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Hidden in Plain Sight, Assessing Healthcare Provider Confidence in Identifying Human Trafficking in Their Patient Populations

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HIDDEN IN PLAIN SIGHT, ASSESSING HEALTHCARE PROVIDER CONFIDENCE IN IDENTIFYING HUMAN TRAFFICKING IN THEIR PATIENT POPULATIONS

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Mississippi University for Women, 2023

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Abstract

Healthcare providers unknowingly interact with patients involved in human trafficking. A literature review supports the presence of trafficked persons in the United States, the prevalence of their use of the healthcare system, and the lack of human trafficking knowledge among healthcare providers. A combination of high-risk behaviors, physical injuries, and mental offenses associated with human trafficking causes injuries, as well as mental and physical healthcare needs. Healthcare professionals are in a unique position to identify, intervene, and support the complex mental and physical healthcare needs of trafficked persons. However, this population of patients remains unrecognized by healthcare professionals. This practice improvement project investigated healthcare provider confidence in identifying human trafficking among their patients and their knowledge of resources available to them. The researcher used a quasi-experimental, pretest-posttest design. Fourteen (n=14) research participants in northeast Mississippi were given a pretest, a web-based educational session, and a posttest one month after the education. A paired samples t-test was used to statistically analyze the paired pretest and posttest results. The data analysis revealed a statistically significant increase in confidence in identifying common risk factors ($p < .001$), physical exam findings

consistently found in human trafficking survivors ($p < .001$), and an increase in available resources to them ($p < .001$). Given the significant results from the data analysis, the research project answered the clinical question and supported the use of a short, web-based educational intervention to increase knowledge and confidence of healthcare providers in identifying trafficked persons.

DEDICATION

I dedicate this project to my family who has been unwavering in their love, support, and patience as I pursue my goals. To my children, Michael, Michelle, and Matthew, you have been passengers on this nontraditional journey of mine! Thank you for your patience with me as I pursue my dreams. I hope my example will challenge you to never give up or accept limitations on your own dreams! To my mother, thank you for always being there when I need to talk, pushing me to finish what I start, and instilling in me a strong work ethic. To my brothers, Scott and David, thank you for always being my biggest fans and willing to drop everything to help me when I need it. To Eric, you have been patient, loving, and encouraging through two of the most challenging degrees I have pursued. You have always supported all my ambitions without question. Thank you for being the man you are. I could not have done this without you. To my fellow DNP classmates, I cannot imagine taking this journey with anyone else. It has been tough, but we have pushed and challenged each other toward the finish line. You are all amazing and I will forever cherish you as friends and colleagues.

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Introduction to the Problem

Human Trafficking is a global humanitarian concern depriving millions of their freedom and their health. The International Labor Organization reports an estimated 28 million individuals fall victim to human trafficking worldwide (International Labour Organization, 2022). Often misconstrued as a crisis that only occurs in other countries, the United States has become a highly sought-after location promising billions in illegal revenues to traffickers. Data supports its presence in all 50 states and impact on all cultures, races, genders, ages, and socioeconomic groups (Polaris, 2022). Human trafficking threatens national security by virtue of human smuggling, floods the free market with illegal revenues, and is an offense to commonly held human values. Trafficked persons remain hidden in plain sight while their abuses are inflicted without detection or intervention.

The Human Trafficking Protection Act of 2000 (TVPA) is a federal law that prohibits human trafficking in the United States. The TVPA succinctly defines human trafficking distinguishing it from human smuggling and other forms of sex work and provides laws to protect trafficked persons. The legislation defines human trafficking as the exploitation of an adult or a child by forcing, defrauding, or coercing them to perform a job or commercial sex act for the profit of another person. A commercial sex act performed with a minor does not require the use of force, fraud, or coercion. Therefore, anyone under the age of eighteen

performing a commercial sex act, is considered a trafficked person (Victims of Trafficking and Violence Protection Act, 2000).

The National Human Trafficking Hotline is a reporting agency operated by Polaris Project, a non-profit organization. Data from the National Human Trafficking Hotline is frequently analyzed to identify trafficking trends and support the prevalence of human trafficking in the United States. The most current data from 2020 indicates 51,667 contacts were made with the hotline and 10,583 human trafficking cases were identified. Sex trafficking of foreign-born, adult females continues to be the most prevalent form of trafficking, but males, minors, and US born citizens are also identified in the data. Commonly reported avenues for commercial sex trafficking are pornography, illicit massage parlors or spas, hotel and residence-based operations, and web-based advertisements. Labor trafficking is also present in the United States but less prevalent in the reported data. The most commonly reported avenues for labor trafficking are domestic work, agriculture, construction, retail, food service, illicit activity, and traveling sales or work crews (Polaris, 2022).

Certain risk factors can predispose individuals to human trafficking. Economic hardship, unstable housing, substance use or abuse, homelessness, and mental health concerns are the most common risk factors found in trafficked persons. Through predatory behaviors, human traffickers use those vulnerabilities to entice, coerce, and deceive individuals into a trafficking situation. However, the most common recruitment tactic used in both labor and sex trafficking is recruitment by a family member or an intimate partner. Frequently, trafficked persons know and trust their trafficker (SOAR Online, n.d.).

Significance of the Problem

Human trafficking is a hidden crime in the United States affecting our most marginalized and vulnerable populations. The traumatic nature of human trafficking substantially impacts the mental and physical health of its victims making it a public health crisis. Mental and physical abuses typically encountered by trafficked persons affect the lifetime health of that person. Survivors of human trafficking report suicidal ideation, depression, anxiety, post-traumatic stress disorder, injuries from physical or sexual abuse, frequent STIs, HIV, pregnancy, and long-term reproductive health difficulties (Hopper & Gonzales, 2018; Le et al., 2018). Overall, trafficked persons experience poor lifetime health and are at risk for developing comorbid conditions that exist long after the trafficking experience.

Trauma and high-risk behaviors associated with human trafficking cause injuries and medical needs that put healthcare professionals in a pivotal position to identify and intervene on behalf of trafficked persons. Research with human trafficking survivors supports their need for healthcare, their desire for healthcare, and the act of seeking healthcare services at least once while being trafficked (Chisolm-Straker et al., 2016; Ertl et al., 2020; Richie-Zavaleta et at., 2019). However, this population of patients remains unrecognized by healthcare professionals. Human trafficking, at baseline, goes unnoticed because of its covert nature, but it can be overlooked clinically during a medical emergency or potentially misidentified as abuse, assault, interpersonal violence, or sex work (Long & Dowdell, 2018; Stoklosa et al., 2020). If trafficked persons are not identified, assessed, and referred to appropriate agencies, healthcare providers are not effectively intervening or addressing the complex health needs of this patient population.

Purpose of the Project

The purpose of this research was to add to the current body of evidence on the intersection of human trafficking and healthcare. More specifically, the research explored the impact of a survivor-informed, evidence-based educational module on healthcare provider confidence in identifying risk factors for human trafficking, identifying commonly found physical exam findings in trafficked persons, and available resources for this population. At the conclusion of the research, this project intended to answer the proposed research question.

Problem Statement

Patients involved in human trafficking usually do not self-identify or disclose their experiences. Therefore, a working knowledge of the red flags and health indicators for human trafficking is necessary for healthcare providers to identify and effectively administer care to this vulnerable population. Trafficked persons have complex mental and physical healthcare needs resulting from traumatic experiences and require a trauma-informed approach to address their needs (Chisolm-Straker et al., 2020; Stoklosa et al., 2020). A trauma-informed approach focuses on providing a judgment-free, patient-focused, safe space for patient care (SOAR Online, 2018.). When healthcare providers consider the effects of trauma on the patient and adjust their healthcare delivery accordingly, it empowers the patient and respects their autonomy, which is something most trafficked persons have been denied.

Recommendations for standardized human trafficking training of all healthcare personnel were consistently found across the human trafficking literature (McAmis et al.,

2022; Pederson & Gerassi, 2021, Richie-Zavaleta et al., 2019). Likewise, many medical accrediting bodies and professional organizations advocate for training in the workplace and promote introduction of human trafficking education into healthcare curricula and medical residency programs (American College of Emergency Physicians, 2020; American Association of Family Physicians, 2022; The American College of Obstetricians and Gynecologists, 2019).

