



Human trafficking education for nurse practitioners: Integration into standard curriculum

Rebecca M. Lutz

University of South Florida, College of Nursing, Assistant Professor, 12901 Bruce B. Downs Blvd., MDN 2067, Tampa, FL 33612, United States



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ABSTRACT

Background: Human trafficking is a crime resulting in serious negative health outcomes for the victims. To provide optimal care, thus improving health outcomes, healthcare providers must be able to identify victims as they seek care for acute and chronic physical illness, communicable diseases, sexually transmitted infections, and mental health disorders (Lederer and Wetzel, 2014; Oram et al., 2012). Unfortunately, healthcare providers lack appropriate knowledge of clues that would lead to victim identification. This may result in a failure to identify victims (Beck et al., 2015; Ross et al., 2015; Konstantopoulos et al., 2013; Chisolm-Straker et al., 2012). Increasing the number of healthcare providers able to identify, treat, and refer victims of trafficking for further care is imperative.

Objectives: The study evaluated the knowledge level of student nurse practitioners enrolled in an adult, family, or pediatric clinical course. Knowledge domains included the definitions, laws, prevalence, identification, treatment, and community and social service resources.

Design/Setting/Participants: The study was designed as a non-probability sampling of adult, family, and pediatric nurse practitioner students (n = 73). Participants included students enrolled in the Adult & Older Adult I or the Primary Care of the Child & Adolescent I course at a large public university.

Methods: The study was designed as a one hour educational intervention intended for presentation in a lecture-style format. The educational intervention included a PowerPoint lecture and embedded videos. The pre-survey, designed as a paper survey, contained a demographic section followed by six survey questions covering the six domains of interest. Following the intervention, participants completed the post-survey prior to leaving the classroom.

Results: Pre-survey results pinpointed knowledge gaps across all six domains under investigation. Post-survey results revealed an increase in knowledge across all six domains of interest.

Conclusions: The educational intervention increased knowledge of human trafficking among students enrolled in a nurse practitioner program. Informed nurse practitioners have the ability to identify, treat, and refer victims of trafficking. As an integral part of the health care team, nurse practitioners should receive trafficking education as part of the standard course curricula.

1. Introduction

Human trafficking is a crime resulting in serious negative health outcomes for the victims. To improve health outcomes, it is imperative that victims are identified, provided appropriate treatment, and referred to community resources. Unfortunately, this process does not occur for each victim. This is due to a variety of reasons such as a lack of standardization in local, national, and international definitions of trafficking, the secretive nature of trafficking, and a lack of educational evidence-based guidelines to support trafficking education in standard curricula (International Labour Organization [ILO], 2012; Konstantopoulos et al., 2013).

The global movement to define and fight human trafficking culminated with the ratification of the *United Nations Convention against Transnational Organized Crime* (United Nations Office on Drugs and Crime [UNODC], 2004). This document has provided support to the UNODC as it has guided the development of international policies and offered legal advice to governments on the prevention of trafficking, protects victims' rights, and prosecution of traffickers (UNODC, n.d.).

Human trafficking is known by a variety of terms and takes many forms (ILO, 2012; United States Department of State [USDOS], n.d.). Terms such as sex trafficking and child sex trafficking clearly indicate the intent of sexual exploitation. However, it is important to recognize that human trafficking also includes many other forms such as forced or

E-mail address: rlutz1@health.usf.edu.

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bonded labor, debt bondage, involuntary domestic servitude, forced child labor, child soldiers, forced marriage, and organ trafficking (ILO, 2012; USDOS, n.d.). Several nations have enacted legislation to facilitate the prosecution of traffickers, offer protection to victims, and prevent trafficking within their borders. Examples of legislation include the European Union's Directive 2011/36/EU of the European Parliament and of the Council, the United Kingdom's Modern Slavery Act 2015, and the United States' Trafficking Victims Protection Act ("Directive 2011/36/EU of the European Parliament and the Council", 2011; Crown Protection Service, n.d.; USDOS, n.d.).

Once definitions are in place, understanding the number of victims is important but challenging. Numerous barriers to victim identification exist. Barriers include a general lack of knowledge stemming from inconsistent national/international laws, the secretive nature of trafficking, a lack of overall awareness that trafficking is occurring in a particular geographical area, a fear for personal safety if one were to become involved, and a failure of victims to freely identify themselves as a victim (Konstantopoulos et al., 2013; ILO, 2012). These barriers hamper the efforts to provide accurate statistics.

While the exact number of victims remains difficult to quantify, the Trafficking in Persons (TIP) report offers a glimpse into the number of victims worldwide (USDOS, n.d.). In 2015, TIP reported there were over 44,000 victims of trafficking identified. This led to just over 10,000 prosecutions and approximately 4400 convictions. In the United States, the National Human Trafficking Resource Center (NHTRC) maintains a trafficking report hotline (Polaris Project, n.d.). As of December 2016, over 26,700 calls and over 7600 cases of human trafficking had been reported to the NHTRC. Information from TIP and the NHTRC presents a vivid representation of the magnitude of human trafficking around the world.

