

2 October 2022

Your Excellency

I hope that this letter finds you well. It was a pleasure to meet you briefly at the UN General Assembly during the High-Level Debate Opening.

Last week, I had the honour to virtually attend the launch of the Human Trafficking Policy and Protocol for Global Healthcare Providers at an event hosted in the ECOSOC Chambers in New York by the Sovereign Order of Malta and Global Strategic Operatives. During that event, I was presented with the proposed policy and protocol.

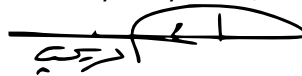
Trafficked persons visit healthcare providers for a complex variety of acute and chronic injuries and diseases as well as mental health complaints, oftentimes making repeated visits, without appropriate screening. The purpose of this policy proposal is to present the World Health Organization and your stakeholders with a health care response to trafficking in persons procedure framework for global adoption. The goal of this proposal is to sustainably empower organisations globally in adapting and modifying, (based on local laws, organizational policies, language, geographic regions, and cultural and ethnic norms,) policies and procedures to guide the trauma-informed, survivor-informed response to trafficked persons presenting for treatment in health care facilities.

The proposed policy and protocol define how to recognise, identify, and implement a trauma-informed, survivor-informed, person-centred, culturally appropriate response to trafficked persons seeking health care. Currently, there is no global, universally recommended or available trafficking in persons response procedure framework to guide the healthcare provider's response when a trafficking victim presents for medical care. There is a dire need for a trauma-informed, survivor-informed, evidence-based procedural framework that organizations globally can adapt and modify, based on local cultural and ethnic norms.

I'm pleased to share it with you now for your serious consideration to accept, adopt and implement worldwide.

Please accept the assurances of my highest considerations.

Very Truly Yours,



Ahmed Al-Meraikhi

Special Adviser to the UN Secretary-General
on Public Private Partnerships and Islamic Social Financing

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Enclosures

cc: H.E. Ambassador Paul Beresford-Hill, CBE – Permanent Observer of the Sovereign Order of Malta to the United Nations, New York



SOVEREIGN ORDER OF MALTA
**PERMANENT OBSERVER
MISSION TO THE
UNITED NATIONS**



Global Strategic Operatives
— for the Eradication of Human Trafficking —
Initiated at the United Nations 2018

PROPOSAL TO THE WORLD HEALTH ORGANIZATION

***“A GLOBAL RESPONSE TO HUMAN TRAFFICKING IN THE HEALTH CARE
SETTING:
A HUMAN TRAFFICKING PROTOCOL FOR HEALTHCARE PROVIDERS
WORLDWIDE”***

Presented by the Global Strategic Operatives for the Eradication of Human Trafficking
and the Sovereign Order of Malta
September 29, 2022



Sovereign Order of Malta

Permanent Mission to the United Nations

September 29, 2022

Re: Proposed Human Trafficking Policy for Healthcare Providers Worldwide

Dear Esteemed Colleagues,

Enclosed you will find two separate yet related documents. They pertain to a 'Human Trafficking Training Research Study' conducted between 2019 and 2022; *The Global Strategic Operatives for the Eradication of Human Trafficking: Recognizing and Responding to Trafficking in Persons in the Healthcare Setting-Domestic (US)* and *The Global Strategic Operatives for the Eradication of Human Trafficking: Recognizing and Responding to Trafficking in Persons in the Healthcare Setting-Domestic (International)*.

The two studies included five large healthcare systems nationally in the United States and five similar healthcare systems internationally. The overwhelmingly positive results are reported in the document. We were pleased to see the international 'mirror' the domestic results show, proving the efficacy of our training.

We took the study a step further than others. We helped each site establish their own internal Human Trafficking Task Force, as well as create their own Human Trafficking Policy & Protocol.

Once all trainings were completed, we took all ten newly created policies and synthesized them, normalized them for cultural differences, and took all the common elements to create a "universal" policy & protocol which could be adapted by all healthcare providers everywhere.

We wish to put forth this new "*Universal Policy & Protocol for Healthcare Providers Worldwide*" to you now for your serious consideration to accept, adopt and implement worldwide.

With sincere gratitude,

Deborah O'Hara-Rusckowski, DM, RN, MBA, MTS
Special Advisor to the Ambassador on Human Trafficking

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Introduction

The UNODC defines Trafficking in Persons (TIP) as the recruitment, transportation, transfer, harboring or receipt of persons, by means of the 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 the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery, or practices similar to slavery, servitude or the removal of organs¹.

Stakeholders recognize that the attempts at quantifying TIP are likely gross underestimates due to the lack of a standardized methodology in estimating prevalence, and the hidden nature of the crime ^{2,23}. The United States Federal Bureau of Investigation (FBI) estimate that only one in 100 victims are identified. Stakeholders and the scientific community also recognize that globally, the most vulnerable and marginalized populations are the most at risk for exploitation ^{3,4,22}. TIP is especially lucrative, depending on the countries' markets³, profiting an estimated \$150 billion annually³, because unlike drugs or weapons, enslaved persons are sold repeatedly, over time. Globally, an estimated 40.3 million people are enslaved through TIP in over 167 countries ³⁻⁵. The UN Delta 8.7 Project reported that as of 2016, an estimated 152 million children were victims of child labor ⁷. Victim demographics vary in different areas of the world depending on various risk factors such as poverty, resources, war, unrest, and culture.

Who We Are

The Global Strategic Operatives for the Eradication of Human Trafficking (GSO) was established after a high-level interprofessional meeting at the United Nations in 2018. The GSO is under the direction of the Order of Malta Mission to the United Nations (UN). The GSO chose to initially focus on healthcare above other sectors, such as law enforcement, airlines, or business, because rigorous studies reported 88% -92% of survivors sought out medical care while being trafficked, and healthcare providers (HCP) may be the only professional encounter while under the control of the trafficker⁸⁻¹⁰.

The Problem

Currently, there is not a global, universally customizable TIP response procedure framework to guide the HCP's response when a trafficking victim presents for medical care ². There is a dire need for a trauma-informed, survivor-informed, evidence-based procedure framework that organizations globally, can adapt and modify, based on local and tribal laws, organizational policies, language, geographic regions, and cultural and ethnic norms.

Trafficked persons report visiting healthcare providers for a complex variety of acute and chronic injuries and diseases as well as mental health complaints, oftentimes repeated visits, without appropriate screening, identification, treatment, or appropriate post-discharge referrals for services ¹¹⁻¹⁴. Additionally, victims report that some visits seeking health care resulted in additional

physical and emotional trauma¹¹. The impact of TIP victimization ranges from individual health consequences (e.g., traumatic injury, infections, pregnancy, malnutrition, exposure to toxins, post-traumatic stress disorder, and depression) to family strife and division in addition to complex public health adverse outcomes for societies at-large¹¹⁻¹⁴. There are long-term mental and physical health consequences suffered by survivors of TIP¹⁴. These consequences are a direct result of the trauma, especially when the victimization occurs at an early developmental age¹⁵, impacting the physical and mental health of the person^{15, 17}, undermining the social structure in the community¹⁶, and creating a population of persons with reduced liberty and shortened life spans^{18,19}.

TIP has been recognized as a global pandemic²⁰ which was made exponentially worse with the COVID-19 global pandemic dramatically increasing the risk of TIP globally. With the forced isolation and increased use of social media, the traffickers moved their businesses from the streets to online²¹.

“The global pandemic of severe acute respiratory syndrome coronavirus two exacerbates major risk factors for global human trafficking. Social isolation of families and severe economic distress amplify the risk of interpersonal violence, unemployment, and homelessness, as well as increased internet use by under-supervised children. Aggravating the situation are overwhelmed health systems, severe limitations in activities of social service organizations, and decreased contact of healthcare professionals with children. *Healthcare professionals have a duty to be alert to possible indicators of trafficking, and aware of available victim resources which can be offered to at-risk patients. Healthcare facilities should take steps to increase public awareness of trafficking and community resources.*”²¹

Interdiction is occurring globally, through international policing organizations, national and regional improvement in anti-TIP laws, and in cooperation with policy and health organizations such as the UN and the Delta 8.7 project, the International Labor Organization (ILO), and the World Health Organization (WHO), however, healthcare providers do not routinely recognize, identify, or screen for persons presenting with a trafficking experience. For that reason, the publication of a *Global Healthcare Provider Response to Human Trafficking* is essential.

Purpose

The purpose of this proposal is to present the WHO, and their stakeholders, with a health care response to TIPs procedure framework for global adoption. The goal of this proposal is to sustainably empower organizations globally in adapting and modifying, based on local and tribal laws, organizational policies, language, geographic regions, and religious, cultural and ethnic norms, policies, and procedures to guide the trauma-informed, survivor-informed response to trafficked persons presenting for treatment in health care facilities.

The proposed procedure framework for consideration will define how to recognize, identify, and implement a trauma-informed, survivor-informed, person-centered, culturally appropriate response to trafficked persons seeking health care. Currently, there is not a global, universally generalizable TIP response procedure framework to guide the HCP’s response when a trafficking victim presents for medical care. There is a dire need for a trauma-informed, survivor-informed,

evidence-based procedure framework that organizations globally, can adapt and modify, based on local and tribal laws, organizational policies, language, geographic regions, and religious, cultural and ethnic norms.

Approach

To address the identified problem, the GSO conducted two studies entitled, *The Global Strategic Operatives for the Eradication of Human Trafficking: Recognizing and Responding to Trafficking in Persons in the Healthcare Setting-Domestic (US)* and *The Global Strategic Operatives for the Eradication of Human Trafficking: Recognizing and Responding to Trafficking in Persons in the Healthcare Setting-Domestic (International)*. As GSO comes under the umbrella of the Order of Malta Mission to the UN, the Malta Mission approved the study, and a private donor funded the study. Institutional Review Board (IRB) approval, which protects the rights of human research participants, was obtained through the University of Texas at Tyler.

The study sample included five of the largest, leading United States (US) healthcare systems and five international healthcare sites desiring training on TIP for their organizations and HCPs. The manuscripts reporting the study findings for publication is currently in the revision stage. GSO healthcare experts and researchers worked with each site's clinical leadership team and where available, their research teams, to assist them in establishing their own internal human trafficking (HT) policy and protocol.

The policies and procedures collected from each site were synthesized, normalized for cultural differences and common denominators, and informed by the latest research to create one common, 'universal procedure,' closing the gap for healthcare providers and health care organizations worldwide with the proposed Universal Procedure Framework (Appendix 1).

Methods

The GSO sought to begin to address the lack of a universal protocol through four steps: Two interventions and two empiric studies. The Miller Health Care Provider Human Trafficking Education Model (Appendix 2) ²³⁻²⁵ was used to inform the GSO domestic and international studies to test the hypothesis that evidence-based, trauma-informed, and survivor informed education would a) increase HCPs' confidence in identifying HT victims in the health care setting, b) increase HCPs' perceived confidence in responding to HT victims in the health care setting c) that the adoption of policies and procedures would increase HCPs' confidence in providing care to HT victims, and d) increase the number of victims identified in the health care setting after receiving the HT education and the adoption of organization specific policies and procedures.

1. Design an evidence-base, trauma-informed and survivor-informed education program for HCPs on TIP. The GSO targeted large health care systems in the US *and* internationally, resulting in over 450,000 healthcare providers and employees trained to recognize, identify, and intervene with persons experiencing human trafficking.
2. Provide evidence-based assistance in developing organization specific, trauma-informed, survivor-informed, evidence-based, and culturally specific TIP response procedure to

organizations desiring the TIP education and that had a desire to develop a TIP response protocol.

3. Conduct a rigorous, empiric pilot study in the US to answer four research questions:
 - a. In HCPs receiving the GSO TIP education, will there be an increase in HCPs' confidence in identifying HT victims in the health care setting?
 - b. In HCPs receiving the GSO TIP education, will there be an increase in HCPs' confidence in responding to HT victims in the health care setting?
 - c. In participating organizations that adopt official policies and procedures for responding to trafficked persons in the health care setting, is there an increase in HCPs' confidence in providing care to HT victims?
 - d. In participating organizations that adopt official policies and procedures and attend the GSO TIP training for responding to trafficked person in the health care setting, is there an increase in the number of potential or confirmed HT victims identified in the health care setting in the full year post education attendance and procedure adoption?
4. With the success of the US pilot study, the study was replicated at five international sites in India, Ethiopia, Nigeria, Rome, and Milan. Three other international sites were to be included; Romania, Poland, and the Philippines, however these sites were postponed due to the limitations imposed by COVID-19.

Results

The US study had 245 ($n=245$) study participants, and the international study had 147 ($n=147$) study participants, for a total of 392 ($n=392$) study participants in the US and internationally. The results showed statistically significant improvements in HCPs confidence in their ability to identify and respond to potential HT victims in the health care setting after the adoption of organization specific policies and procedures and attendance at the GSO TIP training (Tables 1a,1b,1c,2a,2b,2c).

Proposed Protocol for Consideration

The evidence, the GSO studies, and a strong evidence-base, strongly supports the position that a universal protocol framework that promotes the life and dignity of the human person to guide the HCP's response to TIP in the health care setting is critically needed. Furthermore, this proposal supports the UNODC's position that effective action to prevent and combat TIP requires a comprehensive international approach and that there is no universal instrument to address all aspects of TIP and is in support of the UNODC's Sustainable Development Goals (SDG) including eliminating all forms of violence against all women and girls, to take effective measures to eradicate forced labor and end all forms of violence against children (UNODC, 2020; UNODC n.d.). We have conducted these activities to address the HCP response element of the gap recognized by the UNODC.

Therefore, we wish to submit and propose the attached "*Universal Policy and Procedure on Human Trafficking for Healthcare Providers*" for acceptance, adoption, and dissemination by the


World Health Organization (WHO) to all healthcare providers and their organizations worldwide (Appendix 1).

Conclusion

TIP is recognized as a global pandemic with tens of millions, if not hundreds of millions of human-beings being victimized by human traffickers every day. Evidence shows that most of the world's TIP victims, from our most vulnerable and marginalized populations, are never identified...and therefore, never receive the health care and other after-care support they need through the referrals of HCPs. Evidence has also shown that HCPs may be the only professionals that interact with enslaved individuals while under the control of their trafficker/traffickers. Therefore, as a society, as nations, as members of the human-race, and as health care providers, we are ethically and morally bound to advocate for our most vulnerable and marginalized populations around the world. The GSO and their participant organizations and HCP participants, The Sovereign Order of Malta, and our contributors are answering the advocacy call by offering this proposal to the WHO for consideration.

Appendixes

Appendix 1. Proposed TIP Response Protocol Framework

 <p>Global Strategic Operatives — for the Eradication of Human Trafficking — Initiated at the United Nations 2018</p> <p>Global Strategic Operatives for the Eradication of Human Trafficking, Inc. (GSO)</p>	
TITLE	<p><i>Adopting organization: Please rename Policy and Procedure (PP) in alignment with your own Organization's PP title.</i></p> <p>Proposed Universal Human Trafficking Policy and Procedure for Healthcare Providers Worldwide</p>
TYPE	Public
AUTHOR(S)	<p><i>Adopting organization: 1. Transfer content to your organization's policy letterhead. 2. Remove the GSO Authors and insert your organization's authors. 3. Translate final document into the culturally, language, dialect, and nomenclature appropriate for your location.</i></p> <p><i>*This proposed Policy and Procedure is not meant to be all-inclusive but meant to be evidence-based general guidelines which empower organizations large, small, and regardless of country or region, with a framework upon which to build policies and procedures specific to their specific needs and patient populations.</i></p> <p>Ms. Deborah O'Hara-Rusckowski, RN, MBA, MTS, Founder Organizer: Project Sponsor, Global Strategic Operatives for the Eradication of Human Trafficking, Inc.</p> <p>Dr. Cathy Miller RN, PhD Director of Research Global Strategic Operatives for the Eradication of Human Trafficking, Inc.</p> <p>Ms. Wilonda Green, Coordinator Global Strategic Operatives to Eradicate Human Trafficking, Inc.</p>

GENERAL STATEMENT of PURPOSE

As a response to the global human trafficking (HT) public health epidemic, this policy establishes process and procedures to guide health care providers' (HCP) responses to HT victims in their clinical settings.

POLICY

It is the policy of *insert organization name* that any patient who reports, or is suspected of, being a victim of HT shall be evaluated by a trained HT HCP using the Primary (1st) and Secondary (2nd) screening tools (see attached) *For adopting organization: If your organization utilizes different tools, please replace. The tools provided here are examples.* Upon suspicion that a HT victim has been identified, the HCP is directed to contact the clinical supervisor on duty immediately and/or the HT Champion. In addition, crisis

intervention, a safe discharge plan and referral to community agencies for follow-up care shall be provided as appropriate.

SCOPE

This policy applies to all health system employees, as well as medical staff, volunteers, students, trainees, physician office staff, contractors, trustees, and other persons performing work for or at *For adopting organizations: Insert organization name*; faculty and students of health system affiliated colleges and/or universities at any health system facility.

DEFINITIONS

Human Trafficking is a form of modern –day slavery and an extreme violation of human rights. The health effects of trafficking are both wide-ranging and largely dependent on the situations experienced by individual victims which result in acute and longitudinal adverse mental and physical health outcomes.

The UNODC ¹ defines Trafficking in Persons (TIP) as the recruitment, transportation, transfer, harboring or receipt of persons, by means of the 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 the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery, or practices similar to slavery, servitude or the removal of organs.

