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Human Trafficking and Health Care Professionals: Assessment of Medical and Nursing Education Programs' Curricula on Recognizing and Helping Victims of Human Trafficking

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HUMAN TRAFFICKING AND HEALTH CARE PROFESSIONALS: ASSESSMENT
OF MEDICAL AND NURSING EDUCATION PROGRAMS' CURRICULA ON
RECOGNIZING AND HELPING VICTIMS OF HUMAN TRAFFICKING

A Thesis

Submitted to the McAnulty College and Graduate Schools of Liberal Arts

Duquesne University

In partial fulfillment of the requirements for
the degree of Master of Arts

By

Nurlanbek Sharshenkulov

August 2012

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Nurlanbek Sharshenkulov

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ABSTRACT

HUMAN TRAFFICKING AND HEALTH CARE PROFESSIONALS: ASSESSMENT OF MEDICAL AND NURSING EDUCATION PROGRAMS' CURRICULA ON RECOGNIZING AND HELPING VICTIMS OF HUMAN TRAFFICKING

By

Nurlanbek Sharshenkulov

August 2012

Dissertation supervised by Dr. Joseph D. Yenerall and Dr. Moni McIntyre.

This study was conducted with the focus on medical and nursing education programs in the U.S. in order to learn if they include training for their students on dealing with victims of human trafficking. In order to address this goal, the survey among professors and instructors of 650 randomly selected medical and nursing education programs was conducted, where they were asked if their programs' curricula include training on recognizing victims of trafficking, as well as providing them with health care services and assistance to escape from their traffickers. The analysis of 116 received responses revealed that the majority of medical and nursing education programs do not train their students on recognizing victims of trafficking, and providing them with relevant assistance.

DEDICATION

To my father, who was an outstanding health care professional and devoted his whole professional life to this area.

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The idea for this study grew out of the courses I took at the Graduate Center for Social and Public Policy, as well as the internship that I did with the Magee Womancare International. The successful completion of the study would not be possible without the support of those wonderful people, who I would like to thank here. First and foremost, I want to express my special appreciation to my thesis supervisor, Dr. Yenerall, who provided me with guidance and insightful advice throughout the research. Dr. Yenerall was always encouraging and supporting me at difficult moments, which was very helpful for accomplishing this project.

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Chapter 1: Introduction

In recent decades, human trafficking has become a prominent problem around the globe. This problem has attracted attention of the majority of countries' governments that realize the importance of the problem and the importance to tackle it. Local organizations of different types also began focusing on human trafficking. Since this problem involves many countries and its victims are transported by the traffickers across their borders, human trafficking has drawn attention of international organizations, such as the UN with its agencies that have activities focused on fighting with human trafficking, either. The scholars also do not leave this problem without their attention. The amount of scholarly literature is constantly increasing because it is a new problem, it has a clandestine nature, and there is a need for clarification of many aspects of the problem.

Because of its clandestine nature, it is recognized that the scope of the problem is difficult to measure. Nevertheless, the estimates for the problem exist, whereas they differ significantly. For example, the UN estimates that there are 2.5 million people in captivity of traffickers at any given time around the world (The UN Global Initiative to Fight Trafficking, 2007), whereas Kevin Bales, the prominent scholar in human trafficking field, estimates that there are 27 million trafficking victims around the world (Bales, 2004). In its turn, the U.S. Department of State gives its own estimations pertinent to the U.S. According to these estimates, as many as 17,500 victims of human trafficking cross the border of the country every year (Thachuk, 2007). These numbers do not include citizens of the U.S. who find themselves kidnapped and captured by traffickers within the borders of the country. Another estimates provided by the UN deal with the number of countries involved into trafficking. There are 161 countries around the world

that are either a country of origin for victims of trafficking, or the country of destination (The UN Global Initiative to Fight Trafficking, 2007).

One of the reasons why human trafficking is recognized as the prominent one is that it violates basic human rights. Victims of human trafficking are exposed to forced labor, engagement in prostitution, debt bondage, and involuntary servitude that are equal to the conditions of slavery. Under this captivity, the majority of victims are exposed to severe physical and psychological violence. Since victims of human trafficking live and work in severe conditions, it becomes obvious that their health deteriorates significantly, whereas they lack access to health care services. The deteriorated health of those victims that work in the commercial sex industry put threats to the public health too, since they usually are not allowed to use measures that would protect them from infectious diseases. Besides this, it is recognized that trafficking has become one of the branches for criminal groups, which gain huge profits that are estimated at US\$31.6 billion (The UN Global Initiative to Fight Trafficking, 2007). According to some estimates, human trafficking is in third place, after weapon and drug dealing, among profitable activities for criminal groups (Logan, Walker, & Hunt, 2009).

Because of the prominence of the problem, its violation of the norms of the majority of countries, including the norms against illegal immigration and prostitution, there is need for tackling the problem, where the detection of traffickers, as well as the victims can become a good source of information for capturing their traffickers, is very important. It is common that this task should be fulfilled by the law enforcement agencies. But there are health care professionals, who should also be involved in this process, since they are in a very good position for detecting victims of trafficking, as well

as providing victims with assistance to escape from their traffickers. One of the studies, which was conducted in Europe, revealed that 28% of trafficking victims that participated in the study sought health care services while in captivity. None of those victims' visits to doctor resulted in their release from their traffickers (Barrows & Finger, 2008). The fact that the doctors did not provide victims with the appropriate assistance can be attributed to their lack of knowledge and skills on the matter.

The lack of health care professionals' knowledge and skills on human trafficking was confirmed by the results of the study conducted in emergency rooms of two sites in the U.S. by Makini Chisolm-Straker and Lynne Richardson. Their study revealed that only 3% of health care professionals had formal education on trafficking. 13% of the respondents of that survey reported their confidence in recognizing a victim of human trafficking, and 22% reported their confidence in their ability to treat victims of human trafficking (Chisolm-Straker & Richardson, 2007). Since health care professionals gain the majority of their knowledge during their education in schools and colleges, it became interesting to learn whether medical education programs prepare their students for providing proper assistance to victims of human trafficking in medical settings. The latter became a goal for the study described in this work.

In order to learn about the degree of involvement of medical education programs in teaching their students on dealing with victims of human trafficking in their future health care practice the study was designed and implemented. The study focused on medical and nursing programs in the U.S. to investigate if their curricula included training on human trafficking. The study included the survey among professors and instructors of medical and nursing education programs, where the respondents were asked

on whether the curricula of their education programs include training on detecting victims, as well as providing them with proper health care services and assistance to escape from their traffickers.

The results of this study will contribute to the fight with human trafficking, by enforcing the health care perspective of this fight. The results will also contribute to the body of knowledge about the preparedness of health care professionals to deal with victims of human trafficking in terms of provision the latter with proper health care services, as well as detecting and provision victims of trafficking with assistance to escape from their traffickers. It will also be helpful in developing more effective strategies of involving health care professionals in the fight with trafficking. Such strategies can be included in policy documents that focus on tackling human trafficking problem, as well as in the program activities of organization that work in the related field.

Chapter 2: Literature Review

For over a decade the problem of human trafficking has been drawing attention of scholars, practitioners, as well as the public. The reason for this is that the problem of human trafficking has become prominent in many countries around the world and it violates basic human rights. But it should also be noticed that the views about the problem and the ways to tackle it are different and in some cases are oppositional.

