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Human Trafficking Awareness Pilot Project in Nursing Faculty and Senior Nursing Students in Western Kentucky

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Human Trafficking Awareness Pilot Project in Nursing Faculty and Senior Nursing

Students in Western Kentucky

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University of Kentucky

College of Nursing

Summer, 2018

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Dedication

I would like to dedicate this project to my family, friends and fellow nursing professionals. Thank you, Ryan, for keeping me on focus, Reece for a “love you Mom,” and Kip for letting me know when it was time to take a break. Thank you mom for being my biggest cheerleader and prayer leader and for my wonderful mother in law who loved us big through it all.

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Abstract

PURPOSE: Human trafficking is an ongoing public health issue on a global and local platform. The care of victims is unique and multifaceted, with various physical and mental health care needs to be recognized. Human trafficking victims are often difficult to identify, as there have been reports that up to 87% of human trafficking survivors described encounters with healthcare professionals while they were being trafficked yet none were identified as victims (Office of Trafficking in Persons, 2017). This information places the healthcare provider at the forefront of advocating human trafficking victim identification and post identification care. The purpose of this project was to create an awareness of human trafficking in nursing faculty and senior nursing students by providing an educational program that discusses the health concerns and vulnerability of this population.

METHODS: The design for this study was quasi-experimental. A pretest and posttest design were used to evaluate awareness, knowledge, and confidence of nursing faculty and senior nursing students after completion of a human trafficking awareness educational program.

RESULTS: A total of 55 participants were included in the pre-survey portion and 55 participants attended the educational program. Of that sample only 1/55 (1.8%) had ever received any training in regards to human trafficking. Opinions in identifying and responding post-program were positive and demonstrated change after completion of the educational program.

Confidence in referral options pre and post survey demonstrated statistical significance. Pre-

survey results include 4/55(7.3%) selecting “agree” in confidence in referral options and post-survey report 12/19(63%) selecting “agree” in confidence in referral options ($p<.001$).

CONCLUSION: In conclusion, the opportunity to provide a program that increases awareness of human trafficking to nursing faculty and senior nursing students is prudent as identifying population healthcare needs are ever changing. Identifying gaps, and opportunities to further develop successful educational modules for this population has been a challenge but gaining more information on delivery methods has been insightful. Human trafficking victims represent a vulnerable population that comes into contact with healthcare providers often for healthcare needs and developing awareness is a foundation for impacting this population.

Introduction

Human trafficking has affected more than 20.9 million persons in the United States (International Labor Organization, 2016). The term human trafficking encompasses forced labor, extortion, and sexual exploitation (Rollins et al., 2017). This crime has been projected to increase drastically in the next few years and is expected to become more profitable than organized drug trafficking (International Labour Organization, 2014). According to the International Labor Organization, human trafficking is a \$150 billion industry worldwide (International Labor Organization, 2016). Furthermore, global enforcement data in 2015 reported 77,823 identified victims (Department of State Report, 2016).

Human trafficking has infiltrated both cities and rural communities. In Kentucky specifically, there were 64 cases reported by Polaris, a non-profit organization that stores and disseminates data related to human trafficking in various regions (Polaris Project, 2016). In 2017 the Kentucky Statewide Human Trafficking Task Force reported that 43 victims were served in the Commonwealth with 28 of those victims domestic and 14 foreign national (Office of the Attorney General, 2017). Additionally, in 2007, a human trafficking needs assessment for Kentucky was developed and disseminated; it provided information concerning the needs of victims throughout the state, and identified areas for further growth and opportunity (Logan, 2007). One theme that emerged from this assessment was a need for increased awareness and education for healthcare providers (Logan, 2007).

Human trafficking can affect all ages and crosses genders and ethnicities. Furthermore, trafficking in persons often goes unrecognized in the healthcare setting. The lasting effects on the victims of this type of abuse are lifelong and include anxiety, depression, and post-traumatic stress disorder (Cary et al., 2016; Logan et al., 2009, Oram et al., 2016; Pocock et al., 2016;

Borschmann, et al., 2017). Often victims seek care in the emergency department, as they may not have a primary care provider and there have been reports that 87% of victims had been evaluated by a medical provider and were not recognized as victims (Farella, 2016; Westwood et al., 2016). As healthcare providers, we have a duty to our communities to become aware of the impact of this crime, learn more about how to recognize victims, have a better understanding of the reporting procedure in our healthcare settings, and identify the resources available to the victims and their families.

