considered human trafficking even if a method of force or coercion was not used (United States Department of Justice, 2017).

The purpose of this chapter is to provide essential information on human trafficking in order to illustrate the importance of educating and training health care professionals, especially nurses. Health care professionals have to understand the many factors involved in a victim's human trafficking experience and the barriers they may face in order to properly identify and assess them (Stoklosa, Grace & Littenberg, 2015). Some of the critical topics that need to be understood include: types of human trafficking, characteristics of victims and their traffickers, recruitment and control of victims, physical, sexual and psychological consequences of participation in the trafficking system, interactions between health care and victims and the challenges associated, the importance of educating health care professionals on human trafficking, and the current trends in educating health care professionals on human trafficking.

Types of Human Trafficking

Health care professionals may encounter victims of different types of trafficking. It is important for health care professionals to understand victims' trafficking experiences in order to understand the care and referrals they will need. Human trafficking for the purposes of sexual exploitation and forced labor are the most frequent forms of trafficking reported in the United States today (UNODC, 2016). It has been determined that 55% of human trafficking in the U.S. is sex trafficking, 39% is forced labor trafficking, and 6% includes trafficking for mixed exploitation, which is a combination of both sexual and labor exploitation (UNODC, 2016). The United States is the second most popular destination for sex trafficking in the world (Reid, 2012).

Sex trafficking. Trafficking for sexual exploitation includes manipulation through survival sex (exchanging sex for money, shelter, food, or drugs), sex tourism, mail order bride trade, forced marriage, or performances at sexual venues, such as strip clubs (Institute of Medicine [IOM] & National Research Council [NRC], 2013). Sex trafficking is a serious problem affecting the United States that can cause immediate and long term adverse consequences for victims, their families, the related communities and society in general (IOM & NRC, 2013)

Labor trafficking. Victims may be forced into working through violence or threats of violence, accumulation of debt to their trafficker, retention of identity papers or threats of deportation (International Labor Organization, 2012). Labor trafficking and sex trafficking are not mutually exclusive, as many victims (especially female domestic servants) are sexually exploited or abused as well (United States Department of State, 2008). Victims are most often found in prostitution and sex services, domestic service, agricultural work, sweatshop or factory work, and hospitality services, such as hotels and restaurants. The highest number of forced labor workers are found in states that have cities made up of large populations and substantial immigrant communities, such as California, Florida, New York and Texas (Bales et al., 2004).

Characteristics of Human Trafficking Victims

In order to identify human trafficking victims, health care professionals must know common characteristics or risk factors. Across all types of human trafficking, traffickers specifically target those individuals who are most vulnerable. This may include people with few economic opportunities who are struggling to afford food, shelter or other basic needs. In the United States, these groups may include children in foster care, child welfare or juvenile justice systems. The homeless, migrant laborers, people with psychological/physical disabilities, people

with limited English skills, LGBTQ individuals, and the uneducated are also vulnerable (US Department of State, 2017).

Labor trafficking victims. In 2008, the United States Department of Justice sponsored the creation of a task force to identify the main characteristics of human trafficking victims. It was found that labor trafficking victims are most often males older than age 25 (62%) who are likely to be undocumented aliens (67%) or qualified aliens (28%), of Hispanic (63%) or Asian (17%) origin (Banks & Kyckelhahn, 2011). Additional studies confirmed the most common nationalities of victims to be Hispanic (especially Mexican) and Asian (especially Chinese and Vietnamese) (Bales et al., 2004).

The characteristics of the victims may vary based upon the type of labor they are performing. For domestic work, victims are most likely to be adult female undocumented immigrants or foreign nationals with temporary work visas. For sales crews, victims are most likely to be adult U.S. citizens and can be either male or female. For agricultural work, victims are more likely to be adult male foreign nationals (National Human Trafficking Resource Center, 2013).

As most labor trafficking victims are foreign, victims may have entered the country through visa programs for students or workers, or traffickers may have brought them into the U.S. using fraudulent means (End Slavery Now, 2017; Polaris, 2016a). As immigrants may be unfamiliar with America and its customs, culture, laws, language, or job practices, they may be an easier target for U.S. based traffickers (End Slavery Now, 2017).

Sex trafficking victims. The Department of Justice task force found that 85% of sex trafficking victims were females under age 25 and 83% of victims were U.S. citizens (Banks & Kyckelhahn, 2011). Although most victims of sex trafficking are female, males can also be

sexually trafficked (United States Department of State, 2017). Sex trafficking victims are more likely to be either white/Caucasian (26%) or African-American (40%) (Banks & Kyckelhahn, 2011). The National Human Trafficking Resource Center (2013) also reported that victims were likely to be U.S. citizens (60%) and female (85%).

If victims entered the sex trafficking system as a minor, research suggests they may have had one or more of the following: a history of sexual violence, physical abuse, prior sexually transmitted infections, mental disorders, drug and alcohol use, or prior involvement with child protective services, child welfare or law enforcement (Varma, Gillespie, McCracken, & Greenbaum, 2015). Research also suggests that minors who have run away from home, whether that be a group home, foster home or home of their legal guardian, are at greater risk of being trafficked, especially if the minor is in the foster care system (National Human Trafficking Resource Center, 2013).

Recruitment of Human Trafficking Victims

In order to help trafficking victims leave the system (through providing referrals and resources), health care professionals must understand how and why the victim entered the system. Victims often have vulnerabilities that a trafficker identified and then exploited, with the goal of creating a relationship built on dependence. To recruit, traffickers may make false promises of a better place to live, citizenship, a job, or material gifts of clothing, jewelry or money (Polaris, 2015). For example, some modeling or employment agencies frequently promise young women a better and more ideal life, but truly act as a false front for trafficking (Hodge, 2008). Traffickers may also promise drugs or alcohol, which can be especially enticing to those victims who are addicted to these substances (Varma et al., 2015). Specific to labor trafficking, victims living in developing countries may be promised better pay or a job in a

developed nation with more opportunities, such as the United States, but are immediately forced into the trafficking system upon arrival (Shandro et al., 2016).

If the victim was transported from another country to the U.S. by their trafficker and could not afford the cost of the trip, the trafficker and the victim may enter into an arrangement known as debt bondage. In this illegal agreement commonly seen in labor trafficking, the victim promises either their personal services or their future earnings to repay the trafficker (United States Department of State, 2017). Many victims see this as their only chance at a better life, if they can survive their trafficking.

Traffickers may also act as a romantic interest initially by offering love and support in order to gain their victim's trust. This is more successful in victims in need of emotional support, such as those who recently experienced a traumatic loss or event (Polaris, 2015). Once they have obtained their trust, traffickers will then ultimately exploit their victims through forcing or manipulating them into agreeing to perform commercial sexual acts (Polaris, 2016b; United States Department of State, 2017).

Control Tactics Used in Human Trafficking

Health care professionals should understand why most trafficking victims do not, or cannot leave the system at their own will. This knowledge should change how health care professionals attempt identification or any interventions. Traffickers attempt to maintain complete control over their victims through physical violence, sexual and emotional abuse, and psychological manipulation (Shandro et al., 2016). Traffickers may emotionally abuse through the use of shame or blackmail to keep victims in the system, by convincing them that no one else will want them after they have been trafficked, or by blackmailing them by posting inappropriate photos of them on the internet without consent. Victims may be worried that their families could

find out about their situation if they leave the trafficking system, and instead are guilted and shamed into staying (Baldwin et al., 2011). They can also aim to create a trauma bond, in which the victim forms a strong emotional attachment to their trafficker as a result of abusive behavior, exploitation of their position of power, and intermittent positive and negative behavior towards their victim (Raghavan & Doychak, 2015). Victims can end up with feelings of love towards their traffickers, making them stay in their situation and reluctant to turn their trafficker into law enforcement (Reid, 2014). This emotional bond can be a major roadblock to leaving their trafficking exploitation (Polaris, 2015).

Traffickers may keep all of the victim's money and control their possessions, especially their cell phones, identification documents, passports or visas (Cwikel, Chudakov, Paikin, Agmon, & Belmaker, 2004). They can threaten victims, especially workers with visas and illegal immigrants, with arrest as a means of maintaining them under their control (Reid, 2014).

In some cases, traffickers will intentionally get their victims pregnant in order to exert more control over them. They believe that victims may become more submissive out of fear of possibly losing their child. If the victims do not comply, the traffickers may threaten abortion, selling of the child or forcibly putting the child up for adoption (Reid, 2014).

Characteristics of Traffickers

Traffickers are defined as those who enable or participate in the trade and exploitation of human beings (UNODC, 2008). Health care professionals may have direct encounter traffickers, as they usually accompany their victims to health care facilities (Greenbaum, 2014). If health care professionals can recognize a trafficker based upon common characteristics, they may be more likely to identify victims. Common examples of traffickers can include brothel or counterfeit massage business owners/managers, employers of domestic servants, gang members,

criminal networks (such as drug dealers), crew leaders in agriculture, intimate partners, labor brokers, factory owners, pimps, or small business owners/managers (National Human Trafficking Hotline, 2017). They can be male or female and are usually older than their victims, as their age difference makes manipulation easier (UNODC, 2008). Additionally, the traffickers and the victims often share the same national, ethnic, or cultural background, which allows the trafficker to more easily recognize, understand, and exploit their victims' vulnerabilities (National Human Trafficking Hotline, 2017).

Some victims may participate in the recruitment of new victims for their traffickers. This "promotion" may be voluntary or could be in response to a trafficker's threat of, or actual violence if they do not comply (UNODC, 2008). Victims may agree to their switch in roles if they perceive it as an improvement in relation to their current circumstances.

