
Intersection of Human Trafficking and the Healthcare Setting

Annotated Bibliography (2012-2018)

2012

- 1. Reinhard, A., Whitacre, I., Hervey, A., & Berg, G. (2012). Knowledge and Attitudes of Physicians in Kansas Regarding Domestic Minor Sex Trafficking. *KS J Med* 2012, 5(4):142-153.**

In this study, a 20-question survey was created and distributed to explore Kansas physicians' knowledge, attitudes, and training regarding domestic minor sex trafficking (DMST). The results showed a general lack of comprehensive knowledge about human trafficking and low levels of recognition of DMST indicators, revealing a need for education and training. This study also highlights common barriers to physicians reporting encounters with potential victims.

One important takeaway from this study is that physicians must remember that their role is to report suspected cases, not to attempt to investigate them. This study was limited by a low response rate and response bias (those with more knowledge on the topic were more likely to respond).

2013

- 2. Ahn, R., Alpert, E., Purcell, G., Konstantopoulos, W., McGahan, A., Cafferty, E., Eckardt, M., Conn, K., Cappetta, K., and Burke, T. (2013). Human Trafficking: Review of Educational Resources for Health Professionals. *Am J Prev Med*, 44 (3), 283-289.**

In this review of educational resources on human trafficking for health professionals, 27 materials were identified that provide information covering identification of victims, health consequences of trafficking, referring victims to services, and other topics. A common theme across all of the resources was the importance of building trust with survivors.

This review highlights the fact that continuing education credits are an effective incentive for health professionals to receive education on human trafficking and suggests that online courses be used more often to provide this education. None of the materials included in this review were rigorously evaluated.

- 3. Hom, Kristin & Woods, Stephanie. (2013). Trauma and its Aftermath for Commercially Sexually Exploited Women as Told by Front-Line Service Providers. *Issues in Mental Health Nursing*, 34 (2), 75-81.**

This qualitative research study identifies three themes – Pimp Enculturation, Aftermath, and Healing the Wound – as well as 7 sub-themes that describe the impact of trauma and other outcomes of commercial sexual exploitation (CSE) as seen by healthcare professionals providing care to survivors.

Semi-structured interviews were conducted with six service providers. These providers identified the greatest health needs of the survivors they served and discussed best practices for providing assistance to survivors. Limitations of this study include small sample size and lack of inclusion of

survivor voices. The findings from this study are consistent with other literature on women who have experienced commercial sexual exploitation.

- 4. Konstantopoulos, W., Ahn, R., Alpert, E., Cafferty, E., McGahan, A., Williams, T., Castor, J., Wolferstan, N., Purcell, G., and Burke, T. (2013). An International Comparative Public Health Analysis of Sex Trafficking of Women and Girls in Eight Cities: Achieving a More Effective Health Sector Response. *Journal of Urban Health*, 90 (6), 1194-1204.**

A comparative case study conducted in 8 cities (LA, London, NY, Salvador, Rio de Janeiro, Kolkata, Mumbai, and Manila) that identifies the 'key social determinants of sex trafficking' and examines the current anti-trafficking response as well as opportunities for improving the anti-trafficking response in the health sector. Professionals in the fields of government, law, healthcare, and social services were interviewed.

Childhood sexual abuse was a major social determinant identified in each city. All of the respondents in this study described the response of the local health system to the issue of human trafficking as "weak and limited". Barriers to survivors seeking care and barriers to healthcare professionals addressing the issue are outlined.

- 5. Martinez, O. & Kelle, G. (2013). Sex Trafficking of LGBT Individuals: A Call for Service Provision, Research, and Action. *Int Law News*, 42 (4), 1-6.**

This article gives a brief overview of the unique challenges facing LGBT survivors of trafficking. Two facts that are reinforced in this article are that sex trafficking cases involving LGBT individuals are less likely to be reported due to stigma and homeless LGBT youth are at the highest risk for sex trafficking and sexual exploitation.

A list of resources for LGBT survivors is provided along with policy recommendations (including those specific to the public health sector) to address disparities in service provision to LGBT survivors.

- 6. Miller, Cathy. (2013). Child Sex Trafficking in the Emergency Department: Opportunities and Challenges. *Journal of Emergency Nursing*, 39 (5), 477-478.**

This brief article highlights the important role of nurses in the emergency department and references a list of red flags that nurses should look for to identify child sex trafficking victims. Nurses are encouraged to consider not only the safety of survivors but their own safety and to advocate within their workplaces for policies addressing the sex trafficking of minors.

2014

- 7. Cole, J. & Sprang, G. (2014). Sex trafficking of minors in metropolitan, micropolitan, and rural communities. *Child Abuse & Neglect*, 40, 113-123.**

This study sought to explore the knowledge and experience around sex trafficking of minors among professionals working with at-risk youth and/or victims of crime in metropolitan, micropolitan, and rural

settings. Table 2 and Table 3 of this study (pgs. 117-118) break down reported characteristics of victims and vulnerability factors for the sex trafficking of minors by community type. The most commonly mentioned vulnerability across community types was a lack of stability in the home and the largest trafficker-victim relationship category in all community types was family member. Limitations of this study include the lack of an estimate of the number of STM victims, the lack of age and race information of victims, and lower participation of child welfare workers and law enforcement officers.