The U.S. Department of Health and Human Services developed an initiative in 2014 in response to the 2012 Federal Strategic Plan. The initiative outlined specific goals and objectives in response to the epidemic of human trafficking in the U.S (Federal Strategic Action Plan, 2014). One of the goals of the Federal Strategic Plan was to create awareness and provide education to law enforcement and healthcare providers. For example, one specific program identified was Stop. Observe. Ask. Respond. (SOAR) which was first piloted in 2014 (Office of Trafficking in Persons, 2017). This particular program was developed by the Administration for Children and Families (ACF) and the Office on Women's Health (OWH) and was to be piloted for two years. Currently, this program is being evaluated for effectiveness and is being offered as an on-demand online training module. Before the implementation of this DNP project, there had been a cessation of SOAR program offerings and therefore it was not used for this DNP project but rather a program developed by the PI that included similar objectives to the SOAR program.

A gap had been identified in a formal awareness training program for nursing faculty and nursing students' regarding the human trafficking epidemic. The relevance of this DNP project fits well with the aims of the Office on Trafficking in Persons to create awareness and provide

educational resources to persons who may come into contact with human trafficking victims (U.S. Department of State, 2014). Sustainability of this DNP project would be feasible as the curriculum could be incorporated into current nursing courses in both ADN and BSN programs.

Background

The Department of Homeland Security defines human trafficking as “modern-day slavery and involves the use of force, fraud, or coercion to obtain some type of labor or commercial sex act” (2017). Human trafficking has been an ongoing concern on a global and domestic platform, and from a human rights perspective. As a result, it is imperative that a multifaceted approach to victim advocacy be implemented. The victims have a diverse set of mental health needs such as anxiety, depression and post trauma stress disorder. In light of the unique needs and challenges of this population, it becomes essential that healthcare professionals understand the issues and have the resources available to provide care for these individuals (Logan et al., 2009).

The Department of State (2016) published a report on this public health issue and outlined several areas for improvement. For example, general policy is one concern that is being addressed on both a federal and state level. There are many discrepancies regarding law enforcement policies as historically, victims are prosecuted for the “crimes” they committed as part of the trafficking role. An increase in awareness has also been advocated in the 2016 report for healthcare providers and law enforcement (Department of State, 2016). At the time of this DNP project, there were no identified mandatory training programs for healthcare providers in Kentucky. However, trends have been noted for an increase in mandatory training for law enforcement and at least 38 states have mandated training for public agencies and/or private businesses to train staff to recognize, report or respond (National Conference of State

Legislators, 2018). For example, Kentucky is one state that has mandatory training for law enforcement and prosecutors. Recently in Kentucky, the Attorney General Office has provided education and technical assistance to hotels in the Commonwealth with the “See Something- Say Something-Save a Life” campaign to raise awareness and recommend a reporting structure if victims are identified (Kentucky Attorney General Office, 2016).

Several unique needs have been identified in the review of literature for this population of victims, and recommendations have been aimed at becoming aware of the special challenges. Health concerns range widely from violent abortions, tuberculosis, HIV, sexually transmitted disease, occupational injuries and mental health conditions (Konstantopoulos, 2017; Hemmings et al., 2016; Richards, 2014; Stevens & Berishai, 2016; Zimmerman, Hossain, & Watts, 2011). A cross-sectional study was conducted with 150 survivors in England where participants were interviewed over a period of 18 months. The investigators reported similar healthcare concerns as reported by studies mentioned above. The investigators also reported high levels of depression, anxiety, or post-traumatic stress disorder symptoms in victims of human trafficking (Oram et al., 2016). Other common healthcare issues for this population include forced or coercive drug use that also may expose the victim to addiction, HIV or Hepatitis (Zimmerman, Hossain, & Watts, 2011).

