

Review of Published Curriculum on Sex Trafficking for Undergraduate Medical Trainees



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Educational councils and medical societies recommend that medical students learn to recognize and care for victims of sex trafficking. Previous research has found that healthcare providers are one of the few professionals to interact with sex trafficking victims during exploitation. This review evaluates currently published curricular and extracurricular U.S. medical education resources.

A literature review of MEDLINE, PubMed, Embase, MedEdPORTAL, Google Scholar, and Google was conducted in December 2018 to January 2019 using the search terms: *human trafficking OR sex traffic OR sex violence OR sex work OR sex exploitation OR child prostitution AND education, medical, undergraduate OR students, medical OR medical student or medical education OR education, medical*. The inclusion criteria included informational educational materials for medical students on sex trafficking. Studies were excluded for: non-English language, empirical research on sex trafficking, nonhealth or nonundergraduate medical students, and resources focused on other sexual health topics.

The database literature search uncovered 64 scholarly articles. Inclusion criteria were met by 4 articles; 2 articles were added from a reference review, and an additional 5 articles were found from an Internet search. These 11 resources provided educational materials relevant to medical students on sex trafficking themes, including scope, consequences, identification, treatment, referral, legal, security, and prevention. The curricula demonstrated a wide variability in delivery method, length, and scope.

A limited published sex trafficking curriculum exists for medical student learners. Future research evaluating unpublished curricula within U.S. medical schools is necessary to coordinate efforts for standardized and robust sex trafficking education.

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INTRODUCTION

Human trafficking is a growing global public health concern. It is defined as a form of violence and encompasses sex and labor trafficking as the 2 most common forms, in which force, fraud, coercion, or enticement are used to make someone work, trade vital organs, or perform commercial sex acts in exchange for something of value.¹ In 2017, human trafficking was estimated to affect nearly 25 million individuals worldwide. An estimated 400,000 individuals in all 50 U.S. states are affected, with a disproportionate number of the victims being women and children.^{2–4}

Previous research has found that victims of sex trafficking, which includes forced sexual exploitation, the

commercial sex industry, and forced marriage, typically suffer from poor health.^{2,3,5} In one series of interviews, 99.1% of 106 sex trafficking survivors reported at least 1 medical problem requiring medical attention during their time as a victim of trafficking. Furthermore, 87.8%

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of these participants revealed they had received medical care during their exploitation.^{5,6} Overall, studies have found between 28% and 88% of the victims have interacted with healthcare professionals during their trafficking experience.⁷ However, most medical students and practicing clinicians do not feel comfortable identifying a sex trafficking victim.⁸ This is especially concerning as the medical sector is uniquely positioned to identify and provide targeted referrals to victims of trafficking.^{9–12}

Multiple professional medical societies have advocated to make sex and human trafficking education a priority in undergraduate medical education with formal inclusion in medical school curricula.^{13–15} Some argue that education on sex and human trafficking is also necessary to fulfill core Liaison Committee on Medical Education and Graduate Medical Education requirements for medical education. These requirements were instated to prepare students to address “common societal problems,” “psychopathological disorders... [including] physical and sexual abuse,” and “evolving biomedical, clinical, epidemiological and social-behavioral sciences” all of which certainly include sex trafficking.⁹

A standardized curriculum on sex trafficking would help to close current education gaps in this important area. However, there is little known about the resources that are available or are currently being used for medical students. The objective of this study is to discover the published educational resources that exist for medical students on the topic of sex trafficking and to define the characteristics and content of these resources as a first step to begin categorizing what is currently being done to teach this important topic that is specific to medical student learners.

METHODS

The search terms and methods were adapted from a prior publication that evaluated resources for practicing physicians.¹⁶ A similar search strategy was implemented, including a search of Google and Google Scholar websites limited to the first 10 pages of results. Google and Google Scholar were used in this search because some of the medical education training resources are not published in scholarly journals but are rather found in handouts, PowerPoint slides, and other types of materials. Content themes described herein were used to group the articles included.

Literature Review

A medical librarian generated a literature review of MEDLINE, PubMed, Embase, and MedEdPORTAL in December 2018 using the following search terms: *human trafficking OR sex traffic OR sex violence OR sex work OR sex exploitation OR child prostitution AND education, medical, undergraduate OR students, medical OR medical student or medical education OR education, medical*. The Google and Google Scholar search was conducted in January 2019. Two researchers then independently screened the titles and abstracts of

all the articles in January 2019. The primary exclusion criteria for each resource were recorded and reconciled across investigators.

