2021

The Primary Care Provider's Role in Screening and Intervening in the Human Trafficking of Adolescents: A Systematic Literature Review

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NURS 695: Alternate Plan Paper

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April 26, 2021

Abstract

Human trafficking (HT) is a growing concern within the United States (U.S.) and internationally. With the alarming number of HT victims presenting for medical care, primary care providers (PCPs) are in a unique and privileged position to encounter HT victims within the healthcare system. Adolescents, in particular, are vulnerable to HT because of minimal life experiences, inadequate social support, and limited coping mechanisms (Ertl et al., 2020). Failure to recognize and intervene in cases involving HT victims who are minors is detrimental to the individual's health, wellbeing, and safety. With the assistance of education and training, community resources, guideline adoption, and policy changes, PCPs can play a substantial role in identifying HT victims and determine the next appropriate steps for intervening on their behalf. A literature review was conducted to identify best practices for identifying youth HT victims between 10-17 years of age presenting for care in order to receive essential resources and treatment. A total of 20 articles met inclusion criteria. Main findings include the need for PCPs to uncover physical exam findings consistent with HT victims presenting for medical care, a lack of confidence in PCPs correctly identifying HT in adolescents and intervening in their care, a lack of educated healthcare professionals regarding signs, symptoms, and risk factors of HT victims, the lack of a standardized HT clinical practice guideline, and the importance of a collaborative effort with local resources and law enforcement. These findings highlight essential implications for practice, research, education, and policy that are further discussed based on the systematic review of literature and body of evidence.

Keywords: human trafficking, sex trafficking, adolescents, youth, teenagers, children, primary care provider, prevention, screening, assessment, test, intervention, diagnosis, best practices, guidelines, evidence-based practice

The Primary Care Provider's Role in Screening and Intervening in the Human Trafficking of Adolescents: A Systematic Literature Review

Worldwide, human trafficking affects 30-40 million people and is a crime with violation of human rights (Coughlin et al., 2020; Peck & Meadows-Oliver, 2019). Additionally, between 17,500 – 20,000 victims are trafficked into the U.S. annually (Ernewein & Nieves, 2015). The accuracy of the prevalence of HT is difficult to obtain as statistics do not reflect the hidden nature of this crime and the challenges with acquiring criminal activity data (Peck, 2020). The growth of this crisis shows that large profits are available within the U.S. for HT and informs that it is not solely a foreign or international concern. An estimated 12-31 billion dollars a year is generated from human trafficking, with nearly 50% of that in industrialized nations (Horner, 2015). Although it can affect humans of all ages and sexes, some of the most vulnerable of these victims include adolescents, whom often do not have the developmental capability to understand wrongdoing, voice concerns, or physically escape (Bauer et al., 2019). Around 1.2 million children worldwide are sexually exploited through trafficking and just under 200,000 youth enter trafficking each year (Ernewein & Nieves, 2015). The mean age for entering sex trafficking is between the ages of 12-18 years (Bauer et al., 2019; Ernewein & Nieves, 2015). Specific risk factors for HT victims include homelessness, substance abuse, poor self-esteem, recent migration, mental health illness, identifying as lesbian/gay/bisexual/transgender/queer, unstable housing, and being on welfare (Coughlin et al., 2020; Ernewein & Nieves, 2015; Ertl et al., 2020; Greenbaum & Bodrick, 2017; Horner, 2015; Peck, 2020; Peck & Meadows-Oliver, 2019; Rabbitt, 2015). With the rates of adolescent trafficking increasing, it is important to note that these victims continue to need healthcare services, even throughout their captivity. Reasons a trafficked individual may choose to not disclose themselves to a healthcare provider include

hopelessness, shame, self-guilt, fear, distrust with authoritative figures, skepticism on usefulness of healthcare services, and unfamiliarity with the language, culture, or religion (Ahn et al., 2013; Coughlin et al., 2020; Peck & Meadows-Oliver, 2019; Rabbitt, 2015). With the elusive nature of HT, it is imperative that PCPs learn signs to recognize and identify these individuals who often do not outwardly seek help or assistance to escape from their attacker. To create a successful intervention for victims of HT, sufficient education and training must be completed by PCPs to be proficient in screening potential victims and intervening without causing further harm or safety concerns, along with the implementation of policies and protocols for reporting such cases.

Background

The United Nations Office on Drug and Crime (n.d.) defines human trafficking as the recruitment, transportation, transfer, harboring or receipt of persons by means of threat, force, coercion, abduction, fraud, deception, abuse, or payments for the purpose of exploitation, which may include sex, forced labor, slavery, and removal of organs. Even with the enigmatic widespread movement of these individuals, they are often still seen, unrecognized or unnoticed, within many public and social environments, including healthcare. Nearly 88% of unidentified HT victims have been seen by a healthcare provider while being trafficked (Bauer et al., 2019; Peck & Meadows-Oliver, 2019; Stoklosa et al., 2017). The dangerous nature of HT leaves victims commonly presenting to healthcare for acute injuries, depression, anxiety, sexually transmitted infections, abortions, unwanted pregnancy, malnutrition, exhaustion, poorly managed chronic diseases, suicide ideation, and post-traumatic stress disorder (Ahn et al., 2013; Bauer et al., 2019; Chisolm-Straker et al., 2016; Coughlin et al., 2020; Ernewein & Nieves, 2015; Horner, 2015; Lutz, 2018; Peck & Meadows-Oliver, 2019; Rabbitt, 2015). Youth are most frequently

introduced into trafficking by someone they know, someone who knows a friend, or someone they have had limited or vague contact with. These interactions can occur in streets, malls, corner stores, or while with friends (Ernewein & Nieves, 2015).

Studies have shown that healthcare providers lack training on identifying and assessing HT victims, have low confidence in their capability to correctly screen for them, and often do not have standardized protocols on how to intervene (Beck et al., 2015; Einbond et al., 2020; Ernewein & Nieves, 2015; Hemmings et al., 2016; Lutz, 2018; Peck & Meadows-Oliver, 2019; Rabbitt, 2015). Lack of standardized guidelines or policies has created ambiguity about the steps and processes that should be followed when healthcare workers encounter these victims. This literature review was conducted to answer the following clinical practice question: In youth aged 10-17 years, what are the best practices for identifying human trafficking victims presenting for care to provide the needed resources and treatment? The purpose of this inquiry is to create awareness about the common clinical presentation of HT victims within primary care while addressing gaps and recommendations for healthcare provider education and training and guidelines for subsequent management and referral of these patients.

Method

Databases

A substantial literature review was conducted between 10/23/20 and 11/20/20 using five databases including Academic Search Premier, CINAHL, Medline, Nursing and Allied Health Database, and PubMed. The search engine, search restrictions, specific date ranges, and topics covered within the databases are listed in Table 1 (see Appendix). The search was limited to articles that were in English language, peer reviewed, and full text availability. Date ranges that

were included were years 2010 through 2020. Key terms used included “human trafficking”, “sex trafficking”, “screening”, “assessment”, “intervention”, “test”, “diagnosis”, “primary care provider”, “adolescents”, “children”, “youth”, “teenager”, “best practices”, and “guidelines”. Table 2 (see Appendix) indicates the number of article ‘hits’ resulting from the search. For searches that returned 20 articles or less, these articles were reviewed by briefly examining the title, author credentials, and abstract and are bolded within Table 2. After removal of duplicates, Table 3 shows the 33 articles that were read in their entirety and listed for inclusion and exclusion criteria. A total of 20 articles met inclusion criteria and were reviewed. These are listed with key findings and implications for practice in Table 4.

Inclusion and Exclusion Criteria

Articles that discussed clinical presentation of HT victims, screening questions and communication skills to identify HT victims, and risk factors for these individuals were included. Articles included also discussed adolescents 10-17 years of age, both male and female. If articles discussed the incidence and prevalence of HT in healthcare institutions or PCP offices, they were included in the literature review. Articles that included education and training of health care professionals, both in schools and workplaces, were included. Articles that discussed utilization of local, state, and national resources, policies, and guidelines related to HT were included for literature review.

Articles that pertained specifically to emergency rooms or trauma centers were excluded. If the population of HT victims studied were strictly adults, the article was excluded from the literature review. Articles that solely informed of patients experiences with relationships and violence following HT were excluded. Articles that discussed familial HT or HT for organ removal without mention of screening or prevention were excluded. Articles that discussed

sexual risk behavior, self-care, or mental health treatments for HT victims were excluded. If the study was conducted outside of the U.S. and did not have identifiable resources for U.S. providers, it was excluded.

Findings

This literature review will describe evidence-based frameworks for screening adolescent HT victims and ways to provide them with adequate resources and treatment. It will synthesize research evidence related to screening and identifying human trafficking victims within primary care, education and training for healthcare professionals, and suggest recommendations on how to work with local, state, and national resources once human trafficking victims are identified, in order to provide proper treatment and referral services.

Screening and Identifying Human Trafficking Victims

Chisolm-Straker et al. (2016) found in their retrospective study of 173 human trafficking survivors that 68% of them were seen within a healthcare facility during their time of being trafficked and 44.4% of them were seen within primary care. Of these 173 victims, 44% of the women were trafficked as minors and only 10% of the males were trafficked as minors (Chisolm-Straker et al., 2016). The top reasons that some of these victims were not seen within healthcare included the inability to afford healthcare, fear of seeing a provider, and restrictions of seeing a provider by their trafficker (Chisolm-Straker et al., 2016). This study emphasizes the frequency in which HT victims (who are minors) are seen by a PCP and the known barriers that exist, preventing HT victims from being identified within healthcare.