Although there have been educational initiatives related to human trafficking for healthcare providers, the programs have not been evaluated for effectiveness or impact before this DNP project and most were identified as training modules. For example, the SOAR program had been identified as one that is currently being utilized for healthcare provider training but this program has not been utilized within the nursing academia setting. The Justice for Victims of Human Trafficking Act of 2015 was passed and became law in 2015 which

included a section specific to the creation and dissemination of an evidence-based awareness program for healthcare professionals (S. 178 Justice for Victims of Human Trafficking, 2015). To date, there has not been any identified information related to human trafficking included in prelicensure nursing education curriculums (Kentucky Board of Nursing, 2018). A gap in the current literature indicates this is an area for future exploration and development.

In a cross-sectional study by Chisolm-Straker et al. (2013), the investigators reported the results of an online program related to human trafficking that was implemented in an emergency department to providers. After program implementation, the investigators measured provider's confidence in identifying and treating patients in this population. Chisolm-Straker et al. reported that after a 20-minute online educational intervention there was an increase in overall confidence and knowledge of potential trafficking victims. For example, confidence to identify victims rose from 7.7% pre-intervention to 53.8% post-intervention (Chisolm-Straker et al., 2013).

Furthermore, the continued need for education by implementing human trafficking curriculum into medical residency programs had also been advocated as there was noted a need for more information concerning this vulnerable population in medical training programs (Williamson et al., 2010). Healthcare providers will need to be aware of the signs that these victims may display which could easily be incorporated into nursing curricula as well as other healthcare disciplines (Grace et al., 2014; Richards, 2014; Stevens & Berishai, 2016).

Identification of victims can be perplexing and daunting for the healthcare providers. Screening parameters to identify victims have also been examined by the Administration for Children and Families Office on Trafficking in Persons and the National Human Trafficking Training and Technical Assistance Center but there is a noticeable gap regarding identifying one

specific, gold-standard tool. A recent guide published in 2018 identified 19 screening/interviewing tools that are being utilized in various settings (National Human Trafficking Training and Technical Assistance Center, 2018). In this DNP final project, the screening tool provided by the Campaign to Rescue and Restore Victims of Human Trafficking will be used as an example of the various screening tools available (U.S. Department of Health and Services, 2016).

Purpose

The purpose of this project was to provide a human trafficking awareness program for nursing faculty and senior nursing students. The educational program developed by the PI will be offered as part of my final DNP project and will be provided to nursing faculty and senior nursing students in two separate accredited schools of nursing in Western Kentucky.

The education program will include: an awareness of the problem from a global and regional view, specific health problems identified in this population, introduction of trauma-informed care, Kentucky's Human Trafficking Victims' Rights Act, and additional resources available for healthcare providers such as the Framework for a Human Trafficking Protocol and a screening tool from Rescue and Restore. Implementation of the project occurred after approval from the University of Kentucky Institutional Review Board (UK IRB) which served as the IRB of record and Kentucky Community and Technical College Systems Human Subjects Review Board. Evaluation of the program would be completed pre and post-intervention via surveys.

By the end of the program implementation, the following objectives will be met: eighty percent of nursing faculty from the BSN and ADN programs will complete training by May 2018 which may provide a robust sample of nursing faculty. Eighty percent of senior nursing students from both sites will attend the program by April 2018 with the aim of providing a robust sample

of senior nursing students. Lastly, 50% increase in awareness, knowledge and confidence level in identifying human trafficking victims will be demonstrated via the PROTECT questionnaire for both faculty and students by May 2018.

Methods/Approach

Setting

The project was completed in two separate schools of nursing in Western Kentucky; an accredited BSN and ADN program. The total undergraduate nursing faculty is 30 and represent ADN and BSN programs. The approximate senior nursing student population is 70 and represents both ADN and BSN students.

Design

The design for this study was quasi-experimental. A pretest and posttest design were used to evaluate knowledge and confidence, and assessment behaviors of nursing faculty and senior nursing students after completion of a human trafficking awareness educational program via the PROTECT questionnaire. The logic model is included which was an aid to help guide and organize the self-designed program. As this was a newly developed awareness program, the logic model was essential to clarify the goals of the program, outcomes and evaluation activities to be examined throughout the project (W.K. Kellogg Foundation, 2014). The model was initiated early in the process of development and provided the framework to which the awareness program with developed, and guided each step in the process. Activities that needed to be

completed before the initiated of the project were included and long term outputs were also identified.