There are many scholarly works written on the matter and their number is constantly increasing, yet there is still much unknown and unclear about human trafficking because of its clandestine nature. There is considerable literature on trafficking with a focus on different issues, such as trafficking and prostitution, trafficking and human rights and others. However, in this study the focus will be on human trafficking and health care.

2.1. Human trafficking as a phenomenon

Despite the fact that slavery was abolished by all countries in the world, including countries with big economies such as the US and Great Britain, slavery still exists nowadays, although it takes a different form, which is called human trafficking. It became a problem on a global scale and involves almost all countries. To this end, human trafficking is an old problem, but at the same time it is also a new problem. Major reasons for human trafficking are differences in economic development and globalization processes.

There are different estimates of human trafficking. Due to the clandestine nature of human trafficking it is very difficult to estimate its extent. The UN suggests that about

2.5 million people are in forced labor, including sex exploitation, around the world at any given time (The UN Global Initiative to Fight Trafficking, 2007). However, some other sources report that there are 2 million people trafficked around the world (DeStefano, 2007). About half of the victims are children. 43% of victims are exploited in the commercial sex industry. The UN also estimates that trafficking exists in as many as 161 countries, which are either the source of victims of trafficking or their destination (The UN Global Initiative to Fight Trafficking, 2007).

In order to understand human trafficking, it is necessary to distinguish two major groups of causes for people to be trafficked. Since one of the major reasons for human trafficking to exist is that it brings large profits to traffickers or savings to those who use victims of trafficking as household servants or a cheap labor force. The UN estimates that annual profits made from exploiting victims of trafficking globally constitute US\$31.6 billion (The UN Global Initiative to Fight Trafficking, 2007). There are those who are interested in people being trafficked, as well as those whose conditions force them to make a living, and, thus become a target for traffickers. These are pull and push factors for human trafficking.

It is recognized that the major push factor of human trafficking is the low level of social and economic development of countries where victims of trafficking originate. Such a lack of social and economic development can be manifested by a high population density, as well as high levels of poverty and regional conflicts and wars, as well as political and religious persecution can also contribute to the factors that make potential victims of human trafficking decide to leave their places of residence and country. In its turn, the major pull factor for victims of human trafficking is the prosperity and economic

development of a destination country. In addition, the level of permeability, which can be expressed in corruption in border control agencies, also contributes to the attractiveness of a country to traffickers. It is also necessary to mention that human trafficking takes place within the borders of a country too. However, the pull and push factors remain the same (Aronowitz, 2001).

Besides the fact that human trafficking violates the basic human rights, it also has become a part of the activities of criminal groups. Criminal groups have become involved in human trafficking because it brings large profits. While the major sources of income of criminal groups, such as weapons and drug dealing, bring profits only one time, the victims of human trafficking can bring profits over a long period of time. In addition, human trafficking does not require big investments. Kevin Bales gives a comparison of prices that used to be paid for slaves in nineteenth century with the current prices that are paid by traffickers for their victims. While the prices for a slave in the nineteenth century were equal to US\$ 40,000 in current currency value, today traffickers can pay for their victims with only a few hundred US dollars. Since slaves were expensive back in those days, their masters were interested in feeding them well, provide them with clothes and necessary health care, while today it is cheaper for traffickers to let their victims die instead of paying for expensive medical services and medicines (Bales & Soodalter, 2009).

It is estimated that the profits of criminal groups from human trafficking can reach 12 billion US dollars (Aronowitz, 2001). This puts it in the third place on the profitability of income sources of criminal groups, after weapons and drug dealing. (Logan, Walker, & Hunt, 2009).

2.1.1. International definition of human trafficking

The major documents on preventing and eliminating human trafficking that is used by the international community is the UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children. This document, which was adopted in 2000, provides a definition of human trafficking as:

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

The recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation shall be considered “trafficking in persons” even if this does not involve any of the means set forth in subparagraph (a) of this article;

“Child” shall mean any person under eighteen years of age” (The United Nations, 2000).

This document gives a definition that can be used by national governments in their fight with trafficking. It defines what actions traffickers exercise, as well as the purposes of such actions. The Protocol also defines that the consent of the victim is irrelevant if the means described in it are established (The United Nations, 2000).

2.1.2. How a person becomes a victim of human trafficking

Most often, victims of human trafficking represent developing countries, where people strive to make money, and that is why they easily agree to go to developed

countries in search for jobs. It is also not uncommon for victims of human trafficking to find themselves trapped against their will when their traffickers kidnap them and force them to work under severe conditions (Aronowitz, 2001). Another way of finding victims for trafficking is searching for poor families in remote villages of developing countries. Traffickers pay parents for taking their child. Traffickers use the desperate situation of families that live in a deep poverty (Spear, 2004). By this way traffickers get girls and boys and force them to work in the commercial sex industry or in sweatshops where the small hands of children are needed for producing goods, such as carpets, clothing and apparel.

There are four types of victimization in human trafficking. The first types deals with cases where a person is forced into trafficking by physical coercion. The deception, which is the second type of victimization, takes place when victims of trafficking are promised a good job in another country, but upon arrival to that country the victims find themselves forced to work for their traffickers under severe conditions. In the third type, victims of trafficking are deceived by half-truths, when they are told that they will work as dancers and strippers; but when they are in another country the victims find themselves under full control of their traffickers. The fourth category of victimization deals with cases when victims willingly go to another country to work in the commercial sex industry, but they are not aware of the level of control, indebtedness, intimidation, and exploitation, to which they will be exposed (Aronowitz, 2001).

Undoubtedly, it can be questionable why victims of human trafficking remain under the control of their traffickers and do not escape from them. The answer to such a question is that traffickers use physical coercion and violence for controlling their

victims. The least violent methods to control victims of trafficking is to take away their documents, including passports, and keeping them in a locked place, while threatening them with the possibility to be caught and sentenced by local police for the violation of immigration norms. More coercive means include direct intimidation of victims with violence, as well as threats of exerting violence on the families of victims back in their country. Victims of trafficking are also exposed to direct physical violence from their traffickers, which can include sexual violence, tattooing the victims, and burning them with cigarettes (Dovydaitis, 2010).

It should be also noticed that there are misunderstandings about human trafficking because of its formulation. The common misunderstandings happen when people consider a person as a victim of human trafficking only if that person is transported from one location to another. In fact, the displacement of victims from their original location should be used as a criterion in defining whether he or she is a victim or not. (The U.S. Department of State, 2007). It is sufficient for a victim to meet other criteria envisioned in the norms on human trafficking. Another common misunderstanding deals with the perception that a person should be considered as a victim of trafficking if that person illegally crosses the borders of the destination country. It is necessary to take into consideration the fact that there many cases when people are involved in trafficking without leaving their countries of origin.

It is common to associate victims of human trafficking with violators of local laws. The major offences that victims of trafficking are mistakenly associated with are smuggling and prostitution. Whereas the first type of offence is virtually illegal in all countries of the world, the second type is illegal in most countries. Due to the specific

way the traffickers involve their victim in their business, as well as exploit them, human trafficking have traits that overlap with smuggling and prostitution.

2.1.3. Difference in smuggling and trafficking

In his article about smuggling and human trafficking, Alexis A. Aronowitz (2001) cites certain distinctions that should be considered when differentiating smuggling and trafficking. While smuggled people always cross borders willingly, the victims of human trafficking can give their consent to cross the borders in the initial stages because of deceptions, to which they are exposed; but later they become in captivity of their traffickers. Victims of trafficking can also find themselves in captivity from the beginning, when they are kidnapped by traffickers. Another distinction of human trafficking from smuggling is that traffickers deal with their victims for a long period of time after crossing the border, while smugglers' services end upon arrival to the country of destination. That is why only upon arrival to the destination country it can be defined if a person is trafficked or smuggled. If a person is exposed to any form of exploitation upon arrival to a destination country, including debt bondage, that person can be defined as a victim of human trafficking. But when a person has a freedom of action after crossing the border, then such cases can be counted as smuggling (Aronowitz, 2001).