An additional retrospective study by Ertl et al. (2020) found that of 39 HT youth victims, 90% of them were seen within the healthcare system within the last 5 years, with 18% being seen

in primary care. Only 43% of the victims had provider documentation in their medical record stating a concern for sex trafficking prior to being identified as victim (Ertl et al., 2020). Although a small study, it does emphasize the need for thorough documentation and stresses the high prevalence of these victims being seen in healthcare. Furthermore, this study found that it took an average of four encounters before victims were identified (Ertl et al., 2020). Early identification of HT victims can allow for distribution of long-acting reversible contraception, tuberculosis screening, prophylactic education, and decrease the risk of the adolescent developing mental health illnesses, such as post-traumatic stress disorder (Ertl et al., 2020). Failure by the PCP to recognize these adolescents is concerning and raises question as to how often adolescent abuse is detected.

The clinical presentation of HT victims may be more subtle and not as obvious or alarming. Fear, shame, guilt, and language barriers may hinder the possibility of a HT victim disclosing their situation; making it more challenging for the PCP to identify them as a victim. However, 40% of HT survivors felt their healthcare provider could have done something to help them during their visit (Bauer et al., 2019). Most youth HT victims present to healthcare facilities for medical attention, not to inform healthcare providers of wanting to escape trafficking. Therefore, the first encounter with these individuals should be to help them with their immediate health concern, which further establishes a trusting relationship between the HT victim and the healthcare provider. Once the adolescent associates the provider with being reliable and trustworthy, they are likely to return for subsequent visits where they are more likely to disclose more information (Einbond et al., 2020). Engaging the adolescent in conversation regarding their talents, strengths, interests, and future goals while also discussing their immediate concerns permits the adolescent to share more of themselves through storytelling. This allows the provider

to get a better grasp of background influences and identify potential red flags (Einbond et al., 2020).

Within organizations that have adopted tools to screen for HT in adolescents when presenting for care, it has been suggested that these tools are often too narrow to identify teen sex trafficking victims and do not commonly ask questions related to detecting children of labor trafficking (Coughlin et al., 2020). Pediatric HT patients vary uniquely from adult victims; their physical, social, legal, and cognitive level is not as well developed and therefore they need an individualized screening tool specific to their needs. A pediatric screening tool should have clarity, simplicity, objective scoring, and be easy to administer (Peck & Meadows-Oliver, 2019). Screening tools and guidelines need to be inclusive of all forms of trafficking to fully do justice to all victims.

Red flag indicators of HT may be picked up upon initial visualization of the patient, but can also be gleaned during the history taking and physical exam components of a primary care visit. “Branding” tattoos, increased number of sexual partners, weathered attire, high risk behaviors including drug use, episodes involving running away, sexual activity that started at an early age, x-rays revealing old fractures, limited personal possessions, a birthdate that poorly correlates with appearance and development could all be potential indicators of HT. Additionally, disorientation to current location, date, or time, poor dentition, hygiene, or malnourishment, frequent urinary tract infections, minors with previous abortions and pregnancies, accompanying person(s) who control the conversation, poor eye contact, or having an inconsistent history of present illness may alarm the PCP of potential HT victims and raise suspicion (Bauer et al., 2019; Hemmings et al., 2016; Nazer & Greenbaum, 2020).

Screening questions that can be utilized to help identify adolescent HT victims may include asking about their living situation, if they are exchanging sex for food, money, drugs, shelter, or other resources, and if they are threatened with violence (Bauer et al., 2019). Additional questions can include, *"Does anyone hold your documents or identification for you?"*, *"Has anyone lied to you about the type of work you would be doing?"*, or *"Is anyone stopping you from coming and going as you wish?"* to shed further light on identifying adolescents at risk for being trafficked (Bauer et al., 2019, p.349). Leading with open-ended questions may help the adolescent explain in further detail and allow the provider to pick up on gestures, tone, and abnormal nonverbal cues (Bauer et al., 2019).

Diligent assessment and documentation of mouth, skin, genital, and anal lesions or abnormalities should be completed (Bauer et al., 2019). If labor trafficking is occurring, the adolescent may present with injuries acquired from occupational hazards or neglect (Leslie, 2018). Physical and mental health related findings that are common in adolescents involved in labor trafficking include exposure to toxins, irritants, and pollution, infections, malnutrition, exhaustion, chronic pain, and anxiety (Nazer & Greenbaum, 2020). A comprehensive assessment of needs including housing, transportation, physical health, and mental health needs should be completed and thoroughly documented (Hemmings et al., 2016). If procedures need to be completed during the visit, it is vital that informed consent is gathered and discussed with the patient (Hemmings et al., 2016). PCPs should be cognizant that longer appointment times may be necessary to allow the patient time to open up and discuss their concerns. Potential subsequent visits may be needed to further build trust between the patient and provider and allow for closer follow up (Hemmings et al., 2016).

For adolescents where English in not their first language, use of professional interpreters is highly encouraged as they can aid in building trust, encourage the HT victim to talk freely, and can help individuals better navigate the healthcare system (Bauer et al., 2019; Hemmings et al., 2016). Although they are highly beneficial, barriers and limitations with interpreters may exist, such as ensuring that they are also trained on trauma-informed care, safeguarding confidentiality, and avoid issues of stigma and humiliation (Hemmings et al., 2016). It is important to note that HT victims may also feel embarrassment from openly discussing concerns with someone of the same language or cultural background and should be asked what gender and cultural background they would prefer the interpreter be (Hemmings et al., 2016).

As with all adolescent healthcare visits, the PCP should advise that the person(s) assisting or in attendance with the patient to the visit leave room for a few moments to allow for privacy to discuss medications and treatment plans. During this time, further discussion can occur intimately and confidentially between the PCP and adolescent that may lead to further disclosure of human trafficking or other alarming situations (Bauer et al., 2019). If resistance is met with the attending person(s), further questioning and suspicion for potential abuse or HT should arise (Bauer et al., 2019). If the attending person refuses to leave, the PCP should be cautious of violence that may occur, and proceed with safety measures and use of security, if needed (Leslie, 2018).

Victims of HT often need both physical and psychological help. Castelfranc-Allen and Hope (2018) purport that inadequate interviewing skills may increase distress in the victim and, in turn, cause extended trauma. Gathering information from the patient in a therapeutic manner, versus an investigative one, can help the patient reflect and provide clearer information (Castelfranc-Allen & Hope, 2018). Additionally, recognizing and calling out potential fears or

reluctances the victim may have in sharing information acknowledges their likely hesitation and validates their fears (Hemmings et al., 2016). Asking questions that are culturally sensitive and age-appropriate will also allow for a more respectful and meaningful interaction (Ernewein & Nieves, 2015). Cultural sensitivity encompasses appreciating and recognizing an individual's attitudes and beliefs towards health, including medicine and mental health treatment (Hemmings et al., 2016). Furthermore, one cannot assume someone's cultural preferences by simply assessing their appearance; it must be openly discussed with the patient. Successful cognitive-behavioral interviewing should aim to offer open-ended questions and encouragement of unobstructed recalling of events (Castelfranc-Allen & Hope, 2018; Einbond et al., 2020; Hemmings et al., 2016; Rabbitt, 2015). Asking questions in an informal approach and only questions that are relevant to provide safe care will assist in helping the adolescent avoid feelings of guilt and shame (Hemmings et al., 2016). It can also be beneficial and worthwhile to inform the adolescent why certain questions are being asked, and who will be reviewing the answers they provide (Einbond et al., 2020). This transparency is critical to building trust and informs the individual that their information is private and safe.

Trauma-informed care is a term used to approach individuals of trauma, such as human trafficking, from a standpoint of respect, acceptance, and without judgement to encourage them to share what has happened to them, versus what was wrong with them to end up in this kind of scenario (Einbond et al., 2020; Hemmings et al., 2016). Within a healthcare setting, this may look like letting the adolescent share as much as they are comfortable with, going through the exam at a pace the adolescent is content with, letting them share input on services they are referred to, choosing if they would like a same-sex provider, and letting them make more choices to gain ownership of their care. Additionally, if there is suspicion for trafficking but the provider

does not report a case, it is still in the best interest of the adolescent for the provider to give resources that the adolescent may choose to utilize once they leave or once they decide they are ready to talk further (Rabbitt, 2015). Knowledge and resource sharing can also benefit friends of the patient, or other victims they may be in contact with. PCPs can create an environment that has the absence of judgement, supports trust, and allows for open communication by providing trauma-informed screening techniques. Trauma-informed care incorporates giving the victim power and safety, while recognizing the devastating effects of trauma over a lifetime (Hemmings et al., 2016). HT sufferers often are in a powerless position and lack control while they are under the supervision of their traffickers, but PCPs can help them regain the power of choice by allowing them to have autonomy in their follow up appointment dates and times, choosing the order in which the physical exam is completed, and permitting them to have a voice in their treatment options (Einbond et al., 2020).

Measures need to be implemented and practiced diligently within the clinic to allow for safe information-sharing and confidentiality of the patient, such as watchful sharing of medical records (Hemmings et al., 2016). Although parents and guardians have the legal right to view their adolescent's medical record, clinicians may deny this access if the care is in relation to sexually transmitted infection, reproductive health, if adolescent is an emancipated minor, if the adolescent has judicial approval to health care, if the parent or guardian agrees to confidential care for the adolescent, or if sharing of the information may place the adolescent minor in danger (Rabbitt, 2015).

Failure of the PCP to identify HT victims while under their care can result in devastating consequences, causing the victim to feel failure and resentment towards systems that were designed to help them (Einbond et al., 2020). More so, long-term behavioral changes can occur,

including anger, depression, poor self-image, distrust, and hopelessness (Einbond et al., 2020). If trust is not developed during the encounter, the victim is more likely not to disclose information, not accept treatment options, nor return for future visits or care (Einbond et al., 2020).