Consequences of Human Trafficking

Psychological. Both sex trafficking and labor trafficking can lead to a myriad of psychological problems that may persist following the trafficking experience. The most frequently reported issues were depression, anxiety and posttraumatic stress disorder (PTSD) (Hossain, Zimmerman, Abas, Light, & Watts, 2010). Other mental problems reported are nightmares, flashbacks, low self-esteem, feelings of shame or guilt, bipolar disorder, depersonalization, multiple personality disorder and borderline personality (Lederer & Wetzel, 2014). Trafficking victims are also subject to suicidal thoughts or attempts. One study found that 80% of sex trafficking victims contemplated suicide during their trafficking (Muftic & Finn, 2013). Although all victims are at risk for psychological problems, those who have been in the trafficking system for at least six months have twice the probability of having more significant depression and anxiety issues as compared to those who have spent fewer time in the system

(Hossain et al., 2010). Victims who are trafficked for longer periods of time are subjected to greater amounts of abusive experiences and more sustained feelings of entrapment, isolation, loss of control of their own lives, shame, humiliation and hopelessness, all of which are associated with mental health issues (Abas et al., 2013; Hossain et al., 2010).

Substance abuse. Alcohol, marijuana and cocaine are the most common substances to be abused by trafficking victims, by choice or not. Between 71-95% of trafficking victims were addicted to alcohol, drugs or both during their captivity and more than a quarter were forced into this abuse (Hossain et al., 2010; Lederer & Wetzel, 2014; Muftic and Finn, 2013). Victims may develop a substance or alcohol abuse problem if it was forced on them as a control mechanism by their trafficker or if using substances/alcohol was a coping method they developed themselves (Lederer & Wetzel, 2014). Additionally, it has been found that victims who have been trafficked longer experience higher rates of addiction (Hossain et al., 2010).

Physical health. The most common physical health problems reported among all types of trafficking victims include headaches, stomach and back pain, nausea, unexplained memory problems, loss of appetite and tooth pain (Cwikel et al., 2004; Oram et al., 2012). As a result of physical abuse, victims can also experience bruises, burns, and fractures, especially to the ribs, vertebrae, head/face, fingers and toes (Raymond, Hughes & Gomez, 2001). They may also have neurological problems, such as traumatic brain injuries, vertigo, and difficulty concentrating (National Human Trafficking Resource Center, 2016).

Both sex and labor trafficking victims who have experienced sexual abuse may experience significant reproductive health problems. These can include urinary tract or yeast infections, unusual vaginal discharge and itching, gonorrhea, trichomoniasis, pubic lice, herpes, and pelvic inflammatory disease (Raymond, Hughes & Gomez, 2001). Most victims are sexually

active (by choice or not) and may rarely use a condom, all while most report having over 10 partners (Greenbaum et al., 2015). Very few victims that are women report using birth control, so a large proportion (58-71%) become pregnant at some point during their trafficking (Muftic & Finn, 2013). Most pregnancies result in either a miscarriage (55%) or an abortion (55%), with many victims reporting multiple abortions/miscarriages during their trafficking (Lederer & Wetzel, 2014).

Physical health issues specific to labor trafficking victims. Victims of labor trafficking report a higher prevalence of vision problems and back pain than in sex trafficking victims (Oram et al., 2012). Victims are subjected to hazardous and tiresome work for long hours with few breaks, while wearing little or no personal protective equipment and without receiving proper equipment or safety training (Turner-Moss, Zimmerman, Howard, & Oram, 2014). This gruesome work can lead to musculoskeletal problems or accidents and injuries due to their overworking and overall lack of protection. Specifically, if victims are trafficked into domestic work, they are more likely to report dermatitis or other skin problems, and if trafficked into construction or factory work, victims are likely to report acute or chronic respiratory disease (Turner-Moss et al., 2014).

Physical health issues specific to sex trafficking victims. Victims of sex trafficking report a high prevalence of gynecological issues and unintentional weight loss (Oram et al., 2012). Gynecological issues may include vaginal bleeding, vaginal or cervical pain, or sexually transmitted infections, especially HIV, chlamydia, gonorrhea and syphilis. (Raymond, Hughes & Gomez, 2001). Insomnia, poor concentration, malnutrition and eating disorders are also especially common among this subgroup. Serious long-term problems may also arise, as in one

study over 67% of victims reported cardiovascular or respiratory problems due to their trafficking (Lederer & Wetzel, 2014).

Interactions with Health Care

The most common reasons victims report for visiting a health care facility include a general checkup (42%), testing for a sexually transmitted infection (34%) or HIV (21%) (Varma et al., 2015). Medical visits may additionally be triggered by respiratory or chronic illnesses or injuries that prevent trafficking victims from completing their duties (Baldwin et al., 2011). When victims arrive at a health care facility, they may exhibit signs or symptoms of a sexually transmitted infection or HIV, injuries due to physical or sexual abuse, an exacerbation of an unmanaged chronic disease, drug use/overdose, suicide attempt, or help required for contraception, abortion or pregnancy complications. They will most often report to an emergency room, hospital, urgent care clinic, women's clinic, neighborhood clinic, or a primary care doctor (Lederer & Wetzel, 2014).

Health care professionals are in a unique position to identify human trafficking victims. They are one of the few professionals who are likely to interact with human trafficking victims while still in captivity (Barrows & Finger, 2008). As the first responders and first line of defense, they have the ability to identify victims and connect them with services that can aid in their transition out of the trafficking system (Beck et al., 2015; Patel, Ahn, & Burke, 2010). However, evidence suggests that victims are not commonly identified when they present to a health care facility, with studies reporting anywhere from 28% to 88% of victims not being identified during their visit (Baldwin et al., 2011; Family Violence Prevention Fund, 2005; Lederer & Wetzel, 2014).

There are several barriers to victim identification in the health care field. These barriers may include an inability to self-identify, lack of awareness, lack of screening tools, and lack of education.

Inability to self-identify. Trafficking victims do not reveal their own identity as a victim for several reasons. They may not speak English or be unfamiliar with American culture, thus making them unaware of how or where to ask for help (Sabella, 2011). Or, victims may be told to pretend they do not speak English when at a health care facility so that the trafficker can orchestrate all communication between the victim and the health care provider, eliminating all chances of identification and escape for the victim (Greenbaum, 2014). Victims are often not left alone by their trafficker when visiting health care facilities. If they are alone, they will likely not disclose their identity due to threats from their trafficker (of harm to themselves or their family) or a lack of hope or trust in medical providers due to brainwashing from their trafficker (Greenbaum, 2014; Patel et al., 2010). The victim may have been given scripted answers to repeat to the health care professional as to not give away their status (Sabella, 2011). If victims lack education, an understanding of human trafficking, and a lack of knowledge of their rights as humans, they may not even realize they are a victim, which can make identification significantly challenging (Clawson & Dutch, 2008). Additionally, they may not realize they are a victim if they have come to view their trafficker as their boyfriend or protector (Polaris, 2015).

Lack of awareness. In the United States, nurses and other health care providers who interact with a human trafficking patient might not realize they are a victim. Some health care professionals do not believe that human trafficking exists in the United States or in their specific communities (Chisolm-Straker et al., 2012). Even if they are aware of the possibility of interacting with a human trafficking victim, they are not knowledgeable on the topic. Stereotypes

of human trafficking victims do exist, as victims are often thought of as young female immigrants forced into prostitution, which disregards labor trafficking victims, male victims, and domestic victims (Clawson & Dutch, 2008).

Lack of screening tools. In the 2017 Trafficking in Persons Report, the United States Department of State specifically recommended enhancing screening procedures to improve identification of trafficking victims, underscoring its importance (United States Department of State, 2017). Resources specifically designed for the health care setting and medical field regarding the identification of human trafficking victims are severely lacking, as validated screening tools are sparse in number (Greenbaum, 2014). The first validated screening tool for identifying human trafficking victims was created in 2014 by the Vera Institute of Justice. The "Trafficking Victim Identification Tool" is reliable in its ability to distinguish labor and sex human trafficking victims; however, more research is required to develop its use with children, LGBTQ individuals, or those with disabilities (Vera Institute of Justice, 2014).

Lack of education. The majority of health care professionals have not received proper training or education on the identification, treatment or assistance of human trafficking victims when they present to the health care field. Approximately 63-97% of health care professionals are uneducated on this vulnerable population, which may leave victims the undue responsibility to identify themselves (Beck et al., 2015; Chisolm-Straker et al., 2012). If training is available, it varies in length, scope and content (Powell, Dickins & Stoklosa, 2017). Additionally, efforts to assess the effectiveness of the training and education that exists have been slim to none.

Current Trends in Educating Health Care Professionals on Human Trafficking

Education has expanded in parallel with human trafficking research, as the field is frequently discovering new information. Health care professionals were first recognized as

priority interventionists after a 2003 study that discovered the health risks and consequences that trafficking victims may experience (Zimmerman et al., 2003). Research then expanded to other topics, such as clinical indicators, risk factors, treatment, and more. Professional organizations have since realized their role in preventing, identifying, and treating human trafficking victims. Organizations such as the American College of Obstetrics and Gynecologists, Association of Women's Health, Obstetric and Neonatal Nurses, American Medical Association Medical Student Section, and the American Academy of Pediatrics have all issued statements proclaiming the importance of educating professionals on human trafficking and urging their members to receive training (American College of Obstetrics and Gynecologists, 2011; Association of Women's Health, Obstetric and Neonatal Nurses, 2016). In response, established anti-trafficking organizations (such as the National Human Trafficking Hotline) and other smaller medical organizations or facilities, have begun creating their own educational programs in-house (National Human Trafficking Resource Center, 2016). Some have advocated for the creation of a standardized program for all health care professionals or for the standardization of content of all programs, but these ideas have yet to be implemented (Powell et al., 2017).

