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Healthcare Providers Perception of their Ability to Recognize Boys as Victims of Human Sex Trafficking in a Pediatric Emergency Room

Deborah Susan Mican
Walden University

Walden University

College of Health Sciences

This is to certify that the doctoral dissertation by

Deborah Susan Mican

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Review Committee
Dr. Denise Rizzolo, Committee Chairperson, Health Services Faculty
Dr. Kenneth Feldman, Committee Member, Health Services Faculty
Dr. James Rohrer, University Reviewer, Health Services Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

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Abstract

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by

Deborah Susan Mican

MPhil, Walden University 2020

MHA, University of Scranton, 1994

BSN, Wilkes College, 1987

Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

The purpose of this dissertation was to explore the perceived barriers to pediatric emergency room (ER) providers' identifying boys as victims of child sex trafficking (CST), to understand how providers working in a pediatric ER compared to a general ER believe they are better able to identify boys as CST victims, and to understand how the New Jersey-mandated human trafficking training affected the confidence of the healthcare providers' to identify boys as CST victims using a grounded theory approach. In-depth interviews were conducted using a sample of 10 healthcare providers, including physicians, nurse practitioners, and physician assistants at a suburban New Jersey pediatric ER. A grounded theory approach was used with this qualitative exploratory study; thematic content analysis was used to identify core themes and categories regarding the providers' attitudes, internal thoughts, and experiences that trigger the identification of boys as victims of CST. Overall, eleven themes were identified associated with healthcare providers' perceptions of their ability to recognize a boy as a victim of CST including but not limited to issues related to the lack of recognition of signs and symptoms of boys as victims of CST, communication with the child, continued provider educational needs, the busy ER environment, and to boys are not recognized as victims of CST. The implications for positive social change include the need for researchers and healthcare providers to broaden their scope to change their views that only girls are victims of CST. They should consider that all children regardless of age, sex, race, and sexual orientation can be victims of CST.

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Dedication

I dedicate this project to my daughter Lydia, for always being my biggest cheerleader; to my mother Bonnie and my late father Joe, for pushing me to always believe that I can do whatever I put my mind to; and to my husband Dennis, who read and edited most of my work, who sacrificed his time with me while I studied and he did all of the household work these last few years, and for his encouragement and faith in me. I love you all!

Acknowledgments

I would like to acknowledge my chair Dr. Denise Rizzolo for her guidance and time throughout the process of forging a new path with Walden University and the three-manuscript dissertation. Her communication style and ease of connection made this process easier and enjoyable. I would also like to acknowledge and thank my committee member, Dr. Feldman for his contributions during the completion of my dissertation.

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Part 1: Overview

Introduction

Exploited children are currently labeled as victims of human trafficking (HT), of commercial sexual exploitation (CSE; Reid & Piquero, 2014), of the commercial sexual exploitation of children (CSEC) (Barnert et al., 2017), of domestic minor sex trafficking (DMST; O'Brien, Li, Givens, & Leibowitz, 2017), of child sex trafficking (CST) and of modern-day slavery (Chisolm-Straker et al., 2016; Hachey & Phillippi, 2017). The problem is so large that many national organizations who provide statistics about missing and exploited children each give different percentages of what exactly? and numbers of victimized children. For example, the National Center for Missing and Exploited Children (2019) registered 424,066 missing children in the United States in 2018. The National Human Trafficking Hotline (2019) listed 8,524 human trafficking reports in 2017, with 2,495 cases (about 29%) involving individuals under the age of 18. In the United States, Kidshealth (2019) estimated that in 2018 between 1 and 3 million children have run away from home and are living on the streets; and 28% of run-away children would become victims of CST (Runaway.org, n.d.). Other organizations, such as the National Center for Missing and Exploited Children (2017), estimate that one in seven runaways become victims of child exploitation with an estimated 88% of those victims reported to have been in the foster care and state social service system.

The numbers provided by each source may differ; however, all support the need for social change to eliminate in one way or another child exploitation. All future studies can and should have an impact globally as this problem is not limited to the United

States. Currently, human trafficking affects over 40 million individuals around the globe, and one in four of those affected are children (International Labour and Walk Freedom Foundation, 2017). Alarmingly, 87% of the child sex trafficking victims that had received medical care while enslaved in human trafficking were not recognized by the healthcare professionals as victims at the time care was provided (Lederer & Wetzel, 2014).

Formal medical and advanced nursing education programs have an obligation to prepare their students to do no harm and to provide quality of care to all they serve. For example, the American Medical Association (AMA) has a policy called " Physicians Response to Victims of Human Trafficking." It states that all physicians should have knowledge of human trafficking and should be aware of the resources available to aid victims when identified (Chaet, 2017). In May of 2019, the American Association of Physician Assistants adopted a policy supporting the awareness of physician assistants and their responsibility to be knowledgeable about organizational and state guidelines when caring for a CST victim. Numerous nursing organizations—including the American Academy of Nursing, the National Association of Pediatric Nurse Practitioners, the International Council on Nursing, and the American Nurses Association all support teaching nurses about human trafficking, regardless of educational level, to help protect the rights of all patients (Lutz, 2018). Additionally, the Emergency Room Nurses Association (2018) released a position statement, in conjunction with the International Association of Forensic Nurses, which said that hospitals in the United States and worldwide should? provide in-service training to all staff on of human trafficking. These

victims need and deserve educated health care providers who can identify them quickly and efficiently in a clinic setting.

Background

Human trafficking, sexual exploitation, and modern-day slavery are current terms used to describe the exploitation of children for financial gain worldwide (Baldwin, Fehrenbacher, & Eisenman, 2015). The National Center for Missing and Exploited Children (2019) registered 424,066 missing children in 2018. In 2017, one in seven runaways became victims of human trafficking with an estimated 88% of those victims reported to have been in the foster care and state social service system (National Center for Missing and Exploited Children, 2017). The National Human Trafficking Hotline (2019) reported that 8,524 human trafficking reports were filed in 2017 with 2,495 cases, a little over 29% occurring in individuals under the age of 18.

The three studies in this capstone project focused on the perceptions of healthcare providers—including physicians, physician assistants (PA), and nurse practitioners (NP)—in a pediatric emergency room (ER) in a central New Jersey suburban hospital. All healthcare providers who were interviewed for this study were practitioners who floated between the pediatric ER and the hospital's main ER (which focused on the adult population). Participants were interviewed once using questions specific to each of the following three studies: (a) Pediatric Emergency Providers' Perceptions of Their Ability to Recognize Boys as Victims of Human Sex Trafficking; (b) Pediatric Emergency Providers' Perceptions of Their Ability to Recognize Boys as Victims of Human Sex Trafficking, and (c) New Jersey mandated human trafficking and response training and

its impact on the confidence of health care providers' ability to identify boys as victims of sex trafficking.

There has been recent research on healthcare providers' ability to recognize human trafficking in children, including studies on the validity and reliability of screening tools and algorithms designed to identify children as victims primarily—mainly girls (Kaltiso, 2018; Greenbaum, Dodd, & McCracken, 2017; Mumma et al., 2017; Stevens & Berishaj, 2016). Researchers have also studied the red flags of child sex victims to increase healthcare providers' abilities to identify these children during an intake interview, assessment, or physical exam (Chung & English, 2015; Egyud et al., 2017; Schwarz et al., 2016). Other studies have been conducted to determine the effectiveness of healthcare provider educational programs on human trafficking, measuring the knowledge of subjects before and after the presentation. Usually this resulted in a significant increase in provider awareness (Grace et al., 2014). However, Beck, Lineer, and Melzer-Lang (2015) found that 63% of healthcare providers have never received training on human trafficking. In addition, Donahue, Schwien, LaValle, Paoli, and Wynnewood (2019) found that 89% of emergency department staff never received human trafficking training. Ross et al. (2015) found that 74.5% of individuals who received human trafficking training reported that continued education in the future is important. But? research is lacking on the perceptions of healthcare providers about? mandatory education programs focused on human trafficking.

Healthcare workers are committed to providing quality care in a safe and collaborative environment. Their pre-professional and professional education should have

enhanced their ability to assess and recognize red flags for human trafficking, yet research suggested that 87% of children who were victims of human trafficking received medical care while exploited, and the health care team failed to recognize them (Lederer & Wetzel, 2014). The majority of completed studies on CST emphasize girls as victims, leaving a significant a gap in the literature on the ability of healthcare providers to identify boys as victims of human trafficking (Barnert et al., 2017; Greenbaum & Bodrick, 2017; Greenbaum, Dodd, & McCracken, 2018; Kaltiso et al., 2018; Varma, Gillespie, McCracken, & Greenbaum, 2015). Sprang and Cole (2018) studied 31 trafficked children and found that 41.9% of them were boys: Roe-Sepowitz et al. (2016) found that boys represented closer to 50% of the victimized youth they studied. According to the Counter-Trafficking Data Collaborative (2018), the percentage of boys and girls victimized is the same. This human rights issue warrants research focused on healthcare providers and their ability to recognize human trafficking in boys.

About XX articles on sex trafficking of minors and their experiences in the healthcare environment were selected for this study. The following databases were used: Google Scholar, Google, Scholarworks, and Thoreau Multi-Database Search. The following keywords (and pairs) were used; *child sex trafficking, child sex trafficking and healthcare, child sex trafficking and hospital, minor sex trafficking, minor sex trafficking and healthcare, minor sex trafficking and hospital, commercial exploitation of children, commercial exploitation of children and healthcare, commercial exploitation of children and hospital, commercial sexual exploitation of children, commercial sexual exploitation of minors, human trafficking of minors, human trafficking of minors and healthcare,*

human trafficking of minors and hospital, human trafficking in childhood, human trafficking in childhood and healthcare, human trafficking in childhood and hospital, modern-day slavery, modern-day child slavery, modern-day child sex slavery.

