HEALTHCARE PROFESSIONALS' EDUCATION REGARDING HUMAN TRAFFICKING

IDENTIFICATION AND RESOURCES

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Madeline Kathleen Doyle Iversen

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The Supervisory Committee certifies that this ***disquisition*** complies with North Dakota

State University's regulations and meets the accepted standards for the degree of

DOCTOR OF NURSING PRACTICE

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Approved:

April 10, 2024

Date

Carla Gross, PhD, RN

Department Chair

ABSTRACT

Human trafficking is one of the largest illegal industries with over 40 million adults and children enslaved worldwide. The psychological and physical consequences of human trafficking are high and may impact a victim for their entire life. Approximately 88% of human trafficking victims report receiving medical care during their time captured, and a majority of these victims seek care in the emergency department (ED). Only 11% of healthcare professionals (HCPs) report receiving education on human trafficking.

The purpose of this project was to determine if education regarding human trafficking influences HCPs including, nurses, physicians, nurse practitioners (NPs), physician assistants (PAs), registration, education, case management, and technicians comfort level in identifying victims of human trafficking and then providing resources to the victim. This practice improvement project (PIP) consisted of two, one and a half hour educational in-services in-person or by Zoom to a level III healthcare system in the Midwest. Pre- and post-surveys were used to evaluate the effectiveness in improving knowledge and confidence in identifying and providing resources to potential victims.

Nine HCPs completed the pre- and post-surveys of the two educational in-services. An overall positive increase in HCP's perceived knowledge of identification of potential victims and providing resources in this PIP. Two knowledge questions did not show improvement between the pre- and post-survey. Overall, there was a positive increase in HCP's level of confidence in identifying potential victims and providing local, statewide, and national resources to victims. All participants agreed to finding additional education on human trafficking to be helpful in their job.

The co-investigator of this PIP recommends that NPs and other HCPs be educated on human trafficking indicators and risk factors, as well as resources available for victims. The results of this PIP support the increase in perceived level of knowledge and confidence level in identifying and providing resources to victims of human trafficking. NPs and other HCPs can combat human trafficking by identifying potential victims and offering resources.

DEDICATION

Steffan- Thank you for all of your support and dedication to help me achieve my professional, career, and personal goals over the last 14 years. I would not be where I am today without your stability and ability to provide calmness in the storm. You are the best partner, friend, and supporter I know.

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LIST OF ABBREVIATIONS

ALT...Adult Learning Theory

CME...Continuing Medical Education

CNA...Certified Nurse Assistant

EBP..Evidence-Based Practice Model

ED..Emergency Department

HCP..Healthcare Professional

LPN..Licensed Practical Nurse

MHTTF...Minnesota Human Trafficking Task Force

MMA...Minnesota Medial Association

MN..Minnesota

MYTEI...Minnesota Youth Trafficking and Exploitation
                                                                   Identification

NP..Nurse Practitioner

PA..Physician Assistant

PID...Pelvic Inflammatory Disease

PIP...Practice Improvement Project

PTSD..Post-Traumatic Stress Disorder

RN..Registered Nurse

STI...Sexually Transmitted Infection

U.S. ....United States

UTI...Urinary Tract Infection

TIC...Trauma-Informed Care

WIC..Walk-In Clinic

<center>**CHAPTER 1: INTRODUCTION**</center>

<center>**Background and Significance**</center>

Human trafficking, also known as modern day slavery (Toney-Butler et al., 2023; U.S. Department of State, 2023), is one of the largest illegal industries worldwide. The United States (U.S.) estimates over $150 billion dollars being spent each year on trafficking (Long & Dowdell, 2018). Human trafficking is to surpass the drug industry as being the largest illegal industry in the world with over 40 million adults and children enslaved worldwide (Toney-Butler, 2023). The United Nations defines human trafficking as, "the recruitment, transportation, transfer, harboring of receipt of persons, by means of the threat of use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation" (Human Rights Commission, para. 1).

According to San Francisco's Human Rights Commission (2022), sex trafficking is one of the most common types of human trafficking. According the to the U.S. Department of State (n.d.), there are two primary forms of human trafficking, including forced labor and sex trafficking. Forced labor is a person who uses "force, fraud, or coercion to exploit the labor or services of another person" (U.S. Department of State, 2023, para. 3). Also called labor trafficking, actions such as withholding pay, manipulation with dangerous and addictive substances, and debt manipulation are used to exploit a person's services. Labor trafficking may include work in "agricultural fields, factories, restaurants, hotels, massage parlors, retain stores, fishing vessels, mines, private homes, or drug trafficking operations" (U.S. Department of State, 2023, para. 8). According to the Office on Drugs and Crime (2019), forced labor accounts for

18% of human trafficking and sexual exploitation is the most common form, making up 79% of all human trafficking.

Sex trafficking will be the focus of this PIP. Sex trafficking includes the act of recruiting, patronizing, or soliciting another person for commercial sex. The trafficker may use the victim for money by selling them to another trafficker or using them to perform sexual acts on others for money, debts, or drugs. The trafficker may use physical force, threats to them or their family, psychological or reputational harm, or psychological or debt manipulation as tactics of controlling a person for commercial sex acts. Sex trafficking may occur in "private homes, massage parlors, hotels, brothels" and even the internet (U.S. Department of State, 2023, para. 17).

Child sex trafficking occurs with those under the age of 18 using the same tactics and is prohibited by law in most countries globally. Eighty percent of trafficking victims are women and 30% are children under 18 years. Traffickers tend to specifically target vulnerable populations to better influence how they can manipulate or coerce victims; victims are often easier to manipulate if they come from broken homes or are rejected by their family. Those at highest risk of being trafficked are those identifying as lesbian/gay/bisexual/transgender/questioning/queer (LGBTQ), gang involvement, homeless, runaways, or orphaned youth (Donahue et al., 2019). Human trafficking may still occur even if there was initial consent from the victim to provide services of labor or commercial sex (though children are never allowed to legally consent to commercial sex). Traffickers target vulnerable individuals at opportune times, such as after a person applies as a migrant worker and may not know or understand that the proposed arrangement is illegal or harmful due to language barriers, manipulation, and/or coercion (Donahue et al., 2019; Greenbaum, 2016).

The consequences of being trafficked are high and may impact victims throughout their entire life. Psychological effects of human trafficking include, but are not limited to, anxiety disorders, depression, post-traumatic stress disorder (PTSD), suicidal ideation, and self-harm behaviors (Ottisova et al., 2018). Victims of human trafficking are also at a higher likelihood of developing physical injuries. Some examples of physical injuries may include, broken bones, sexually transmitted infections (STI), pelvic inflammatory disease (PID), urinary tract infections (UTIs), suicide attempts, and substance intoxication (Reynolds & Steinour, 2020; Greenbaum, 2016). Additional physical and psychological consequences of human trafficking are later discussed later in more detail.

In the U.S., 88% of victims report receiving some type of medical care during their time as a trafficked victim and 63% of victims report receiving care at the ED (Lerderer & Wetzel, 2014; Polaris Project, 2021; PLOS One, 2022). These patients often seek medical care due to "dangerous workplace conditions, physical and emotional abuse, inhumane living conditions, poor sanitation, inadequate nutrition," (Grace et al., 2015, p. 2). Anywhere between 28-50% of human trafficking victims in the U.S. have encountered HCPs while being trafficked but were not identified by anyone in healthcare or were not provided resources for help. According to the Coalition to Abolish Slavery and Trafficking (2018), 40% of victims indicate that a professional talking to them or taking action would have helped them escape. Various HCPs working in case management, walk-in clinics, urgent care clinics, and EDs are in a unique position to identify victims of human trafficking and distribute safe, available resources.

Problem Statement

With human trafficking being the largest illegal industry and many victims seeking care while trafficked, only 11% of HCPs report indicating that they have received training. Of those

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11%, only half of ED nurses, physicians, nurse practitioners (NPs) physician assistants (PAs), registration, and technicians reported having a general understanding of human trafficking (Donahue et al., 2019). The medical setting, specifically the ED, may be the only time victims are in contact with others that are not involved in their trafficking situation. Education regarding trafficking is essential for HCPs working in all specialties. Staff in case management, walk-in clinics, urgent care, and emergency departments are of utmost importance to receiving education on human trafficking. Identification of victims with provision of treatment and resources in a timely manner is crucial.

Purpose

The purpose of this project is to determine if education regarding human trafficking influences HCPs including, nurses, physicians, nurse practitioners (NPs), physician assistants (PAs), registration, education, case management, and technicians comfort level in identifying victims of human trafficking and then providing resources to the victim.

Objectives

1. Develop a healthcare professional educational in-service in collaboration with the Minnesota Human Trafficking Task Force (MHTTF).
2. Healthcare professionals will have an increased in knowledge following the educational presentation.
3. Healthcare professionals will have increased confidence in identifying a potential victim following the educational presentation.

CHAPTER 2: THEORETICAL FRAMEWORK AND LITERATURE REVIEW

Literature suggests that many HCPs do not feel adequately or properly trained to identify victims of human trafficking or provide resources for assistance (Donahue et al., 2019; Grace et al., 2014; Greenbaum, 2016; Lutz, 2018). As little as 11-13% of HCPs report receiving training on human trafficking and resources that are available in their community as well as nationally. Healthcare workers, particularly those working in the ED, do not feel properly educated on human trafficking and are willing to learn more on how human trafficking education influences their care. The literature review supports the fact that human trafficking education can statistically increase HCPs in victim identification, understanding of the context the victim is in, and recognize available resources. The information provided illustrates the importance of educating HCPs through educational in-services to identify, understand, and provide resources to victims of human trafficking (Grace et al., 2014; Donahue et al., 2019; Fisher, 2022).

List of Definitions

Human trafficking. Human trafficking is defined as recruiting, harboring, or obtaining individuals to perform commercial sex acts or labor using force, fraud, or coercion (Hachey & Phillippi, 2017).

Victim of human trafficking. A person who has been the subject of a crime, such as being threatened, injured, harmed, tricked, or duped into human trafficking (The victims, 2020). Typically, the term victim is used primarily in the criminal justice system specifically in the legal system and not always used as a label (Victim or survivor – sakitta, n.d.).

Survivor of human trafficking. A person who may or may not see themselves as a victim because they have gained strength or power through the healing process (Victim or survivor – sakitta, n.d.).

Chief complaint. A concise statement of why and individual is choosing to seek medical care (Wagner, Chapman, and Gesteland, 2006).

Pimp. One who benefits financially from exploiting victims. This person controls victims through manipulation, force, violence, or withholding essentials.

Perpetrator or trafficker. Who recruits, harbors, provides, or obtains a victim for commercial sex acts (What is human trafficking?, 2019).

Sex trafficking. Recruiting, harboring, or transporting a person for commercial sex acts.

Confidence. Aims at belief in others or believing in oneself. For this study, healthcare providers belief in themselves will be of importance. Oxford Learner's Dictionaries defines confidence as, "a belief in your own ability to do things and be successful" (n.d., para. 2). Other definitions of confidence can include feelings of trust in someone or something, certainty, or trust.

Educational in-services. Used frequently for healthcare staff to develop knowledge regarding a particular project, new products, or to advance current skills. Education is "a process of teaching, training and learning, […] to improve knowledge and develop skills" ("Education," n.d., para. 1). An in-service is used for a worker to develop knowledge in order to perform skills or tasks ("In-Service," n.d., para. 1).

Theoretical Framework

The Adult Learning Theory (ALT), developed in 1968 by Malcom Knowles, was developed to distinguish the adult learner from the child or adolescent learner. According to Cercone (2008), as adults progress through life, new skills and experiences are accumulated to build new information from. Learning needs change to better suit the individual's career or personal goals. Children and adolescents are to absorb a vast amount of knowledge based on

subjects, creating a generalized scope of knowledge, and are pressured to fulfill grade school requirements. Adult learners need individuality in their learning and each learner is unique in their needs. The ALT relates to implementing this project by educating adult learners in the healthcare setting. HCPs are adults with unique characteristics that should be considered when designing an educational curriculum. The ALT has five assumptions based on the adult learner.

Assumption One

The first assumption of the ALT refers to adult's independence of self and accountability for their own learning (Knowles, 1989). Adult learners are self-directed toward achieving personal goals and are autonomous learners (Cercone, 2008). Adults who were previously educated in a school system were dependent on their educator to move them towards learning and were held accountable by an outside source for their learning. Adults are independent in their learning and their instructor "should only serve as a guide," but should have freedom to direct themselves (Cercone, 2008, p. 144). HCPs are more likely to be motivated to learn when they can view the relevance and applicability of their learning to their everyday work. By relating the information presented on human trafficking and how it will impact their position and ability to provide care to potential victims, they will be motivated to learn and use the education effectively.

Assumption Two

The second assumption of the ALT refers to the vast amounts of experiences and lessons that adults bring to build their new learning off. Unlike children, adults have a set of knowledge and skills that new knowledge can be built off. Children are often learning things for the first time and do not have life experiences or perspectives that adults do. For adult learners to be successful, instructors should encourage connecting past experiences to the new concepts

introduced. Each healthcare professional brings a unique background of experiences to draw from. Each of these experiences can be incorporated into the learning process, particularly when identifying victims and providing specific resources. The educational module will be designed to connect and build off broad experiences for the adult learner.

Assumption Three

Adults are eager to learn information relevant to their work and are looking for ways to improve their experience. Children are encouraged to learn everything that is presented to them, whereas adults can filter information that is relevant to improving their experience. Adults are goal oriented, therefore, "goals should be outlined early in a course" (Cercone, 2008, p. 145). For this project to be successful, the course objectives and course outline will be presented before starting. The information provided in this project focuses on improving the lives of those impacted by human trafficking and creating space for HCPs to learn in a safe environment with the ability to email questions. By learning how to provide resources to victims, HCPs can improve their work experience by providing resources quicker and identify victims sooner. Additionally, the education should include breakout sessions, case studies, and simulations to enhance the learners' experience.