The inclusion criteria were as follows: (1) educational materials (toolkits, guides, tips, tools, clinical resources, manuals, protocols, curricula, training, or other terms consistent with the dissemination of information and guidance), (2) materials aimed to inform, educate, or offer guidance for medical students on human trafficking (e.g., identification, treatment, documentation, prevention), and (3) English-language materials. The exclusion criteria were as follows: (1) empirical research studies on human trafficking with the primary purpose of studying trafficking phenomena or health consequences, (2) educational resources focused on other sexual health topics not explicitly related to human trafficking, (3) educational resources intended primarily for a nonmedical student audience (e.g., practicing healthcare providers, social workers, and hospital administrators), and (4) editorial pieces or short opinion pieces about human trafficking. Although the authors were primarily interested in sex trafficking as opposed to labor trafficking, considering the paucity of research on sex trafficking alone, search criteria were purposefully left broad to include human trafficking. This allowed the capture of resources that discussed sex trafficking even if they were intended for a broader review of human trafficking. Key references from included articles were also examined using the inclusion and exclusion criteria, which identified 2 additional articles. The authors of 3 abstracts were contacted by e-mail: 2 of the 3 authors responded with more information on their program. Two authors (Weiss AL, Kiluk V. Teaching human trafficking to 3rd year medical students [abstract S1]. *J Adolesc Health*. 2018;62[2 suppl 1]:S28) were not reachable; therefore, the contents of their curriculum are extrapolated from their article.

Content Themes

Each article that met the inclusion criteria was evaluated for content across the 7 themes described by Ahn et al.¹⁶: definition, identification, health consequences, treatment, referral, legal and security, and prevention (Table 1). Themes were identified in the abstract or full text.

RESULTS

The database literature search generated 64 scholarly articles. The titles and abstracts of 28 articles did not relate specifically to human trafficking and were excluded from the analysis. Of the 36 remaining, 8 were excluded for their target audience (current practitioners, including pediatricians, psychiatric residents, trainees of genitourinary or urogynecology in the United Kingdom, and postgraduate medical trainees). An additional 8 resources were excluded for format (4 were empirical research studies and 4 were opinion pieces). The remaining 20 articles were reviewed, and 16 were excluded as they did not relate specifically to sex trafficking. This left 4 articles for review that met the inclusion criteria. A review of the references from 2 of these articles resulted in 2 more articles that met the inclusion criteria. The Google search produced 3 more articles, and the Google Scholar search produced an additional 2 articles. Congruence across both authors was

Table 1. Description of Educational Content Themes¹⁶

Trafficking: definition and scope	Definition of human trafficking, types of trafficking, examples of how, where, and why it occurs, description of extent of the problem locally or worldwide
Health consequences	Adverse health effects (physical and psychological) that result from trafficking
Victim identification	“Red flags,” “warning signs,” or key indicators that might help a health professional identify a victim
Appropriate treatment	Suggestions for effective communication and provision of culturally sensitive or “trauma informed” care in the treatment of trafficking victims
Referral to services	Discussion of importation of liaising with nonhealth services (e.g., shelter, legal assistance) to meet the needs of victims or provide contact information for key resources
Legal issues	U.S. anti-trafficking legislation, medicolegal considerations (i.e., documentation in medical records, reporting of the abuse of minors, obtaining informed consent, patient confidentiality, and privacy), suggestions for health professionals when interacting with law enforcement
Security	Provisions for the safety of the trafficked person (and in some cases, health professionals)
Prevention	Ways in which health professionals can become involved in trafficking prevention activities

reached for each eliminated and retained article. In total, 11 resources met the inclusion criteria (Figure 1). None of the articles included focused exclusively on sex trafficking; rather, the principles of sex trafficking were included as part of a broader human trafficking curriculum.

In the 11 articles that met the inclusion criteria, there was variability in their content, length, and scope (Table 2). All the articles that met the criteria were published after 2014. Five articles included resources for a broad health-care audience (including medical students). Four were scholarly articles that described educational interventions specifically aimed at medical students. Two resources were web-based training modules created by national agencies for healthcare providers, including medical students.

All 11 resources cited a state, federal, or nationally recognized definition for human trafficking. The definition

used by 3 of the 11 articles was quoted from the U.S. Department of Homeland Security.¹

The identification of potential victims of sex trafficking usually took the form of a screening tool, organized as a short table of 8 to 10 “red flags” or warning signs to identify general trafficking victims. These examples were often organized into physical or behavioral categories. The tool used by Chisolm-Straker et al.¹⁹ differed from the other articles by consolidating their research into a series of 4 validated questions called “Quick Youth Indicators of Trafficking,” which their research suggested are highly predictive of human trafficking (both sex and labor) in homeless youth populations.