Education and Training for Primary Care Providers

It was not until the 1980s that healthcare providers started receiving evidence-based data and protocols related to intimate partner violence and how to identify these victims within the healthcare setting (Ahn et al., 2013). Even with this foundational base of identifying patients experiencing trauma or violence, there is still an unfulfilled need to further identify how PCPs can receive specific education and training in order to better identify victims of HT. Healthcare workers have self-reported that they do not feel adequately trained and lack resources to provide safe, effective care to HT victims (Einbond et al., 2020; Lutz, 2018). Provider biases about what a HT victim may look like or act like can hinder their ability to correctly recognize them, which emphasizes the need for a validated screening tool that can be implemented for use within healthcare (Chisholm-Straker et al., 2016). Moreover, although most providers are aware of the importance of identifying human trafficked youth, they may not be aware of specific risk factors for these adolescents (Ertl et al., 2020).

Healthcare professionals have also voiced concerns for their own safety when interacting with trafficked individuals, for fear of potential violence if they identify them or intervene (Hemmings et al., 2016). This showcases a tremendous need to train healthcare workers on safety measures and guidelines, as well as incorporating security measures within healthcare facilities. In addition, clinicians who are properly trained in HT will experience higher levels of confidence and role clarity in their position to respond to such cases (Peck, 2020).

In a retrospective study by Beck et al. (2015), 168 physicians, nurses, physician assistants, social workers, and patient and family advocates completed a survey on sex trafficking. Of the 168 participants, only 48% correctly identified a sex trafficking victim from a case study, and 42% accurately differentiated a sex trafficking victim from a child abuse victim in a case study (Beck et al., 2015). In this study, 68% of the participants had never received training or education on sex trafficking, and those who had training reported higher confidence in identifying sex trafficking victims and were more likely to see it in their practice and report it locally to authorities (Beck et al., 2015). Study participants found barriers to their practice regarding trafficked victims to be lack of training, awareness, organizational guidance, and funding (Beck et al., 2015). This research emphasizes the value of training and educating healthcare workers on trafficking, and the potential power that teaching has on increasing awareness, correctly identifying victims, and improving how many cases are reported and tracked. In another educational study performed by Lutz (2018), 73 Adult, Family, and Pediatric Nurse Practitioner students did a pre-survey to assess knowledge on definitions, laws, prevalence, victim identification and treatment, and referrals on HT. The students were then given a one-hour lecture on HT, a follow-up discussion, video material and completed a post-survey to assess what was learned. One hundred percent of the students had no previous training on how to treat HT victims, and only 5% had any prior education related to HT (Lutz, 2018). Pre-survey scores showed that students had a knowledge deficit in all six domains that were evaluated, but after completion of the education program, had at least a twofold increase in immediate knowledge on the post-survey (Lutz, 2018).

In a survey of 799 National Association of Pediatric Nurse Practitioner's members including Advanced Practice Registered Nurse students, pediatric Physician Assistants, and

Pediatric Nurse Practitioners, it was found that 99% of respondents felt it was pertinent for them to understand how to identify pediatric HT victims (Peck & Meadows-Oliver, 2019). Less than one-third of study participants could describe the difference between sex and labor trafficking and smuggling, and roughly one-third had the confidence in knowing the immediate and long-term healthcare needs of HT victims (Peck & Meadows-Oliver, 2019). Although 87% felt it was possible to see a HT victim within their practice, 35% were uncertain if they had ever cared for a HT victim. Astonishingly, only 24% of participants felt confident in their skills to identify a pediatric victim at risk of HT (Peck & Meadows-Oliver, 2019). This study highlights the lack of confidence by pediatric PCPs to identify adolescents at risk and informs that further training and education is crucial to this specialty.

Powell et al. (2017) conducted a mixed-method study and interviewed 11 professionals who perform U.S.-based training on HT for healthcare workers. Of these study participants, 27% of them had initiated training since 2012, showcasing the late movement of educating clinicians (Powell et al., 2017). The participants who perform the training voiced that standardization of material, evaluation metrics, funding for education, and incentivization for clinicians would improve their training (Powell et al., 2017). Trainees had also felt that a governing national body should oversee the standardization of HT training content and develop the means to have widespread healthcare provider involvement in the training (Powell et al., 2017). In this study, call data was also obtained from the National Human Trafficking Resource Center from 2008 through 2015 and showed that healthcare providers called in more frequently than mental health professionals and displayed a steady increase in calls from clinicians over the years that surpassed calls coming in from the general population (Powell et al., 2017). The significance of this demonstrates the pivotal role healthcare workers have in identifying HT victims, the value of

training that has allowed for this positive behavioral change by healthcare providers, and the need for further educational advancements in standardization and distribution of educational material.

Recognizing all forms of exploitation and trafficking, including labor trafficking, is crucial to developing a well-balanced and comprehensive knowledge base for identifying all forms of HT victims. This early exposure to HT from well-designed curricula allows for a more steadfast approach to helping these victims within a healthcare setting. Current education curriculum is deficient in publishing outcome data on immediate and prolonged improvements in healthcare providers' knowledge, attitudes, and practices on HT (Coughlin et al., 2020). Many studies that find improvements in providers' ability to assess and identify HT victims only do immediate post-testing and not long-term retesting of knowledge to assess for sustained comprehension (Coughlin et al., 2020).

Lutz (2018) informs that understanding of various teaching methods is needed to design appropriate curriculum. Lectures are used to provide key concepts and backgrounds, while discussions stimulate thinking, engage others in conversations, and strengthen what has been taught (Lutz, 2018). Case studies can provide opportunities to think about a scenario that one has likely not encountered and determine how they would manage the situation, and multi-media can help reinforce all material provided (Lutz, 2018). A combination or variety of these methods may be used for clinicians to help provide a foundation and platform for growth and expansion of knowledge. The avenue in which information is delivered is important to consider, so that providers can readily access the content. Continuing education classes, rounds, and workplace meetings are opportunistic places to reach a large group (Lutz, 2018).

Training healthcare workers to identify HT victims is essential from prevention and treatment standpoints. With nurse practitioners having the ability to alert authorities and refer patients to helpful resources, they are in a powerful position to make a massive influence, if properly trained (Ernewein & Nieves, 2015). Victims of HT have identified that providers have lacked asking about living situations, type of work, history of abuse, and personal safety, all of which could have aided in their identification and changed the outcome (Ernewein & Nieves, 2015). PCPs that work with adolescents must be proficiently trained in issues specific to adolescents, including vulnerability factors, risk-taking behaviors, medical, social, and developmental expectations and needs, and laws and responsibilities around mandated reporting (Coughlin et al., 2020). If providers are more equipped to identify these at-risk youth, more specific primary prevention measures can be implemented, which will expedite improvements in health outcomes for HT victims (Ertl et al., 2020).

Examining learning education theories and determining best methods to train and educate healthcare professionals is needed to develop curriculum that can persevere and result in successful practice outcomes for HT victims. Educational videos and modules, tests, case studies, and simulation are methods that can be utilized to improve training methods and practice specific skills (Coughlin et al., 2020). Case studies should include diverse scenarios to break stereotypes and broaden clinicians' level of victim identification (Peck & Meadows-Oliver, 2019). While practicing and learning the skill of trauma-informed care, simulation can be beneficial to allow for practice of communication skills (Stoklosa et al., 2017). Simulation allows for repetitive practice in a safe learning environment and provides immediate critique and feedback (Stoklosa et al, 2017). The practice of role playing in a simulation lab allows the learner to make errors without the risk of causing harm or danger in an actual encounter with a

HT victim. Stoklosa et al. (2017) successfully implemented HT simulation education into an undergraduate curriculum for students seeking medical careers and provided background information, allowed for practicing of documentation, and performance of communication skills including building trust, keeping confidentiality, asking open-ended questions, and placing appropriate referrals.

Incorporating experiences from HT survivors can be highly beneficial as educational material, as they hold strong influence by sharing their story, but can also provide insight as to techniques they wish providers would have used, resources they would have liked to have been offered, and how clinicians can better care for them (Coughlin et al., 2020). Campaigns and awareness movements have the potential to re-traumatize victims or survivors if they are too ghastly or inaccurate and instead should focus on uplifting and empowering messages that are survivor informed (Peck & Meadows-Oliver, 2019).

Healthcare workers, specifically PCPs, may have an increased desire and need to educate themselves on HT if they are mandated with licensure renewal or offered continuing education hours for reviewing HT material (Ahn et al., 2013; Peck, 2020). Currently, Michigan and Florida are the only states that require education on human trafficking for healthcare providers (Bauer et al., 2019). This method could be utilized to increase the spread of evidence-based content. Ernewein and Nieves (2015) advise that nurse practitioners should have mandated training on human sex trafficking and that evidence-based education and training is vital for their success as advocates of HT. HT training has been listed as a top ten policy to support by the Board of The American Academy of Pediatrics (Powell et al., 2017). Professional health care organizations which are comprised of national and international scholars and experts are an underused resource for relaying information on HT and providing clinical toolkits, scientific research, clinical

recommendations, and policy adoption (Peck & Meadows-Oliver, 2019). Furthermore, compliance tracking can be implemented within healthcare institutions to evaluate if HT patients are being properly screened, if HT ICD-10 codes are being appropriately used, and if healthcare workers are obeying mandated reporting laws (Coughlin et al., 2020).

Policies, Guidelines, and Referral of Victims

Descriptive and detailed documentation of clinical findings by the provider must be completed within the medical record for purposes of creating a document that can withstand criminal and civil lawsuits against human traffickers (Ahn et al., 2013). Additionally, healthcare providers are mandated reporters who are required, by law, to report minors who are victims of trafficking (Ahn et al., 2013). Providers must be comfortable with their responsibility of being mandated reporters and understand that the first line intervention for trafficked individuals is contacting local law enforcement and national trafficking hotlines for further assistance (Ernewein & Nieves, 2015). The National Human Trafficking Hotline number is 1-888-373-7888 and is available 24/7. The hotline can be utilized by the provider or the patient, and has capability of texting, 200 languages, and resources for housing and legal services (Leslie, 2018; Powell et al., 2017). Rabbitt (2015) also suggests that providers dually report to child protective services and local law enforcement, ensuring that the resources are placed within the adolescent's county and the clinics jurisdiction.