2.1.4. Human trafficking in the United States

The United States is the country with the largest economy in the world. Given this fact, it attracts a variety of goods and resources, including human resources. People arriving to the U.S. are eager to earn money for their living and their families. There are

many people who stay in the country illegally upon arriving to the U.S. However, there are also those who stay in the country without consent. Victims of human trafficking are among them, because most often they get lured to the country with expectations of high earnings and a decent job, since they consider the U.S. as a land of opportunities. Upon arrival to the U.S., traffickers make their victims work under severe conditions without little payment, if any, thus, keeping their victims in a condition of slavery. It should also be noted that the citizens of the U.S. can also be involved in human trafficking through being kidnapped and exploited in the commercial sex industry (Logan, Walker, & Hunt, 2009). By this method, there are increased chances for run-away children of abusive parents to be captured by traffickers.

Since it is recognized that children under 18 cannot make responsible decisions and give proper consent, the exploitation of children under 18 in the commercial sex industry is considered a severe form of trafficking. This consideration is included in the Victim of Trafficking and Violence Protection Act, which is the fundamental legislative document that regulates governments to fight with human trafficking in the U.S. The exploitation of children in the commercial sex industry in the U.S. is also a big concern, as there are high risks for children to be involved in it, which was revealed by the study of Richard J. Estes and Neil Alan Weiner. Jeffrey Barrows and Reginald Finger cite the report of the formers, where it was revealed that the estimation of the number of children under risk to be exploited in commercial sex industry can reach 325,000 (cited from Estes & Weiner, 2001).

While other states can be a transition country, as well as the point of final destination, in human trafficking, the United States is identified primarily as a country of

destination. According to the U.S. Department of State, the number of trafficked persons that cross borders of the U.S. is estimated as many as 17,500 people every year. Most of them are women and children who come from Africa, Asia, India, China, Latin America, Eastern Europe and the former Soviet states (Thachuk, 2007). In 2004, the antislavery organization Free the Slaves during their large scale study of slavery found people trafficked from at least thirty-five countries that were working against their will in the United States (Bales & Soodalter, 2009). Victims of human trafficking can be found in every state of the nation (Human Smuggling and Trafficking Center, 2008).

According to the Victims of Trafficking and Violence Protection Act, which is the major law on human trafficking in the United States, human trafficking is defined as:

- (A) sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or
- (B) the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery (The U.S. Department of State, 2000).

According to the analysis conducted by T.K. Logan, Robert Walker, and Gretchen Hunt, victims of human trafficking in the United States can be divided into the following major types of trafficking sectors:

“sex work (prostitution, commercial sex, 23%-66%), other sex work–related activities (exotic dancing, pornography, entertainment, 3%-30%), domestic labor (7%-45%), personal service (domestic or sexual servitude, servile marriage, 1%-37%), factory labor/sweatshop (5%-33%), restaurant labor (9%-33%), and agricultural or other labor (10%-46%). Other mentioned sectors included begging/trinket selling and the food industry” (Logan, Walker, & Hunt, 2009).

2.1.5. United States Legislative Response to Fight Human Trafficking

The main policy document to address the problem of human trafficking, the Victims of Trafficking and Violence Protection Act, which is known as the TVPA, was signed into law by President Bill Clinton on October 28, 2000. It was the culmination of efforts made by the different parties including Senator Paul Wellstone and Representative Chris Smith, who are the most prominent actors in this case. As the Clinton's administration defined it, this law was aimed to accomplish the "Four Ps": prosecution, protection, prevention and partnership. After the passage of the law, two federal bodies were created. The Office to Monitor and Combat Trafficking in Persons under the U.S. State Department was created to assess the anti-trafficking efforts of foreign nations and promote the messages of the U.S. Government to fight the problem. This body is responsible for preventing human trafficking into the country as the U.S. is primarily a point of destination for victims. Another created body, Human Trafficking and Smuggling Center, is an interagency unit for coordinating law enforcement agencies to fight human smuggling and trafficking. This body is also responsible for cooperating with foreign law enforcement agencies dealing with the issue (DeStefano, 2007).

It is also necessary to mention that the process of shaping TVPA was a driving force for the creation of the UN protocol to Prevent, Suppress and Punish Trafficking in Women and Children in 2000, which came to being two month after Bill Clinton signed the TVPA. It is clear that the UN trafficking protocol was a policy initiative of the United States, however the country ratified it only in late 2005. The UN trafficking protocol made international cooperation easier without spending much time for bilateral negotiations. It required nations to criminalize trafficking and to change their national

legislation according to the protocol. The protocol itself entered into force in 2003 after passing the necessary threshold in numbers of countries that ratified it (DeStefano, 2007).

The enactment of the TVPA did not end discussions on the issue where the abolitionist of prostitution came to prominence. Their main argument for fighting trafficking is that by the elimination of prostitution there will be no need for sex trafficking. It can be explained by the number of terrific stories in the media about women forced into prostitution. However, human trafficking is not only about sex trafficking. There is a large amount of trafficked laborers coming to the U.S. But in 2003 and 2006, prostitution abolitionists, with the help of allies in the Bush administration, advanced discussions to the revision of the TVPA and enactment of the Trafficking Victims Protection Reauthorization Act of 2003 and 2006, which aimed to reduce customer demand for commercial sex services. The last revision of the law provides a series of modest grants to help local law enforcement bodies arrest persons who pay for the commercial sex services, as well as the pimps who control the women. Other reasons that influenced the TVPA's implementation were the September 11 events with ensuing redirecting of law enforcement priorities, as well as the start of the Iraq War, which affected federal spending priorities (DeStefano, 2007).

The TVPA provided governmental bodies with more grounds to fight human trafficking as it gave them tools for legal influence on human traffickers and other related crimes, as well as tools to assist the victims of trafficking. To address the first "P" of the TVPA, which is preventing, the government decided to provide financial and technical assistance to the countries of human trafficking origins as the majority of them migrate to the U.S. At the same time, the government began cooperating with other countries in

revealing international human trafficking rings. The second “P”, protecting, is addressed through the implementation of governmental programs aimed at providing assistance services for the victims of human trafficking who managed to escape from their masters. The Department of Health and Human Services issues certifications, which allows its holder to receive cash assistance, medical care, food stamps and housing. From 2001 to 2005 there were 841 certifications issued (The U.S. Department of Justice, 2006). The government also provides other organizations with discretionary grants for the programs with services and shelters for the victims of trafficking. The TVPA provided law enforcement structures with more legal clout to deal with human trafficking and increased penalties for those convicted under respective legislation. It increased the number of investigation, prosecution and convictions on trafficking. However, the numbers show the disparity with the estimated scale of the problem. For example, the only Civil Rights Unit of the FBI opened 751 trafficking cases from 2001 to 2007 with increase from 54 in 2001 to 126 in 2006. In the same years, there were 185 convictions. Immigration and Customs Enforcement opened 899 cases between 2005 and 2007, while 264 people were convicted (The U.S. Department of Justice, 2006). However, comparing to the number of trafficked persons entering the US, which is estimated by the State Department as 17,500 every year it easy to come to conclusion that there is much to do in combating trafficking within the US.