Health consequences of sex trafficking were generally mentioned as a brief list of the physical, psychological, and psychosocial impact on human trafficking victims.

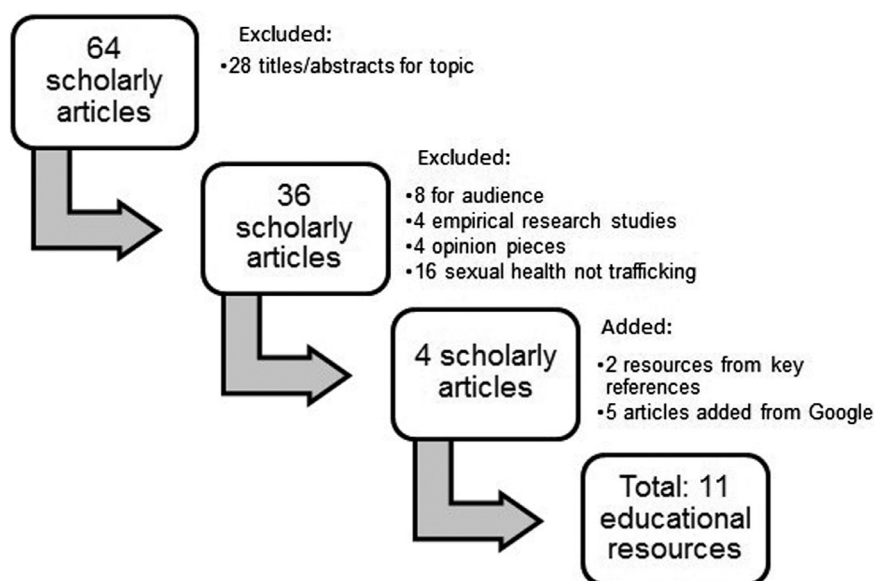
**Figure 1.** Results of the literature review.

Table 2. Review of Sex Trafficking Educational Material Content

Educational resource	Format	Intended audience	Trafficking definition and scope	Content themes						
				Identification	Health consequences	Treatment	Referral	Legal	Security	Prevention
#1: Educating preclerkship Canadian medical students about human trafficking (2016) ²²	Article	Preclerkship medical students	X	X	X	X	X			
#2: HEAL trafficking (2019) ¹⁷	Online webinars	Public	X					X		X
#3: Human trafficking identification and service provision in the medical and social service sectors (2016) ¹⁸	Article	Medical sector	X	X	X	X	X			
#4: Medical education on human trafficking (2015) ⁷	Article	Medical professionals and students	X	X	X	X	X	X		X
#5: Medical Student instruction on global human trafficking M-SIGHT (2014) ⁸	Multimodal module	All third-year students in Pediatric Clerkship at the University of Louisville School of Medicine	X	X	X	X	X			
#6: Reorienting orientation: introducing the social determinants of health to first-year medical students (2018) ²⁵	Case-based small group discussion	All first-year medical students at Baylor College of Medicine	X	X	X	X	X	X	X	
#7: Screening for human trafficking among homeless young adults (2019) ¹⁹	Article	Medical sector dealing with homeless adults	X	X				X		
#8: SOAR to health and wellness training (2018) ¹²	Online modules	Anyone interested in learning how to recognize and respond to human trafficking in health care or social service settings	X	X	X	X	X	X	X	X
#9: Taking up the mantle of human trafficking education: who should be responsible? (2017) ²⁰	Article	Medical educators and medical students	X	X	X	X				X

(continued on next page)

Table 2. Review of Sex Trafficking Educational Material Content (continued)

Educational resource	Format	Intended audience	Trafficking definition and scope	Identification	Health consequences	Content themes				
						Treatment	Referral	Legal	Security	Prevention
#10: Teaching human trafficking to third year medical students (2018) ^a	Conference abstract	Third year medical students	X	X	X				X	
#11: The use of standardized patients to increase Medical Student awareness of and confidence in screening for human trafficking (2018) ^{a,b}	Web-based module, standard patient encounter	All medical students at the University of Arizona College of Medicine during OB/GYN clerkship	X	X	X	X				

Note: X indicates this theme is included in the educational curricula.

^aWeiss AL, Kiluk V. Teaching human trafficking to 3rd year medical students [abstract S1]. *J Adolesc Health*. 2018;62(2 suppl 1):S28. OB/GYN, obstetrician-gynecologist.

