

2023

## Implementation of a Staff Education Project on Human Trafficking for Emergency Department Staff

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# Walden University

College of Nursing

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Monica Hunt

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Walden University  
2023

Abstract

Implementation of a Staff Education Project on Human Trafficking for Emergency

Department Staff

by

Monica Rena Hunt

MS, University of Phoenix, 2009

BS, University of Mississippi, 2006

Project Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Nursing Practice

Walden University

February 2023

## Abstract

Evidence demonstrates that people who are being trafficked will seek medical attention, especially in emergency departments, which presents a rare opportunity to identify and support them. This Doctor of Nursing Project (DNP) was designed to evaluate if educating emergency department nurses on using an adult screening tool for human trafficking improves knowledge in a local emergency department in Texas. The participants were 11 registered nurses. The Maslow hierarchy of needs theory and the adult learning theory were used as a framework, and the models used to construct the educational project were Gagne's nine levels of learning and the use of the analysis, design, development, and implementation model. Participants were given 20 multiple choice questions on a pretest and the same test post education. The education was presented in the form of a PowerPoint about human trafficking, which included the use of the Department of Health, and Human Services Adult Human Trafficking Screening Tool (AHTST). Data were analyzed using a paired *t* test; a *p* value of 0.05 was considered significant. The posttest data indicated improved human trafficking knowledge. The aggregate *t* test showed an overall *p* value of 0.030, which is statically significant. These findings imply that human trafficking education and the use of the AHTST increases the knowledge of the nursing staff. This DNP project's findings support social change by providing recommendation for continued training of nursing staff in the care and assessment of patients who are victims of human trafficking and the use of a screening tool to help with early identification.

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## Section 1: Nature of the Project

### **Introduction**

Human trafficking is described as modern-day slavery that violates fundamental human rights (Tiller & Reynolds, 2020). Human trafficking is a rising public concern, with all races, genders, and socioeconomic groups being at risk (Ladd & Jones, 2022). The International Labor Organization (ILO, 2016) approximated that 40.3 million people were victims of human trafficking globally (Ladd & Jones, 2022). Those trafficked are at risk for physical, mental, and behavioral problems (Greenbaum & Staklosa, 2019). Nursing staff are responsible for recognizing those being trafficked, assessing their safety, delivering medical care, and providing them with access to social resources (Tiller & Reynolds, 2020). But for health care providers to intervene, they must first be trained to identify those who have been trafficked (Greenbaum et al., 2018).

This Doctor of Nursing (DNP) Staff Education project provided education for staff nurses working in an emergency department in northeast Texas on using the adult screening tool for human trafficking. This DNP project can effect positive social change by increasing staff knowledge on using a screening tool to assist with the early identification of those being trafficked, which could improve health outcomes. Applying a standardized process for human-trafficking victim identification, assessment, and referral are high priorities in emergency nursing (Dols et al., 2019).

### **Problem Statement**

Human trafficking is a public health problem. There are an estimated 40.3 million adults and children forced into human trafficking around the world (Powell et al., 2016).

Persons being trafficked are indentured servants forced into a life of involuntary labor and domestic servitude, which may include involuntary sex work (Hachey & Phillippe, 2017). Those trafficked have a higher prevalence of mental illness and health problems and are at greater risk for violence (Ottisova et al., 2016). These individuals endure both acute/chronic physical and psychological harm (Scannell et al., 2018). People who experience human trafficking are also often forced to use drugs that lead to dependency, and many suffer sexually transmitted infections from forced sex work (Dols et al., 2019).

People who are being trafficked will seek medical attention, especially in emergency departments, which presents a rare opportunity to identify and support them (Dols et al., 2019). However, current research has shown that those being trafficked are under-identified by health care providers in the acute care settings (Scannell et al., 2018). The healthcare provider's role is essential in identifying and referring possible persons being trafficked (Donahue et al., 2019). Failure to identify those being trafficked can result from the trafficked individual's reluctance to disclose their current situation, but more importantly, from the failure of the health care providers to recognize their circumstance (Rothman et al., 2017). The problem this research project was trying to address is the lack of awareness of nurses working in the emergency department in identifying those who are being trafficked, which leads to a missed opportunity to intervene and provide aid and resources.

### **Local Relevance**

The site chosen for this project does not have a screening tool for identifying victims of human trafficking. According to the director of nursing education, the staff

also lacks knowledge about identifying victims. The project site is in northeast Texas, an area known for having many trafficking victims. A statewide mapping project of Texas in 2016 revealed that a staggering 300,000 people were victims of trafficking (Brionez, 2020). The site is thus positioned to identify and provide resources for those being trafficked. This DNP project holds significance to the nursing practice because research has confirmed that 88% of trafficked victims encounter health care providers during their captivity but many lack the knowledge and tools needed to identify them and provide the needed resources to combat this growing problem (Lee, et al., 2021).

### **Nature of the Doctoral Project**

#### **Purpose**

The program was directed toward nurses working at a not-for-profit hospital with a dedicated emergency care center (ECC) in northeast Texas. The ECC serves adult and pediatric patients. The staff consists of registered nurses (RNs) and paramedics. The medical staff is comprised of medical doctors (MDs), physician assistants (PAs), and advanced practice nurses.

The sources of evidence to support this project included a comprehensive literature search and review of current evidence and scholarly resources using Walden Library using EBSCO, CINAHL, and Pub-Med databases and repositories. Key search terms included *human trafficking*, *emergency departments*, *nursing staff*, *screening tools*, *healthcare providers*, and *education*. Quantitative and qualitative peer-reviewed articles written in English were included in the research along with peer-reviewed journal articles

published within the last 5 years. I reviewed relevant literature to attain teaching materials that helped address the goals of the education program.