Overview of the Manuscripts

The research presented in the three manuscripts focused on filling a gap in the existing research on child victims of human trafficking. Most studies on the sex trafficking of minors have focused on girls as victims; little information has been dedicated to the study of boys. The results of these manuscripts will address how boys are identified as victims of CST. The following three studies are parallel projects that used the same sample, nature of study, and study design. However, each focuses on separate issues associated with healthcare providers perceptions of their abilities to identify boys as victims of sex trafficking.

The first manuscript explored pediatric ER healthcare providers' perceptions of the barriers they perceived in recognizing boys as victims of human sex trafficking. The research question for this manuscript was: What are the perceived barriers of the healthcare providers in recognizing boys as victims of human sex trafficking? A grounded theory design was used for this qualitative research study. The grounded theory processes helped identify themes and categories to explain how and why individuals react in certain situations (Corbin & Strauss, 2015). The grounded theory approach, combined with the theory of planned behavior, allowed the researcher to identify core themes and categories, based on data collected from participants' responses, about the attitudes, internal thoughts, and experiences that triggered identification of boys who had been

victims of human trafficking (Ajzen, 1991). The qualitative approach helped to examine how participants felt. The participants were selected by purposive sampling to ensure that the sample was representative of a diverse background, including a mix of physicians, PAs, and NPs (Rudestam & Newton, 2015). The number of participants in the study included five physicians, four PAs, and one NP. Each participant met eligibility requirements if they had more than 1 year of experience as a pediatric healthcare provider and had completed shifts in the main ER focused on adult care. Participants were recruited from a pediatric ER in a suburban hospital in central New Jersey.

The second manuscript examined the perception of pediatric ER healthcare providers' abilities to recognize CST victims compared to their colleagues in a general ER. The research question for this manuscript was: Do healthcare providers practicing in a pediatric ER believe they are better able to identify boys as victims of human sex trafficking versus providers in a general emergency room? The unique sample of participants who work in both a pediatric and adult ER setting provided an opportunity to examine their attitudes about the difference in primary exposure to the pediatric population in a focused setting compared to exposure to the pediatric population in a general setting. A grounded theory design was used for this qualitative study. The grounded theory processes helped identify themes and categories to explain how and why individuals reacted in certain situations (Corbin and Strauss, 2015). The use of the grounded theory approach combined with the theory of planned behavior allowed the researcher to identify core themes and categories from data collected from participants responses about their attitudes, internal thoughts, and their experiences that triggered

identification of boys who were victims of human trafficking (Ajzen, 1991). The primary purpose of the second manuscript was to examine how participants felt about their perceptions as pediatric ER providers and how that? facilitated their abilities to identify boys as victims of CST compared to their colleagues in a general ER. The participants for this study were selected by purposive sampling to ensure that the sample was representative of a diverse background, including a mix of physicians, PAs, and NPs (Rudestam & Newton, 2015). The participants in the study included five physicians, four PAs, and one NP. Each participant met eligibility requirements if they had greater than 1 year of experience as a pediatric healthcare provider and completed shifts in the main ER, focused on adult care. Participants for this study were recruited from a pediatric ER in a suburban hospital in central New Jersey.

The third manuscript sought to understand the perceptions of healthcare practitioners about the one-time mandatory human trafficking training in New Jersey, and how it affected their ability to recognize boys as victims of human trafficking in a suburban ER setting. The research question for this manuscript was: How does the New Jersey mandated human trafficking and response training increase your confidence as a health care provider in your ability to identify boys as victims of sex trafficking? A grounded theory design was used for this qualitative research study. The grounded theory processes helped identify themes and categories to explain how and why individuals react in certain situations (Corbin & Strauss, 2015). The use of the grounded theory approach combined with the theory of planned behavior allowed the researcher to identify core themes and categories from data collected from participants responses

regarding their attitudes, internal thoughts, and their experiences that trigger identification of boys who have been victims of human trafficking (Ajzen, 1991). The primary purpose of the third manuscript was to examine how participants felt the one-time mandatory New Jersey human trafficking training affected their ability to identify boys as victims of CST. The participants for this study were selected by purposive sampling to ensure that the sample represented a diverse background, including a mix of physicians, PAs, and NPs (Rudestam & Newton, 2015). The participants in the study included five physicians, four PAs, and one NP. Each participant met eligibility requirements if they had greater than 1 year of experience as a pediatric healthcare provider and completed shifts in the main ER, focused on adult care. Participants for this study were recruited from a pediatric ER in a suburban hospital in central New Jersey.

Significance

Healthcare providers in the ER are positioned to be able to identify boys as victims of human sex trafficking if they recognize the social, psychological, and physical red flags associated with this patient population. The social red flags can be associated with the victim's inability to articulate demographic information, such as their current living address, their current guardians' demographic information, and data about their past healthcare history (Hackett, 2016; Normandin, 2017). The psychological red flags include factors such as posttraumatic stress disorder, anxiety, self-destructive behavior, depression (Chung & English, 2015; Boswell, Temples, & Wright, 2019), suicide attempts, and substance abuse (Chung & English, 2015; Shandro et al., 2016). Providers should be alerted to the presence of physical signs and symptoms of CSEC victims,

including patients presenting with a sexually transmitted diseases, cuts, bruises, malnourishment, poor hygiene, infection, neglect, cutting, burning (Chung & English, 2015; Shandro et al., 2016), and tattooing (Chung & English, 2015; Normandin, 2017; Shandro et al., 2016). ER providers play a key role in recognizing the nonverbal red flags of this population. Research has shown that this population does not readily? reveal victimization, with patients often covering up the truth as a means of self-protection in order to reduce threats from their traffickers (Ernewein & Nieves, 2015; Greenbaum, Dodd, & McCracken, 2018; Shandro et al., 2016; & Ijadi-Maghsoodi, Bath, Cook, Textor, & Barnert, 2018).

Most studies of sex trafficking of minors have focused on girls as victims; little research has been dedicated to the study of boys. The results of this study address this aspect of advocacy if the findings show evidence that boys are as easily victimized as girls. This study will begin to fill the gap that currently exists on boys as victims of CST, and it has the potential to raise the awareness of the need for ongoing pre-professional and professional education on CST for healthcare providers, so that they can identify the signs promptly and refer victims when appropriate. Ethically, it is essential for healthcare providers to be gender neutral when assessing for the potential victimization of children. This study may well increase the capabilities of health care providers in identifying boys as victims of human sex trafficking by exploring (a) the perceptions of pediatric ER providers about their ability to recognize boys as victims of CST, (b) the barriers providers perceive about their ability to recognize this population, and (c) the perceptions

of providers about the effectiveness of one-time, state-mandated education on sex trafficking.

Part 2: Manuscripts

Manuscript 1: The perceived barriers to pediatric ER providers' identifying boys as victims of child sex trafficking

Deborah Susan Mican

Walden University

Outlet for Manuscript

American Journal of Emergency Medicine

URL - https://www.ajemjournal.com/

Formatting Expectation – Number Reference System

Statement of Journal Alignment – The American Journal of Emergency Medicine's is a recognized source of information for emergency room providers covering a wide range of topics, and age groups. This journal was chosen due to its popularity among emergency room healthcare providers to aid in dissemination information regarding boys as victims of human trafficking to a wider audience.

Journal of Human Trafficking

URL - https://www-tandfonline-com.ezp.waldenulibrary.org/loi/uhmt20

Formatting Expectation – APA

Statement of Journal Alignment – The Journal of Human Trafficking is focused on disseminating information regarding human trafficking globally. This journal was chosen due to its sole focus on human trafficking and the ability to capture a larger audience focused on child sex trafficking.

Abstract

The purpose of this study was to explore the perceived barriers to pediatric emergency room providers identifying boys as victims of child sex trafficking (CST). In-depth interviews were conducted using a sample of (10) healthcare providers including physicians, nurse practitioners, and physician assistants at a suburban New Jersey pediatric emergency room. A grounded theory approach was used with this qualitative exploratory study; thematic content analysis was used to identify core themes and categories from data collected about the provider's attitudes, internal thoughts, and experiences that triggered the identification of boys as victims of CST. Research on boys as victims of human sex trafficking has been limited since most studies on juvenile sex trafficking are focused on girls. This study addressed the gap in understanding the perspectives of ER healthcare providers and their ability to recognize boys as a victim of CST. Four barriers (themes) were identified in the ability of healthcare providers to identify boys as victims of CST: (a) providers perceived that they lack the skills to recognize the signs and symptoms, (b) providers identified communication as a barrier, which included the child keeping secrets and the guardian or parent doing all the talking, (c) providers lacked education about boys as victims of CST, and (d) the time spent with patients in a busy ER setting was identified as a challenge in their ability to identify boys as victims.

Introduction

The United States Department of Justice defines child sex trafficking as the "recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a minor for the purpose of a commercial sex act" (United States Department of Justice, 2017). Human trafficking, commercial sexual exploitation (Reid & Piquero, 2014), commercial sexual exploitation of children (CSEC) (Barnert et al., 2017), domestic minor sex trafficking (DMST; O'Brien, Li, Givens, & Leibowitz, 2017), child sex trafficking, and modern-day slavery are current terms used to describe the exploitation of children for financial gain worldwide (Chisolm-Straker et al., 2016). The National Center for Missing and Exploited Children (2019) registered 424,066 missing children in 2018. In 2017, one in seven runaways became victims of human trafficking with an estimated 88% of those victims reported to have been in the foster care and state social service system (National Center for Missing and Exploited Children, 2017). The National Human Trafficking Hotline (2019) reported that 8,524 human trafficking reports were filed in 2017 with 2,495 cases, a little over 29% occurring in individuals under the age of 18.