Bohnert and colleagues²⁰ included a comprehensive list of examples in their text:

Physical symptoms include, but are not limited to, injuries from assault, insomnia, migraines, malnutrition, abdominal pain, chest pain, and respiratory difficulty. The psychological toll of trafficking includes posttraumatic stress disorder (PTSD), depression, shame, guilt, nightmares, flashbacks, and drug and alcohol addiction. Among reproductive complaints, the victims reported sexual violence, unwanted pregnancy, STIs, miscarriages, and forced abortions.

Eight resources discussed the treatment needs for victims. All 8 included information on the health consequences of trafficking victimization and provided screening tools for identification. Five of these 8 articles directly included or acknowledged trauma-informed care in their discussion, which incorporates “nonjudgmental language, privacy, and confidentiality to develop trust, with the understanding that traumatic events are often linked to overall health.”²⁰

Referral comments were usually mentioned after treatment considerations and often included a discussion of the complexities of multidisciplinary care coordination. Specific examples included mention of the National Human Trafficking Resource Center Hotline (1-888-373-7888), psychiatric care, community legal aid resources, child services, migrant and refugee shelters, local abuse shelters, and government housing and social services.^{20–22}

Legal considerations and safety concerns were discussed in less than half the articles. Articles that did discuss legal considerations focused primarily on federal human trafficking laws. Articles that included security as a topic discussed both patient and provider safety.

Less than half of the 11 resources discussed how to prevent human trafficking. One resource did describe the societal barriers in addressing trafficking in general, which include the demand for pervasive and inexpensive labor and commercial sex. These authors recommended a multilevel approach that involves survivors, clinicians, law makers, and other professionals to address advocacy, laws, and tougher sentencing for traffickers.²⁰

DISCUSSION

Limited published educational resources regarding sex trafficking exist for medical students. In the 11 resources identified, there was consistency across educational themes although the content, scope, and length varied greatly. Furthermore, no resources were identified that reviewed sex trafficking alone. Although many of the signs and symptoms of labor trafficking mirror those of sex trafficking, students interested in implementing a sex trafficking—only

curriculum will likely need to include a larger discussion of human (including labor and organ) trafficking should they use these published resources.^{1,4,19,22}

The greatest discrepancies found in the 11 resources existed in the legal and security categories. Considering that general human trafficking laws can vary widely by state, resources may have purposefully limited their discussion of legal implications in order to maintain relevance to a wider audience. Regardless, medical students should have a basic understanding of the legal ramifications of trafficking, including legal and civil remedies for victims, the differences between prostitution and sex trafficking, referral locations for victims for free legal counsel, criminal justice consequences for those charged with trafficking, and immigration policies regarding migrant or refugee victims of trafficking.

To illustrate an example, consider the Trafficking Victims Protection Act of 2000, which classified producers of child pornography as sex traffickers.²³ Awareness of this specific law helps provide context to medical students when taking a patient's medical history, in order to better assess the risks facing their pediatric patients and to report these more accurately to the concerned authorities. Furthermore, trafficking is often connected to other crimes, including assault, abuse, gang activity, drug operations, property crimes, organized criminal operations, and other violations of state, federal, and international law.²⁴

As for safety considerations, more information on how to identify and protect victims and address the potential concerns of patients is critical. Song et al.²⁵ reminds students that victims may not be ready to leave their current situation, whether because of fear, lack of trust, or relationships that may develop with their captors. Other victims may not identify themselves as victims in their current situation. Learners should also understand traffickers use a variety of methods to control their victims, such as forms of abuse, including verbal, financial, and physical, as well as threats of harm to their family or immigration status. This manipulation explains why victims may not leave after the first point of contact where the victimization is recognized. Similar to domestic violence in many ways, sex trafficking relationships show patterns of abuse that can be difficult to escape. However, by regularly and consistently identifying sex trafficking victims, offering relevant resources, and providing opportunities for relationship building through compassion and respect, medical students and other healthcare providers can increase the chances of victims leaving safely in the future.

The low number of results generated by the search is surprising, considering that sex trafficking has been a topic on the public health agenda for many years. It is also alarming that only 4 published resources were

developed and implemented as medical school curricula considering that there are 141 MD programs and 34 DO programs in the U.S. at present. The 4 resources that were aimed at medical students demonstrated a lack of consistency in the approach and timing of the educational materials. It is possible that additional schools have a formal curriculum but have not published these in the literature, and a search of the unpublished curricula is needed.