Despite the push for more human trafficking education, healthcare professionals consistently report a lack of human trafficking knowledge that impacts their ability to identify its victims. Commonly reported barriers to identification include lack of awareness and training in the indicators of human trafficking, stereotypical depictions of trafficking victims, self-reported lack of confidence in trafficking knowledge, and insufficient knowledge of referral services available (Long & Dowdell, 2018; Recknor et al., 2017, Richie-Zavaleta et al., 2019). Addressing these barriers equips healthcare providers with knowledge that leads to recognition of trafficked persons. More importantly, this knowledge leads to behavioral changes in the way healthcare is delivered to this underserved population. Recognizing the traumatic nature of human trafficking and tailoring healthcare delivery to accommodate that trauma addresses the multiple mental, physical, and spiritual needs of trafficked persons. Appropriately administered healthcare and referral can positively impact the mental and physical health of trafficked persons.

Measurable Goals and Objectives

The educational objectives for this research project included increasing provider confidence in recognizing risk factors for human trafficking, educating them on commonly reported mental and physical exam findings in trafficked persons, and equipping them with reporting and referral resources. The goal of the research was to produce self-efficacy in healthcare providers resulting in increased levels of confidence in identifying and providing appropriate healthcare to human trafficking patients. Participants self-reported their baseline confidence and knowledge as well as any perceived improvement in the variables of interest.

Research Question

The research explored relationships between healthcare provider confidence in human trafficking risk factors, health indicators, and available resources and an educational program. The PICOT (population, intervention, control, outcome, time) question was, “Does an educational program increase healthcare provider confidence in identifying human trafficking in their patient populations?”

Definition of Terms

Several terms used in the PICOT question and within the research project were defined for clarification and operationalized for measurement. The definitions provided were developed within the context of the research project by the researcher.

Human Trafficking refers to the exploitation of an adult or a child by forcing, defrauding, or coercing them to perform a job or commercial sex act for the profit of another person. Anyone under the age of eighteen performing a commercial sex act, is a trafficked

person (Victims of Trafficking and Violence Protection Act, 2000). Therefore, a **trafficked person** refers to a person who is actively or has been involved in human trafficking. The measurement of human trafficking relies on the disclosure of the occurrence by a trafficked person.

A **healthcare provider** is a licensed individual who administers interventions or care for the purpose of improving health. The targeted healthcare providers for the research were medical professionals holding a license to practice in the state of Mississippi. Targeted healthcare providers were nurses and nurse practitioners who actively practice in Mississippi. Participants self-reported their profession and their years of experience.

Confidence is a self-assuring feeling in one's abilities. Confidence was self-reported by each healthcare provider based on a self-assessment of their knowledge and abilities to identify human trafficking. Confidence was the primary research term of interest. Any reported measurement of confidence was based solely on the participants reflection and feelings of self-efficacy regarding human trafficking identification.

Patient populations were defined as specific groups of people that seek medical treatment at a healthcare site. Each healthcare provider was asked to consider their specific clinical sites and patients in relation to the clinical question. Research participants self-reported if they lacked or gained knowledge or increased their confidence regarding human trafficking when administering healthcare to their specific group of patients.

The **educational program** was how the body of knowledge was delivered to participants. The education provided in this project was web-based and included information on prevalence of human trafficking, commonly found risk factors and health indicators of trafficking, and resources available for reporting and referral. A complete outline of the educational component can be found in Appendix D. Attained knowledge or knowledge deficit was self-reported by the participants. The participants also reported any prior **human trafficking training** which referred to any educational component of secondary education, occupational training, or self-study experienced by the participant.

Literature Review

A literature review served to undergird and lay a foundation of evidence for the research project. Research studies from peer reviewed, scholarly journals from January 1, 2016, to December 31, 2022, were used to explore the intersection between healthcare providers and human trafficking victims. The Mississippi University for Women library EBSCO discovery search feature was used to identify pertinent articles using the keywords human trafficking, sex trafficking, labor trafficking, healthcare provider, nursing, physician, health implications, and educational intervention. Research studies were evaluated for relevance then considered individually for their strength and content as it relates to the PICOT question. A literature matrix graphically representing the search can be found in Appendix B.

Existing research showed evidence of the intersection of human trafficking and healthcare in the United States. Human trafficking survivors validated the underlying need for healthcare and their desire to seek it. Chisolm-Straker et al. (2016) studied 173

adult trafficking survivors and found that 68% of them sought healthcare at least once during their trafficking experience. The most commonly reported clinical locations were emergency departments (55.6%), primary care provider offices (44.4%), dental offices (26.5%), or obstetrics and gynecology offices (25.6%). Common health complaints reported during the visit were physical abuse (66%), self-diagnosed depression (65%), headache (45%), and back pain (42%). Trafficked persons that were identified during a healthcare visit reported the use of a safety screening question by the healthcare provider. The most sensitive questions were about their living situation (84%), and their work (84%).

A study with thirty-nine adolescent human trafficking survivors reported 90% of them presented to a health care system within the first five years of their sex trafficking experience. A chart review of these cases revealed less than half of the patients had a documented physician concern for sex trafficking. Significant risk factors for sex trafficking included frequent runaways (82%), history of mental health diagnosis (79%), history of child protective services involvement (49%), and history of psychiatric hospitalization (46%). Researchers identified a high prevalence of sexual assault (62%), sexually transmitted infections (38%), pregnancy (21%), and pelvic inflammatory disease (13%). Patient encounters occurred first in emergency departments (57%) followed by primary care clinics (18%), and subspecialty clinics (16%). Chief complaints were psychiatric (21%), physical injury (18%), genitourinary, sexual assault, head, ear, eye, nose, throat (HEENT) (10%) (Ertl et al., 2020).

Mental health is significantly impacted by both sex and labor trafficking. Data from psychological evaluations with 131 adult trafficking survivors revealed the presence

of pre-trafficking trauma exposure. Pre-existing physical abuse (33%), sexual abuse (25%), and psychological abuse (22%) were present among both sex and labor trafficking survivors. Labor trafficking survivors (28%) additionally reported sexual violence while being labor trafficked. Physical assaults were more prevalent among sex trafficked persons (70%). Elevated levels of depression (71%), post-traumatic stress disorder (61%), and complex post-traumatic stress disorder (86%) were found in both labor and sex trafficking survivors (Hopper & Gonzalez, 2018).

A mixed methods study by Richie-Zavaleta et al. (2020) strengthened prior research that trafficked persons present to emergency departments (76.2%), community clinics (71.4%), urgent care (28.6%), and mental health clinics (23.8%). The twenty-one sex trafficking survivors in this study identified the most common reasons for seeking health care were sexual or reproductive health concerns (81%), physical injuries (57.1%), mental health or substance abuse emergencies (47.6%), and chronic health conditions (28.6%). Interesting data gleaned from the qualitative portion of the study revealed barriers to trafficked persons seeking healthcare. Survivors stated they did not seek healthcare due to lack of insurance or not knowing where to go to be treated. Extraneous factors hindering survivors from obtaining healthcare were related to working long hours (76.2%), being physically prohibited from seeking care (61.9%), and constantly moving from city to city (57.1%). The participants exhibited low trust in health care providers overall with only one-third of the participants disclosing their victimization to a health care provider (38.1%). Two main reasons preventing their disclosure were shame or embarrassment (52.4%) and lack of a provider asking any screening questions (47.6%).

Trafficked persons do not commonly disclose their victimization to a healthcare provider based on a prior negative clinical experience. Chisolm-Straker et al. (2020) found that survivors reported re-traumatization from inappropriate physical exams, breaches of confidentiality, treating the symptom and not the underlying problem, and health care provider disbelief. The initial reasons for a healthcare visit were headaches (27%), contraception needs (27%), sexually transmitted infections (24%), broken bones (15%), abortions (15%), abdominal pain (15%), lacerations (15%), dental fractures (12%), and urinary tract infections (12%). Reasons for seeking mental health care included suicide attempts or depression (55%), anxiety (48%), and PTSD (30%). Survivors in the study indicated that homelessness and joblessness were the leading causes for getting involved in human trafficking. Others reported basic survival needs, food, and shelter. Significant health concerns present in the participants were suicidal ideation (62%), attempted suicide (34%), and self-harming behaviors (48%).