The United States Trafficking Victims Protection Act (TVPA) of 2000 and subsequent revisions, recognize sex and labor trafficking as “severe” forms of TIP and are defined as:

Sex Trafficking

The recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age.

Labor Trafficking

The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, using force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Human Trafficking Champion:

Appoint and train a HT Champion. Champions are the Human Trafficking experts in their clinical settings. Champions provide initial clinical care to Human Trafficking patients and communicate with hospital administration and personnel. In addition, Champions will likely be the first to develop partnerships with community agencies specializing in trafficking victim support services and care.

Community Resource List

An important part of victim response is maintaining a list of community agencies to assist with patient referrals including descriptions of services provided by the agencies, as well as populations served. This includes law enforcement, child welfare, adult protective services, and organizations that provide support to victims/survivors of abuse, neglect, or violence.

Referral to treatment: The referral-to-treatment process consists of assisting a patient with accessing specialized services and helping navigate any barriers, such as costs and/or lack of transportation, housing, food, and child care that could hinder recovery. The key to appropriate referrals post-discharge is to have a list of agencies readily available in the community support services to victims of HT.

Red flag: A red flag associated with human trafficking is any observable sign that might indicate human trafficking. The Dignity Health evidence-based, peer-reviewed triage screening currently includes the following red flags: (1) accompanied by a controlling person, (2) not speaking for self, (3) medical and/or physical neglect, (4) submissive, fearful, hypervigilant, and/or uncooperative, and (5) other. The “other” category is important as there are numerous additional risk factors, signs, and symptoms that could indicate human trafficking. whether the client will receive services with the preferred provider. The basic red flags of HT are universal and there may be others relevant to the organization’s regional cultural norms.

PROCEDURE

Insert organization name will identify members and establish an internal HT Task Force or committee within the health system. *Insert organization name* will identify Task Force members to represent stakeholder departments/ disciplines in the facility. The established

ESTABLISH YOUR OWN INTERNAL: “HUMAN TRAFFICKING TASK FORCE”



Human Trafficking Response Program will provide interdisciplinary education and training in identifying victims and responding to victims and survivors of human trafficking and those at risk for exploitation.

Insert organization name shall establish and implement HT training for all individuals licensed or

certified pursuant to *Insert stakeholder country and/or region* laws and certification requirements for

professionals providing direct patient care, and for all security personnel.

PROCEDURE:

- A. Following (Figure 1 HT Adult Algorithm).
- B. Document risk factors and observable signs/symptoms in the electronic health record.
- C. Document additional information, including wounds, injuries, and patient statement for patients' exhibiting risk factors or signs/symptoms of abuse, neglect, or violence, make a referral based on the relevant local resources. Evaluate the need to make a referral to other support personnel to provide professional emotional, advanced clinical and/or spiritual support.
- D. The patient's medical history, along with physical findings and any oral disclosures must be documented in writing, using direct, unaltered quotes from the patient to the extent possible.
- E. Provide the patient with local available support resources based on the clinician's clinical judgment and available resources, including contact information for hotlines or community agencies, and ask if the patient requires assistance.
- F. If the adult patient accepts/requests assistance with accessing public or private community agencies, then document the patient's consent and which agencies were contacted.
 - 1. Notify law enforcement in the jurisdiction where the crime occurred based on local, regional and/or tribal laws with regard to mandatory reporting laws in the organization's.
- G. Report safety concerns (e.g., potential abuser is on-site or may arrive on-site) to Security and the appropriate administrator.
- H. If there are concerns regarding procedural steps, particularly a variance or breakdown in policies or procedures, notify the *insert organization name*.
- I. Contact the designated *insert organization name and individual/department* for concerns regarding HCP secondary trauma and emotional distress, as needed.
- J. Ensure certified translators are available in person or by translation service for HT victims that may present that speak another language than the primary language used at *insert organization name*.
- K. *Insert organization name* will post information regarding HT such as hotlines, non-governmental support organizations (NGOs), and posters issued by accredited Human Trafficking Resource Centers and/or stakeholder organizations.

TRAINING AND EDUCATION

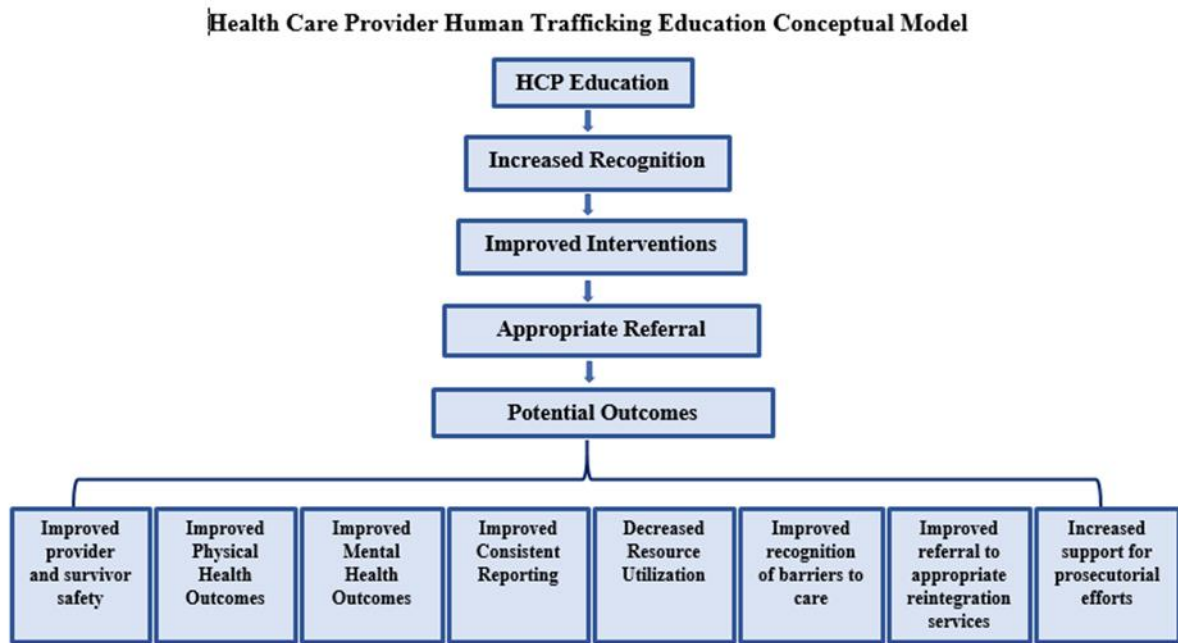
During Orientation and Re-Orientation, educate staff, physicians, volunteers, and contract employees; this includes but is not limited to:

1. Risk factors for and signs/symptoms (verbal/nonverbal indicators) of abuse, neglect, or violence and follow-up procedures for patients who may be victims/survivors, e.g., trauma-informed approach to patient care.
2. Best practice guidelines regarding documentation of wounds, injuries, and patient statements.
3. Process for patients requesting or requiring sexual assault forensic exam.
4. Best practice guidelines for the provision of Trauma-Informed Care (TIC) (Appendix 3).

For NON-URGENT questions and further information, please contact *insert organization name and designee information*.

*The GSO provides evidence-based, trauma-informed, survivor-informed, scientifically evaluated and peer-reviewed HT training. For more information, please contact the GSO at <https://www.globalstrategicoperatives.org/trainings>

Appendix 2. Miller HCP HT Education Model



Miller. 2015

Appendix 3. PEARR Tool

PEARR TOOL: Trauma-Informed Approach to Victim Assistance in Health Care Settings

A double asterisk ** indicates points at which this conversation may end. Refer to the double asterisk ** at the bottom of this page for additional steps. The patient's immediate needs (e.g., emergency medical care) should be addressed before use of this tool.



PROVIDE PRIVACY

1. Discuss sensitive topics **alone** and in **safe, private setting** (ideally private room with closed doors). If companion refuses to be separated, then this may be an indicator of abuse, neglect, or violence.** Strategies to speak with patient alone: State requirement for private exam or need for patient to be seen alone for radiology, urine test, etc.

Note: Companions are not appropriate interpreters, regardless of communication abilities. If patient indicates preference to use companion as interpreter, see your facility's policies for further guidance.**

Note: Explain **limits of confidentiality** (i.e., mandated reporting requirements) before beginning any sensitive discussion; however, do not discourage person from disclosing victimization. Patient should feel in control of all disclosures. Mandated reporting includes requirements to report concerns of abuse, neglect, or violence to internal staff and/or to external agencies.



EDUCATE

2. Educate patient in manner that is **nonjudgmental** and **normalizes** sharing of information. Example: "I educate all of my patients about [fill in the blank] because violence is so common in our society, and violence has a big impact on our health, safety, and well-being." **Use a brochure or safety card** to review information about abuse, neglect, or violence, and offer brochure/card to patient. [Ideally, this brochure/card will include information about resources (e.g., local service providers, national hotlines)]. Example: "Here are some brochures to take with you in case this is ever an issue for you, **or someone you know.**" If patient declines materials, then respect patient's decision.**



ASK

3. Allow time for discussion with patient. Example: "Is there anything you'd like to share with me? Do you feel like anyone is hurting your health, safety, or well-being?"** If available and when appropriate, use **evidence-based tools** to screen patient for abuse, neglect, or violence.**

Note: All women of reproductive age should be intermittently screened for intimate partner violence (US Preventive Services Task Force Recommendation Grade B).

4. If there are indicators of victimization, **ASK** about concerns. Example: "I've noticed [insert risk factor/indicator] and I'm concerned for your health, safety, and well-being. You don't have to share details with me, but I'd like to connect you with resources if you're in need of assistance. Would you like to speak with [insert advocate/service provider]? If not, you can let me know anytime."**

Note: **Limit questions** to only those needed to determine patient's safety, to connect patient with resources (e.g., trained victim advocates), and to guide your work (e.g., perform medical exam).



RESPECT AND RESPOND

3. If patient denies victimization or declines assistance, then **respect patient's wishes**. If you have **concerns about patient's safety**, offer hotline card or other information about resources that can assist in event of emergency (e.g., local shelter, crisis hotline).** Otherwise, if patient accepts/requests assistance with accessing services, then **provide personal introduction** to local victim advocate/service provider; or, **arrange private setting** for patient to call hotline:

National Domestic Violence Hotline, 1-800-799-SAFE (7233);

National Sexual Assault Hotline, 1-800-656-HOPE (4673);

National Human Trafficking Hotline, 1-888-373-7888 **

** Report **safety concerns** to appropriate staff/departments (e.g., nurse supervisor, security). Also, **REPORT** risk factors/indicators as required or permitted by law/regulation, and continue **trauma-informed** health services. Whenever possible, **schedule follow-up appointment** to continue building rapport and to monitor patient's health, safety, and well-being.

Tables

The GSO *US* Study Results are reflected in Tables 1a, 1b, and 1c. The GSO *International* Study Results are reflected in Tables 2a, 2b, and 2c. The full survey questions are reflected in Tables 1b and 2b.

Table 1a. Survey Questions

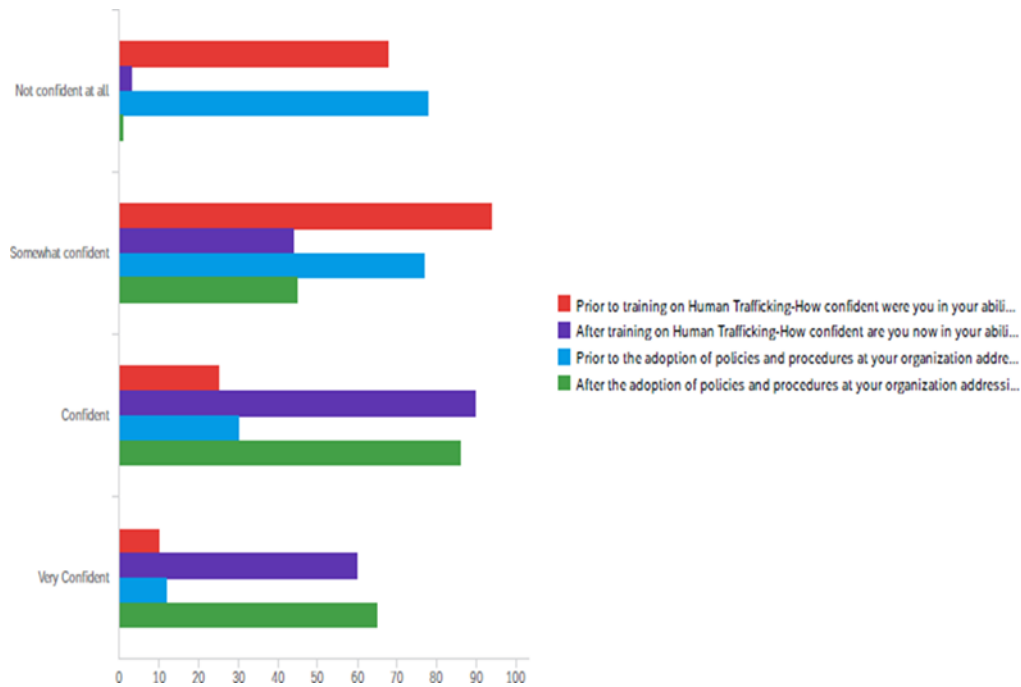


Table 1b. Survey Questions

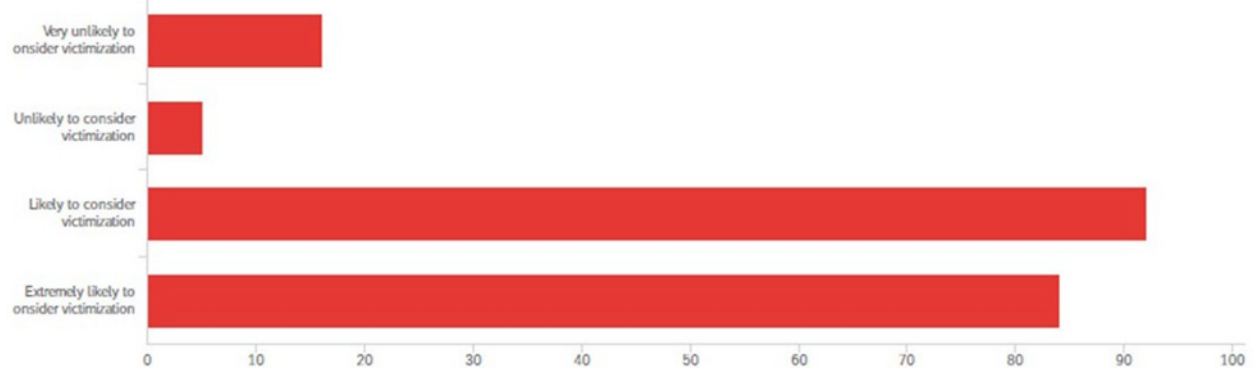
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Prior to training on Human Trafficking-How confident were you in your ability to identify potential human trafficking victims in the health care setting?	1.00	4.00	1.88	0.81	0.66	197
2	After training on Human Trafficking-How confident are you now in your ability to identify human trafficking victims in the health care setting?	1.00	4.00	3.05	0.77	0.59	197
3	Prior to the adoption of policies and procedures at your organization addressing human trafficking-how confident were you in your abilities to respond in a trauma-informed manner to victims of human trafficking presenting for health care services?	1.00	4.00	1.88	0.88	0.78	197
4	After the adoption of policies and procedures at your organization addressing human trafficking-how confident are you in your abilities to respond in a trauma-informed manner to victims of human trafficking presenting for health care services?	1.00	4.00	3.09	0.76	0.57	197

#	Field	Not confident at all		Somewhat confident		Confident		Very Confident		Total
1	Prior to training on Human Trafficking-How confident were you in your ability to identify potential human trafficking victims in the health care setting?	34.52%	68	47.72%	94	12.69%	25	5.08%	10	197

#	Field	Not confident at all		Somewhat confident		Confident		Very Confident		Total
2	After training on Human Trafficking-How confident are you now in your ability to identify human trafficking victims in the health care setting?	1.52%	3	22.34%	44	45.69%	90	30.46%	60	197
3	Prior to the adoption of policies and procedures at your organization addressing human trafficking-how confident were you in your abilities to respond in a trauma-informed manner to victims of human trafficking presenting for health care services?	39.59%	78	39.09%	77	15.23%	30	6.09%	12	197
4	After the adoption of policies and procedures at your organization addressing human trafficking-how confident are you in your abilities to respond in a trauma-informed manner to victims of human trafficking presenting for health care services?	0.51%	1	22.84%	45	43.65%	86	32.99%	65	197

Table 1c. Decriminalization

Patients may present for medical care with criminal charges pending (such as prostitution) or other issues such as drug abuse/misuse. After your human trafficking training: How likely are you to consider the same patients as potential crime victims instead of criminals?