### **DNP Project Approach**

I approached my DNP project first by receiving approval from the facility Institutional Review Board (IRB). Next, I obtained Walden University IRB approval. The education was planned using the ADDIE model and input from subject matter experts. The ADDIE model is a five-step process that involves analysis, design, development, implementation, and evaluation. During the analysis phase the target audience was identified. During the design phase goals were established including the tools used to measure the outcomes. The next phase was the development phase, which included information collected in the first two phases to create the program for the participants. During the implementation phase, collaboration with team members regarding the education program was discussed and redefined to make the program more efficient. The final step in the model was the evaluation phase, which measured if the goals were accomplished (Chen et al. 2022).

For the DNP project, I developed an educational program to educate nursing staff focusing primarily on the use of the DHHS Adult Human Trafficking Screening Tool, which included using interview tactics to help identify victims of human trafficking and provide information about appropriate resources for victims. This tool is currently not validated but was created using up-to-date research and best practices in screening. It was designed to be used by multiple health care disciplines across the health care continuum. Next, the curriculum was presented to the hospital's nursing education department, which

served as my expert panel for review. The nurse educator in the emergency department reviewed the objectives, education materials, and learning activities to validate that they were accurate, evidence-based, and applicable to the staff. Once this review was complete, I presented the instructional material in the form of a handout and a PowerPoint presentation to the nursing staff. The education was offered to all registered nurses employed by the facility in the emergency department. The education presentation was offered in one session.

A knowledge-based quiz with 20 multiple-choice questions was administered before and after the educational program to measure knowledge improvement. I used descriptive statistics to analyze the results. Staff were given an opportunity to demonstrate interviewing skills and the application of the screening tools during the educational project.

The purpose of the doctoral project was to increase the knowledge and awareness for nurses working in the emergency department by integrating a staff education program on the use of the Adult Human Trafficking Screening Tool. The screening tool provided a practical means to identify those victims of human trafficking increasing awareness and an opportunity to make referrals to needed resources for psychological and physical care.

### **Significance**

The emergency department nurse is usually the first person a patient encounters upon arrival to the emergency department. They make the initial assessment and sort the order in which the physician sees patients. This DNP education project provided the nurses with added assessment tools needed to identify those who are being trafficked or

have been trafficked. Early identification assisted in early intervention and provided resources for victims.

The stakeholders for this DNP project were the emergency department staff nurses. The nurse's level of competency ranged from novice to experts. The educational levels varied from associate prepared to bachelor's degree. The impact of this project for the stakeholders is guidance and knowledge on how to screen for a potential person who may be trafficked or have been trafficked, which could help victims obtain the protection and services they need.

The DNP project has the potential for positive social change by increasing staff awareness by using the Adult Human Trafficking Screening Tool to assist with the early identification of those being trafficked, which could improve the health outcomes of those being trafficked by providing access to needed resources contributing to possible reduction in those being held captive against their will. Applying a standardized process for human-trafficking victim identification, assessment, and referral are high priorities in emergency nursing (Dols et al., 2019).

The potential contribution of the DNP project to the nursing practice is the development of additional awareness and proficiency for emergency department nurses that helped facilitate skills required to improve the outcomes of patients who are being trafficked or have been trafficked. The potential transferability of this DNP project includes the adoption by nurses working in specialty areas such as primary care physician (PCP) offices and obstetrics and gynecological (OBGYNS) considering the reports made



by the American Public Health Association (2015) that 80% are women being trafficked, and the initial contact is often with health care providers.

### **Summary**

This section provided a detailed overview of human trafficking. The approach to conducting the project was summarized with implications of how the project will impact the listed stakeholders. The significance of the DNP educational project was also discussed along with the potential contribution to nursing practice. In addition, the potential transferability was also mentioned with the suggestion of positive social change.

In Section 2, I appraise the literature utilized to support the project. Additionally, the conceptual models and theoretical frameworks are identified to support the project. I clarified terms that had multiple meanings. Following that, the relation to nursing practice is investigated, referencing existing scholarship on the subject as well as a summary of the current state of nursing practice and recommendations for improvement. I identify previous strategies for addressing gaps in practice. Then I examine local background and context. My role as the DNP student was defined in terms of the doctoral project, specifically in terms of evaluating my motivations and viewpoints that may affect the research. Finally, the project team's role and how it was used were reviewed.

## Section 2: Background and Context

### **Introduction**

According to research, many victims of human trafficking seek medical attention, especially in emergency departments, which presents a rare opportunity to identify and support them (Dols et al., 2019). But those being trafficked are under-identified by health care providers in the acute care settings (Scannell et al., 2018). The practice focus question for this project was “Will adopting and educating emergency department staff nurses on using of the DHHS Adult Human Trafficking Screening Tool result in improved knowledge and recognition of those being trafficked?” The practice focus of this DNP project was to bridge the gap in knowledge for nurses working in the emergency department by educating on the use of an Adult Screening Tool for Human Trafficking to assist in early identification, referrals, and interventions. Developing a staff education program allowed nurses to use evidence-based research regarding human trafficking.

The topics covered in this section include gaps in practice, the local problem, the practice focus question purpose, and how my approach aligns with the practice focus question. Next, the sources of evidence used to address the practice-focus question are identified. I also clarify the relationship of the evidence to the purpose of the DNP education project.

