

## Why Our Program? Top 10 Reasons

### 1. *We are less expensive than "free" programs.*

For healthcare participants: "Nurse scheduling and staffing issues continue to afflict hospitals" (Becker's Hospital Review, 10/14/16). When your staff takes a 1-hour webinar/in-person seminar they will be required to be off the job to attend. This means you need to replace your unit nurse OR be short-staffed while they take this "free" training. Your staffing cost: \$63.28 (for 2 nurses) which doesn't include staff stress and frustration. We offer a more cost-effective, hassle and stress-free option.

Our program's unique calming and engaging format enables personnel to better retain the information while fending off second-hand trauma. Our program consists of 20, three-minute lessons. Each person decides when to watch the training. Each learner is tracked and you're provided a report to know who completed the training.

### 2. *We have proven results.*

Pre and Post Test results prove that attitudes and behaviors have changed. Avanoo (our technical eLearning platform partner) measures 3 things: 1) Engagement (who completes the program), 2) Interactions (reflections posted and support amongst colleagues), and 3) Benefits (actions pinned and completed, approval rating, self-reported growth). Administrators can access this information throughout the program and will receive a report upon program completion.

### 3. *We base our eLearning content on evidence-based research.*

We use 49 medical research sources as the basis for the 20 Healthcare lessons. For the First Responders eLearning, we used 65 research resources including 20 unique justice sources. Our eLearning platform is based on research in the areas of adult learning, neuroscience, music, and environmental psychology.

### 4. *We create communities of practice to engage your staff.*

After each lesson participants can share a Reflection or Action in a discussion forum (like FaceBook) which encourages interaction with colleagues. When an entire organization's personnel take the eLearning at the same time, there is anecdotal evidence that learners are more willing to cover for each other when someone is taking longer than usual with a potential victim. This program has the potential to increase teamwork, purpose, and accountability among staff.

### 5. *We provide a practical on-the-job tool for learners to use at work.*

A four-fold printable Learning Aid pdf is provided to assist participants in remembering the key points and action strategies.

**Continued >**

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**6.** *Our approach is trauma-informed and victim-centered.*

Our program is victim-centered, culturally-relevant, evidence-based, gender-sensitive, and trauma-informed. We base our W.A.R. formula on HT victims traumatized, abused state. We developed an approach and questions that compel victims to respond. We address the critical need to release the victim's shame which is the only way victims are likely to recognize their victimization and be set free. This training covers 4 labor and 16 sex trafficking as well as LGBT, boys, girls, men, and women victim stories.

**7.** *We use 20 victim stories to change what people think and how they behave in 3 minutes a day.*

Proof is in the statistical results and our participants feedback: Comment from April 2017 participant: "I am the Clinical Staff Educator for the Emergency Departments at Lakeland Regional Health. This education is effective because of the real-life examples given with each lesson. The lesson then goes on to talk about what to look for and how to talk to the victim so that they do not feel more shame and will begin to trust you. The videos also repeated the important info we need to say when we recognize or suspect HT. Love the soothing background music and beautiful calm scenery. The 3-minute daily videos give you time to digest what you have learned. Very effective. I will be using the Learning Aid for all staff in the ED, and any new staff starting in the ED from here on out. I have already looked at other situations that have come up in other classes I teach and saw the possibility they may have been dealing with a HT victim and have talked about the red flags. This touches so much more than just ED staff. It makes me look at situations in a different light. Things I see/hear on social media, missing children, TV news, etc. all make me think about the possibility that some of these people are being trafficked."

**8.** *You can earn 1.5 Continuing Education (1.0 CME I) credits upon program completion.*

Please see our website for more information.

**9.** *We meet state and federal mandated standards.*

Our Pre and Post Test Survey questions are built upon the mandated standards.

**10.** *Our program content and evaluation criteria is state of the art.*

Hanni Stoklosa and her colleagues wrote a 2017 research article: Training US health care professionals on human trafficking: where do we go from here? identifying the lack of consistent content in HT training and little if any evaluation of the training. Our program addresses and incorporates most of Stoklosa's recommendations (except for organ trafficking). We developed evaluation metrics specific to HT training such that changes in knowledge, attitude, and practice outcomes can be reliably and reproducibly measured.

Our Fall 2017 pilot program will include 1,000 participants to demonstrate the effectiveness of our program content and evaluation criteria. Researchers have been engaged to write an outcome-based research paper on our program and evaluation criteria. The research will be submitted to national journals. [JOIN US](#)