- 8. Grace, A., Lippert, S., Collins, K., Pineda, N., Tolani, A., Walker, R., Jeong, M., Trounce, M., Graham-Lamberts, C., Bersamin, M., Martinez, J., Dotzler, J., Vanek, J., Storfer-Isser, A., Chamberlain, L., and Horwitz, S. (2014). Educating Health Care Professionals on Human Trafficking. *Pediatr Emerg Care, 30* (12), 856-861.**

In this study a randomized controlled trial was conducted to determine the effectiveness of an educational presentation on human trafficking for emergency department staff in increasing recognition of victims and knowledge of resources for survivors. The 20 largest emergency departments in the San Francisco Bay Area were randomized into an intervention group and a delayed intervention group. The results of this study showed that self-rated knowledge about trafficking and knowledge of who to contact in the event of encountering a victim increased in the intervention group.

Overall, this study supports the need for education in healthcare settings to improve the identification of victims of trafficking. Limitations of this study include the possibility of bias due to hospital administrators being aware of which group they were randomized into, self-report bias, and a small number of individuals in the delayed intervention group who completed both pretests (impacting representativeness of sample).

- 9. McNeil, M., Held, T., and Busch-Armendariz, N. (2014). Creating an Interdisciplinary Medical Home for Survivors of Human Trafficking. *Obstetrics & Gynecology, 124* (3), 611-615.**

This article explores the creation of a special interdisciplinary clinic in central Texas with the purpose of delivering trauma-informed care to survivors of trafficking. The clinic, collaboratively formed by the University of Texas Southwestern Obstetrics and Gynecology Department in Austin, University of Texas School of Social Work, CommUnity Care, Seton Healthcare Family, Refugee Services of Texas, and University of Texas School of Nursing, opened in 2013.

This bimonthly clinic at the point this article was written had served 33 patients over 71 visits, most of whom were women with histories of sex and labor trafficking. Accessing care at this clinic gave survivors access to not only medical care but also resources to meet their immediate needs, community, and other services via referrals made at the clinic.

2015

- 10. Beck, M., Lineer, M., Melzer-Lange, M., Simpson, P., Nugent, M., and Rabbitt, A. (2015). Medical Providers' Understanding of Sex Trafficking and Their Experience with At-Risk Patients. *Pediatrics*, 155 (4), 895-902.**

In this study, a survey was sent to health professionals in Wisconsin to evaluate gaps in knowledge about sex trafficking and training needs among medical providers. A lack of training and awareness and an organizational policy were found to be the main barriers to identification of and response to victims. The limitations of this study include a low response rate from providers (34%) and the possibility of 'survey return bias'.

- 11. Edinburg, L., Pape-Blabolil, J., Harpin, S., and Saewyc, E. (2015). Assessing exploitation experiences of girls and boys seen at a Child Advocacy Center. *Child Abuse Negl*, 46, 47-59.**

This retrospective mixed-methods study provides insights on the experiences of sexual exploitation of youth presenting at a child advocacy center based in an urban hospital. Most information about sexually exploited youth comes from populations of youth accessing shelters or youth living on the street, so this study attempts to pull from a different population.

The youth in this study, ages 12 to 17, completed a self-administered questionnaire, took part in a forensic interview, and received a physical exam. Much information is gained about the health consequences of sexual exploitation, the experiences of runaway youth and the pathways leading them to exploitation, and the differences in experiences between youth engaged in commercial sex with and without a pimp/trafficker. Clinical recommendations are given about how to conduct forensic interviews with sexually exploited youth.

Limitations of this study include limited geographical generalizability of the results, small samples for clinical cases, a small sample for boys, and the fact that the same questions were not asked of each participant during the forensic interviews.

- 12. Gerassi, L. (2015). From Exploitation to Industry: Definitions, Risks, and Consequences of Domestic Sexual Exploitation and Sex Work Among Women and Girls. *J Hum Behav Soc Environ*, 25 (6), 591-605.**

A literature review examining the risk factors and consequences associated with sex trafficking of women and girls on the micro (individual), mezzo (interpersonal), and macro (societal) levels.

- 13. Greenbaum, Jordan & Crawford-Jakubiak, James. (2015). Child Sex Trafficking and Commercial Sexual Exploitation: Health Care Needs of Victims. *American Academy of Pediatrics*, 135 (3), 566-574.**

A clinical report from the American Academy of Pediatrics on the health care needs of victims of CSE and DMST. This report highlights the common healthcare settings that victims of CSEC present and provides a table of possible CSEC indicators (pg. 568-569).

14. Rabbitt, Angela. (2015). The Medical Response to Sex Trafficking of Minors in Wisconsin. *WMJ*, 114 (2), 52-59.

In addition to providing an overview of the issue of sex trafficking in Wisconsin, this article provides helpful lists of common risk factors, indicators, and medical conditions related to DMST (pg. 54), a sample screening tool for high-risk youth (pg. 55), and guidelines for conducting forensic medical evaluations and sexual assault medical exams (pg. 56). A decision tool in the format of a flow chart giving guidance on how to respond to minors suspected to be trafficking survivors is included as well (pg. 58).