Assumption Four

The fourth assumption of the ALT focuses on the learner orientation. Adults move towards problem-based learning rather than subject-based learning. Adult learners are self-rewarded when able to solve problems and are therefore eager to learn information that will help them do so. Cercone (2008) outlines the vitality in instructors making information relevant and making the learner aware of how they will use the information in real world scenarios. Assumption four focuses on the relevance and value of their learning. HCPs will be more

motivated to learn if they can see the direct value and relevance to their work. For example, outlining the importance of noticing red flags that a victim may possess or how identifying victims and giving resources may save that patient's life.

Assumption Five

Adults are motivated by intrinsic factors rather than external rewards. Malcom Knowles describes adult learners' rewards as individualized and intrinsic, whereas children are motivated by external sources, such as pleasing parents or teachers. These intrinsic motivators may include, "promise of increased job satisfaction, self-esteem, and quality of life" (Cercone, 2008, p. 145). By providing resources and aid in escaping human trafficking, HCPs will feel a sense of reward or purpose in their work and know that they are making a positive impact in someone's life.

In designing a curriculum that educates HCPs of human trafficking, it is best that the ALT is used as a guide. HCPs working in the ED and WIC will understand the information provided when they are able to build on their previous experiences. Most HCPs are motivated by helping their patients in some way, the intrinsic reward of not only identifying a victim, but being able to keep them safe, will aid in the motivation to learn. Lastly, the educational in-service should use a variety of learning methods that includes PowerPoints, videos, breakout sessions, and case studies.

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Literature Review

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Databases used include Cochrane Database of Systemic Reviews (Cochrane), PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Google Scholar. Key words included in the search were, "human trafficking," "education," "healthcare," "emergency department," "urgent care," "walk-in clinic," and "confidence." The search included years from 2017-2022.

Lack of Training and the Positive Effects from Education

Donahue et al. (2019) examined the efficacy of an online training module for emergency department personnel that included nurses, physicians, nurse practitioners, physician assistants, registrations, and technicians in two suburban hospitals. Their educational module consisted of PowerPoints, guidelines, and case studies to determine effectiveness in identifying victims of human trafficking. In pre-survey results, 89% of participants declined ever having previous education in human trafficking. Notably, less than half of the sample indicated minimal understanding of what human trafficking is compared to after the education where 93% felt they had a comprehensive understanding. Donahue et al. (2017) measured the confidence level of HCPs identifying victims which increased from 4/10 to 7/10 after participation. The ability to provide resources was also measured as a confidence level, rising from 4/10 to 8/10. With only 11% of HCPs having education on human trafficking, this study highlights the need to increase education in the hospital setting.

Egyud et al. (2017), aimed to implement a project to improve identification and rescue victims of human trafficking through an educational in-service for an algorithm for identification and treatment. The education consisted of a mandatory education for front-line staff using live training, videos using the algorithm, screening tools, medical red flags, resources for rescue, and who to notify if a victim is suspected or identified. Front-line staff in the study included nursing, physicians, laboratory, social services, radiology, registration, security, and transport. Of the staff that completed the training, 97% were committed to changing their practice to reflect identifying victims and providing resources; the other 3% were planning on using different communication styles and techniques to identify victims. Egyud et al. (2017), highlights that prior to the intervention, there had not been any victims of human trafficking identified. After the education

and using the screening tools, there had been 38 potential victims identified and 5 patients used

the resources that were offered to them. One of the patients was positively screened after a

suicide attempt, who then reported she had been a victim of human trafficking (Egyud et al.,

2017).

Grace et al. (2014), studied an educational in-service on human trafficking for HCPs and

the crucial role education plays in identifying victims through a randomized controlled trial. The

intervention was conducted using PowerPoints, victim stories, and highlighting the important

role that HCPs have in identifying and assisting victims of human trafficking. The researchers

reported that a "short, single-session educational presentation was statistically significant to

increase knowledge" (Grace et al., 2014, p. 7). HCPs were better able to identify victims of

human trafficking after the short educational in-service. Additionally, HCPs were able to

recognize who to call as resources for these victims from pre-test results of 7.2% to 59% after the

intervention. Grace et al. (2014) highlights the importance of educating HCPs on human

trafficking to not only increase identification of victims but to also provide resources to the

trafficked.

Peterson et al. (2022), notes the importance of the hospital's, particularly emergency

departments, role in recognizing and assisting victims, as being a common point of contact. The

researchers developed and implemented a validated screening tool, the Short Screen for Child

Sex Trafficking (SSCST), identify victims of human trafficking. The education provided to this

emergency department revealed a significant increase in screening high-risk patients. Peterson et

al. (2022), found that educating HCPs in the emergency department on screening tools could

result in more screenings that would be done for high-risk individuals. The article highlights that

screening tools should not be a standalone solution, but rather part of a larger effort that focuses

on increasing the awareness and knowledge about sex trafficking among healthcare providers to develop responses to help these victims (Peterson et al. 2022).

Fisher's (2022) doctoral dissertation for North Dakota State University titled, "Healthcare Provider Education for Recognizing and Assisting Victims of Human Trafficking," focused on educating nurse practitioners in North Dakota of sex trafficking through online training sessions. The primary investigator teamed up with the North Dakota Human Trafficking Task Force to collaborate on educational needs in the state. The education focused on two sessions; each was one and a half hours long provided through on online educational session. The project results revealed favoring educating NPs on human trafficking as there were increased perceived knowledge, perceived confidence, and gave participates an online toolkit to use. The toolkit included information for HCPs, including, "online educational sessions, local and national contact and reporting information, victim identification quick reference form, a comprehensive screening form for adults, prevention and screening tools for at risk youth, and victim perspective insight" (Fisher, 2022, p. 7). Of the ten respondents, most found an increased level of perceived knowledge and confidence in identifying and managing victims of human trafficking.

Those at Risk

Victims of human trafficking have no single profile, making it difficult to learn who could be trafficked (Human Trafficking Hotline, 2022; U.S Department of State, 2023; Greenbaum, 2016). Victims come from a variety of backgrounds, including socio-economic status, education level, and documented citizens or undocumented immigrants. Human trafficking is a worldwide issue, affecting nearly every location and people group on the globe; the top three countries of victim origin are the U.S., Mexico, and the Philippines (U.S.

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Department of State, 2023). Victims of human trafficking have been identified in all 50 states, including urban and rural areas of the country.

Those people coming from juvenile systems, runaway or homeless situations, poverty, neglect, impaired parental supervision, refugees from war or conflict, and victims of domestic abuse or sexual assault are at the highest risk of human trafficking (Eqyud et al., 2017; Hornor & Sherfield 2017; Long & Dowdell, 2018). Though many of the victims identified are of the female sex, it is thought that males are underrecognized and may not be reported (Greenbaum, 2016, p. 242). As previously discussed, those in vulnerable populations such as LBTQ, runaways, homeless, or those in poverty may be easier targets and therefore more opt to be trafficked in comparison to their peers (Donahue et al., 2019). The trafficker will seek these vulnerable persons and deceive victims with "false promises of changes for prosperous lives and job opportunities or secure, loving relationships" (Long & Dowdell, 2018, p. 376).

Perpetrators are often charismatic, though manipulative, and may be leaders in the community or even family members of victims. Initial manipulation techniques used may attempt to paint the pimp as a hero or savior from their previous lifestyle. Around 85% of victims report having a close relationship with their trafficker. The victim may feel spoiled by their trafficker and receive gifts, money, a place to live, and/or take them out to eat. By making the victim feel special and loved, a bond may be formed between the perpetrator and the trafficked victim. Later, the trafficker may ask the victim for favors of commercial sex and the trafficker points out that the victim owes them for what they've done (Guardian Group, 2022).

Once a victim is trafficked, they may be threatened, forced, or manipulated into using peer recruitment to lure additional vulnerable victims that may be their friends or family (Franley et al., 2020). Traffickers may initially take the victims' identification cards, such as passports or

drivers licenses, money, and phones to block all communication with family and friends. Ultimately, this leads to dependency on the trafficker and limits their ability to escape. The trafficker may even take the victim away from their home state or country into places that are unfamiliar to them, making it difficult to leave with language barriers and lack of social support.

According to Stop the TRAFFIK (2020), The victim may also be coerced into thinking all types of prostitution are illegal in all countries, making the victim want to avoid confessing to commercial sex to police. Traffickers may hire additional inside support to keep their operation secretive and secure. Someone may be hired to live with the victims that keeps eyes on them at all hours of the day to make sure they don't tell someone about their situation or physically escape.

Presentation to the ED

Women and adolescent victims of sex trafficking often seek health care while being trafficked. Research suggests that 88% of women and adolescent victims sought care from HCPs while trafficked, with up to 63% of victims presenting to emergency departments specifically (Lederer & Wetzel, 2014). However, many of these victims would not recognize that they have been victimized or may not be willing to discuss their current situation due to fear or coercion (Chaffee & English, 2015). As a result, emergency HCPs need for education in identifying these victims is crucial. Victims of human trafficking are more likely to present with high-risk chief complaints, such as genital infections, brain bleeds from trauma to the head and skull, and substance intoxication of drugs and/or alcohol (Reynolds & Steinour, 2020). Obtaining accurate and comprehensive health histories on these patients may be challenging as they are often accompanied by their traffickers and may not be able to disclose their situation freely.

The large percentage of victims presenting to the emergency department highlights the need for HCPs to be educated on how to identify and response appropriate to these patients. With early detection and intervention, significant differences in victims of human trafficking lives by providing them with medical care and linking them to resources and services to escape their situation. Additionally, HCPs need to work collaboratively with community organizations and law enforcement to support these victims and understand what resources are available in their community or state.

Trauma Bonding

The relationship between a victim of sexual exploitation and the trafficker may be complex and cyclical in nature, as the cycle of abuse may result in emotional attachment. According to the Office for Victims of Crime Training & Technical Assistance Center (n.d.), this phenomenon is described as trauma bonding, where the victim is not only reliant on their trafficker for means of surviving but may see the abuser as a source of comfort and offers protection and affection. Often, the trafficker has preplanned notions of manipulation tactics to have their victim meet other groups of traffickers that are also abusive physically and emotionally. The victim may then feel attached to their trafficker based on their history together. As time passes, the victim may begin to have a sense of loyalty or gratitude towards the abuser, as the trafficker may be the only one to understand their history and can provide for them. The emotional attachment may be further compounded by the trauma of the abuse, leaving victims feeling helpless and trapped.

The psychological distress from sex trafficking may lead to various mental and physical health issues. The psychological and physical health consequences are not separate concerns, as acute stressors and long-term exposure to stress and trauma impairs the immunity of individuals

and their ability to fight off infections and may play a role in the development of autoimmune

conditions (Countryman-Roswurm & Shaffer, 2015). The consequences of sex trafficking are not

limited to physical and mental health issues. Victims may experience difficulty forming and

maintaining healthy relationships, trust issues, and a sense of alienation from society, as noted by

Countryman-Roswurm & Schaffer (2015). The long-term effects of human trafficking highlight

the cyclical nature of sex trafficking and the need for comprehensive support services for victims

to break the cycle of abuse and promote healing.

The Lasting Impact

Human trafficking, in many instances, can lead to physical and cognitive consequences

for victims. The physical complications resulting from sex trafficking are numerous and can be

life-threatening for victims from abuse and exposure to illnesses. Greenbaum (2016) lists

physical complications, "injury, sexually transmitted infections (STIs), acquired

immunodeficiency syndrome (AIDS), pelvic inflammatory disease (PID), pregnancy and

complications, infertility, ectopic pregnancy, substance use/misuse, malnutrition, dehydration,

dental complications, untreated chronic medical conditions, and nonsexual infections, such as

tuberculosis (TB), wound infections, and urinary tract infections" (p. 242). Furthermore, the

emotional and cognitive effects of trafficking can be equally as damaging. Victims may suffer

from PTSD, depression, suicidality, anxiety, aggression, conduct disorders, trauma bonds,

attention deficit hyperactivity disorder (ADHD), and somatization (Greenbaum, 2016). The

cognitive consequences can have long-lasting impact on victims of sex trafficking, potentially

years after being rescued from the trafficking situation.

According to Phoenix Rising KY (2023), an organization dedicated to empowering youth

impacted by human trafficking and exploitation, the average life expectancy after an individual is

trafficked is seven years. Phoenix Rising KY (2023) highlights the importance of HCPs need to recognize red flags and providing prompt identification and giving appropriate resources to victims of sex trafficking. If HCPs feel confident in their abilities to recognize and assist victims through education, more victims will be identified. HCPs' education on human trafficking can treat and combat future instances of the long-lasting damaging effects of human trafficking.

Ottisova et al. (2018) conducted a historical cohort study on children of human trafficking versus children who were not trafficked to determine the complexity of post-traumatic stress disorders (PTSD) and its development. Children who were trafficked or were exposed to trafficking had a higher likelihood of developing not only PTSD, but Complex PTSD symptoms. Core PTSD symptoms included re-experiencing the trauma as well as avoiding triggers and hyperarousal when triggered. Complex PTSD includes the core symptoms of PTSD and adds in three symptom domains that include affect dysregulation, negative self-concept, and relational difficulties. In addition to experiencing PTSD, victims of human trafficking may experience suicidal ideation, self-harm behaviors, and anxiety disorders. In children with multiple forms of trauma or exposure for a longer period of time resulted in more complexity of symptoms. This study outlines the need for recognizing victims early in their exposure to trafficking to aid in decreasing the chances of developing Complex PTSD (Ottisova et al., 2018).