Stoklosa et al. (2020) undertook a qualitative study with thirty multidisciplinary experts in human trafficking that gathered the published evidence into a list of recommendations for the healthcare community. Clinically, they recommended that healthcare organizations develop a highly trained multidisciplinary team reinforced by organizational policies, procedures, and protocols to accommodate the time and resources trafficked persons require. They supported training on recognizable patterns or red flags, trauma informed care, security protocols, provider bias and judgment training, and reporting protocols. The experts suggested that providers be non-judgmental, compassionate, open, and consistent listeners.

A scoping review of literature by Shadowen et al. (2021) revealed seventeen articles describing the results of educational interventions for human trafficking on emergency department providers. The researcher points out that trafficking victims present to emergency departments because it is the one place where they do not need insurance or identification to receive medical services. Results consistently found a low pre-intervention knowledge and confidence level with significant increase in post intervention knowledge and confidence. Shadowen et al. recommend all-inclusive, comprehensive training for all emergency department staff.

Fraley et al. (2020) also performed a literature review of healthcare provider educational interventions focusing on trafficked youths. A review of seven studies revealed a low awareness of trafficking and presence of negative attitudes towards victims. These studies also used a pretest and posttest survey methodology. The posttests were administered on day one, day three, and three months post intervention. All revealed increased knowledge and confidence in human trafficking. One article in the literature review revealed promising results from a 25-minute educational session versus a longer 60-minute session.

The literature review supported the prevalence of trafficked patients in our healthcare settings. Physical and emotional trauma associated with trafficking predicates a need for medical care. Trafficked survivors reported barriers to seeking health care, self-identification, and reporting their abuses to medical professionals. Additionally, barriers to identification exist within the healthcare community. Educational interventions with healthcare providers resulted in increased awareness and knowledge of human

trafficking indicators revealing a continued need for further research. These findings from the literature review supported the current study.

Theoretical Framework

Providing healthcare and interventions to trafficked individuals can be challenging and complex. Research reveals trafficked victims undergo traumatic physical, sexual, and mental abuses. A trauma-informed response recognizes this trauma and seeks to treat the whole patient without retraumatizing the victim or projecting judgmental feelings (Stoklosa et al., 2020). Survivor informed recommendations for health care education include identifiable red flags, but also emphasize the need for compassion, advocacy, respect, trust, patience, gentleness, sensitivity, safety, and a non-judgmental attitude (Chisolm-Straker et al., 2020).

Therefore, the theoretical framework used to undergird this research is Jean Watson's Philosophy and Theory of Transpersonal Caring. Her theory focuses on a person holistically considering the body, mind, and spirit as one. Watson calls for caring, consciousness, intentionality, and caring-healing practices. She emphasizes authenticity and the connectedness between people. Her theory focuses on caring versus curing. She refers to her theory as carative, emphasizing the caring processes of nursing instead of curative, which pertains to the curing processes of medicine. (Alligood, 2018).

Watson developed the major concepts of her theory into ten caritive factors and processes which have a spiritual component and undeniable theme of love and caring. These processes focus on extending oneself unselfishly and altruistically, building the provider-patient relationship, and accepting the positive and negative feelings that

emerge from this relationship. Three of her caritive factors in particular, (a) the formation of a humanistic-altruistic system of values, (b) instillation of faith-hope, and (c) development of a helping-trusting, human caring relationship are useful in advanced nursing practice when considering human trauma, victimization, and abuses (Alligood, 2018). By using Watson's theory, healthcare providers can accept a trafficked person holistically understanding the physical, mental, and emotional impacts on health and can alter the provision of care appropriately.

Methodology

The purpose of the practice improvement project was to assess healthcare provider confidence in their ability to identify patients who may be involved in human trafficking. The goal of the project was to answer the PICOT question. The research project involved human subjects; therefore, university institutional review board approval was sought. The research is a quality improvement project; therefore, exempt status was granted (Appendix A).

The project was developed as a one-group, pretest-posttest, quasi-experimental design. No control group was used. Healthcare provider confidence in their ability to recognize risk factors for human trafficking, ability to recognize physical exam findings of trafficked patients, and knowledge of resources available for trafficked persons was assessed prior to an intervention and reassessed one month after the intervention. The pretest and posttest were both developed and disseminated in the Qualtrics software platform. The educational intervention was a survivor-informed, evidence-based video developed in PowerPoint and disseminated via YouTube.

Study Location, Participants, and Inclusion Criteria

The research study occurred in Mississippi. All subjects were located in the northern half of the state. Participants were chosen by a non-randomized, convenience sample. Subjects were recruited by social media messaging and by in person recruitment using a paper print out of the social media messaging. Criteria for participation in the study included being a state licensed, actively practicing medical professional. The study design included a goal of 50 participants.

Project Timeline

The research project started in August 2021 with exploring topics of interest, developing a project design, and performing a literature review. The project was initiated in September 2022 with participant recruitment and disbursement of the pretest and web-based educational material. Posttests were disseminated approximately one month after the pretest in early November 2022. The surveys on the Qualtrics platform were disabled in December 2022 signifying the end of the data collection. The data analysis and documentation of findings were completed in April 2023.

Procedures

During the recruitment process, subjects self-selected to participate in the study by providing the researcher with an email address that was used to disseminate the project materials. The emails sent to participants included a QR code and a hyperlink to an online pretest. The pretest began with an informed consent question prior to proceeding with the project. This was a hard stop question. A “yes” answer took the participant to the pre-test. A “no” response took them to the end of the survey and

thereby served as their withdrawal from the research. A unique personal identifier was developed by the participant to correlate pretest and posttest results for the purposes of statistical analysis. Participants were asked to use their two-digit date of birth and the first two letters of their mother's maiden name to develop the identifier. They were given an example to guide the development of their personal identifier.

Instruments

Both the pretest and posttest were developed in the Qualtrics software platform. The anonymous responses were recorded within the secure Qualtrics servers. The pretest consisted of fifteen questions. Demographic information was gathered that included gender, healthcare occupation, primary area of practice, and years of healthcare experience. Information gathered regarding human trafficking included familiarity with the term human trafficking, estimation of world-wide prevalence, opinion of its presence locally, and the subjects self-reported confidence in recognizing risk factors, physical exam findings, reporting criteria, and knowledge of available resources for human trafficking victims. A copy of the pretest can be found in Appendix C.

Upon completion of the pre-test, subjects used a second hyperlink or QR code to watch a web-based educational video given by the researcher via YouTube. An outline of the educational topics can be found in Appendix D. The video was 23 minutes long and included information on the types of human trafficking, methods of recruitment, risk factors, vulnerable populations, mental and physical exam findings, and resource materials. The educational session was developed using an evidence-based, survivor-informed, patient-focused approach. Guidelines for the development of the educational

video were taken from recommendations found in the literature review and critiqued using an assessment tool developed by the Laboratory to Combat Human Trafficking and HEAL (Health, Education, Advocacy, Linkage) Trafficking for content (Miller et al., 2018; Miller et al., 2019). Permission to use this tool is found in Appendix F. At the conclusion of the educational video, participants were given an online list of available state and national resources for patients involved in human trafficking. Additionally, links to optional online training modules were made available for those who wanted to learn more about human trafficking.

Participants were instructed to take the knowledge they gained from the educational session and apply it to daily practice by evaluating their patients through a human trafficking lens. Approximately one month after the start of the project, participants received another email with a hyperlink and QR code to the post-test. This seven-question posttest captured the same unique personal identifier of the participant to pair pretest and posttest choices. Participants were reassessed with this instrument to measure any change in their reported pretest and posttest choices.

Evaluation Methods

At the conclusion of the project, data from the surveys was exported from the Qualtrics software platform and imported into IBM's Statistical Package for the Social Sciences (SPSS©). The data was evaluated for any errors, duplicate information, or missing values. No errors were identified, but missing values or incomplete data were found and then removed from the dataset prior to analysis.

Fifty participants self-selected to participate in the study. Thirty-one participants started the pretest with only twenty-six completing the pretest. No identifiable information was available for those who viewed the YouTube video; therefore, it is unknown how many participants completed the educational component. The posttest was emailed to the fifty initial participants. Twenty participants started the posttest but only 14 participants completed the pretest and posttest. Several participants started the posttest and did not complete it and others completed the posttest but did not use their personal identifier therefore the results could not be paired. The total number of participants who completed the pretest, education, and posttest was 14 (N = 14).