### **Concepts, Models, and Theories**

For this project, I integrated a variety of theories and models. The theories chosen to frame this project helped improve the nurses’ knowledge and enhance their skills

regarding identifying those being trafficked. Maslow's hierarchy of needs and the adult learning theory were among the chosen theories. The models used to construct the educational project were Gagne's nine levels of learning and the ADDIE model.

### **Maslow's Hierarchy of Needs**

Understanding the reasons why those being trafficked are bound and controlled by their trafficker is explained by using Maslow's hierarchy of needs. Maslow's hierarchy of needs has five stages that are motivating factors for all human beings: physiological, safety, love and social, esteem and identity, and self-actualization (Maslow, 1954; Meshelemiah, 2019) Obtaining these needs chronologically is essential, otherwise an individual will be driven to attain the more basic needs, barring progression toward and attainment of higher-level necessities (Meshelemiah, 2019). A literature review identified risk factors for those trafficked include homelessness, prior neglect and abuse, and poverty (Centers for Disease Control and Prevention, n.d.) Traffickers are skilled at providing a false sense of security, which supports Maslow's hierarchy of needs that suggests individuals need support and a sense of safety before they feel comfortable developing connections with other individuals. Maslow's hierarchy of needs thus provided insight into the why and the how victims become victims.

Further, when providing the education, I referenced Maslow's hierarchy of needs to assist in creating an environment conducive to learning. I met the most basic needs of the learners by providing access to nourishments and making sure that the room temperature was acceptable to the learners, and everyone knows the location of the restrooms. To achieve the next level, I made sure that the learners knew that participation

was strictly voluntary and would not impact the security of their employment, which gave a sense of security and safety. Through group discussions a sense of belonging occurred, and self-esteem increased. Once all these levels were met the learner started to understand the importance of the topic and how their knowledge could help with early identification of those that are trafficked and possibly save lives (Budiharso & Tarman, 2020).

### **Adult Learning Theory**

Adult learning theories were essential when creating and employing educational programs. Malcom Knowles's (1980) described five assumptions and four principles of the adult learner. The assumptions include the following:

- Self-concept: Nurses must take responsibility for their knowledge through continuing education.
- Adult learner experience: Nurses' earlier experiences can be used to help understand the current state.
- Readiness to learn: Nurses are lifelong learners and must commit to learning and gaining new knowledge.
- Orientation to learning: Nurses must take the knowledge gained and apply that knowledge.
- Motivation to learn: Nurses want to know how learning something new will benefit them.

Knowles's four principles of adult learning are:

- Adults need to be involved in the planning and evaluation of their instruction

- Experience provides the foundation for learning events.
- Adults are motivated to learn if the subject has application and has a bearing on their job or personal life.
- Adult learning is problem centered. (Mukhalalati & Taylor, 2019)

When developed the educational program, I kept these principles and assumptions in mind when educating the staff.

### **Gagne's Nine Levels of Learning**

Gagne's Nine Levels of instructional design complemented Knowles's adult learning theory. It was crucial to capture the learners' attention using thought-provoking questions and icebreakers, allowing the students to ask each other questions, which is Gagne's first level. The second level ensured that objectives are clear, and the learners understood what will be gained from the educational course. The third level was eliciting prior learning by asking questions about previous experience with the topic of human trafficking. The fourth level was the content presentation, which was achieved through videos, PowerPoints, and handouts. The fifth level involved offering learning guidance by providing support through mnemonics and role-playing. The sixth level involved reducing performance and practice by embedding questions within PowerPoint. The seventh level involved feedback to the learner, which allowed for the identification of learning gaps. The eighth level included evaluating information taught by administering the posttest and measuring the pretest results. The final level is enhancement, retention, and transfer of knowledge gained (University of Florida, n.d.).

**Terms**

*Human trafficking:* United States law defines human trafficking as using force, fraud, or coercion to compel a person into commercial sex acts or labor against their will (Polaris 2021).

*Vulnerable:* defined by Oxford dictionary as a person being susceptible to physical or emotional attack or harm (Oxford Dictionary, 2021).

**Relevance to Nursing Practice****Prevalence of Human Trafficking**

Human trafficking infringes on the rights of millions nationwide, stealing a person's sovereignty for financial gain (Luttrell, 2020). Many trafficked persons report seeing a healthcare provider during their imprisonment (Greenbaum & Stoklosa, 2019). According to Raker (2020), hospitals may provide a safe- haven. Nationally, hospitals lack consistency in educating healthcare providers about human trafficking (Raker, 2020). This is a problem because this is a missed opportunity to help save lives. Existing literature on the topic of human trafficking reveals that a large majority of those being trafficked have visited local ED for medical care; however, ED staff historically have not been educated about human trafficking (Shadowen, et al, 2021). Language challenges, also prevent victims from accessing the tools and help made available and designed specifically for them (Abuarqoub, 2019, p. 69). Staff in the ED are not outfitted with the ability to identify trafficked person, screen them, or provide them with suitable access to resources and referrals (Shadowen, et al, 2021).

In a study conducted by Dol et al. (2019) that surveyed nurse leaders at 27 hospitals in South Texas, discovered that only half screened for human trafficking despite being in a region that is known for its high volume of trafficking. In addition, the study also revealed that none of the Emergency Departments participating in the study used a standardize screening tool for victim identification (Dol et al, 2019).

Another cross-sectional study conducted by Ross et al. (2015) which included participation by Emergency Department staff revealed that 86.8 percent of the participants answered they did not know what questions to ask potential victims.

In a study conducted by Gorenstein (2016), which included 5,686 hospitals in the United States, revealed that only 60% have protocols to assist victims of human trafficking. In addition, 73% of Emergency Department nurses and providers believe that it has any impact of the patients they are serving.