International Study Results

Table 2a. Survey Questions

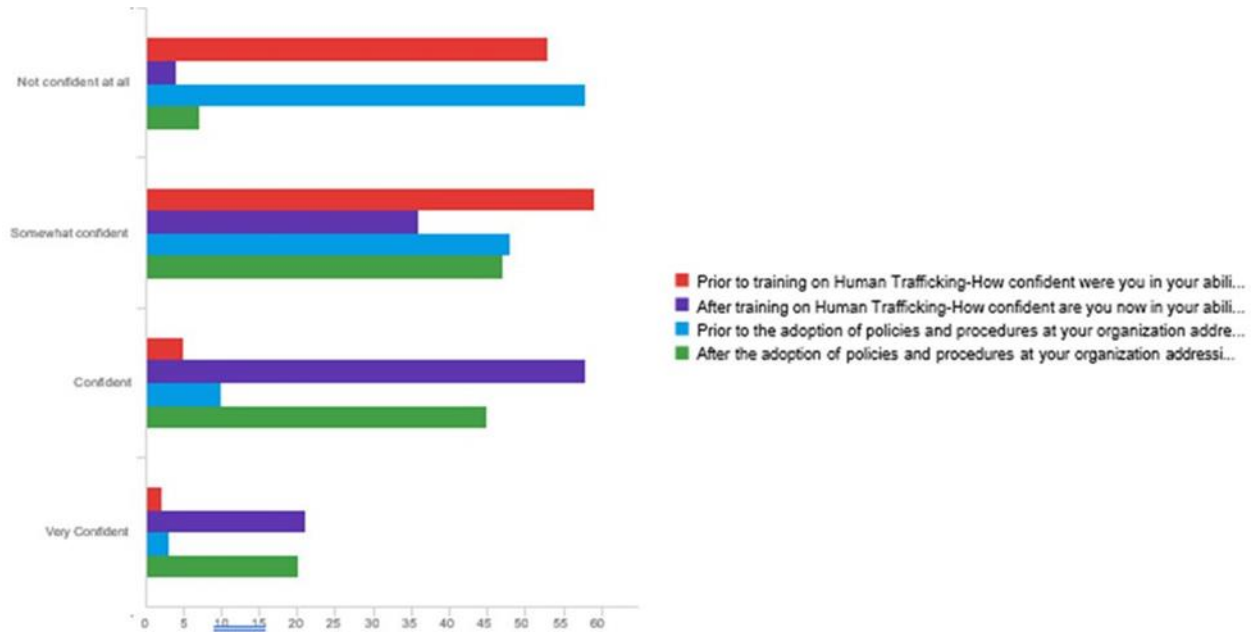


Table 2b. Survey Questions

Table 28: Survey Questions

#	Field	not confident at all	Somewhat confident	Confident	very Confident	Total	
1	Prior to training on Human Trafficking-How confident were you in your ability to identify potential human trafficking victims in the health care setting?	44.54% 53	49.58% 59	4.20% 5	1.88% 2	119	
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Prior to training on Human Trafficking-How confident were you in your ability to identify potential human trafficking victims in the health care setting?	1.00	4.00	1.83	0.85	0.42	119
2	After training on Human Trafficking-How confident are you now in your ability to identify human trafficking victims in the health care setting?	1.00	4.00	2.81	0.76	0.58	119
3	Prior to the adoption of policies and procedures at your organization addressing human trafficking-how confident were you in your abilities to respond in a trauma-informed manner to victims of human trafficking presenting for health care services?	1.00	4.00	1.65	0.74	0.55	119
4	After the adoption of policies and procedures at your organization addressing human trafficking-how confident are you in your abilities to respond in a trauma-informed manner to victims of human trafficking presenting for health care services?	1.00	4.00	2.66	0.82	0.68	119

Table 2c. Decriminalization

Patients may present for medical care with criminal charges pending (such as prostitution) or other issues such as drug abuse/misuse. After your human trafficking training: How likely are you to consider the same patients as potential crime victims instead of criminals?



Figures

Figure 1. TIP Identification Algorithm

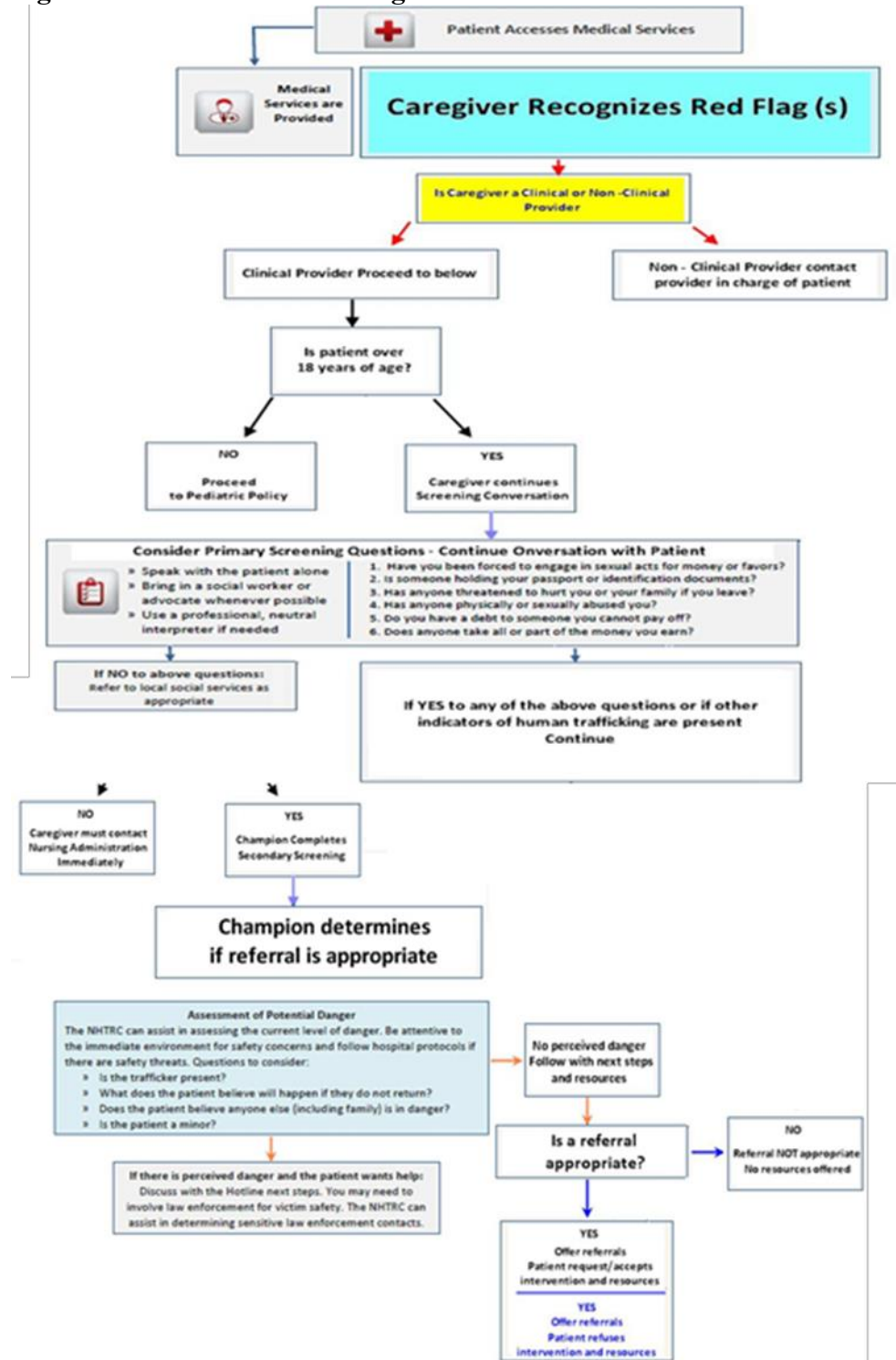


Figure 2. Secondary TIP Screening Tool

SECONDARY SCREENING		
<p>This form was created to help health care providers identify victims of human trafficking. It was designed taking into consideration, privilege and confidentiality protections. To maintain these protections, a health care provider only needs to obtain a "yes or no" answer and should not obtain any other additional trafficking facts. If a person answers yes to any questions, then the correlating box should be checked. If at least one box is checked, the person is most likely a victim of a severe form of trafficking in persons under the federal definition (22 USC § 7102). If the health care provider suspects trafficking, she/he should refer to the Adult Human Trafficking Algorithm.</p>		
<p>Check the box if the answer is "Yes" - Remember you only need at least one checkbox from each column</p>		
PROCESS	MEANS	ENDS
Recruiting <ul style="list-style-type: none"> Did someone promise you a different job than the job you were required to work? Have you ever done activities that were different from what you were promised or told? 	Force <ul style="list-style-type: none"> Did someone physically or sexually hurt you? Have you ever worked (or did other activities) or lived somewhere where there were locks on the doors or windows or anything wise that stopped you from leaving? Were you forced to work while sick? 	Labor Trafficking <ul style="list-style-type: none"> Have you ever been pressured to do anything you didn't want to so to pay back money that you borrowed or owed something? Were you forced to work to pay off a debt to your employer? Did anyone where you worked ever take your money for things, for example for transportation, food, or rent? Were you forced to give someone else the money you earned? Have you worked for someone or done any other activities for which you thought would be paid? Did you ever feel like you couldn't stop working because someone was going to you or your family? Were you ever allowed to take breaks where you worked (or did other activities) for example to eat, use the telephone or bathroom? Have you ever felt you could not leave the place where you worked (or did other activities)?
Harboring <ul style="list-style-type: none"> Were you unable to contact your family and friends or was your contact limited? Was another person in control of where you lived or worked? Did you live in the same place where you worked? Were you unable to come and go whenever you wanted? 	Coercion <ul style="list-style-type: none"> Did anyone ever make you feel scared or unsafe? Did someone threaten you, your family or anyone around you? Did anyone at the place where you lived or worked monitor you or stop you from contacting your family, friends or others? Did anyone you ever worked for or lived with threaten to report you to the police or other authorities? Has your identification documents or passport been taken away from you? 	
PROCESS	MEANS	ENDS
Transportation <ul style="list-style-type: none"> Did someone transport you to the U.S? Did someone transport you from home to where you worked? 	Fraud <ul style="list-style-type: none"> Were you lied to about the type of work, salary or hours? Did they promise you immigration status that they did not seek for you? Have you worked for someone or done any other activities for which you thought you would be paid? Did anyone where you worked (or did other activities) ever trick or pressure you into doing anything you did not want to do? 	Sex Trafficking <ul style="list-style-type: none"> Have you been forced to have sex for money, food, shelter, or other needs? Did you ever have sex for things of value (for example money, housing, food, gifts, or favors)?
Obtaining / Providing <ul style="list-style-type: none"> Did someone receive the money you earned directly? Did someone else advertise your services or force you to advertise yourself? 		Minor Sex Trafficking <ul style="list-style-type: none"> (If under 18) Have you had sex for money, food, shelter, or other needs? <p>* Do not need to have force fraud or coercion if minor</p>


CAST @ 2016 / Northwell Health Human Trafficking Response Program 2018

➤ If you have questions about completing this form, please contact your manager immediately.


➤ This form must be scanned and emailed to _____ immediately upon completion.

➤ Original, completed screen must be placed on the medical record.

Figure 3. Potential Red Flags



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Initiated at the United Nations 2018



Red Flags

Common Work and Living Conditions

- Feels unsafe at work or home
- Is not in control of his/her own money and/or identification documents (*e.g. Passport, License*)
- Is not free to leave or come and go as he/she wishes
- Has provided sex for money, shelter, or other basic needs
- Is unpaid for work, paid very little, or paid only through tips
- Has expressed financial desperation
- Has overwhelming debt to employer
- Works excessively long or unusual hours

Poor Mental Health or Abnormal Behavior

- Is anxious, depressed, submissive, or paranoid
- Exhibits unusually fearful behavior, especially if bringing up law enforcement
- Avoids eye contact
- Self-harming behaviors

Poor Physical Health

- Appears malnourished
- History of sexual and/or substance abuse, STD/STI
- Branding
- History of substance abuse
- Shows signs of physical and/or sexual abuse, physical restraint, or torture
- Partial/incomplete abortions or miscarriages, and or abortion-related consequences
- Neglected or delayed treatment for injury

Lack of Control

- Accompanied by someone who insists on answering questions for the patient
- Has few or no personal possessions
- Is not in control of his/her own money
- Is not in control of his/her own identification documents (*e.g. passport, driver's license*)
- Is not allowed to speak for themselves (*e.g. a third party insists on being present*)

Other

- Inability to clarify address where he/she is staying
- Has few or no personal possessions with them
- Lack of knowledge of current location, time, or date
- Inconsistent stories and/or histories
- Fear of authority figures
- Signs and symptoms of physical and/or mental abuse
- Wanting to leave AMA
- Inappropriate dress for weather or situation

Please note not all **Red Flags** are created equal.
For example: lack of eye contact can be a cultural matter.
Be sure to always use discernment in identification and recognition.

Figure 4. Potential Screening Questions



Global Strategic Operatives
— for the Eradication of Human Trafficking —
Initiated at the United Nations 2018



Primary Screening Questions

- What is your address?
- What type of work do you do?
- Have you or your family been threatened if you quit?
- Do you get to keep all the money you make?
- Do people force you take any drugs?
- Where do you sleep?
- Do you have your own food?
- Do you have to ask permission to eat, sleep, go to the bathroom?
- Are there locks on the doors and windows where you live?

Acknowledgments

GSO Pilot Study –Human Trafficking Training for Healthcare Providers 2019 – 2022

US Healthcare Pilot Site Participants

1. Baptist Health, South Miami Hospital, FL – Training November 12-14, 2019
Primary Contact: Nada Wakim / GSO Liaison: Charrita Ernewein
2. Advocate Aurora Health, Chicago, IL – Training December 2-4, 2019
Primary Contact: Dawn Moeller / GSO Liaison: Sonya Drotter
Other Contacts: Cristi Foster and Kathie Bender Schwich
3. Hackensack Meridian Health, NJ – Training December 4-6, 2019
Primary Contact: Kristi Rioux / GSO Liaison: Kristina Barkey
Other Contact: Theresa Brodrick
4. RWJ Barnabas Health, NJ – January 27-29, 2020
Primary Contact Dr. Ernani Sadural / GSO Liaison: Kristina Barkey
Other Contacts: Kim Palestis and Margaret Ames
5. Northwell Health – February 10-12, 2020
Primary Contact: Dr. Santhosh Paulus / GSO Liaison: Wilonda Green
Other Contact: Kaitlin Doyle

International Healthcare Site Participants

1. KMCH Hospital & Medical College, Chennai, India
Contact: Dr. PM Nair Dates Completed: February 15-17, 2020

Many Cancellations due to COVID starting March 2020
2. Catholic Hospital of Ethiopia Dates Completed: July 15 & 16, 2021
Contact: Dr. Belen Shewangezaw
3. Ancilla Catholic Hospital, Nigeria Date Completed: July 31, 2021
Contact: Sr. Judith Inyanga
4. University of Sacred Heart Hospital, Rome, Italy
Contact: Alessandro Stievano Dates Completed: March 15 & 22, 2022
5. University of Milan GSD International Health, Milan, Italy
Contact: Rosario Caruso Dates Completed: March 15 & 22, 2022

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Default Report

Human Trafficking Education, Policies, and Procedures-GSO Collaborative Initiative

August 4, 2020 11:47 AM CDT

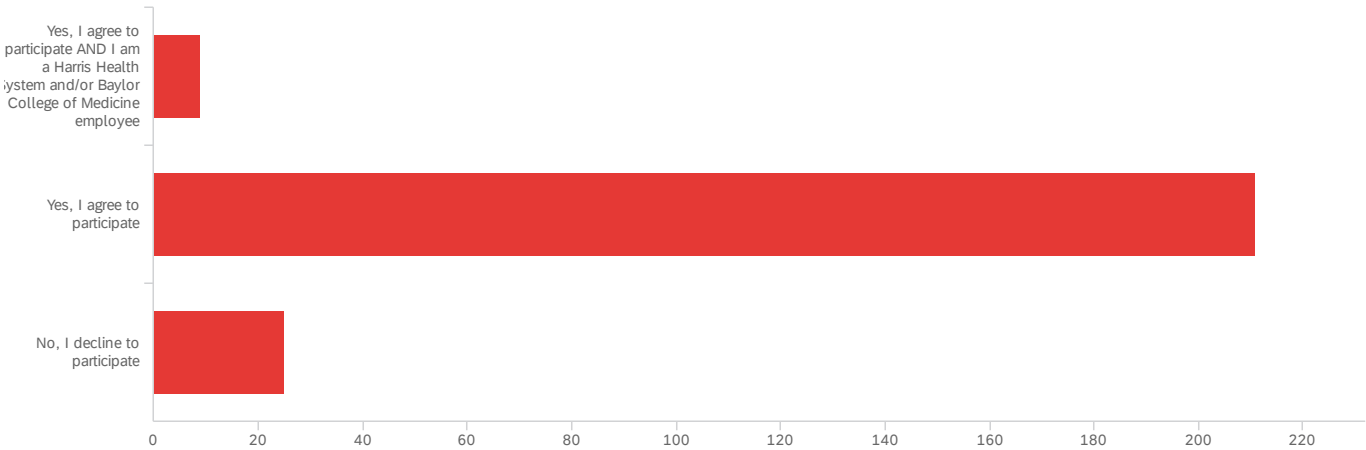
Q1 - THE UNIVERSITY OF TEXAS AT TYLER In cooperation with the Global Strategic Operatives for the Eradication of Human Trafficking Informed Consent to Participate in Research Institutional Review Board #F2019-02 Approval Date: September 26, 2019 Title of Research Study: Implementation of Trafficking in Persons Education for Health Care Providers and Policies and Procedures in Acute Healthcare Settings; an Outcomes Study. Project Description: The GSO research team in cooperation the University of Texas at Tyler and health care systems nationwide want to examine the effectiveness of the implementation of Trauma-Informed Trafficking in Persons (TIP) education for health care providers (HCP) and staff in addition to the adoption of organizational policies and procedures pertaining to the recognition, provision of trauma-informed care, and appropriate referral of trafficked persons (TP) in the acute care setting. The principle investigator is Dr. Cathy Miller, an Associate Professor at the University of Texas at Tyler College of Nursing and Health Sciences and the Director of Research and Scholarship for the GSO. The co-investigators on the research team are Dr. Michael Breen Dean of Arts of Mary Immaculate College, Limerick, Ireland and Ms. Jennifer Graebe MSN, RN, NEA-BC, Director-Nursing Continuing Professional Development & Joint Accreditation

Program, American Nurses Credentialing Center (ANCC). If you agree to participate in this study, we would ask you to do the following things: Answer one anonymous online survey with 11 questions. We estimate the survey will take approximately 5-10 minutes. This survey is anonymous and your name and personal identifying information are not collected. Potential Risks: We know of no known risks other than those encountered in normal everyday life. Potential Benefits: Your contribution and participation on this study will benefit not only your department and organization, but health care organizations around the world attempting to prepare health care providers and staff to respond to human trafficking victims who present for health care services. Understanding of Participants: I have been given a chance to ask any questions about this research study. The researcher has answered my questions. I understand any and all possible risks. If I sign this consent form, I know it means that: · I am taking part in this study because I want to. I chose to take part in this study after having been told about the study and how it will affect me. · I know that I am free to not be in this study. If I choose to not take part in the study, then nothing will happen to me as a result of my choice. · I know that I have been told that if I choose to be in the study, then I can stop at any time. I know that if I do stop being a part of the study, then nothing will happen to me. · I know the information that is obtained from me during this study may be shared with other researchers, but if so, my

name and any other identifying information will not be with this information. I know the researchers may keep this information for up to 3 years or until I inform them that I no longer give permission to share it. I know that it is unknown as to how long other researchers will keep my information. I know that the PI Dr. Cathy Miller is responsible for the security of all the data from this survey and that even she will not have my personal information. I have been promised that that my name or other identifying information will not be in any reports (presentations, publications) about this study unless I give my permission. The UT Tyler Institutional Review Board (the group that makes sure that research is done correctly and that procedures are in place to protect the safety of research participants) may look at the research documents. This is a part of their monitoring procedure and will be kept confidential. If I have any questions concerning my participation in this project, I will contact the principal researcher: Dr. Cathy Miller at cathy@globalstrategicoperatives.org or cathymiller@uttyler.edu. If I have any questions concerning my rights as a research subject, I will contact the Office of Research & Scholarship at (903) 565-5670 at research@uttyler.edu Research results from this study may be shared with other researchers for future research but any identifying information will be removed by the principal researcher of this study before information is shared.