Results

Participant Demographics

The participants were primarily comprised of female nurses (n = 13, 92.9%). Fifty percent (n = 7) of the nurses were advanced practitioners and 42.9% (n = 6) were registered nurses. Primary areas of medical practice were the emergency department (n = 8, 57.1%), primary care clinics (n = 3, 21.4%), and urgent care clinics (n = 2, 14.3%). One participant practiced in a women's health clinic. Complete demographic data can be found in Table 1. The average age of the participants was 39.43 years (n = 14, M = 39.43, SD = 10.6). The average years of experience were 10 (n = 14, M = 10, SD = 9.2). Two (14.3%) of the participants reported a prior human trafficking training while ten (71.4%) had no prior training. Two (14.3%) nurses were unsure if they had a prior human trafficking training.

Table 1

Demographic Information

Variable	Response	n	%
What is your gender?	Male	1	7.1
	Female	13	92.9
	Non-Binary		
What is your licensed healthcare profession?	LPN	1	7.1
	RN	6	42.9
	APRN	7	50.0
	Physician		
What is your primary area of healthcare?	Urgent Care	2	14.3
	Emergency Department	8	57.1
	Primary Care	3	21.4
	*Other	1	7.1

*One participant practiced in a women's health clinic

Pretest and Posttest Comparisons

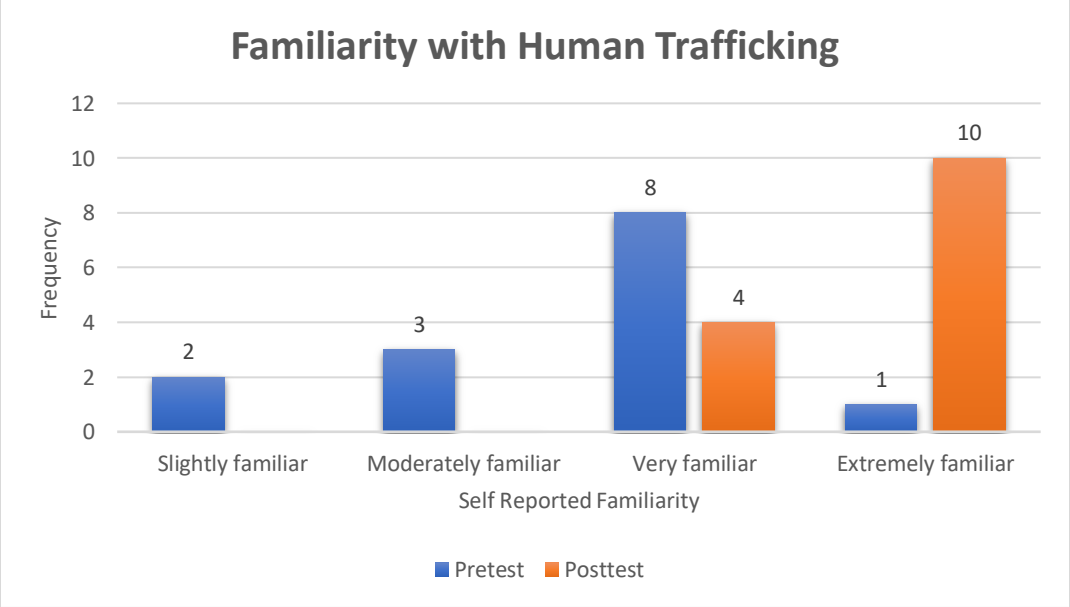
Using the unique personal identifier, the posttest results were paired with corresponding pretest results and compared using the Statistical Package for the Social Sciences (SPSS©). Observations were made regarding healthcare provider familiarity, comfort, and any prior suspicions related to human trafficking. Statistical analysis was only performed on the data directly related to the clinical question including healthcare provider confidence in identifying risk factors for human trafficking, physical exam findings in trafficked persons, and available resources for this population.

Familiarity with Human Trafficking

As previously reported, the majority of the participants had no prior human trafficking training. However, when participants were asked if they felt they were familiar with human trafficking, the pretest data revealed most of the research subjects felt very familiar with human trafficking (n = 8, 57%). One participant (7.1%) felt extremely familiar with human trafficking. In the posttest, participants were asked if they felt more familiar with human trafficking after viewing the educational video. Figure 1 compares the pretest responses with the posttest responses. Posttest familiarity was improved with 71% (n = 10) of the subjects being extremely familiar with human trafficking and the remaining 28% (n = 4) reporting they were very familiar.

Figure 1

Bar Chart comparison of Pretest and Posttest Data of Human Trafficking Familiarity

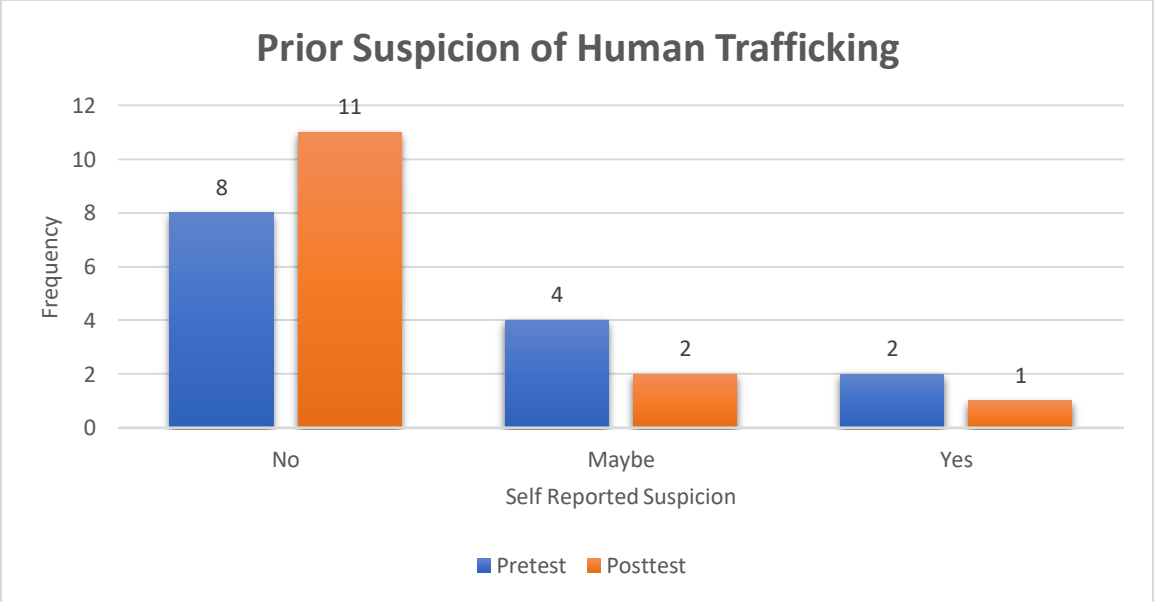


Suspicion of Human Trafficking

Participants were asked if they ever suspected one of their patients was involved in human trafficking. The pretest results revealed that 57.1% (n = 8) of the subjects never had a prior suspicion. Twenty eight percent (n = 4) reported uncertainty of a prior suspicion, while two (14.3%) reported they definitely had a prior suspicion of human trafficking. Posttest results remain consistent with the pretest data revealing that most of the participants (n = 11, 79%) still did not distinguish human trafficking among their patients after completing the educational video. Figure 2 is a representation of the pretest and posttest responses.