Building on the existing curriculum, a best practice model could be an option moving forward. Learning from the 4 specific curriculum included in this analysis is a good starting point. For example, the program by Song and colleagues²⁵ uses a case-based small group discussion. Their program introduces the concept of trafficking to medical students during their first-year orientation. The case involves a young female patient displaying many red flags of trafficking and accompanied by an aggressive "boyfriend." Students choose how to navigate this situation based on different prompts, and afterward a proctor provides education on trafficking and patient management.

The remaining 3 medical school resources use web-based independent learning modules to instruct students in later years of study. Mercer et al.²⁶ developed a program that students complete during their third-year obstetrics and gynecology clerkship. Afterward, students participate in a standardized patient encounter and receive individual and group feedback. The model used by Weiss and Kiluk (Weiss AL, Kiluk V. Teaching human trafficking to 3rd year medical students [abstract S1]. *J Adolesc Health*. 2018;62[2 suppl 1]:S28) applies similar methodology as Mercer and colleagues²⁶ but reverses the curriculum's order. Their intervention requires third-year medical students to complete and participate in a standardized patient encounter (unaware that it includes a teenager exhibiting numerous red flags for trafficking). The students then complete an online e-learning module about trafficking and reevaluate their own standardized patient encounter armed with new knowledge.

The final curriculum evaluated herein was named Medical Student Instruction In Global Human Trafficking (M-SIGHT) and created by Stoklosa et al.⁸ Their format is similar to the other 2 curricula that involve standardized patients. Students in their third-year pediatric clerkship practice history taking and a physical exam with a pediatric standardized patient that displays many warning signs. Afterward, an online learning module is administered, which focuses on knowledge acquisition. By 2017, a total of 2 other medical schools (the University of South Florida and Harvard University) formally adopted versions of the M-SIGHT curriculum into their undergraduate medical education.²⁷ This provides hope that other medical schools in the country will also

be willing to integrate trafficking education into their medical school curricula, especially if the proposed programs can be easily incorporated.

A viewpoint article published in JAMA Pediatrics in 2014 concluded that all the information a medical student or resident would need to know about trafficking could be efficiently delivered in a 1-hour lecture.¹¹ Only brief training events are necessary to significantly increase knowledge about trafficking for physicians.²⁸ A study conducted by Grace and colleagues²⁸ evaluated the effectiveness of a PowerPoint presented to emergency medicine physicians practicing in the San Francisco Bay Area. The presentation was delivered during departmental meetings or grand rounds in either a 25- or 60-minute format. A survey of knowledge pre- and post-intervention determined that the educational intervention, regardless of length, significantly improved a physician's ability to identify victims and intervene on their behalf. If only a basic introduction and understanding of trafficking would be sufficient for medical school learners, this method of a short and targeted didactic may be a method that could be implemented into already full medical school programs. However, research on the efficacy of this approach needs to be replicated in the medical school setting before it can be widely endorsed.

Standardized patient encounters have been proven to augment traditional didactic learning and provide students with the opportunities to practice skills, develop interpersonal skills, and receive direct feedback.^{29,30} Standardized encounters in trafficking education allow students to practice identifying red flags and interviewing reluctant or difficult patients.⁸ Although there are training costs for standardized patients, teaching sex trafficking by incorporating cases into standardized patient encounters may be an optimal format for many schools.

The strength of this research lies in its reproducibility and breadth. This is a unique project that gathers available published resources in 1 place with the purpose of disseminating information and compiling sources for medical student use.

Limitations

This study has several limitations to consider. One study limitation is that all the data are restricted to resources published about sex and human trafficking in print or online. Many trafficking educational efforts are led by student interest groups and chapters of professional organizations, such as the American Medical Women's Association and American Medical Student Association. A formal literature review fails to capture the activities of such extracurricular groups. Also, self-reported statistics and descriptions of programs were used, which are subject to recall bias. Although a thorough search was

conducted, it is possible that certain resources and references were missed and not included in the analysis. Second, there are additional databases that the search did not query, and additional search terms that were not included in the analysis. Finally, this research is limited to educational resources regarding sex trafficking and does not include a discussion of labor trafficking. A more comprehensive search could be conducted in the future.

CONCLUSIONS

Sex trafficking is a widespread public health concern, and there is wide consensus that education regarding trafficking should be included in the core curriculum for medical students. Based on this review, limited published educational resources exist to guide the best practice recommendations regarding the education of sex trafficking specific to medical students. A robust educational resource could include specific content themes and take a standardized approach to instructing medical students. Future research aimed at identifying informal, as well as the most effective, curricula for medical students is important. Consolidating and standardizing evidence-based curricular recommendations for medical students has the potential to close remaining educational gaps, thus allowing improved identification and treatment of those suffering from sex trafficking.

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