2.2. Human Trafficking and Health

It is common to discuss human trafficking in terms of human rights. This approach is unquestionable, since human trafficking violates basic human rights. This is

the reason why the focus of most organizations that deal with human trafficking turned to the prosecution aspect. However, since human trafficking is a hidden phenomenon, detecting perpetrators of human trafficking remains on low levels. While detecting of traffickers is weak and their victims are still in captivity, it is obvious that victims of human trafficking continue suffering health problems. To this end, it becomes clear that the role of medical workers in the fight with human trafficking should be advanced.

Medical professionals are very important in dealing with human trafficking. Due to the specific nature of human trafficking, as well as due to the fact that traffickers seek to gain maximum profits with minimum expenses for their victims, victims of trafficking are exposed to violence, which results in the deterioration of their health. That is why health care workers have great chances to encounter patients with severely deteriorated health, who are most likely to be victims of human trafficking. The fact that victims of human trafficking go to see a doctor was revealed by the research conducted in Europe, where 28% of victims of trafficking that participated in the study reported that they sought health care services. Unfortunately, none of those victims were provided with proper assistance in escaping from their traffickers. This suggests that health care workers lack the necessary knowledge about human trafficking, as well as skills on detecting victims of trafficking and providing them with the appropriate assistance (Barrows & Finger, 2008).

The lack of knowledge of health care professionals about human trafficking was also confirmed by the results of the study conducted by Makini Chisolm-Straker and Lynne Richardson among the medical workers of emergency departments at two sites in 2006. According to the results of this study, only 3% of medical workers of emergency

rooms had received formal training on human trafficking. 13% of participants of the survey reported their confidence on being able to detect a victim of human trafficking, and 22% reported their confidence in their ability to treat a victim of human trafficking (Chisolm-Straker & Richardson, 2007).

Another important role of health care professionals is providing victims of human trafficking with proper health services. It is recognized that health care needs of human trafficking victims differ from the needs of regular patients. Such differences are related to the fact that victims of trafficking usually have a variety of health problems at one time, including different types of sexually transmitted diseases, consequences of malnutrition, a lack of sleep, and physical and psychological violence to which they are exposed. The psychological condition and its deterioration, as well as the fact that the majority of trafficking victims are not familiar with health care system of their destination countries, should also be considered by health care professionals (Patel, Ahn, & Burke, 2010).

2.2.1. Diseases pertinent to victims of human trafficking

It is difficult to define a certain disease or sign of physical abuse that can be attributed to victims of human trafficking. They suffer from different types of maladies. Most often, they have a combination of diseases (Patel, Ahn, & Burke, 2010). Nevertheless, Jeffrey Barrows and Reginald Finger defined six categories of health problems that victims of trafficking can be exposed to. The first category includes a variety of infectious diseases, with sexually transmitted diseases, HIV, and AIDS among them. Victims of trafficking can also be exposed to non-infectious diseases. The violence,

infections, and unsafe abortions that are common among women working in the commercial sex industry can result in a deterioration of reproductive health. Victims of trafficking can also have physical traumas. In addition, victims of human trafficking can become substance abusers due to the high psychological pressure that they are exposed to. In some cases traffickers force their victims to use drugs and alcohol intentionally in order to have additional means for controlling their victims.

The conditions where victims live and work, also negatively influences their mental health. The most common mental health problem among women who are exposed to captivity by traffickers is posttraumatic stress disorder. Victims of human trafficking can also have suicidal ideations, depressions, anxiety, and chronic fear (Barrows & Finger, 2008). Other diseases, to which victims of human trafficking are exposed, include chronic pain, cigarette burns, contusions, fractures, gastrointestinal problems, headaches, oral health problems, pelvic pain, unhealthy weight loss, unwanted pregnancy, and vaginal pain (Dovydaitis, 2010). With regards to the sexually transmitted infections that can be prevented by using preventive measures such as condoms, it is obvious that in most of the cases they are not available to victims of human trafficking or victims of trafficking lack the courage and freedom of action in demanding from their customers to use protective measures when compared to prostitutes.

The UN estimates that 95% of victims experience physical or sexual violence during trafficking (The UN Global Initiative to Fight Trafficking, 2007).

Attention should also be paid to the stigma, to which the victims of trafficking are exposed. Such stigma can take place in both the country of origin and destination country. Stigma contribute negatively to the psychological problems of victims of human

trafficking, which is why they need a professional psychological assistance that takes into account the specific nature of trafficking (Aronowitz, 2001).

2.2.2. Human trafficking and health care

International norms dictate the responsibility of national governments to provide health care assistance to human trafficking victims. One international law that requires the governments of ratifying countries to provide victims of human trafficking with health services is The UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children. Article 6 of the Protocol has provisions on the responsibility of participating countries in securing access to health care and psychological assistance (The United Nations, 2000). In addition to this protocol, the Universal Declaration of Human Rights provides people the right to a standard of living that promotes healthy lifestyles, which includes health care services (The United Nations, 1948). Another international document that has provisions on access to health care services is the International Covenant on Economic, Social and Cultural Rights, which obliges participating countries to “recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health” and to undertake necessary steps for these obligations to be realized (The United Nations, 1966).

As a leader in combating human trafficking, the U.S. has its own human trafficking legislation, which incorporates four aspects; Prosecution, Protection, Prevention and Partnership. It is the Protection component of this legislation that includes provision for health care assistance to victims of human trafficking. According to the Trafficking Victims Protection Act (TVPA), the major legislative document on

combating human trafficking, victims of trafficking who are not citizens of the U.S. are eligible for medical assistance from the government upon applying for and receiving the U.S. T-Visa. One of the federal agencies responsible for making decisions on whether an international applicant is a victim of human trafficking, thereby eligible for the T Visa, is the U.S. Department of Health and Human Services (HHS). Provisions of the T-Visa include coverage of expenses for health care services. The same procedure is required for permanent residents of the U.S. (Green Card holders), because of the limitations set up by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. Citizens of the U.S., who become victims of human trafficking, can receive federal assistance in health care without any permission from HHS (The U.S. Department of Health and Human Services, 2009).

Unfortunately, according to the TVPA, the U.S. government can provide assistance, including health care assistance, to non-citizen victims of trafficking only on a condition of cooperation with law enforcement agencies in identifying and detaining those who are involved in trafficking people. This condition becomes a dilemma for victims of trafficking. In addition to this, the process of application review and the final decision itself can be tedious (Webber & Shirk, 2005). To that end, it is evident that there are a small number of applicants that receive the T-Visa. In the January 16, 2009, issue of USA Today, it was revealed that the U.S. government issued only 4% of the 5,000 T-Visas permitted by Congress per year (Leinwand, 2009).

The situation with the health issue of trafficking is absolutely different in developing countries because of different reasons, which include imperfection of legislation, as well as a lack of training of health care specialists to respond appropriately

when victims of human trafficking happen to approach them for medical assistance. Most of the developing countries do not consider any resources from the government to help victims to receive health care services, while the victims themselves cannot afford proper medical services during the first period if they escape from traffickers. It should also be noted that victims of trafficking are exposed to stigma upon their return to their homes, which creates additional barriers for employment or engagement to other activities to gain income. In addition, the long absence of appropriate medical treatment can lead to adverse consequences for the victims of trafficking themselves. Therefore, the victims of trafficking, who find themselves in this situation against their will, may become the cause for further spread of an infection in their country, which, in its turn, may contribute to the deterioration of the infectious disease situation on a global scale.