Licensure requirement. In the past year, both Florida and Michigan have issued legislation requiring health care professionals to complete human trafficking training as a requirement for initial licensure and re-licensure (Florida Board of Nursing, 2017; Michigan State University, 2017). Michigan requires all health care professionals (nurses, physicians, social workers, pharmacists, therapists, etc.) to complete training, while Florida only requires their nurses. These health care professionals can complete any two-hour continuing education course on human trafficking that they find, although the class must include specific content. This mandatory content includes information on the types of human trafficking, risk factors for

becoming a victim, referral options available to victims, assessment tools, signs and symptoms of victims, and information on hotlines available for reporting human trafficking (Florida Board of Nursing, 2017; Michigan State University, 2017).

Certification. Another recent method of educating human trafficking victims comes in the form of a certification. Vanguard University offers an "Anti-Human Trafficking Certificate" upon completion of twelve credits, while Drexel University offers a "Certificate in Issues in Human Trafficking" after completion of nine credits. Both programs are available to all members of the interdisciplinary team, such as physicians, nurses, social workers, criminologists, and law enforcement officers. After completion of these online courses, health care professionals have a strong and thorough knowledge base to apply to their practice (Drexel University College of Nursing and Health Professions, 2016; Vanguard University, 2017).

Educating Nurses on Human Trafficking

There are almost 3 million nurses employed in the United States, making nurses the largest group of health care professionals (United States Bureau of Labor Statistics, 2017). In addition to being the largest, they are also the most trusted profession, as voted by the American public for the past fifteen years (American Nurses Association, 2014). As nurses are present in almost every health care setting, they can be the front line of identification efforts of human trafficking victims. Emergency room nurses are often the first professionals that a victim will interact while under the control of a trafficker (Patel et al., 2010). If a victim's access to health care is limited by their trafficker, they may only have one chance to interact with a nurse and be identified. However, the current lack of training and education available on human trafficking is failing nurses. Nurses want to help, but they are not given the opportunity to learn or the tools to identify and help (Chisolm-Straker et al., 2012).

Nurses without training have noted this to be the greatest barrier to identification of victims (Beck et al., 2015). Without proper training or education on human trafficking, nurses are unconfident and hesitant in their abilities to identify and treat a victim (Chisolm-Straker et al., 2012). When given training or educational interventions, nurses are more knowledgeable on this hidden patient population and are more likely to correctly identify patients as human trafficking victims (Beck et al., 2015). They are eager to learn more, they must just be given the opportunity to do so (Viergever et al., 2015).

Conclusion

Human trafficking is an abuse of rights, whose victims can include men, women and children from all parts of the United States. A variety of factors, including how the victim entered the trafficking system, control methods the trafficker used, and the type of trafficking can create different intervention strategies for health care professionals. It is important for health care professionals to understand victims' trafficking experiences in order to understand the care and referrals they will need.

These victims are at risk for various physical, psychological or sexual health problems due to their trafficking. These health conditions can present an opportunity for an interaction with the health care field and an opportunity to be identified as a victim. However, barriers in the trafficking and health care systems can impede identification. It has been reported that only 3-27% of health care professionals have been educated/trained on human trafficking, which may be partly responsible for the wide range (28-88%) of human trafficking victims that are not identified (Baldwin et al., 2011; Beck et al., 2015; Chisolm-Straker et al., 2012; Lederer & Wetzel, 2014). Professional organizations have called for the creation and implementation of educational programs. Current educational efforts include anti-human trafficking certificates,

requirements of training for re-licensure, or various online modules, though these are not widespread in use.

Chapter 3

Methods

In order to understand the current educational and training programs available for health care professionals, especially nurses, a systematized literature search was conducted using two databases. PubMed and CINAHL were both chosen due to their relevance to the health care field, while CINAHL has a more specific focus on nursing research. This chapter will describe the methods utilized to select articles chosen for this systematized review.

Two databases, PubMed and CINAHL were searched using the terms “human trafficking” [MeSH] AND “education” OR “human trafficking” [MeSH] AND “training.” The search was limited to articles published in English before September 20, 2017 to include all relevant studies. The PubMed search elicited 30 results and the CINAHL search elicited 33. The search generated 63 articles total.

The full text of all 63 articles were skimmed to see if they were fit for inclusion in the review. Criteria for inclusion included: 1) an implementation of an educational or training program or 2) a discussion about the topics that should be included in human trafficking education or training.

In total, 52 articles did not meet the inclusion criteria and were excluded. Twenty articles were not focused on education/training, twenty articles did not include a specific educational/training implementation or discussion, six articles were not about human trafficking, five articles were duplicates, and one article was an editor’s letter. Eleven total articles, seven from PubMed and four from CINAHL, met the criteria for inclusion in this review.

A hand-search of the literature was also conducted by searching the reference lists of the articles found in the original search. Seven additional articles were found to meet the inclusion

criteria for selection in this review. Eighteen total articles were included in the review. See Figure 1 for the PRISMA flow diagram for article selection. Data was extracted from these articles using the Matrix Method, as shown in Tables 1 and 2.

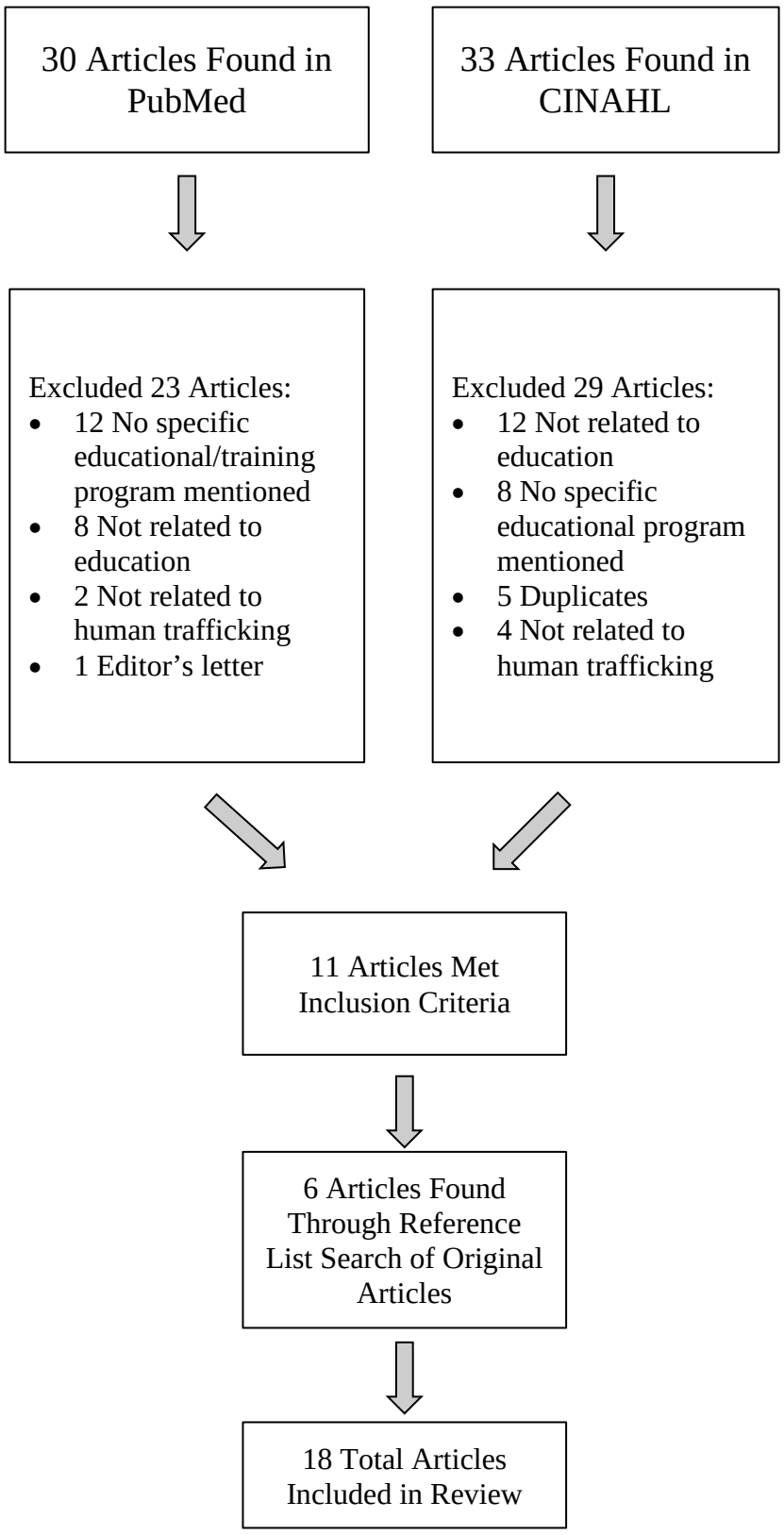

Figure 1: PRISMA Flow Diagram

Authors, Title, Year & Journal	Purpose	Audience	Education/Training Program Design	Educational Content	Results/Findings	Evaluation	Strengths & Limitations
American Medical Women's Association. (2017). *PATH: Physicians against the trafficking of humans.* Retrieved November 10 2017 from http://www.doc-path.org/path	To provide resources to healthcare providers so that they can offer better care for their patients	Health care professionals, specifically physicians	20 minute online training consisting of four online videos and a post test	Scope of the problem, screening techniques, ways to intervene, resources to connect victims with	- Not published	Not officially validated or evaluated for efficacy	**Strengths:** Free online module accessible from anywhere and able to be reviewed after completion; Short program that is able to be completed in one sitting. **Limitations:** No post-test to assess results
Baldwin, S., Barrows, J., & Stoklosa, H. (2017). *Protocol toolkit for developing a response to victims of human trafficking*. Retrieved November 28 2017 from goo.gl/qXEtWZ	To encourage health care professionals of all disciplines to shift their anti-trafficking approaches towards a focus in public health and trauma-informed care	Health care professionals	Online toolkit that can be used to develop a response protocol for human trafficking victims	Trauma informed care, multidisciplinary treatment and referrals, how to identify high risk patients, interviewing patients, documentation, when patients decline help, safety	- Not published	Not officially validated or evaluated for efficacy	**Strengths:** Free, useful and thorough information for facilities to implement a protocol on their own **Limitations:** No results or "success stories" of facilities that implemented their strategies