Because those who are being trafficked present to the Emergency Department for medical services it is important the nurses are aware of the general warning signs and are equipped with the screening tools to help identify and provide the patient with the needed resources and referrals. This DNP education project has the potential to bridge the gap by providing nurses with standardize tool for identifying those who are trafficked or who have been trafficked.

### **Role of the Nurse**

Nurses have a chance to interact with trafficked victims and provide resources that could assist in escaping captivity (Raker, 2020). Nevertheless, research indicates that nurses' lack of understanding and cognizance regarding human trafficking leads to lost

chances to identify and save those being trafficked (Raker,2020). Nurses must understand human trafficking to intervene appropriately (Raker, 2020). The use of the adult human trafficking screening tool can assist in identifying those adults being trafficked and those at risk, which will allow providers to offer appropriate services and referrals.

### **The Impact of Education**

Powell et al. (2017) conducted a study using the curriculum from *Caring for the Trafficked Persons* in seven countries that revealed healthcare providers need training regarding identification, care, and referral for those persons being trafficked. This knowledge gap regarding the identification of those being trafficked is a missed opportunity to intervene and provide information about resources available to those being trafficked. In 2019, the International Council of Nurses Council president reported that 80% of human trafficking survivors seek medical care within the first year of captivity making it a priority for nurses all over the world to be cognizant of the signs and prepared to intervene. It is important for nurses to access to screening tools so they can aid in early identification to help protect this vulnerable population (International Council of Nurses, 2020).

In another study conducted by Lee et al. (2021), researchers evaluated Continuing Medical Education (CME) accredited human trafficking didactic and discussion-based training for healthcare professionals by comparing participant knowledge and attitudes on human trafficking before and after the training. The results noted improvement immediately post-training, but the attrition of knowledge dropped over time without repetition (Lee, et al., 2021). Some states require human trafficking (H.T.) training for



medical students and any healthcare professional during license renewal (Lee et al., 2021).

In 2021 D.J Camak reported in an article that nurses and healthcare providers have trouble identifying victims of sex trafficking despite the reports by Leslie (2018) that 80 percent visit a health care provider. Most victims do not self-identify making it imperative that nurse is competent in recognizing those behaviors that those being trafficked may display. The barriers to nurses identifying victims of sex trafficking range from deficiency in education about sexual trafficking, the haste of a typical patient assessment, and the lack of evidence-based screening protocols (Camak, 2021). According to Coughlin et al. (2020), there remains a need to obtain outcome data evaluating the results of the human trafficking curriculum to demonstrate the variation in knowledge, attitudes, and practices of healthcare providers.

### **Local Background and Context**

Human trafficking is recognized as a form of slavery, with considerable incidences occurring in the United States. People experiencing human trafficking often report sexual and physical violence during their captivity. The typical medical problems these victims face include headaches, fatigue, dizziness, and back pain (McAmis et al., 2022). Victims of H.T. also have a high incidence of sexually transmitted infections, HIV, and an increase in unplanned pregnancies (Health Consequences of Trafficking, n.d.). Many people who experience human trafficking also experience mental health issues related to their abuse. The individuals do not identify themselves as a trafficked person making it more critical for health care providers to recognize and identify those

enslaved (Byrne et al., 2017). Failure to recognize trafficked people is the key obstacle to the rescue and delivery of services.

The hospital where I conducted my project is in a state that is reported for having the second-highest number of human trafficking cases in the United States. This southwestern state also has a high number of immigrants. It is one of the highest populated states in the United States. The increase in cases combined with the rising agriculture and businesses created a principal setting for forced labor (Ladd & Jones, 2022). The location of this project setting is in a state that is surrounded by international borders and provides care to those who are vulnerable and underserved. It is a not-for-profit facility that is devoted to nursing excellence and improving patient outcomes. The Administrative Director of the department is a service line leader responsible for multiple sites within the system. The emergency department is staffed with registered nurses (R.N.'s) and paramedics. The physician group is a contracted service that employees board certified physicians, Advance Practice Nurses, and Physician Assistants (P.A.'s). The emergency department provides services to over 30,000 patients a year.

Discussions with the emergency department educator revealed that the current education for frontline staff regarding H.T. does not include the use of a screening tool for early identification. In 2017, the Department of Family and Protective Services (DFPS) established the Human Trafficking and Child Exploitation Division with grant money. They partnered with DFPS staff and community stakeholders, including but not limited to law enforcement, city/county/state government, advocacy agencies, and faith-based organizations, to develop strategies to provide services for children who are being

trafficked (Texas Health and Human Services, n.d.). The first step to getting the help they need was the identification of those being trafficked.

### **Role of the DNP Student**

As a DNP student, I lead an evidence-based education program for nursing staff to improve their understanding of human trafficking. The education materials presented were developed by National Human Trafficking Training and Technical Assistance Center (NHTTAC). This project was needed to bridge the knowledge gap of those health care providers who may encounter individuals being trafficked. The skills obtained through this educational project allowed for early identification and aided in providing essential care and access to needed resources. My position as Associate Chief Nursing Officer of Critical Care Services at the facility where the education program was held does not include control of the ED personnel. To eliminate any potential conflict as a result of my employment at the organization, I made it clear that participation in this education program was voluntary and open to all nurses working in the ED. My clinical experience/background is primarily in emergency services. I am still an active member of the Emergency Nurses Association, and I am dedicated to improving outcomes for all patients who present to the emergency department

My motivation for this staff education program was personal and based on my experience with failure to convince my colleagues to act on a suspected trafficked person. The education program filled in the educational gap related to the care and identification of those being trafficked. There were no potential biases that arose during the presentation of this educational program.