Health care providers are committed to providing quality care in a safe and collaborative environment. The healthcare providers on the front line of care include physicians, physician assistants (PAs), and nurse practitioners (NPs). While their pre-professional and professional education should enhance their ability to recognize the red flags for human trafficking, research suggests that 87% of children who were victims of human trafficking received medical care while being exploited and the health care team failed to recognize them (Lederer & Wetzel, 2014). This human rights issue warrants

research on healthcare providers and their ability to recognize human trafficking in male, female, and LGBTQ adults, but primarily in children in a suburban pediatric ER setting.

Recent research has been conducted on the healthcare providers ability to recognize human trafficking in children, including studies focused on the validity and reliability of screening tools and algorithms designed to identify children as victims (Stevens & Berishaj, 2016; Mumma et al., 2017). Additionally, researchers have studied the warning signs and red flags of child sex victims in an effort to increase the healthcare providers abilities to identify these children during patient intake interviews (Chung & English, 2015), patient assessment, and physical exam (Egyud, Stephens, Swanson-Bierman, DiCuccio, & Whiteman, 2017; Hackett, 2016; Normandin, 2017; Schwarz et al., 2016). The three types of red flags associated with CSEC victims include social, psychological, and physical. The social red flags can be associated with the victim's inability to articulate demographic information such as their current living address, their current guardians' demographic information, and data related to their past healthcare history (Hackett, 2016; Normandin, 2017). The psychological red flags include factors such as post-traumatic stress disorder, anxiety, self-destructive behavior, depression (Chung & English, 2015; Boswell, Temples, & Wright, 2019), suicide attempts and substance abuse (Chung & English, 2015; Shandro et al., 2016). Providers should be alerted to the presence of physical signs and symptoms of CSEC victims including patients presenting with a sexually transmitted diseases, cuts, bruises, malnourishment, poor hygiene, infection, neglect, cutting, burning (Chung & English, 2015), and tattooing (Chung & English, 2015; Normandin, 2017).

Health care providers in a pediatric ER are likely to encounter a child who has been a victim of sex trafficking since studies have shown that the majority of CSEC victims often access health care through an ER setting (Chisolm-Straker et al., 2016; Goldberg, Moore, Houck, Kaplan, & Barron, 2017).The majority of studies completed on CSEC victims have primarily focused on girls as victims (Greenbaum & Bodrick, 2017; Greenbaum, Dodd, & McCracken, 2018; Kaltiso et al., 2018; O'Brien et al, 2017; Varma et al., 2015), highlighting a gap in the literature on boys as CSEC victims (Greenbaum, & Bodrick, 2017; Jones, 2015; O'Brien et al., 2017; Sprang & Cole, 2018). Research solely focused on boys as victims can have a significant impact on ER providers identifying boys as victims of human trafficking by increasing their awareness of the red flags associated with this vulnerable population. The aim of this study was to explore pediatric ER healthcare providers perceptions of the barriers in recognizing boys as victims of human sex trafficking and to answer the following question: What are the perceived barriers of the healthcare providers in recognizing boys as victims of human sex trafficking? Pediatric ER providers can play a key role in recognizing the nonverbal red flags of this population given that research has revealed that this population does not disclose its victimization, and patients often cover up the truth to protect themselves and reduce threats from their traffickers (Normandin, 2017; Ernewein & Nieves, 2015; Ijadi-Maghsoodi, Bath, Cook, Textor, & Barnert, 2018).

Methods

This qualitative study employed an, exploratory design: grounded theory. This theory helped identify themes and categories to explain how and why individuals react in

certain situations (Corbin & Strauss, 2015). Grounded theory was combined with the theory of planned behavior for this study to examine the participants attitudes, internal thoughts, and their experiences that triggered the identification of boys who have been victims of human trafficking (Ajzen, 1991).

Approval for the study was obtained by Walden University Institutional Review Board (IRB; Approval No. 03-03-20-0341653) and the source hospital's IRB. The participants were selected by purposive sampling to ensure that the sample was representative of a diverse background, including a mix of physicians, PAs, and NPs (Rudestam & Newton, 2015). The number of participants in the study included five physicians, four PAs, and one NP. Each met eligibility requirements if they had more than 1 year of experience as a pediatric healthcare provider and had completed shifts in the main ER, which focused on adult care. Participants for this study were gathered from a pediatric ER in a suburban hospital in central New Jersey. Informed consent was obtained prior to each interview, and each participant was given a unique number to maintain confidentiality. I served as the key instrument for in-person and phone interviews for all data collection. Interviews were conducted during the COVID-19 crises, and during in-person interviews the participant and I wore a surgical mask. Interviews continued using the grounded theory approach until saturation was reached.

The grounded theory method was used for this exploratory study to identify the perceptions of healthcare providers and their ability to recognize boys as victims of human sex trafficking. Data were collected employing three open-ended questions, with a few follow-up questions. A total of 10 interviews were conducted between April and June

2020. Data were collected using three phone interviews and seven face-to-face interviews. All interviews were audio recorded and transcribed and short notes were taken during the interview process to add content that could highlight something of interest that may not necessarily be heard on the audiotape. To address triangulation, data were collected using three types of healthcare providers including physicians, NPs, and PAs. Validity was examined by using member checks after each interview was transcribed, and after coding and theming were completed. A final presentation of the study results was made at an ER provider meeting prior to final submission of the study to Walden University.

Data were analyzed using the grounded theory method. Analysis was an iterative process that began after the first interview was conducted and continued until saturation was achieved. Transcripts were imported into the MAXqda data analysis software program for ease of coding and to identify categories and themes from the data (Creswell & Creswell, 2018). Data analysis followed each interview using the following techniques: reading the transcript multiple times to ensure understanding, completing a first-cycle description of the data collected, developing categories from the description of the data, combining categories of data into thematic codes, and final analysis developed from theme saturation.

Results

A total of 10 interviews were conducted with physicians, PAs, and NPs. Table 1 gives the demographic data for each participant. Participants were diverse in sex, age, years worked in a pediatric ED, and licensure. All participants interviewed were

contracted employees of the hospital and all had medical staff privileges to practice in both the general and pediatric emergency rooms. Each participant was asked three open-ended questions with follow-up questions as needed. Four major themes emerged from the data analysis. Table 2 shows each theme and provides a brief explanation (see p. 28). Each question and the identified themes are presented with representative? quotes from the participants interviewed.

Table 1

Characteristics of Participants Who Completed Qualitative Interviews

Provider characteristics	*N* = 10
Gender	
Female	4
Male	6
Age	
20-30 years	3
31-40 years	3
41-50 years	2
51+ years	2
Ethnicity	
White	7
Egyptian	1
Asian	1
Philippine	1
Years worked in a pediatric ED	
1-5 years	4
6-10 years	4
11-15 years	0
16+ years	2
Years worked in New Jersey as a provider	
1-5 years	3
6-10 years	5
11-15 years	2
16+ years	
Provider classification	
MD	5
PA	4

Question 1: What is your comfort level in your ability to identify boys as victims of human sex trafficking?

Study participants were able to articulate their perceptions in the ability to recognize boys as victims of CST easily. The participants were incredibly open about their lack of comfort in identifying boys as victims of sex trafficking with 90% of participants perceiving their comfort level in identifying boys as victims of human trafficking as primarily low to medium. P2 commented "that since I have been practicing ER medicine for almost 20 years, I know it's very rare, and I'm not comfortable enough to identify them." P6 and P9 stated that "it is not really something I have thought about." P3 was the only participant that expressed a comfort level that was above average. With continued follow-up questioning, P3 stated that "my perception of my ability were zero is clueless, and ten is astute, I would say a six."

Question 2: What do you believe your challenges are in identifying boys as victims of human sex trafficking in your clinical setting?

The participants in this study represented 17 years of medical practice in a pediatric emergency room, and many years of practicing medicine as healthcare providers in general emergency rooms. Two themes developed through the process of coding and categorizing of Question 2: (a) the awareness and recognition of signs and symptoms of boys as victims of CST and (b) communication.

Theme 1: Recognition of signs and symptoms of boys as victims of CST

Study participants articulated their challenge in identifying boys as victims of sex trafficking in a very genuine way. They showed interest in the topic and reflection was noted with pauses prior to answering this question. Two of the participants, P8 and P9 were not aware of boys as victims of CST. P8 stated that "I'm not even aware of this issue of boys as victims." P9 identified the lack of recognition of the signs and symptoms of CST as a challenge and stated, "I don't think we have ever specifically spoken about boys' conversations are tailored towards girls." P2 added that "unless there is a red flag or the child has multiple visits, it's not recognized." While P3 stated that "recognition of injuries that are not part of the presenting problem" and "if someone is brought in for an unrelated complaint, for example, a sore throat in a school age boy, we normally would not undress that person to examine their extremities for bruising and stuff like that." Additionally, P7 remarked "sometimes it is not as telling and that is the challenge." P2 stated "unless there is a red flag, like the child has multiple visits," CST in boys is not recognized. The participants were open regarding their lack of ability to recognize the signs and symptoms of boys as victims of CST, and to recognize boys as victims in general.

Theme 2: Communication as a barrier to identifying CST

Four participants identified that during the ER visit, communication and gathering of information from the child was a major issue. P1 said that "children are not always forthcoming" when they come into the ER. P4 said that "they want to hide what is going on," making it a challenge to appropriately diagnosis the child. P5 added that "they are unwilling to talk about it." While P7 recognized that "they keep whatever is going on

a secret and it’s not as telling and that is the challenge" and "there are some signs we are trained for and asked to look for, but sometimes it's not as obvious and the children don't tell."