High-Risk Signs and Chief Complaints

When a patient presents with a chief complaint, healthcare providers must be aware of high-risk behaviors that may indicate the patient is a victim of sex trafficking. Adolescents and adults presenting with high-risk chief complaints, such as STI testing, suicide attempts or ideation, request for pregnancy testing, acute sexual or physical assault, substance intoxication, or psychiatric illness, are at a greater risk of sexual exploitation (Reynolds & Steinour, 2020;

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Greenbaum, 2016). HCPs should be properly educated and trained on these risk factors to enhance identification and support for potential victims of human trafficking.

Victims of sexual exploitation face unique health risks, including unwanted pregnancy, pregnancy complications, and forced abortion (National Human Trafficking Hotline, 2020). Barriers to accessing safe abortion care, such as a lack of access medical care, financial resources, undocumented status, and state regulations, may lead victims to resort to unsafe methods, such as ingesting dangerous substances or using sharp objects. Methods of at-home abortions can result in serious complications, such as pelvic-organ injury, hemorrhage, sepsis, and even death (Harris & Grossman, 2020).

Pediatric patients presenting with indicators for high-risk for commercial sexual exploitation may exhibit "mental health/behavioral concerns, PID, urinary tract infections (UTIs), STIs, pregnancy, physical injury, and drug and/or alcohol concerns" (Hornor & Sherfield, 2018, p. 252). Additionally, complaints such as broken bones, burns, concussions, or genital mutilation may also indicate sexual exploitation (Long & Dowdell, 2018). Genital mutilation or cutting may indicate that the victim was bought or sold from another country, such as Africa, the Middle East, and parts of Asia, where mutilation is still prevalent (Equality Now, 2022; United Nations Population Fund, 2021). A trafficker may mutilate their victim to exert control and dominance over their victim, or to inflict pain and punishment if they attempt to escape, disobey, or do not meet the demands of the trafficker. Traffickers may perform mutilation to prevent their victim from escaping or seeking help as the victim may be traumatized, embarrassed, or not feel worthy of a better life (Office on Drugs and Crime, 2019; Polaris Project, 2021; Equality Now, 2022).

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HCPs must be able to recognize various signs and indicators that indicate potential victims of human trafficking. Victims may exhibit poor mental health or abnormal behavior, this includes showing fear, anxiety, depression, tense, paranoia, or avoiding eye contact. Patients may appear malnourished, have tattoos or branding of a person's name or symbol, poor dentition or dental neglect, burns, or signs of torture or confinement. They may have few possessions, no money, and may not know what city they are in, or their story may have inconsistencies. Additionally, a victim may have an adult present who will not let them speak for themselves or leave the room, or they may not be able to speak for themselves and have someone translating for them (Greenbaum, 2016; Tiller & Reynolds, 2020). To effectively identify and support potential victims, healthcare providers must possess crucial awareness of the signs and indicators of sex trafficking. Identifying these high-risk behaviors and providing appropriate resources can make a significant difference in the lives of those impacted by sexual exploitation.

Barriers

The identification of human trafficking victims continues to be a significant challenge, with numerous factors contributing to this issue. The lack of awareness of what human trafficking is and how trafficked persons present is one of the main barriers to identifying victims, according to the United Nations Office on Drugs and Crime (2018). The lack of knowledge regarding this issue is challenging for anyone, including HCPs and mandated reporters to report to authorities and local officials.

Properly identifying and providing adequate resources to victims of human trafficking is crucial, as highlighted by a study conducted by Schwarz et al. (2016). The authors emphasize the importance of increasing awareness and knowledge on human trafficking and victim identification to provide resource to these victims. However, only 13% of HCPs feel comfortable

identifying human trafficking victims, and only three percent indicated receiving training on identifying and providing resources to this population, according to Grace et al. (2015). Furthermore, only one percent of the 6,000 hospitals in the United States have policies in place for treating patients who are trafficked (Donahue et al., 2019).

The fear of retaliation from traffickers is another significant barrier that prevents victims from coming forward, as noted by the National Human Trafficking Hotline (2019). Greenbaum et al. (2015) found that fear of retribution from traffickers was the most common reason for not reporting a trafficking situation. These fears can include physical violence and/or threats to the victim or their family. Language barriers can also make it difficult for victims to communicate with HCPs and law enforcement officials, especially if they are brought to an unfamiliar state or country (National Institute of Justice, 2017).

A lack of trust between victims and law enforcement or HCPs is another significant barrier. Victims may have experienced manipulation tactics by their traffickers or previous negative experiences or trauma, leading to a lack of willingness to disclose their experiences. Additionally, the victim may also feel stigmatized and shamed by their situation and dependent on their trafficker, further contributing to their reluctance to seek assistance (Global Alliance Against Traffic in Women, 2020). Human trafficking is a hidden industry, often occurring in hotels, massage parlors, or private homes, making it difficult to see the crimes being committed and decreasing the ability to identify victims (U.S. Department of State 2017). Lastly, a nation-wide shortage of resources, including funding and police officers and social workers, hinders the ability to assist victims (U.S. Government Accountability Office, 2019).

Identifying and providing resources to victims of human trafficking is a complex issue that requires increased awareness, proper training, and resources. Addressing the barriers, such

as the lack of awareness of what human trafficking is and looks like in the healthcare setting, could save victims from sexual exploitation. To address these barriers, a coordinated effort is needed between HCPs, law enforcement, and policymakers to improve timely victim identification and provide necessary resources for victims of human trafficking.

Victims

Certain populations have higher vulnerability of becoming a victim of human trafficking and sexual exploitation. According to the Minnesota Human Trafficking Task Force's 2020 report, individuals of Native American and African American decent, as well as LGBTQ individuals, homeless women and girls, refugees, and undocumented citizens are particularly vulnerable to trafficking. These groups may have factors that make them more at-risk, such as language barriers, lack of documentation, and social marginalization. The National Human Trafficking Hotline's 2020 report for Minnesota revealed 229 reported cases of human trafficking in the state, with 193 cases of sex trafficking, and 36 cases of labor trafficking. Of the 138 victims of sex trafficking identified by the MHTTF in 2020, the majority were minors and 80% were female, which is consistent with global trends. Although many service providers reported some training to identify and respond to human trafficking victims, only 54% felt confident in their ability to do so. Additionally, just 60% of service providers were confident in investigating further or responding to human trafficking, and 34% cited a lack of training and information as a challenge to serving victims (Office of Justice Programs, 2019).

Prevalence in Minnesota

Minnesota has seen a significant prevalence of human trafficking in the last several years. Minnesota is located as a transportation hub with major highways and international airports; these facts make Minnesota a prime location for transport victims across the country or abroad.

According to the National Human Trafficking Hotline (2020), Minnesota is ranked 15th in the

nation in 2020 in the number of reported human trafficking cases. In 2020, 229 cases were

reported in Minnesota. In 2016, 2,124 victims of sex trafficking were identified by service

providers, these include emergency medical services (EMS), HCPs, social workers, case

managers, public health, and teachers. Over 400 victims were identified by law enforcement

(Minnesota Human Trafficking Task Force, 2020). The Minnesota Human Trafficking Task

Force (MHTTF) was established in 2006 to combat human trafficking in the state by conducting

investigations, providing training and education, collaborating with law enforcement centers and

community partners. Sex trafficking is noted to be the most prevalent form of human trafficking

in Minnesota, with women and children being the most targeted population (National Human

Trafficking Hotline, 2023).

The National Human Trafficking Hotline (2024) is a national resource that is available

for reporting, crisis assistance, or submitting a tip. Minnesota's all-time statistics since 2007,

include 3,156 calls to the Human Trafficking Hotline and identified 808 cases of human

trafficking. Of these cases, 1,716 victims were identified. Through the National Human

Trafficking Hotline in Minnesota, 98 cases were identified, and 148 victims were involved. The

primary type of trafficking identified in Minnesota was sexual exploitation with 75 cases, and

labor trafficking coming in second with eight cases. Of the 2021 callers in Minnesota, a majority

were reporting (60 cases) or accessing service referrals (32 cases), while only 6 cases were for

requesting crisis assistance from victims directly (National Human Trafficking Hotline, 2023).

Reporting in Minnesota

Mandated reporting laws are in place to ensure vulnerable populations, such as children

and adults who may be victims of sex trafficking, are protected from harm. Mandated reporting

of victims of sex trafficking in Minnesota is a legal requirement that certain individuals report

suspected cases to the appropriate authorities. Under Minnesota Statutes, section 626.556,

subdivision 2, paragraph (a), any person who has reason to suspect child sex trafficking must

report the case. In Minnesota, these professionals include healthcare providers, social works,

police officers, social workers, teachers and educators, and others who may be in regular contact

with victims. If sex trafficking is suspected, the individual must immediately report the suspected

abuse or neglect to the local law enforcement, the county sheriff, or the Department of Human

Services. Failure to report the suspected case of sex trafficking of a child may result in a

misdemeanor offense (Office of the Revisor of Statutes, n.d.).

Minnesota law also requires reporting of suspected sex trafficking involving adults.

Minnesota Statutes, section 609.3245, any healthcare provider, social worker, or law

enforcement officer who suspects that an adult is being or subjected to being sex trafficked must

report the information to local law enforcement. Like the rules on children, failure to report

suspected sex trafficking is also a misdemeanor offence. By requiring reporting suspected sex

trafficking, Minnesota aims to prevent further cases from occurring and bring traffickers to

justice (Office of the Revisor of Statutes, n.d.).

The Role of Nurse Practitioners

NPs and other healthcare providers play a crucial role in protecting victims of human

trafficking. Research has shown that a majority of victims present to healthcare providers while

being trafficked; this is a critical role NPs have in the fight against human trafficking and sexual

exploitation of women and children. NPs and other healthcare providers also have a legal and

ethical obligation to report suspected cases of sex trafficking to authorities. Reporting traffickers

is essential to protect the safety and well-being of victims and aid in the legal prosecution of

traffickers. According to Peck (2019), NPs have a crucial role in identifying victims by recognizing the signs and symptoms associated with trafficking such as physical abuse, mental health concerns, and signs of sexual exploitation. Once a victim of human trafficking is identified, NPs are able to offer medical services, offer support and resources, and refer victims as needed to appropriate services. Currently, there is a lack of formal education and training for recognizing and assisting victims of human trafficking. Peck (2020) validates the need for education among NPs and HCPs that have face-to-face interaction with potential victims.

NPs possess a unique set of skills that make them an essential piece to the healthcare realm. With their prior nursing experience and additional medical training, NPs are equipped to provide holistic and patient-centered care to all individuals. NPs perspective of care recognizes the broader social determinants of health and the importance of advocating for their patients. NPs also play a crucial role in preventing and addressing issues related to human trafficking and sexual exploitation. Peck (2020) highlights the significance of NPs to identify and address the needs of individuals who may be at-risk to human trafficking. By educating patients on the signs and symptoms of manipulation and coercion, NPs can aid in the prevention of trafficking of their patients. Additionally, NPs can advocate for policies and programs that address the root cause of trafficking. By collaborating with local, state, and federal programs and agencies, NPs can contribute in implementing laws that protect at-risk victims and vulnerable populations.

CHAPTER 3: METHODS

Overall Project Design

The main goal of this PIP was to improve the knowledge and confidence of HCPs, specifically, targeting those working in the ED or WIC in identifying and responding to human trafficking. The co-investigator of this project met with a facility's Quality and Education department to determine the needs of the community. It was found that human trafficking education lacks in annual requisites for HCPs. The co-investigator then met with the MHTTF to determine if they have education materials that align with the needs of this facility. With the collaboration, it was determined that the education provided by the MHTTF is congruent with this project's goals and outcomes. The co-investigator met with the Minnesota Medical Association (MMA) and provided lunch to aid in recruitment. Additionally, the co-investigator met with the facility's marketing team to create and distribute flyers for the event. There is more on this process later in this chapter.

This PIP delivered an educational in-service event for HCPs as well as an online option for those who were unable to attend in person. This PIP used quantitative data analysis to evaluate the educational intervention. Pre- and post-surveys were conducted to evaluate the effectiveness of the education provided. The pre- and post-surveys were administered using Qualtrics. The surveys used Likert and sliding scales to measure the level of knowledge and confidence of the voluntary participants identifying victims. The survey data was analyzed quantitatively using Microsoft Excel and the campus statistician at North Dakota State University aided in data analysis. By allowing for a better understanding of the impact of the educational in-service, this provided insight into areas that may require additional support. Ultimately, this project sought to improve the ability of HCPs, specifically those working in the

ED and WIC to better identify and response to cases of human trafficking, leading to better outcomes for victims and the community.

<div align="center">**Implementation Plan**</div>

Evidence-Based Practice Model or Logic Model

The Iowa Model is widely used in the implementation of research projects in hospital settings and for evaluating evidence-based practice models (EBP). The Iowa Model focuses on creating the project and is useful in disseminating the findings to apply to potentially other healthcare systems. The Iowa Model uses a systematic, step-by-step approach to identify problems, forming a team, grading evidence, developing, and implementing a plan, and finally, evaluating the project (University of Iowa Hospitals and Clinics, 2020)

Step 1: Selection of a Topic

During a shift in the emergency department, the PIP topic was introduced to the co-investigator when a suspected victim of human trafficking did not receive proper identification and resources. The co-investigator of this project had a personal connection to human trafficking and noticed a need for increased education and discussion of the issues in the healthcare setting. HCPs are the target population of this project, including registered nurses (RNs), case managers, registration, phlebotomists, nurse practitioners (NPs), physician associates (PAs), and medical doctors (MDs) that work in the emergency department and/or the walk-in clinic at a rural healthcare organization in Minnesota. Additional support for this topic in rural Minnesota was identified in the literature review for the need of education for HCPs in emergency and walk-in settings.