The PROTECT questionnaire was originally used in a cross-sectional study with National Health Services professionals and was modified for this study (Ross et al., 2015). Permission to use, distribute and modify this questionnaire was obtained. A psychometric analysis was conducted by Ross et al. in which the Cronbach's α s for perceived knowledge of human trafficking were 0.93 (95% CI 0.92 to 0.94); actual knowledge of human trafficking 0.63 (95% CI 0.59 to 0.66); and responding to human trafficking were 0.64 (95% CI 0.60 to 0.68) which demonstrated internal consistency (Ross et al., 2015). Although this questionnaire has not been utilized for this population in this DNP project, it provided valuable information for this sample of participants. Future research would include conducting a psychometric analysis of this questionnaire for this sample population.

Sample

A total of 109 were invited to participate in the study; 35 ADN students, 38 BSN students, 19 ADN faculty and 17 BSN faculty. The recruitment strategy included a onetime face to face invitation to the students by the PI that explained the upcoming study and invited students to participate. The time spent completing this recruitment was approximately 5 minutes at the end of a course class lecture. Also, a onetime email was sent to faculty inviting participation from the PI. Inclusion criteria were: a) all senior nursing students enrolled in the BSN and ADN nursing program during spring 2018 semester, b) all full time/part-time nursing faculty members at the BSN and ADN colleges. Participants were excluded a) if they were not currently nursing

faculty, b) not senior nursing students enrolled in the nursing programs and c) all participants had to be at least 18 years of age.

One measure considered in this project were; completion of the human trafficking education module. This was assessed by the proportion of faculty and students who complete the training among those available for the training.

Secondly, confidences in identifying potential human trafficking victims were assessed using the PROTECT 35-item questionnaire that asks respondents to rate their level of confidence in identifying potential victims, knowledge of current resources, communication and knowledge of appropriate referral as needed. This questionnaire was scored will be scored on a 5-point Likert scale with “1” indicating “low confidence” and “5” indicating “high confidence.”

Procedures

Ethics approval was obtained from the University of Kentucky Institutional Review Board (UK IRB) and Kentucky Community and Technical College Systems Human Subjects Review Board. The project was implemented in April 2018. The PROTECT pre and post questionnaire was given to participants from a convenience sampling of nursing faculty and senior nursing students that chose to participate in the project study.

A onetime educational awareness program developed by the PI that lasted 30 minutes was provided to participants at each separate school on four different dates. The educational program was provided twice in April 2018 to senior nursing students; BSN and the ADN students separately. The educational program was also provided twice to nursing faculty in May 2018; once to the BSN faculty and once to the ADN faculty separately. The self-developed

program utilized similar learning objectives to the SOAR program, however, the focus was on awareness and not training. The program was delivered in a lecture style format with opportunities for questions. Topics covered were global and regional data of victims identified, the definition of human trafficking, the different types of trafficking, specific health problems identified in this population, introduction of trauma-informed care, and Kentucky's Human Trafficking Victims' Rights Act. After the educational program, all participants were encouraged to complete the post-survey within a week via a pre-addressed, pre-stamped envelope provided by the PI.

Fifty-five participants in total were present for the training which began with a pretest to assess current awareness, knowledge, and confidence in identifying human trafficking victims via the PROTECT questionnaire. A protocol for a human trafficking assessment in the healthcare setting developed by the National Human Trafficking Resource Center was also shared with participants as an example of a protocol that could be utilized in the hospital setting. At the completion of the educational program, the posttest was administered to participants to assess knowledge, and confidence of identifying victims using the same 35-item questionnaire given as the pre-test. The post-test was distributed in a pre-stamped envelope to be mailed to the PI after completion. The participants were asked to mail the post-survey within a week of training.

Data Analysis

All data from pre and post surveys were coded and stored in a secure statistical software database (SPSS, version 21). Data analysis was completed over a period of two months as follows; completion of training module using frequencies and percentages and changes in

provider confidence in identifying potential human trafficking victims using an independent sample t-test for analysis.

Results

Sample Characteristics

Of 109 participants invited to participate in the study, 55 consented to participate representing a 50% response rate of the total available to participate. Of the 55 that participated, there were 55 pre surveys received and 19 post surveys received. The sample consisted of 24 BSN senior nursing students, 13 ADN senior nursing students, 11 BSN nursing faculty, and 7 ADN nursing faculty. The return rate for post surveys were 19/55 (33%). The individual group return rates for the post survey are listed as follows; ADN students; 1/13(7.6%), BSN; 6/24(25%), BSN faculty; 8/11(72.7%), and ADN faculty; 4/7(57.1%).