1.1. Health Risks Associated With Human Trafficking

Victims of human trafficking are susceptible to multiple health risks. Victims present for care with a variety of acute and/or chronic physical illnesses that may include communicable diseases and sexually transmitted infections (Lederer and Wetzel, 2014; Oram et al., 2012). Psychological disorders such as depression, anxiety, fear, helplessness, post-traumatic stress disorder, and suicide attempts were reported by victims (Lederer and Wetzel, 2014).

1.2. Healthcare Response to Victims

Healthcare providers lack an adequate understanding of human trafficking. The majority of health profession students and practicing providers reported no, or limited, prior training related to human trafficking (Beck et al., 2015; Chisolm-Straker et al., 2012). Interestingly, health care providers identified an overall lack of awareness of trafficking, a fear for the safety of their patients or staff, and a lack of organizational structure to support victim identification (Beck et al., 2015; Konstantopoulos et al., 2013; Chisolm-Straker et al., 2012).

1.3. Education of Health Care Providers

Healthcare professionals of all levels have a responsibility to provide optimal care to all patients. In an effort to reach this goal, national and international organizations developed position statements and educational initiatives to train health care providers. The International Office for Migration (IOM) offers several resources for human trafficking education. Resources are categorized by county, subject, or date (IOM, n.d.). In the United Kingdom, the National Health Service (NHS) provided an e-learning module to all staff (NHS, n.d.). The United States Department of Health and Human Services (USDHHS) developed a training program entitled *SOAR (Stop, Observe, Ask, and Respond) to Health and Wellness* for professionals working in healthcare, social work, public health, and behavioral health (USDHHS, n.d.).

In 2011, the International Council on Nursing (ICN) released a position statement affirming that all levels of nurses must be educated on human rights and that the nurse plays an integral role in the protection of human rights. The American Nurses Association's (2010) position statement reaffirms the ethical obligations of the nurse to protect human rights. Of particular importance is the role of nursing educators to promote justice, to teach ethics and human rights, and to provide a leadership model to address human rights.

Integrating human trafficking education into an established curriculum ensures that students have exposure to crucial content prior to caring for potential victims of human trafficking. Examining methods of teaching is the first step in designing human trafficking education. Nurse educators use a variety of methods such as lecture, discussion, case-study, and multi-media. Bastable (2014) provides an overview of a variety of teaching methodologies that the nurse educator can use in course design. The lecture method is an ideal method to deliver historical background and key concepts. Discussions encourage student engagement, stimulate thinking, and reinforce learning. Case studies offer students the ability to examine a case they may not have experienced in clinical practice. Multi-media material includes slides, videos, or podcasts. Ideally, a combination of methodologies will increase learning. A variety of methodologies including lectures, case studies, and multi-media were successful at increasing knowledge of human trafficking in medical students, licensed health care providers, as well as non-healthcare providers (Beck et al., 2015; Konstantopoulos et al., 2013; Chisolm-Straker et al., 2012).

Establishing evidence-based guidelines for curricula content is critical to advance human trafficking education for healthcare professionals. Ahn et al. (2013) conducted a systematic review of 27 educational resources for healthcare professionals. Major content themes included definitions, prevalence, health outcomes, victim identification, appropriate treatment, and community referrals. Grace et al. (2014) stressed that information on mandatory reporting laws should be included in human trafficking education.

Other studies examined best practices related to healthcare education. Healthcare providers that attended a 20-minute focused program on human trafficking reported an increase in their level of confidence to identify and treat a victim of trafficking (Chisolm-Straker et al., 2012). Providing education that is easily assessable to practitioners is also important. A variety of venues such as continuing education programs, grand rounds, and staff meetings are ideal settings for reaching providers (Ahn et al., 2013). Finally, educators should continually assess if increased knowledge changes practice habits. However, determining if educational interventions changed provider's behaviors or patient outcomes is difficult to assess (Chisolm-Straker et al., 2012).

This study examined student nurse practitioners level of knowledge level regarding human trafficking. A literature review of human trafficking educational programs provided information on course content, delivery methods, and outcome evaluations. Then, the effectiveness of a newly designed nurse practitioner educational intervention was evaluated. Finally, recommendations for future research were discussed.

2. Methods

This study was designed to assess knowledge of human trafficking among nurse practitioner students. The goal of the study was to evaluate knowledge across six domains of interest: definitions, laws, prevalence, victim identification, treatment of victims, and referral to community resources. Knowledge was assessed through the use of pre/post surveys.

The literature search was conducted using the Cumulative Index of Nursing and Allied Health Literature, Google Scholar, and PubMed. Search terms included human trafficking, sex trafficking, trafficking, nurse practitioner, and education in multiple combinations with the Boolean 'and' operator. The initial search revealed no literature focused exclusively on human trafficking education for nurse practitioners. A

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