### **Role of the Project Team**

I conducted and supervised all activities necessary to implement the human trafficking education program, including the evaluation of the program. I constructed a project team to help support the project and provide feedback. The project team was comprised of the include the Administrative Director of Nursing Education and the Emergency Department Nurse Educator. The project team' was used to help support the development, implementation, and evaluation of this human trafficking project. The Administrative Director of Emergency Services was given background information and evidence regarding human trafficking collected during my literature review and research. Target messaging was used describing the education program and the evidence to support why staff understanding of human trafficking is essential and how the utilization of an Adult Human Trafficking screening tool was needed to bridge the gap in knowledge of the nurses in the Emergency Department. I requested the Director of Emergency Service to share any knowledge he has regarding the use of screening tools. Next, I shared the information with the Director of Nursing Education and solicited help from the Emergency Department Nurse Educator regarding curriculum design including the pre- and post-test development. The project team met biweekly; during this time, each team member was given feedback share their insight and expertise regarding human trafficking and the education program. I communicated with the project team during the team meeting and via email throughout the staff education program's development, implementation, and evaluation.

## Summary

The practice problem identified was that individual's being trafficked are under-identified by healthcare providers in the acute care settings (Scannell et al., 2018). The gap in practice is Emergency Department staff in the Northeast part of Texas lack knowledge and understanding regarding human trafficking, including identification, care, and referrals for those who are trafficked. The hospital does not have a screening tool to help with early recognition

The literature reviewed from evidence-based studies and articles demonstrated a need for a human trafficking education program for health care providers working in the ED. Most studies indicated that staff who work in the ED are perfectly positioned to intervene on behalf of those who are being trafficked but do not possess the skill set and knowledge to identify those who are being trafficked or are at risk for being trafficked. Literature also exposed that there is no standardization of protocols or screening tools being used in ED across the nation (Wiley, 2017). This project aims to educate staff on the use of the DHHS Adult Human Trafficking Screening Tool to improve their ability to identify, which could lead to better outcomes.

In Section Three, I will clarify the purpose and any other operational definition and how it aligns with my practice focus questions. The sources of evidence were clearly identified to address the practice-focused question: will a of a DNP staff education program on the use of adult screening tools for human trafficking result in improved knowledge for nurses working in the emergency department? The analysis and collection of evidence was provided to address the practice-focus question. Relevant publishing and

research were discussed. The evidence generated for my DNP project, including the participants, the procedures, and how I will protect the participants, were addressed. The role of the Institutional Review Board (IRB) at Walden and the project site IRB's role in approving my DNP project was shared. Finally, in this section, I discussed how to analyze and synthesize the evidence.

## Section 3: Collection and Analysis of Evidence

### **Introduction**

Human trafficking victims are under identified by health care providers in the acute care setting (Scannell et al., 2018). Nurses in the emergency department do not have a screening tool to assist with early identification at this project site in Texas. The purpose of this DNP project was to bridge the gap in knowledge for nurses working in the emergency department by educating on the use of the DHHS Adult Screening Tool for Human Trafficking to assist in early identification, referrals, and interventions. Evidence demonstrated that people who are being trafficked will seek medical attention, especially in emergency departments, which presents a rare opportunity to identify and support them (Dols, et al., 2019). Therefore, the health care provider's role is essential in the identification and referral of possible persons being trafficked (Donahue, et al., 2019). This section provides a review of the practice-focused question, sources of evidence, and analysis and synthesis for this DNP project.

### **Practice-Focused Question**

#### **Gap in Practice and Focused Question**

Many people who are being trafficked do not identify themselves as victims of trafficking, making it more challenging to provide the needed resources (Byrne et al., 2017). The hospital where I conducted my project is in a state that is reported having the second-highest number of human trafficking cases in the United States. This Southwestern state also has a high number of immigrants, and it is one of the highest populated states in the United States. The increase in cases combined with the rising

agriculture and businesses creates a principal setting for forced labor (Human Trafficking Statistics, 2021).

In health care, nurses have a responsibility to identify, assess, and implement interventions that will improve the outcomes of the population served. Eighty percent of trafficked people seek medical treatment during their captivity (Byrne et al., 2017). But according to the administrative director of nursing education, the hospital currently does not utilize a screening tool to help identify those that are being trafficked. Emergency department nurses also lack knowledge on how to identify those being trafficked. This doctoral education project aimed to bridge the gap in knowledge. The practice focus question addressed with this DNP education project was “Will educating emergency department nurses on using adult screening tools for human trafficking improve knowledge for nurses working in the emergency department?” This educational program required the support and involvement of stakeholders to be successful. The interprofessional collaboration provided insight into the organization’s culture, which helped create an environment beneficial to learning. The approach chosen to guide this education project was supported by Walden University and was essential to ensuring that the program was successful.

### **Sources of Evidence**

The literature review was generated through a comprehensive literature search and review of current evidence and scholarly resources using Walden Library using EBSCO, CINAHL, and Pub-Med databases and repositories. Key search terms included *human trafficking, emergency departments, nursing staff, screening tools, healthcare*



*providers*, and *education*. Quantitative and qualitative peer-reviewed articles written in English from the last 10 years were included. I reviewed relevant literature to attain teaching materials that helped address the education program's goals.