15. Stoklosa, H., Grace, A., and Littenberg, N. (2015). Medical Education on Human Trafficking. *AMA Journal of Ethics*, 17 (10), 914-921.

This article advocates for a human-rights based framework for the training of health care professionals on human trafficking. The authors state that education on trafficking for health care professionals should be trauma-informed and victim-centered and should include information related to prevention, identification, and treatment. Providing training at grand rounds and online is recommended for best educating healthcare professionals.

16. United States of America. (2015). Survivors of Human Trafficking Empowerment Act.

Full text of the Justice for Victims of Trafficking Act, the Survivors of Human Trafficking Empowerment Act, the Trafficking Awareness Training for Health Care Act, and the Human Trafficking Survivors Relief and Empowerment Act presented at the first session of the 114th Congress in January of 2015. Legislation included in this document also established the Domestic Trafficking Victims' Fund, clarified that individuals who produce child pornography are human traffickers, and expanded the statute of limitations for civil actions by child trafficking survivors.

17. Varma, S., Gillespie, S., McCracken, C., and Greenbaum, V. (2015). Characteristics of child commercial sexual exploitation and sex trafficking victims presenting for medical care in the United States. *Child Abuse & Neglect*, 44, 98-105.

This retrospective study aimed to identify specific characteristics of CSEC patients presenting in the pediatric medical setting between 2011 and 2013. Suspected CSEC victims were matched with a control group (child victims of sexual assault). Some of the elements that were significantly more common in the CSEC group compared to the CSA group included a history of violence by parents/caregivers, drug/alcohol use, history of running away from home, and history of child protective services involvement. One interesting finding was that 46% of the CSEC victims had seen a medical provider in the two months prior to this study.

The researchers in this study suggest that future research use the variables they identified to create a screening tool. Limitations of this study include a small sample size, reliance on law enforcement for

identification of suspected CSEC victims, and the retrospective cross-sectional design of the study that prevents causal factors from being determined.

2016

- 18. Barron, C., Moore, J., Baird, G., and Goldberg, A. (2016). Sex Trafficking Assessment and Resources (STAR) for Pediatric Attendings in Rhode Island. *Rhode Island Medical Journal*, 27-30.**

An anonymous electronic survey was sent to pediatric attending physicians working in a Rhode Island hospital. 109 participants answered questions about their experiences with DMST between November 2014 and January 2015. In the years leading up to this study, the hospital saw a “significant increase in the number of patients referred for the evaluation of DMST in the outpatient clinic and emergency department.”

Overall, the respondents reported limited experience with DMST, very little knowledge of DMST, and discomfort with the topic. A lack of training was correlated with a lower level of confidence in identifying and treating DMST patients. A majority of the respondents also reported not being familiar with resources available for DMST patients.

Limitations of this study include only surveying pediatric physicians at a hospital in Rhode Island (limiting generalizability among other health professionals and settings) and only asking survey respondents to report the number of hours of training on trafficking they received without asking more details about the training.

- 19. Hemmings, S., Jakobowitz, S., Abas, M., Bick, D., Howard, L., Stanley, N., Zimmerman, C., and Oram, S. (2016). Responding to the health needs of survivors of human trafficking: a systematic review. *BMC Health Services Research*, 16 (320), 1-9.**

A systematic review of peer-reviewed and gray literature resulting in the inclusion of 44 total sources, 19 of which were primary sources and 9 articles specific to the trafficking of children. The key themes found in the literature were ‘Promoting Disclosure, Providing Care, Ensuring Safety, Supporting Recovery, Working in Partnership, and Developing Services’. Potential indicators (including those specific to children), barriers to disclosure, best practices for building trust with patients, delivering trauma-informed care, working collaboratively to meet the needs of survivors, and other topics are covered.

Limitations of this review include a lack of evidence in the primary source studies, the primary focus on female-identified or minor victims of trafficking (limiting generalizability to male victims), and the fact that all of the sources came from high-income countries (limiting generalizability to countries with other income levels).

- 20. Ijadi-Maghsoodi, R., Cook, M., Banert, E., Gaboian, S., and Bath, E. (2016). Understanding and Responding to the Needs of Commercially Sexually Exploited Youth: Recommendations for the Mental Health Provider. *Child Adolesc Psychiatr Clin N Am*, 25 (1), 107-122.**

This article pulls from the existing literature to address the intersection of mental health care and child sexual exploitation and make recommendations for mental health care providers treating CSE

youth. Psychosocial factors that place youth at risk for exploitation, indicators for CSE youth, and the physical health implications seen in CSE youth are discussed. A useful visual tool – Ecological Framework for Contextualizing and Conceptualizing Commercial Sexual Exploitation of Children – can be found on page 20.

21. Macias-Konstantopoulos, Wendy. (2016). Human Trafficking: The Role of Medicine in Interrupting the Cycle of Abuse and Violence. *Ann Intern Med*, 165 (8), 382-388.

This article reviews the role of medical professionals in responding to human trafficking. Information on health outcomes of trafficking survivors, barriers to identification, and recommendations for improving the response to trafficking in the medical sector is included. Extensive lists of indicators of human trafficking and health problems associated with human trafficking are provided (Table 2 and 3, pgs. 583-584). A shorthand framework for developing a protocol for a medical setting can be found in Table 4 on page 585.