Chisolm-Straker, M. & Richardson, L. D. & Cossio, T. (2012). Combating slavery in the 21st century: The role of emergency medicine. *Journal of Health Care for the Poor and Underserved, 23*(3), 980-987. doi: 10.1353/hpu.2012.0091.	To assess the knowledge and confidence of Emergency Department health care professionals on the identification and treatment of human trafficking victims before and after exposure to an educational workshop	104 doctors, physician assistants, nurses, social workers, medical students from 4 different Northeastern US EDs	20 minute didactic training session featuring the clinical narrative of an unidentified trafficking victim who presented to the ED	Identification, clinical presentation, treatment, consequences of not being identified, how to safely intervene	- Before training, less than 5% felt confident in their ability to identify a victim and less than 8% felt confident treating a victim. - Immediately after training, 54% were confident in their ability to identify and 57% were confident in their ability to treat a victim.	Results were evaluated by a post-program self-rated knowledge/confidence survey; but not officially validated or evaluated for efficacy	**Strengths:** Included a post-program self-assessment, which many other programs did not **Limitations:** Sample size was small & only conducted in Northeast USA, which may limit the study's ability to be generalized
Christian Medical and Dental Associations. (2008). *Trafficking in persons: A primer for the health care professional*. Retrieved September 23 2017 from	To provide information on steps that a health care professional should take if they interact with a suspected trafficking vicitim, how to recognize the various	Health care professionals	Eleven different online 1 hour modules of a voice-over presentation; available for continuing education credits	Intro to domestic trafficking in the US, intro to global situation of HT, physical health consequences, mental health consequences, identification and mental evaluation of both labor and sex trafficking victims,	- There was a brief self-evaluation quiz after completing a module, but no formal results of modules were published	Not officially validated or evaluated for efficacy	**Strengths:** Available for continuing education credits. Online module able to be accessed from anywhere, anytime, even after completion **Limitations:** Takes a Christian-focus to human trafficking, so may not be applicable to some cultures. To receive CE's, one must pay for them.

https://cmda.org/resources/page/human-trafficking-continuing-education-modules	signs and symptoms, how to interact with members of the multi-disciplinary team, and how to identify a victim			identification and treatment of long term health consequences, multi-disciplinary care, health care professional's role beyond the clinic setting, trauma-informed care, spiritual response, & caring for victims in low resources settings			
Drake, D. M. (2016). Integrating sex-trafficking awareness into women's health curricula. *Reflections On Nursing Leadership*, *42*(3), 1-3.	To prepare the next generation of APRNs on interacting with sex trafficking victims and how to best provide care	Nurses-specifically class of women's health nurse practitioners at University of Minnesota	Women's health practicum course	Project in which students partnered with local organizations to educate community and assist trafficking victims who were trying to leave the trafficking system	- After receiving education, students were inspired to present what they learned to additional classes of APRN students	Not officially validated or evaluated for efficacy	**Strengths:** One of the only programs to target nurses who are still in school **Limitations:** Did not provide much information on types of projects or results
Egyud, A., Stephens, K., Swanson-Bierman, B., DiCuccio, M., & Whiteman,	To improve rescue and identification of human trafficking victims who	103 physicians, nurses, ancillary personnel and social	Mandatory training for all ED staff, which included live training at department and	Screening tools, red flags, resources for rescue, notification plans for appropriate agencies, algorithm	- 74% believed that the education/training improved their knowledge/abilities - 38 trafficking	Evaluation consisted of self-assessment of learners after completion of training; Not	**Strengths:** Educated a whole hospital unit on human trafficking; self-identification tool is feasible for implementation

K. (2017). Implementation of human trafficking education and treatment algorithm in the emergency department. *Journal of Emergency Nursing, S0099-1767*(17), 30041-30047. doi: 10.1016/j.jen.2017.01.008.	present to the emergency department through implementing a screening tool and treatment algorithm	services in a southwestern level 2 trauma center hospital in PA with ED annual census of over 40,000	hospital meetings and staff was given a tip sheet for use in the clinical setting (Department of Health and Human Services Screening Tool for Human Trafficking)	for identification and treatment, self-identification tool (blue sticker on specimen cup)	victims were identified within 5 months of implementation, although it is not reported how many identified before implementation	officially validated or evaluated for efficacy	**Limitations**: Not able to determine whether all victims who came to ED screened positively for potential to be a human trafficking victim; lack of statistics on previously identified victims before self-identification tool was implemented
Grace, A., Lippert, S., Collins, K., Pineda, N., Tolani, A., Walker, R., … Horwitz, S.M. (2014). Educating health care professionals on human trafficking. *Pediatric Emergency*	To determine if an educational intervention could increase emergency department providers' ability to identify victims of human trafficking and their knowledge of	Emergency Department staff in San Francisco Bay Area from 20 hospitals in area with largest ED discharges **Intervention**	Intervention group took a pre-program survey and then the group received PowerPoint presentation during divisional/department meetings or Grand Rounds (either 25 or 60 min) delivered by a physician and a member of the	Background information on human trafficking, relevance of human trafficking to health care, clinical signs and symptoms victims present with, referral options for a potential victim	- The percent of study participants who rated themselves as knowledgeable/very knowledgeable increased from 7.2% to 59.0% in the intervention group and did not change (15.0%) within the control group - The percent of participants in the	Not officially validated or evaluated for efficacy	**Strengths:** First study to use a control group to assess knowledge changes; Used both pre and post-survey **Limitations:** Study was conducted in Northern California, an area with high levels of immigration and human trafficking victims, which means health care professions were most likely more aware of the

Care, 30(12), 856-861.doi: 10.1097/PEC.0000000000000287.	available resources to help victims	**group**:141 ED physicians, nurses and social workers **Control group:** 104 ED physicians, nurses and social workers	local police department and then took post-program survey. Non-educational group took same post- program survey as educational group, without receiving presentation.		intervention group who suspected that a former patient of theirs was a victim of HT doubled (from 17% to 38%), and the control group did not change (10%) - The percent who agreed/strongly agreed that knowledge about HT was important to their profession were significantly higher on the post-survey (91.7% vs 79.2%)		topic before getting education; possible this intervention could possibly result in larger impacts when given to different areas with less prevalence and awareness
Isaac, R., Solak, J., & Giardino, A.P. (2011). Health care providers' training needs related to human trafficking: Maximizing the opportunity to effectively screen and intervene.	To describe the training required by physicians and nurses in order to accurately screen and identify victims	Health care professionals likely to come in contact with human trafficking victims in Greater Houston Metropolitan Area	In-person one day training conducted by a trained mentor (including case studies and presentations), followed by a newsletter to administrators instructing them on how to create an environment that promotes	How to connect victims to services and support in order to meet immediate and long term needs, identification skills, prevalence	- Post-program survey was taken, but no results or findings were published	Not officially validated or evaluated for efficacy	**Strengths:** Contained follow-up educational information after the program ended **Limitations:** Results of survey were not available

Journal of Applied Research on Children: Informing Policy for Children at Risk, 2(1).			identification of victims				
National Human Trafficking Resource Center. (2016). *Recognizing and responding to human trafficking in the healthcare context.* Retrieved from https://humantraffickinghotline.org/resources/recognizing-and-responding-human-trafficking-healthcare-context	To educate health care professionals on human trafficking and how they may respond to a potential victim that presents for care	Health care professionals	30 minute voice-over presentation	Overview of trafficking, victim's interaction with health care, indicators/red flags for labor & sex trafficking, trauma-informed care, how to report victims	- Not published	Not officially validated or evaluated for efficacy	**Strengths:** Free online module that is able to be accessed whenever and can be reviewed after completion **Limitations:** Not as in-depth as other programs

Ohio School Nurse Human Trafficking Training. (2014). *Momentum (Ohio Board of Nursing), 12*(1), 16.	To provide guidance on prevention of human trafficking and strategies for identification, and introduce the new School Nurse Human Trafficking Protocol	School nurses in Ohio	In-person one day training program	How to recognize signs and indicators, basic screening questions, how to make an appropriate referral	- Created several online training modules in response to success of training session; no official results published	Not officially validated or evaluated for efficacy	**Strengths:** Targeted a unique, yet important, audience **Limitations:** Specific content of education was not identified
Rollins, R. (2015). SOAR to health and wellness: a new federal training on human trafficking for health care providers. In 143rd APHA Annual Meeting and Exposition; 2015 Oct 31–Nov 4; 2015 Nov 4; Chicago (IL), APHA.	To educate health care professionals on how to accurately identify, treat, and respond to potential human trafficking victims when they present for care	Health care professionals (providers, social workers, public health professionals & behavioral health professionals)	3 hour voice-over presentation	Applies a public health and community aspect; identification, treatment, resources/referrals, health consequences of trafficking, prevalence	- Not published	Not officially validated or evaluated for efficacy	**Strengths:** Very specific and detailed education from several multi-disciplinary professionals **Limitations:** Not available for CE credits; length of program might hinder people from listening to module