Setting and Sample

Taking place in a level III hospital in the Midwest, this project site is situated off an interstate that connects several major metropolitan cities. The hospital has a 12-bed, 24-7 ED and a WIC open seven days a week. The emergency department has 20 RNs, six MDs, and two PAs; the WIC has five RNs, four NPs, and two PAs. Inclusion criteria for this project include employment at the facility, active license, work primarily in the ED or walk-in clinic, and at least 18 years old. Exclusion criteria included incomplete pre- and post-surveys.

Step 2: Forming a Team

The formation of this project improvement project was based on the merit of the stakeholders' dedication and passion to combat human trafficking as well as their prior work involvements and interests. The principal investigator was chosen based on her personal connection and previous work with human trafficking and ties to the rural Midwest. The second member, an Assistant Professor of Practice in the school of nursing, was chosen based on her interest of health disparities and passion in human trafficking. The third member, an Assistant Professor of Practice in the school of nursing, was chosen based on her commitment to educate HCPs and emergency department work experience. The fourth team member, an Associate Professor of History and the Director of Women & Gender Studies, was chosen based on her publications of intimate partner violence and passion for gender equality.

Collaborating with the MHTTF, this project involves the provision of necessary information and the identification of experts and resources for its members. The MHTTF aids in legislation change and anti-trafficking efforts in all of Minnesota. The purpose of MHTTF and the Minnesota Sex Trafficking Prevention Network (MNSTPN), is "to engage and equip communities across the state with policy and education aimed at preventing human trafficking

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and exploitation" (About Us, Minnesota Human Trafficking Task Force, n.d., para. 2). The MHTTF has over 1,000 group members, composed of professionals "engaged in anti-human trafficking efforts, survivors of human trafficking, and concerned community members looking to make a difference" (About Us, Minnesota Human Trafficking Task Force, n.d., para. 6). The MHTTF agreed to educate HCPs on their validated tool, the Minnesota Youth Trafficking and Exploitation Identification Tool and Guide (MYTEI).

Several contributors served as champions to ensure the PIP was successful. Champions included the hospital's Director of Quality and Safety, who oversees that the hospital's public health initiatives are being met, and the Staff Education Leader, who aided in marketing for the event. The ED manager was another champion of this PIP, who helped recruit staff for the event. The champions were chosen based on their recognition for the issue of human trafficking and willingness to serve.

Step 3 and 4: Retrieval and Grading the Evidence

Databases used include Cochrane Database of Systemic Reviews (Cochrane), PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Google Scholar. The searches Cochrane yields only five articles when searching keywords "human trafficking AND education." Upon individual review of the articles, only one was within the time limits and pertinent to the PICO questions. To continue the search on Cochrane, "emergency room" was added to the search as was "sex trafficking," only one article resulted. Finally, "human trafficking and emergency" was used as keywords, and three articles resulted, with two being duplicates from previous searches.

In PubMed, the initial search of, "human trafficking and education and emergency room or emergency department" results in 18 articles, with 12 pertinent to the PICO question. To

broaden the search, the keywords changed to "human trafficking education," with a better yield (229). These studies were limited further by date and academic journals. Keywords "human trafficking and education and hospital" was searched, with 99 results.

Searches for "human trafficking AND education" on CINAHL yields 1,016 reviews. These reviews were then limited to 2016 and the current year, which results in 637 articles. In searching "human trafficking AND education AND emergency room," 29 articles are resulted. In hand picking pertinent articles, it was then narrowed down to 16 reviews. To broaden the search, "human trafficking OR sex trafficking and education" was attempted and 1,305 articles resulted. Many of the articles are pertinent to the project purpose, though some focus primarily on nurses, others on providers, and some on nursing student education. Searches were then limited to academic journals and dissertations, 831 articles related to this project were yielded. Many of these reviews are meta-analysis, systematic reviews, and trials.

Using the keywords "human trafficking and education and emergency department" on Google Scholar with a 5-year limit, results in 6,980 articles. To limit the search, the keyword "provider" was included, in which 35 reviews resulted. Many of these articles were not in the previous databases, and many were pertinent for the PICO question. Lastly, searches from PubMed's 'cited by' section and searched through Google Scholar. When a patient presents with a chief complaint, healthcare providers must be aware of high-risk behaviors that may indicate the patient is a victim of sex trafficking. Adolescents and adults presenting with high-risk chief complaints, such as STI testing, suicide attempts or ideation, request for pregnancy testing, acute sexual or physical assault, substance intoxication, or psychiatric illness, are at a greater risk of sexual exploitation (Reynolds & Steinour, 2020; Greenbaum, 2016). Many were available for use and congruent with the project.

Step 5 and 6: Developing and Implementing

The MHTTF uses the Minnesota Youth Trafficking and Exploitation (MYTEI) tool and guide to educate professionals around the state. According to the MN Department of Health (2022), the toolkit "was created by professionals who work with youth to help identify minors who have experienced, or may be experiencing, human trafficking and/or exploitation" across the state (para. 1). The toolkit provides "best practices for creating an identification process and response plan, an indicator list to help professionals recognize possible signs of human trafficking and exploitation, identification tool and guidance on next steps, and resources for further information, referrals, and guidance" (MN Department of Health, 2022, para. 3). Although the MYTEI tool was primarily developed for children, the tool can and has been used on any age (MHTTF, 2022).

The co-investigator met with and collaborated with the MHTTF to utilize the pre-existing MYTEI tool for primary education, aiming to enhance the effectiveness of the intervention. The toolkit consisted of PowerPoints, victim case studies, and group collaboration and discussion, and educated HCPs on using the MYTEI tool to identify victims of sex trafficking and navigate available resources in the county and state. Once a victim has been identified, the tool then guides the professional on next steps and available resources. The co-investigator coordinated continuing education credits for physicians and nurses through the MMA for recruitment purposes. Additionally, the co-investigator met with the education and marketing team several times at the facility to ensure proper channels were met.

The educational in-service educated HCPs on the MYTEI tool and how to use it to identify potential victims of human trafficking and resources available to victims. The educational session took place in-person and Zoom recordings were available after the class and

distributed on the hospital's education website and assigned to personnel if indicated by hospital staff. The session took approximately 60 to 90 minutes during the lunch hour. The pre- and post-survey was made through NDSU Qualtrics, a website used to gather data by distributing surveys. The pre- and post-survey were distributed through a quick response (QR) code that was scanned on the participant's phone. The QR code was on a sheet of paper in the conference room as well as on the PowerPoint screen. The participants were reminded to take the pre- and post-survey before and after the education takes place by the co-investigator. The pre- and post-survey asked if patient is a nurse, physician, PA, or NP, and if they worked in the ED or the WIC to include only those who met the inclusion criteria. Survey participants will not be asked name, age, gender, or other identifiable information. The survey will be available for anyone who participated to complete, if requesting to. The recorded education session will be available for one year after the PIP, though the pre- and post-survey will be distributed prior and after the recording for 60 days to gather and analyze survey data. By utilizing the MYTEI toolkit and conducting pre- and post-surveys, this PIP aimed to improve HCPs knowledge and confidence in identifying and responding to cases of human trafficking.

Recruitment

The HCPs for this PIP were recruited primarily using email and flyers, see Appendices E. The emails were sent by the hospital marketing team one month prior to the event, two weeks prior, one week prior, two days prior, and the day of the event. Using the hospital conference room, the space was limited. A signup was disseminated in the email using Google documents, created by the co-investigator and the hospital marketing team. The flyers for the in-service were created by the hospital marketing team. The flyer had the time, location, brief outline of the in-service, and note that lunch is provided as well as continuing medical education (CME) credits.

The flyer also indicated how to sign up through Google. Flyers were posted to the staff home webpage and dispersed in hospital breakrooms. Hospital administration requested training be expanded to hospital registration, laboratory, all nursing staff, and physicians' enterprise wide. Though training may be required for specific departments, the pre- and post-survey would remain optional.

Step 7: Evaluation

The MYTEI tool's PowerPoints and case studies on sex trafficking victim definitions and identification were be used to address objectives one and three. The independent pre- and post-survey questions will assess healthcare professionals' confidence in their knowledge and ability to identify victims using the Likert scale and a sliding scale of 1-10. Objective two was addressed through PowerPoints, group discussions, and breakout sessions. The pre- and post-surveys also assessed HCP's confidence in providing community and state resources for victims of human trafficking.

To provide a comprehensive overview of the project and facilitate understanding of its various components, an Objectives, Activities, and Evaluation (OAE) table was created. Table 1 serves as a visual representation of the interrelationships between project objectives, corresponding activities, and the evaluation methods employed to measure their efficacy. The OAE table offers a clear and structured framework for the management and assessment of this PIP.

A logic model was developed to view this PIP's process. The logic model creates a visual representation that illustrates the logical relationships between the resources, activities, outputs, outcomes, and impacts of this project. The are several components of the logic model that illustrate the cause-and-effect relationship between the variables. First, the inputs are resources

that were required for the PIP. These include the principal investigator of this PIP, the

dissertation committee, the facility, staff time, staff, etc. Next, the activities are the specific

actions done to complete the PIP. The activities include developing the educational in-service,

pre- and post-surveys, incentives, and reporting data. The outputs are the direct products through

the activities and include the participants and materials. The outputs include the educational in-

service, PowerPoint delivery, posters/flyers, and additional research. Lastly, the outcomes

outline short and long-term effects that the PIP is aimed to achieve. Short-term goals include

increased confidence in identifying victims and providing resources and increased knowledge of

human trafficking identifiers and resources available. The logic model for this PIP is shown in

Table 2.

Table 1

OAE Table

Objective	Activities	Evaluation
Develop a healthcare professional educational module in collaboration with the MHTTF.	Assist in educating healthcare professionals using the MYTEI Tool.	Total participant number
Healthcare professionals will have an increase in knowledge after the educational module.	Educational in-service in collaboration with MHTTF using the MYTEI Tool. Education delivered in-person with PowerPoints, case studies, and breakout sessions.	Pre-survey questions 13-16 & 23-25. Post-survey questions 6-10 & 17-19.
Healthcare professionals will have increased confidence in identifying a potential victim after the educational module.	Educational in-service in collaboration with MHTTF using the MYTEI Tool. Education delivered in-person with PowerPoints, case studies, and breakout sessions.	Pre-survey questions 8-12. Post-survey questions 3-6.

Note. The table describes the objectives, interventions, and assessment for the PIP.

Table 2

Logic Model

Project Goals: Healthcare professionals will have an increase knowledge and confidence in identifying and providing resources to victims of human trafficking.
Project Goals: Healthcare professionals will have an increase knowledge and confidence in identifying and providing resources to victims of human trafficking.   **Objective one:** Develop a healthcare professional educational module in collaboration with the MHTTF.   **Objective two:** Healthcare professionals will have an increase in knowledge after education module.   **Objective three:** Healthcare professionals will have increased confidence in identifying a potential victim after the educational module.

			Outcomes	
Inputs	**Activities**	**Outputs**	**Short**	**Medium/Long**
-Dissertation chair -Dissertation committee -Level III Hospital -Staff time -CNO, supervisor of ED and Walk-In Clinic -Quality department supervisor/education -All staff members -MN Human Trafficking Task Force -Content experts	-Development of educational in-service for healthcare workers in the emergency department and walk-in clinic -Develop educational in-service on human trafficking definitions and resources available -Survey on confidence level, resources available, red flags, and definitions -Survey on overall experience -Give CMEs for attendance -Additional incentives such as food/snacks. -Collect pre- and post-survey and report data -Report data to NDSU DNP chair	-Educational in-service with the MN Human Trafficking Task Force -PowerPoint delivery and victim stories -Posters/flyers -At least 12 attendees to complete pre- and post-survey -Dissertation approval and publication -Additional research into educational in-service for healthcare workers on human trafficking -Increased interest in human trafficking education	- Increased confidence among healthcare workers in human trafficking victim identification -Increased knowledge of resources available in the area for victims of human trafficking -Increased knowledge of red flags -Increased knowledge of definitions of human trafficking -Increased knowledge of how to report human trafficking	-Annual email reminders for conference held in September -Development of red flag/best practice alert for high-risk chief complaints -Increase in victim identification of human trafficking -Increase resources in the community -ED to have a plan in place when a victim is identified and resources to call -Increase networking with surrounding counties and EDs

Evaluation of Outcomes and Data Analysis

To evaluate the effectiveness of this PIP, a comprehensive approach using quantitative data research was used. The pre- and post-survey measured the participants' demographics, knowledge of human trafficking and confidence level in identifying victims. The pre-survey was administered immediately prior to the educational in-service and the post-survey was available for one month after the in-person session. The data from both surveys was collected using the Qualtrics website, and only the responses from participants who meet the inclusion criteria was included in the final results. The quantitative data from the surveys was analyzed in collaboration with the campus statistician to determine the effectiveness of the PIP. The statistics was analyzed using descriptive statistics, which will provide an overview of participants' responses. Measures included means and average percentages to identify patterns in the data.

The results of the evaluation were disseminated to key stakeholders via email and provided insights on whether educating HCPs on human trafficking using the MYTEI tool improves their confidence in identifying and providing resources to victims. The pre- and post-survey questions were designed to align with the objectives of this project, which are listed in Appendices C and D. By evaluating each objective through survey questions, this project provided an understanding of the effectiveness of the educational in-service and serve as a guide to future efforts to improve HCPs' knowledge and ability to respond to victims of human trafficking.

Conclusion

In conclusion, the use of theories and models is crucial in guiding the development, implementation, and evaluation of this PIP. The Adult Learning Theory is used to create an effective and optimal educational format for the adult learners in this project. The Iowa Model is used to outline the steps towards achieving a successful evidence-based project. These theories and models were essential to the design, implementation, and evaluation of the objectives of this PIP. The co-investigators and key stakeholders were essential in supporting and making this project possible. The data collected for this project will serve as a baseline for encouraging the education of HCPs on human trafficking in the Midwest, and their crucial role in identifying and providing resources to victims.