Figure 2

Bar Chart Comparison of Pretest and Posttest Data for Prior Suspicion of Human Trafficking

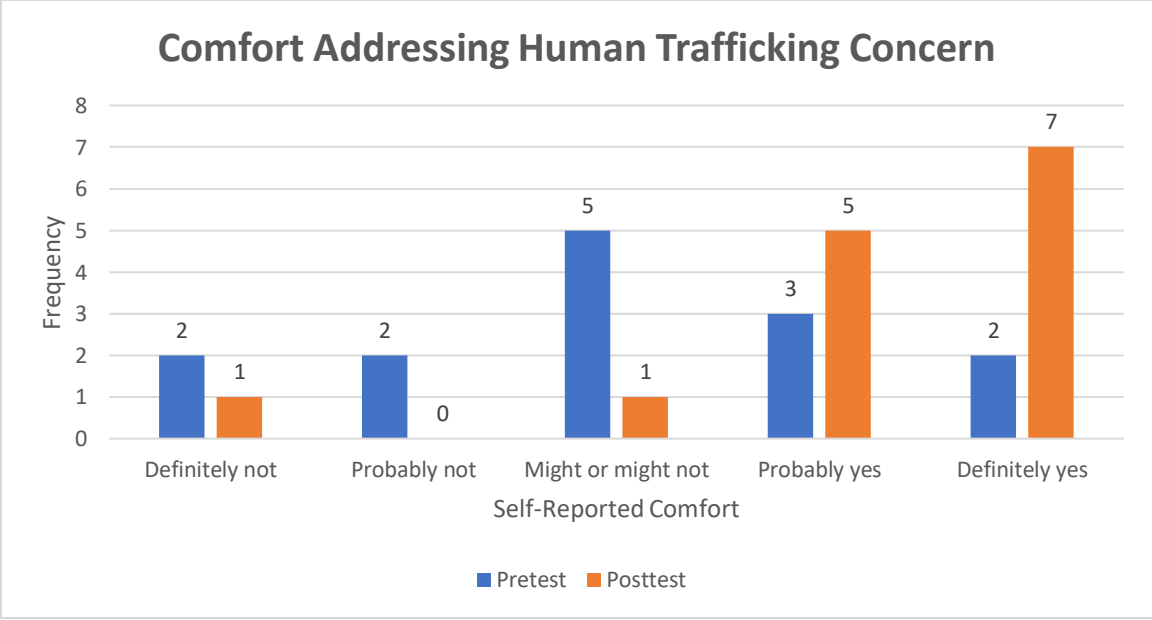


Comfort in Addressing a Human Trafficking Concern with a Patient

Prior to the educational video, participants reported they were not comfortable addressing a trafficking concern with a patient. Sixty-four percent (n = 9) reported indifference or discomfort while 35.7% (n = 5) felt they could comfortably address the concern. After the educational video, more healthcare providers (n = 12, 85.7%) felt comfortable addressing a human trafficking concern with a patient. Figure 3 represents these findings.

Figure 3

Bar Chart Comparison of Pretest and Posttest Data for Human Trafficking Comfort

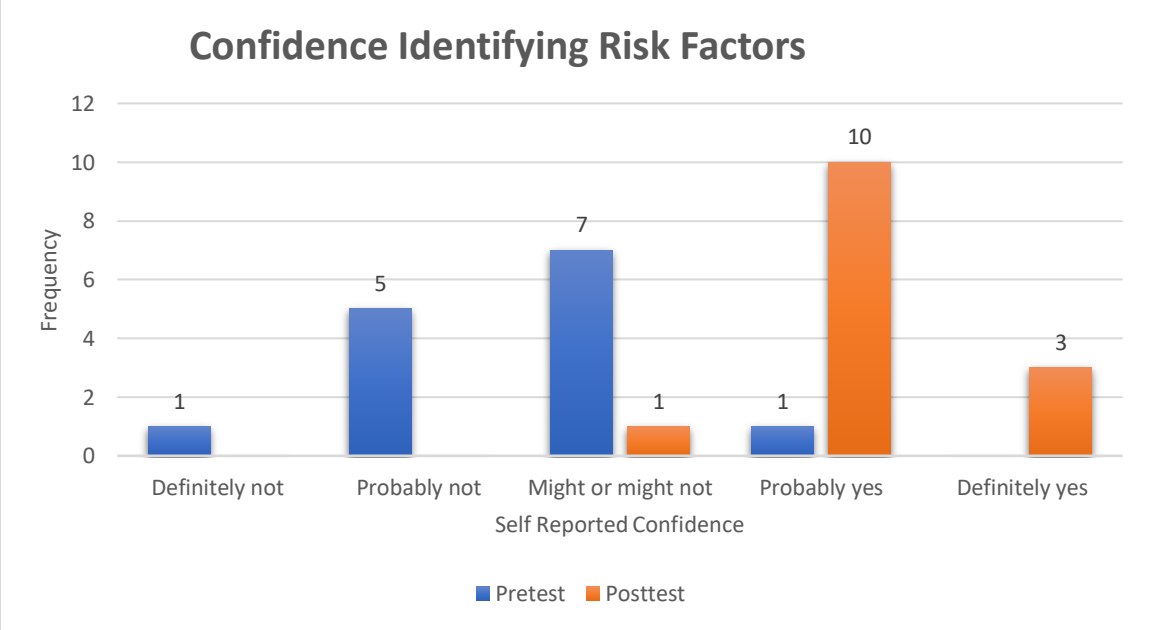


Confidence in Identifying Risk Factors for Human Trafficking

Research subjects were questioned about their self-reported confidence in identifying predisposing risk factors for human trafficking. One participant (7.1%) stated they could probably identify commonly found risk factors in trafficked persons while the remaining 13 (92.9%) were unsure. After the educational video, more participants (n = 10, 71%) felt they probably could identify common risk factors and three (21%) felt they definitely could**.** Figure 4 represents the pretest and posttest responses.

Figure 4

Bar Chart Comparison of Pretest and Posttest Data for Confidence in Identifying Risk Factors

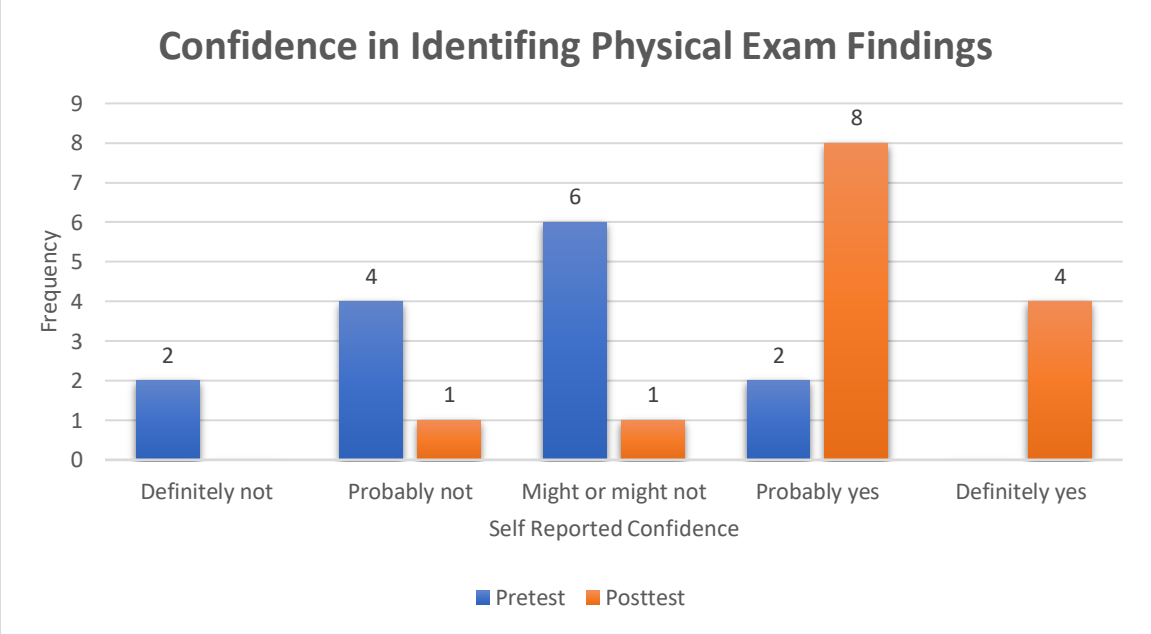


Confidence in Ability to Identify Physical Exam Findings

Healthcare providers' confidence in identifying common physical exam findings in trafficked persons was also low. Two (14.3%) participants felt they probably could identify physical exam findings and 12 (85.7%) felt they could not. After the educational video, reported confidence increased to 71.4% (n = 10) of the participants stating they probably could identify physical exam findings and 21.4% (n = 3) were certain they could. Figure 5 represents these results.

Figure 5

Bar Chart Comparison of Pretest and Posttest Data for Confidence in Identifying Physical Exam Findings.