The Department of Health and Human Resources has a trafficking information and referral hotline that can be utilized anonymously by all providers who encounter a potential victim of human trafficking. The hotline will assist in recommending local and state contacts and resources for housing, health care, immigration assistance, food, income, employment, and legal guidance (Ahn et al., 2013). If the adolescent presents to the PCP and informs of being

trafficked, a forensic medical evaluation can be completed in the emergency department by a trained staff member, if the adolescent consents, and evidence can be collected along with prophylactic treatment for sexually transmitted infections or pregnancy (Rabbitt, 2015). Clinicians should become trained in proper use of a sexual assault evidence kit and be knowledgeable on the policy and time restrictions indicated for it (Nazer & Greenbaum, 2020). A blood alcohol level and urine drug screen should also be completed if concerns for altered mental status, intoxication, or amnesia (Rabbitt, 2015).

The Trafficking and Violence Protection Act created in 2000 connected human trafficking with prostitution of minors and created more legal resources and tools to combat trafficking within the U.S. and internationally (Horner, 2015). This federal legislation is a foundational piece designed to support human trafficking victims, including adolescents, and prosecuting traffickers (Horner, 2015). Two collegiate students created the Polaris Project in 2002 which heightened awareness of anti-trafficking by means of political advocacy, services for victims, and provides training for individuals (Horner, 2015). In 2015, the Preventing Sex Trafficking and Strengthening Families Act was also passed which places emphasis on states to improve policies for identifying, documenting, and referring adolescents who are at a greater risk of trafficking (Leslie, 2018). Shortly after in 2015, the Trafficking Awareness Training Healthcare Act was passed as a federal law to train healthcare workers to effectively identify and take action to help HT victims (Leslie, 2018).

Although many professional agencies and healthcare organizations have made recommendations for a clinical response to human trafficking, little has been done in the sense of implementing a standardized protocol or guideline (Peck, 2020). Peck (2020) suggests the use of the Social Ecological Model (SEM) for a framework that could be utilized within the public

health community to bring awareness of the individual, relationship, community, and societal factors related to HT. The SEM model identifies that individual factors include personal history, relationship factors comprise of peers, family, and partners, community factors encompass things like school and work environments, and societal factors contain norms of the culture (Peck, 2020). The SEM approach is holistic and validates the complex, integrative system that surrounds HT and the various categories which prevention and intervention could be key stakeholders. Individual education and training of healthcare professionals falls in the individual category as an effective strategy. Within relationships comes communication teaching, team-based approaches, and peer-to-peer training. The community category entails partnerships and referrals, policy making, housing and financial support, and multidisciplinary care. Lastly, societal factors encompass social determinants of health, norms, and inequality (Peck, 2020).

"Of almost 6,000 hospitals in the nation, only 1% have policies requiring treatment of patients who are being trafficked" (Bauer et al., 2019, p. 349). If effective policies are in place that include how to respond within facilities once these patients are identified, there should be a decrease in the likelihood of the individual not returning for care or from them fearing consequences from their trafficker (Ertl et al., 2020). Providing that immediate safety and reassurance for victims is crucial to their recovery and trust within healthcare facilities. All treatments or referrals should be discussed with the patient, as to not assume that it is safe or appropriate for them to be referred to police or immigration services (Hemmings et al., 2016; Nazer & Greenbaum, 2020). Improving transitions of care to seamless operations is a difficult task and requires healthcare institutions to prioritize this continuity of care for trafficked individuals. Providers have reported that navigating referral pathways is often more challenging and unclear for adults than it is with adolescents (Hemmings et al., 2016). Concepts have

surfaced to provide specialist centers that can help with this complex system navigation, which can include one-stop shops or mobile outreach programs (Hemmings et al., 2016).

Nurse practitioners can and should become involved in local legislature and join state and national organizations that are engaged in antitrafficking measures (Ernewein & Nieves, 2015). Becoming actively involved builds public health knowledge while advocating for policy changes for vulnerable victims. Campaigning for adolescent rights along with acknowledging and addressing social determinants of health is a task that is the responsibility of healthcare providers. To tackle social and structural determinants of health, a public health approach can be utilized to focus on prevention and intervention (Peck & Meadows-Oliver, 2019). Minor victims of human trafficking face many obstacles, with criminalization being common. Prosecution of traffickers is rare, and only occurs in 1 in 800 cases (Horner, 2015). Minor victims are often thought of as criminals instead of victims and face challenges within the legal system once they are identified. Pediatric trafficking victims may be prosecuted for trafficking and charged with prostitution in some states, even though it was performed under coercion, which leaves them reluctant to ask for help or communicate with law enforcement (Rabbitt, 2015). Some states are offering deferred prosecution of trafficked minors and placing them in specialized services for charges of prostitution (Rabbitt, 2015). Nurse Practitioners should advocate for policy changes on labeling and charging minor victims as juvenile offenders and offer treatment and services options instead (Greenbaum & Bodrick, 2017; Horner, 2015). The Office on Trafficking in Persons (OTIP) within the U.S. Department of Health and Human Services recommends following a “four P” policy agenda which includes prevent, protect, prosecute, and partnership to help increase partnerships across organizations and improve prevention efforts (Peck & Meadows-Oliver, 2019).

Although the immediate need of these patient's is *treatment*, if necessary, and safety, it is important for the healthcare provider to understand that long term needs, such as housing, transportation, education, chronic health condition management, and financial assistance are often burdens for the victim (Ernewein & Nieves, 2015). Additionally, nurse practitioners who practice with holistic care may be more sensitive to these needs and have the ability to work closely with social services and have connections to local community resources (Ernewein & Nieves, 2015). Subsequent treatment for HT victims may include cognitive behavioral therapy, psychotherapy, and holistic approaches of art therapy, mindfulness, and music (Hemmings et al., 2016). Other needs of trafficked adolescents that clinicians need to become aware of and make appropriate referrals to include dental care, substance abuse treatment, vision and hearing screening, physical and occupational therapy, lesbian/gay/bisexual/transgender/ queer/questioning centers, and child advocacy centers (Nazer & Greenbaum, 2020). Despite all the evidence indicating the need for long term healthcare for these victims, Wisconsin disappointedly reported that only 5% of trafficked victims were referred for health care in a 2013 assessment (Rabbitt, 2015).

Working closely with law enforcement and social services is critical to meeting the needs of the victim immediately and in the future as they strive to recover (Hemmings et al., 2016). Finding family support and reconciling the adolescent with their families and support systems is necessary to creating a prosperous exit out of HT (Peck & Meadows-Oliver, 2019). Hemmings et al. (2016) informs that although this tight collaboration between professionals is integral to the care of HT victims, there is often poor information sharing, communication, and partnership between these organizations. Providers feel reluctant to share information with authorities for fear that the victim will be criminalized without receiving proper care and treatment (Hemmings

et al., 2016; Peck & Meadows-Oliver, 2019). A barrier to improving this partnership is providers' lack of knowledge of HT victims' rights and entitlements (Hemmings et al., 2016). With an implemented system of standardized guidelines, more assurance can be provided to patients and PCPs that reporting of victims will result in better multidisciplinary care and patient outcomes (Rabbitt, 2015).

Providing continuity of care for HT victims as they disclose their HT concerns, as well as when they are referred to other services, can be highly valuable to both the PCP and the patient. The long-term relationship supports trust and has a foundation laid to help the patient with long-term health issues that may continue to arise from their HT victimization, such as mental health concerns, prophylactic and preventative screening, and sexual health.

Discussion

Human trafficking is a worldwide tragedy and concern. It is a human rights crime that preys on the vulnerability of individuals and has devastating health outcomes. It can only be managed through a multidisciplinary approach that includes healthcare providers. Adolescents are at great risk of being exploited, and may be targeted by susceptible factors individually, in relationships, in the community, and in society (Nazer & Greenbaum, 2020). Immigrant children, particularly, are at high risk of being coerced, trafficked, and forced into child labor (Nazer & Greenbaum, 2020). Victims may or may not have access to healthcare while being trafficked, with barriers of language, knowledge, transportation, finances, fear, and control from their trafficker inhibiting their chance to be evaluated by a healthcare worker. Once appropriately identified as at-risk for human trafficking, specific screening can be completed to further assess and make appropriate interventions.

Use of trauma-informed, human-rights based, cultural and gender-sensitive interviewing and communication skills allows the clinician to view how the trauma has impacted the adolescent's behavior and beliefs, while building a safe and trustworthy relationship and environment (Nazer & Greenbaum, 2020). Thorough physical examinations and documentation are necessary, as well as heightened awareness of the need for prophylactic care including immunizations, infectious diseases, and sexually transmitted infections. Current media commonly portrays HT victims as being abducted or kidnapped, when they are actually more likely to enter willingly or through contact with individuals they are familiar with. Efforts need to be made to accurately portray victimization so that the general public has a better knowledge perception in identifying and intervening these individuals (Peck & Meadows-Oliver, 2019).

Research has shown that only 9.7% of sex trafficking research articles specifically discuss child trafficking, indicating a large need for further, specific research in the pediatric population (Peck & Meadows-Oliver, 2019). Furthermore, only one third of these articles are published in health-related journals, whereas most are published in the sectors of social justice and humanities (Peck & Meadows-Oliver, 2019). Improving techniques and avenues for healthcare providers to receive evidence-based education and training on HT will greatly improve their ability to positively impact this crisis. Healthcare providers, specifically PCPs, are in a privileged position to advocate for HT victims and connect them with resources that they are in dire need of. A multidisciplinary approach is necessary to fully improve health outcomes for these individuals.