CHAPTER 4: RESULTS

The pre- and post-surveys were collected from HCPs who attended the educational in-service online or in-person between September 2023 and November 2023. All staff members, including providers, were targeted in this PIP, though there were no providers who finished both the pre- and post-survey. The survey link was sent through email if a participant requested attendance online. In-person participants were given a QR code at their table that directed them to an electronic? survey, which then sent the pre-survey to their inbox. After 60 minutes, the estimated time of the educational in-service, the post-survey would then be sent directly to their inbox. This allowed for the participants' demographic data to be linked. Email responses were not visible to the research team to protect confidentiality. Twenty-six responses were collected for the email survey, 14 completed the pre-survey and 10 participants completed the post-survey. The other two participants received the email, though did not complete the pre- or post-survey. Only those who completed both the pre- and post-survey data were included in the data analysis of this PIP. One participant in the post-survey did not complete the pre-survey and therefore was excluded from the data analysis, thus totaling nine fully completed surveys for review. Those who completed the survey were registered nurses from quality, education, case management, emergency rooms, and the walk-in clinic. Other survey participants included pharmacists and licensed social workers.

Of the survey respondents ($N = 9$), 100% reported being a mandated reporter in both the pre-survey and post-survey. Additionally, 100% of pre- and post-survey participants also reported they are responsible for reporting suspicious or confirmed cases of human trafficking. Fifty-six percent ($n = 5$) of participants denied having any formal human trafficking education in the past and 11% ($n = 1$) were unsure according to pre-survey data. All of the participants

responded with either "*somewhat agree*" or "*strongly agree*" to the question, "*I would find*

additional education human trafficking helpful in my job," further supporting the need of

education for HCPs. Of note, a majority of respondents report coming in contact with patients

directly in their current role. All participants agreed with the statement, "*I believe it is my*

responsibility to aid in identifying potential victims of human trafficking" in the pre- and post-

survey data. Demographics and background information from pre-survey data is shown in Table

3.

Table 3

Pre-survey Demographics

Area of Work	Frequency	Percentage
Emergency Department	4	44%
Walk-In Clinic	1	11%
In-patient (medical, ICCU)	3	33%
Other	3	33%
Current Job Title		
Registered Nurse (RN)	6	67%
Patient Access Representative	1	11.1%
Other	2	22%
Current Education Level		
Associates degree (i.e. AA, AS)	2	22%
Bachelor's degree (i.e. BA, BS)	5	56%
Masters degree (i.e. MA, MS, Meng, Med, MSW, MBA)	2	22%
Years in Current Role		
Less than 1	1	11%
1-3 years	2	22%
4-7 years	4	44%
8-11 years	1	11%
Beyond 11 years	1	11%
Do you come in contact with patients directly in your current role?		
No	2	22%
Yes	7	78%
Have you received formal education on human trafficking?		
No	5	56%
Maybe	1	11%
Yes	3	33%
I would find additional education on human trafficking helpful in my job		
Somewhat agree	6	67%
Strongly agree	3	33%

Additional data was gathered on if their current department has resources readily available for victims of human trafficking. In the pre-survey, a majority of respondents chose "*I do not know*" or "*yes*" to having resources available. After the educational in-service, the majority had changed to either "*I do not know*" or "*no*" to having resources readily available for victims. Eighty-nine percent ($N = 9$, $n = 8$) of participants declined using a screening tool to aid in identifying victims of human trafficking while practicing. A majority of respondents agreed to using a screening tool to assist in identifying victims of human trafficking while at work in post-survey data. Percentages between pre- and post-survey respondents can be viewed in Table 4.

Table 4

Resources and Utilization of a Screening Tool

The department I work in has resources readily available to use if someone is a victim of human trafficking	Pre-survey	Post-survey
No	22%	44%
I do not know	44%	44%
Yes	33%	11%
Have you ever used a screening tool to aid in identifying potential victims of human trafficking while practicing		
No	89%	89%
I do not know	0%	0%
Yes	11%	11%
Would you use a screening tool to assist in identifying potential		
Definitely not	0%	0%
Probably not	0%	11%
Might or might not	33%	11%
Probably Yes	33%	44%
Definitely yes	33%	33%

Objective One

The first objective of the study was met, and states, "*Develop an educational module in collaboration with the MHTTF.*" Activities associated with this objective included the co-investigator's assistance in educating HCPs using the MYTEI Tool and creating the event for HCPs. The co-investigator discussed with HCPs in the organization's Quality department to conduct a generalized and brief needs assessment of the hospital, clinic, and community. Education regarding human trafficking was determined to be needed and was not covered at length at this facility. The co-investigator then discussed with the MHTTF the educational needs of this PIP through Zoom, phone, and email.

The educational modules focused on educating professionals on the use of the MYTEI tool, prevalence of human trafficking nationally and statewide, risk factors, signs of trafficked individuals, case studies, and resources available locally and nationally for victims. The co-investigator reviewed the educational materials at-length to determine if their educational in-service fit the needs of the hospital and community, as well as this PIP. Once a determination was made that there was congruence among the MHTTF educational in-service on the MYTEI tool and the focus of this PIP, the MHTTF was contacted and asked to collaborate for two educational sessions on September 28th, 2023. The MHTTF agreed upon the needs of the hospital and community for an educational in-service event and offered to use their educational materials.

The co-investigator was responsible for setting up the date, times, and location of the event. This was done in collaboration with the Quality department at the facility hosting the educational in-service. Stakeholders determined that the education would be best received in the fall, once things settled in the public-school systems for the upcoming year, and to host two

separate sessions, one over the lunch noon hour and another at 1:30 PM. Both sessions were offered in person and over Zoom. The stakeholders in this PIP agreed on the meeting date, times, and location. The co-investigator met with the MMA to determine if Continuing Medical Education (CME) credits would be appropriate for the event. Information regarding the event's education and goals were sent to officials at MMA, and the education was determined to be appropriate for their requirements, allowing for the co-investigator to advertise for free CMEs, refer to Appendix G. Hospital education staff determined the education to be appropriate for one educational "Contact Hour" for nurses working at the facility, which is needed to maintain their status as an employee. The co-investigator was responsible for recruitment of participants, this included staff of the hospital, public health, and local sheriff and police departments. The co-investigator reached out to the facilities marketing team to recruit participants via email and post information regarding the educational session to their private website for employees.

The co-investigator collaborated with the facility's marketing team to create and distribute flyers for the event. The flyer was posted on the facility's staff home page and emails were sent from the head of marketing to all staff in the facility. The flyer was composed of a woman covering her face, the title, "Human Trafficking Conference," and the dates and time listed. The ED and WIC were targeted directly with the manager of each department sending out reminders to their department group chat. The outcomes of the in-service were also displayed, stating this "education will focus on: identifying human trafficking victims, mandated reporting, and resources available in our community." Provided lunch and free CMEs were also listed on the poster to aid in recruiting participants.

Objective Two

The second objective of this PIP was partially met, and states, "*Healthcare professionals will have an increase in knowledge after the educational module*." Activities that aided in meeting this objective included attendance of the in-service either online or in-person to receive education through PowerPoints, case studies, and breakout sessions. Perceived level of knowledge was obtained in pre-survey questions 13-15 and post-survey questions 7-9 using a 10-point sliding scale, with "*0*" being no perceived knowledge and "*10*" being highest level of knowledge. Question 13 asked participants to rate their knowledge on recruitment of victims for human sex trafficking. Of note this question did pose a positive 1.11 change between pre- and post-survey data. The average perceived knowledge of signs that someone may be trafficked had a net change of 1.78, and the average perceived knowledge of resources available for victims had a net change of 3.11 when comparing post-survey data to pre-survey data. Overall, in all three perceived knowledge questions, the average percentages of participants had a positive change when comparing data sets. These questions can be seen in Table 5 below.

Table 5

Average Perceived Knowledge (0 being none at all, 10 being highest)

	Pre-Survey	**Post-Survey**	**Net Change**
How victims are recruited for human trafficking	4.0	5.11	+1.11
The signs someone may be trafficked	4.33	6.11	+1.78
Resources (community, state, and local) for victims of human trafficking	3.56	6.67	+3.11

Two additional knowledge questions were asked in pre-survey questions 24 and 25 and post-survey questions 18 and 19. The first question was true or false and asked, "*In Minnesota, known or suspected sex trafficking of a minor (under age 18) is a mandated report, regardless of whether the third-party sex trafficker is a caregiver or not*". A majority of respondents answered that question correctly in the pre-survey, with no change in the post-survey. Pre-survey question 25 is a "*select all that apply*" question that states, "*Common risk factor(s) that may make a youth more vulnerable to trafficking and exploitation include*:" with the correct answer being all: "*running away*", "*homelessness*", "*truancy*", "*LGBTQIA identity*", "*disability*", "*lack of immigration status*", and "*poverty*." Eighty-nine percent ($n = 8$) of respondents were correct in the pre-survey, and overall knowledge decreased in the post-survey at 78% ($n = 7$) of participants answering correctly. The percentage breakdown for these two knowledge questions can be seen in Table 6.

Table 6

Level of Knowledge

	Pre-Survey	Post-Survey
In Minnesota, known or suspected sex trafficking of a minor (under age 18) is a mandated report, regardless of whether the third-party sex trafficker is caregiver or not (true or false)	89%	89%
Common risk factor(s) that may make a youth more vulnerable to trafficking and exploitation (select all that apply)	89%	79%

Objective Three

The third objective of this PIP was met, and states, "*Healthcare professionals will have increased confidence in identifying a potential victim after the educational module*." Question eight of the pre-survey corresponds to question two of the post-survey, which states, "*I am confident in my ability to identify victims of human trafficking*." In the pre-survey, only 33% ($n = 3$) of respondents chose "*somewhat agree*" or "*strongly agree*", while the post-survey data reveals 89% ($n = 8$) of participants chose one of those two answers. A 56% increase in the agreeable choices was found between pre- and post-survey data in the ability to identify victims of human trafficking. Question 23 of the pre-survey and question 17 of the post-survey states, "*I know how to report someone I suspect is being trafficked*." Of the pre-survey data, 77% ($n = 7$) of participants chose, "*somewhat agree*" or "*strongly agree*", while post-survey data shows 100% ($N = 9$) of participants choosing between these two answers. This question reveals a 23% increase in agreeable choices between pre- and post-survey participants' confidence level in reporting victims suspected of human trafficking. Data from pre-survey questions 8, 9, and 23 and post-survey questions 2, 3, and 17 are shown in Table 7.

Table 7

Confidence Levels

Confidence Level	Pre-Survey					Post-Survey				
	Strongly disagree	Somewhat disagree	Neither	Somewhat agree	Strongly agree	Strongly disagree	Somewhat disagree	Neither	Somewhat agree	Strongly agree
I am confident I have taken care of a victim of human trafficking at work	11%	11%	56%	22%	0%	22%	22%	22%	22%	11%
I am confident in my ability to identify victims of human trafficking	0%	33%	33%	33%	0%	0%	11%	0%	89%	0%
I know how to report someone I suspect is being trafficked	0%	11%	11%	44%	33%	0%	0%	0%	56%	44%

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Pre-survey question 11 and post-survey question five asked participants seven different confidence questions using the scale, "*none*", "*very little*", "*some*", and "*very much so*". Question 11.1 asked the participants' confidence level in regard to identifying and responding to human trafficking. In the pre-survey, 67% (*n = 6*) of respondents chose between "*some*" and "*very much so*", while the post-survey average percentage between those two answers increased to 89% (*n = 8*). HCPs' average confidence percentage in indicators of human trafficking also increased as 78% (*n = 7*) of respondents in the pre-survey chose between "*some*" and "*very much so*", while in the post-survey, 100% (*N = 9*) of respondents chose between these two answers. Reporting human trafficking was assessed in question 11.4, which had 22% (*n = 2*) of respondents choosing "*very much so*", and 67% (*n = 6*) of respondents choosing *"very much* so" in the post-survey data. Local and/or state support services for people who are trafficked was asked in question 11.6. Sixty-seven percent (*n = 6*) of respondents chose between the two higher answers, "*some*" or "*very much so*", and post-survey data has 89% (*n = 8*) of HCPs choosing between these two choices. Confidence levels of pre-survey question 11 and post-survey question five can be seen in Table 8.

Table 8

Confidence of Responding, Indicators, and Reporting

Confidence level	Pre-Survey				Post-Survey			
	None	Very Little	Some	Very Much So	None	Very Little	Some	Very Much So
Your role in identifying and responding to human trafficking	0%	33%	33%	33%	0%	11%	56%	33%
Indicators of human trafficking	0%	22%	56%	22%	0%	0%	44%	56%
What questions to ask to identifying potential cases of human trafficking	11%	22%	67%	0%	0%	11%	56%	33%
How to report human trafficking	0%	33%	44%	22%	0%	0%	33%	67%
Assessing danger for a patient who may be trafficked	0%	44%	56%	0%	0%	11%	56%	33%
Local and/or state support services for people who are trafficked	0%	33%	44%	22%	0%	11%	56%	33%
Local and/or state policies on responding to human trafficking	11%	33%	56%	0%	0%	11%	78%	11%

Pre-survey question 10, 12, and 16 and corresponding post-survey question 4, 6, and 10 assessed HCPs' confidence in identifying victims, recognizing risk factors of people who may be trafficked, and providing resources to victims. These three questions assessed confidence using a zero to 10-point sliding scale, with "*0*" being no confidence and "*10*" being highest. Pre-survey question 10 and corresponding post-survey question four states, "please indicate your confidence in identifying victims of human trafficking using the sliding scale." The average pre-survey response was 3.44 ($N = 9$) out of 10, while post-survey response showed a positive 1.89 point change, as the average response was 5.33 out of 10. Pre-survey question 12 and corresponding question six states, "*I feel confident in recognizing risk factors for victims of potential human trafficking or exploitation*", the average response was 3.78 on the 0-10 point scale, while post-survey data average response was 6.33, showing an average 2.55 point change. Lastly, pre-survey question 16 and corresponding post-survey question 10 asked, "*please indicate your level of confidence in providing resources to victims of human trafficking*." Of the nine participants in the pre-survey, the average response was 3.67 on the 10-point scale, while post-survey data shows a positive change of 1.77. Pre-survey questions 10, 12, and 16 and corresponding post-survey questions 4, 6, and 10 average responses can be seen in Table 9.