A need for medical professionals to understand the “natural evolution of trauma” and employ a strengths-based perspective when interacting with survivors is highlighted.

22. Schwarz, C., Unruh, E., Cronin, K., Evans-Simpson, S., Britton, H., and Ramaswamy, M. (2016). Human Trafficking Identification and Service Provision in the Medical and Social Service Sectors. *Health and Human Rights Journal*, 18 (1), 181-191.

This report reviews the process of researchers who developed an intervention tool (a referral flowchart) for human trafficking response in the emergency department at the University of Kansas Hospital. This project is a great example of what it looks like to make efforts to streamline collaboration and delivery of services to survivors. The flowchart, based on the Polaris Project Medical Assessment tool, can be found in Figure 1 on page 186. The researchers share best practices they learned in the process of developing this tool. The researchers sought resources for both labor and sex trafficking victims but found that there was a gap in resources available for labor trafficking survivors in the area.

Something that may be of particular interest that could potentially be applied in other medical settings is the use of a “social admit” by the social work team at the hospital (discussed on page 188). This allowed patients to stay at the hospital when they would otherwise be qualified for discharge medically.

23. Scott-Tilley, Donna & Crites, Heather. (2016). Human Trafficking, Sexual Assault, or Something Else? A Complicated Case with an Unexpected Outcome. (2016). *Journal of Forensic Nursing*, 12 (4), 198-202.

Case study of suspected sex trafficking victim presenting for care multiple times in a hospital in Texas. Hospital staff who interacted with the patient included a SANE, a psychiatrist, and social workers. The patient also interacted with an advocate from a women’s center and a FBI agent.

The patient in this case study over time had factors that were both consistent and inconsistent with sex trafficking. This case study is great for medical professionals to review because it shows the importance of knowing signs and symptoms and being equipped to refer patients to needed

resources whether or not they are not a victim of trafficking. This case study also informs best practices for providing care for and interacting with patients who have experienced sexual violence.

24. Shandro, J., Chisolm-Straker, M., Duber, H., Findlay, S., Munoz, J., Schmitz, G., Stanzer, M., Stoklosa, H., Wiener, D., and Wingkun, N. (2016). Human Trafficking: A Guide to Identification and Approach for the Emergency Physician. *Annals of Emergency Medicine*, 68 (4), 501-509.

This article comes from the American College of Emergency Physicians and provides risk factors for human trafficking, guidelines for photo documentation of injuries, and a table with a list of suggested 'Key components of ED and institutional protocols for caring for trafficking survivors' (pg. 505). This article emphasizes the need for a thorough physical examination in order to fully assess whether a patient is a potential victim of trafficking.

25. Stevens, Meriam & Berishaj, Kelly. (2016). The Anatomy of Human Trafficking: Learning About the Blues: A Healthcare Provider's Guide. *Journal of Forensic Nursing*, 12 (2), 49-56.

This article from the Journal of Forensic Nursing pulls from existing literature to give an overview of the issue of human trafficking. Included in this article are helpful tables listing red flags (pg. 52) and common health problems victims of trafficking experience (pg. 54). This article identifies the experience of extreme poverty as "the highest 'push' factor that increases susceptibility to human trafficking" (pg. 51) and highlights emergency department and forensic nurses as a primary target for training on trafficking.

26. United States Department of State. (2016). Trafficking In Persons Report

This report provides helpful statistics on human trafficking from 2016 from the Department of Justice, Department of Homeland Security, and Department of State. The top three countries of origin for federally identified victims in 2015 were the U.S., Mexico, and the Philippines. "Particularly vulnerable populations" are listed on page 388.

This report also includes legislative updates and recommendations for prevention, identification, and provision of care for victims. This report also details issues with the H-2A and H-2B visa programs that allow for labor trafficking to take place.

2017

27. Egyud, A., Stephens, K., Swanson-Bierman, B., DiCuccio, M., and Whiteman, K. (2017). Implementation of Human Trafficking Education and Treatment Algorithm in the Emergency Department. *Journal of Emergency Nursing*, 1-6.

This study details the creation of an education tool and a 'silent visual notification tool' for a level two trauma center in a Pennsylvania community hospital. Their education tool divided red flags into social screening (i.e. registration) and healthcare screening (for the ER nurses and physicians). The

multidisciplinary team that created these tools also created a protocol for interviewing the victim and referring them to further assistance and resources.

A limitation of this study was that it was not possible to determine if all victims of trafficking presenting to the ED screened positive using the tool.

28. Fisher-Owens, S., Lukefahr, J., and Tate, A. (2017). Oral and Dental Aspects of Child Abuse and Neglect. *PEDIATRICS* 140 (2), 1-8.

This American Academy of Pediatrics Report divides oral and dental indicators of abuse into categories: physical, sexual, bite marks, bullying, human trafficking, and dental neglect. According to this report, child trafficking victims have twice the risk for dental problems and the cause of this is often malnutrition. Most dental problems experienced by those who have been trafficked are related to not receiving care. This report re-directs the reader to the AAP clinical report on child sex trafficking and child sexual exploitation in the section specific to human trafficking (source 13 in this bibliography).