Limitations

This comprehensive review used an extensive search strategy to screen, extricate, and analyze data. The review is limited in findings from primary studies. Furthermore, articles used within the review were broad in their implications to healthcare professionals, and not always

specifically addressed to primary care providers. Studies also commonly referred to female and adolescent victims of trafficking, providing shortcomings on findings and best practice recommendations for males.

Implications for Future Practice

Recommendations for Clinical Practice

Collaborating with a medical team, which may include a medical assistant or registered nurse, should include discussion and practicing of proper steps to implement safety plans for privacy in bathrooms and supply posters or information sheets with hotline numbers listed for patients. The national hotline number could be displayed in various languages throughout healthcare facilities, such as waiting rooms, bathrooms, and patient rooms to increase visualization and awareness for potential or current HT victims and the general public (Bauer et al., 2019). Screening for adolescent abuse at visits as well as providing education on private body parts is invaluable to keeping adolescents educated on their bodies and their own health. Adoption of standardized guidelines within healthcare institutions can increase provider access to evidence-based tools. Compliance screening can be introduced in healthcare settings to further evaluate gaps in practice and promote thorough assessing, documentation, and treatment plans by healthcare workers. Patient surveys can be distributed to evaluate if patients felt providers used a trauma-informed approach to their care.

Recommendations for Research

Developing and testing the sensitivity and specificity of screening tools to aid in identifying HT victims, both in adults and adolescents, is needed to help standardize protocols and improve validated screening tools. Research in determining the effectiveness of training and

education models and programs for teaching healthcare professionals how to identify and refer HT victims is crucial to helping bridge the gap in decreasing the number of adolescent HT victims. Further research that looks at expectations and experiences from HT victims within healthcare settings should be completed to help improve these gateways for potential victims and improve the healthcare system for them. More expansive research in psychological interventions for survivors of human trafficking will assist in creating tailored treatment plans that are beneficial to improving the psychological health of these individuals. Studies that evaluate for immediate and sustained HT knowledge by re-testing healthcare providers over the course of weeks, months, and years is needed to evaluate for long-term benefits of education and training. Adolescents often gather much attention in relation to human trafficking, but further studies and research need to be conducted to evaluate for pre-adolescent trafficking, risk factors for this age group, and prevention measures that can be implemented at a very young age.

Recommendations for Education

Current efforts in training have been largely ineffective, with a need for rigorous and comprehensive education for healthcare workers. Further involvement from universities, national organizations, and public health sectors are needed to disperse evidence-based information in large quantities. Comprehensive training on all aspects of trafficking, including labor trafficking, need to be taught to bring attention to more than just primarily sex trafficking.

Recommendations for Policy

Healthcare workers need to become further involved in legislative policies and demand de-criminalizing HT victims. Advocating for change and improving communication pathways between healthcare facilities, law enforcement, and child protective services is needed to create a

smooth transition between services. Funding for education programs, training, and referral services for adolescent victims is needed from state and federal services to continue to prepare and equip healthcare providers with the tools they need to manage this crisis.

Conclusion

Primary care providers are at a critical access point to identify adolescent human trafficked individuals and manage their care while working collaboratively with local and state resources. Healthcare professionals have multiple interactions with adolescents across their lifespan, placing them at a privileged position for meaningful intervention. The establishment of validated and standardized screening tools is essential to creating a successful response to this crisis, along with implementation of evaluation metrics to measure changes in patient outcomes and providers' behaviors and knowledge. Improved training, education, and access to best-practice protocols by primary care providers will result in better recognition of these victims and improved patient outcomes. Significant advancements can be made in clinical practice, research, education, and policy through use of best practices to serve and aid this vulnerable population and improve their quality of life.

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Appendix

Table 1

Database Search Description

Database (or Search Engine)	Restrictions Added to Search	Dates Included in Database	General Subjects Covered by Database
1. Academic Search Premier	Full Text; English Language; Peer Reviewed	2010-2020	Provides scholarly multidisciplinary publications, including health sciences
2. CINAHL	Full Text; English Language; Peer Reviewed	2010-2020	Nursing and allied health
3. Medline	English Language; Peer Reviewed	2010-2020	Provides citations and abstracts on all aspects of medicine and healthcare
4. Nursing and Allied Health Database	Full Text; English Language; Peer Reviewed	2010-2020	Nursing and allied health
5. PubMed	Full Text; English Language	2010-2020	Medicine, nursing, dentistry, veterinary medicine, the health care system, and the preclinical sciences

Table 2

Data Abstraction Process

Date of Search	Key Words	Results in Academic Search Premier	Results in CINAHL	Results in Medline	Results in Nursing and Allied Health Database	Results in PubMed
10/23/20	"Human trafficking" OR "sex trafficking"	3,722	441	1,237	23,716	8,871
	"Human trafficking OR sex trafficking" AND "Screening OR assessment OR test OR diagnosis"	342	108	113	20,664	2,808
	"Human trafficking OR sex trafficking" AND "Intervene OR Intervention"	178	45	47	5,489	1,483

Date of Search	Key Words	Results in Academic Search Premier	Results in CINAHL	Results in Medline	Results in Nursing and Allied Health Database	Results in PubMed
	"Human trafficking OR sex trafficking" AND "Adolescents OR children OR teenagers OR youth"	515	131	115	6,209	859
10/25/20	"Human trafficking OR sex trafficking" AND "Screening OR assessment OR test OR diagnosis" AND "Intervene OR Intervention"	35	17	11	4,864	792
11/9/20	"Human trafficking OR sex trafficking" AND "Screening OR assessment OR test OR diagnosis" AND "adolescents OR children OR teenagers OR youth"	73	41	32	5609	358
	"Human trafficking OR sex trafficking" AND "Primary care provider"	***4**	***5**	***1**	615	***8**
	"Human trafficking OR sex trafficking" AND "Primary care provider" AND "Screening OR assessment OR test OR diagnosis" AND "adolescents OR children OR teenagers OR youth" AND "intervene OR intervention"	***2**	***2**	***1**	451	***4**
11/20/20	"Best practices OR guidelines OR evidence-based practice" AND "human trafficking"	32	***17**	***20**	8,028	46
	"Best practices in identifying victims" AND "human trafficking"	62	18	0	247	***3**

***BOLD** = articles reviewed for match with systematic review inclusion criteria

Table 3

Characteristics of Literature Included and Excluded

Reference	Included or Excluded and Document	Rationale
Ahn, R., Alpert, E. J., Purcell, G., Konstantopoulos, W. M., McGahan, A., Cafferty, E., Eckardt, M., Conn, K. L., Cappetta, K., & Burke, T. F. (2013). Human trafficking: Review of educational resources for health professionals. *American Journal of Preventive Medicine, 44*(3), 283-289. http://doi.org/10.1016/j.amepre.2012.10.025	Included	Discusses target areas that providers can use to identify at risk victims and training opportunities available. Informs of need for future curricular development.
Bauer, R., Brown, S., Cannon, E., & Southard, E. (2019). What health providers should know about human sex trafficking. *Medsurg Nursing, 28*(6), 347-351. http://ezproxy.mnsu.edu/login?url=https://www-proquest-com.ezproxy.mnsu.edu/scholarly-journals/what-health-providers-should-know-about-human-sex/docview/2328558755/se-2?accountid=12259	Included	Discusses prevalence of human trafficking and its implications for nursing practice. Identifies risk factors and screening questions. Informs of agencies to report cases to.
Beck, M. E., Lineer, M. M., Melzer-Lange, M., Simpson, P., Nugent, M., & Rabbitt, A. (2015). Medical providers' understanding of sex trafficking and their experience with at-risk patients. *Pediatrics, 135*(4), e895-e902. http://doi.org/10.1542/peds.2014-2814	Included	Identifies knowledge gaps and training opportunities for medical providers to aid in identification and caring for human trafficking victims.
Boyce, S. C., Brouwer, K. C., Triplett, D., Servin, A. E., Magis-Rodriguez, C., & Silverman, J. G. (2018). Childhood experiences of sexual violence, pregnancy, and marriage associated with child sex trafficking among female sex workers in two US–Mexico border cities. *American Journal of Public Health, 108*(8), 1049-1054. http://doi.org/10.2105/AJPH.2018.304455	Excluded	Assesses the relationships of childhood experiences of marriage, pregnancy, and sexual violence with underage sex trafficking.
Castelfranc-Allen, J., & Hope, L. (2018). Visual communication desensitization (VCD©): A novel two-phased approach to interviewing traumatized individuals in investigative contexts. *Psychiatry, Psychology, and Law: An Interdisciplinary Journal of the Australian and New Zealand Association of Psychiatry, Psychology and Law, 25*(4), 589-601. http://doi.org/10.1080/13218719.2018.1474814	Included	Description of VCD model that can be utilized to investigate and interview trauma victims, including human trafficking victims.
Chisolm-Straker, M., Baldwin, S., Gaïgbé-Togbé, B., Ndukwe, N., Johnson, P. N., & Richardson, L. D. (2016). Health care and human trafficking: We are seeing the unseen. *Journal of Health Care for the Poor and Underserved, 27*(3), 1220-1233. http://doi.org/10.1353/hpu.2016.0131	Included	Retrospective study to see how many individuals were seen by healthcare providers and in which settings. Informs which screening questions providers used to gather knowledge about human trafficking. Lists common medical complaints victims present with.