Table 9

Average Confidence Levels (0 being none at all, 10 being highest)

	Pre-Survey	**Post-Survey**
Identifying victims of human trafficking	3.44	5.33
I feel confident in recognizing risk factors for victims of potential human trafficking or exploitation	3.78	6.33
Providing resources to victims of human trafficking	3.67	5.44

ED and WIC Results

There were a total of five participants ($N = 5$) that work in the ED and WIC. In pre-survey question nine and post-survey question three revealed an average increase of 60% in participants agreeing to the statement, "*I am confident in my ability to identify victims of human trafficking.*" In regard to the question, "*please indicate your confidence level in regards to your knowledge of the following: your role in identifying and responding to human trafficking,*" revealed a 20% average increase in participants agreeing with the statements "*some*" or "*very much so.*" Pre-survey question 16 and corresponding post-survey question six, which states, "*I feel confident recognizing risk factors for victims of potential human trafficking or exploitation,*" this question used the zero to 10-point sliding scale, with "*0*" being none and "*10*" being highest. The pre-survey average was 40% of participants choosing "*5*" or above, while post-survey data has 100% of participants choosing "*5*" or above. Lastly, pre-survey question 16 and corresponding post-survey question 10 asks, "*please indicate your confidence of providing resources to victims of human trafficking,*" using a zero to 10-point sliding scale, with "*0*" being none and "*10*" being highest. Average percentage for this question increased 40% between pre- and post-survey participants choosing "*5*" or higher.

CHAPTER 5: DISCUSSION AND RECOMMENDATIONS

Summary and Discussion

Seventy-eight percent of healthcare professional participants ($N = 9$) in this PIP report coming in contact with patients directly, and all agree to the statement, "*I believe it is my responsibility to aid in identifying potential victims of human trafficking*." Of these participants, only 33% indicated that they have received formal education on human trafficking, and all participants agreed that additional education on human trafficking would be helpful in their job. These findings follow trends seen in studies discussed earlier in this PIP (Lutz, 2018; Greenbaum et al., 2016, Grace et al. 2014). Eighty-nine percent of respondents indicated not having resources or being unsure if resources are available in their home department for victims of human trafficking. Additionally, 89% of HCPs surveyed in this PIP denied ever using a screening tool to aid in identifying victims of human trafficking prior to the educational in-service. After the educational in-service, 77% of participants agreed to using a screening tool to aid in identifying victims would be helpful in their future practice.

Findings of objective two, which states, "*healthcare professionals will have an increase in knowledge after the educational module*," revealed an average overall net increase in perceived knowledge. Specifically, pre-survey question 15 and corresponding post-survey question 9 on resources available in the community, locally, and statewide had the largest average increase of perceived knowledge of 3.11. Perceived knowledge regarding recruitment of victims and the signs someone may be trafficked also showed a positive increase between the pre- and post-survey data. The observed average increase in perceived knowledge among HCPs presumes benefits for victims of human trafficking (Fisher, 2022; Donahue et al. 2019). The increased awareness and understanding can aid in timelier identification and intervention,

improved access to resources, enhanced victim-centered care, and utilization of community collaboration to assist victims outside of the hospital setting. The increase in perceived knowledge among HCPs serves as a catalyst for more informed and proactive response to human trafficking.

Level of knowledge was assessed through two knowledge-based questions in the pre- and post-survey. Eighty-nine percent of participants answered correctly to pre-survey question 24 and corresponding post-survey question 18, regarding mandated reporting of a third-party sex trafficker regardless of them being a caregiver or not. This PIP resulted in no knowledge increase in this question, though a majority of participants answered the question correctly in both the pre- and post-survey. While this indicates that the educational module did not lead to a significant increase in knowledge on this topic, the results help emphasize that a majority of participants already had a strong understanding of the mandated reporting requirements. The findings of this PIP could underscore that the HCPs surveyed already have existing competence of their key role in understanding what should be reported. In order to gather more information, there needed to be more knowledge questions to better assess for a potential increase.

Pre-survey question 25 and post-survey question 19 regarding common risk factor(s) that make a youth more vulnerable showed a decrease from 89% in the pre-survey data to 79% in post-survey data. This slight decrease in average response could be viewed as a targeted improvement and likely suggests the need for continued education that emphasizes risk factors associated with youth who are at greater risk of being sex trafficked for individuals in this PIP. Egyud et al. (2017), who conducted research regarding pediatric human trafficking victim red flags, recommends? ongoing "formal education, screening, and treatment protocol for ED personnel" (p. 529). Despite these trends, it should be acknowledged that these knowledge-

based questions suggested a high level of baseline understanding among these participants but could have also suggested more thorough measurement with more knowledge questions in the surveys. The identified area of need is highlighted by the slight decrease in knowledge regarding risk factors.

Findings of objective three, which states, "*healthcare professionals will have increased confidence in identifying a potential victim after the educational module*," shows an overall increase in confidence levels between pre- and post-survey data. ED and WIC participants ($N = 5$) in this PIP showed an increase in their confidence in their ability to identify victims of human trafficking. Notably, confidence in the ability to identify victims of human trafficking increased from 33% in the pre-survey to 89% in the post-survey in all participants ($N = 9$). The increase between pre- and post-survey with this question suggest the educational in-service was valuable in increasing the participant's awareness of human trafficking and empowering HCP's who participated to assess potential victims. Confidence in reporting someone who is suspected to be a human trafficking victim increased between the pre- and post-survey, which is important for ongoing care for patients outside of the hospital setting.

Additional findings showed an increase of confidence levels between pre- and post-survey data in the HCPs' role in identifying and responding to human trafficking, indicators or human trafficking, questions to ask potential victims, and assessing danger for those who may be trafficked. This underscores the importance of education for HCPs on human trafficking to provide them empowerment in their work. Confidence in utilizing state support services locally and statewide increased, as well as confidence in providing resources to victims of human trafficking. The increased confidence for HCPs to contact and refer victims to have a continued care team that will follow their case post-hospitalization was evident in the results.

Case managers are an important factor in the follow-up after a victim of human trafficking has been identified. According to the Office for Victims of Crime (2024), a case manager "performs multiple roles as a point person, victim advocate, and facilitators of communication to help the victim navigate complex criminal justice and social service systems" (para. 1). The multidisciplinary approach by case managers aids in streamlining communication between law enforcement and other resources such as attorneys and investigators for these vulnerable victims. Additionally, they monitor the safety of victims by providing safety meetings and plan ongoing assessments (Office for Victims of Crime, 2024). As NPs and other HCPs work to improve their knowledge on identification of human trafficking victims and resources available, it can be ensured that proper follow-up is completed with the use of case management.

Though knowledge questions on risk factors that make a youth more vulnerable did not result in positive findings between the pre- and post-survey, average confidence level in recognizing risk factors of potential human trafficking or exploitation had an average increase of 2.55 on the 10-point scale. This supports that the educational in-service helped increased HCPs' confidence in identifying and understanding risk factors associated with potential human trafficking or exploitation within this small sample. The increased confidence is a positive impact on healthcare professionals' preparedness to understanding how to assist human trafficking victims as well as empowers professionals to ask potential victims screening questions. Additional and differing styles of knowledge questions could be added through yearly education by the facility. Through repetition and increased educational sessions required by the facility annually, the knowledge and confidence of HCPs could continue to improve.

In summary, the execution of this PIP showcased a positive influence on the perceived knowledge and confidence of HCPs within the target population in identifying victims of human

trafficking and provided local, statewide, and national resources for this sample. Despite a decline in knowledge from pre- and post-survey data regarding vulnerable victim risk factors, it is worth acknowledging the participants' potential high baseline knowledge of these factors before the educational in-service. All participants unanimously agreed that additional education on human trafficking would enhance their work and should be considered in annual education requisites for HCPs.

In this PIP, there were no healthcare providers (MDs, NPs, or PAs) who finished both the pre- and post-survey; as a result, their data was excluded from the result data. Several reasons are identified as to why this PIP had a lack of provider participation: time constraints, increased workflow, or other commitments. Perhaps there is a trend shifting to offering more education to HCPs or the fact that the participants in this study did not include providers, as that may have skewed results from what the literature previously suggested.

As previously mentioned, 33% of participants in this PIP answered "*yes*" to receiving educational training on human trafficking in the past. Donahue et al**.** (2019), indicated that only 11% of participants had received formal training on human trafficking and of that 11%, only half indicated having a general understanding of human trafficking. Ninety-six percent of participants found the educational module to be useful in their workplace and a significant increase in confidence in identifying victims was found after the session (Donahue et al**.**, 2019). Arceneaux (2023), conducted a quality improvement (QI) initiative that focused on implementing a human trafficking module for ED staff and providers. Over 26% of participants indicated receiving training on human trafficking prior to the educational in-service in their ED role (Arceneaux, 2023). Perhaps, within the last couple of years there has been an increased interest in the effects of human trafficking and education on identifying victims could be increasing, as Arceneaux

(2023) reported similar percentages as this PIP. According to the U.S. Department of State (n.d), there is a growing movement to reveal human trafficking's harm for human rights and the security of the nation. The media has not only kept the public informed on the issue, but has done research that better educates the public on how human trafficking works as well as how to assist victims (U.S. Department of State, n.d.)

Arceneaux (2023) found education to be of benefit for ED workers in perceived and actual knowledge as well as a significant increase in confidence levels to identify victims. The increase in knowledge follows trends of this PIP, as perceived knowledge increased regarding the understanding recruitment of victims, the signs someone may be trafficked, and resources available. Though the data in this PIP was unable to yield statistically significant results as the sample size was nine, there were overall positive changes in the average scores between pre- and post-survey data that could have been potentially even more of a change if more knowledge and confidence questions had been utilized.

In the pre-survey results, an average of 22% of participants agreed to the statement, "*I am confident I have taken care of a victim of human trafficking at work*," and post-survey results showed an average of 33% of respondents agreeing to the statement. Similar findings have been suggested in previous studies (Lutz, 2018; Grace et al., 2014; & Egyud et al., 2017); this is likely due to the lack of education and confidence in identifying victims of human trafficking. Lutz (2018), Grace et al. (2014), and Egyud et al. (2017) showed improved results in healthcare providers' knowledge of indicators of human trafficking victims. Newer research by McAmis et al. (2022) found that 42% of HCPs, including emergency medical technicians (EMT), physicians, PAs, and nurses, received formal training on human trafficking and 93% of respondents felt they would benefit from education.

Grace et al. (2014) found promising results for improving ED providers' knowledge and awareness of victims of human trafficking after a short, single educational session. Two sessions similar in length and educational materials, were provided to HCPs. Results indicated participants' feeling knowledgeable in human trafficking increased from 7.2% to 59%, while the intervention group remained unchanged. Additionally, participants knowing who to call if they encounter a suspected victim of human trafficking increased from 25.8% to 98.8% (Greenbaum et. al, 2014). The educational session conducted in this study was 60-minutes and 25-minutes (due to time constraints), which is similar to what was conducted in this PIP. Therefore, the need for at-length educational seminars may not be necessary for improving healthcare providers knowledge and confidence levels. These findings suggest the importance of some type of educational in-services for HCPs is of benefit and should not pose as a restriction when requiring annual requisites.

Gerassi et al. (2023), conducted a study on how providers observe indicators for sex trafficking minors. Those who reported receiving training on human trafficking and indicators of human trafficking had statistically higher means of documenting risk signs in their chart. The pre-survey data from this PIP found 78% of healthcare professionals agreeing to "*some*" or "*very much so*" to confidence levels of indicators of human trafficking. While post-survey data found 100% of participants agreeing to "*some*" or "*very much so*" in regards to confidence levels of indicators. Additionally, the confidence level of HCPs knowing which questions to ask to identify potential cases of human trafficking also increased from pre-survey to post-survey data. These findings align with Gerassi et al. (2023) study, though they found statistically higher means of asking potential victims risk assessment questions after an educational in-service.

Gerassi et al. (2023), found that risk factors were identified and documented; they also discussed that these providers are "not taking relevant follow-up actions, such as assessing the young person for sex trafficking" (p. 7). Greenbaum (2016), states, "providing services to human trafficking victims involves multiple agencies and organizations, as victim needs are vast and extend well beyond the capabilities of emergency department staff" (p. 245). The ED and WIC HCP who participated in this study revealed an overall increase regarding feeling confident in identifying victims as well as providing resources to victims of human trafficking. Egyud et al. (2017), also acknowledges the importance of ED workers role in providing follow-up resources for human trafficking victims and providing assurance that resources are available 24 hours per day if they are not ready to be rescued.

As previously mentioned, victims often rely on their trafficker for basic needs such as shelter and food. They may also fear ongoing consequences from their trafficker if they are able to leave their situation. It is imperative that these victims not only be assessed for their situation, but be given resources that aid in supporting these basic needs and safety. Though a smaller sample size, this PIP did find an increase in perceived knowledge and confidence regarding local, state, and national services for human trafficking victims. This further indicates the need for education of not just providers, but to include case management and social workers in educational services who are better equipped for outpatient follow-up and referrals to local, state, and national resources for victims of human trafficking.