CONSENT/PERMISSION FOR PARTICIPATION IN THIS RESEARCH STUDY I have

read and understood what has been explained to me. I give my permission to take part in this study as it is explained to me. I give the study researcher permission to register me in this study. I may print this page as a signed copy of this consent form. I understand that clicking “Yes, I agree to participate” serves as my digital acknowledgment of consent to participate. If I choose not to participate, I only have to click, “No, I decline to participate.”

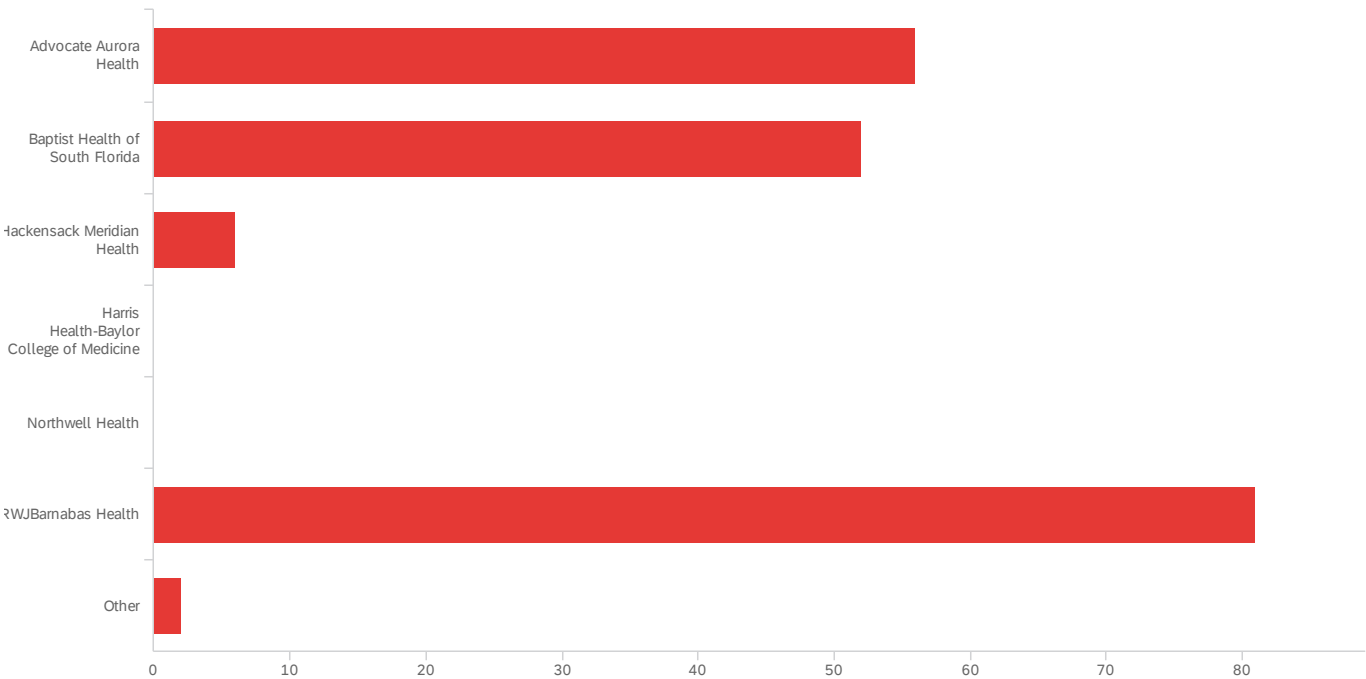


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	THE UNIVERSITY OF TEXAS AT TYLER In cooperation with the Global Strategic Operatives for the Eradication of Human Trafficking Informed Consent to Participate in Research Institutional Review Board #F2019-02 Approval Date: September 26, 2019 Title of Research Study: Implementation of Trafficking in Persons Education for Health Care Providers and Policies and Procedures in Acute Healthcare Settings; an Outcomes Study. Project Description: The GSO research team in cooperation the University of Texas at Tyler and health care systems nationwide want to examine the effectiveness of the implementation of Trauma-Informed Trafficking in Persons (TIP) education for health care providers (HCP) and staff in addition to the adoption of organizational policies and procedures pertaining to the recognition, provision of trauma-informed care, and appropriate referral of trafficked persons (TP) in the acute care setting. The principle investigator is Dr. Cathy Miller, an Associate Professor at the University of Texas at Tyler College of Nursing and Health Sciences and the Director of Research and Scholarship for the GSO. The co-investigators on the research team are Dr. Michael Breen Dean of Arts of Mary Immaculate College, Limerick, Ireland and Ms. Jennifer Graebe MSN, RN, NEA-BC, Director-Nursing Continuing Professional Development & Joint Accreditation Program, American Nurses Credentialing Center (ANCC). If you agree to participate in this study, we would ask you to do the following things:Answer one anonymous online survey with 11 questions. We estimate the survey will take approximately 5-10 minutes. This survey is anonymous and your name and personal identifying information	1.00	7.00	5.92	1.01	1.01	245

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
	<p>are not collected. Potential Risks: We know of no known risks other than those encountered in normal everyday life. Potential Benefits: Your contribution and participation on this study will benefit not only your department and organization, but health care organizations around the world attempting to prepare health care providers and staff to respond to human trafficking victims who present for health care services. Understanding of Participants: I have been given a chance to ask any questions about this research study. The researcher has answered my questions. I understand any and all possible risks. If I sign this consent form, I know it means that: · I am taking part in this study because I want to. I chose to take part in this study after having been told about the study and how it will affect me. · I know that I am free to not be in this study. If I choose to not take part in the study, then nothing will happen to me as a result of my choice. · I know that I have been told that if I choose to be in the study, then I can stop at any time. I know that if I do stop being a part of the study, then nothing will happen to me. · I know the information that is obtained from me during this study may be shared with other researchers, but if so, my name and any other identifying information will not be with this information. I know the researchers may keep this information for up to 3 years or until I inform them that I no longer give permission to share it. I know that it is unknown as to how long other researchers will keep my information. I know that the PI Dr. Cathy Miller is responsible for the security of all the data from this survey and that even she will not have my personal information. I have been promised that that my name or other identifying information will not be in any reports (presentations, publications) about this study unless I give my permission. The UT Tyler Institutional Review Board (the group that makes sure that research is done correctly and that procedures are in place to protect the safety of research participants) may look at the research documents. This is a part of their monitoring procedure and will be kept confidential. If I have any questions concerning my participation in this project, I will contact the principal researcher: Dr. Cathy Miller at cathy@globalstrategicoperatives.org or cathymiller@uttyler.edu. If I have any questions concerning my rights as a research subject, I will contact the Office of Research & Scholarship at (903) 565-5670 at research@uttyler.edu Research results from this study may be shared with other researchers for future research but any identifying information will be removed by the principal researcher of this study before information is shared. CONSENT/PERMISSION FOR PARTICIPATION IN THIS RESEARCH STUDY I have read and understood what has been explained to me. I give my permission to take part in this study as it is explained to me. I give the study researcher permission to register me in this study. I may print this page as a signed copy of this consent form. I understand that clicking "Yes, I agree to participate" serves as my digital acknowledgment of consent to participate. If I choose not to participate, I only have to click, "No, I decline to participate."</p>						

#	Field	Choice Count
1	Yes, I agree to participate AND I am a Harris Health System and/or Baylor College of Medicine employee	3.67% 9
6	Yes, I agree to participate	86.12% 211
7	No, I decline to participate	10.20% 25
		245

Q2 - By which organization are you employed?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	By which organization are you employed? - Selected Choice	1.00	8.00	3.89	2.73	7.47	197

#	Field	Choice Count
1	Advocate Aurora Health	28.43% 56
2	Baptist Health of South Florida	26.40% 52
4	Hackensack Meridian Health	3.05% 6
5	Harris Health-Baylor College of Medicine	0.00% 0
6	Northwell Health	0.00% 0
7	RWJBarnabas Health	41.12% 81
8	Other	1.02% 2
		197

Showing rows 1 - 8 of 8

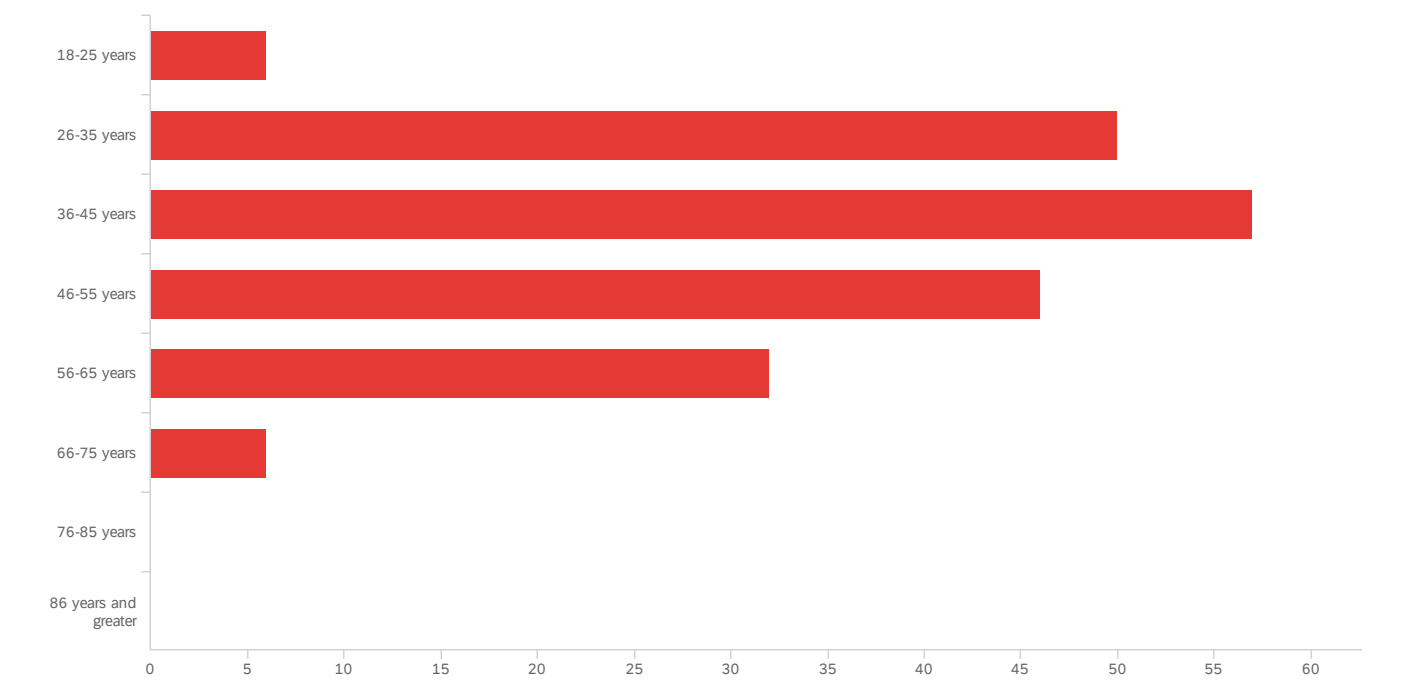
Q2_8_TEXT - Other

Other

Jersey City Medical Center

South Miami Hospital

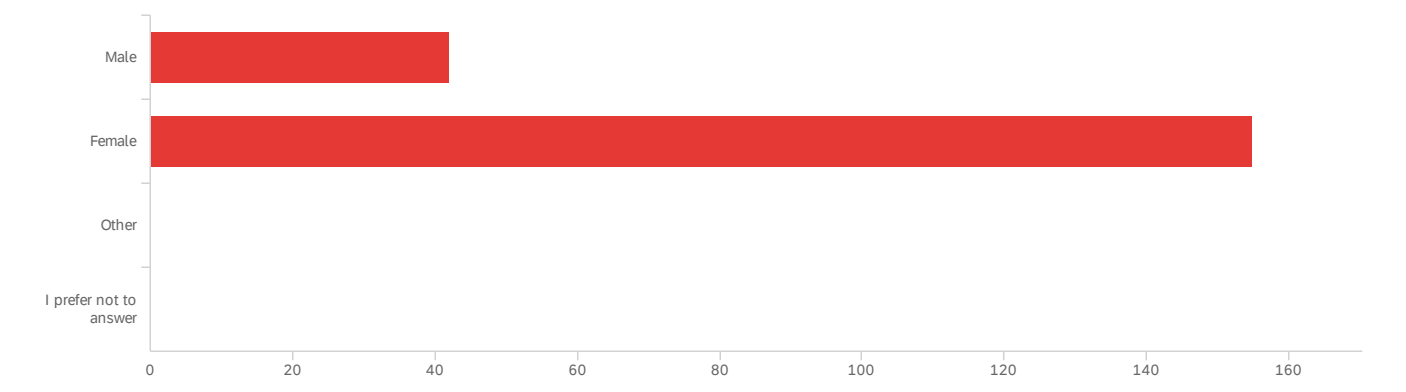
Q3 - What is your age?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What is your age?	1.00	6.00	3.34	1.19	1.42	197

#	Field	Choice Count
1	18-25 years	3.05% 6
2	26-35 years	25.38% 50
3	36-45 years	28.93% 57
4	46-55 years	23.35% 46
5	56-65 years	16.24% 32
6	66-75 years	3.05% 6
7	76-85 years	0.00% 0
8	86 years and greater	0.00% 0

Q4 - What is your gender?