29. Goldberg, A., Moore, J., Houck, C., Kaplan, D., and Barron, C. (2017). Domestic Minor Sex Trafficking Patients: A Retrospective Analysis of Medical Presentation. *J Pediatr Adolesc Gynecol*, 30, 109-115.

This retrospective cohort study conducted at a children's hospital aimed to identify specific characteristics of patients referred to the hospital for domestic minor sex trafficking. Between August 1, 2013 and March 30, 2015, 41 minors were referred to the hospital for DMST evaluation. Referrals were made if the patient disclosed, if evidence indicating DMST existed, or minors were suspected to be involved in the commercial sex trade. Sources informing characteristics of potential DMST victims included electronic medical records, diagnostic test results, physician notes from interviews with patients and/or guardians, and demographic information.

Demographic characteristics and social-environmental contextual factors of referred patients are found in Table 1 (pg. 111) and Table 3 (pg. 112), with chief complaints of referred patients listed on pg. 111. Additional information related to the physical and psychological condition of patients at the time of their referral as well as where they accessed care are included.

Limitations of this study include the retrospective design (causation cannot be determined), a small sample size, an under-representation of males among the patients referred, and the fact that this study was conducted in one medical setting.

30. Hachey, Lisa & Phillippi, Julia. (2017). Identification and Management of Human Trafficking Victims in the Emergency Department. *Advanced Emergency Nursing Journal*, 39 (1), 31-51.

This article provides an in-depth, literature-based review of the health consequences of trafficking, clinical indicators of trafficking, trauma-informed care, suggestions for screening patients and conducting physical exams, planning for safety, making referrals, and mandatory reporting. Advanced practice RNs are highlighted as individuals in the medical setting who might potentially interact with trafficked persons.

Table 5 on pages 43 and 44 provides a comprehensive list of ‘potential examination findings associated with the trauma of human trafficking’.

31. HEAL Trafficking & The Human Trafficking Legal Center (2017). Fact Sheet: Human Trafficking and Health Care Providers - Lessons learned from federal criminal indictments and civil trafficking cases. 1-12.

This is a compilation of federal civil and criminal trafficking cases from the Human Trafficking Legal Center Database in which victims had interactions with healthcare providers. The cases compiled provide insight into vulnerabilities and risk factors, indicators and symptoms.

32. Kovacic, D. (2017). Using the Content Validity Index to Determine Content Validity of an Instrument Assessing Health Care Providers’ General Knowledge of Human Trafficking. *Journal of Human Trafficking*, 4 (4), 327-335.

In this study, the researcher aims to create a validated instrument to measure knowledge of human trafficking for health care providers. The author uses current research and personal experience working with human trafficking victims to inform the creation of this instrument. The author uses the content validity index created by Polit & Beck.

The final version of the instrument created had 22 items with an average scale-level content validity score of 0.90 (score recommended by Polit & Beck). Individuals with expertise in the area of human trafficking participated in the content validation process - 8 experts in the first phase, 3 in the second phase. The final three were all healthcare providers with experience working with victims of trafficking. The instrument is still in need of testing with health care providers to be considered reliable and ready for use.

33. Macias-Konstantopoulos, W. (2017). Caring for the Trafficked Patient: Ethical Challenges and Recommendations for Health Care Professionals. *AMA Journal of Ethics*, 19 (1), 80-90.

This article from the American Medical Association’s Journal of Ethics explores the concepts of autonomy, beneficence, and justice as they relate to providing health care to victims of human trafficking and provides recommendations for healthcare professionals on providing ethical care to this patient population. The author draws comparisons between the ethics of care and the trauma-informed approach to care (summarized in Table 1 on pages 85 and 86).

34. Powell, C., Asbill, M., Louis, E., and Stoklosa, H. (2017) Identifying Gaps in Human Trafficking Mental Health Service Provision. *Journal of Human Trafficking*, 4 (3), 256-269.

The authors of this article conducted semi-structured interviews with 15 representatives from 15 NGOs in different states, all of whom were active in providing mental health services to survivors (either directly or through referrals). These professionals were asked about barriers to care and improvements for care that they suggest. Barriers to care are divided into three categories - systemic, survivor, and

service provider. A thematic framework for barriers to mental health service delivery to victims of trafficking is found in Figure 2 on page 5.

Limitations of this study include the small sample size, a disproportionate representation of “large, better-resourced NGOs”, and the fact that the data does not include information gleaned from providing services to males or individuals identifying as LGBTQ.

35. Powell, C., Dickins, K., and Stoklosa, H. (2017). Training US health care professionals on human trafficking: where do we go from here? *Medical Education Online*, 22 (1), 1-12.

The goal of this study was to “assess the gaps and strengths in human trafficking education of healthcare care professionals in the US”. Interviews were conducted with individuals who were experts in educating healthcare professionals on human trafficking. Data was analyzed from health care professional calls to the National Human Trafficking Resource Center between 2008 and 2014.

A pie chart showing a breakdown of the reasons healthcare professionals called the NHTRC can be found in Figure 3 on page 7.

A major barrier to educating healthcare professionals was time constraints. Needs to standardize training material and use incentives like CEUs or requirement of training for licensure were identified. Suggestions for training content and delivery and other recommendations are included.