Compared to the general population, health care professionals, especially those working in emergency rooms, have greater chances to encounter victims of human trafficking in their professional settings. Since most of the health problems that victims of human trafficking have deal with physical abuse and sexual exploitation, to some degree, there are similarities of sufferings that victims of domestic and intimate violence usually face. It is common for the latter to use medical services, especially the ones at emergency rooms. In addition to this, because of the illegality of their presence in the U.S., as well as lack of documentation and health insurance, victims of human trafficking tend to turn to emergency rooms for medical services. Therefore, it is medical workers from emergency rooms who should be involved in the fight with human trafficking (Patel, Ahn, & Burke, 2010).

2.2.3. Indicators to recognize a victim of human trafficking in health care settings.

There are no “classic” indicators for recognizing a victim of human trafficking. Since victims are involved in different types of trafficking, the cues to recognize them also differ to some degree. While victims of both sex and labor trafficking are exposed to severe conditions at their work, there are some differences in their presence.

Most often victims of human trafficking in the U.S. are foreign born and do not speak English. That is why, usually, they are accompanied by someone else, most often their trafficker, when they go to see a doctor. Since the trafficker does not want his victim to escape, as well as reveal his or her real situation to others, traffickers try not to let their victim step too far away from them. Another important cue is the victim’s lack of proper documentation because of their illegal presence in the country.

The U.S. Department of Health and Human Services within its Campaign to Rescue and Restore Victims of Human Trafficking developed certain materials to help health care professionals properly treat victims of human trafficking. One of such documents enlists the key indicators that can be used for identifying victims of human trafficking. This document points out that victims of human trafficking may look like a common patient. However, it is necessary to pay attention to the signs that are common in victims of trafficking. First, victims of trafficking do not speak English and are usually accompanied by someone who exerts control over the victim. They lack proper immigration or identification documents. The victims cannot willingly move around or leave their jobs. Most often victims have bruises and signs of violence on their bodies, as well as express fear and depression (The U.S. Department of Health and Human Services, 2008).

In cases where a health care professional encounters a patient with the above mentioned indicators, the HHS recommends to ask a patient the following questions in order to verify if the patient is a victim of human trafficking:

- What type of work do you do?
- Are you being paid?
- Can you leave your job?
- Can you come and go as you please?
- Have you or your family been threatened?
- What is your working and living condition like?
- Where do you sleep and eat?
- Do you have to ask permission to eat/sleep/go to the bathroom?
- Are there locks on your doors/windows that you cannot unlock?
- Has your identification or documentation been taken from you (The U.S. Department of Health and Human Services, 2008)?

The benefit of the position of health care professionals is that they can ask their patients these questions in a separate room. Health care professional can also ask for help from an interpreter. It is recommended not to use a person that accompanies a patient as an interpreter, as that person can provide the health care professional with the wrong answers. Since victims of trafficking are constantly exposed to violence and threats, it is likely that the victim will lack trust in other people, especially representatives of authority. That is why it is important for a health care professional to build a rapport with the patient. If the responses of the patient give warning sign that there is a possibility that this patient is a victim of trafficking, it is recommended to contact the National Human

Trafficking Resource Center over the phone. The specialist from this center can provide the victim of trafficking with further assistance.

Chapter 3: Research Design and Methodology

The human trafficking problem became prominent around the world and attention to it, as well as to the ways to tackle it, is increasing. One of the ways to combat trafficking is to prevent it by fighting with traffickers. But fighting with traffickers is difficult without detecting those who became their victims, as well as their traffickers. Since almost all victims of human trafficking are exposed to a deterioration of their health and the conditions they live and work in contribute to the deterioration of their health, there is a high chance for victims of human trafficking to seek medical services. This is where the role of medical workers can become crucial, since medical workers can help victims of human trafficking reveal themselves, as well as provide victims with appropriate medical assistance and help them to escape from their traffickers.

Due to specific work of medical workers, they have full opportunity to take the initiative in detecting whether a patient is the victim of human trafficking. Medical workers can stay with their patients one-to-one in private, where they can ask them additional questions that will help victims to reveal their real case. Medical workers can ask series of questions helpful in determining if a patient is in direct dependence of someone else.

3.1. Research question

A study conducted by Makini Chisolm-Straker and Lynne Richardson revealed that medical professionals lack training in detecting victims and providing them with additional assistance besides medical services. Since medical workers get the majority of their knowledge at the schools that they attend before beginning practice, the idea of

studying whether education curricula of medical and nursing programs include trafficking emerged. It was especially interesting to learn if future physicians and nurses are trained on recognizing victims of human trafficking, as well as providing victims with appropriate assistance and help them escape from their traffickers.

For this research the following guiding hypotheses will be explored:

- 1) Medical education institutions do not provide their students with trainings on recognizing victims of human trafficking during the course of their education. That is, curricula of medical education institutions do not include instruction/lecture hours on special indicators and questions to ask for recognizing victims of human trafficking.
- 2) Medical education institutions do not provide their students with training on assisting victims of human trafficking to free them from their traffickers. That is, curricula of medical education institutions do not include instructions on how to provide proper assistance to a victim of human trafficking, as well as what organizations to contact to provide victims of human trafficking with further legal, social and other types of assistance.

In order to test whether graduates of medical education institutions are prepared to address cases with victims of human trafficking, the research focused on medical schools, colleges and education centers of hospitals in the U.S. that educate physicians and nurses for practicing in providing direct medical services. Within this research the survey among administration representatives of medical education institutions, such as heads of emergency medicine or nursing departments, as well as professors from the respective

fields was conducted. The survey was conducted to study if the respective education institution allocates instruction/lecture hours in their curricula on training their students to recognize and assist victims of human trafficking to escape from their traffickers.

3.2. Research population

The whole population for this research consisted of 132 medical schools of the U.S., retrieved from the website of the American Association of Medical Colleges, and 951 colleges for nurses, retrieved from the list on the website of National League for Nursing Accrediting Commission. The American Association of Medical Colleges is one the biggest association that represents a majority of medical colleges in the U.S.; whereas the National League for Nursing Accrediting Commission is one of the largest organizations responsible for accrediting nursing education programs in the U.S.

3.3. Sampling

Initially it was expected that the number of responses for the survey will reach 95, which slightly exceeds the requirements for the sample size for a population of 1083 (132 medical schools and 951 nursing schools) with a 95% Confidence Level and a Confidence Interval of 10. In reality, the total number of responses reached 116.

In order to reach the necessary number for the sample, the random selection of 500 medical education institutions was conducted from the whole list of 1083. Random selection was conducted by utilizing a table of random numbers generated by the Random Number Generator from the following website (<http://stattrek.com/tables/random.aspx>). Randomly selected medical education

institutions were contacted by email with an inquiry to participate in the survey. Initially, it was planned that if the number did not reach 95 until after the deadline, the same table of random numbers would be used to select medical education institutions to contact by phone with inquiry to participate in the survey and answer questions from the questionnaire.

On the deadline there were 82 responses only, and an attempt to get responses through the phone interview was made. Unfortunately, the practice showed that most of the persons to contact from the initial list were not available or refused to participate in the interview. As the result, only 2 additional responses were received. This is why it was decided to make an additional list of randomly selected medical education institutions and contact them by email and provide them with a week long deadline, so that respondents will be given time to respond to the inquiry. The additional list consisted of 150 items from the whole list of medical education institutions as it was done for selecting the first list of 500. In order to eliminate duplication of the items from the additional list with the items selected for the first list, the random selection of 300 items was conducted. From that list of 300 items, 150 items that do not duplicate items from the list of 500 were selected. The selection was done according to the order that was generated by the Random Number Generator, which was utilized for creating the first list.