The synthesis of the literature supported the practice-focused question by providing information that revealed the importance of using the DHHS Adult Human Trafficking Screening Tool. This DNP education project provided education to nurses working in the emergency department on the use of DHHS screening and aimed at improving their ability to identify those being trafficked. Providing intervention can assist in bridging the gap in caring for those who are trafficked or at risk for being trafficked. Victims of human trafficking are a vulnerable, hidden, unreachable population that is rarely seen during their captivity except when seeking medical care (Emergency Nurses Association, 2022; Tiller & Reynolds, 2020). Nurses in the emergency department thus have a central role in recognizing the signs of those being trafficked (Scannell et al., 2018). However, most health care providers lack knowledge and training regarding the span and the complexity of human trafficking, making identification difficult (Hatchey & Phillippi, 2017; McAmis et al., 2022). A survey from south Texas in 27 hospitals revealed that less than 40.7 % of the emergency departments screened for human trafficking and those that screened only asked about feeling safe (Dols et al., 2019). But research has shown that staff who participated in the training had an increase in their ability to identify victims (Donahue et al., 2019).

### **Evidence Generated for the Doctoral Project**

The evidence generated from this project resulted from research regarding the lack of knowledge and tools that nurses have regarding identifying victims of human trafficking. The Adult Human Trafficking Screening Tool is not validated, but it was chosen because it was created based on evidence-based methods and lessons learned from existing screening instruments used by practitioners in the sectors of human trafficking, domestic violence, sexual assault, and HIV screening. This tool is intended to be used in a variety of health care, behavioral health, social service, and public health settings to assess adult patients or clients for human trafficking victimization or risk of potential victimization. It is a trauma-informed, culturally sensitive, and survivor-centered intervention tool (Office on Trafficking in Persons, 2019). The profile of victims varies, making it a priority for nurses to have tools to identify those enslaved and exploited.

### **Participants**

The targeted audience for this project was nurses working in the emergency department because they are uniquely positioned to identify those individuals who may be trafficked. The emergency department nurses were invited to participate in this education program via email, staff huddles, and staff meetings. The administrative director of the emergency department was asked to share information about the educational offering to the staff. The target sample size was 15–20 nurses. They were given a consent to sign prior to the educational offering. Participants were given an opt out option at any time.

## **Procedures**

For the DNP staff education project, emergency department nurses were scheduled to attend a 30-minute session on the topic of human trafficking. During this session the attendees learned the definition of human trafficking. The learners acquired the knowledge to identify potential red flags and indicators using the National Human Trafficking Resource as a reference. The emergency department nurses also learned how to appropriately use the DHHS Adult Human Trafficking Screening Tool. The screening tool is an eight-question survey that was developed by the National Human Trafficking and Technical Assistance Center. The questions on the survey are closed-ended and are designed to assist in identification of those being trafficked and those at risk for being trafficked.

The nurses participating in the DNP education project were given a 20-question pretest to assess their knowledge regarding human trafficking created through an iterative process, including discussions with colleagues and the project team members. The Health, Education, Advocacy Linkage (HEAL) was used to help develop the assessment. The 20-question survey was comprised of a combination of multiple-choice questions developed from the evidence-based literature reviewed. After the educational presentation, the participants were given the same survey containing the same questions. The results of the test were compared using a paired *t* test to determine if the educational program improved the emergency department knowledge about human trafficking.

**Protections**

The procedures used to ensure ethical protection of the nurses participating in the DNP education project include obtaining approval from the facility IRB, then obtaining approval from Walden's University IRB prior to starting the project. The participants' protection during the educational project was sustained by utilizing strategies such as effective communication regarding the opt out options anytime during the project. The participants' anonymity was maintained through assigned pre-post matching survey numbers. The pre- and post-test did not include the participants name or any identifying information. The test was completed and returned to a secure central location to preserve anonymity. All paper documents generated from this project remained onsite at the practicum site and stored securely in a locked file cabinet. The coded data from the pre and posttest was captured using Statistical Package for Social Services (SPSS) software on me password-protected computer. When the project was completed the paper documents were destroyed.

**Analysis and Synthesis**

For the DNP education program, I attempted to answer the practice-focus question "Will educating emergency department nurses on using an adult screening tool for human trafficking result in improved knowledge for nurses working in the emergency department?" A quantitative methodology design along with the pre- and post-test was used to obtain data for analysis. The posttest was administered following the presentation of the educational program using the same questions from the pretest. Incomplete

posttests were excluded from analysis. The findings once analyzed were circulated to the administration team via a written report.

### **Summary**

Victims of human trafficking are under-identified by health care providers in the acute care settings (Scannell et al., 2018). But the project site currently does not have a screening tool to identify those being trafficked. This DNP project aimed to bridge the gap in knowledge for nurses working in the emergency department by educating on the use of an adult screening tool for human trafficking to assist in early identification, referrals, and interventions. A comprehensive literature search and review of current evidence and scholarly resources using Walden Library using EBSCO, CINAHL, and Pub-Med databases and repositories was used to support this education project.

In the Section 4, I present the results from the DNP educational project which included the implications, recommendations, strengths, and limitations. I recap the local problem, the gaps in practice and a summation of the literature and how it was obtained. A report of the findings from the analysis and synthesis of the collected evidence are presented with a discussion of unanticipated limitations and outcomes. I discuss how the findings impacted the organization and the possible implications for social change. In this section, I also propose recommendations to bridge the gap in knowledge from the results obtained from my analysis with the administrative team. A summation of the project team's role in the development of the DNP educational project is also shared. In addition, there are suggestions for sharing this DNP project with recommendations for future projects addressing similar topics using similar methods.