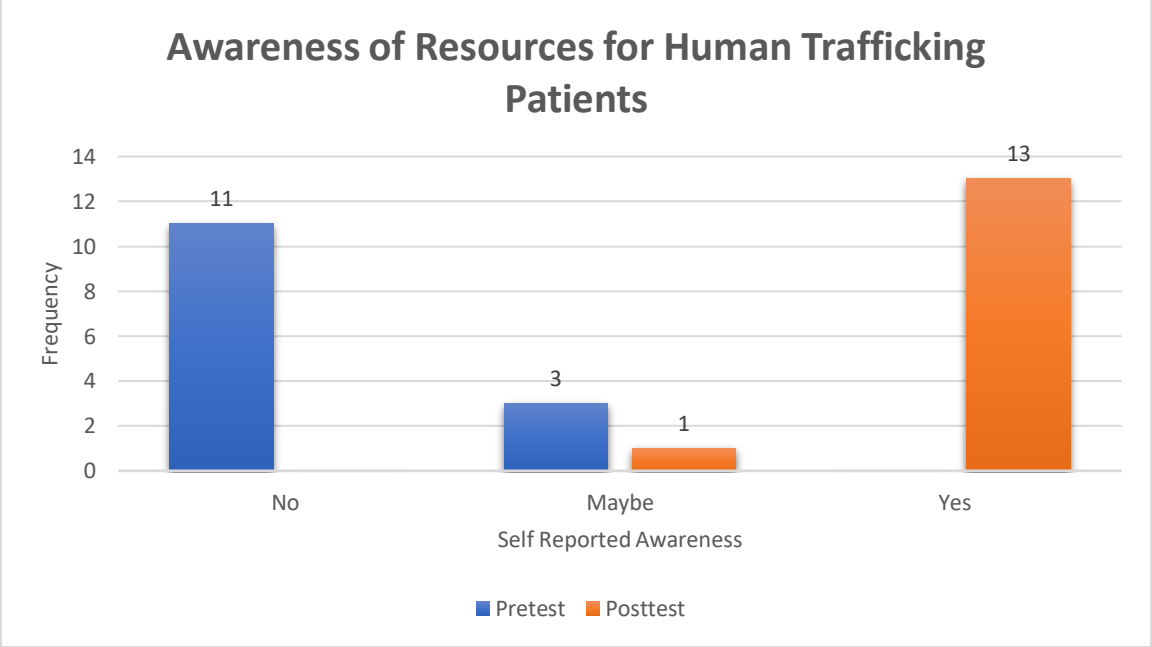


Awareness of Human Trafficking Resources

The research participants were asked if they were aware of resources available for human trafficking patients. Prior to the training, none of the subjects reported definite awareness of available resources. After the education, participants reported an increase in awareness of resources available to human trafficking patients (n = 13, 93%). Figure 6 depicts a comparison of the pretest and posttest responses.

Figure 6

Bar Chart Comparison of Pretest and Posttest Data for Awareness of Resources.



Data Analysis

To answer the clinical question, the data regarding confidence in identifying human trafficking risk factors, physical exam findings and resources available to trafficked persons were statistically analyzed. A paired samples t-test was used to identify any significant differences in the mean between the paired pretest and posttest groups. While causation cannot be determined based on this analysis, a statistically significant difference can suggest a correlation or association between the variables being analyzed.

The first paired analysis explored whether healthcare providers experienced an increase in confidence in their ability to identify commonly found risk factors for human trafficking after watching the educational video. The mean posttest score (n = 14, M = 4.14, SD = .54) showed an increase in healthcare provider confidence after watching the educational video as compared to the mean pretest score (n = 14, M = 2.57, SD = .76). The mean levels of confidence for the pretest and the posttest scores differed significantly at the specified 95% ($p < .05$) significance level with a reported p-value of < .001. Based on the results of the paired samples t-test, $t\ (13) = -5.79$, $p < .001$, $d = 1.05$, the findings suggest the educational video was associated with an increase in healthcare provider confidence in their ability to identify commonly found risk factors for human trafficking.

The second paired analysis explored whether healthcare providers experience an increase in confidence in their ability to identify physical exam findings that would suggest human trafficking after watching the educational video. The mean posttest score (n = 14, $M = 4.07$, $SD = .83$) showed an increase in healthcare provider confidence after watching the educational video as compared to the mean of the pretest (n = 14, $M = 2.57$,

SD = .94). The mean levels of confidence for the pretest and posttest scores differed significantly at the specified 95% ($p < .05$) significance level with a reported p-value of < .001. Based on the results of the paired sample t-test, $t(13) = -5.51$, $p < .001$, $d = 1.02$, the findings suggest the educational video was associated with an increase in healthcare provider confidence in their ability to identify physical exam findings that would suggest human trafficking.

The third paired analysis explored whether there was an increase in awareness of local resources available for human trafficking victims after watching the educational video. The mean posttest score (n = 14, M = 2.93, *SD* = .27) showed an increase in knowledge after watching the educational video when compared to the mean pretest score (n = 14, *M* = 1.21, *SD* = .43). The mean levels of awareness for the pretest and posttest scores differed significantly at the specified 95% ($p < .05$) significance level. Based on the results of the paired sample t-test, $t(13) = -13.68$, $p = <.001$, $d = .47$, the findings suggest an association between the educational video and an increase in healthcare provider knowledge of resources available for human trafficking victims.

Project Limitations

The study was limited by a research design that can be affected by high attrition. The researcher did not implement methods to combat the risk of high attrition. Additionally, the small sample size creates a potential issue with internal validity and makes it difficult to infer correlation between the intervention and confidence. Recommendations for future research include ensuring a larger sample size by oversampling the population of interest. Participants should be offered incentives to

participate in research to combat attrition. Offering continuing education units at the end of the education session would encourage participant engagement. Additionally, the research took place in the winter which corresponded to winter holidays which could have been a competing factor as this is usually a busy time of year for many.

Project Significance

Human trafficking is a violation of human rights affecting our most vulnerable and marginalized populations. Significant health problems arise from being trafficked. Both mental and physical abuses affect the lifetime health of the trafficked person. Adults who have experienced childhood trauma have a disproportionate risk of poor adult health (Merrick et al., 2019). Early recognition of patients involved in human trafficking can lead to positive impacts on the overall health of that patient. As healthcare providers become more educated about trafficking and the impact on health, they are better prepared to administer healthcare in a trauma-informed manner and address the complex health needs of these patients. In turn, an informed response may lead to a better mental and physical state at the end of a trafficked person's healthcare encounter.

Implications and Recommendations

Although the sample size was small, significant improvement was noted to both healthcare provider knowledge and confidence within the research subjects implying that implementing education about human trafficking is worth exploring. Implications and recommendations for nursing, nursing research and nursing education will be further discussed.

Nursing

This research identified the health implications for trafficked persons and their intersection with healthcare providers. The educational session administered to participants revealed a statistically significant increase in human trafficking knowledge and confidence. The researcher recommends implementing required human trafficking education for healthcare providers. This education should be delivered in university systems as well as healthcare settings through yearly computer-based learning modules or in-person didactic classes.

Nursing Research

The study consisted of nurses, but the results of this study could be used for future research to study responses in other populations that may interact with trafficked persons. For example, front desk staff, medical assistants, and physicians would be possible populations of interest. Using a larger sample would also be beneficial to draw true inferences from the research. Additionally, using a more longitudinal study that followed participants for longer than one month would be beneficial to obtain data on retained knowledge from the research.

Nursing Education

The research concluded there was an increase in human trafficking knowledge and confidence after an educational session. The researcher recommends including human trafficking education in nursing school curricula, which could also be an area of future research. Additionally, using state boards of nursing magazines and publications would be a way to disseminate the knowledge on a larger scale.

Conclusions

This research served as a practice improvement project to determine if an educational session would improve healthcare provider confidence in identifying human trafficking among their patients. The Health Care Provider Human Trafficking Education Assessment Tool and expert opinion identified in the literature review were used to develop an educational video specific to human trafficking and healthcare providers. A pretest and posttest consisting of coordinated questions was administered to assess baseline confidence and any changes to confidence after the educational session. The data from the research was statistically analyzed and it was determined that the research goals were met. There was a statistically significant increase in healthcare provider confidence in identifying risk factors ($p < .001$), recognizing signs and symptoms of trafficked persons ($p < .001$) and available trafficking resources ($p < .001$). Therefore, it was concluded that human trafficking education should be utilized in the healthcare provider population to improve the identification of trafficked persons and to optimize and individualize the healthcare provided to them.