Previous Training

Both the pre and post survey ask whether or not the participants have ever had any previous training on human trafficking within their role. Of the 55 participants responding to the pre survey question related to previous human trafficking training; it was noted that only 1/55(1.8%) had received such training.

Perceived Knowledge

There were 9 questions on the pre and post survey that examined the perceived knowledge in relation to human trafficking. Questions ranged from “what questions to ask to identify potential cases of human trafficking” to how you feel in relation to “your role

identifying and responding to human trafficking. Responses were on a scale from 1-5; with 1 being “very little” to 5 representing “a lot.” For each item the mean and standard deviation were reported. There was a significant difference observed in 9 items ($p < 0.001$). See table 2.

Actual Knowledge

To assess knowledge of human trafficking, the participants were asked to identify current knowledge on the pre-post survey. The possible responses to these questions were “true”, “false”, “and unsure”. We used chi-square analysis for each question item which only item demonstrated a significant change pre and post-survey. See Table 3.

Opinions in Identifying and Responding

The last portion of the pre-post survey included 10 questions related to confidence level related to documenting and referring, comfort level when asking a patient about an exploitative situation, and healthcare worker responsibility to respond. The available responses to these questions were on a Likert scale ranging from 1-“strongly disagree” to 4-“strongly agree”. Of the 10 questions in this sub section, only 5 demonstrated a significant change pre and post. See table 4.

Discussion

Previous Training

Although it may be expected for nursing students to not have had any reported exposure to human trafficking training previously, the nursing faculty did not report any previous training either. The results from this DNP project were similar to those reported by Ross et al. (2015)

whereby only 63/782 (7.8%) of the participants reported having had previous training in relation to human trafficking. This information is be an indicator that awareness training is needed.

Perceived knowledge

Perceived knowledge was considered a significant change from pre to post survey results in this project. Similar results were demonstrated in a cross sectional study that originally utilized the PROTECT survey with National Health Services Professionals whereas there was a large sample size (n= 782) of healthcare professionals. In that study there were higher responses to indicators of human trafficking and health problems associated with human trafficking (Ross et al., 2015).

Results for this project post PROTECT survey demonstrate 18/19(95%) of participants report knowing “some” to “quite a bit” in relation to indicators of human trafficking which was an increase from the pre survey 14/55 (25%). For the question related to health problems associated with human trafficking; pre survey 10/55 (18%) responded “some” to “quite a bit.” Post survey demonstrated an increase in perceived knowledge of health problems to 18/19(95%).

Actual Knowledge

One particular item that stood out for this section was “calling the police if I suspect a patient has been trafficked could put the patient in more danger.” The correct answer for this particular question was “true.” The result of the post survey report that 14/18(73.7%) got this item correct which is dissimilar to Ross et al. in 2015 that reported only 178/782 (22.9%) answered this item correctly. Due to human trafficking protection laws that vary from state to state and country to country, this may explain the difference in results.

For items related to victims and the incidence of chronic headaches associated with human trafficking; post survey results report 12/14(63.1%) answered correctly but did not demonstrated statistical significance between pre and post survey results. Ross et al. 2015 reported that only 196/178 (25.2%) answered this item correctly.

Opinions in Identifying and Responding

Five items demonstrated statistical significance from the pre to post survey responses. Comfort level responses in asking a person if they were in danger from an employer pre survey demonstrated 40/55(72.7%) at “agree” or “strongly agree” and post survey at 18/19(94.7%). Viergever et al, in 2015, reported similar results at 135/165(81.8%) in comfort level in regards to asking if a person was in danger. In relation to confidence in making referrals there were also similar results to post survey results 12/14(85.7%) that responded “agree” or “strongly agree.” Viergever et al. reported confidence in referring a person who had been trafficked at 111/165(67.3%) pre-training.

From this information in the study, there is a good indication that healthcare providers are willing to assess for danger and promote protection of these victims; however, there seems to be opportunities to focus on referral procedures and protocols.