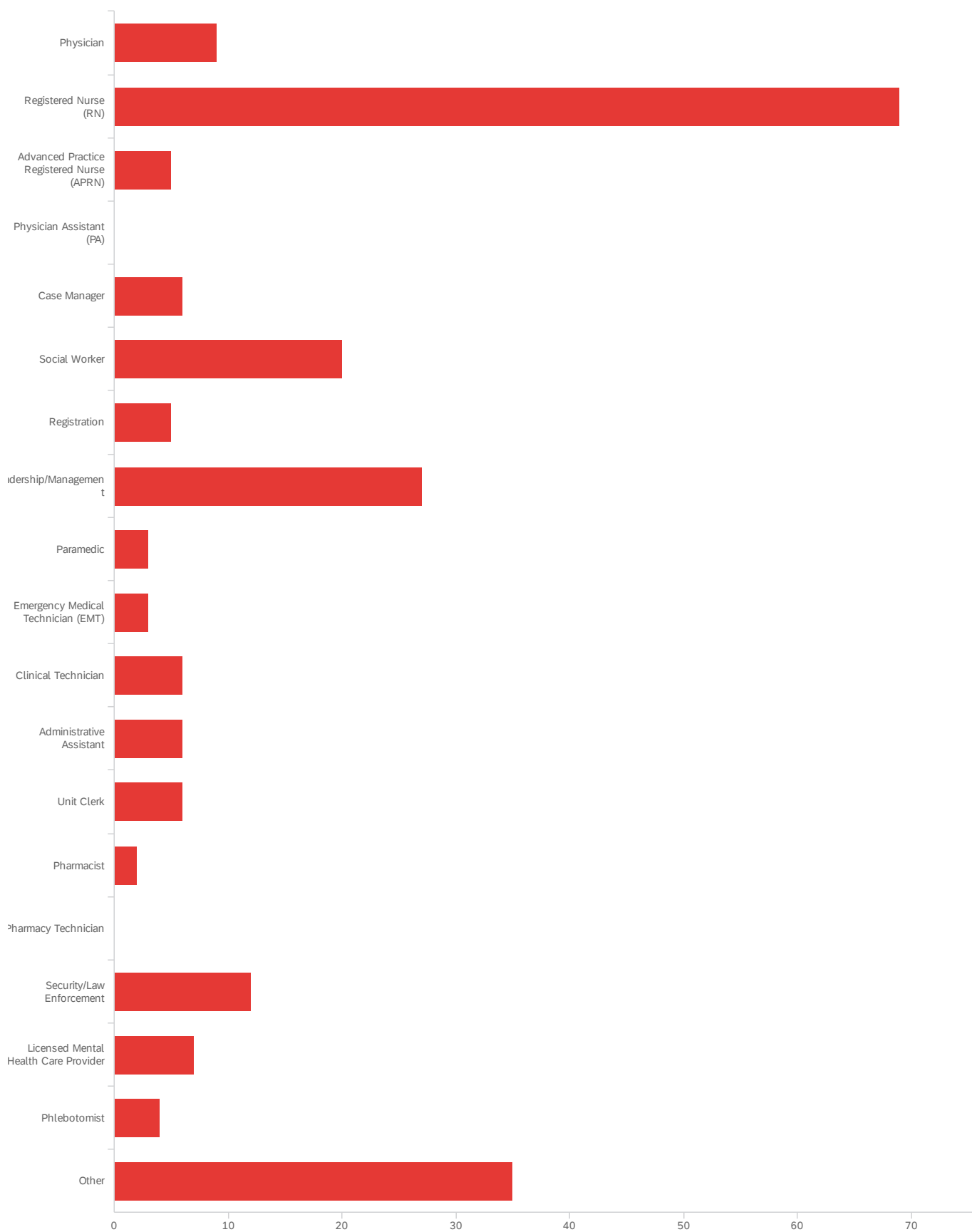
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What is your gender?	1.00	2.00	1.79	0.41	0.17	197

#	Field	Choice	Count
1	Male	21.32%	42
2	Female	78.68%	155
3	Other	0.00%	0
4	I prefer not to answer	0.00%	0

197

Showing rows 1 - 5 of 5

Q5 - What is your profession (Choose all that apply)?



#	Field	Choice	Count
1	Physician	4.00%	9
2	Registered Nurse (RN)	30.67%	69
3	Advanced Practice Registered Nurse (APRN)	2.22%	5
4	Physician Assistant (PA)	0.00%	0
5	Case Manager	2.67%	6
6	Social Worker	8.89%	20
7	Registration	2.22%	5
8	Leadership/Management	12.00%	27
9	Paramedic	1.33%	3
10	Emergency Medical Technician (EMT)	1.33%	3
11	Clinical Technician	2.67%	6
12	Administrative Assistant	2.67%	6
13	Unit Clerk	2.67%	6
14	Pharmacist	0.89%	2
15	Pharmacy Technician	0.00%	0
16	Security/Law Enforcement	5.33%	12
17	Licensed Mental Health Care Provider	3.11%	7
18	Phlebotomist	1.78%	4
19	Other	15.56%	35
			225

Showing rows 1 - 20 of 20

Q5_19_TEXT - Other

Other
Patient Care Tech
patient sitter
Radiologic Technologist
ultrasound technician

Other

cnmt

PCT

Prevention and Education

PCT

PCT

imaging tech

Radiology Supervisor

medical assistant

Security- Investigations

Nursing Assistant

HIV/PrEP Counselor

Occupational Therapist

chaplain

ultrasound tech

Chaplain

child life specialist

Nursing Assistant

Respiratory Care Therapist Pediatrics

Lactation consultant

Patient Relations

Research Regulatory Coordinator

patient care tech

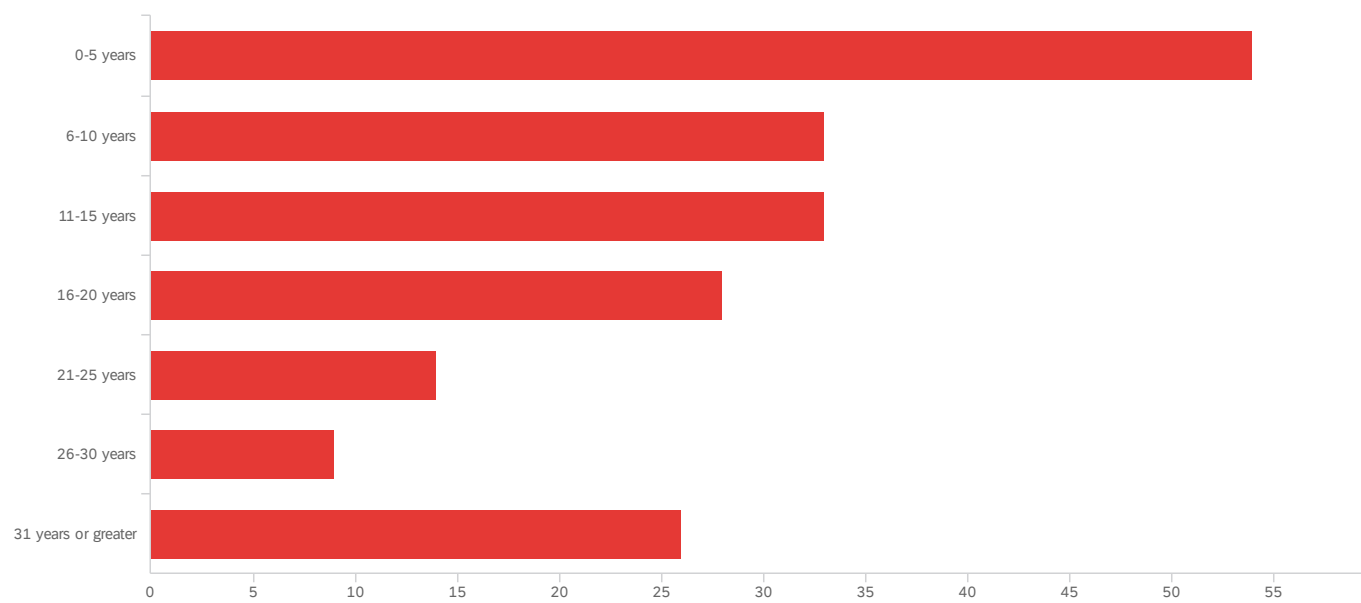
chaplain

Research

Other

Administration

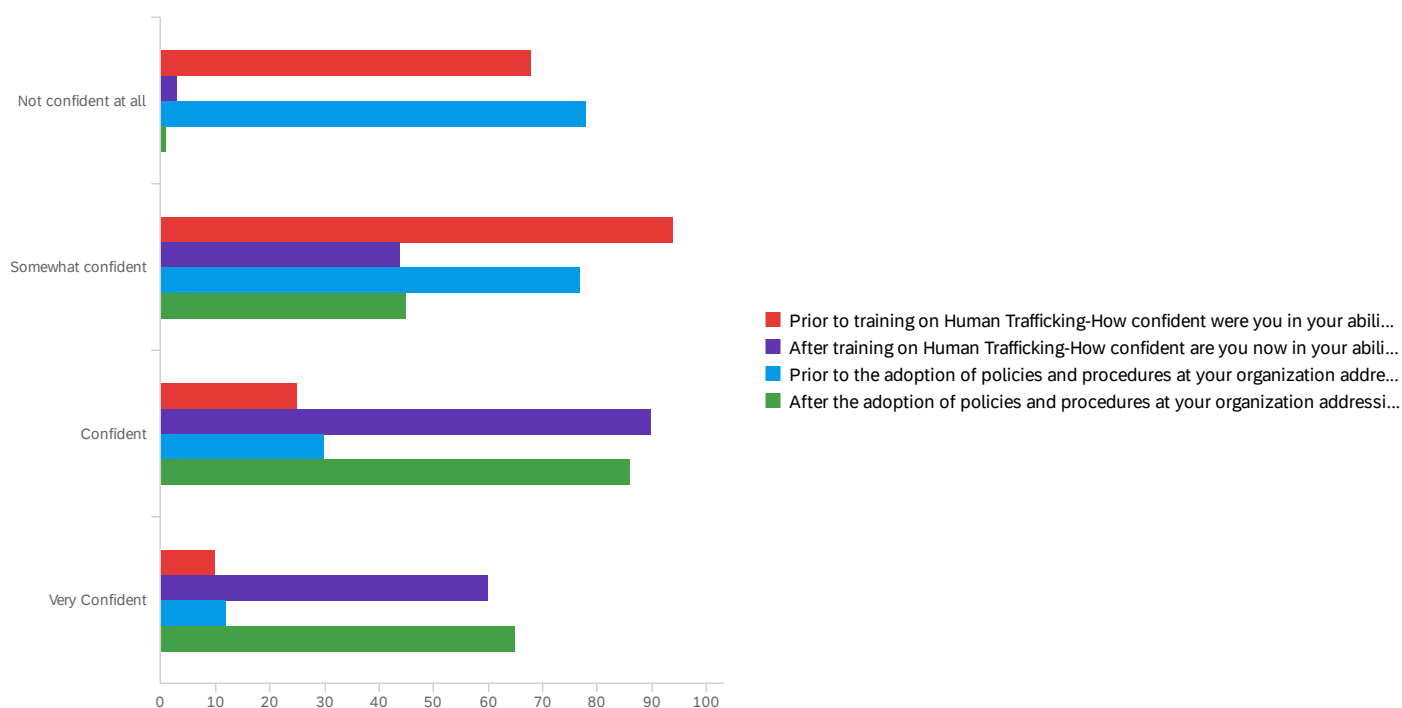
Q6 - How many years have you worked in your current profession?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	How many years have you worked in your current profession?	1.00	7.00	3.23	2.04	4.16	197

#	Field	Choice Count
1	0-5 years	27.41% 54
2	6-10 years	16.75% 33
3	11-15 years	16.75% 33
4	16-20 years	14.21% 28
5	21-25 years	7.11% 14
6	26-30 years	4.57% 9
7	31 years or greater	13.20% 26
		197

Q7 - Please answer the following questions on a four point scale:



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Prior to training on Human Trafficking-How confident were you in your ability to identify potential human trafficking victims in the health care setting?	1.00	4.00	1.88	0.81	0.66	197
2	After training on Human Trafficking-How confident are you now in your ability to identify human trafficking victims in the health care setting?	1.00	4.00	3.05	0.77	0.59	197
3	Prior to the adoption of policies and procedures at your organization addressing human trafficking-how confident were you in your abilities to respond in a trauma-informed manner to victims of human trafficking presenting for health care services?	1.00	4.00	1.88	0.88	0.78	197
4	After the adoption of policies and procedures at your organization addressing human trafficking-how confident are you in your abilities to respond in a trauma-informed manner to victims of human trafficking presenting for health care services?	1.00	4.00	3.09	0.76	0.57	197

#	Field	Not confident at all		Somewhat confident		Confident		Very Confident		Total
1	Prior to training on Human Trafficking-How confident were you in your ability to identify potential human trafficking victims in the health care setting?	34.52%	68	47.72%	94	12.69%	25	5.08%	10	197

#	Field	Not confident at all		Somewhat confident		Confident		Very Confident		Total
2	After training on Human Trafficking-How confident are you now in your ability to identify human trafficking victims in the health care setting?	1.52%	3	22.34%	44	45.69%	90	30.46%	60	197
3	Prior to the adoption of policies and procedures at your organization addressing human trafficking-how confident were you in your abilities to respond in a trauma-informed manner to victims of human trafficking presenting for health care services?	39.59%	78	39.09%	77	15.23%	30	6.09%	12	197
4	After the adoption of policies and procedures at your organization addressing human trafficking-how confident are you in your abilities to respond in a trauma-informed manner to victims of human trafficking presenting for health care services?	0.51%	1	22.84%	45	43.65%	86	32.99%	65	197

Showing rows 1 - 4 of 4

Q8 - What were the strengths of the education you received on human trafficking?

What were the strengths of the education you received on human trafficking?

Having a survivor, and not just representative, was insightful to see her point of view and how she was able to overcome it. It was authentic and raw which makes for good education.

hearing first hand from a survivor was very helpful

the human trafficking education give me more depth in recognizing all area

Learning how to communicate with the victim with the right questions. The numbers are higher than expected.

recognizing some of the signs that might indicate human trafficking victim

open conversation, transparency, powerpoint presentation, speeches from real victims

informing about the signs to look out for in an individual who is being trafficked or abused

Knowledge that human trafficking does not affect only one sector of the population and that males can also be victims of trafficking

How to identify HT victims and provide a safe space for them within our facility

the ability to recognize and identify a human trafficking victim

actual victim accounts of treatment

the information contained in the education

very informative especially with guest speakers

Human trafficking can be anybody that walks in our facility.

The format of the presentation, the speaker, who personally experienced the trauma.

speakers knowledge and delivery of information

taking away preconceived notions of victims and helping to identify people

The testimony

private and public community-wide agency participation in the training

What were the strengths of the education you received on human trafficking?

noticing the signs and keeping the patient dignity and privacy as an importance

Receiving details on what constitutes Human Trafficking and what agencies to alert when suspected.

sharing real life stories

Stories of real life experiences.

How to identify Human Trafficking and the realization that there's different types.

actual human experience

The speaker provided her personal experiences. That helped me identify a patient that may be in the same situation and may need the care.

IT WAS GOOD TO HEAR A PERSONAL STORY

The education provided clinical data to support the various intervention methods to aid those in human trafficking situation

know that there are more ways to human trafficking

Review of statistics related to the prevalence of human trafficking and the testimony of the guest speaker

Key points to identify human trafficking.

The survivor stories

To recognize certain patterns and behaviors.

To be more aware of potential victims of human trafficking

The human trafficking education gave me depth of how to identify a victim of human trafficking during my time on job and outside my job and to proceed on the next step to help

n/a

To hear from someone who experienced this situation. As well as identifying patients who may be at risk.

I liked the presentation on what to look for, who the victims tend to be and how to respond.

Now being able to recognize and know when I see a victim of human trafficking.

What were the strengths of the education you received on human trafficking?

The speaker telling her personal experience and giving examples.

The visual display of human trafficking victims, listening to there stories as opposed to reading about their stories.

The strengths are that we are now able to detect if someone is being trafficked when they appear at our organization due to this training.

Warning signs Resources available Who to escalate to

The real victims telling theurbstories were impactful

Identification of staff behaviors that could discourage the victim from accepting help.

Broader perspective on how to handle victims of human trafficking

The victim who told her story- being able to see an everyday person who was a victim truly showed me that there is no definite type of victim.

Signs.. heighten awareness of things to look for.

Excellent presentations

Having an actual victim present the information and share her story

not to judge based on complaint or appearance of pts.

Introduction of new policy. New procedure and guidelines for practioners to use at the bedside in practice in suspected cases.

Details of how well the issues are hidden by both the patient and the "handler"

Personal stories of survivors made the education more meaningful. They gave the topic a sense of urgency.

That those in human trafficking will still seek medical help and patience and understanding is needed for a better outcome. Understanding that these individuals are the victims and keeping that in mind.

That paying attention to details is key and noticing signs of trafficking.

Personal testimony, real world examples, simple reminders

I learned the signs and symptoms to watch for!

Signs of human traffecking

What were the strengths of the education you received on human trafficking?

I loved meeting the victim. He was very helpful. I feel my approach will be better. I appreciate know the names of the agencies that reach out directly to these victims.

Impacts of human trafficking, eradication of misguided categorizations, how to recognize victims of human trafficking, how to respond to victims of human trafficking.

Survivor presentation, " best practices" from other facilities

N/A

to look for signs

Being able to identify better.

Hearing from the survivor's perspective

The information provided made excellent bullet points that could be used as a platform for more in depth training.

obtaining the perspective from a victim

hearing stories from survivors was educational and informative

Discussion through examples was very valuable

Specific examples of signs

Identifying the characteristics related to individuals involved in human trafficking.

PROVIDING VICTIMS STORIES

The strength of the education I received was having a survivor facilitate the presentation. Hearing her journey and the application of the tools we were learning to identify victims validated what we were being taught.

risks and profile of victims

Actual Resources

identifying a victim

that people look just like me that's victims

How to identify victims

Just the many levels and different human trafficking groups.

What were the strengths of the education you received on human trafficking?

Victim statements

Listening to a survivor in person. The statistics.

Hearing directly from someone who has survived such an experience. Made it a real human experience that could not be ignored. Connected each of us to this horror which does not exclude anyone of us.

raising awareness of different types of human trafficking not so apparent to the public eye

Clarify the definition of human trafficking , excellent presentation, speakers familiar with first hand experience about human trafficking

Overall great presentation, information that could definitely be used with our population.

Signs to look for in someone that is being trafficked how to approach a victim to gain trust and offer help

It was informative, organized and presented well

Identification of potential victims through teaching of signs and symptoms of patients that may be traffic victims.

How to look for signs and symptoms of potential victims.

Victim's story

Knowledgeable presenters, informative presentation and especially hearing first hand from a survivor and her experiences.

learning some of the "clues" that someone who is being trafficked may display

The personal stories were most impactful.

Hearing from a victim of human trafficking and the challenges faced to obtain the help she needed to break free from those holding her in captivity.

The personal experience of the teacher, Josie.

How to identify it

Signs to look for such as tattoos

It made me more aware of potential human trafficking among us.