Limitations of this study include the snowball recruitment method of educators (impacting generalizability) and the aggregate form of the NHTRC data that only allowed the authors to report general trends.

36. Rollins, R., Gribble, A., Barrett, S., and Powell, C. (2017). Who Is in Your Waiting Room? Health Care Professionals as Culturally Responsive and Trauma-Informed First Responders to Human Trafficking. *AMA Journal of Ethics*, 19 (1), 63-71.

This article from the American Medical Association of the Journal of Ethics addresses how healthcare professionals can provide ‘culturally responsive’ and trauma-informed care to human trafficking survivors.

Barriers to care, employing a public health approach, and social determinants of health that are also trafficking vulnerabilities are included in this article. The US DHHS Office of Minority Health National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards) are presented for review under ‘Prevention and intervention strategies’ (see on pages 66 and 67).

37. Ronda-Perez, E. & Moen, B. (2017). Labour trafficking: Challenges and opportunities from an occupational health perspective. *PLoS Med* 14 (11), 1-6.

This article presents information on labour trafficking provided through an occupational health lens. General health consequences related to labor trafficking are provided and Table 1 on page 2 lists the main work sectors known to be venues for labor trafficking and the potential health problems associated with these venues. This article confirms that often patients who have been trafficked access

healthcare in emergency situations so training professionals in emergency and acute departments is a strategic approach to the problem.

38. Rothman, E., Stoklosa, H., Baldwin, S., Chisolm-Straker, M., Price, R., and Atkinson, H. (2017). Public Health Research Priorities to Address Human Trafficking. *AJPH*, 107 (7), 1045-1047.

The American Journal of Public Health lays out five priorities for research on human trafficking. The priorities are in the areas of Prevalence and Incidence, Cost Burden, Risk and Protective Factors, Screening and Response, and Prevention Strategies.

39. Titchen, K., Loo, D., Berdan, E., Rysavy, M., Ng, J., and Sharif, I. (2017). Domestic Sex Trafficking of Minors: Medical Student and Physician Awareness. *J Pediatr Adolesc Gynecol*, 30, 102-108.

In this study, an electronic survey was distributed in 2013 to a convenience sample of physicians, medical fellows, residents, and students throughout the country. Survey respondents were asked about their experiences with sexual harassment and/or abuse, professional experience with survivors of sexual violence and human trafficking, and knowledge of red flags. The researchers claim that this survey is the largest completed nationally to date. The results of this study point to the need for standardized education on human trafficking for those in the medical field.

Limitations of this study include: no assessment of training on sex trafficking received, providers who were more likely to encounter trafficking victims were not targeted which may have led to lower scores for knowledge and confidence, potential for selection bias, a small possibility some respondents answered the survey more than once, and recall bias.

40. Twigg, Naomi. (2017). Comprehensive Care Model for Sex Trafficking Survivors. *Journal of Nursing Scholarship*, 49 (3), 259-266.

This qualitative research study identifies and reviews residential treatment programs and services for survivors of trafficking based on the 2011 Macy & Johns framework for aftercare services for survivors. Inclusion criteria required programs to be actively housing survivors and providing services to male, female, and transgender survivors age 11 or older.

Semi-structured interviews were conducted via phone with staff from five different residential treatment centers. Respondents provided general information about their programs and the personnel working within them, demographic information about the survivors served in their programs, and the immediate, ongoing, and long term needs of survivors. Limitations of this study include lack of outcome data for the survivors being served at these centers and an “inability to observe the natural settings of the residential treatment centers” in the study.

2018

- 41. Donahue, S., Schwein, M., and LaVallee, D. (2018). Educating Emergency Department Staff on the Identification and Treatment of Human Trafficking Victims. *Journal of Emergency Nursing*, 1-8.**

The research team in this study created an online training module for emergency department staff in a hospital system in Philadelphia. Participants who completed the training were given a pre-survey and post-survey. The module consisted of a powerpoint presentation, identification and treatment guidelines, and two case studies. The research team also created a flowchart assessment tool (found in Figure 1 on page 4) to help guide the response to potential trafficking victims in the ED.

The results of this study reinforce the need for healthcare professionals to receive training on human trafficking. Limitations of the study include a non-response error (more pre-survey respondents than post-survey respondents), potential biases connected to data being self-reported, social desirability bias (respondents rating themselves as 'very confident' to appear more knowledgeable than they actually were), and the likelihood that respondents had a higher baseline awareness than other healthcare professionals because of the high incidence of trafficking in the areas the survey was distributed.

- 42. Gerassi, L., Nichols, A., and Goldberg, K. (2018). Examining Commonly Reported Sex Trafficking Indicators From Practitioners' Perspectives: Findings From a Pilot Study. *Journal of Interpersonal Violence*, 1-23.**

This study sought to determine how pervasive the most commonly reported indicators of sex trafficking were in a Midwestern city. 86 respondents from the social service, healthcare and justice systems working directly with trafficked persons participated.

The 15 most common indicators and the 15 least common indicators can be found in Table 1 on page 10. Mental health symptoms were a primary domain for indicators. This study points to the need for trainings and screening tools to be contextualized for the indicators most commonly found in the area or region. Limitations of this study are small sample size and the regional context limiting wider generalizability.