## Section 4: Findings and Recommendations

### **Introduction**

Many human trafficking victims seek medical care yet remain under-identified by health care providers (Scannell et al., 2018). The project was conducted in a local emergency department in Texas, a state that ranks second in the nation for reported cases of human trafficking (Ladd & Jones, 2022). Yet the emergency department currently does not have a screening tool to help with early identification of those who are trafficked or been trafficked. The purpose of this education project was to bridge the identified gap in practice for nurses working in the emergency department who lack of knowledge and understanding regarding human trafficking, including identification, care, and referrals for those who are trafficked. The practice focus question was “Will educating emergency department nurses on using an adult screening tool for human trafficking improve knowledge for nurses working in the emergency department?” The sources of evidence included a comprehensive literature review that supported the lack of knowledge and standardization of protocol and use of screening tools to assist health care providers with identification of those who have been trafficked or are being trafficked.

This education project followed a single-arm pre-post interventional study design. This design method is appropriate to quantify how the participants knowledge change before and after education (Aggarwal & Ranganathan, 2019). Prior to administering the test to the participants, the team members were asked to take the test and mark any questions that were unclear. Then a group discussion incurred about the answer chosen for each question and a confirmation that their comprehension of the question is the same

as what was intended. The feedback from the discussion was then used to make any necessary changes . Other guidelines to enhance the validity of the pre-test/post-test were the use of multiple-choice questions. The test length and the assurance that the answers to the question were not too similar also aided in the validity of the test (Vector Solutions, 2020).

During staff huddles in the emergency department participants were provided written and verbal explanation about the project and offered question and answers and consented to participate in the education project. Those who consented to participate in the project were given a QR code, which included a number code to enter when accessing the pre/post-test. The participants were instructed to take a picture or write down the code used because it was entered when the posttest is administered after the education presentation. The volunteer participants over 1 week completed the informed consent and the pretest via electronically utilizing Survey Monkey. The first question was the consent, and the second question was input by the participant of selected code. Questions 3–22 were multiple choice questions. After the pretest, the participants were provided education via a PowerPoint which was inclusive of when and how to use the Adult Screening Human Trafficking Tool. The PowerPoint presentation was 23 minutes long, and participants was given an opportunity to ask questions and demonstrate use of the tool. The nurses were then given a QR code to scan to access the posttest. There was 1 week allowed to complete the posttest. After the posttest was completed, the pretest and posttest results were interpreted using a paired *t* test and analyzed using SPSS software.

## Findings and Implications

Data were analyzed with SPSS Version 28.0. Compared means analysis performed using a paired  $t$  test was conducted on the pre-test and posttest using a significance level of 0.05. There were 20 participants were all registered nurses (RNs) who initially consented to participating in the education project. But only 17 of RNs completed the pretest. Those 17 participants were then provided the education in a live class. They were also instructed to use the QR code provided to them earlier to take the post test. They were given a week to complete the test. However, only 11 of the participants completed the posttest. Incomplete tests were excluded from the data analysis.

## Results

The purpose of this education project was to bridge the identified gap in practice for nurses working in the emergency department who lack of knowledge and understanding regarding human trafficking, including identification, care, and referrals for those who are trafficked. This education project was aimed to determine whether participants would be more knowledgeable about human trafficking after being educated on the use of the Adult Human Trafficking Screening Tool (AHTST). The mean score of the pretest before the education was ( $M = 58.63, SD = 20.13, n = 11$ ), and the test scores post education ( $M=72.72, SD =12.11, n = 11$ ) was statistically significant after the education at the 0.05 level of significance  $t(10) =$



-2.113,  $df = 10$ ,  $p \leq .030$ ). Thus, the null hypothesis was rejected. There was significant evidence at a level of 0.05 to conclude that the nurse's knowledge improved following the implementation of the education project on human trafficking.

**Table 1**

*Comparison Analysis*

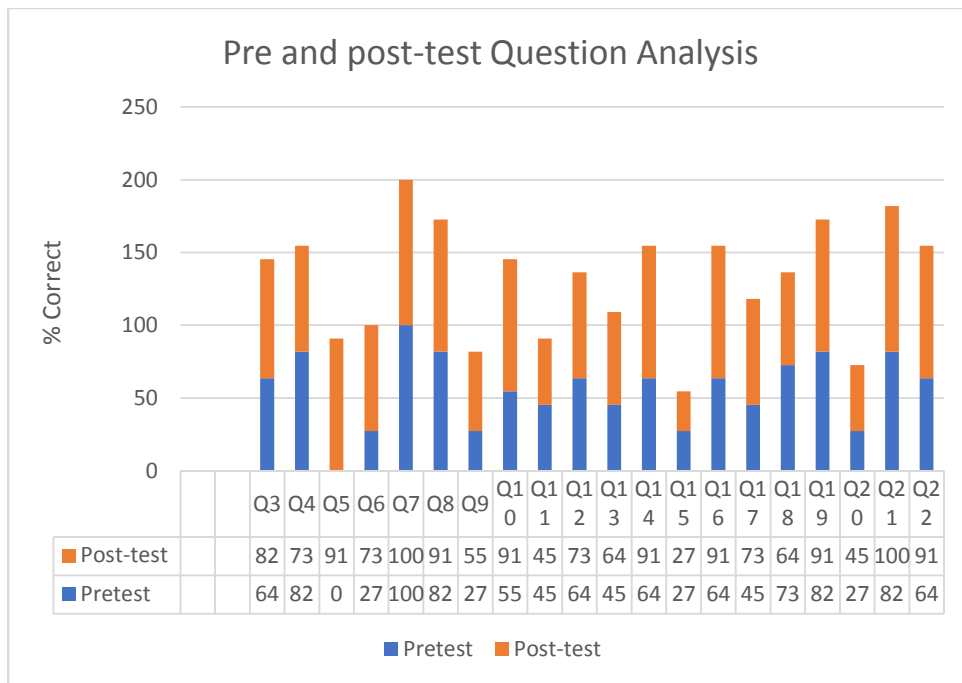
Variable	<i>n</i>	M	<i>SD</i>	Min	Max	Paired <i>t</i> statistic	<i>p</i> value
Before education	11	58.63	20.13	20	80		
After education	11	72.72	12.11	50	95		
Change in knowledge	11	14.09	12.11	30	15	-2.113	.030