Limitations

Several limitations were identified with this DNP project. The sample size was small, however the sample does provide a representative sample of nursing faculty at rural nursing colleges in Western Kentucky. The post survey return rate was low at 19/55(33%) despite the attempt to obtain responses by pre stamped, postage paid envelope distribution. One

recommendation for future studies would be to send out reminder emails one week after completion of training to participants to increase the return rate.

The time period for post survey completion was also seen as a limitation as a better understanding of the educational impact may be better evaluated at longer intervals to assess for sustainability of the program. Assessing outcomes of a program or intervention for sustainability may best be demonstrated at 12 months (Fann, et al., 2010).

The sample of senior nursing students may have also been a limitation as those participants have most likely not been exposed to screening individuals or assessing for more complex issues such as human trafficking, however; these students were chosen due to upcoming graduation and the determined need to create awareness of human trafficking.

Lastly, the educational program was time limited. If more time was allotted to provide more comprehensive content during the educational program, it is possible the participants would have demonstrated better outcomes in regards to actual knowledge of human trafficking. Additional program evaluation is needed to determine outcomes and impact of such educational programs.

Recommendations for future studies

The first recommendation would be to focus on nursing staff at inpatient facilities or hospitals at multiple sites and provide a similar program to assess current awareness and learning needs. Then evaluate for effectiveness and sustainability of such a program specifically in areas such as the emergency department and labor and delivery. Identifying hospitals that utilize

screening protocols for human trafficking victims would also provide valuable comparison information of differences between hospitals and geographic regions.

Another recommendation would be to survey Sexual Assault Nurse Examiners (SANE) nurses as they may come into contact with this population and may have a different perspective in terms of resources and assessment. Lastly, plans to conduct psychometric analysis of the PROTECT questionnaire on the current study population utilizing Cronbach's alpha testing to measure internal consistency will be considered by the PI for future studies as this questionnaire has to date only been distributed to healthcare professionals

Conclusion

In conclusion, the opportunity to provide a program that increases awareness of human trafficking to nursing faculty and senior nursing students is prudent as population healthcare needs are ever changing. Identifying gaps, and opportunities to further develop successful educational modules for this population has been a challenge but gaining more information on delivery methods has been insightful. Human trafficking victims represent a vulnerable population that come into contact with healthcare providers often for healthcare needs and it is important to begin the conversations by creating an awareness. By providing the education and tools necessary to assist providers to identify victims and refer them to the proper support resources, we can make an impact in this population and advocate for those who cannot advocate for themselves.

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Table 1 LOGIC MODEL OF APPROACH

Resources	Activities	Outputs	Short Term Outcomes	Impact
<ul style="list-style-type: none"> ● Obtain training materials and set dates for Spring 2018 ● Funding for educational materials and supplies 	<ul style="list-style-type: none"> ● Obtain IRB approval. ● Finalize budget ● Finalize dates for training program ● Pre and post surveys 	<ul style="list-style-type: none"> ● Number of nursing educators and senior nursing student given the training 	<ul style="list-style-type: none"> ● Increased awareness of potential human trafficking victims in community. ● Increased confidence in identifying and referring human trafficking victims. ● Human trafficking curriculum adoption in the nursing curriculum ● Demonstrating validity of the PROTECT questionnaire in above population 	<ul style="list-style-type: none"> ● Increased identification of community resources ● Develop a community of safety and servitude to human trafficking victims. ● Overall decrease in mental health issues in the adult population (i.e. anxiety, depression, PTSD symptoms)

Table 2 COMPARISON OF PERCEIVED KNOWLEDGE MEAN SCORES PRE- VERSUS POST- INTERVENTION

Question	Pre (n=55) Mean (SD)	Post (n=19) Mean (SD)	<i>P value</i>
Your role in identifying and responding to human trafficking	2.07 (±3.21)	1.05 (±.63)	<.001
Indicators of human trafficking	1.82 (±3.21)	.96 (±.54)	<.001
What questions to ask to identify potential cases of human trafficking	1.58 (±3.26)	.9 (±.81)	<.001
What to say/not say to a patient who has experienced human trafficking	1.51 (±3.11)	.86 (±.46)	<.001
Health problems commonly experienced by people who have been trafficked	1.75 (±3.32)	.99 (±.58)	<.001
How to document human in a medical record	1.31 (±2.6)	.81 (±.84)	<.001
Assessing danger for a patient who may have been trafficked	1.49 (±2.95)	.86 (±.62)	<.001
Local and/or national support services for people who have been trafficked	1.27 (±3.26)	.76 (±.65)	<.001
Local and/or national policies on responding to human trafficking	1.36 (±2.89)	.83 (±.74)	<.001

Note: Response options ranged from 1 to 5, with higher scores indicating more perceived knowledge. SD=Standard Deviation. Pre=Pre survey. Post=Post survey.