- 43. Greenbaum, V., Dodd, M., and McCracken, C. (2018). A Short Screening Tool to Identify Victims of Child Sex Trafficking in the Health Care Setting. *Pediatric Emergency Care*, 34 (1), 33-37.**

This study sought to identify characteristics of CSEC/CST victims and develop a screening tool for a high-risk adolescent population. This is a cross-sectional study of patients 12-18 years of age who presented to 1 of 3 metropolitan pediatric EDs or 1 child protection clinic between June 1, 2013 and April 10, 2014. CSEC/CST victims were compared with similar-aged patients with allegations of sexual assault or abuse with no evidence of CSEC or CST.

The researchers identified 16 factors differentiating the CSEC/CST group from the non-CSEC/CST group. Some of the variables that were significantly more common in the CSEC/CST group include

history of running away from home, experiencing violence in the home, and history of drug use (the rest can be found on page 34).

Limitations of this study include a small sample size for the CSEC/CST group, few male adolescents represented, limited geographic generalizability (study conducted in large Southern U.S. city), the fact that all the CSEC/CST victims had already been identified (making this study less generalizable to victims who have not yet been identified), and the lack of “absolute knowledge” of victimization (meaning some of the patients in the sexual assault/abuse group might have been CSEC/CST victims as well).

44. Greenbaum, V., Livings, M., Lai, B., Edinburg, L., Baikie, P., Grant, S., Kondis, J., Petska, H., Bowman, M., Legano, L., Kas-Osoka, O., and Self-Brown, S. (2018). Evaluation of a Tool to Identify Child Sex Trafficking Victims in Multiple Healthcare Settings. *Journal of Adolescent Health, 63, 745-752.*

This cross-sectional observational study included patients ages 11 through 17 from 16 different sites in the United States including 5 pediatric EDs, 6 child advocacy centers, and 5 teen clinics. 810 patients participated in this study and an overall CST prevalence of 11.1% was found. The site with the highest prevalence of CST were the teen clinics (16.4% of the patients). The screening tool created had the highest positive predictive value in the teen clinics.

Limitations of this study were the inclusion of only English-speak adolescents, variation in the minimal age for inclusion criteria and other study conditions among the sites, and possible misclassification of CST and non-CST patients.

45. Ijadi-Maghsoodi, R., Bath, E., Cook, M., Textor, L., and Barnert, E. (2018). Commercially sexually exploited youths’ health care experiences, barriers, and recommendations: a qualitative analysis. *Child Abuse & Neglect, 76, 334-341.*

The researchers in this study conducted focus groups with 18 youth between Feb 2015 and May 2016 at two group homes for CSE youth in Southern California. Researchers aimed to learn about the youths’ experiences with accessing health care. In addition to the focus groups, for validity, one-on-one semi-structured interviews were conducted with three youths from the group homes.

Three major themes emerged: facilitators to care, barriers to care, and recommendations for improving health services. Youth also shared about their lived experiences in the commercial sex trade. Recommendations for improving provision of healthcare for CSE youth are summarized in Table 2 on page 338.

Limitations of this study include the nature of the study population (experiences of CSE youth in group homes may not be generalizable to other settings), the lack of inclusion of experiences of male CSE youth, and the potential that a lack of trust with leaders and other participants in the groups limited information shared about more sensitive topics.

- 46. Judge, A., Murphy, J., Hidalgo, J., and Macias-Konstantopolous, W. (2018). Engaging Survivors of Human Trafficking: Complex Health Care Needs and Scarce Resources. *Annals of Internal Medicine*, 168 (9), 658-663.**

This article from the *Annals of Internal Medicine* explores the challenges of engaging human trafficking victims in the healthcare setting using the socioecological model. Individual, interpersonal, and social and systemic barriers are presented. Strategies and best practices for trauma-informed, survivor-centered care from the Massachusetts General Hospital (MGH) Freedom Clinic are shared in Table 2 on page 661.

- 47. Kaltiso, S., Greenbaum, J., Agarwal, M., McCracken, C., Zmitrovich, A., Harper, E., and Simon, H. (2018). Evaluation of a Screening Tool for Child Sex Trafficking Among Patients With High-Risk Chief Complaints in a Pediatric Emergency Department. *Academic Emergency Medicine*, 25 (11), 1194-1203.**

This prospective, observational study conducted from July 2017 to November 2017 in a pediatric emergency department of an inner city children's hospital. All 203 patients included in this study ranged in age from 10 to 18 years old and presented with complaints related to "high-risk social or sexual behaviors". A six-item screening tool was delivered verbally to patients and they were considered to be CST victims if they screened positive on at least 2 of the 6 items. No particular chief complaint was correlated with CST victim status but CST victims were more likely to have run away from home, used drugs or alcohol in the past 12 months, have had more than 5 sex partners, or have had a prior STI.

Limitations of this study included the use of a convenience sample, a lack of inclusion of risk factors (i.e. history of sexual abuse or identification as LGBTQ), a small number of CST patients (11 out of 203), the use of one study site for this research, the use of an independent researcher to administer the questionnaire (rather than clinical staff), the possibility of misidentification of patients as CST or non-CST victims, and a wide confidence interval impacting the "true sensitivity" of the screening tool.