Reference	Included or Excluded and Document	Rationale
Cole, M. A., Daniel, M., Chisolm-Straker, M., Macias-Konstantopoulos, W., Alter, H., & Stoklosa, H. (2018). A theory-based didactic offering physicians a method for learning and teaching others about human trafficking. *AEM Education and Training*, *2*(Suppl Suppl 1), S25–S30. http://doi.org/10.1002/aet2.10206	Excluded	How to teach emergency clinicians the knowledge and skills needed to recognize and care for trafficked patients. Does not discuss primary care.
Coughlin, C. G., Greenbaum, J., & Titchen, K. (2020). Educating paediatric health-care providers about human trafficking. *Journal of Paediatrics & Child Health*, *56*(9), 1335–1339. http://doi.org/10.1111/jpc.15116	Included	Identifies deficits in training health care providers in identifying human trafficking victims.
Decker, M. R., McCauley, H. L., Phuengsamran, D., Janyam, S., & Silverman, J. G. (2011). Sex trafficking, sexual risk, sexually transmitted infection and reproductive health among female sex workers in Thailand. *Journal of Epidemiology and Community Health, 65*(4), 334. http://doi.org/10.1136/jech.2009.096834	Excluded	Compares sexual risk or health outcomes among female sex workers on sex trafficking experiences. Does not identify screening or intervention of victims.
Einbond, J., Diaz, A., Cossette, A., Scriven, R., Blaustein, S., & Arden, M. R. (2020). Human trafficking in adolescents: Adopting a youth-centered approach to identification and services. Primary Care, 47(2), 307–319. http://doi.org/10.1016/j.pop.2020.02.008	Included	Shares how trauma-informed care that includes autonomy, privacy, immediacy, choice, and relationship building strengthens bond with human trafficking victim to further disclose information and return for more care.
Ernewein, C., & Nieves, R. (2015). Human sex trafficking: Recognition, treatment, and referral of pediatric victims. *The Journal for Nurse Practitioners, 11*(8), 797-803. http://doi.org/10.1016/j.nurpra.2015.06.005	Included	How to identify human trafficking individuals. References for nurse practitioners as primary care providers. Specifics for pediatric patients.
Ertl, S., Bokor, B., Tuchman, L., Miller, E., Kappel, R., & Deye, K. (2020). Healthcare needs and utilization patterns of sex-trafficked youth: Missed opportunities at a children's hospital. *Child: Care, Health & Development*, *46*(4), 422–428. http://doi.org/10.1111/cch.12759	Included	Examines healthcare utilization patterns among domestic minor sex trafficked youth to determine opportunities for earlier identification within the healthcare system.
Fargnoli, A. (2017). Maintaining stability in the face of adversity: Self-care practices of human trafficking survivor-trainers in India. *American Journal of Dance Therapy*, *39*(2), 226–251. http://doi.org/10.1007/s10465-017-9262-4	Excluded	Self-care practices for human trafficking survivors. Does not identify screening or intervening.
Gibson J. (2018). Modern slavery: Identifying victims in general practice. *The British Journal of General Practice, 68*(677), 578. http://doi.org/10.3399/bjgp18X699989	Excluded	Local resources for providers in the UK. Not applicable resources to United States providers.
Grace, A. M., Lippert, S., Collins, K., Pineda, N., Tolani, A., Walker, R., Jeong, M., Trounce, M. B., Graham-Lamberts, C., Bersamin, M., Martinez, J., Dotzler, J., Vanek, J., Storfer-Isser, A., Chamberlain, L. J., & Horwitz, S. M. (2014). Educating health care professionals on human trafficking. *Pediatric Emergency Care*, *30*(12), 856–861. http://doi.org/10.1097/PEC.0000000000000287	Excluded	Identifies if training ER providers improves their recognition of human trafficking. Does not discuss primary care.

Reference	Included or Excluded and Document	Rationale
Greenbaum, J., & Bodrick, N. (2017). Global human trafficking and child victimization. *Pediatrics*, *140*(6), e20173138. http://doi.org/10.1542/peds.2017-3138	Included	Recommendations to train healthcare professionals and change policies.
Hemmings, S., Jakobowitz, S., Abas, M., Bick, D., Howard, L. M., Stanley, N., Zimmerman, C., & Oram, S. (2016). Responding to the health needs of survivors of human trafficking: A systematic review. *BMC Health Services Research*, *16*, 1–9. http://doi.org/10.1186/s12913-016-1538-8	Included	Systematic review. Information on identifying and responding to human trafficking in healthcare systems.
Hornor, G. (2015). Domestic minor sex trafficking: What the PNP needs to know. *Journal of Pediatric Health Care*, *29*(1), 88–94. https://doi.org/10.1016/j.pedhc.2014.08.016	Included	Defines domestic minor sex trafficking and role of pediatric nurse practitioner for these adolescent victims.
Katsanis, S. H., Huang, E., Young, A., Grant, V., Warner, E., Larson, S., & Wagner, J. K. (2019). Caring for trafficked and unidentified patients in the EHR shadows: Shining a light by sharing the data. *PloS One*, *14*(3), e0213766. http://doi.org/10.1371/journal.pone.0213766	Excluded	Discusses documenting human trafficking cases in EMR. Does not identifying screening or intervening methods.
Leslie, J. (2018). Human trafficking: Clinical assessment guideline. *Journal of Trauma Nursing*, *25*(5), 282–289. http://doi.org/10.1097/JTN.0000000000000389	Included	Reviews the process used in health care settings to identify victims of traffickers.
Lutz R. M. (2018). Human trafficking education for nurse practitioners: Integration into standard curriculum. *Nurse Education Today*, *61*, 66–69. http://doi.org/10.1016/j.nedt.2017.11.015	Included	Pre/Posttest survey for nurse practitioner students on knowledge of human trafficking. Identifies gaps in education.
Macias-Konstantopoulos W. L. (2018). Diagnosis codes for human trafficking can help assess incidence, risk factors, and comorbid illness and injury. *AMA Journal of Ethics*, *20*(12), e1143–e1151. http://doi.org/10.1001/amajethics.2018.1143	Excluded	Discusses use of ICD-10-CM codes for EMR identifying of human trafficking victims. Does not discuss screening or intervention of victims.
Nazer, D., & Greenbaum, J. (2020). Human trafficking of children. *Pediatric Annals, 49*(5), e209-e214. http://doi.org/10.3928/19382359-20200417-01	Included	Informs of screening questions for pediatricians and primary care providers in identifying human trafficking children.
Pascalev, A., Van Assche, K., Sándor, J., Codreanu, N., Naqvi, A., Gunnarson, M., Frunza, M., & Yankov, J. (2016). Protection of human beings trafficked for the purpose of organ removal: Recommendations. *Transplantation Direct*, *2*(2), e59. http://doi.org/10.1097/TXD.0000000000000565	Excluded	Recommendations for protection of human beings who are trafficked for the purpose of organ removal.
Peck J. L. (2020). Human trafficking of children: Nurse practitioner knowledge, beliefs, and experience supporting the development of a practice guideline: Part two. *Journal of Pediatric Health Care: Official Publication of National Association of Pediatric Nurse Associates & Practitioners*, *34*(2), 177–190. http://doi.org/10.1016/j.pedhc.2019.11.005	Included	Discusses how to intervene or respond to at-risk children presenting to healthcare facilities. Makes recommendations for a clinical practice guideline.

Reference	Included or Excluded and Document	Rationale
Peck, J. L., & Meadows-Oliver, M. (2019). Human trafficking of children: nurse practitioner knowledge, beliefs, and experience supporting the development of a practice guideline: Part one. *Journal of Pediatric Health Care: Official Publication of National Association of Pediatric Nurse Associates & Practitioners*, *33*(5), 603–611. http://doi.org/10.1016/j.pedhc.2019.05.	Included	Survey from National Association of Pediatric Nurse Practitioners (NAPNP) members revealed only 24% felt confident in identifying children at risk for trafficking. Identifies gaps in knowledge and training healthcare professionals. Discusses need and importance of creating a clinical practice guideline to educate healthcare workers.
Powell, C., Dickins, K., & Stoklosa, H. (2017). Training US health care professionals on human trafficking: Where do we go from here? *Medical Education Online, 22*(1). http://doi.org/10.1080/10872981.2017.1267980	Included	Discusses training techniques for healthcare providers on human trafficking.
Rabbitt A. (2015). The medical response to sex trafficking of minors in Wisconsin. *WMJ: Official Publication of the State Medical Society of Wisconsin*, *114*(2), 52–60. https://wmjonline.org/wp-content/uploads/2015/114/2/52.pdf	Included	Role of medical providers in human trafficking and methods for screening potential victims of trafficking.
Roney, L.N. & Villano, C.E. (2020). Recognizing victims of a hidden crime: Human trafficking victims in your pediatric trauma bay. *Journal of Trauma Nursing, 27(1)* 37-41. https://doi.org/10.1097/JTN.0000000000000480	Excluded	Focuses on trauma nurses in ER assessing and identifying victims. Does not specify practices for primary care.
Ross, C., Dimitrova, S., Howard, L. M., Dewey, M., Zimmerman, C., & Oram, S. (2015). Human trafficking and health: A cross-sectional survey of NHS professionals' contact with victims of human trafficking. *BMJ Open, 5*(8). http://doi.org/10.1136/bmjopen-2015-008682	Excluded	Addresses if United Kingdom health professionals encounter victims of human trafficking, their knowledge, and training needs. More specific to resources in London.
Schwarz, C., Unruh, E., Cronin, K., Evans-Simpson, S., Britton, H., & Ramaswamy, M. (2016). Human trafficking identification and service provision in the medical and social service sectors. *Health & Human Rights: An International Journal*, *18*(1), 181–191. https://www-ncbi-nlm-nih-gov.ezproxy.mnsu.edu/pmc/articles/PMC5070690/pdf/hhr-18-181.pdf	Excluded	How Kansas University created a guideline for providers at the KU ED. Does not discuss primary care.
Sprang, G., & Cole, J. (2018). Familial sex trafficking of minors: Trafficking conditions, clinical presentation, and system involvement. *Journal of Family Violence, 33*(3), 185-195. http://doi.org/10.1007/s10896-018-9950-y	Excluded	Discusses trafficking characteristics of familial trafficking. Informs of rates of drug use, physical abuse, and high severity in rural areas. Does not extensively inform of screening and intervening.
Stoklosa, L.; Lyman, M.; Bohnert, C.; & Mittel, O. (2017). Medical education and human trafficking: Using simulation. *Medical Education Online*, *22*(1), 1412746. https://doi.org/10.1080/10872981.2017.1412746	Included	Discusses methods to educate healthcare providers and students about the issue of trafficking and its clinical presentations in an interactive format/simulation.