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Appendix A

Approval of Mississippi University for Women's

Institutional Review Board

To: Renea Hopple & Dr. Davidson

From: Irene Pintado, IRB Chair I.P

Date: 04/13/2022

Project: Hidden In Plain Sight, Assessing Healthcare Provider Confidence in Identifying Human Trafficking in Patient Populations

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The Mississippi University for Women IRB committee has determined that your project, In Plain Sight, Assessing Healthcare Provider Confidence in Identifying Human Trafficking in Patient Populations, is exempt under 45 CFR 46.101 (b)(4). This project is a quality assurance project.

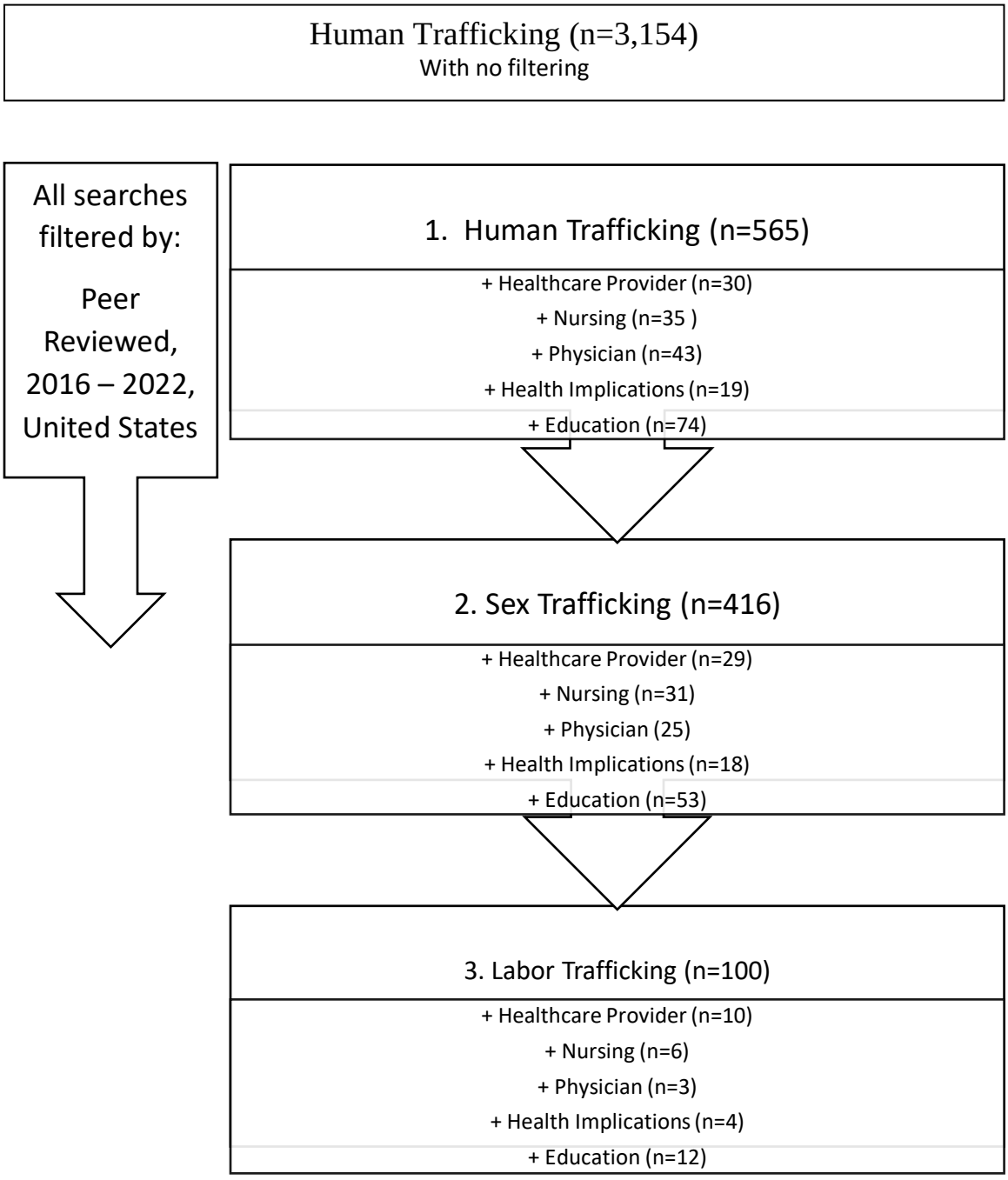
If any changes are made to the study, the Committee must be notified. If the project is still running twelve months after the date of this memo, please be advised that we will need an update for our files.

Good luck with your work!

Appendix B

Literature Review Search Strategy Map

Search Engine: Discovery Service for Mississippi University for Women



Appendix C

Research Project Pretest

1. *In Plain Sight, Assessing Healthcare Provider Confidence in Identifying Human Trafficking.*

Informed Consent:
I am a graduate student in the Doctor of Nursing Practice program at Mississippi University for Women in Columbus, Mississippi. As a program requirement, I am conducting a research study to assess healthcare provider confidence in identifying patients that may be involved in human trafficking. Your participation in this research study is completely voluntary. You have the right to withdraw from the research study at any time. You can withdraw from the survey by simply abandoning the survey. Participants may also skip any question that they do not wish to answer. If you have any questions about the study or the nature of the research, please contact Renea Hopple (662) 415-1683 or my faculty advisor, Dr. Sueanne Davidson (662) 329-7323. Participation in this survey is completely anonymous. No specific data or identifying data will be collected. Data will be stored and secured within the Qualtrics system, the online survey platform, and erased at the conclusion of this project. To continue with the survey, you must accept or decline consent. Please choose from the choices below.

- o Yes, I consent (1)
- o No, I do not consent (2)

2. **Unique Personal Identification Number (PIN)**
To correlate pre-test and post-test results please develop a PIN code. In the text field please list the:

1. first two letters of your mother's maiden name (EX: Smith = **SM**)
2. two-digit **day** of your birth (EX: 01/07/1929 = **07**

_____

You will be asked for this pin again for the post test in approximately one month.

3. What is your gender?
    - Male (1)
    - Female (2)
    - Non-binary / third gender (3)
    - Prefer not to say (4)

4. What is your age (in years)? _____

5. What is your licensed healthcare occupation?
    - LPN (1)
    - RN (2)
    - APRN (3)
    - Physician (4)
    - other (5) _____

6. What is your primary area of healthcare practice?
    - Urgent Care Clinic (1)
    - Primary Care Clinic (2)
    - Emergency Department (3)
    - Hospital (4)
    - Other (5) _____

7. How long have you been a licensed healthcare professional (in years) _____

8. Are you familiar with the term human trafficking?
    - Not familiar at all (1)
    - Slightly familiar (2)
    - Moderately familiar (3)
    - Very familiar (4)
    - Extremely familiar (5)

9. Do you feel human trafficking is a problem in our state?
    - Definitely not (1)
    - Probably not (2)
    - Might or might not (3)
    - Probably yes (4)
    - Definitely yes (5)

10. What is your estimate of the prevalence of **world-wide** human trafficking?
    - 10 million (1)
    - 15 million (2)
    - 25 million (3)
    - 30 million (4)

11. What is your estimate of the number of **confirmed** cases of human trafficking in Mississippi for the last reporting year (2020)?
    - 50-100 (1)
    - 101-150 (2)
    - 151-200 (3)
    - 201 – 250 (4)
    - over 250 (5)

12. Have you ever suspected a patient you were providing healthcare to might be involved in human trafficking?
    - No (1)
    - Maybe (2)
    - Yes (3)

13. Are you confident in your ability to identify risk factors for human trafficking?
    - Definitely not (1)
    - Probably not (2)
    - Might or might not (3)
    - Probably yes (4)
    - Definitely yes (5)

14. Are you confident in your ability to identify physical exam findings that would suggest human trafficking?
    - Definitely not (1)
    - Probably not (2)
    - Might or might not (3)
    - Probably yes (4)
    - Definitely yes (5)

15. Would you be comfortable addressing a suspicion of human trafficking with a patient?
    - Definitely not (1)
    - Probably not (2)
    - Might or might not (3)
    - Probably yes (4)
    - Definitely yes (5)

16. Are you aware of local resources available for human trafficking victims?
    - No (1)
    - Maybe (2)
    - Yes (3)

17. Have you had any training or education regarding human trafficking?
    - No (1)
    - Maybe (2)
    - Yes (3)

Human trafficking is defined as "the act of recruiting, harboring, transporting, providing, or obtaining a person for labor services or commercial sex acts through force, fraud, or coercion, for the purpose of exploitation, involuntary servitude, peonage, debt bondage, or slavery. This definition includes **ANY** commercial sex act involving a minor.