Table 1: Summary of Reviewed Articles Featuring Educational/Training Programs

Authors, Title, Year & Journal	Purpose	Education Directed Towards	Suggested Topics	Suggested Methods of Education
Avila, P. T. (2016). A multidisciplinary response to commercial sexual exploitation of children. *Nurse Practitioner, 41*(11), 34-40. doi:10.1097/01.NPR.0000502788.20243.0a	To discuss the scope of both commercial sexual exploitation of children and sex trafficking and the critical skills needed to identify and evaluate these patients	Nurses, specifically nurse practitioners	Screening questions, risk factors, prophylactic treatment, therapeutic interactions, trauma-informed care	Include other interdisciplinary and health care professionals in education in order to establish a system of collaboration
Bespalova, N., Morgan, J., & Coverdale, J. (2016). A pathway to freedom: An evaluation of screening tools for the identification of trafficking victims. *Academic Psychiatry, 40*(1), 124-128. doi: 10.1007/s40596-014-0245-1	To evaluate the existing assessment tools to facilitate the education of health care professionals	Health care professionals	Assessment techniques, screening tools, identification, trauma-informed care	Educational programs must be built upon screening tools that are validated, such as the VERA Trafficking Victim Identification Tool. Polaris' Medical Assessment Tool is also recommended for us, though this tool is not validated.
CdeBaca, L., & Sigmon, J.N. (2014). Combating trafficking in persons: A call to action for global health professionals. *Global Health, Science, and Practice, 2*(3), 261-267. doi: 10.9745/GHSP-D-13-00142	To call health care professionals to respond to the problem of human trafficking by providing suggestions as to how they can contribute	Health care professionals	Interacting with potential victims, prevalence of trafficking, health consequences of trafficking, interview strategies, and resources to connect victims with	Train health care professionals using "*Caring for Trafficked Persons: Guidance for Health Providers*" and it's *Facilitator's Guide*. Education must go beyond simply raising awareness of human trafficking and recognizing signs.
Hachey, L., & Phillippi, J. (2017). Identification and management of human trafficking victims in the emergency department.	To provide nurses with the knowledge required to identify and sensitively interact with human trafficking victims	Nurses, specifically nurse practitioners	Health consequences (physical, reproductive, psychological, infectious diseases), clinical indicators, trauma-sensitive approach care, screening, physical assessments, referrals, mandated reporting	Implement evidence based training modules and guidelines to educate health care professionals

Advanced Emergency Nursing Journal, 39(1), 31-51. doi: 10.1097/TME.0000000000000138				
Hornor, G. (2015). Domestic minor sex trafficking: What the PNP needs to know. *Journal of Pediatric Health Care, 29*(1), 88-94. doi: 10.1016/j.pedhc.2014.08.016.	To discuss domestic minor sex trafficking and its prevalence, risk factors, and clinical implications	Nurses, specifically pediatric nurse practitioners (PNP)	Physical and psychological consequences of trafficking, prevention, screening questions, risk factors, trauma-informed care, "victim" status	Nurses should be responsible for educating others in the field. Teens, families, and communities need to be educated by nurses as a means of primary prevention.
Powell, C., Dickins, K., & Stoklosa, H. (2017). Training US health care professionals on human trafficking: Where do we go from here? *Medical Education Online, 22*(1), 1267980. doi:10.1080/10872981.2017.1267980.	To discover the gaps and strengths in the education of health care professionals on human trafficking in the US	Health care professionals	Primary, secondary, tertiary human trafficking prevention, public health impact, trauma-informed care	Develop a standardized training for all health care professionals, based upon evidenced based practice. Offer incentives for health care professionals who sign up for training
Sabella, D. (2011). The role of the nurse in combating human trafficking. *AJN American Journal Of Nursing, 111*(2), 28-39. doi:10.1097/01.NAJ.0000394289.55577.b6	To provide an overview of human trafficking and how nurses can safely intervene	Nurses	Role of nurses in identifying victims and helping them heal and escape system	Add courses on human trafficking into nursing education, or give a lecture as part of another class. Invite local experts or show films.

Table 2: Summary of Reviewed Articles Featuring Ideas for Implementation of Educational/Training Programs

Chapter 4

Results

This chapter will analyze the results obtained from the systematized literature search. Eighteen total articles were selected for inclusion in this review (American Medical Women's Association, 2017; Avila, 2016; Baldwin, Barrows, & Stoklosa, 2017; Bespalova, Morgan, & Coverdale, 2016; CdeBaca & Sigmon, 2014; Chisolm-Straker et al., 2012; Christian Medical and Dental Associations, 2008; Drake, 2016; Egyud, Stephens, Swanson-Bierman, DiCuccio, & Whiteman, 2017; Grace et al., 2014; Hachey & Phillippi, 2017; Hornor, 2015; Isaac, Solak, & Giardino, 2011; National Human Trafficking Resource Center, 2016; Ohio School Nurse Human Trafficking Training, 2014; Powell et al., 2017; Rollins, 2015; Sabella, 2011).

Eleven of the articles identified were focused on educational or training programs. Of these programs, six consisted of in-person courses, four were online courses and one was an online toolkit. The programs all varied in length, as the online courses ranged from a half hour to ten hours of educational material, and the in-person courses ranged from twenty minutes to a full semester course. The seven articles that did not study specific training programs were focused on providing suggestions for implementing education/training for health care professionals (Avila, 2016; Bespalova et al., 2016; CdeBaca & Sigmon, 2014; Hachey & Phillippi, 2017; Hornor, 2015; Powerl et al., 2017; Sabella, 2011). These suggestions come from field experts, such as the U.S. Ambassador-at-Large to Monitor and Combat Trafficking in Persons, Senior Coordinator for International Programs in the U.S. State Department's Office to Monitor and Combat Trafficking in Persons, or Executive Director of HEAL Trafficking. All included articles were

directed toward educating health care professionals, while some were specifically designed for nurses or physicians.

Overview of Educational/Training Programs

In-person education and training. Six of the selected studies covered educational or training modules that were carried out in-person (Chisolm-Straker et al., 2012; Drake, 2016; Egyud et al., 2017; Grace et al., 2014; Isaac et al., 2011; Ohio School Nurse Human Trafficking Training, 2014). Chisolm-Straker et al. (2012) administered a twenty-minute didactic training session that was preceded and followed by a test to evaluate learning. Drake (2016) integrated human trafficking education into the first-year women's health practicum course for the advanced practice registered nurse students at the University of Minnesota. Students watched a human trafficking documentary and then completed a project in which they were paired with local organizations. The goal of the project was to educate community members on human trafficking, and then present their findings to the class (Drake, 2016). Egyud et al. (2017) included mandatory live training during department and hospital meetings for all emergency department staff, where they were instructed on red flags and a silent notification tool (a blue sticker on urine specimen cups) that victims could use to identify themselves. Grace et al. (2014) delivered their educational material through a group randomized control trial featuring a PowerPoint presentation during department meetings or Grand Rounds. A physician and a member of the local police department delivered the presentation. Participants either received the 25-60 minute presentation or did not, and then both groups took a survey on their self-perceived level of knowledge afterwards (Grace et al., 2014). Isaac et al.'s (2011) training program was named "Health Professionals and Human Trafficking: Look Beneath the Surface, H.E.A.R. Your

Patient." This program included a one-day training session for health care professionals in Houston conducted by a trained educator (Isaac et al., 2011). The "Ohio School Nurse Human Trafficking Training" was a one-day training program on prevention and identification strategies available to school nurses (Ohio School Nurse Human Trafficking Training, 2014).

All six of these in-person training programs were directed towards health care professionals (Chisolm-Straker et al., 2012; Drake, 2016; Egyud et al., 2017; Grace et al., 2014; Isaac et al., 2011; Ohio School Nurse Human Trafficking Training, 2014). Two were explicitly designed for nurses, specifically school nurses and women's health nurse practitioners (Drake, 2016; Ohio School Nurse Human Trafficking, 2014). Four were directed towards those mostly likely to come in contact with human trafficking victims, such as doctors, nurses, ancillary support, social workers, or emergency department health care professionals (Chisolm-Straker et al., 2012; Egyud et al., 2017; Grace et al., 2014; Isaac et al., 2011). Two of these modules additionally provided education to students (Chisolm-Straker et al., 2012; Drake, 2016). Chisolm-Straker et al. (2012) included medical students in the education, along with other health care professionals such as doctors, physician assistants and nurses, in their training program. Drake's (2016) program targeted women's health nurse practitioner students enrolled at the University of Minnesota. Three programs each reported over 100 participants, with one reporting over 140 participants (Chisolm-Straker et al., 2012; Egyud et al., 2017; Grace et al., 2014). No other programs reported the number of people who took part in the training.