Table 4

Literature Review Table of All Studies Included

Citation	Study Purpose	Pop (N)/ Sample Size (n) /Setting(s)	Design/ Level of Evidence	Variables/ Instruments	Intervention	Findings	Implications
Ahn, R., Alpert, E. J., Purcell, G., Konstantopoulos, W. M., McGahan, A., Cafferty, E., Eckardt, M., Conn, K. L., Cappetta, K., & Burke, T. F. (2013). Human trafficking: Review of educational resources for health professionals. *American Journal of Preventive Medicine, 44*(3), 283-289. http://doi.org/10.1016/j.amepre.2012.10.025	Describes existing educational offerings about human trafficking designed for a healthcare audience and makes recommendations for further curriculum development. (1) What educational resources exist for health professionals on the topic of human trafficking?	NA	V; Systematic review of descriptive and qualitative studies	A keyword search and structured analysis of peer-reviewed and gray literature (27 resources)	NA	Key Themes: Definition and scope, health consequences, victim identification, medical treatment, referral to services, legal issues, security, and prevention.	Appropriate education and training about human trafficking in professional schools, continuing education, and in-service training. Healthcare workers are vital to human trafficking identification, intervention, and prevention.

Citation	Study Purpose	Pop (N)/ Sample Size (n) /Setting(s)	Design/ Level of Evidence	Variables/ Instruments	Intervention	Findings	Implications
	(2) What content is covered in these resources? (3) How are these resources organized and disseminated?						
Bauer, R., Brown, S., Cannon, E., & Southard, E. (2019). What health providers should know about human sex trafficking. *Medsurg Nursing, 28*(6), 347-351. http://ezproxy.mnsu.edu/login?url=https://www-proquest-com.ezproxy.mnsu.edu/scholarly-journals/what-health-providers-should-know-about-human-sex/docview/2328558755/se-2?accountid=12259	To raise awareness and inform healthcare providers how to identify human trafficked individuals.	NA	VII; Expert opinion	NA	NA	Average age of recruited sex trafficking victim is 12-14 years old. 87% of victims were seen within medical facility while under the control of their trafficker.	Screening questions to ask patients and risk factors for youth. Reporting to legal professionals with Polaris Project and Blue Campaign.
Beck, M. E., Lineer, M. M., Melzer-Lange, M., Simpson, P., Nugent, M., & Rabbitt, A. (2015). Medical providers' understanding of sex trafficking and their experience with at-risk patients. *Pediatrics, 135*(4), e895-e902.	To identify gaps and areas for improvement in training medical professiona	n-168	VI; Retrospective study	Survey sent to physicians, nurses, physician assistants, social workers, and patient and family advocates.	NA	Those with training were more likely to report a problem with sex trafficking locally. Greater confidence in identification of sex trafficking victims.	Training healthcare providers is critical to them efficiently identifying sex trafficking victims.

Citation	Study Purpose	Pop (N)/ Sample Size (n) /Setting(s)	Design/ Level of Evidence	Variables/ Instruments	Intervention	Findings	Implications
http://doi.org/10.1542/peds.2014-2814	ls to identify human trafficking victims			Participants did not initially know the survey was about sex trafficking. The definition of trafficking was given in the middle of the survey to assess whether this changed responses to questions		Largest barriers to identification of victims reported were a lack of training (34%) and awareness (22%).	
Castelfranc-Allen, J., & Hope, L. (2018). Visual communication desensitization (VCD©): A novel two-phased approach to interviewing traumatized individuals in investigative contexts. *Psychiatry, Psychology, and Law: An Interdisciplinary Journal of the Australian and New Zealand Association of Psychiatry, Psychology and Law, 25*(4), 589-601. http://doi.org/10.1080/13218719.2018.1474814	Describe VCD model and how it can be utilized to interview trauma victims	NA	VII; Expert opinion	NA	NA	The VCD Model is a two-part cognitive-behavioral approach to collect information from cooperative, traumatized witnesses, consisting of a 'narrative-graph' information-gathering component and a dovetailed therapeutic component.	The VCD model can be utilized in healthcare facilities to interview human trafficking trauma victims to gather the most useful information in identifying them as victims
Chisolm-Straker, M., Baldwin, S., Gaïgbé-Togbé, B., Ndukwe, N., Johnson, P. N., & Richardson, L. D. (2016). Health care and human trafficking: We are seeing the unseen. *Journal of Health Care*	Retrospecti ve study of U.S. human trafficking survivors	n- 173	VI; Retrospect ive study	Anonymous paper surveys distributed to participants through anti-trafficking	NA	68% of respondents were seen in a healthcare facility during their time of being trafficked. 44.4% were seen in primary	What screening questions are likely to lead to conversation and identification of human trafficking. Knowledge of prevalence of victims presenting to primary care.

Citation	Study Purpose	Pop (N)/ Sample Size (n) /Setting(s)	Design/ Level of Evidence	Variables/ Instruments	Intervention	Findings	Implications
for the Poor and Underserved, 27(3), 1220-1233. http://doi.org/10.1353/hpu.2016.0131	to see how many individuals were seen by healthcare providers and in which settings. Informs which screening questions providers used to gather knowledge about human trafficking. Lists common medical complaints victims present with.			organizations and an online survey advertised in antitrafficking organization offices and websites		care. Most common symptoms seen for were physical abuse, depression, headache, and back pain.	
Coughlin, C. G., Greenbaum, J., & Titchen, K. (2020). Educating paediatric health-care providers about human trafficking. *Journal of Paediatrics & Child Health,*	How to educate healthcare providers in identifying	NA	VII; Expert opinion	NA	NA	Deficits remain in training healthcare providers. Need for evaluation of human trafficking training programs, advocate for	Large improvements to be made in education programs and advocating for training. Use of victims in training can be helpful to educating healthcare workers.

Citation	Study Purpose	Pop (N)/ Sample Size (n) /Setting(s)	Design/ Level of Evidence	Variables/ Instruments	Intervention	Findings	Implications
56(9), 1335–1339. http://doi.org/10.1111/jpc.15116	human trafficking and next steps for policy advancements					training, empower victims and community members to support/participate in training.	
Einbond, J., Diaz, A., Cossette, A., Scriven, R., Blaustein, S., & Arden, M. R. (2020). Human trafficking in adolescents: Adopting a youth-centered approach to identification and services. Primary Care, 47(2), 307–319. http://doi.org/10.1016/j.pop.2020.02.008	Informs how Mount Sinai Adolescent Health Center and Covenant House New Jersey have used youth-centered approaches to providing care for human trafficking victims with success	NA	VII; Expert opinion	NA	NA	Removing obstacles and providing youth-centered approaches to provide better care for human trafficking individuals. Discusses screening tool: Quick Youth Indicators for Trafficking.	Providing individualized, confidential, relationship-based care for victims will encourage trust and allow them to disclose more and return for more care. Important to give choices and provide autonomy in their decision making. Could use similar youth-centered model within healthcare facilities.
Ernewein, C., & Nieves, R. (2015). Human sex trafficking: Recognition, treatment, and referral of pediatric victims. *The Journal for Nurse*	Identify the nurse practitioner's role in the	NA	VII; Expert opinion	NA	NA	Reviews human sex trafficking clinical presentation, red flag indicators of trafficked individuals, screening	Highlights value and importance of nurse practitioners and their role to screen and identify human trafficked individuals.

Citation	Study Purpose	Pop (N)/ Sample Size (n) /Setting(s)	Design/ Level of Evidence	Variables/ Instruments	Intervention	Findings	Implications
Practitioners, 11(8), 797-803. http://doi.org/10.1016/j.nurpra.2015.06.005	ongoing screening, treatment, and referral of individuals at risk for human trafficking					questions, role of the nurse practitioner in management and reporting of these individuals.	Implications on how to report these cases once identified.
Ertl, S., Bokor, B., Tuchman, L., Miller, E., Kappel, R., & Deye, K. (2020). Healthcare needs and utilization patterns of sex-trafficked youth: Missed opportunities at a children's hospital. *Child: Care, Health & Development*, *46*(4), 422–428. http://doi.org/10.1111/cch.12759	1)Determine opportunities for earlier identification within the healthcare system on risk factors for entrance into sex trafficking or signs of involvement 2) Determine if the risk factors for sex trafficking	n-39 all patients <18 years old referred for suspected or confirmed sex trafficking to a child and adolescent protection centre (CAPC) in an urban, academic children's hospital in Washington, DC from January 1, 2006 to	VI; Descriptive study	Chart and EMR review	NA	The 39 adolescents had high prevalence of sexual assault, running away, or being thrown out, Child Protective Services involvement, child abuse history, substance use history, and a history of a mental health disorder with a psychiatric hospitalization. 21% had a history of pregnancy, 38% had a previous sexually transmitted infection, 13% had a prior diagnosis of pelvic inflammatory disease, and 62% had history of sexual assault before they were identified as sex trafficked. 18% of the adolescents in the	Identification of risk factors that place youth at an increased risk of being sex trafficked. Implication for a screening tool to help identify victims. Target primary prevention measures on healthy sexual relationships.

Citation	Study Purpose	Pop (N)/ Sample Size (n) /Setting(s)	Design/ Level of Evidence	Variables/ Instruments	Intervention	Findings	Implications
	in Washington, DC are similar to previously published risk factors or if unique risk factors exist	March 1, 2017				study had been seen in primary care prior to being identified as sex trafficked.	
Greenbaum, J. & Bodrick, N. (2017). Global human trafficking and child victimization. *Pediatrics*, *140*(6), e20173138. http://doi.org/10.1542/peds.2017-3138	Policy statement outlining major issues regarding public policy, medical education, research, and collaboration in the area of child labor and sex trafficking and provides recommendations for	NA	VII; Expert opinion	NA	NA	Importance of creating public policy to provide services for human trafficked individuals, provide education and resources for medical professionals to be trained, advocate for more research, collaborate healthcare professionals with community resources.	Primary care providers must play active role in advocating and public policy within their communities to advance and improve recognition of victims.