- 48. Lamb-Susca, L. & Clements, P.T. (2018). Intersection of Human Trafficking and the Emergency Department. *Journal of Emergency Nursing*, 44 (6), 563-569.**

This article from the *Journal of Emergency Nursing* provides a helpful compilation of the physical, psychological, and social indicators of human trafficking that might be recognized in the medical setting. Guidelines and best practices for interacting with a patient and documenting a patient's visit and common immediate care needs of patients who have experienced trafficking are discussed.

- 49. Long, E. & Dowdell, E. (2018). Nurses' Perceptions of Victims of Human Trafficking in an Urban Emergency Department: A Qualitative Study. *Journal of Emergency Nursing*, 44 (4), 375-383.**

In this qualitative, descriptive study, semi-structured interviews were conducted with ten registered nurses in a large northwestern urban emergency department. The aim of the study was to determine the nurses' perceptions of human trafficking victims. Six major themes emerged from the interviews.

The responses revealed that even when even healthcare professionals have been trained on caring for victims of other forms of violence, training and education specific to trafficking is needed. Limitations of this study include a small sample size, the participation of only one SANE, and a lack of a human trafficking policy in the ED.

50. Nguyen, P., Lamkin, J., Coverdale, J., Scott, S., Li, K., and Gordon, M. (2018). Identifying Human Trafficking Victims on a Psychiatry Inpatient Service: a Case Series. *Psychiatr Q*, 89, 341-348.

The authors in this article present six case examples of human trafficking victims presenting for care in their urban inpatient psychiatric unit. Currently, there is no validated screening tool for identification of human trafficking victims in a psychiatric setting.

The six cases included in this study involve one male and five females, two labor trafficking victims and four suspected or confirmed sex trafficking victims. One important recommendation the authors pull from these case examples is to rescreen patients after psychiatric stabilization or after learning additional information about the patient.

51. Sanchez, R. & Pacquiao, D. (2018). An Ecological Approach Toward Prevention and Care of Victims of Domestic Minor Sex Trafficking. *Journal of Forensic Nursing*, 14 (2), 98-105.

The authors of this comprehensive article pull from existing literature to present the risk factors for domestic minor sex trafficking at the individual, relationship, community, and societal levels. Interventions that can be made at each of these ecological levels are also outlined. Forensic nurses are highlighted as healthcare professionals playing a critical role in the response to trafficking victims.

52. Sprang, G. & Cole, J. (2018). Familial Sex Trafficking of Minors: Trafficking Conditions, Clinical Presentation, and System Involvement. *Journal of Family Violence*, 33, 185-195.

The purpose of this study was to describe the clinical presentation of minor victims of familial sex trafficking in a sample of 31 youth referred to services related to child maltreatment. The data for this study was pulled from clinical records for the years between 2011 and 2017; patients ranged in age from 6 to 17. Cases were included if indicators for CSE were identified during the patient's assessment.

Clinical threshold scores on the Child Behavior Checklist (CBCL) and the Trauma Symptom Checklist for Children (TSCC-A) are presented. This study relates important findings about the nature and impact of familial sex trafficking, including risk and vulnerability factors, clinical outcomes seen in children who have experienced exploitation, and information about the minors' involvement with the service system (i.e. healthcare, juvenile justice, child protection, etc.).

This study is limited by small sample size, reporting biases due to self-report, caregiver report, and retrospective recall for the checklist tools, and the fact that data in this study was collected from one site and therefore may not be representative.

53. Vietor, T. & Hountz, R. (2018). RIGHTS: Response Initiative Guiding Human Trafficking Services. *Journal of Forensic Nursing, 14 (3), 167-173.*

This article from the *Journal of Forensic Nursing* presents the process of developing a task force and collaborative response to human trafficking based on the Sexual Assault Response Team (SART) model. Forensic nurses are highlighted as playing a central role in the care of human trafficking patients. The collaborative team involved in this process used the Wisconsin Human Trafficking Protocol and Resource Manual as a guide.

The Decision Flowchart that was created for emergency department staff can be found in Figure 1 on page 170 and the Flowchart created specifically for the Forensic Nurse Response is found in Figure 3 on page 172.

54. Weiss, Amy. (2018). Teaching Human Trafficking to 3rd Year Medical Students. *Journal of Adolescent Health, 62, S20-S36.*

The author briefly discusses the creation and evaluation of a tool to educate third year medical students on human trafficking. The tool was intended to be “experiential” in nature and was delivered in the form of a standardized patient case scenario of a “reticent teen who epitomizes many red flags for HT”. Students completed a pre-survey, online education module, post-survey after exposure to the case. The results of the evaluation of this tool reinforce the need to incorporate education on human trafficking into the curriculum for all medical programs.

55. Wyatt, T. & Sinutko, J. (2018). Hidden in Plain Sight: A Guide to Human Trafficking for Home Healthcare Clinicians. *Home Healthcare Now, 36 (5), 282-288.*

This article provides a helpful overview of the issue of human trafficking as it pertains to home health care providers and things they may encounter as they work. Suggested screening questions can be found in Table 1 on page 285; relevant physical health signs are summarized in Table 3 on page 286. Recommendations and suggestions for safety planning home health care providers are also outlined.