Online education and training. Five of the selected articles studied online training programs (American Medical Women's Association, 2017; Baldwin et al., 2017; Christian Medical and Dental Associations, 2008; National Human Trafficking Resource Center, 2016; Rollins, 2015). "Recognizing and Responding to Human Trafficking in a Healthcare Context" is

a 30-minute voice-over presentation that featured an overview of trafficking, victims' interactions with healthcare, red flags/indicators of victims, and trauma informed care (National Human Trafficking Resource Center, 2016). "Trafficking in Persons: A Primer for the Health Care Professional" is a series of eleven different presentations to read through, with no narration. It covers consequences of human trafficking, identification of victims, treatment, multi-disciplinary care, spiritual care, global issues, and care of victims in low-income environments (Christian Medical and Dental Associations, 2008). "SOAR to Health and Wellness Training" is a three-hour voice-over presentation that presents information on identification, treatment, resources/referrals, health consequences, prevalence of trafficking, and public health and community approaches to trafficking (Rollins, 2015). "Physicians against the Trafficking of Humans (PATH)" is an eighteen-minute module that includes several videos of health care professionals discussing human trafficking. The videos features the scope of human trafficking, identification and screening techniques, intervention methods, and resources available to victims (American Medical Women's Association, 2017). The "Protocol Toolkit for Developing a Response to Victims of Human Trafficking in Health Care Settings" is an online toolkit that aims to help health care facilities develop a response protocol when faced with human trafficking victims (Baldwin et al., 2017). Unlike the other online modules, it does not feature videos or a voice-over presentation to deliver the material, but instead a comprehensive document full of educational information presented as a "toolkit" (Baldwin et al., 2017).

All five online modules were available to anyone who wanted to access them, but were designed with health care professionals in mind (American Medical Women's Association, 2017; Baldwin et al., 2017; Christian Medical and Dental Associations, 2008; National Human Trafficking Resource Center, 2016; Rollins, 2015). "PATH (Physicians Against the Trafficking

of Humans)" was specifically created for physicians, but provided pertinent information usable by any health care professional (American Medical Women's Association, 2017). None of these online modules reported how many participants accessed or viewed the educational programs.

Content of Education/Training Programs

The eleven content-related articles covered a broad range of educational material. The five content areas most commonly included in the education for health care professionals were identification, clinical presentation, referral options, long-term consequences, and treatment. In addition to these, fewer programs included information on documentation, care of victims in low resource settings, prevalence of human trafficking, spiritual care, and HIPAA (Baldwin et al., 2017; Christian Medical and Dental Associations, 2008; National Human Trafficking Resource Center, 2016).

Identification. As human trafficking victims are commonly not identified during their interactions with the health care field, eight programs included information on identification in their educational material (American Medical Women's Association, 2017; Baldwin et al., 2017; Chisolm-Straker et al., 2012; Christian Medical and Dental Associations, 2008; Egyud et al., 2017; Isaac et al., 2011; Ohio School Nurse Human Trafficking Training, 2014; Rollins, 2015). Both Isaac et al. (2011) and American Medical Women's Association (2017) taught health care professionals to start the screening process with basic questions if suspicion of human trafficking arose, such as "Is anyone forcing you to do anything?", "Do you feel safe?" or "Can you leave your job or situation willingly?" Avila (2016) discussed this strategy as well, and recommended obtaining permission from the victim before asking questions. This involves a concentrated effort on building trust between the patient and the health care professional, which is an essential

key to identification (Christian Medical and Dental Associations, 2008; Egyud et al., 2017). Next, a validated identification tool could be implemented in the screening. Baldwin et al. (2017) and Rollins (2015) taught their learners the Vera Institute of Justice Tool, as it is the first clinically validated identification tool for human trafficking patients. Polaris and the U.S. Department of Health were also discussed as resources for identification tools, though these are not yet validated in the clinical setting (Baldwin et al., 2017; Egyud et al., 2017). Bespalova et al. (2016) reviewed existing screening tools and suggested building educational programs off the Vera Institute of Justice Tool or Polaris' Medical Assessment Tool. If health care professionals cannot identify victims using these tools, Egyud et al. (2017) taught learners a silent notification tool that victims could use to self-identify. Many of these programs focused on victims' barriers to identification, including shame, presence of a trafficker, fear of retaliation, fear of arrest or law enforcement, or lack of understanding about their situation (American Medical Women's Association, 2017; Baldwin et al., 2017; Christian Medical and Dental Associations, 2008; Rollins, 2015).

Clinical presentation. Certain "red flags" may present in human trafficking victims, and health care professionals may be more likely to identify a victim if they are educated on what to look for (Beck et al., 2015). Six training programs educated learners on common illness, injuries, or behaviors that a victim may present to a health care facility with (Chisolm-Straker et al., 2012; Christian Medical and Dental Associations, 2008; Egyud et al., 2017; Grace et al., 2014; National Human Trafficking Resource Center, 2016; Ohio School Nurse Human Trafficking Training, 2014). Egyud et al. (2017) discussed the importance of training registration personnel, such as unit secretaries, on red flags that they may encounter. These could include not having insurance or documentation, or the presence of a controlling guardian who does all the talking

for the patient (Egyud et al., 2017). Another red flag may be a controlling guardian that follows the patient into the assessment room, where they do not let them speak or be alone with a nurse (Christian Medical and Dental Associations, 2008; Egyud et al., 2017; National Human Trafficking Resource Center, 2016). Health care professionals were also taught to look for patients wearing clothing inconsistent with the weather (such as shorts on a cold day), carrying a large amount of cash, or telling odd or confusing stories of their relationship to the guardian with them, as these behaviors are common in human trafficking victims (Christian Medical and Dental Associations, 2008; Egyud et al., 2017; National Human Trafficking Resource Center, 2016). Christian Medical and Dental Associations (2008) and the National Human Trafficking Resource Center (2016) divided common presenting health problems by the type of trafficking, including labor and sex trafficking. Learners received information on health issues pertinent to labor trafficking victims, such as dehydration, malnutrition, musculoskeletal or ergonomic injuries, and respiratory problems or skin inflammation from exposure to harmful chemicals (Christian Medical and Dental Associations, 2008; National Human Trafficking Resource Center, 2016). Additionally, they were educated on health problems that a sex trafficking victim might present with, such as urinary tract infections, pelvic or abdominal pain, multiple sexually transmitted infections, vaginal or rectal trauma, or other signs of physical or sexual abuse (Christian Medical and Dental Associations, 2008; Egyud et al., 2017; National Human Trafficking Resource Center, 2016). Alternatively, CdeBaca & Sigmon (2014) argued that education for health care professionals must go beyond simply teaching them to recognize red flags and prioritized teaching other topics, such as interview techniques and referrals.

Referral options. In cases of human trafficking, health care providers are usually the ones who will be in charge of making the referrals for the victim (Rollins, 2015). Seven

educational or training programs provided information on how and where to make referrals (American Women's Medical Association, 2017; Baldwin et al., 2017; Grace et al., 2014; Isaac et al., 2011; Egyud et al., 2017; Ohio School Nurse Human Trafficking Training, 2014; Rollins, 2015). All programs discussed the importance of knowing (and memorizing) the phone number for the National Human Trafficking Hotline (American Women's Medical Association, 2017; Baldwin et al., 2017; Grace et al., 2014; Isaac et al., 2011; Egyud et al., 2017; Ohio School Nurse Human Trafficking Training, 2014; Rollins, 2015). American Women's Medical Association (2017) suggested providing this number to victims through means that would not arise suspicion, such as by disguising it as the phone number for an x-ray clinic. Most programs provided basic information on which referrals to make, such as police, social services, or shelters (Baldwin et al., 2017; Egyud et al., 2017; Grace et al., 2014; National Human Trafficking Center, 2016; Rollins, 2016). Baldwin et al. (2017) and Rollins (2015) taught health care professionals how to utilize a "warm hand off" in order to make the transition and referral easy for the victim. This may involve calling the shelter or agency yourself to set up the referral and then providing the victim with as much information as possible in order to facilitate a smooth and non-stressful transition of care (Baldwin et al., 2017; Rollins, 2015). Learners were instructed to become familiar with the local agencies and resources available in their community, especially emergency or transitional shelters, legal services, life skills or job training programs, educational programs, and food banks, so that they could provide victims with the best choices for them individually (Baldwin et al., 2017; Egyud et al., 2017; National Human Trafficking Resource Center, 2014; Rollins, 2015). No programs discussed mandated reporting, but Hachey & Phillippi (2017) advised that health care professionals learn their state's laws. Health care

professionals are mandated reporters of abuse, sexual exploitation or sexual assault of minors, which many cases of human trafficking could fall under.

Long-term consequences. If human trafficking victims are not identified in a timely manner, they are at risk for several serious long-term health consequences. Three educational programs provided information on long-term physical, psychological and sexual problems that may result after extended time in the trafficking system (Christian Medical and Dental Associations, 2008; National Human Trafficking Resource Center, 2016; Rollins, 2015). Christian Medical and Dental Associations (2008) taught that over half of patients experience at least one psychological issue both during and after their trafficking. Health care professionals were taught to prepare for victims that may be experiencing depression, flashbacks, PTSD, anxiety, amnesia, or trauma bonding (Christian Medical and Dental Associations, 2008; National Human Trafficking Resource Center, 2016; Rollins, 2015). Additionally, the prevention of these consequences was discussed, including setting up follow-up appointments and ensuring continuity of care with other services or providers (Christian Medical and Dental Associations, 2008; Rollins, 2015). These programs focused more heavily on educating health care professionals on the psychological problems victims might develop, and only briefly discussed physical and sexual problems (Christian Medical and Dental Associations, 2008; National Human Trafficking Resource Center, 2016; Rollins, 2015). Conversely, Avila (2016) recommended prophylactic screening and treatment of sexually transmitted diseases, hepatitis, and HIV in hopes of negating long-term effects of these diseases common to the human trafficking population.