Citation	Study Purpose	Pop (N)/ Sample Size (n) /Setting(s)	Design/ Level of Evidence	Variables/ Instruments	Intervention	Findings	Implications
	future work						
Hemmings, S., Jakobowitz, S., Abas, M., Bick, D., Howard, L. M., Stanley, N., Zimmerman, C., & Oram, S. (2016). Responding to the health needs of survivors of human trafficking: A systematic review. *BMC Health Services Research*, *16*, 1–9. http://doi.org/10.1186/s12913-016-1538-8	Synthesizes evidence on current knowledge and practice in responding to the health needs of trafficked people, specifically exploring identification, referral, and provision of care by the healthcare sector	Varies 44 documents were included, 19 reported findings of primary studies and 9 of which exclusively addressed children	I; Systematic review and qualitative analysis	Systematic review and qualitative analysis of peer-reviewed and grey literature	NA	Key Themes: promoting disclosure; providing care; ensuring safety; supporting recovery; working in partnership; and developing services	Emphasis on providing trauma-informed, culturally appropriate care. Risk factors to identify patients: signs of abuse and neglect, unfamiliarity with the local language, being accompanied by a seemingly controlling companion and a lack of official documentation. Promoting sharing of information by patient: finding a private space for a consultation, taking time to gain trust, and avoiding the use of companions or those accompanying the possible victim as interpreters.
Hornor, G. (2015). Domestic minor sex trafficking: What the PNP needs to know. *Journal of Pediatric Health Care*, *29*(1), 88–94. https://doi.org/10.1016/j.pedhc.2014.08.016	Define domestic minor sex trafficking and role of pediatric nurse practitioner	NA	VII; Expert opinion	NA	NA	Risk factors for adolescents: parental mental illness, domestic violence/abuse, no support system, drug/alcohol use, financial strain.	Knowledge and skills needed by nurse practitioner, or primary care provider, to effectively screen and identify human trafficked victims.

Citation	Study Purpose	Pop (N)/ Sample Size (n) /Setting(s)	Design/ Level of Evidence	Variables/ Instruments	Intervention	Findings	Implications
	for these adolescents					Reasons they are seen by healthcare provider: addiction, STI, pregnancy, PID, depression, fractures, PTSD, suicide ideation. Ask specific questions to parents, adolescents, and young children to screen.	
Leslie, J. (2018). Human trafficking: Clinical assessment guideline. *Journal of Trauma Nursing*, *25*(5), 282–289. http://doi.org/10.1097/JTN.0000000000000389	Review the process used in healthcare settings to identify victims of traffickers	NA	VII; Expert opinion	NA	NA	What is available and what is needed for screening methods, tools, questions. Emphasizes need for a national framework for the identification of the human trafficking victim within the health care setting.	Large gaps in local, state, and national guidelines in creating resources for victim identification. Highlights areas that are needed for improvement in screening.
Lutz R. M. (2018). Human trafficking education for nurse practitioners: Integration into standard curriculum. *Nurse Education Today*, *61*, 66–69. http://doi.org/10.1016/j.nedt.2017.11.015	Identify knowledge of human trafficking by nurse practitioner students	n-73 adult, family, and pediatric nurse practitioner students	III; Controlled trial without randomization	Pre and Posttest on paper with six Likert style questions on a 6–24-point scale Knowledge domains included the definitions, laws, prevalence, identification, treatment, and community and	1-hour PowerPoint presentation, lecture, and embedded videos	Pre-survey mean responses ranged from 1.51 to 2.29 in all 6 domains. Post-survey mean responses ranged from 3.10 to 3.62 in all 6 domains (a significant increase).	Nurse practitioners have ability to become properly educated in identifying, treating, and refer human trafficked victims.

Citation	Study Purpose	Pop (N)/ Sample Size (n) /Setting(s)	Design/ Level of Evidence	Variables/ Instruments	Intervention	Findings	Implications
				social service resources			
Nazer, D., & Greenbaum, J. (2020). Human trafficking of children. *Pediatric Annals, 49*(5), e209-e214. http://doi.org/10.3928/19382359-20200417-01	Overview of human trafficking and the red flags that may alert the pediatrician to the possibility of exploitation, with a special focus on immigrant and refugee children	NA	VII; Expert opinion	NA	NA	Use a trauma informed, human rights-based, culturally appropriate, and gender-sensitive approach when interacting with patients	Cultural-sensitive screening is important for identification of human trafficking children. Providers need trauma-informed education to effectively screen.
Peck J. L. (2020). Human trafficking of children: Nurse practitioner knowledge, beliefs, and experience supporting the development of a practice guideline: Part two. *Journal of Pediatric Health Care: Official Publication of National Association of Pediatric Nurse Associates & Practitioners*, *34*(2), 177–190.	Explore evidence of clinical response when faced with child trafficking and suggest clinical	NA	V; Systematic reviews of descriptive and qualitative studies	Integrated review of the literature included electronic data search of PubMed, Ovid, and CINAHL and application of the social ecological model	NA	Social Ecological Model (SEM) can be used for healthcare workers. Themes found: Evidence-based effective clinician training and academic preparation, attitude, beliefs, and knowledge of healthcare providers,	Efforts need to be increased to provide evidence-based, standardized training for healthcare providers on child trafficking. Preventative efforts and intervention methods are needed to help lower rates of child trafficking.

Citation	Study Purpose	Pop (N)/ Sample Size (n) /Setting(s)	Design/ Level of Evidence	Variables/ Instruments	Intervention	Findings	Implications
http://doi.org/10.1016/j.pedhc.2019.11.005	practice guideline			for thematic analysis		attempts to estimate the prevalence and employ screening tools, efforts to identify high-risk youth and missed opportunities, and organizational support through policy.	
Peck, J. L., & Meadows-Oliver, M. (2019). Human trafficking of children: Nurse practitioner knowledge, beliefs, and experience supporting the development of a practice guideline: Part one. *Journal of Pediatric Health Care: Official Publication of National Association of Pediatric Nurse Associates & Practitioners*, *33*(5), 603–611. http://doi.org/10.1016/j.pedhc.2019.05.	Measure knowledge, beliefs, and experience regarding child trafficking from pediatric nurse practitioners	n-799 National Association of Pediatric Nurse Practitioners (NAPNP) members	VI; Retrospective study	Survey to National Association of Pediatric Nurse Practitioners members 26-question survey (6 items in demographics, 20 items in knowledge, belief, and experiences with human trafficking) Multiple choice and open-ended questions	NA	Shortage of education for providers on identifying and intervening victims. Lack of clinical practice guidelines on human trafficking.	Providing pediatric healthcare providers how to respond to human trafficked victims can significantly improve all 3 levels of prevention.
Powell, C., Dickins, K., & Stoklosa, H. (2017). Training US health care professionals on human trafficking: Where do we go from here? *Medical Education Online, 22*(1).	Assess the gaps and strengths in human trafficking education	1)11 US-based human trafficking experts who	VI; Descriptive study	Interviews Mixed-method study with 2 pieces:	NA	There is a need for standardization of human trafficking training content to assure correct information, trauma-	Evaluation metrics for human trafficking training need to be developed to demonstrate behavior change and impact on service delivery and patient-centered outcomes for

Citation	Study Purpose	Pop (N)/ Sample Size (n) /Setting(s)	Design/ Level of Evidence	Variables/ Instruments	Intervention	Findings	Implications
http://doi.org/10.1080/10872981.2017.1267980	of healthcare providers in the US	actively engaged in human trafficking education of healthcare providers for at least 2 years 2)Polaris database analysis		1) Structured interviews with experts in human trafficking healthcare provider education. 2) Analysis of data from HCP calls to the National Human Trafficking Resource Center (NHTRC)		informed and patient-centered care, and consistent messaging for healthcare providers.	victims. Training needs consistency and standardization.
Rabbitt A. (2015). The medical response to sex trafficking of minors in Wisconsin. *WMJ: Official Publication of the State Medical Society of Wisconsin*, *114*(2), 52–60. https://wmjonline.org/wp-content/uploads/2015/114/2/52.pdf	Guidelines for the medical care of pediatric sex trafficking victims in Wisconsin. Addresses additional community barriers that may prevent an effective	NA	VII; Expert Opinion	NA	NA	How to identify and screen potential youth as risk of human trafficking. How to work alongside medical examiners and local law enforcement for reporting cases.	Effectively screening and recognizing signs of pediatric sex trafficking is crucial to expediting a medical response. Important to collaborate with law enforcement to create useful interventions.

Citation	Study Purpose	Pop (N)/ Sample Size (n) /Setting(s)	Design/ Level of Evidence	Variables/ Instruments	Intervention	Findings	Implications
	medical response						
Stoklosa, L.; Lyman, M.; Bohnert, C.; & Mittel, O. (2017). Medical education and human trafficking: Using simulation. *Medical Education Online*, *22*(1), 1412746. https://doi.org/10.1080/10872981.2017.1412746	Review of the University of Louisville School of Medicine's simulation-based medical education (SBME) curriculum used to prepare students to recognize victims and intervene on their behalf	NA	VII; Expert opinion	NA	NA	Simulation provides a controlled and interactive environment that allows for immediate feedback and learning.	Reinforce that healthcare's role is not immediate forceful removal of trafficked persons against their will, but rather a focus on survivor empowerment and meeting their stated needs through a trauma-informed approach. Simulation is a method that can be used to train students and healthcare workers.