Another communication challenge identified by six of the participants was the childs escort into the emergency room. This individual, who is often perceived as the parent or guardian, answers all the questions not allowing the child to speak for themselves. During the interview, P2 described this as a "red flag," especially when the child is of an appropriate age to be able to communicate effectively. P1 felt that "the person they are with is the person who is trafficking them, so they are more than likely doing things to prevent the child from saying anything.” Providers blended the association between the parent or guardian doing all the talking and secret keeping or quiet child as major barriers in identifying boys a victims of human sex trafficking. P1, P4, P5, P6, and P7 spoke about the importance of interviewing the child alone, with P6 describing the ability of getting the parent or guardian to step out of the room as a skill, so that the task of interviewing the child alone could be accomplished.

Question 3: Is there anything in your practice that you would change to ensure boys are appropriately identified as victims of CST?

As participants answered questions, the reality of caring for a boy who may be victim of CST was met with a heightened awareness of a future possibility. The participants quickly identified opportunities for improvement when caring for boys in the ER setting. From the data collected, three themes emerged: educational needs, the ER setting, and interviewing the child alone.

Theme 3: Increased education on identifying CST

The participants in this study were very interested in learning more information regarding the subject of boys as victims of CST. Participants believed that the education associated with boys as CST victims was necessary, with P7 and P9 describing yearly education for all ER staff as a must have to ensure hightened awareness. P2 stated that "we need to educate the whole team in the energency room even the nurses." P3, P4, P7, P9 and P10 felt that education needs to change, they need more research, and development of a screening tool to help aid providers in identify and diagnosing boys as victims of CST. P7 stated, "I would venture to say that if there is research or screening questions or education available that has been shown to better identify these boys, I think that would be helpful." P9 and P10 expressed a change in their practice moving forward by ensuring that CST with boys will be in their differential diagnosis moving forward. Interesting to note that only one participaint, P8 stated that they would not change anything in their practice to help identify boys as victims of CST.

Theme 4: Busy ER environment

The limited time spent with patients, the busy ER setting, and privacy and confidentiality were indicated as practice changes needed to aid in identify boys as CST victims. P3 articulated that "a typical emergency room patient visit with a non-critical patient lasts about 15 minutes at the patient's bedside." P2described it as: "a busy emergency room does not give you much time to identify those patients unless other nurses are able to identify them." Additionally, P6 worried about moving patients along to decompress the ER and stated "we have been conditioned to treat the patients' or guardians' complaints at

the time of the visit, and keep moving." Taking the time to be able to appropriately assess and analyze what is happening with the patient was important to the participants. P7 elaborated on "the busy emergency room setting and the space constraints have led to not undressing patients for a full examination." P9 also addressed "because of the emergency room setting the lack of space, things can get overlooked." P4 highlighted the importance of the ER environment stating that "trying to make the child feel like it is a safe space and safe environment to allow them to open up about what is happening." P6 also added that "having the parent or the guardian step out of the room so that you can talk to the patient by themselves" as a potential practice change. P10 described that ER's need "better confidentiality processes with them" to ensure that boys are identified.

Table 2

*Major Themes Identified from Participants (*n = *10)*

Major themes	Description of themes
Recognition of signs and symptoms of boys as victims of CST	Providers do not recognize the signs and symptoms of boys as victims of CST. Providers do not recognize boys as victims.
Communication as a barrier to identifying CST	Children keep secrets and do not express what is going on. The individual with the child does all the communicating.
Increased educational on identifying CST	There is a lack of awareness and education of boys as victims.
Busy ER	The busy ER

environment	setting, and the time spent with patients, lack of privacy and confidentiality.

Discussion

This study found that the pediatric ER providers do perceive barriers in their ability to recognize boys as victims of CST. Participants were articulate in describing the ease at which boys can enter the emergency room, receive treatment, and be discharged without ever being suspected of being a victim of CST. Many participants described a mindset of girls as victims and were astonished to think of boys as victims. The participants clearly identified their education was deficient of boys as victims of CST, and 90% of participants rated their comfort level of identifying boys as low to medium. The challenges in identifying boys as victims included the ability to recognize the signs and symptoms of CST, as well as issues with communication with the child. The providers discussed boys keeping the secret, and an unwillingness to discuss what is happening to them. Participants also identified challenges with the person who brought the child into the ER not allowing the child to speak for themselves, and the importance of interviewing the boy alone. Similarly, Rafferty (2016) found challenges with CST victims failure to disclose their situation to healthcare providers often out of loyalty or fear of their trafficker.

This study revealed the perspectives of ER healthcare providers and their ability to recognize boys as a victim of CST. The participants identified future changes in the practice that could help to uncover boys as victims of CST. Participants articulated the

desire for yearly education on CST that would include all genders and training in the signs and symptoms associated with CST. Donahue, Schwien, and LaVallee (2019) found that mandatory training on human trafficking should be a requirement but did not specify the education should be annually. Participants also identified the need for CST screening tools to help identify what is really going on with the child. This finding is consistent with previous research conducted by Varma, Gillespie, McCracken, and Greenbaum (2015) that recommended the need for future research to concentrate on the development and validation of a CST screening tool. Additionally, participants recognized that their ability to have more time to spend with patients could allow them to complete a comprehensive physical assessment potentially reducing the chance of overlooking a boy as a CST victim. This research study and future studies on boys could have an impact on social change if the recommendations presented in this study are implemented. Perhaps with yearly education, a valid screening tool, and a completing a comprehensive physical assessment CST, boys will be recognized.

This study had several limitations. The first limitation was that the participants were from one hospital and the results may not be generalizable to other pediatric emergency rooms. The second limitation was that 70% of the participants were White and thus not culturally diverse which can present a potential bias based on race. Another limitation was that only one NP was identified that met the criteria for the study and the results may have been slightly different with more providers with a nursing background. An additional limitation was that all data were collected during the months of April and June of 2020 during the height of the COVID – 19 crises in the state of New Jersey. This

resulted in all in-person interviews conducted with face masks and limited any possibility of capturing facial expressions and physical cues.

The results of this study support future research focused on boys as victims of CST. Suggested topics for further research include: The ability to recognize the of signs and symptoms, development and testing of screening tools that identify this population, and the effectiveness of yearly education of providers and staff. Child sex trafficking is not exclusive to girls and healthcare providers need to be conscious of the possibility of caring for a boy as a victim of CST now and in the future. This is supported by research conducted by Sprang and Cole (2018) found that 41.9% of victims were boys, and Roe-Sepowitz et al. (2016) found that boys represented closer to 50% of the victimized youth.

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Manuscript 2: Pediatric Emergency Providers' Perceptions of Their Ability to Recognize Boys as Victims of Human Sex Trafficking

Deborah Susan Mican

Walden University

Outlet for Manuscript

American Journal of Emergency Medicine

URL - https://www.ajemjournal.com/

Formatting Expectation – Number Reference System

Statement of Journal Alignment – The American Journal of Emergency Medicine's is a recognized source of information for emergency room providers covering a wide range of topics, and age groups. This journal was chosen due to its popularity among emergency room healthcare providers to aid in dissemination information regarding boys as victims of human trafficking to a wider audience.

Journal of Human Trafficking

URL - https://www-tandfonline-com.ezp.waldenulibrary.org/loi/uhmt20

Formatting Expectation – APA

Statement of Journal Alignment – The Journal of Human Trafficking is focused on disseminating information regarding human trafficking globally. This journal was chosen due to its sole focus on human trafficking and the ability to capture a larger audience focused on child sex trafficking.

Abstract

The purpose of this study is to understand if providers working in a pediatric emergency room (ER) versus a general ER believe they are better able to identify boys as victims of child sex trafficking (CST). In-depth interviews were conducted using a sample of 10 healthcare providers, including physicians, a nurse practitioner, and physician assistants from a suburban New Jersey pediatric ER. Applying a grounded theory approach with this qualitative exploratory study, thematic content analysis was used to identify core themes and categories from data collected regarding the providers attitudes, internal thoughts, and experiences working in a pediatric ER versus those in a general ER that trigger the identification of boys as victims of CST. Research on boys as victims of human sex trafficking has been limited as most studies on juvenile sex trafficking focused on girls. This study addressed the gap in understanding the perspectives of pediatric ER healthcare providers and their beliefs about their ability to appropriately recognize boys as a victim of CST compared to their colleagues in a general ER setting. Four themes were identified about the beliefs of providers working in a pediatric ER versus a general ER in their ability to identify boys as victims of CST:(a) The practice setting has no impact; (b) there is a lack of awareness of best practices to identify boys as victims of CST; (c) there are concerns regarding the child's caregiver, and (d) a comprehensive physical assessment of the child needs to be conducted.

Introduction

Current terms labeling a child who has been a victim of sex trafficking include; child sex trafficking (CST), commercial sexual exploitation of children (CSEC) (Barnert, Iqbal, Bruce, Anoshiravani, Kolhatkar, & Greenbaum, 2017), modern-day slavery (Chisolm-Straker, Baldwin, Gaïgbé-Togbé, Ndukwe, Johnson, & Richardson, 2016), and domestic minor sex trafficking (DMST) (O'Brien, Li, Givens, & Leibowitz, 2017). Research on CST has been conducted and continues to be a focus of many researchers with most studies directed at female victims. The failure to identify boys as victims of CST is a major problem as the Counter-Trafficking Data Collaborative (2018) described a significant increase in boys as victims of CST since 2015. Sprang and Cole (2018) studied 31 trafficked children and found that 41.9% were boys, and in a study conducted by Roe-Sepowitz et al. (2016) they found that boys were closer to 50% of the victimized youth. The Counter-Trafficking Data Collaborative (2018) also noted that boys have statistically equaled the percentage of girls as victims of CST representing 50% of the children victimized.