Treatment. Human trafficking victims may require more careful and sensitive treatment than other patients. Seven programs included education on treating human trafficking patients

(American Medical Women's Association, 2017; Baldwin et al., 2017; Chisolm- Straker et al., 2012; Christian Medical and Dental Associations, 2008; Egyud et al., 2017; National Human Trafficking Resource Center, 2016; Rollins, 2015). Health care professionals were taught to triage by assessing for pertinent problems, such as dehydration, vaginal/perineal bleeding, or abdominal pain (Christian Medical and Dental Associations, 2008; Rollins, 2015). Five programs specifically focused on trauma-informed care, which recognizes the effects trauma has on a patient's life and responds by aiming to create a safe and comfortable environment (American Medical Women's Association, 2017; Baldwin et al., 2017; Christian Medical and Dental Associations, 2008; National Human Trafficking Resource Center, 2016; Rollins, 2015). Health care professionals were taught to empower victims and include them in making choices about their health care and future (Rollins, 2015). They also learned to conduct trauma-informed interviews by asking only necessary questions, keeping the interview conversational (not interrogational), and not becoming frustrated if patients cannot remember events in linear form or at all (Baldwin et al., 2017; Christian Medical and Dental Associations, 2008; National Human Trafficking Resource Center, 2016).

Avila (2016) recommended having a Sexual Assault Nurse Examiner conduct the assessments and treatments of victims, as they have more experience dealing with traumatized patients, which Baldwin et al. (2017) also taught. It is important for health care professionals to understand that they are not responsible for proving that human trafficking has occurred; they are responsible for providing sensitive care and informed treatment (Sabella, 2011). Additionally, treatment for human trafficking victims should revolve around their status as a "victim" and not an offender. Hornor (2015) suggested the need for health care providers to be educated on labeling these patients as victims, and pushing for legislation, policies and support services that

support this. Young human trafficking victims are often involved with law enforcement and may collect charges on their juvenile record they do not deserve (Hornor, 2015).

Post- Training Program Education

As an additional method to enhance the education of health care professionals, a few programs provided resources for continued learning after their completion. Most programs simply provided online resources, such as videos or recorded lectures, for the learners to utilize (American Medical Women's Association, 2017; Baldwin et al., 2017; Christian Medical and Dental Associations, 2008; Egyud et al., 2017; National Human Trafficking Resource Center, 2016; Ohio School Nurse Human Trafficking Training, 2014; Rollins, 2015). National Human Trafficking Resource Center (2016) module contained links to other educational programs included in this review, such as PATH by the American Medical Women's Association (2017), SOAR by Rollins (2015), and the online modules created by Christian Medical and Dental Associations (2008). Other programs directed their learners towards well-known anti-human trafficking organizations such as Polaris if they wanted to learn more (Baldwin et al., 2017).

Some programs gave educational material directly to the learners. Egyud et al., (2017) assembled an informational binder for the nurses' stations and distributed tip sheets on identifying victims for all nurses to keep. Isaac et al. (2011) sent unit administrators a newsletter with detailed instructions on how to model their environment to facilitate the identification of victims.

Efficacy of Education/Training Programs

An objective of this review is to assess if any educational or training programs had been evaluated for efficacy. Unfortunately, no current human trafficking educational programs are available for health care professionals that have been assessed for efficacy or validity. This may be due to the lack of field-tested measurements available to human trafficking, as this field is still growing. Currently, programs are only being evaluated via post-education surveys or questionnaires taken by the learners.

Three programs included a post-education survey or questionnaire in order to assess the program (Chisolm-Straker et al., 2012; Egyud et al., 2017; Grace et al., 2014). See Table 3 for an overview. The surveys asked learners to self-rate their knowledge, confidence, or thoughts on program effectiveness. Although these surveys were useful in collecting immediate knowledge gains, no follow-up surveys were administered to assess long-term knowledge increases. Additionally, all knowledge and confidence increases were self-reported, as there was no testing on the material presented.

Name	Educational/Training Program	Number of Participants	Method of Measurement	Outcomes
Chisolm-Straker et al., 2012	• 20 minute training session on victim identification, presentation/red flags and treatment	• 104	• Survey • **Taken:** post-program • **Rated:** Self-reported knowledge	• +49% increase (54% total) in health care professionals who felt confident in ability to identify victim • +49% increase (57% total) in health care professionals who felt confident in ability to treat victim
Egyud et al., 2017	• Mandatory training at department and hospital meetings where screening and treatment protocols were taught and silent self-identification (blue sticker) system was	• 103	• Anonymous survey • **Taken:** post-program • **Rated:** self-rated effectiveness	• 97% of participants agreed they were committed to the new practice • 74% of participants agreed that the education improved their knowledge on human trafficking victims

	implemented		of the program	• 38 potential human trafficking victims were identified using new system in first 5 months after implementation (no data on identification numbers before implementation)
Grace et al., 2014	• 25- 60 minute presentation delivered by physician and police officer during department meetings or Grand Rounds on relevance of human trafficking to health care, clinical presentation, and referral options	• 141 in education group • 104 in control group (no education provided)	• Survey • **Taken:** pre- and post-program • **Rated:** self-rated knowledge levels, recognition ability and attitudes using a 5-point Likert scale	• +51.8% increase (59% total) in education group who felt knowledgeable/very knowledgeable and no change (15% total) in non-education group • +76% increase (100% total) in education group who knew who to call if they encountered a victim and +10% increase (35% total) in non-education group • +17% increase (38% total) in education group who suspected that a former patient of theirs may have been a victim and no change in non-education group (10% total)

Table 3: Overview of Self-rated Educational Programs

In Chisolm-Straker et al.'s 20-minute training session on victim identification, clinical presentation, treatment, and strategies to safety intervene, learners reported increased confidence levels to 54% in their ability to identify a victim and to 57% in their ability to treat a victim, increasing from originally 5% and 8% respectfully before the program (Chisolm-Straker et al., 2012)

In Grace et al.'s education, emergency department staff received a 25 to 60 minute educational presentation during divisional/departmental meetings/Grand Rounds. The presentation included information on the intersection of human trafficking and health care, clinical presentation of victims, and referral services for victims. Self-confidence increased significantly after the education, as 59% of learners rated themselves as knowledgeable/very

knowledgeable (compared to 7.2% before the program) and a control group who did not receive the education did not show any increases in confidence (Grace et al., 2014). After receiving this education, 38% of learners suspected that a former patient of theirs might have been a human trafficking victim (Grace et al., 2014).

Egyud et al. (2017) delivered their education at department and hospital meetings. The emergency department staff was educated on a silent self-identification tool that human trafficking victims could use. Bathroom signs instructed human trafficking victims to place a blue sticker dot on their specimen cup, which would silently alert the nurse to take the victim to a safe area in the hospital and complete a full assessment (Egyud et al., 2017). A post-education survey showed that 74% of the learners thought the program improved their knowledge on human trafficking victims. In the following five months, 38 human trafficking victims were identified at the hospital. Unfortunately, statistics of identified victims at the hospital before the educational implementation were not available, which greatly limits the ability to know if this number is an increase in victims identified (Egyud et al., 2017).

Conclusion

As our understanding of human trafficking is still relatively limited, the data to support and establish specific evidence based educational and training programs is still evolving. The review produced a wide variety of training modalities with similar themes of educational content. Training came in the form of online videos, voiceover presentations, online toolkits, education during departmental meetings, or presentations during Grand Rounds. Identification, clinical presentation, referral options, long-term consequences, and treatment of human trafficking victims were identified as priority topics for health care professionals to be educated on, as these

were most commonly featured in programs. None of these programs were assessed for efficacy or validity, but some programs reported increases in self-rated knowledge and confidence.

Chapter 5

Discussion

The purpose of this thesis is to understand the current human trafficking education programs available for health care professionals (especially nurses), determine if they have been evaluated for efficacy, and provide content and implementation recommendations. This review searched both established databases and grey literature to provide an accurate overview of programs available for health care professionals. In the growing field of human trafficking, education for health care professionals is still developing, so this review helps to compile and analyze the current situation as well as provide suggestions for future education. The previous chapters have introduced the topic, necessary background information, research methods, and results. This chapter will discuss the findings of the literature, recommendations for educating health care professionals, and implications for the discipline of nursing.

Human trafficking is a serious and growing problem in the United States that will require a multi-pronged approach to address, and the health care system will certainly play an important role. Nurses play a critical role in our health care system and are trusted to provide care to vulnerable and ill patients every day. A major part of the nurses' job is to be an advocate for the patient, continuously ensuring their optimal health, wellness and safety. Being an advocate requires knowledge, an emphasis on patient-centered care, and a willingness to collaborate with necessary interdisciplinary team members, all in order to provide the best possible care for the patient. This is especially important when the patient is a victim of the dangerous and illegal field of human trafficking.

Caring for a human trafficking victim can be complicated. A nurse must gain a clear understanding of the victim's current situation including potential physical, psychological or

sexual health diseases or illnesses and their consequences, treatment options, and referral services. If a nurse or health care professional is not educated or trained on how to identify or care for this specific patient population, it can be a missed opportunity for victims to be identified. Additionally, they would not be provided with resources to aid their transition out of the system. This review has revealed that education on the subject of human trafficking patients and their care can improve self-confidence and knowledge in health care professionals who previously lacked confidence in their ability to care for these victims or were unknowledgeable about the issue in general (Chisolm-Straker et al., 2012; Egyud et al., 2017; Grace et al., 2014). This evidence is limited, as only a few studies have reported this relationship. However, the studies that have included these results provided compelling evidence that human trafficking education can greatly increase knowledge levels of health care professionals (Chisolm-Straker et al., 2012; Egyud et al., 2017; Grace et al., 2014).