How to recognize and approach patients that are potentially victims.

What were the strengths of the education you received on human trafficking?

It was helpful to learn more about this challenging issue, but I don't have a clear idea of what we're supposed to do if we encounter a person who is being trafficked. Weren't there supposed to be cards available to give to people or something? I have not heard anything about it since this workshop.

Great to have an actual victim present

The presentation and videos provided a realistic view of the intricacies of assessing for victims of human trafficking.

good overview for those of us who haven't received education regarding this topic before.

The clarification that ANYONE may be trafficked. The explanation of what to look for and the tell signs of even the possibility of someone being victimized, no matter the gender.

teacher who was trafficked, chance to talk to her

Real human stories shared. Learning about the grooming process and how people are trafficked.

Review of red flags and what to look for at my place of work.

Having a rescued victim who is able to testify to the truths of HT is very important. It brings the reality of the problem right to the forefront.

showed how trafficking victims are often presented in a medical setting

very informative and engaging discussion around identifying the victims

Real stories, detailed info, what to do

Very informative. I was unaware of the statistics and how common it is.

I liked the data that was shared on where this happens and who is involved.

Resources available. Key hot spot areas across the nation.

Personal stories really connected with the audience

It was compelling

I think the real life story of the presenter made the content "click".

action plan of what to do/potential referrals/ training across disciplines

It opened my eyes to how wide spread this is and the victim is not always easily recognized as such.

What were the strengths of the education you received on human trafficking?

Real life stories

Very informative however I do not have patient contact.

comprehensive, statistics, examples

understanding that women that are in prostitution are not there by their own free will but b/c they're treated as property by pimps

knowing how to address patients that may be victims

Presenter with personal experience

red flags, PEARR tool

It was a powerful and memorable training to hear from a survivor of trafficking.

The actual stories from victims

The speaker sharing her story

compelling information

The speech of the former HT victim was very powerful and eye-opening.

Hearing from the victim.

it showed how real it is and how constant a victim will come to the hospital and we could've done something about it

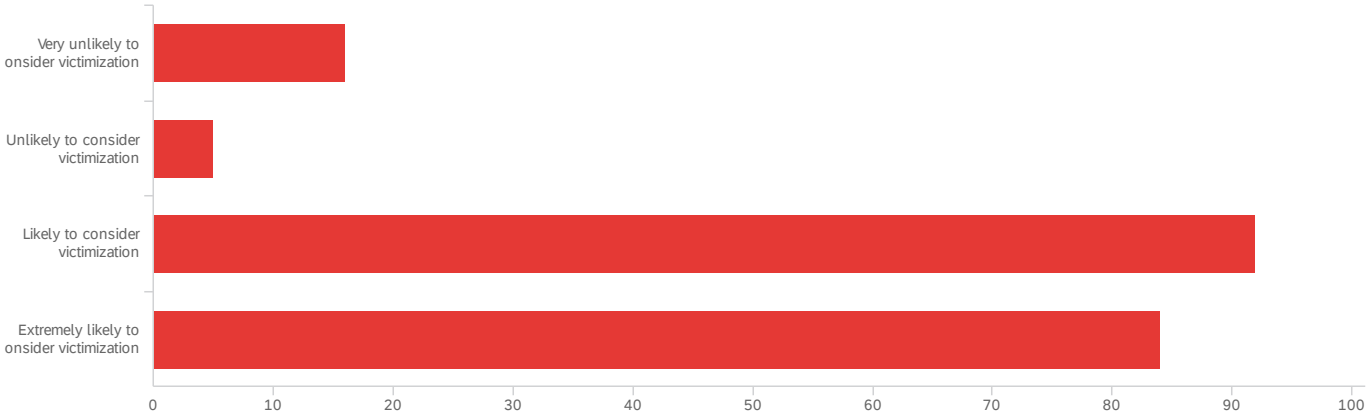
Addressing how to observe signs of a person who was being trafficked.

The acknowledge of the person that gave us the conference.

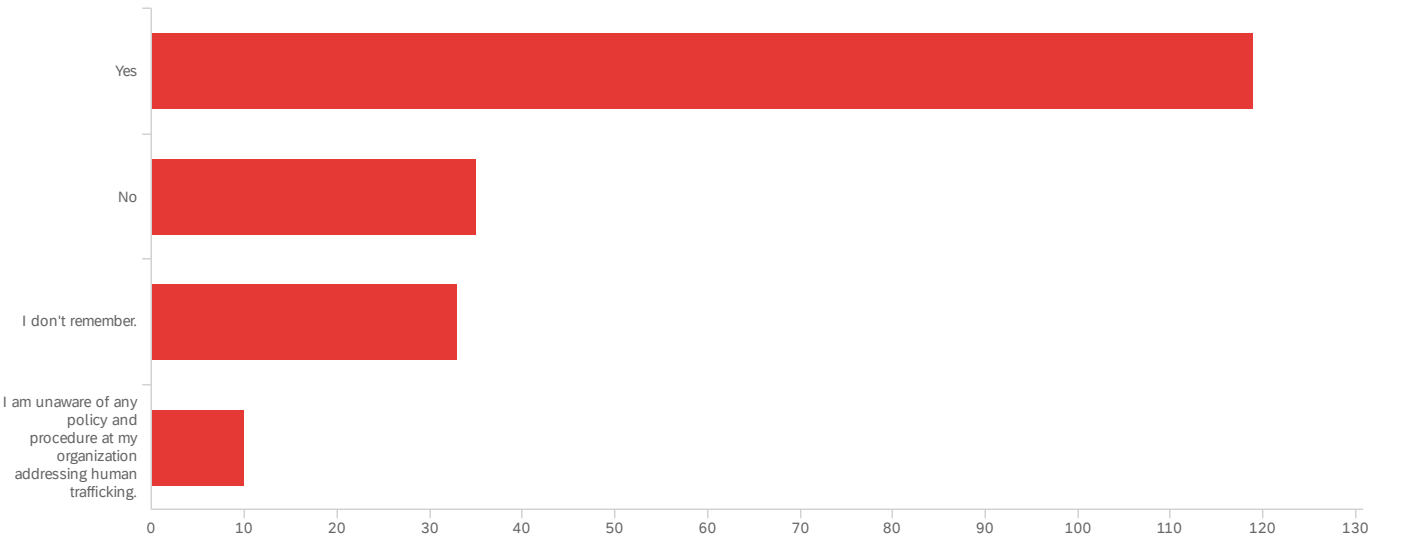
Having former victims was very powerful and drove the messages home.

Q11 - Patients may present for medical care with criminal charges pending (such as prostitution) or other issues such as drug abuse/misuse. After your human trafficking training: How likely are you to consider the same patients as potential crime victims instead of criminals?

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Q10 - Have you seen your organization's policies and procedures related to human trafficking?



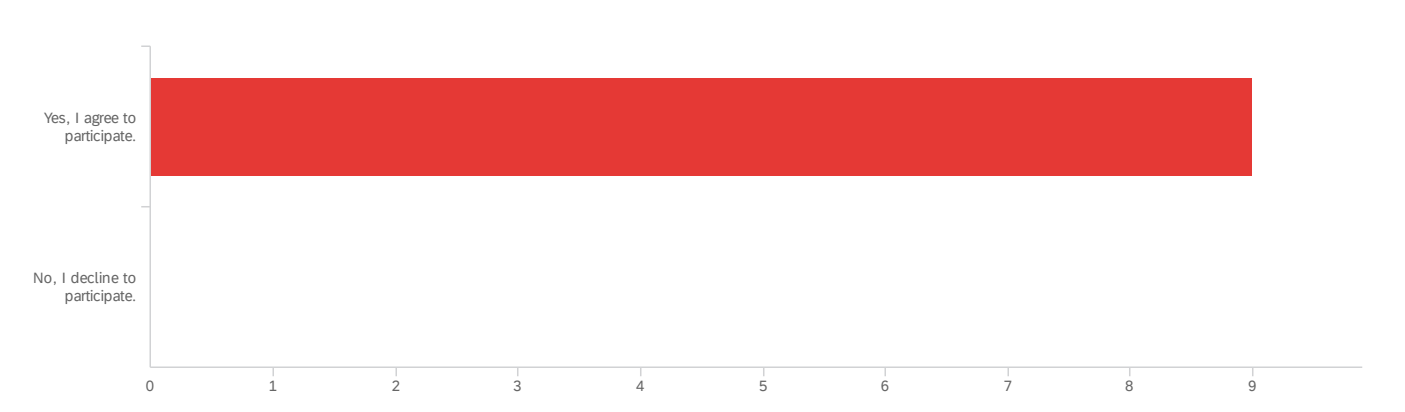
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Have you seen your organization's policies and procedures related to human trafficking?	1.00	4.00	1.66	0.93	0.86	197

#	Field	Choice Count
1	Yes	60.41% 119
2	No	17.77% 35
3	I don't remember.	16.75% 33
4	I am unaware of any policy and procedure at my organization addressing human trafficking.	5.08% 10

197

Showing rows 1 - 5 of 5

Q1b - Place Holder



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Place Holder	1.00	1.00	1.00	0.00	0.00	9

#	Field	Choice Count
1	Yes, I agree to participate.	100.00% 9
2	No, I decline to participate.	0.00% 0

9

Showing rows 1 - 3 of 3

Q9 - What were the weaknesses of the education you received on human trafficking?

What were the weaknesses of the education you received on human trafficking...

Timing, especially for night shift.

maybe more signs of exactly what we should be asking

i see no weakness after completing the education infact it strengthend me in combating the problem

n/a

wanted to hear more about how this happened to that person

n/a

none i can think of, the presentation was pretty strong

None

since i didn't know too much about that matter ,i cannot notice any weakness

implicit bias

none

none

none

our responses and preparedness

None

none

No assessment tool

none, very informative and thorough presentation

I feel like all of the information was relevant.

subjective

I would like to have more visuals. Graphs, Maps pin pointing areas

What were the weaknesses of the education you received on human trafficking...

Not enough videos/demos to show how human trafficking is

was ok

N/A

none

Maybe could review how to respond in the health care setting more. I believe we notify social work.

no weakness am more strengtend now to tackle the problem

n/a

N/A

Identification and referrals to pts

The audio visual wasn't working and some of the information was redundant

I think they should do short demos on human trafficking.

More of the physical signs and symptoms we should be on the lookout for. Also, more specifically what the plan/protocol is when we suspect human trafficking. Who is the first person we notify, our supervisor, the doctor, the social worker? More specifics.

none

there were no weaknesses about the training or information

None noted

None

None

None

The statistics were not of my area and my area is in the top 5 cities for human trafficking

none

I wished it were lengthier

Daytime conferences are hard to make due to clinical duties

What were the weaknesses of the education you received on human trafficking...

no weaknessess identified

The time frame was short

None

I wish there were more lectures and less talks about the personal stories

NA

No weaknesses.

Can we add the Stockholm Syndrome education? This population is hard to reach because of their attachment to their traffickers.

None.

n/a

N/A

not long enough

N/A

Would have been nice to hear about HT cases that occurred at Jersey City Medical Center

The training was too quick

none

n/a

No contacts given. We still don't have specific agencies or departments contact info

no weaknesses

NONE

screening patients

want longer time

none

none

What were the weaknesses of the education you received on human trafficking...

None that i could see.

not enough time to digest information being presented and correlate with the slides. Slides were rushed and the speaker just spoke without pointing out facts, figures etc

N/A

Na

I'm not aware of any

Lack of direct or indirect examples from healthcare workers. I would have liked to understand the thought process of a health care worker when it comes to their reasoning to identify a potential victim.

Too fast and not very interactive.

Too intense for first thing in the morning, before my shift started.

Would have liked a handout to follow along with during the presentation.

Perhaps more in depth look at the trauma human trafficking causes for the person and those around them

I did not receive enough institution-specific intervention information.

All information shared was valuable, although unclear if law enforcement could be contacted if victim presents to the hospital and communicates her need for help.

The length. Something that important should take at least, a whole day or two half days.

More case based presentations might be helpful

Lack of follow-through by our hospital

A follow-up educational session is always welcome.

It wasn't long enough! I wish it was a half day conference with CE

There were really no weaknesses. The difficulty remains in being watchful and conscious of my surroundings and open to address any opportunity that presents itself by intervening and helping victims.

too big of group

What were the weaknesses of the education you received on human trafficking...

Would have liked to know how to identify human trafficking in other settings or having a specific protocol in place in ER settings for things to ask each pt to identify it

Felt Anika was a much better presenter than the gentleman who was a previous victim. Maybe work with him on presentation? It was all very good.

none

None

I didn't find the speaker very helpful. Personal stories add to understanding but his were not specific enough.

None

Too heavy on the grab for attention, fairly light on the practical advice. You have my attention when I walk through the door. I need help on knowing practically what to do.

There was nothing pediatric specific in the training. Being a SANE at a Children's Hospital i am very concerned about missing children who are victims of familial trafficking.

no simulation

I think it frightens people

None at this time

need continued reinforcement, competing priorities

specific plan of action for how we handle it at our ER

i just hoped to have more info altogether

not enough

I wish more staff, especially chaplains, had attended.

I did not see any

It was a lot to take in due to the sensitive nature of the subject

i think it may be practically hard for the many people to have alone time with a patient (echo tech for example) to know where to go to get information for these patients and deliver it in a timely way.

What were the weaknesses of the education you received on human trafficking...

Would be nice to have more hands-on case study type of learning.

Not enough emphasis on making this mandatory for ALL ASSOCIATES

none

NA

I think the lenght of the class should be longer.

End of Report

Default Report

International Survey- Human Trafficking Education, Policies, and Procedures-GSO Collaborative
July 21, 2022 7:24 AM CDT

Q1 - THE UNIVERSITY OF TEXAS AT TYLER In cooperation with the Global Strategic Operatives for the Eradication of Human Trafficking Informed Consent to Participate in Research Institutional Review Board #F2019-02 Approval Date: September 26, 2019 Title of Research Study: Implementation of Trafficking in Persons Education for Health Care Providers and Policies and Procedures in Acute Healthcare Settings; an Outcomes Study.

Project Description: The GSO research team in cooperation the University of Texas at Tyler and health care systems nationwide want to examine the effectiveness of the implementation of Trauma-Informed Trafficking in Persons (TIP) education for health care providers (HCP) and staff in addition to the adoption of organizational policies and procedures pertaining to the recognition, provision of trauma-informed care, and appropriate referral of trafficked persons (TP) in the acute care setting. The principle investigator is Dr. Cathy Miller, a Professor at the University of Texas at Tyler College of Nursing and Health Sciences and the Director of Research and Scholarship for the GSO. The co-investigators on the research team are Dr. Michael Breen Dean of Arts of Mary Immaculate College, Limerick, Ireland and Ms. Jennifer Graebe MSN, RN, NEA-BC, Director-Nursing Continuing Professional Development & Joint Accreditation Program,

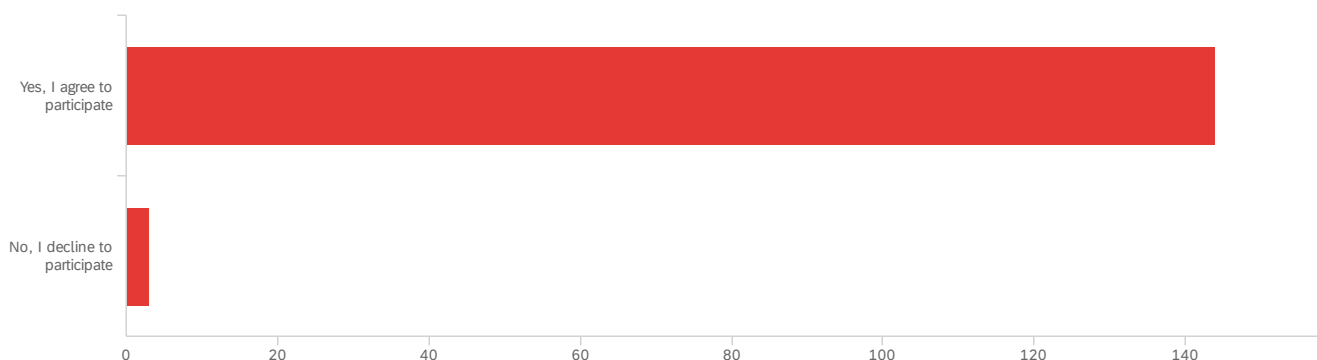
American Nurses Credentialing Center (ANCC). If you agree to participate in this study, we would ask you to do the following things: Answer one anonymous online survey with 10 questions. We estimate the survey will take approximately 5-10 minutes. This survey is anonymous and your name and personal identifying information are not collected.