Studies have identified that the ability of an ER provider to accurately recognize a child as a victim of sex trafficking is limited due to the lack of provider training, decreased exposure to victims, knowledge barriers, and gender disparities (Cole & Sprang, 2015; Beck, Lineer, Melzer-Lang, Simpson, Nugent, & Rabbit, 2015). The ER setting has also been recognized as a source of concern due to the busy environment and because the healthcare provider spends little time with patients who are not acutely ill (Greenbaum, 2017; Varma, Gillespie, McCracken, & Greenbaum, 2015). Chisolm-

Straker et al. (2016) found that 56% of CST children presented to the ER for healthcare instead of a primary care clinic or some type of outpatient clinic, while Goldberg, Moore, Houck, Kaplan, and Barron (2017) found that 63% of children that were victims of CST sought care in an ER setting.

The ER is known to be a source of primary healthcare for many individuals across the country. This phenomenon has caused overcrowding and limits the time healthcare practitioners spend with potential victims of child human trafficking when they are not acutely ill (Chung & English, 2016; Greenbaum, 2017; Shandro et al., 2016). The overcrowding issue has required physicians to prioritize patients based on their awareness of the acuity levels of everyone in the ER setting. Understanding the dynamics of the ER practice setting, and how the environment influences the healthcare providers' ability to respond to male children as victims of CST, could make a significant impact in changing how practitioners approach this population of patients. Overcrowding and time constraints in many ERs across the country has limited the ability of practitioners to build rapport with patients, and rank CST victims as a high priority, needing more of their time to appropriately identify and treat critical mental, physical, and psychological issues (Goldberg et al., 2017; Greenbaum, 2017; Macias-Konstantopoulos, Munroe, Purcell, Tester & Burke, 2015; Varma et al., 2015). Adding to the complexity of the impediments to providing appropriate care and accurate recognition of this vulnerable population, CST victims themselves create barriers, as many fail to disclose their victimization (Barnert et al., 2017; Beck et al., 2015; Becker & Bechtel, 2015; Breuer & Daiber, 2019; Hachey & Phillippi, 2017; Scannell, MacDonald, Berger, & Boyer, 2018; Shandro et al., 2016) and

often do not self-identify as victims therefore they do not disclose their situation (Barnert, 2017; Becker & Bechtel, 2015; Ramnauth, Benitez, Logan, Abraham, & Gillum, 2018; Shandro et al., 2016). Many are coached to lie and fear retaliation from traffickers if they disclose their victimization (Chaffee & English, 2015).

Gelernter (2015) recognized that more than 10 million children were victims of slavery and/or CST worldwide. Healthcare providers in an ER setting have a high likelihood of encountering CST victims as these children present to the emergency department for care. The problem is that 86.8% of healthcare professionals did not possess the knowledge of the type of questions to ask victims, and 78.3% verbalized a lack of appropriate training to accurately care for this population of patients (Ross et al., 2015). These patients must be identified as early as possible. Interviews and examinations using an interpreter (when needed) with suspected CST victims needs to be conducted in a private area, allowing the patient a chance to disclose their victimization (Bryne, Parsh, & Ghilain, 2017; Ernewein & Nieves, 2015; Lamb-Susca, Clements, Neptune, & Monmouth, 2018; Normadin, 2017; Ramnauth, Benitez, Logan, Abraham, & Gillum, 2018; Shandro et al., 2016; Stevens & Berishaj, 2016; Stoklosa, MacGibbon, & Stoklosa, 2017).

Healthcare providers need to know why the child entered the ER; it can be an essential component of early recognition. Providers need to be able to recognize boys as victims of CST: Studies have shown that boys can be equally victimized with close to 50% of victims being male (Reid & Piquero, 2016; Roe-Sepowitz et al., 2016). These children present to the ER often due to fear of exposure to sexually transmitted

infections. They are seeking knowledge about how to protect themselves and their reproductive health (Ijadi-Maghsoodi, Bath, Cook, Textor, & Barnert, 2018).

This aim of this study was to examine the perception of pediatric ER providers' ability to recognize CST victims compared to their colleagues in a general emergency room, and to answer the following question: Do healthcare providers practicing in a pediatric ER believe they are better able to identify boys as victims of human sex trafficking versus providers in a general ER? This study will explore the perception of healthcare providers practicing in a pediatric ER and determine whether they believe they are better able to identify boys as victims of human sex trafficking compared to providers in a general ER.

Methods

This study employed a qualitative exploratory design. Grounded theory design inquiry was used for this qualitative research study. The grounded theory processes aided in identifying themes and categories to explain how and why individuals react in certain situations (Corbin and Strauss, 2015). The use of the grounded theory approach combined with the theory of planned behavior allow the researcher to find and identify core themes and categories from data collected from participants responses regarding their attitudes, internal thoughts, and their experiences that trigger identification of boys who have been victims of human trafficking (Ajzen, 1991). Walden University Institutional Review Board (IRB) and the source hospitals' IRB provided approval for the study. The participants for this study were selected by purposive sampling to ensure that the sample is representative of a diverse background including a mix of physicians, PAs, and NPs

(Rudestam & Newton, 2015). The number of participants in the study included five physicians, four PAs, and one NP. Each participant met eligibility requirements if they had more than 1 year of experience as a pediatric healthcare provider and completed shifts in the main ER focused on adult care. Participants for this study were gathered from a pediatric ER in a suburban hospital in central New Jersey. Informed consent was obtained prior to each interview, and each participant was given a designated number to maintain confidentiality. The first author served as the key instrument for in-person and phone interviews for all data collection. Interviews were conducted during the COVID – 19 pandemic, and during in-person interviews, the participant and I wore a surgical mask. Interviews continued employing a grounded theory approach until saturation was realized.

The grounded theory method was used for this exploratory study to identify the perceptions of healthcare providers about their ability to recognize boys as victims of human sex trafficking. Data were collected using three open-ended questions with a few follow-up questions. A total of 10 interviews were conducted between April and June 2020 with each participant given a unique number and only the principle researcher has the participant number key. Data were collected using three phone interviews and seven face-to-face interviews. All interviews were audio recorded and transcribed and short notes were taken during the interview process to add content that could highlight something of interest that may not necessarily be heard on the audiotape. To address triangulation, data were collected using three types of healthcare providers including physicians, NPs, and PAs. Validity was examined by using participant member checks

after each interview was transcribed, and after coding and theming was completed. An email was sent to participants after transcription, coding and theming requesting they each review the information and confirm the accuracy of the information obtained. A final presentation of the study results occurred at an ER provider meeting prior to final submission of the study to Walden University.

Data were analyzed using the grounded theory method. Data analysis was an iterative process that began after the first interview was conducted and continued until saturation was achieved. Data transcripts were imported into the MAXqda data analysis software program for ease of coding and identifying categories and themes from the data collected (Creswell & Creswell, 2018). Data analysis followed each interview using the following techniques: reading the transcript multiple times to ensure understanding, completing a first cycle description of the data collected, developing categories from the description of the data, combining categories of data into thematic codes, and finally narration of final analysis developed from theme saturation.

Results

Data saturation was reached after interviewing 10 participants, which included a mixture of physicians, PAs, and a NP. Table 1 shows the demographic data for the participants. Participants varied in sex, age, years worked in a pediatric ED, years worked in New Jersey, and licensure. Ethnicity was not diverse since most participants were White. Each participant was asked three open-ended questions and follow-up questions were used as needed. Four major themes emerged from the data analysis. Table 2 lists

each theme and a brief explanation of it (see p. 51). Each question and the associated themes are presented below with quotes from participants.

Table 1

Characteristics of Participants Who Completed Qualitative Interviews

Provider characteristics	N = 10
Gender	
Female	4
Male	6
Age	
20-30 years	3
31-40 years	3
41-50 years	2
51+ years	2
Ethnicity	
White	7
Egyptian	1
Asian	1
Philippine	1
Years worked in a pediatric ED	
1-5 years	4
6-10 years	4
11-15 years	0
16+ years	2
Years worked in New Jersey as a provider	
1-5 years	3
6-10 years	5
11-15 years	2
16+ years	
Provider classification	
MD	5
PA	4
NP	1

Question 1 - How does your practice setting impact your awareness that a boy may be a victim of child sex trafficking?

All study participants practice in both the pediatric and general ER setting. P7 had limited time in a pediatric ER compared to the other nine participants. Two themes were identified: practice environment [setting?] has no impact and lack of awareness.

Theme 1: Practice setting environment has no impact on the professionals ability to identify boys as victims of CST.

The participants believed there was no difference in their ability to recognize a boy as a CST victim in either the pediatric or general ER setting. Of the participants interviewed, P7 felt that the ER setting had no impact on their ability to identify boys as victims of CST. P10 simply stated that "It's less, I suspect less in males as opposed to females. The practice is the same across the settings." The remaining participants had a lack of awareness of boys as victims of CST.

Theme 2: Lack of awareness

The second theme identified was participants lacked awareness of boys as victims of CST, or victims of any kind. Three participants made statements consistent with this categorization. P2 stated that " it is hard to identify males, females are easier. I am not aware of males being trafficked. You are less likely to perceive a male as a victim of anything." Additionally, P10 stated "it's less, I suspect less in males as opposed to females." P10 and P9 identified and credited pediatric nurses alerting them to issues that they felt indicated possible CST. P9 articulated that "the pediatric emergency room has more people involved including pediatric nurses and pediatric attending physicians and they can draw my attention to it." Although only three participants verbalized their lack

of awareness of boys as victims of CST, it was significant as all three made similar statements.