3.4. Research instruments and data collection

In the survey, the questionnaires were used to collect the necessary data. The questionnaires were designed to collect qualitative and quantitative data from medical education institutions. The questions asked about the inclusion of training on human

trafficking into education curricula of medical education institutions. The questionnaire consisted of closed questions with proposed possible answers.

The following set of questions was included in the questionnaire:

Institution profile data:

- Name of school/college
- State where a school/college is located
- Whether a school/college prepares physicians or nurses for working at emergency rooms
- Types of program (years of study) a school has for physicians and nurses

Trainings/lectures on human trafficking in curricula:

- Whether a school/college curricula includes a training/lecture for students on recognizing a victim of human trafficking in a health care setting.
- Number of hours allocated for such training/lecture
- What specific subtopics are covered during these hours? (Background information about human trafficking as a phenomenon, Public health concerns about human trafficking, Indicators to recognize a victim of human trafficking, Questions to ask to recognize a victim of human trafficking
- Whether a school/college curricula includes a training/lecture for students on providing assistance for a victim of human trafficking to escape from their traffickers
- Number of hours allocated for such training/lecture

- What specific subtopics are covered during these hours? Peculiarity of assistance to a victim of human trafficking, Professional approach in assisting a victim of human trafficking within a health care setting, Types of organizations to contact for further assistance to a victim of human trafficking.

In order to contact the selected medical education institutions, the emails of administration representatives of medical education institutions, such as heads of emergency medicine or nursing departments, as well as professors from respective fields were collected from the institution websites. There were as many as three persons from each institution selected for contacting with an inquiry to participate in the survey. These inquiries were sent to each participant of the survey individually by email, which contained a link to an online questionnaire created through Google Docs. In addition, for those who prefer filling out the questionnaire off-line, the Microsoft Word file with the questionnaire was attached to the email.

3.5. Institutional Review Board Considerations

As this research included a survey, its design was discussed with the representative of the Institutional Review Board of Duquesne University before sending the inquiries to the selected participants. Since the study was related only to the curricula of medical education institutions, the representative of the Institutional Review Board defined that this study does not require an IRB approval.

3.6. Data analysis

As a result of the conducted survey, there were a total of 116 responses received. All respondents' answers to the questions from the questionnaires were coded and transferred into the SPSS database. No names of the medical and nursing education programs, as well as colleges and universities, were used in analysis of the responses and report on the analysis.

Chapter 4: Research Findings and Discussion

The survey among medical education institutions yielded in 116 responses from 103 nursing schools (89% of responses) and 13 medical schools (11% of responses). The responding schools and colleges represent thirty-nine states. From nine states there were responses from both medical schools and nursing schools. From two states there were response from medical schools only, and from twenty-eight states there were responses from nursing schools only.

4.1. Research findings

The questions from the survey can be separated in two major groups. One group of questions inquired the information on inclusion of training to recognize a victim of human trafficking in the curricula. Another group of questions dealt with training on providing proper assistance to a victim of human trafficking in terms of providing health care services, as well as referring to organizations that can provide further assistance.

From a total 116 received responses, 18 respondents, which is 16% of all respondents, confirmed that the curricula in their institution include training on recognizing victims of human trafficking in health care setting. Out of 18 confirmative responses, there were 3 medical schools, which is 23.08 per cent of all responses from medical schools, as well as 15 nursing schools, which is 14.56 per cent of all responses from nursing schools. From the responses received it becomes evident that the 12 nursing schools responded have 4-years study (BSN) program for nurses.

Regarding the number of hours allocated for the training on recognizing a victim of human trafficking, there are 3 observations (3% of all responses) of 3 to 5 hours of

training, 5 observations (4% of all responses) with 1 to 2 hours of training, and 10 observations (9% of all responses) with less than 1 hour of training.

Within these hours of trainings, it was expected that instructors or professors would provide their students with general information about human trafficking as phenomenon, information on public health concerns about human trafficking, as well as indicators to use and questions to ask to recognize a victim of human trafficking. The responses show that, within these hours of trainings, 13 medical and nursing schools (11% of all responses) provide their students with general information about human trafficking as a phenomenon. The instructors and professors of 11 schools (11% of all responses) discuss the public health concerns with regard to human trafficking in their classes. 14 schools (12 of all responses) provide their students with indicators to use for recognizing a victim of human trafficking, and 9 schools (8% of all responses) teach their students what questions to ask in order to confirm that a patient is a victim of human trafficking. Among all respondents, only 4 schools (3% of all responses) reported that they cover all four subtopics in their classes. 5 other schools (4% of all responses) reported that they cover three subtopics, as well as 7 schools (6% of all responses) that cover two subtopics, and 2 (2% of all responses) schools that cover only one subtopic.

With regards to the training on providing assistance to victims of human trafficking, there were only 10 schools, which is 9% of all respondents, that reported that they provide their students with proper training. There were 2 medical schools, which is 15.38 per cent of all medical schools, and 8 nursing schools, which is 7.77 per cent of all nursing schools with a confirmative response to this question. 5 schools have four-years (BSN) nursing programs, 3 schools have two-years (ASN) nursing programs. One school

has five-year medical doctors (MD) program, as well as two (ASN), four (BSN), five (MSN) and six-year (doctoral) programs for nurses.

Regarding the number of hours allocated for the training on providing assistance to a victim of human trafficking, there is 1 observation (1% of all responses) with 3 to 5 hours of training, 2 observations (2% of all responses) with 1 to 2 hours of training, and 7 observations (6% of all responses) with less than 1 hour of training.

With regards to training on assisting victims of human trafficking if they approach a doctor or a nurse for medical services, it was expected that schools teach their students about the special needs of victims of human trafficking, how to provide professional assistance with regard to these needs, as well what organizations to contact for further assistance. The results of the survey show that 7 schools (6% of all responses) teach their students on how to provide professional assistance to victims of human trafficking. Another 2 schools (2% of all responses) provide their students with the training on either professional assistance or organizations to contact for further assistance. The special needs of victims of human trafficking are covered in 4 schools (3% of all responses). Only 3 schools (3% of all responses) cover all three subtopics in their classes.

Overall, 8 schools (7% of all responses) confirmed that they provide their students with training on both recognizing victims of human trafficking in a health care setting and providing proper assistance to them. 2 of them are medical schools and another 6 are nursing schools. Two of the schools (2% of all responses) cover all subtopics in their classes, one school (1% of all responses) covers all subtopics but one, three schools (3% of all responses) cover all subtopics but two, and other two schools cover only three and four subtopics out of seven.

The questionnaires of the survey contained a field for comments from respondents if they would like to add anything to their general responses. There were 25 responses with comments. In most of the comments, the respondents mentioned that students in their schools are provided with training on recognizing and assisting victims of physical and sexual abuse, but there is no specific focus on victims of human trafficking. However, respondents recognize the importance of covering human trafficking in their courses, since this problem has become more prominent. Some of the respondents ask to provide them with more information about human trafficking and health care, as well as with ready course materials that can be introduced to the curriculum board and cover this topic in their classes. At the same time, respondents from the schools that are located in less populated areas notice that human trafficking would be critical for teaching in schools that are close or are located in the areas with high density of population. There were two respondents that noticed that the human trafficking would be covered in medical and nursing schools if this problem would become more prominent and recognized by health care scholars. One of these two respondents mentioned that s/he is skeptical of whether human trafficking is critical for health care professionals to learn unless the necessity for it is justified by scholars.