Recommendations

Based off the findings of this project, it is recommended to continue educating HCPs on human trafficking identification and resources available locally, statewide, and nationally with onboarding education requirements and annually in collaboration with the MHTTF. The MHTTF

offers education and supplemental resources free of cost and therefore should not be a barrier to healthcare facilities. The Iowa Model served this PIP well, providing guiding principles and methodology. The model was useful in framing the literature review, evidence synthesis, guidance for research design, implementation, evaluation, and the interdisciplinary collaboration. The co-investigator recommends further projects to consider using this model as a guide. Regarding using the ALT, the co-investigator recommends using this theory for future projects. The ALT recognizes the learner's autonomy, builds on prior experience, focuses on relevance and practicality, and facilitates collaborative learning. The ALT fit this PIP well, as the learners in the educational in-service were adults with previous knowledge and could come and go freely.

The co-investigator also recommends educating all hospital staff who interact with patients directly in annual requisites. This inclusive approach aims to increase awareness of human trafficking identification and resources to those working frontline with potential victims. Through ongoing education and collaboration, HCPs can play a pivotal role in combatting human trafficking and providing essential support to victims.

Trauma-Informed Care

Recommendations for future projects include educating HCPs on the effect of trauma-informed care (TIC) when providing care for potential human trafficking victims. According to Aces Aware (2021), "trauma-informed care recognizes and responds to the signs, symptoms, and risks of trauma to better support the health needs of patients who have experienced Adverse Childhood Experiences (ACEs) and toxic stress" (para. 1). Gaillard-Kenny et al. (2020) conducted a study to analyze the impact of TIC in various healthcare settings, including dentistry, optometry, and mental health providers. Quantitative results of this study showed significant increases among these professions represented in "awareness, knowledge, and skills

in providing TIC to survivors of trafficking" (Gaillard-Kenny et al., 2020, p. 7). This study also found that the increased knowledge and awareness of the trafficked persons' experience had participants becoming "more patient-centered" and "aware of the trafficked patient's needs" (p. 6). It is recommended that future projects educate HCPs on TIC and the benefits it has to patients that are victims of human trafficking.

The Role of NPs

NPs and nurses play a vital role in not only providing medical care but also identifying and addressing social issues that may be affecting their patients. Bono-Neri (2023) discusses the impact nurses can have in combating human trafficking and supporting victims. As frontline HCPs, nurses are in a unique position to identify signs of trafficking and provide support to those affected. To do this effectively, nurses must receive education and training on how to recognize the indicators of tracking and respond appropriately. Bono-Neri (2023) calls for educators of pre-licensure nursing programs to educate on human trafficking, the physical and mental health consequences, how to use TIC for victims, and how to properly report cases of trafficking. Fischer's (2022) PIP focused on educating NPs in North Dakota found a 90% improvement in knowledge regarding human trafficking and indicators of a trafficked person. Eighty percent of NPs who participated in Fisher's PIP reported increased perceived confidence in identifying and managing victims. This PIP did not have any NPs, PAs, or MDs complete both the pre- and post-survey; by eliminating the barriers posed in real-world settings and educating these healthcare providers in their educational curriculum, there could be better outcomes for responding to human trafficking.

A study conducted by Valdes et al. (2023) on educating NP students on how to recognize and respond to human trafficking in the clinical setting. A pedagogical intervention and

simulation-based education was completed. The authors found that, with these educational means, a positive change occurred for NP students' knowledge and confidence regarding human trafficking. Additional research by VanGraafeiland et al. (2022), discusses the impact NPs and other healthcare providers have on the impact of human trafficking for pediatric populations. Often, human traffickers use electronic means such as phones, computers, and other social media platforms to recruit individuals. NPs and other HCPs should be trained in these recruiting techniques to provide this information to parents and caregivers during well-child checks and other healthcare visits (VanGraafeiland et al., 2022). Additionally, the authors discuss the need of TIC vulnerable individuals by NPs and other HCPs and the multidisciplinary approach needed to reach victims.

Stevens and Dinkle (2021) looked to educate NPs and other healthcare workers in the primary care setting. Though many victims present to EDs and urgent care centers, additional victims are being seen by a primary care provider (PCP) (Stevens & Dinkle, 2021). The researchers provided education on an assessment tool that can be incorporated into the electronic health record (EHR) for easy use. The researchers discuss "without a standardized training program, valid and reliable assessment tools, and identification of active social community partners, providers are ill-equipped to provide the standard of care necessary in the care of trafficked persons" (Stevens & Dinkle, 2021, p. 494). According to Fisher (2022), 90% of respondents ($N = 10$) reported that the toolkit would fit the needs of their practice and the majority indicated they would use resources from the toolkit. This speaks to there being some reliability with tools on identifying and assessing victims of human trafficking, there is not a national standardization protocol for NPs and other healthcare workers.

The co-investigator of this PIP recommends that NPs and other HCPs be educated in high-traffic realms of healthcare, specifically, EDs, WICs, urgent care facilities, and primary care settings. Literature reviewed and this PIP underscores the importance of educating these HCPs on human trafficking to enhance their knowledge of the signs, symptoms, and dynamics associated with human trafficking. NPs and other HCPs can combat human trafficking by identifying potential victims and offering resources. The education provided not only improves their baseline knowledge but increases their confidence level to aid in combatting human trafficking directly.

COVID-19 Pandemic and Violence

Lastly, a recommendation for future project is the effect of lockdowns and social isolation of victims of sexual violence and abuse during the COVID-19 pandemic. Dosdale and Skarparis (2020) reports that lockdowns result in a reduction of the support systems available to victims of abuse that they previously relied on. The Rape Crisis Network in Ireland showed a 98% rise in calls from March to June 2020, when lockdowns were initiated. The authors discuss how many adults and children may have increased difficulty leaving abusive situations and unable to escape due to their perpetrator being always present. The authors recommended that future projects analyze effects of telemedicine and how it can be better incorporated into the lives of patients who are suffering from abuse at home Dosdale and Skarparis (2020).

<center>**Dissemination**</center>

Findings from this PIP were disseminated to the healthcare facility, key stakeholders, the dissertation committee through the co-investigators final defense, the MHTTF, and at the North Dakota Nurse Practitioner Association (NDNPA) Fifteenth Annual Pharmacology Conference, though results were not available at the time of the conference. Additionally, project details and

findings were disseminated to North Dakota State University's Three-Minute Thesis Competition. Opportunities will also be available to disseminate to nursing and human trafficking journals, amplifying the reach to a larger audience that includes academic and clinical journals.

Strengths and Limitations

Though this PIP did show improvement in HCPs perceived knowledge and confidence in identifying and providing resources to victims of human trafficking, it lacked in gathering actual knowledge. Only two direct knowledge-based questions were asked, and therefore, it is difficult to assess if this project did in fact increase actual knowledge of human trafficking. Though, the three perceived knowledge questions asked, there was an overall positive change in participant percentages. Secondly, this PIP had a larger number of respondents in the email survey, though incomplete pre- and post-surveys. The co-investigator could have given more time prior to the educational in-service for completion of the pre- and post-survey. In addition, the co-investigator could have offered more days of training. Since it was only offered for one day, the participants could have increased total numbers.

The sample size and demographics of this PIP were small, and therefore unable to provide statistically significant data. Demographics included a limited amount of healthcare providers and data obtained from providers was excluded due to incomplete surveys. Follow-up emails were sent regarding incomplete post-surveys, though only one time. Targeted promotion through the Chief Medical Officer (CMO) and flyers should have been posted in provider lounges to aid in recruitment. Additional ways to aid in recruitment for further PIPs include, offering additional sessions on multiple days, asynchronous options, and a half-day conference

with lunch for providers. A collaboration with Sexual Assault Nurse Examiners (SANE) training sessions may also be beneficial.

Limited information was gathered from participants existing knowledge and what resources they believe are available. This PIP could have asked additional knowledge-based questions in the pre- and post-survey to determine if there was truly an effect with the educational in-service. Additionally, qualitative data could have been incorporated into this PIP to gather information on baseline knowledge and beliefs of human trafficking. Incorporating qualitative data on recommendations for their unit on combating human trafficking could have been helpful in dissemination to key stakeholders.

The strengths of this PIP include the collaboration and communication amongst the co-investigator, facility, and the MHTTF. The co-investigator presented the option of human trafficking education, and the facility stakeholders were in agreement and actively involved due to the need of this education in the community. The facility stakeholders were actively involved in this project in creating and distributing flyers several times and targeted those working in the ED and WIC. Resources were allocated appropriately as the co-investigator discussed goals of the project with the MHTTF and found ways to align the education with the goals of this PIP. The MHTTF had streamlined the educational process and have experts in human trafficking in MN presenting information. The overall strong collaboration and communication between the co-investigator and the facility stakeholders enhanced the project success.

Additionally, this PIP has sustainability for future training and developmental opportunities. The facility is open to having the MHTTF present their education to their staff yearly to continue to improve the knowledge of identification human trafficking victims and the resources available in the community and state. Several community members, including police

officers and investigators attended the educational in-service and provided insight to the problem

human trafficking has to that community. The co-investigator was invited to participate in future

practices and education sessions with the local police department to continue providing

education to the community and surrounding areas.

Lastly, this project was successful in improving the perceived knowledge and confidence

in identifying victims of human trafficking and providing resources. Though the sample size in

the pre- and post-survey data was small, the overall number of participants in the educational in-

service was over 30. Providers were in attendance, though none completed both the pre- and

post-surveys. Though data is unavailable to determine if the educational in-service was

successful in these people, they did attend the session, and everyone in session will hopefully

take away knowledge on human trafficking.

Conclusion

The purpose of this project is to determine if education regarding human trafficking

influences HCPs including, nurses, physicians, nurse practitioners (NPs), physician assistants

(PAs), registration, education, case management, and technicians comfort level in identifying

victims of human trafficking and then providing resources to the victim. Creating this PIP

involved utilizing the capabilities of the doctoral prepared NP (DNP) role, specifically, using

research, assessment, planning, evaluation, strategizing, and leadership. The co-investigator first

assessed the community need of human trafficking education using a personal connection as well

as meeting with the facility's quality department. The co-investigator then reviewed the literature

to determine how educational in-services may be effective in educating HCPs on human

trafficking to improve their knowledge and confidence in identifying and providing resources to

potential victims. The PIP was planned with an interdisciplinary team, including the MHTTF and

the facilities education, quality, and marketing departments. With the help of these departments, the co-investigator was able to host two educational sessions on human trafficking. The results showed increased level of perceived knowledge of human trafficking signs as well as increased level of confidence in identifying potential victims and providing resources.

The co-investigator of this PIP demonstrated leadership throughout the process by reviewing literature, collaborating, determining the community's needs, planning, and analyzing. According to the American Association of Colleges of Nursing (AACN) (2023), "DNP programs prepare nurse leaders at the highest level of nursing practice to improve patient outcomes and translate research into practice" (para. 2). The co-investigator meets the rigorous requirements set forth by the graduate school and the AACN through the commitment to translating research into practice to improve patient care and outcomes. The co-investigator of this PIP acted as a clinician by assessing and responding to the community needs by meeting with the Quality and Education departments at the facility to determine educational needs. Once the need was determined, the co-investigator sought out resources available to determine how to educate HCPs effectively. The co-investigator demonstrated advocacy as an educator in this topic, and will continue to be apart of human trafficking educational events in the future, in collaboration with the sheriffs department. Lastly, the co-investigator demonstrated scholarship by researching and reviewing current literature and practices, utilized EBP models, and evaluated and analyzed results to make recommendations for future practice.

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APPENDIX A: IRB APPROVAL

NDSU NORTH DAKOTA STATE UNIVERSITY

09/07/2023

Dr. Heidi Lynn Saarinen
Nursing

Re: IRB Determination of Exempt Human Subjects Research:
Protocol #IRB0004887, "HEALTHCARE PROFESSIONALS EDUCATION REGARDING HUMAN TRAFFICKING IDENTIFICATION AND RESOURCES"

NDSU Co-investigator(s) and research team:

   - Heidi Lynn Saarinen

   - Madeline Kathleen Doyle Iversen

Approval Date: 09/07/2023
Expiration Date: 09/06/2024
Study site(s): The research will be conducted at Lake Region Healthcare in Fergus Falls, MN. The address for this project is 712 S Cascade St., Fergus Falls, MN 56537.
Funding Source:
The above referenced human subjects research project has been determined exempt (category 1,2) in accordance with federal regulations (Code of Federal Regulations, Title 45, Part 46, *Protection of Human Subjects*).

Please also note the following:

   - The study must be conducted as described in the approved protocol.

   - Changes to this protocol must be approved prior to initiating, unless the changes are necessary to eliminate an
     immediate hazard to subjects.

   - Promptly report adverse events, unanticipated problems involving risks to subjects or others, or protocol deviations
     related to this project.

Thank you for your cooperation with NDSU IRB procedures. Best wishes for a successful study.

NDSU has an approved FederalWide Assurance with the Department of Health and Human Services: FWA00002439.

APPENDIX B: EXECUTIVE SUMMARY

Executive Summary
Healthcare Professionals' Education Regarding Human Trafficking Identification and Resources

Introduction
Human trafficking is one of the largest illegal industries worldwide. The United States (U.S.) estimates over $150 billion dollars being spent each year on trafficking (Long & Dowdell, 2018). Over 40 million adults and children are enslaved worldwide (Toney-Butler, Ladd, & Mittel, 2023). With human trafficking being the largest illegal industry and many victims seeking care while trafficked, only 11% of healthcare professionals (HCPs) report indicating that they have received training. Of those 11%, only half of emergency department (ED) nurses, physicians, nurse practitioners (NPs) physician assistants (PAs), registration, and technicians reported having a general understanding of human trafficking (Donahue et al., 2019). The purpose of this project is to determine if education regarding human trafficking influences HCPs including, nurses, physicians, nurse practitioners (NPs), physician assistants (PAs), registration, education, case management, and technicians comfort level in identifying victims of human trafficking and then providing resources to the victim.