Question 2 - What are the best practices for identifying boys as victims of child sex trafficking across different emergency room settings?

All participants interviewed were not able to articulate any best practices for identifying boys as victims of CST regardless of the ER setting. According to six participants, there is a gap in their current practice with little to no guidelines or best practices to help them. The remaining four participants recognized issues with the child's caregiver as a red flag that may indicate something is not normal. Two themes identified were lack of awareness, and assessment of the child's caregiver.

Theme 1: Lack of awareness of best practices

The theme of lack of awareness related to the best practices for identifying boys as victims of CST was again identified by most participants in the study. P2 stated that "we have no guidelines for those practices." P8 and P9 both conveyed "I don't know any best practices", and P4 and P5 said "I am not aware." P4 added that "we need to screen them appropriately." However, when asked what would be the best practice for screening for a boy as a CST victim, P4 stated: "create a safe environment, making them feel like they can be open and honest." P6 took time to think about their answer and ended up stating that "I honestly don't really know." For the future, participants were generally interested in learning more about screening tools for both boys and girls related to CST.

Theme 2: Concerns about the child's caregiver

Participants recognized the importance of determining the identity of the child's caregiver and her or his relationship to the child as a possible a best practice. P1 described assessing the person in the room with the child was an important factor: "If that person in the room with them is acting strange or in a certain way and refusing to allow the patient to have any privacy." P3 added "I think in my uneducated opinion, the biggest red flag is who is accompanying the patient. I would guess that most of these patients are not brought in by parents, so you have to determine parental status." P3 was then asked if she? he? would ever suspect a boy to be a victim of CST if he were brought in by his parent, and P3 responded, "much less or not at all." P7 added that some of the education they received was to look for signs such as "if the pediatric patient is brought in by an individual other than their parent or immediate caregiver or guardian." P10 also recognized the individual who brought in the child as a potential concern and when red flags surfaced they stated, "I would want to know where they are from and how long have they been in the area." When asked a follow up question regarding individuals just passing through the area, P10 added that "behaviors of the caregiver and individuals just passing through combined would be a major red flag that something was wrong." In sum, one of the participants said that the caregiver was a significant factor in identifying possible CST.

Question 3 -What do you do differently in a pediatric emergency room versus a general emergency room to recognize boys as victims of human sex trafficking?

The participants in this study worked at a hospital that had both a pediatric and a general emergency room. The processes across emergency rooms were perceived to be

the same for seven of the participants. The remaining three participants discussed differences in their assessment of pediatric patients. The two themes presented were: there are no differences in practice settings and completing a comprehensive physical assessment.

Theme 1: No difference in practice settings

Most participants in this study substantiated that their assessments of pediatric patients across ER settings were the same. P1 stated that "there is no difference" but added, "I don't think this is something that is on people's radar." While P2, P3, P6, P7, P8 and P10 all explained that there is no difference. P10 added that "there is no difference as we deliver family centered care." During the interview P1 stated that "nothing is done to screen for this sort of thing," regarding the subject of boys as victims of CST. It is possible that because no screening tool exists for boys as victims of CST across settings, and participants perceive that there is no difference in ER settings, boys can potentially go unrecognized as a victim of CST regardless of entering a pediatric ER or a general emergency room.

Theme 2: Completing a comprehensive physical assessment of the child

Some of the participants explained that in the pediatric ER a comprehensive physical assessment is warranted. P2 indicated that based on the assessment of the child your approach needs to be adjusted and they stated, "ask more appropriate questions." P5 acknowledged that "I think there is a more detailed physical exam. The patient isn't as forth coming with information, or they are unable to tell what's going on, so it is more physical exam orientated then just history taking." P9 discussed how "making sure I am

seeing the whole picture. You are also dealing with the guardians of the child as well as the child so making sure you see everything, the whole picture." P1 indicated that they currently do not have a good screening tool to assess for boys as victims of CST. They stated, "nothing is done currently to screen for this sort of thing." Three participants described components of a comprehensive physical assessment to aid in their ability to recognize an underlying sex trafficking victim, however each of their responses differed in how to complete that assessment. They confirmed that no screening tools were currently being used to assess for boys as victims of CST, either in the pediatric or general ER.

Table 2

*Major Themes Identified from Participants (*n *= 10)*

Major themes	Description of themes
Practice setting has no impact	Providers see no difference between the pediatric and general emergency room setting.
Lack of awareness of best practices	Providers not aware of boys as a victim of CST. Providers not aware of any best practices to identify boys as victims of CST.
Assessment of the child's caregiver	The individual with the child does all the communicating. Behaviors of the caregiver and determine the caregivers relationship to the child.
Completing a comprehensive	Ask appropriate assessment

assessment	questions. Complete a physical exam on the child.

Discussion

This study focused exclusively on boys as victims of CST to determine if providers working in a pediatric versus general ER perceived they are better able to identify boys as victims of CST. The study found that providers do not perceive they are better able to identify boys as victims of CST irrespective of the ER setting. The participants felt that their practice of medicine was the same in both the pediatric and adult ER setting, and they discussed their lack of awareness of best practices to identify boys as victims of CST. This finding is consistent with previous nursing research where there was a lack of knowledge regarding human trafficking among nurses (Ramnauth, Benitez, Logan, Abraham & Gillum, 2018). Participants also recognized the child's caregiver as a potential concern based on behaviors of the caregiver, their relationship to the child, and their interactions with the child. Polaris (2020) described traffickers as "individuals, business owners, members of a gang or network, parents or family members of victims, intimate partners, owners of farms or restaurants, and powerful corporate executives and government representatives." Participants discussed the importance of completing a comprehensive physical assessment based on the presenting complaint of the child versus the focused problem based assessment commonly practiced in both ER settings. The participants identified conducting a comprehensive physical assessment

could help to uncover boys as victims of CST in the future. Hachey and Phillippi (2017) also found that completing a complete comprehensive physical assessment may uncover signs of trauma and abuse not consistent with the patients presenting complaint. Participants additionally discussed how their lack of awareness of victims could be minimized if they had a reliable screening tool implemented in the ER to help identify these victims.

This study had several limitations. The first limitation was that the participants were from one hospital and the results may not be generalizable to other pediatric emergency rooms. The second limitation identified during the study was that 70% of the participants were white and the group was not culturally diverse. Another limitation was that only one NP was identified that met the criteria for the study and the results may have been slightly different with more providers with a nursing background. An additional limitation was that all data were collected during the months of April and June of 2020 during the height of the COVID – 19 crises in the state of New Jersey. This resulted in all in-person interviews conducted with face masks and limited any possibility of capturing facial expressions and physical cues. Notwithstanding the limitations presented in this study, the results support future research focused on boys as victims of CST in areas such as: Recognizing the of signs and symptoms of CST, development and testing of screening tools that identify this population, and the effectiveness of yearly education of providers and staff to increase awareness of the CST.

This study focused on boys as victims of CST. Studies have supported boys are just as likely to be victimized as girls. With the realization of gender neutrality of CST

victims, and the perceptions of healthcare providers limited ability to recognize these victims, more studies are needed focused on boys including repeating past studies exclusively centered on girls as CST victims.

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Manuscript 3: New Jersey mandated human trafficking and response training and its impact on the confidence of a health care providers' ability to identify boys as victims of sex trafficking

Deborah Susan Mican

Walden University

Outlet for Manuscript

American Journal of Emergency Medicine

URL - https://www.ajemjournal.com/

Formatting Expectation – Number Reference System

Statement of Journal Alignment – The American Journal of Emergency Medicine's is a recognized source of information for emergency room providers covering a wide range of topics, and age groups. This journal was chosen due to its popularity among emergency room healthcare providers to aid in dissemination information regarding boys as victims of human trafficking to a wider audience.

Journal of Human Trafficking

URL - https://www-tandfonline-com.ezp.waldenulibrary.org/loi/uhmt20

Formatting Expectation – APA

Statement of Journal Alignment – The Journal of Human Trafficking is focused on disseminating information regarding human trafficking globally. This journal was chosen due to its sole focus on human trafficking and the ability to capture a larger audience focused on child sex trafficking.

Abstract

The purpose of this study is to understand how the New Jersey-mandated human trafficking, handling, and response training affected the confidence of ER healthcare providers' to identify boys as victims of child sex trafficking (CST). Organizations, such as the American Medical Association (AMA), support education for all physicians to be able to identify and report suspected cases, and treat the medical, and social needs of human trafficking victims. This study was conducted using in-depth interviews on a sample of 10 healthcare providers, including physicians, nurse practitioners, and physician assistants from a suburban New Jersey pediatric ER. Applying a grounded theory approach, this qualitative exploratory study applied thematic content analysis to identified core themes and categories from the data collected during the interview process with a concentration on the provider's mandatory education concerning human trafficking, and its impact on their ability to recognize CST victims while practicing in the pediatric ER setting. With more than 40 million children identified as victims of CST yearly around the globe (International Labour and Walk Freedom Foundation, 2017), healthcare providers need to ensure that they have the knowledge and skills to appropriately identify and help these children while in their care. Alarmingly, most of these victims are treated and released with over 85% of healthcare providers never suspecting that their patients were victims of CST (Lederer & Wetzel, 2014). Four themes were identified regarding how the mandatory education about human trafficking increased the confidence level of healthcare providers: (1) providers felt that one-time mandatory training had no impact on their confidence level; (2) providers felt that boys

are not recognized; (3) providers felt that the behaviors of the child's caregiver was important, (4) signs and symptoms of abuse was a characteristic that was important to assist in identifying victims of CST.