Nevertheless, there were comments from those schools that cover human trafficking in their classes. They mentioned that this topic is covered in community health, global health and mental health classes.

4.2. Discussion of survey findings

According to the results from the survey, it can be inferred that most of the medical and nursing programs in the U.S. do not provide their students with training on recognizing and assisting victims of human trafficking. The number of schools that cover this topic in their classes is small. There is a difference in proportion between medical and nursing schools that cover trafficking in their classes. The proportion of medical schools is larger than the proportion of nursing schools. However, it is necessary to mention that the number of responses to the survey from medical schools is small. At the same time the difference in the proportion is not big enough to make a difference.

When the number of hours allocated to teaching trafficking in medical and nursing programs is taken into consideration, the results worsen because the data show that there is little attention paid to trafficking. This is also confirmed by comments from the respondents, who reported that their programs focus on domestic and sex partner violence but do not focus specifically on human trafficking. Some of the respondents mentioned that there is lack of attention of medical scholars on human trafficking as a distant category of violence, which is why the curricula of their program do not include trafficking

Overall, the picture gets worse if the coverage of subtopics of human trafficking is taken into consideration. The data show that most of the schools cover only some of the subtopics that are necessary for medical workers to know in order to provide proper assistance to victims of human trafficking. There is a difference among education programs in the number of hours and subtopics in recognizing and providing assistance to victims of human trafficking. There are schools that cover only some of the subtopics on

both recognizing of victims of human trafficking and providing them with proper assistance. Since it is very easy to mix up victims of human trafficking with victims of domestic and sex partner violence, it is very important to use a comprehensive approach when dealing with the latter. It is noticed in the literature that the needs of victims of human trafficking differ from the needs of victims of domestic and sex partner violence, which is why the reaction to the cases with victims of human trafficking should be different from the reaction to the cases with victims of domestic and sex partner violence. This is caused by the fact that due to the exposure to constant violence from their traffickers, constant fear about their future and their families, since traffickers intimidate their victims with violence to their families back home, as well as the fact that victims of trafficking remain in a country illegally. Because of the latter, it is very important for medical professionals to build a rapport with victims of human trafficking, since the victims have strong fears of any authorities of the country and a fear of getting sentenced for the violation of immigration norms of the country. In that sense, medical workers have more opportunities, when compared to law enforcement officers, to build rapport with victims of trafficking.

According to the results, education programs mostly focus on recognizing and detecting victims of human trafficking rather than on providing with proper assistance so that victims can escape from their traffickers. From this, it can be inferred that a minority of graduates of medical and nursing schools that cover trafficking in their classes will be able to recognize victims of human trafficking but they will not be ready to provide them with further relevant assistance; while provision with proper assistance is an essential part of combating human trafficking. Recognition of victims of human trafficking should lead

to consequent reactions and not just end at detecting them. By not assisting victims of human trafficking to escape from their traffickers, another chance of detecting traffickers, and, thus fighting with trafficking, will be missed.

However, the fact that the schools that teach their students on human trafficking as a phenomenon and providing its victims with proper assistance exist, as well as the fact that human trafficking recently became prominent as a problem and the focus of the fight with trafficking is shifting from a mere protection of human rights and a law enforcement issue, tells us that there is a good prospect for involving medical workers in the fight with human trafficking. The body of literature on trafficking and health care is increasing. In addition, the data and comments from the respondents show that there are professors and instructors in medical and nursing programs who are not indifferent to the problem of human trafficking and who would like to include human trafficking to the education curricula of their programs, if they are provided with relevant education materials.

It is also necessary to point out that there are some professors and instructors who mentioned in their comments that the problem of human trafficking should be attributed to the territories with dense populations. Such opinions have certain justification, since it is recognized that three-fourths of human trafficking is attributed to sex trafficking, which more often takes place in urban and metropolitan areas. However, it is necessary to take into consideration that there are other forms of human trafficking that have a great chance to appear in rural areas, especially in the territories where agriculture is prevalent and it can be a pull factor for a cheap labor force and where victims of human trafficking can be exploited. It is also necessary to mention that it is recognized that the scope of

labor trafficking can be larger because it is more difficult to detect when compared to sex trafficking. Nevertheless, it would be interesting to learn if the existence of medical and nursing programs that cover human trafficking in their courses corresponds with the reports on human trafficking. This would give some insights on the driving forces that made such programs include trafficking in their courses, as well as if those education programs meet local problems or needs.

The results of this study complement the results of the study of Makini Chisolm-Straker and Lynne Richardson, which resulted in only 3% of emergency department clinicians who had formal education on human trafficking. While the design and the approach of the two studies differ from each other, both come to a conclusion that medical workers are not well trained in human trafficking. This means that medical workers can learn about human trafficking on their own from different sources of information. That is why medical workers would not know much about providing proper assistance to victims of human trafficking, let alone contacting proper authorities or organizations, such as the National Human Trafficking Resource Center, whose officers are well prepared in providing further assistance.

One of the distinctions of the study of Chisolm-Straker and Richardson is that their study was focused on practicing medical workers that work only at two medical facilities. But this study focused on the education programs for physicians and nurses across the United States. Because of this difference, the study of Chisolm-Straker and Richardson show more significant results, since medical workers can also receive additional training beyond the schools from which they graduated. Medical workers can get additional training at the hospitals where they practice, as well as from professional

associations which they belong to and professional conferences they attend. Due to the focus of this study on the curriculum of medical and nursing education programs, there were no activities on studying medical professional associations and other sources of trainings for medical professionals. However, such a study would contribute to the body of knowledge about the availability of trainings on human trafficking for medical professionals.

Despite the fact that the results of this study contribute to the body of knowledge on human trafficking with regards to the public health problem, this study has its limitations too. First, this study was focused only on the status quo of the inclusion of human trafficking in education curricula of medical and nursing schools. It was not possible within this study to learn about the reasons why trafficking is not included in the curricula of education programs, as well as the forces that made the inclusion of trafficking in the curricula of some schools possible. This can become a topic for further studies, since the factors that influence or prevent schools from including trafficking in their education programs would be helpful for developing strategies for increasing the number of schools that train their students to deal properly with victims of human trafficking in health care settings.

This study was also not focused on the quality of education on human trafficking in medical and nursing programs. As a result, it is difficult to make any conclusions on the level of knowledge of the graduates of such programs about human trafficking, while the ability of medical workers to make appropriate decisions about victims of human trafficking that seek medical services is very important.

Doubts can arise about the appropriateness of fighting with human trafficking by involving health care professionals in it. A major doubt would be related to the fact that when traffickers learn that health care professionals can easily detect their victims during their visit to a hospital, they will be less likely to take their victims to see a doctor. It would mean that victims of trafficking, who lack access to health care, will have reduced chance to see a doctor to be cured of their diseases. However, if there are known means to help victims of human trafficking to escape from their traffickers, they should be used.

Chapter 5: Recommendations and Conclusions

5.2. Recommendations

Policy recommendations

It was recognized in the literature that one of the reasons why countries around the world are interested in fighting human trafficking is that it supplies criminal groups with more money, while fighting with criminal groups is one of the functions of the national governments. By the same token, it is necessary to pay attention to the fact that human trafficking also contributes to the spread of infectious diseases and imposes threats to the public health, which is also a function of the national governments. In addition, the international norms have provisions that require from the national governments to make sure that every human being has an access to health care, while it is proven that victims of human trafficking lack such access. That is why it is important to involve health care system in combating human trafficking.