National Human Trafficking Hotline 1-888-373-7888

Appendix D

Educational Component Outline

Hidden In Plain Sight, Assessing Healthcare Provider Confidence in Identifying Human Trafficking in Patient Populations

1. Introduction
    a. Human Trafficking is a lucrative business
    b. 2nd fastest growing illegal business
    c. Affects 25 million worldwide
    d. Exists in all 50 states but highly covert
    e. 187 **known and reported** cases in Mississippi in 2020
2. Definition
    a. Action, Means, Purpose
        i. Act of obtaining a person
        ii. Requires force, fraud, coercion
        iii. Involves labor services or commercial sex acts
        iv. ANY commercial sex act with a minor
    b. Federal crime
        i. The Trafficking Victims Protection Act 2000 (revised and strengthened in 2008)
3. Types of Human Trafficking
    a. Labor
    b. Sex
4. Human Trafficking recruitment by:
    a. Intimate partner: 35% sex trafficking; 3 % labor trafficking
    b. Family: 25% sex trafficking; 10% labor trafficking
    c. Other: 24% sex trafficking; 77% labor trafficking
    d. Friend: 16% sex trafficking; 10% labor trafficking
5. Literature Review
    a. (Chisolm-Straker et al., 2016): 68% of trafficked victims have presented at least once for healthcare services
        i. Presented to:
            1. ER/Urgent Care (56%)
            2. Primary Care (44.4%)
            3. Dentist (26.5%)
            4. OB/GYN (25.6%)
        ii. Presented with:
            1. Abuse (66%)
            2. Self-Diagnosed Depression (65%)
            3. Headache (45%)
            4. Backpain (42%)

   b. (Ertl et al., 2020): 90% of inter-city trafficked youth presented at least once within the first five years for healthcare services
      i. Presented To:
         1. Emergency Department (57%)
         2. Primary Care Clinic (18%)
         3. Subspecialty Clinic (16%)
         4. Inpatient Psychiatry (9%)
      ii. Presenting With:
         1. Psychiatric (21%)
         2. Injury (18%)
         3. Genitourinary (10%)
         4. Sex Assault (10%)
   c. (Coppola et al., 2019): Nurses are the first healthcare provider trafficked person encounter in a healthcare setting. Most respondents in this study report they have not attended nor participated in any trafficking training.
6. Vulnerable Populations
   a. Persons at risk
      i. Substance Use
      ii. Runaway/Homeless youth
      iii. Unstable Housing
      iv. Experienced Physical or Sexual Abuse
      v. LGBTQ+
      vi. Recent migratory pattern/relocation
      vii. Low Socioeconomic Status
7. Behavioral/Mental Health Findings: Complex Trauma and Trauma Responses (coping mechanisms)
   a. Physical
      i. Decreased energy
      ii. Lethargy
      iii. Somatic symptoms
      iv. Headache
      v. Gastrointestinal symptoms
   b. Emotional
      i. Avoidance
      ii. Anxiety
      iii. Anger
      iv. Depression
      v. Fear
   c. Behavioral
      i. Substance and alcohol abuses
      ii. Compulsive behavior
      iii. Changes in interpersonal relationships
      iv. Isolation and detachment from others
   d. Cognitive
      i. Poor concentration
      ii. Memory lapse

        iii. Flashbacks
        iv. Cognitive errors
8. Physical Findings
    a. Lethargy, Decreased Energy, Excessive Sleeping
    b. Headache
    c. GI Symptoms – frequent stomach pain, nausea, vomiting, diarrhea
    d. Anger, Anxiety, Depression, Fear
    e. Drug or Alcohol Abuse
    f. Frequent Pregnancies, STI's, Pelvic Pain
    g. Signs of Exhaustion, Dehydration, Malnutrition
    h. Signs of Abuse – Missing Teeth, Ligature Marks, Broken Bones
9. Providing a trauma-informed, person-centered, linguistically appropriate response
    a. Trauma-Informed
        i. Provide safety
        ii. Provide a "no judgement" approach
        iii. Focus on what has happened to the patient, not what they have "done"
    b. Person-Centered
        i. Respect adult patient wishes
        ii. Ask permission to address trafficking concerns with adult patients
    c. Linguistically Appropriate
        i. Use appropriate translator/translation service
10. Available Resources
    a. National Human Trafficking Hotline
    b. Mississippi Bureau of Investigation: Human Trafficking/Special Victims Unit
    c. The Bridge Forensic Services & The Tower (Center for Violence Prevention), Pearl, MS
    d. Mississippi Department of Child Protective Services
    e. Local law enforcement
    f. Local shelters and temporary housing
    g. Additional Education Opportunities

Appendix E

Human Trafficking Posttest

1. *In Plain Sight, Assessing Healthcare Provider Confidence in Identifying Human Trafficking.*

   Informed Consent:
   Thank you for your continued involvement in this research study. As a conclusion of the research, you will be asked 7 questions as a follow up to the educational component of the study. Please answer honestly. Participants may skip any question in the survey that they do not wish to answer. You will need to supply the same PIN you used in the pre-test session.

   If you have any questions about the study or the nature of the research, please contact Renea Hopple (662) 415-1683 or my faculty advisor, Dr. Sueanne Davidson (662) 329-7323. Participation in this study is completely anonymous. No specific data or identifying data will be collected. Data will be stored and secured within the Qualtrics system, the online survey platform, and erased at the conclusion of this project. To continue with the survey, you must either accept or decline consent. Please choose from the choices below.

   - o No, I do not consent (1)
   - o Yes, I do consent (2)

2. **Unique Personal Identification Number (PIN)**: To correlate pre-test and post-test results, please enter the PIN code you developed in the pre-test. In the text field please list your:

   1. first two letters of your mother's maiden name (EX: Smith = **SM**)
   2. two-digit **day** of your birth (EX: 01/07/1929 = **07**)

3. Do you feel more familiar with the term "human trafficking" since your viewing of the educational material associated with this study?
    - Definitely not (1)
    - Probably not (2)
    - Might or might not (3)
    - Probably yes (4)
    - Definitely yes (5)

4. After viewing the educational materials associated with this study, do you feel human trafficking is a problem in our state?
    - No (1)
    - Maybe (2)
    - Yes (3)

5. Since the educational session associated with this study, have you **suspected** (not confirmed) a patient was involved in human trafficking?
    - No (1)
    - Maybe (2)
    - Yes (3)

6. Do you feel more confident in your ability to identify risk factors for human trafficking after participating in this research study?
    - Definitely not (1)
    - Probably not (2)
    - Might or might not (3)
    - Probably yes (4)
    - Definitely yes (5)

7. Do you feel more confident in your ability to identify physical exam findings that would suggest human trafficking after participating in this research study?
    - Definitely not (1)
    - Probably not (2)
    - Might or might not (3)
    - Probably yes (4)
    - Definitely yes (5)

8. Do you feel more comfortable addressing a suspicion of human trafficking with a patient after participating in this research study?
    - Definitely not (1)
    - Probably not (2)
    - Might or might not (3)
    - Probably yes (4)
    - Definitely yes (5)

9. Are you more aware of resources available for human trafficking after participating in this research study?
    - No (1)
    - Maybe (2)
    - Yes (3)

Appendix F

Gmail **Renea Hopple <rhopple@myapps.muw.edu>**

You have been granted access to the Health Care Provide Human Trafficking Trai

1 message

Request Form: Assessment Tool for Health Care Provider Human Trafficking Training <healtraffickingnow@gmail.com> Wed, Jul 6, 2022 at 9:23 AM

To: rhopple@myapps.muw.edu

Hello,

Thank you for filling out the form to access the "Health Care Provider Human Trafficking Training: Assessment Tool."

Please do NOT share this tool without express written permission from HEAL Trafficking.

To access the file please go to here: [redacted]

If you have any trouble accessing the file please email, info@healtrafficking.org.

Best Regards,

HEAL Trafficking