Introduction

The National Center for Missing and Exploited Children (2019) registered 424,066 missing children in 2018. This number is staggering but what is more alarming is that 87% of children who were missing and exploited received medical care and were never recognized by their health care provider (Lederer & Wetzel, 2014). Research has been conducted on the ability to recognize human trafficking in children; however, it has largely been focused on female victims in isolated study settings (Barnert et al., 2017; Greenbaum, Dodd, & McCracken, 2018; Kaltiso et al., 2018; Varma, Gillespie, McCracken, & Greenbaum, 2015). There are major gaps in research on boys as victims of CST. Also, no research was found on the future effectiveness of a one-time mandatory state education program for healthcare providers, such as the one mandated by the state of New Jersey. The problem is that the education supported by the state of New Jersey has not been proven as effective. It provides a basic generic overview of human trafficking, and the state requirements after met after one training; current there is no requirement to repeat human trafficking education yearly or with license renewal.

The purpose of this study was to explore the perceptions of healthcare practitioners regarding the mandatory human trafficking education in New Jersey, and how it affected their ability to recognize boys as victims of human trafficking in a suburban ER setting in central New Jersey.

The National Conference of State Legislatures (2019) acknowledged that each state has a law designed to protect individuals of all ages from human sex trafficking. The United States has also passed numerous national legislative acts to protect individuals

from human trafficking, including Child Abuse Prevention and Treatment Act 1974, 1988 (Children's Bureau, 2019), Trafficking Victims Protection Act of 2000 (TVPA) (Congress.gov, 2000), Trafficking Victims Protection Reauthorization Act of 2005, 2008, 2013, and 2018 (TVPRA) (Polaris, 2019), The Customs and Facilitations and Trade Enforcement Act 2009 (Polaris, 2019), The Racketeering Influenced Corrupt Organizations Act (RICO) (Polaris, 2019), The Mann Act (Polaris, 2019), Trafficking Awareness Training Health Care Act (Congress.gov, 2015), Victims of Child Abuse Act Reauthorization Act (Congress.gov, 2017), Violence Against Women Act (National Network to End Domestic Violence 2017), SOAR to Health and Wellness Act (Office on Trafficking in Persons, 2018), Preventing Sex Trafficking and Strengthening Families Act (Congress.gov, 2014), The Fight online Sex Trafficking Act of 2017 (Congress.gov, 2018), the Uniform Act on the Prevention of and Remedies for Human Trafficking (URPRHT) (Uniform Law Commission, 2019), and The PROTECT Act (Polaris, 2019). Correspondingly, due to the international nature of human trafficking and CST, this crime has ignited a global response, resulting in a number of international treaties and conventions, including The Universal Declaration of Human Rights (United Nations, n.d.), UN Convention on the Rights of the Child (United Nations Treaty Collection, 2019), Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (United Nations Treaty Collection, 2019), Optional Protocol to the UN Convention on the Rights of the Child on the sale of Children, Child Prostitution, and Child Pornography (United Nations Office of Human Rights High Commissioner (2019),

and UN Convention Against Transnational Crime (United Nations Office on Drugs and Crime (2019).

The state of New Jersey has also passed Administrative Code 8.43E-14.1, which mandates that all hospital personnel, including employees, volunteers, contracted employees, and individuals required having medical staff privileges must complete human trafficking education training once. Healthcare facilities must be able to prove that identified hospital personnel complete the training within their first? 6 months of practice. The mandated education can be completed by either viewing a webinar entitled "Recognizing and Responding to Human Trafficking in the Healthcare Context," or by completing the online learning module, entitled "Stop, Observe, Ask, Respond to Human Trafficking (SOAR): A Training For Healthcare and Social Service Providers" (New Jersey Office of Administrative Law, 2017). The problem is that the education supported by the state of New Jersey has not been scientifically proven as effective. It provides a generic overview of human trafficking, and individuals meet the state requirements after their initial completion with no current requirement to repeat human trafficking education with license renewal. The U.S. Department of Justice (2016) identified healthcare providers as having a lack of education about human trafficking and are often unaware that a CST victim is in their care. In a study conducted by Ross et al. (2015), 86.8% of healthcare providers lacked the knowledge of questions to ask potential human trafficking victims, and 95% of the participants did not receive any formal training on human trafficking. Stoklosa, Showalter, Melnick, and Rothman (2017) found that only? 20% of healthcare providers had been trained in human trafficking, further demonstrating

that most providers continue to lack the education and information needed to identify these victims. Lutz (2018) found that 94.5% of experienced nurse practitioners had no formal human trafficking education. It is not surprising that the lack of formal training and education has been identified as one of the major causes of healthcare providers' inability to properly identify victims of human trafficking (Hachey & Phillippi, 2017). The aim of this study was to examine how the New Jersey mandatory education on human trafficking affected healthcare providers' ability to recognize boys as victims of human trafficking and to answer the following question: How does the New Jersey mandated human trafficking and response training increased your confidence as a health care provider in your ability to identify boys as victims of sex trafficking?

Methods

This study employed a qualitative exploratory design. Grounded theory design of inquiry was used for this qualitative research study. The grounded theory processes aided in identifying themes and categories to explain how and why individuals react in certain situations (Corbin and Strauss, 2015). The use of the grounded theory approach combined with the theory of planned behavior allow the researcher to find and identify core themes and categories from data collected from participants responses regarding their attitudes, internal thoughts, and their experiences that trigger identification of boys who have been victims of human trafficking (Ajzen, 1991). The participants for this study were selected by purposive sampling to ensure that the sample is representative of a diverse background including a mix of physicians, PAs, and NPs (Rudestam & Newton, 2015). The number of participants in the study included five physicians, two NPs, and three PAs. Each

participant met eligibility requirements if they had more than 1 year of experience as a pediatric healthcare provider and completed shifts in the main ER focused on adult care. Participants were gathered from a pediatric ER in a suburban hospital in central New Jersey. The first author served as the key instrument for in-person and phone interviews for all data collection. Interviews continued using a grounded theory approach until saturation was realized.

The grounded theory method was used for this exploratory study to identify the perceptions of healthcare providers and their ability to recognize boys as victims of human trafficking. Data were collected using the researcher as the key instrument by conducting interviews employing open-ended questions with a few follow-up questions to further explore information gathered. All interviews were audio recorded and transcribed and short notes were taken during the interview process to add content that could highlight something of interest noted that might not necessarily be heard on the audiotape. To address triangulation, data were collected using three types of healthcare providers including physicians, NPs, and PAs. Validity was examined by using participant member checks after each interview is transcribed, by continued dialogue with participants to ensure accuracy of the data collected, after analysis is completed, and a final presentation of the studies transpired at the ER provider meeting. Data were imported into the MAXqda data analysis software program for ease of coding and identifying categorizing and themes for the study (Creswell & Creswell, 2018). Walden University Institutional Review Board (IRB) and the source hospitals' IRB provided approval for the study.

Results

Participant interviews were completed, and data saturation was reached after interviewing 10 participants, which included a mix of physicians, PAs, and a NP. Table 1 illustrates the demographic data for the participants including sex, age, years worked in a pediatric ED, years worked in New Jersey, and licensure. Diversity in sex, age, years of practice, years worked in a pediatric ER were recognized. However, ethnicity was 7 white with 3 participants of other races. Each participant was asked three open-ended questions and follow-up questions were used when needed. Four major themes emerged from the data analysis. Table 2 illustrates each theme and provides a brief explanation of it (see p. 74). Each question and the identified themes are presented below with quotes from participants.

Table 1

Characteristics of Staff Who Completed Qualitative Interviews

Provider characteristics	$N = 10$
Gender	
Female	4
Male	6
Age	
20-30 years	3
31-40 years	3
41-50 years	2
51+ years	2
Ethnicity	
White	7
Egyptian	1
Asian	1
Philippine	1
Years worked in a pediatric ED	
1-5 years	4

6-10 years	4
11-15 years	0
16+ years	2
Years worked in New Jersey as a provider	
1-5 years	3
6-10 years	5
11-15 years	2
16+ years	
Provider classification	
MD	5
PA	4
NP	1

Question 1 - When you think back to the New Jersey Mandated Human Trafficking and Response Training you received, how has that training increased your confidence in your ability to identify boys as victims of child sex trafficking?

All the participants in this study worked in New Jersey as a healthcare provider for 15 years or less. All were required by the state of New Jersey to complete the New Jersey Mandated Human Trafficking and Response Training within 6 months of practicing medicine at a New Jersey hospital. One theme was identified among 7 of the 10 participants: the mandatory training did not increase their confidence in the ability to recognize a boy as a victim of CST.

Theme 1: One-time mandatory training had no impact

All participants in the study practiced in New Jersey at the source hospital for more than 1 year. With 7 of 10 participants indicating that the training had no impact on their ability to recognize a boy as a victim, some participants identified it had been a long time ago when they received the training. P1 stated "it did not increase my confidence,

these kids are hard to identify," P6 said "I honestly don't remember very much from the training," P10 stated "that was a very basic educational piece," P7 said "it's been some time since we received that training, and would say I am always open to a refresher or re-exposure of that training." P8 said "that was a long time ago so not at all," and P9 added that the training had "not very much" impact on their ability to recognize boys as victims of CST. The three remaining participants believed that the training did impact their awareness with P2 adding "training should be yearly or at least biannually."

Question 2 - Based on the education you received have you ever suspected a boy as a victim of child sex trafficking?

The participants in this study represent 70.5 years of practice in the pediatric ER setting. Collectively the participants had 106.5 years of practice as a licensed healthcare provider. One theme was identified among 80% of the providers: They had never recognized a boy as a victim of CST.