As it was revealed in other studies, health care professionals lack formal education about trafficking and how to deal with its victims in health care settings, while it is evident that victims of human trafficking seek medical services. That is why, first, it is necessary to make sure that health care professionals are educated on recognizing and providing proper assistance to victims of human trafficking. This can be done through involving medical and nursing education programs in teaching trafficking in their courses. This will make sure that future health care professionals are prepared to deal with victims of human trafficking. However, it is necessary to pay attention to health care professionals who have already graduated from their schools and colleges. This category

of health care professionals should be addressed through training programs on human trafficking in professional associations and health care facilities.

In order to involve such education programs to this process through policy means, it is necessary to provide them with proper incentives. **One of the ways to do this is to include the obligation for health care professionals to report on victims of human trafficking, as it was done with obligatory reporting on child abuse.** It is obvious that victims of human trafficking cannot report about their status themselves due to certain factors, as children cannot report about their exposure to abuse too. However, due to political hostility toward illegal immigrants, it will be difficult to introduce such a policy on the federal level. That is why it would be better to do it gradually on the local and state levels, beginning from the territories that have reports on victims of human trafficking. Nevertheless, other territories should not be forgotten about, as the lack of reports can be attributed to the fact that other authorities or organizations from those territories are not prepared to detect and report on trafficking cases no matter whether those territories are rural or urban.

As some of the respondents to the survey required, **it is also necessary to develop a model of the education materials that can be used by education programs.** There should be serious attention paid to this process too, since there are many nuances with victims of human trafficking compared to patients from the general population of victims of domestic and sexual abuse that should be taken into consideration. The materials should include the information that will help health care professionals to identify victims of human trafficking, address their health needs properly, as well as refer them to professionals who can provide victims with further assistance. The existence of such

materials will increase chances for proper training on human trafficking to be included to the curricula of education programs. It is also necessary to make sure that education materials are improved from time to time due to the fact that the more research on the matter that is conducted, the more changes are introduced to the body of knowledge about human trafficking. For example, initially it was recognized that three quarters of victims of human trafficking are women. But it was revealed that the number of trafficked women is less. There was also another common assumption that the majority of traffickers are men. However, it was revealed that women constitute 42% of all traffickers (The UN Global Initiative to Fight Trafficking, 2007). This information would be very important for inclusion to existing education materials on human trafficking.

Recommendations to NGOs

The inclusion of human trafficking to education curricula can also be achieved through activities of NGOs and their active members, who can attract health care workers, as well as instructors and professors from medical and nursing schools and colleges, to the fight with human trafficking. NGOs can make instructors and professors interested in eliminating human trafficking. It can be done by collaborating with local hospitals and health care professionals' clubs. One of the respondents to the survey within this study reported that their local nursing association hosted a conference, where a representative of an NGO did a presentation on human trafficking. After that conference, there was another presentation made by the same NGO to the members of local nursing club. NGOs can also contribute to the inclusion of human

trafficking to education curricula through targeting on medical scholars. The more the human trafficking problem recognized by medical scholars, the more credential this topic gain among health education professionals.

Recommendations to health care institutions

As it was mentioned above, victims of human trafficking have distinct health care needs due to the specific conditions they are exposed to. If health care institutions, such as hospitals, are interested in improving their services, it is important to take such distinct needs into consideration. Since the majority of their existing medical staff have already graduated from their schools and there is an evidence that most of them lack any formal education, **there is a need for additional training on dealing with victims of human trafficking in health care settings as part of their ongoing professional training.** The best way to provide existing health care professionals with training on human trafficking is to involve those who are familiar with the issue. Nevertheless, if such a specialist is not available to hospitals, **the materials, which are developed by the U.S. Department of Health and Human Services on their webpage created under the Campaign to Rescue and Restore Victims of Human Trafficking, can also be used in classes.**

As it is recognized the there is a hostile political environment with regards to problems related to illegal immigrant, the proper political decisions are difficult to make. In this sense, the role of health care professionals can become very important as they can express their opinion on the threats that human trafficking imposes to the public health.

5.1. Conclusions

In summarizing the findings of this study, it can be inferred that the majority of medical and nursing education programs do not provide their students with training on the proper assistance to victims of human trafficking within health care settings. In particular, a very small number of education programs teach their students on identifying victims of trafficking (16% of all responded education programs), and even fewer teach on providing the victims of trafficking with proper assistance (9% of all responded education programs). This means that the majority of graduates of such education programs will not be able to properly deal with victims of human trafficking. Thus, one of the rare opportunities to help victims escape from their traffickers can be lost. If a victim of human trafficking is not provided with assistance to escape from their traffickers by a health care professional, there are only small chances that a victim will be able to escape later. This means that a victim is likely to be exposed to another disease again and again, which has deteriorating consequences, since victims of trafficking lack access to health care in a majority of cases and cannot see doctors whenever they want.

The results of this study, as well as the results of other studies, point to the fact that health care professionals, despite the recognition of their beneficial position to deal with victims of trafficking, are not involved enough in the process of combating this problem. This should be taken into consideration in developing policies that are focused on the matter, as well as in developing programs and activities of organizations that work in the related area.

The fact that there are education programs that include trafficking in their curricula, yet their number is small, tells that there is a potential for involving them in the

process of fighting with trafficking. Moreover, there were respondents to the survey who acknowledged the importance of tackling the problem and expressed their interest in including trafficking in the curricula of their education programs, but they are asking to provide them with proper education materials and modules.

However, it is necessary to note that this study was focused only on the education programs for current and future students of medical and nursing education programs, whereas the majority of practicing health care professionals have already graduated from their schools. That is why, in order to extend the results of this study, there is a need for another study with a focus on the sources of continuing education of health care professionals, which can include professional association and clubs, as well as hospitals with their adjunct education programs.

Chapter 6: Research Limitations

According to the overall proportion of the received responses, it can be concluded that response rate was not high, which, in its turn, can be attributed to the reluctance of those who were contacted with the inquiry to report negatively about their education curricula. Among the respondents, there were those who mentioned that they felt bad that their answers to the questions of the survey were negative and that they were reporting that their education programs do not include human trafficking in their curricula. Four respondents refrained from revealing the names of their schools and according to their responses their schools do not cover trafficking too. From this, it can be assumed that negative answers to the questions of the survey could make respondents refrain from submitting filled out questionnaires or send them back to the researchers. The reluctance to report negatively could influence the final results of the study.

Despite the fact that the number of responses is 116, the size of the sample is too small to make any inferences about differences between types of programs with regards to the number of years of such programs. Because of this it is also impossible to find any correlation between the number of years of an education program and the inclusion of human trafficking to their curricula. The existence of such a correlation can only be assumed, since the longer a program runs, the greater the chances for human trafficking to be included in its curricula.

One of the external factors that contributed to the limitations of the study can be the fact that email servers of education institutions have SPAM-filters that protect their subscribers from unwanted email distributions. It could prevent the questionnaires from being delivered to respondents because they were sent by email. It is difficult to define

the potential of the SPAM-filters to prevent the delivering the questionnaires because not all SPAM-filters send signal emails to the senders of emails. However, there were such SPAM-filter signals received from some of the recipients of the questionnaires with the inquiry for further actions in order for the questionnaire to be delivered.

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