Project Design
In collaboration with the Minnesota Human Trafficking Task Force (MHTTF), this practice improvement project (PIP) delivered an educational in-service service event for HCPs as well as an online option for those who were unable to attend in person. This PIP used quantitative data analysis to evaluate the educational intervention. Pre- and post-surveys were conducted to evaluate the effectiveness of the education provided. The pre- and post-surveys were administered using Qualtrics. The surveys used Likert and sliding scales to measure the level of knowledge and confidence of the voluntary participants identifying victims. This PIP used descriptive analysis to analyze the data and reported findings in table format as well as discussion.

Key Findings
- Participants in this PIP (N = 9), had an average overall increase in level of confidence in identifying victims and providing resources (locally, statewide, and national) to victims of human trafficking.
- How to report human trafficking demonstrated an overall average percentage increase for participants in this PIP.
- The participants in this PIP demonstrated an overall net increase in perceived knowledge regarding how victims are recruited for human trafficking, the signs someone may be trafficked, and resources available (community, state, and local) for victims.
- ED and Walk-In Clinic (WIC) personnel who participated in this PIP (N = 5) had an overall average increase in confidence in identifying victims and providing resources (locally, statewide, and nationally) to victims of human trafficking.

Recommendations
- Continue educating HCPs on human trafficking identification and resources available locally, statewide, and nationally with onboarding education requirements and annually in collaboration with the MHTTF.
- Educate all staff on the prevalence of human trafficking in facilities where there is face-to-face contact with patients.
- Further research recommendations include education on trauma-informed care for HCPs, COVID-19 pandemic and domestic violence, and educating pre-licensed RNs and NPs in universities.

Conclusion
The literature suggests the need for education on human trafficking for HCPs, specifically, those working in the ED or WIC. The findings of this PIP enhance the need for ongoing education on human trafficking for HCPs. There were limitations, though this PIP provides a strong base for how education impacts HCPs confidence and perceived knowledge regarding human trafficking identification and resources available at local, statewide, and national levels.

APPENDIX C: PRE-SURVEY

PRE-SURVEY
1. What area of the enterprise do you practice?
   a. Emergency Department
   b. Walk-In Clinic
   c. In-patient (medical/surgical, ICCU)
   d. Surgery/Same Day
   e. Obstetrics/Pediatrics
   f. Clinic, please specify area _____
   g. Other, please specify _____
2. What is your current job title?
   a. Physician (MD or DO)
   b. Physician Assistant (PA)
   c. Nurse Practitioner (NP)
   d. Registered Nurse (RN)
   e. Licensed Practical Nurse (LPN)
   f. Certified Nurse Assistant (CNA)
   g. Patient Access Representative
   h. Laboratory
   i. Environmental Services
   j. Other, please specify _____
3. What is your highest level of education?
   a. Some high school
   b. High school diploma or equivalent
   c. Some college
   d. Associates degree (i.e. AA, AS)
   e. Bachelor's degree (i.e. BA, BS)
   f. Master's degree (i.e. MA, MS, Ming, Med, MSW, MBA)
   g. Professional degree beyond bachelor's degree (i.e. MD, DO, DPM)
   h. Doctorate degree (i.e. PhD, EdD)
4. How many years have you worked in your current role?
   a. Less than 1 year
   b. 1-3 years
   c. 4-7 years
   d. 8-11 years
   e. Beyond 11 years
5. Do you provide direct patient care in your current role?
   a. Yes
   b. No
6. Have you ever received formal education on human trafficking?
   a. No
   b. Maybe
   c. Yes, if so, please specify the number of hours of education you've received in the text below _____
7. I would find additional education on human trafficking helpful in my job.
   a. Strongly disagree
   b. Somewhat agree

     c. Neither agree nor disagree
     d. Somewhat agree
     e. Strongly agree

8. I am confident I have taken care of a victim of human trafficking while at work.
     a. Strongly disagree
     b. Somewhat agree
     c. Neither agree nor disagree
     d. Somewhat agree
     e. Strongly agree

9. I am confident in my ability to identify victims of human trafficking.
     a. Strongly disagree
     b. Somewhat agree
     c. Neither agree nor disagree
     d. Somewhat agree
     e. Strongly agree

10. Please indicate your confidence level in identifying victims of human trafficking using the sliding scale. 10 being very confident and 0 being no confidence.
     a. Sliding scale in confidence in identifying victims of human trafficking

11. Please indicate your confidence level in regards to your knowledge of the following:

	None	Very little	Some	Very much so
Your role in identifying and responding to human trafficking	○	○	○	○
Indicators of human trafficking	○	○	○	○
What questions to ask to identifying potential cases of human trafficking	○	○	○	○
How to report human trafficking	○	○	○	○
Assessing danger for a patient who may be trafficked	○	○	○	○
Local and/or state support services for people who are trafficked	○	○	○	○
Local and/or state policies on responding to human trafficking	○	○	○	○

12. I feel confident recognizing risk factors for victims of potential human trafficking or exploitation. Please indicate confidence level on the scale below, 10 being high, 0 being none at all.
     a. Sliding scale of confidence level of recognizing risk factors of potential human trafficked victims.

13. Please indicate your level of knowledge of recruitment of victims for human sex trafficking. 10 being high, 0 being none at all.
     a. Sliding scale of knowledge of recruitment of victims for human sex trafficking.

14. Please indicate your level of knowledge of the signs someone may be trafficked. 10 being high, 0 being none at all.
     a. Sliding scale of the knowledge of the signs of human trafficking.

15. Please indicate your level of knowledge of resources (community, state, and national) for victims of human trafficking.
     a. Sliding scale of knowledge of resources for victims of human trafficking.

16. Please indicate your level of confidence of providing resources to victims of human trafficking.
    a. Sliding scale of confidence level of providing resources to victims of human trafficking.
17. The department I work in has resources readily available to use if someone is a victim of human trafficking.
    a. No
    b. I do not know
    c. Yes
18. If you answered yes to the previous question, please indicate which resources are used in the text below.
    a. ____
19. Have you ever used a screening tool to aid in identifying potential victims of human trafficking while practicing?
    a. No
    b. I do not know
    c. Yes
20. Would you use a screening tool to assist in identifying potential human trafficking victims if it was available?
    a. Definitely not
    b. Probably not
    c. Might or might not
    d. Probably yes
    e. Definitely yes
21. Do you agree or disagree with this statement, "I believe it is my responsibility to aid in identifying potential victims of human trafficking."
    a. Agree
    b. Disagree
22. I am a mandated reporter.
    a. True
    b. False
    c. Unsure
23. I know how to report someone I suspect is being trafficked.
    a. Strongly disagree
    b. Somewhat agree
    c. Neither agree nor disagree
    d. Somewhat agree
    e. Strongly agree
24. In Minnesota, known or suspected sex trafficking of a minor (under age 18) is a mandated report, regardless of whether the third party sex trafficker is a caregiver or not.
    a. True
    b. False

25. Common risk factor(s) that may make a youth more vulnerable to trafficking and exploitation include:
    Select all that apply.
    a. Running away
    b. Homelessness
    c. Truancy
    d. LGBTQIA identity
    e. Disability
    f. Lack of immigration status
    g. Poverty

APPENDIX D: POST-SURVEY

POST-SURVEY
1. Did you attend the online or in-person session?
    a. Online
    b. In-person
2. I am confident I have taken care of a victim of human trafficking while at work.
    a. Strongly disagree
    b. Somewhat agree
    c. Neither agree nor disagree
    d. Somewhat agree
    e. Strongly agree
3. I am confident in my ability to identify victims of human trafficking.
    a. Strongly disagree
    b. Somewhat agree
    c. Neither agree nor disagree
    d. Somewhat agree
    e. Strongly agree
4. Please indicate your confidence level in identifying victims of human trafficking using the sliding scale. 10 being very confident and 0 being no confidence.
    a. Sliding scale in confidence in identifying victims of human trafficking
5. Please indicate your confidence level in regards to your knowledge of the following:

	None	Very little	Some	Very much so
Your role in identifying and responding to human trafficking	○	○	○	○
Indicators of human trafficking	○	○	○	○
What questions to ask to identifying potential cases of human trafficking	○	○	○	○
How to report human trafficking	○	○	○	○
Assessing danger for a patient who may be trafficked	○	○	○	○
Local and/or state support services for people who are trafficked	○	○	○	○
Local and/or state policies on responding to human trafficking	○	○	○	○

6. I feel confident recognizing risk factors for victims of potential human trafficking or exploitation. Please indicate confidence level on the scale below, 10 being high, 0 being none at all.
    a. Sliding scale of confidence level of recognizing risk factors of potential human trafficked victims.
7. Please indicate your level of knowledge of recruitment of victims for human sex trafficking. 10 being high, 0 being none at all.
    a. Sliding scale of knowledge of recruitment of victims for human sex trafficking.
8. Please indicate your level of knowledge of the signs someone may be trafficked. 10 being high, 0 being none at all.
    a. Sliding scale of the knowledge of the signs of human trafficking.

9. Please indicate your level of knowledge of resources (community, state, and national) for victims of human trafficking.
    a. Sliding scale of knowledge of resources for victims of human trafficking.
10. Please indicate your level of confidence of providing resources to victims of human trafficking.
    a. Sliding scale of confidence level of providing resources to victims of human trafficking.
11. The department I work in has resources readily available to use if someone is a victim of human trafficking.
    a. No
    b. I do not know
    c. Yes
12. If you answered yes to the previous question, please indicate which resources are used in the text below.
    a. ____
13. Have you ever used a screening tool to aid in identifying potential victims of human trafficking while practicing?
    a. No
    b. I do not know
    c. Yes
14. Would you use a screening tool to assist in identifying potential human trafficking victims if it was available?
    a. Definitely not
    b. Probably not
    c. Might or might not
    d. Probably yes
    e. Definitely yes
15. Do you agree or disagree with this statement, "I believe it is my responsibility to aid in identifying potential victims of human trafficking."
    a. Agree
    b. Disagree
16. I am a mandated reporter.
    a. True
    b. False
    c. Unsure
17. I know how to report someone I suspect is being trafficked.
    a. Strongly disagree
    b. Somewhat agree
    c. Neither agree nor disagree
    d. Somewhat agree
    e. Strongly agree
18. In Minnesota, known or suspected sex trafficking of a minor (under age 18) is a mandated report, regardless of whether the third party sex trafficker is a caregiver or not.
    a. True
    b. False

19. Common risk factor(s) that may make a youth more vulnerable to trafficking and exploitation include:
    Select all that apply.
    a. Running away
    b. Homelessness
    c. Truancy
    d. LGBTQIA identity
    e. Disability
    f. Lack of immigration status
    g. Poverty

APPENDIX F: PERMISSION TO USE IOWA MODEL

Permission to Use The Iowa Model Revised: Evidence-Based Practice to Promote Excellence in Health Care

Kimberly Jordan - University of Iowa Hospitals and Clinics <survey-bounce@survey.uiowa.edu>
Fri 8/5/2022 5:36 PM
To:Iversen, Madeline <madeline.iversen@ndsu.edu>

You have permission, as requested today, to review and/or reproduce *The Iowa Model Revised: Evidence-Based Practice to Promote Excellence in Health Care*. Click the link below to open.

[The Iowa Model Revised (2015)](#)

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Reference: Iowa Model Collaborative. (2017). Iowa model of evidence-based practice: Revisions and validation. *Worldviews on Evidence-Based Nursing, 14(3), 175-182. doi:10.1111/wvn.12223*

> In written material, please add the following statement:
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Please contact UIHCNursingResearchandEBP@uiowa.edu or 319-384-9098 with questions.

APPENDIX G: CME CREDIT APPROVAL

From: **Lindsey Schneider** lschneider@mnmed.org
Subject: CME Approval
Date: August 16, 2023 at 4:27 PM
To: Iversen, Madeline madeline.iversen@ndsu.edu
Cc: CME CME@mnmed.org

Hi!

The CME credits for Educating Healthcare Professionals on Human Trafficking has been approved. 1.5 CME credits have been awarded for this activity and valid until 10/12/2023.

Disclosure forms from speakers and planners are needed by 9/1/23

1. You may now promote your activity with CME awarded. For 'Save the Date' or other brief promotional materials (that lead to more information, like a webpage), you may simply state: This activity has been approved for *AMA PRA Category 1 Credit™*

   All other promotional materials (including webpages, fliers, etc.) require that the MMA logo, CME <u>and</u> accreditation statements (below) be added. Promotional materials must be reviewed and approved by the MMA prior printing. We recommend you provide initial drafts of materials for CME review prior to completing the design and layout process. Please note: The below AMA and ACCME language MUST be included verbatim and the AMA Credit statement MUST be italicized.

- Accreditation Statement:
  This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Minnesota Medical Association and NDSU. The Minnesota Medical Association (MMA) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

- CME Statement:
  The Minnesota Medical Association designates this activity for a maximum of *1.5 AMA PRA Category 1 Credit(s)™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

2. At the conclusion of the program I will send you a summary report to include the below items.

   - Final Promotional Materials
   - Final Program Schedule/Syllabus
   - Final Registration Materials
   - Evaluation Summary

3. An invoice is attached

Please reach out with any questions about this process, we are always here and happy to help!

Have a great day!

Lindsey

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Human...ing.pdf

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