Theme 1: Boys are not recognized

The participants reflected on their experience over the years and 80% of participants articulated that they never suspected a boy as a victim of CST. P1 stated "no, not a pediatric patient," and P7 said "I haven't had a patient where I suspected is a victim of human sex trafficking as of yet." P2, P3, P4, P6, P8, and P9 all basically stated that they have not suspected a boy as a victim of CST. Only 2 of the 10 participants recognized a boy as a victim of CST in their career, with only one provider having that experience in New Jersey. P5 stated "there was when I practiced in another state, there were concerns of that." When probed with a few follow-up questions, P5 did not know

what ever happened with the suspected child. P10 also experienced a suspicion of a boy as a victim one time: "he was brought in by an older gentleman, the older gentleman did not know his date of birth, the immigration status was not there, he was refusing to leave the room when we were trying to do the exam."

Question 3 - What characteristics of patient presentation do you feel would lead you as a healthcare provider to suspect a boy may have been a victim of child sex trafficking?

Apart from P9, all remaining participants were able to articulate characteristics to suspect a boy may be a victim of CST. P9 said "I don't know, I am sorry." Participants identified two issues that would make them suspect that a boy was a victim of CST: (a) behaviors of the child's caregiver and (b) signs and symptoms of physical abuse .

Theme 1: Behaviors of the child's caregiver

The question specifically asked what characteristics of patient presentation would make you feel a child was a victim of CST and participants easily identified concerns related to the child's caregiver. The majority of the participants (7 of the 10) cited concerns of the caregiver such as: the caregiver has an unexplained different last name, behaviors of the caregiver, the caregiver not allowing the child to speak, the caregiver not being a parent or guardian, and bizarre behaviors of the caregiver. P1 said, "if their caregiver has a different last name than them and it is not explained by their relation", and "if the caregiver is acting a bit bizarrely." P7 also indicated that the child being "brought in by an individual other than their parents or immediate guardian" was a characteristic to look for. P8 also identified "someone accompanied by a non-parent" as a

characteristic to look for. P3 stated "the primary one is who is with them, the identity of the person accompanying them," and P8 added "someone accompanied by a non-parent."

The focus on who accompanied the child was also associated? with the behaviors of the caregiver. P4 described concerns about the adult and added: "the adult is doing most of the talking, not letting the child speak." P6 also recognized the child not talking and stated, "the guardian or parent answering more questions and having to ask to let the child answer," and P7 added "they are of the age to answer questions for themselves but they are reserved and always looking for the individual who brought them in to answer for them." P10 said that a major characteristic to look for was "the person with him giving the responses to the questions, and inability to even tell you about himself."

Theme 2: Recognition of signs and symptoms of abuse are important for identifying boys as victims of CST

Five participants expressed that recognizing the signs and symptoms of abuse was a characteristic that was important to assist in identifying victims of CST. They commented that characteristics such as bruising, unexplainable physical injuries, injuries to the perineal area, or tattoos and branding would be a red flag for them as a provider. P1 stated that "any signs of physical abuse and certainty bruising in the private region especially, and any other signs of physical injuries that did not seem that they make sense is a huge red flag." P3 added that "signs of trauma, bruising patterns, non-accidental abuse injury patterns, when someone comes in with that kind of presentation it is a lot easier to pick up." P5 also commented that "visible wounds and injuries that are not consistent with typical injuries that children of whatever the age it is you would expect,"

and "Bruises on parts of the body that you typically do not see bruises on." Two others, P6 and P7, made generic comments about seeing signs of abuse and neglect. P7 did add "any physical identification signs such as tattoos and physical identification signs" as a characteristic to look for.

Table 2.

*Major Themes Identified from Participants (*n = *10)*

Major themes	Description of themes
One-Time mandatory training has no impact	The one-time New Jersey Human Trafficking and response training required by all hospital employees practicing in the state had no impact.
Boys are not recognized	Boys are not recognized as victims of CST.
Behaviors of the child's caregiver	The behaviors of the caregiver including their behaviors, their identity and the caregiver not allowing the child to talk.
Recognition of the signs and symptoms of abuse	The child has unexplained injuries for their age, bruising in the perineal area, non-accidental abuse injuries, tattoos, and branding.

Discussion

This study focused on understanding how the New Jersey mandated human trafficking, handling, and response training affected the confidence of the healthcare providers' abilities to identify boys as victims of child sex trafficking (CST). This study found that the participants do not perceive the one-time mandatory New Jersey education

as a tool that increased their ability to identify a boy as a victim of CST. With most participants indicating that the education had no impact, and they also expressed that boys are not recognized as victims. When asked to identify presenting characteristics of boys that would alert them that the child might be a victim of CST, one participant did not know any, and most providers directed their responses towards the characteristics of the child's caregiver and not the child. Five participants articulated the signs and symptoms of abuse as a characteristic thus illustrating further that the participants' perceptions regarding the ineffectiveness of a one-time educational training as insufficient.

A one-time human trafficking, handling, and response training did not increase the confidence of the study participants. Participants identified and welcomed the idea of a yearly or biannual training with a gender-neutral emphasis. This finding was consistent with research conducted by Donahue, Schwien, and LaVallee (2019) who suggested mandatory human trafficking should be a requirement but did not specify the education should be annually. At the end of the interview, P3 reflected on boys who presented to the ER and asked, "has any patients been found here". This studies results support a future need for continued ongoing education for all ER providers who routinely care for children so that they could recognize CST victims and impact social change by helping the victims in a timely fashion. Macias-Konstantopoulos (2016) also found that providing a comprehensive educational plan that includes segments on human trafficking and evaluation of the effectiveness of the training received helps to assist healthcare providers in recognizing human trafficking in their organization.

This study was subject to several limitations. The first limitation was that the participants were from one hospital and the results may not be generalizable to other pediatric emergency rooms. The second limitation identified during the study was that 70% of the participants were white and the group was not culturally diverse. Another limitation was that only one NP was identified that met the criteria for the study and the results may have been slightly different with more providers with a nursing background. An additional limitation was that all data were collected during the months of April and June of 2020 during the height of the COVID – 19 crises in the state of New Jersey. This resulted in all in-person interviews conducted with facemasks and limited any possibility of capturing facial expressions and physical cues.

The results of this study support future research focused on boys as victims of CST. Suggested topics for further research include: the effectiveness of yearly or biannual CST education of healthcare providers and staff for all children regardless of gender, and conduct further research focused on boys from previous CST studies originally concentrated on girls. Child sex trafficking is not exclusive to girls. Healthcare providers need to be conscious of the possibility they may be caring for a child who is a victim of CST regardless of any characteristic including age, sex, race, or sexual orientation, etc.

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Part 3: Summary

The aim of this study was to explore the healthcare providers' perception of their ability to recognize boys as victims of human sex trafficking in a pediatric emergency room. Most studies focused on CST have primarily focused on girls, and this research was designed to address the identified gap in current research by focusing solely on boys as potential victims. This study was separated into three separate but related manuscripts exploring the following: (1) to explore the perceived barriers of pediatric ER providers identification of boys as victims of CST; (2) to understand how providers working in a pediatric ER versus a general ER believe they are better able to identify boys as (CST) victims, (3) and to determine how the New Jersey mandated human trafficking training affected the confidence of the healthcare providers' abilities to identify boys as (CST) victims. The grounded theory method was used for this qualitative exploratory design study. Data analysis was an iterative process that began after the first interview was conducted and continued until saturation was achieved. A total of 10 interviews were conducted between April and June of 2020.

A total of 11 themes were identified for all three manuscripts. Manuscript 1 was designed to explore the perceived barriers of healthcare providers in recognizing boys as victims of human sex trafficking. Participants were able to articulate their barriers in identifying boys as victims and four themes were identified. The four themes from manuscript 1 included the following: the recognition of signs and symptoms of boys as victims of CST, communication (the caregiver is doing all the communicating, the child is silent or keeping the secret), educational needs, and the busy ER environment.

Manuscript 2 focused on understanding the perceptions of healthcare providers practicing in a pediatric emergency room, and to determine if they believed they were better able to identify boys as victims of human sex trafficking versus providers in a general emergency room. Overall, the participants did not perceive themselves to be better able to identify boys as victims of CST based on their pediatric ER setting. Based on the participants responses four themes were identified in manuscript 2 including: practice setting has no impact on recognizing boys, there is a lack of awareness of boys as victims, assessment of the child's caregiver is important, and completing a comprehensive physical assessment is a necessity.

Manuscript 3 explored the perceptions of the participants related to the New Jersey mandated human trafficking and response training and how that influenced their confidence as a health care provider in their ability to identify boys as victims of sex trafficking. The participants overwhelming found that the one-time education was ineffective, and it did not increase their confidence. The four themes identified in manuscript 3 were: one-time mandatory education has no impact, boys are not recognized as victims of CST, behaviors of the child's caregiver must be assessed, and recognizing the signs and symptoms of CST.

This study revealed the perspectives of ER healthcare providers and their ability to recognize boys as a victim of CST. The study highlighted future changes and recommendations that could help to reveal boys as victims of CST in the future. The recommendations for change include yearly education with a gender-neutral emphasis, training to recognize the signs and symptoms associated with CST, spending more time

with the child to complete a comprehensive physical assessment of boys, and implementing a proven screening tool to help identify these victims.

The results of this study support future research focused on boys as victims of CST. Suggested topics for further research include: additional studies focused on boys including repeating past studies exclusively centered on girls as CST victims, recognition of the signs and symptoms of CST, development and testing of screening tools that identify this population, and the effectiveness of yearly education of providers and staff. Healthcare providers need to be conscious of the possibility they may be caring for a child who is a victim of CST regardless of any characteristic including age, sex, race, sexual orientation, etc. Society is in a state of dynamic change. The impact of this study on future research and social change highlights the need for researchers and healthcare providers to broaden their scope of inclusion of all children not just on girls.

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