Potential Risks: We know of no known risks other than those encountered in normal everyday life. Potential Benefits: Your contribution and participation on this study will benefit not only your department and organization, but health care organizations around the world attempting to prepare health care providers and staff to respond to human trafficking victims who present for health care services. Understanding of Participants: I have been given a chance to ask any questions about this research study. The researcher has answered my questions. I understand any and all possible risks. If I sign this consent form, I know it means that: · I am taking part in this study because I want to. I chose to take part in this study after having been told about the study and how it will affect me. · I know that I am free to not be in this study. If I choose to not take part in the study, then nothing will happen to me as a result of my choice. · I know that I have been told that if I choose to be in the study, then I can stop at any time. I know that if I do stop being a part of the study, then nothing will happen to me. · I know the information that is obtained from me during this study may be shared with other researchers, but if so, my name and any

other identifying information will not be with this information. I know the researchers may keep this information for up to 3 years or until I inform them that I no longer give permission to share it. I know that it is unknown as to how long other researchers will keep my information. I know that the PI Dr. Cathy Miller is responsible for the security of all the data from this survey and that even she will not have my personal information. I have been promised that that my name or other identifying information will not be in any reports (presentations, publications) about this study unless I give my permission. The UT Tyler Institutional Review Board (the group that makes sure that research is done correctly and that procedures are in place to protect the safety of research participants) may look at the research documents. This is a part of their monitoring procedure and will be kept confidential. If I have any questions concerning my participation in this project, I will contact the principal researcher: Dr. Cathy Miller at cathy@globalstrategicoperatives.org or cathymiller@uttyler.edu. If I have any questions concerning my rights as a research subject, I will contact the Office of Research & Scholarship at (903) 565-5670 at research@uttyler.edu Research results from this study may be shared with other researchers for future research but any identifying information will be removed by the principal researcher of this study before information is shared.

CONSENT/PERMISSION
FOR PARTICIPATION IN THIS RESEARCH STUDY I have read and understood what has

been explained to me. I give my permission to take part in this study as it is explained to me. I give the study researcher permission to register me in this study. I may print this page as a signed copy of this consent form. I understand that clicking “Yes, I agree to participate” serves as my digital acknowledgment of consent to participate. If I choose not to participate, I only have to click, “No, I decline to participate.”

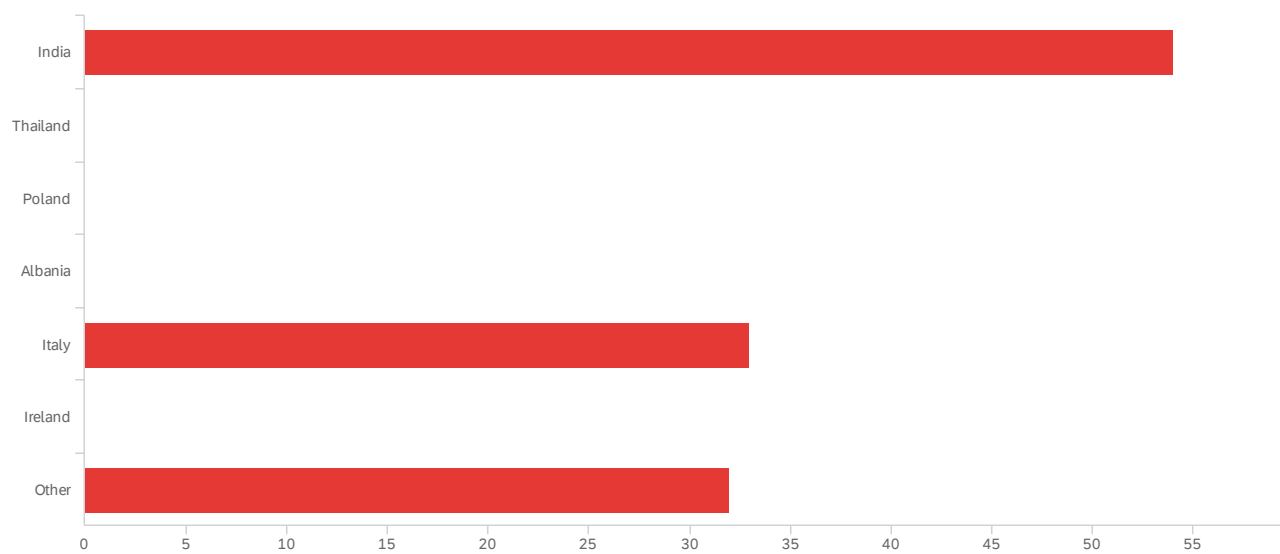


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	<p>THE UNIVERSITY OF TEXAS AT TYLER In cooperation with the Global Strategic Operatives for the Eradication of Human Trafficking Informed Consent to Participate in Research Institutional Review Board #F2019-02 Approval Date: September 26, 2019 Title of Research Study: Implementation of Trafficking in Persons Education for Health Care Providers and Policies and Procedures in Acute Healthcare Settings; an Outcomes Study. Project Description: The GSO research team in cooperation the University of Texas at Tyler and health care systems nationwide want to examine the effectiveness of the implementation of Trauma-Informed Trafficking in Persons (TIP) education for health care providers (HCP) and staff in addition to the adoption of organizational policies and procedures pertaining to the recognition, provision of trauma-informed care, and appropriate referral of trafficked persons (TP) in the acute care setting. The principle investigator is Dr. Cathy Miller, a Professor at the University of Texas at Tyler College of Nursing and Health Sciences and the Director of Research and Scholarship for the GSO. The co-investigators on the research team are Dr. Michael Breen Dean of Arts of Mary Immaculate College, Limerick, Ireland and Ms. Jennifer Graebe MSN, RN, NEA-BC, Director-Nursing Continuing Professional Development & Joint Accreditation Program, American Nurses Credentialing Center (ANCC). If you agree to participate in this study, we would ask you to do the following things: Answer one anonymous online survey with 10 questions. We estimate the survey will take approximately 5-10 minutes. This survey is anonymous and your name and personal identifying information are not collected.</p> <p>Potential Risks: We know of no known risks other than those encountered in normal everyday life. Potential Benefits: Your contribution and participation on this study will benefit not only your department and organization, but health care organizations around</p>	6.00	7.00	6.02	0.14	0.02	147

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
	<p>the world attempting to prepare health care providers and staff to respond to human trafficking victims who present for health care services. Understanding of Participants: I have been given a chance to ask any questions about this research study. The researcher has answered my questions. I understand any and all possible risks. If I sign this consent form, I know it means that: · I am taking part in this study because I want to. I chose to take part in this study after having been told about the study and how it will affect me. · I know that I am free to not be in this study. If I choose to not take part in the study, then nothing will happen to me as a result of my choice. · I know that I have been told that if I choose to be in the study, then I can stop at any time. I know that if I do stop being a part of the study, then nothing will happen to me. · I know the information that is obtained from me during this study may be shared with other researchers, but if so, my name and any other identifying information will not be with this information. I know the researchers may keep this information for up to 3 years or until I inform them that I no longer give permission to share it. I know that it is unknown as to how long other researchers will keep my information. I know that the PI Dr. Cathy Miller is responsible for the security of all the data from this survey and that even she will not have my personal information. I have been promised that that my name or other identifying information will not be in any reports (presentations, publications) about this study unless I give my permission. The UT Tyler Institutional Review Board (the group that makes sure that research is done correctly and that procedures are in place to protect the safety of research participants) may look at the research documents. This is a part of their monitoring procedure and will be kept confidential. If I have any questions concerning my participation in this project, I will contact the principal researcher: Dr. Cathy Miller at cathy@globalstrategicoperatives.org or cathymliller@uttyler.edu. If I have any questions concerning my rights as a research subject, I will contact the Office of Research & Scholarship at (903) 565-5670 at research@uttyler.edu Research results from this study may be shared with other researchers for future research but any identifying information will be removed by the principal researcher of this study before information is shared. CONSENT/PERMISSION FOR PARTICIPATION IN THIS RESEARCH STUDY I have read and understood what has been explained to me. I give my permission to take part in this study as it is explained to me. I give the study researcher permission to register me in this study. I may print this page as a signed copy of this consent form. I understand that clicking "Yes, I agree to participate" serves as my digital acknowledgment of consent to participate. If I choose not to participate, I only have to click, "No, I decline to participate."</p>						

#	Field	Choice Count
6	Yes, I agree to participate	97.96% 144
7	No, I decline to participate	2.04% 3

Q1 - In which country are did you receive the GSO human trafficking training?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	In which country are did you receive the GSO human trafficking training? - Selected Choice	1.00	9.00	4.54	3.41	11.63	119

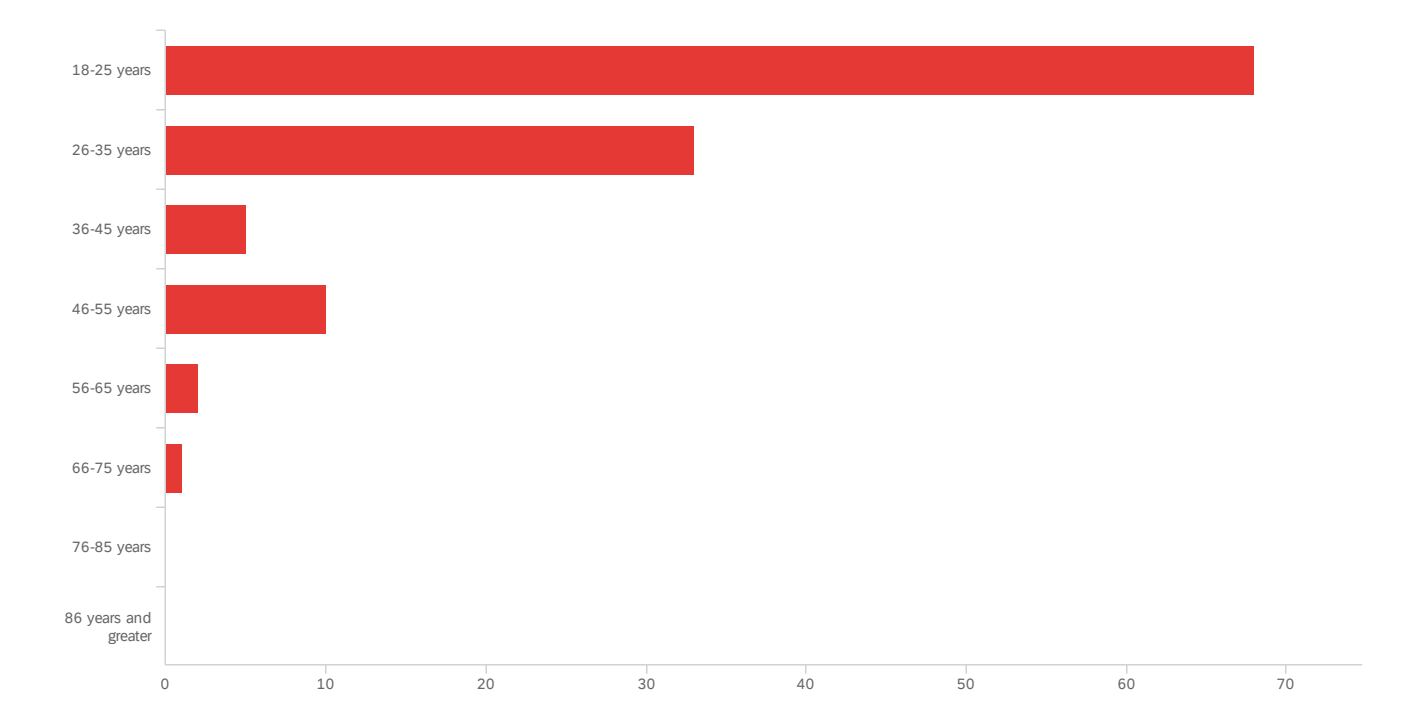
#	Field	Choice Count
1	India	45.38% 54
2	Thailand	0.00% 0
4	Poland	0.00% 0
5	Albania	0.00% 0
6	Italy	27.73% 33
8	Ireland	0.00% 0
9	Other	26.89% 32
		119

Showing rows 1 - 8 of 8

Q2_8_TEXT - Other

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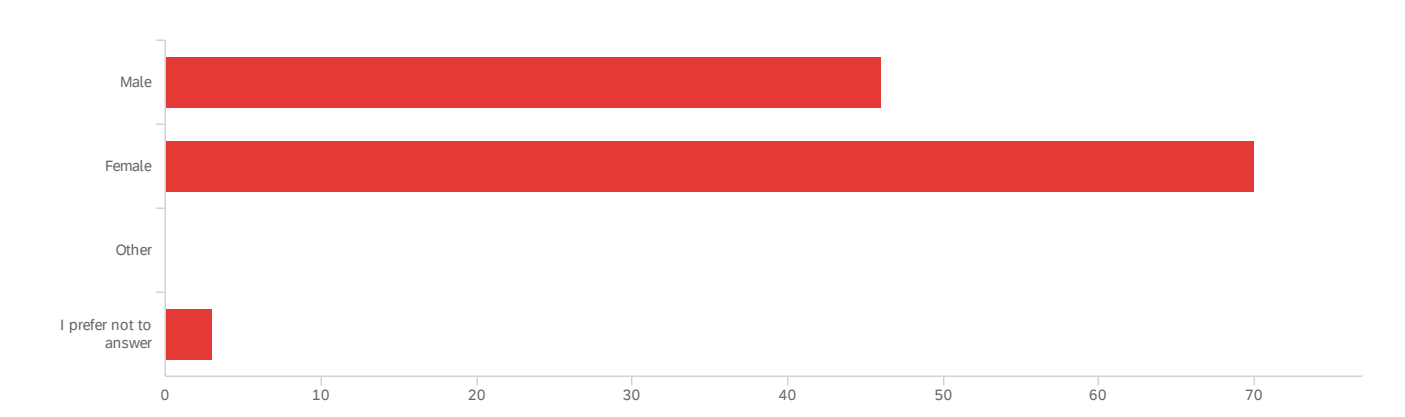
Q2 - What is your age?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What is your age?	1.00	6.00	1.72	1.08	1.16	119

#	Field	Choice Count
1	18-25 years	57.14% 68
2	26-35 years	27.73% 33
3	36-45 years	4.20% 5
4	46-55 years	8.40% 10
5	56-65 years	1.68% 2
6	66-75 years	0.84% 1
7	76-85 years	0.00% 0
8	86 years and greater	0.00% 0

Q3 - What is your gender?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What is your gender?	1.00	4.00	1.66	0.61	0.37	119

#	Field	Choice Count
1	Male	38.66% 46
2	Female	58.82% 70
3	Other	0.00% 0
4	I prefer not to answer	2.52% 3

119

Showing rows 1 - 5 of 5

Q4 - What is your profession (Choose all that apply)?



#	Field	Choice	Count
1	Physician	26.67%	32
2	Registered Nurse (RN)	24.17%	29
3	Advanced Practice Registered Nurse (APRN)	2.50%	3
4	Physician Assistant (PA)	0.00%	0
5	Case Manager	1.67%	2
6	Social Worker	1.67%	2
7	Registration	0.00%	0
8	Leadership/Management	1.67%	2
9	Paramedic	0.00%	0
10	Emergency Medical Technician (EMT)	0.00%	0
11	Clinical Technician	0.00%	0
12	Administrative Assistant	0.83%	1
13	Unit Clerk	0.00%	0
14	Pharmacist	0.00%	0
15	Pharmacy Technician	0.00%	0
16	Security/Law Enforcement	0.83%	1
17	Licensed Mental Health Care Provider	0.00%	0
18	Phlebotomist	0.00%	0
19	Other	40.00%	48
			120

Showing rows 1 - 20 of 20

Q5_19_TEXT - Other

Other
Infermiere
Studente
midwife with master of public health
Academician and a scientist