Table 3 COMPARISON OF ACTUAL KNOWLEDGE ABOUT HUMAN TRAFFICKING PRE (N=55) AND POST (N=19)

Item	N(%) Answered correctly Pre	N(%) Answered correctly Post	<i>P value</i>
Definition of human trafficking is restricted to women and girls who have been trafficked into prostitution (FALSE)	<i>Pre: 48 (87.3%)</i>	<i>Post: 17(89.5%)</i>	<i>.80</i>
The majority of women who are trafficked for prostitution were sex workers before being trafficked (FALSE)	<i>Pre: 44(81.5%)</i>	<i>Post: 16(84.2%)</i>	<i>.79</i>
Children who are working for relatives in domestic situations cannot really be considered 'trafficked' (FALSE)	<i>Pre: 48(87.3%)</i>	<i>Post: 18(94.7%)</i>	<i>.37</i>
Trafficking is associated with post-traumatic symptoms (TRUE)	<i>Pre: 46 (83.6%)</i>	<i>Post: 18(94.7%)</i>	<i>.23</i>
Trafficking is associated with chronic headaches (TRUE)	<i>Pre: 26(47.3%)</i>	<i>Post: 12 (63.1%)</i>	<i>.23</i>
There are usually evident signs that a person is in a trafficking situation (FALSE)	<i>Pre: 35 (63.6%)</i>	<i>Post: 10(47.5%)</i>	<i>.21</i>
People who are being exploited often have difficulty reporting these situations to outsiders, especially professionals (TRUE)	<i>Pre: 55(100%)</i>	<i>Post: 18(94.7%)</i>	<i>.09</i>
Health practitioners should not ask trafficked people about violence that they might have suffered, as it is too traumatic for them (FALSE)	<i>Pre: 46(83.6%)</i>	<i>Post: 15(78.9%)</i>	<i>.64</i>
Calling the police if I suspect a patient has been trafficked could put the patient in more danger (TRUE)	<i>Pre: 11(20%)</i>	<i>Post: 14(73.7%)</i>	<i><.001</i>

Table 4 COMPARISON OF CONFIDENCE MEAN SCORES IN RELATION TO IDENTIFYING AND RESPONDING TO TRAFFICKING VICTIMS PRE (N=55) AND POST (N=19) SURVEY

Questions	Pre (n=55) Mean (SD)	Post (n=19) Mean (SD)	<i>P value</i>
It is very unlikely that I will ever encounter a trafficked person in my role	2.00 (±.58)	2.00 (±.47)	>.99
My workplace allows me enough time to ask about trafficking if I suspect a person might have been trafficked	2.63 (±.66)	2.84 (±.50)	.15
I could be comfortable asking a person if they were in danger from an employer	2.80 (±.62)	3.05 (±.41)	.05
Asking about experiences of exploitative situations is offensive to most patients.	2.20 (±.56)	2.11 (±.66)	.54
A patient's friend can interpret for him or her if I think that a person has been trafficked	1.64 (±.65)	1.58 (±.61)	.74
Healthcare workers have a responsibility to respond to suspected cases of human trafficking	3.70 (±.57)	3.42 (±.51)	.06
I do not have sufficient training to assist individuals in situations of human trafficking	3.33 (±.64)	2.47 (±.51)	<.001
I should call the police immediately if I suspect that a person has been trafficked	3.13 (±.61)	2.05 (±.91)	<.001
I am confident that I can document human trafficking accurately and confidentially	1.53 (±.60)	2.26 (±.65)	<.001
I am confident I can make the appropriated referrals for those who have been trafficked or exploited.	1.71 (±.60)	2.63 (±.50)	<.001

Note: Response options ranged from 1 to 4, with higher scores indicating “strongly agree”