Suggestions for Implementation

Educational or training interventions will only have an impact if they can successfully be integrated and implemented into practice. For some facilities, training was implemented into already existing departmental meetings or Grand Rounds, yet others went a step farther to create a mandatory training day. Given the wide variety of existing modes of education, such as online modules, departmental meetings, or one-day programs, facilities should be able to find a method that works best for them. Online programs can be especially appealing to facilities and participants, as they are self-paced, convenient, and flexible and could be offered by hospitals or schools that cannot find the time for an in-person training program. Although feasibility of program implementation was not assessed in this review, it is likely that the burden on these facilities would be low and programs could be implemented without great difficulty.

All of the programs in this review successfully exposed health care professionals to human trafficking, many for the first time. Health care professionals were able to think critically about their previous patients through the education, prompting some to realize they may have missed signs or red flags of human trafficking (Grace et al., 2014). Thus, they could apply this new knowledge to their future patients, now knowing what to look for, how to intervene, and what referrals to make.

Additional Strategies for Human Trafficking Education

The issue of educating health care professionals on human trafficking may be effectively addressed through legislation. Currently, New Jersey and Michigan require health care professionals and Florida requires nurses to complete human trafficking training as a requirement for initial licensure and re-certification. These states require their learners to attend training/education on the types of human trafficking, risk factors for becoming a victim, referral options available to victims, assessment tools, signs and symptoms of victims, and information on hotlines available for reporting human trafficking (Florida Board of Nursing, 2017; Michigan State University, 2017; New Jersey Office of Administrative Law, 2017). New Jersey requires their health care professionals to complete either the National Human Trafficking Resource Center or SOAR training modules, both of which were included in this review (New Jersey Office of Administrative Law, 2017). Currently, Florida, Michigan, and New Jersey are the only states to have education as a requirement. This policy acknowledges that educating nurses and other health care professionals on human trafficking should be a priority, and institutes a feasible way to accomplish widespread training. Some states already require these individuals to complete child abuse recognition and report training for re-certification, so this requirement

could easily be added as well (Iowa Board of Nursing, 2018; Pennsylvania Department of State, 2014).

Anti-human trafficking certifications could also be offered to health care professionals. Vanguard University and Drexel University currently have programs available for all health care professionals to take, which could provide a more in-depth education rather than a one-day program or online class (Drexel University College of Nursing and Health Professions, 2016; Vanguard University, 2017). Certifications are useful in distinguishing health care professionals that may be more knowledgeable and passionate in that subject than other individuals. For human trafficking, those with anti-trafficking certifications could be called upon to work more closely with victims when they are identified, or assist in educating other health care professionals on the topic. An anti-human trafficking certification could be offered to all health care professionals, but could be used to further educate those who are interested in working with this patient population.

Human Trafficking Education in Other Disciplines

As human trafficking education in the health care field is still growing, lessons could be taken from other non-health care disciplines with education in place. Human trafficking victims may also interact with dentists, flight attendants, hairdressers, and hotel workers. These fields have all taken steps to educate their professionals on how to interact and understand these victims.

Dentistry. Tackling human trafficking requires effort and education from all members of the interdisciplinary team involved. Dentists have opportunities to be educated, such as through one-day training sessions or online continuing education classes on oral signs of human trafficking (Philips, 2017; Strategic Practice Solutions, 2017; University of Michigan, 2017).

Aviation. Flight attendants require training as well, as U.S. Immigrations and Customs Enforcement arrested over 2,000 traffickers and identified 400 victims in 2016 alone (Rosenblatt, 2017a). In 2016, the Federal Aviation Administration (FAA) Extensive, Safety and Security Act implemented training for flight attendants on identification and aid for potential human trafficking victims. Following this, a two-day training and educational session was available, where an airline attendant relayed a story of how she identified and assisted a victim to safety (Rosenblatt, 2017a).

Cosmetology and hospitality. Even hairdressers are being educated, as Ohio law requires licensed cosmetologists to take a human trafficking course on identifying and reporting trafficking victims (Jordan, 2016). Hospitality professionals commonly interact with human trafficking as well. Polaris reported that over 1,800 human trafficking victims were identified in hotels from December 2007 to February 2015 (Rosenblatt, 2017b). Marriott International provides human trafficking training as a part of its human rights training. It includes information on both sex and labor trafficking and is provided to all employees. Special emphasis is given to staff that would interact the most with guests and potential victims, such as housekeepers, restaurant employees, and safety and security specialists. The program was so successful that it was provided to the American Hotel and Lodge Association so various other hotels could implement the training as well (Rosenblatt, 2017b).

Limitations

General knowledge in the field of human trafficking is growing rapidly and new training and educational programs are frequently being conducted and published. As the literature search for this review was completed in September 2017, there are likely programs or studies that have been published since that time and therefore were not included. In addition, many of the

programs included in this review were found via grey literature. It is possible that this review may have missed less-popular grey literature programs that did not appear in searches.

Implications for Nursing

As of 2016, there were 2.95 million nurses in the United States and this number is projected to reach 3.4 million by 2022 (American Nurses Association, 2014; United States Bureau of Labor Statistics, 2017). As the largest group of health care professionals, nurses often have the initial and most direct patient contact. Nurses have traditionally been highly trained and educated on the identification and treatment of various physiological and psychological diseases, but there is also a need to be trained in the multitude of sociological and physical factors involved in human trafficking. These victims are already difficult to identify and treat, as the system promotes secrecy, psychological abuse and hiding from authorities and professionals. Thus, victims need their nurses to have the advantage. Nurses need to be aware of the signs to look for when suspicious patients come into their facility and be able to identify victims (Viergever et al., 2015). They need to know how to conduct a trauma-informed assessment as not to further harm or traumatize the victim (Taylor & Sullivan, 2012). They need to know the available treatment options and referral services that will allow the victim to re-integrate successfully and healthily into society (Twigg, 2017).

The research described in this review has shown that nurses want to be trained and educated on human trafficking patients and that such training can be effective in increasing knowledge and confidence (Egyud et al., 2017; Grace et al., 2014). Multiple strategies for successfully completing this type of education are available, whether it is through a one-day training session, an online module, or a lecture during a departmental meeting. Prioritized

content of these programs should include information on identification, clinical presentation, referral options, long-term consequences, and treatment.

As research advances in this field, it should concentrate on the development of specific evaluation metrics to analyze educational and training programs. This review has provided the current educational programs available for health care professionals, though none of them have been officially tested for efficacy. Evaluation metrics should be developed so that changes in knowledge, confidence, or identification statistics, can be reliably measured and compared against other programs. Once metrics are established, programs could be tested against each other to determine the best methods of education, content for inclusion, and impact on victims.

Nurses and educators may use this review to obtain information about currently existing training and educational programs, topics that are most frequently included in programs, or use the suggested implementation guidelines to create their own educational intervention.

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ACADEMIC VITA

SARAH N HERSHEY

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EDUCATION

The Pennsylvania State University, University Park — Anticipated Graduation: May 2018
Schreyer Honors College
Bachelor of Science Nursing (BSN)

CLINICAL EXPERIENCE

Senior Nursing Capstone — January- May 2018
Mount Nittany Medical Center, State College, PA

- Responsible for the total care of five medical-surgical patients, performing assessments, administering PO, IV, & SQ medications, providing patient teaching, collaborating with multidisciplinary team members to provide quality patient care

Operation Room Extern — May- August 2017
Allegheny General Hospital, Pittsburgh, PA

- Provided peri-operative care to cardiovascular, neurological & general surgical patients while under the supervision of a RN preceptor: assessed patients, documented care, administered medications, provided essential nursing interventions & engaged in therapeutic communication to achieve patient-centered care

1:1 Nurse Aid — June- August 2016
Variety Club Camp and Developmental Center, Worcester, PA

- Ensured the health & safety of a child with autism and epilepsy during summer camp

CERTIFICATIONS

Basic Life Support (BLS): American Heart Association — June 2015- present
Institute for Health Care Improvement (IHI) Basic Certificate in Quality and Safety — November 2017

RESEARCH EXPERIENCE

Undergraduate Researcher & Thesis Author — Spring 2016- present

- Writing a systematized review of the educational & training programs on human trafficking available to nurses

Research Assistant — Fall 2015

- Extracted data to assess the validity & reliability of the Minnesota Living With Heart Failure Questionnaire

VOLUNTEER EXPERIENCE

THON 2018 Special Events Parking Captain — August 2017- present

- Coordinating all parking aspects for THON events while ensuring all spectators & volunteers have safe locations to park & travel for all events throughout the year. THON is the largest student-run philanthropy in the world, dedicated to ensuring that no child diagnosed with cancer will ever have to pay a medical bill for their treatment.

Penn State Homecoming Operations (OPP) Captain, Administrative Assistant — January- November 2017

- Responsible for keeping the captain committee informed & organized. Collaborated with several committees to create Homecoming events throughout the year, while specifically ensuring they were sustainable.

THON Operations (OPP) Committee Lieutenant August 2016- May 2017

- Second in command of a committee of 38 members. Facilitated communication between committee members and captains to ensure THON was a safe and healthy environment for the immunocompromised pediatric cancer patients and their families.

INTERESTS/ ACTIVITIES

Sigma Theta Tau, Honor Society of Nursing: Member September 2017- present
Penn State Club Croquet: Member September 2014- present