Other

Medical student

Medical student

Public health officer

Psychologist

Medical student

Medico

Medical college student

Medical student

Medical student

Medical student

Medical Student

Student

student

Medical student

Medical student

Year 2 Medical Student

Medical student

Medical student

student

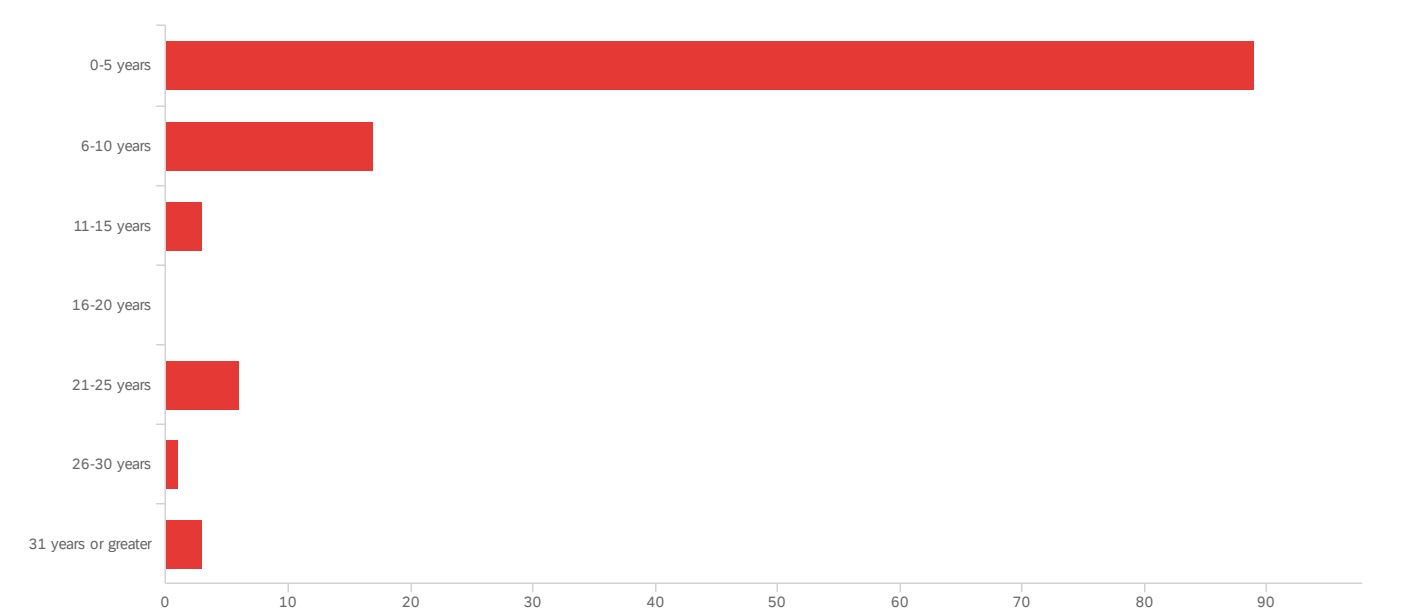
Medical Student

Medical Student

Medical student

Student

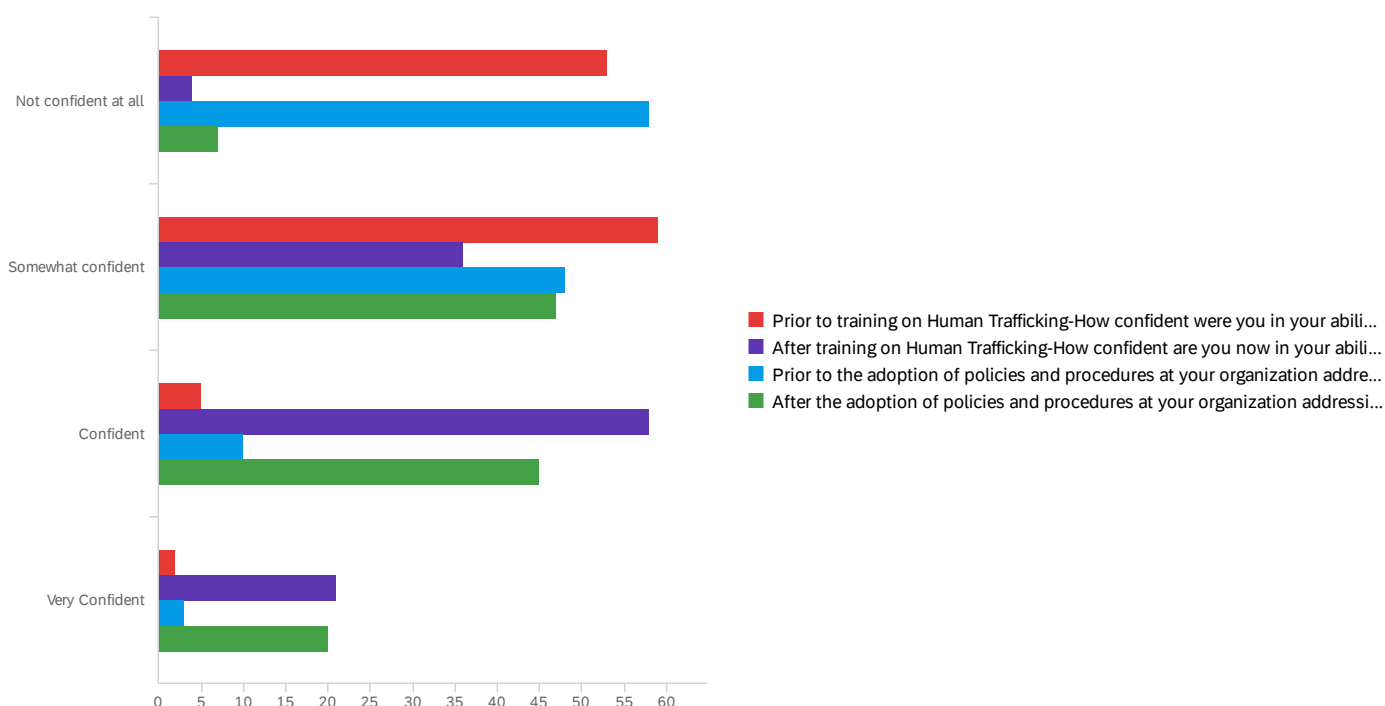
Q5 - How many years have you worked in your current profession?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	How many years have you worked in your current profession?	1.00	7.00	1.59	1.35	1.82	119

#	Field	Choice Count
1	0-5 years	74.79% 89
2	6-10 years	14.29% 17
3	11-15 years	2.52% 3
4	16-20 years	0.00% 0
5	21-25 years	5.04% 6
6	26-30 years	0.84% 1
7	31 years or greater	2.52% 3
		119

Q6 - Please answer the following questions on a four point scale:



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Prior to training on Human Trafficking-How confident were you in your ability to identify potential human trafficking victims in the health care setting?	1.00	4.00	1.63	0.65	0.42	119
2	After training on Human Trafficking-How confident are you now in your ability to identify human trafficking victims in the health care setting?	1.00	4.00	2.81	0.76	0.58	119
3	Prior to the adoption of policies and procedures at your organization addressing human trafficking-how confident were you in your abilities to respond in a trauma-informed manner to victims of human trafficking presenting for health care services?	1.00	4.00	1.65	0.74	0.55	119
4	After the adoption of policies and procedures at your organization addressing human trafficking-how confident are you in your abilities to respond in a trauma-informed manner to victims of human trafficking presenting for health care services?	1.00	4.00	2.66	0.82	0.68	119

#	Field	Not confident at all		Somewhat confident		Confident		Very Confident		Total
1	Prior to training on Human Trafficking-How confident were you in your ability to identify potential human trafficking victims in the health care setting?	44.54%	53	49.58%	59	4.20%	5	1.68%	2	119

#	Field	Not confident at all		Somewhat confident		Confident		Very Confident		Total
2	After training on Human Trafficking-How confident are you now in your ability to identify human trafficking victims in the health care setting?	3.36%	4	30.25%	36	48.74%	58	17.65%	21	119
3	Prior to the adoption of policies and procedures at your organization addressing human trafficking-how confident were you in your abilities to respond in a trauma-informed manner to victims of human trafficking presenting for health care services?	48.74%	58	40.34%	48	8.40%	10	2.52%	3	119
4	After the adoption of policies and procedures at your organization addressing human trafficking-how confident are you in your abilities to respond in a trauma-informed manner to victims of human trafficking presenting for health care services?	5.88%	7	39.50%	47	37.82%	45	16.81%	20	119

Showing rows 1 - 4 of 4

Q7 - What were the strengths of the education you received on human trafficking?

What were the strengths of the education you received on human trafficking?

Chiarezza

Chiarezza, semplicità e applicabilità degli interventi

Sensibilizzare gli operatori sanitari al problema e aver fornito dei suggerimenti utili per operatori ad identificare le possibili vittime della tratta.

I dati che rilevano il problema, hanno un impatto molto rilevante.

Un maggiore approfondimento della problematica

Trattazione completa e professionale

portare a galla il problema della tratta e approfondire il tema

il cercare di creare ed aumentare la nostra sensibilità. spesso, purtroppo, questo è un argomento "subdolo", di cui si parla poco, o si parla in maniera poco completa, trattando solo una parte di quella che è la tratta degli esseri umani.

Consapevolezza

chiarezza del corso

Chiarezza

Principalmente i consigli di natura pratica: l'elenco delle "red flag" è risultato molto utile, in generale il corso è stato robusto sul piano dei contenuti

flessibilità

flessibilità

conferma delle ipotesi già acquisite

Il corso è stato molto concreto e pratico

Very informative and helpful in our day to day activities

Very good

Excellent

The illustrations made it practical and insightful.

The ability to identify the victims going forward and what to do after identifying them

Adequate. Types and methods.

What were the strengths of the education you received on human trafficking?

It had specific information about human trafficking explained in ways that I never heard before e.g. the red flags were very helpful.

To understand and how to give care for the patients who are victim

It was so informative and timely education to pick such clients according to their presentation at the hospital visits

1.Sharing of documents before training date. 2.experience sharing which . 3.issueing of certificate

It was a very informative and interesting training to attend,

It was very informative and the issue was discussed well giving regards to specific situations

The training was a solid foundation for awareness creation, in particular for persons like me who heard only the word "Human Trafficking" The strength of the training was a full package of knowledge and experience.

-precise -equipped with real life experiences -very accommodating trainers

It was very informative and it gave me different perspective towards human trafficking.

The protocols and tools to deal with victims of human trafficking

I have obtained different ways of suspecting HT clinically. It gave me a significant perspective towards HT.

It personally thought me that the signs that are seen on victims are easy to miss or misread leading (It's not as easy as i thought it would be). This thought me to be more alert and less ignorant.

-created awareness of human trafficking -helped integrate human trafficking with clinical knowledge -described how observations are important when evaluating a patient that is highly suspected -explained how physicians are supposed to be non-judgmental despite any situation the patient is in and also, - to be more understanding and to have a broad mind set when evaluating a patient

Was informative on identifying victims, and emergency management of cases.

Strength: Specific to the emergency department encounters.

The sessions were very informative. The survivor testimony to human trafficking and how a health care provider could miss a case in front of him was enlightening. There were case questions which helped us assess our learned skills on the second day training. That was very helpful in consolidating what we learned.

Able to realize a trafficked person a lot more than I used to

-It gives me the ability to identify the survivors —It gives more knowledge about how human trafficking is worst and how it affects the community.

Clarity of the presentation and its objectives were to the point

Education is key of prevention.together as the community of educate let's check safeguard for our

It was interactive, it was an amazing education.

Sociological Course

What were the strengths of the education you received on human trafficking?

It was very short and precise It though us everything we had to know in a short time

It is very comprehensive with all the details and all the basic information are included.

Victim point of view and how detailed the history and physical exams were

I can now identify the ones who need help and report to local police official

Able to identify human trafficking

I come to know the law and order related to them

To identify the survivors and to give proper care

Some ideas

Learnt the importance of knowledge of human trafficking

Technique of conversing with survivors and gaining their belief in order to help them open up about their problems

Gained knowledge about how to identify and respond to human trafficking issues

To know differences

How to ask questions to ascertain if a patient is a victim of human trafficking.

Understanding the importance of human trafficking in the current world and how to effectively find such cases and respond to them.

All the basics and the law

Role of healthcare professionals in identifying the victims of human trafficking

Super

Ability to realize and understand the psychological aspects of victims

- Approach to patients invloved in trauma informed victims and signs of human trafficking

It was helpful in building my skill to be an efficient health care worker

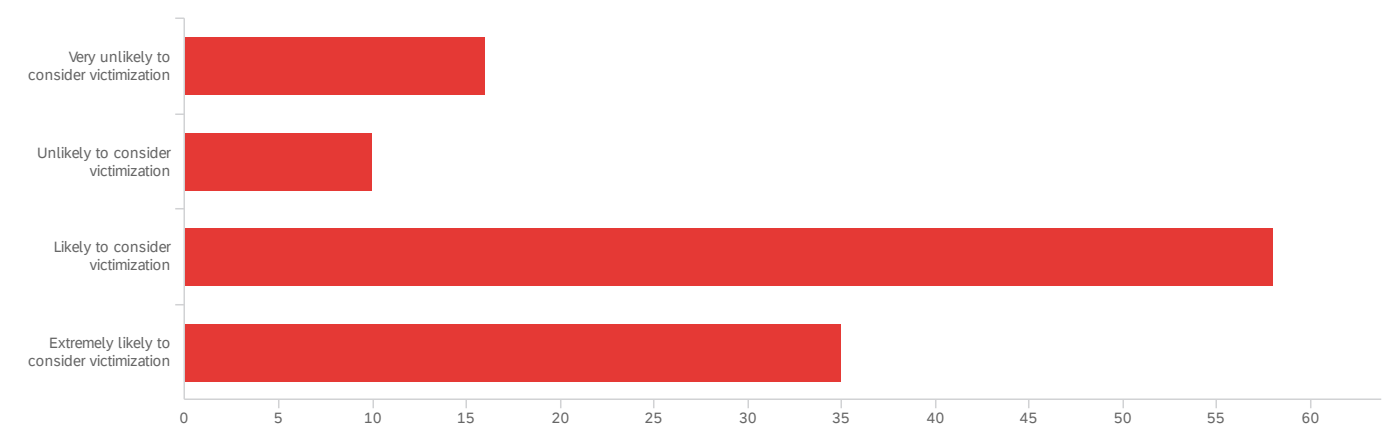
Confidence

Focused and professional

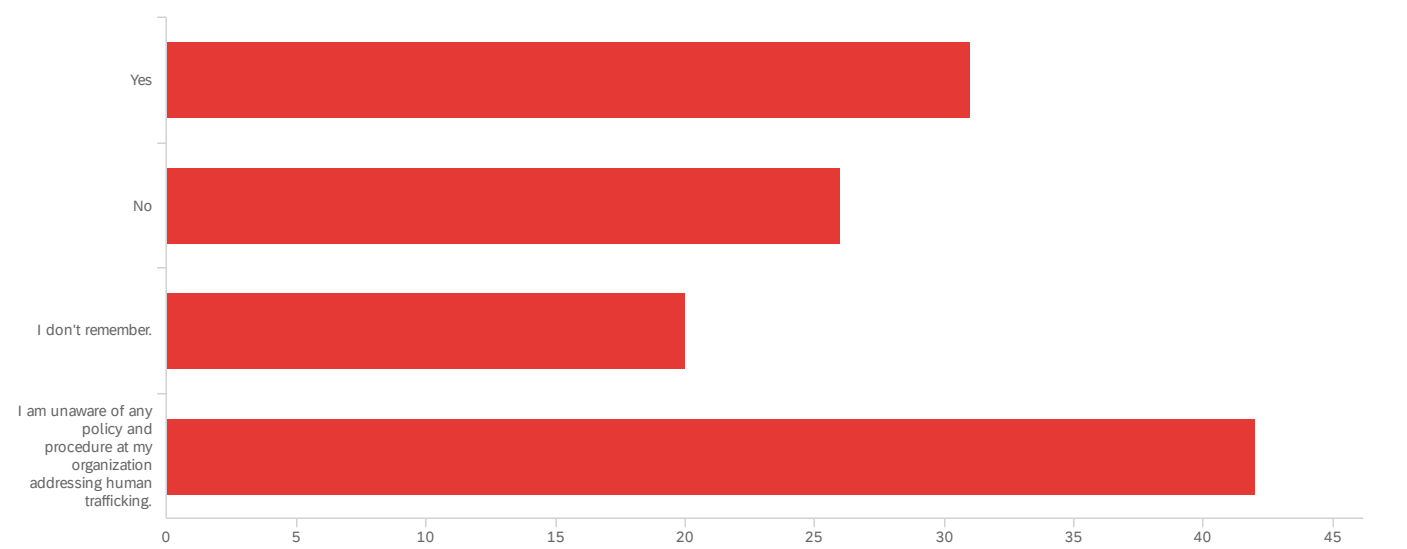
How to identify the victims of human trafficking through health care services

Q11 - Patients may present for medical care with criminal charges pending (such as prostitution) or other issues such as drug abuse/misuse. After your human trafficking training: How likely are you to consider the same patients as potential crime victims instead of criminals?

WIDGET_ERROR.ERROR



Q9 - Have you seen your organization's policies and procedures related to human trafficking?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Have you seen your organization's policies and procedures related to human trafficking?	1.00	4.00	2.61	1.21	1.46	119

#	Field	Choice Count
1	Yes	26.05% 31
2	No	21.85% 26
3	I don't remember.	16.81% 20
4	I am unaware of any policy and procedure at my organization addressing human trafficking.	35.29% 42
		119

Showing rows 1 - 5 of 5

Q8 - What were the weaknesses of the education you received on human trafficking?

What were the weaknesses of the education you received on human trafficking...

Argomento nuovo

Nessuno

Troppi concetti in poco tempo

Traduzione in italiano poco curata

maggiore tempo per trattare il tempo, spunti bibliografici per approfondimento

nessuno

È un tema molto complesso

Corso troppo breve

Nessuno

Avrei gradito un corso più lungo

scarsa durata

durato poco

nessuno

Ci vorrebbe più tempo

Lack of time for Q&A during the 2nd session

Network problem

None

We may not be able to apply what we learned because we only see cases of children sporadically. The training did not involve a digital solution to tracking trafficking. g

Encountered some poor network coverage

Net work connection.

I would have liked more information related to it within the Nigerian context

None

What were the weaknesses of the education you received on human trafficking...

It's a very excellent education for me

I haven,t .

Two day/3hr training I believe is a very short time to address the topic in full.

May be the time limit to ask questions on the 2nd day

Timing. I wish it could be a page to page training.

-time constraint

I didn't notice any.

None

None

I believe trying as much awearness as possible is a huge step. That being said, I didn't saw that much of a weakness.

personally, I didn't see any weakness in the education I received, it was a delightful experience that I will never forget as it showed me a different light or way of viewing situations that I will encounter in the future.

Figures and statics were soley based on the USA. It would have been good to have it contextualized to the audience. Some of it were difficult to relate to.

Limitations: fast-paced training, need customizing to local Ethiopian examples

None

None so far

I didn't see any weakness

It was rushed due to time

Victims of human trafficking can experience devastating psychological effects during and after their trafficking experience. Many survivors may end up experiencing post-traumatic stress, difficulty in relationships, depression, memory loss, anxiety, fear, guilt, shame, and other severe forms of mental trauma.

everything was perfect except for not getting the certificate on time

It's have some bias related to the real world.

Technical

Its US centered training , some points need to be contextualized

Nothing

What were the weaknesses of the education you received on human trafficking...

Nothing

Practical experience are lacking

No weakness

No small group discussions...

How To coordinate efforts to help out a person being trafficked

None

Practical basis

The session was online due to the ongoing pandemic and I believe that limited the potential of it

None

None

The practical knowledge of it

I couldn't find any weakness

None

Fine tuning based on the culture n practices wd make it appealing

Labour Trafficking perspective could have been included

End of Report