**Pre- and Post-Test Question Analytics**

Each participant was given 20 multiple choice questions that were weighted 5 points each via Survey Monkey prior to education and after on the topic of human trafficking. Questions 3–7 were based on a case study that each participant read. Test Questions 5, 6, 9, and Question 20 were answered incorrectly more often than all other test questions prior to education. The range for questions being answered correctly was 27% to 100%. The average score for the pretest was 58.63%. Post education those questions that scored lowest had a vast improvement. Question 5 improved by 18%, Question 6 by 45%, and Question 9 by 27%. In addition, the overall average score improved by 14.09% post education.

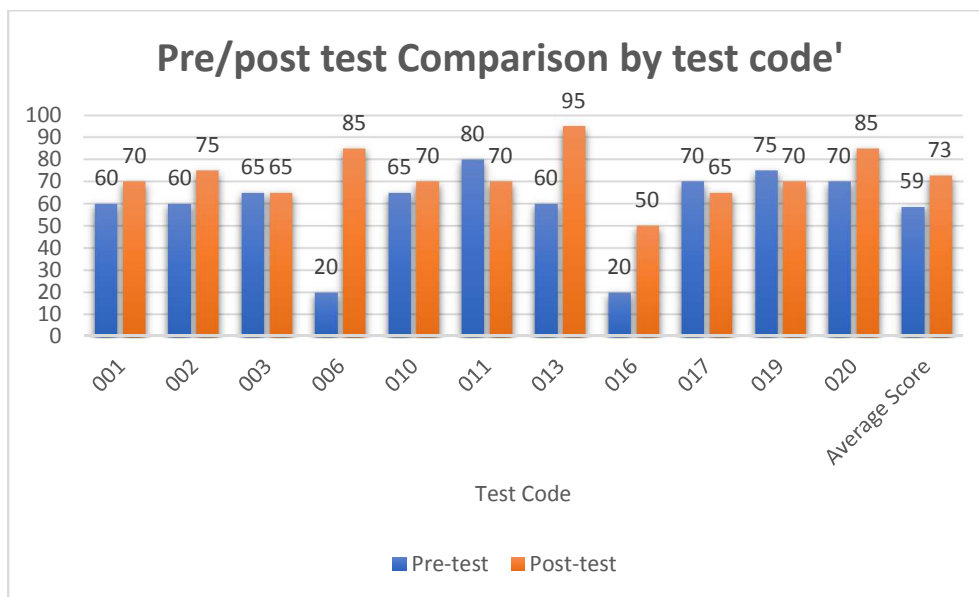
**Figure 1**

*Pre- and Post-Test Question Analysis*



**Figure 2**

*Pre- and Post-Test Comparison by Test Code*



### **Implication for Communities, Institution, and Systems**

The implication of the findings from this education project is the identified need for health care providers to have ongoing and continual education about human trafficking. The enhanced ability of those who work within the health care arena having the needed tools and understanding of human trafficking will assist in providing the communities that are served with the resources and referrals to help combat this crime against humanity, the state, and the borders. The use of screening tools to assist with early recognition is needed for those that may encounter individuals who are trafficked or may have been trafficked, resulting in positive social change.

### **Recommendations for Future Studies**

This education project focused solely on emergency department nurses; in the future I would expand the education to not only nurses working in the emergency department but all disciplines working in the emergency department. Because the education was provided in such a short time frame and the ability to measure sustainability was limited, I would expand the research time frame. Preferably, future research would investigate use of screening tools and its impact on victim identification and referral in bigger and more diverse health care provider samples and practice settings over a lengthier period of follow up.

The growing and harmful impact of human trafficking on societal and public safety does create a crisis for health care organizations to provide those who may encounter those who are trafficked with tools to help with early identification. To bridge the gap in knowledge regarding human trafficking, I would recommend formal annual

education and training of staff, and the creation of treatment protocols. The education needs to be tailored for healthcare providers and should be standardized for subject matter accuracy and reliability. The training should include evidence should include training related to a trauma informed approach (Powell, et al, 2017).

### **Contributions of the Doctoral Project Team**

The project team was instrumental in disseminating information about the educational project. The emergency department administrative director was supportive and made sure that that the information was provided to his nurses in multiple huddles. The administrative director of education was helpful with the development of the pre- and post-test. She made sure that the distribution of the test was simple by creating a QR code for easy accessibility.

The team is also supportive and recommending annual education on human trafficking for all staff working in the emergency department with modification for non-nursing and medical staff. The project team is supportive of standardization and the creation of protocols and policies to ensure that the care provided is safe and consistent. The plan is to provide the education beyond this emergency department to other emergency departments within the organization.

### **Strengths and Limitations**

The limitations for this education project include the small sample size, but this was anticipated. The unanticipated limitation was low return rate of the posttest despite the ease and time frame allotted for completion and the frequent reminders given during daily huddles. Other limitations identified were the limited time allotted to measure

sustainability of the knowledge gained. However, the strength of this staff education project was the evaluation results. The results indicated that the education project was successful, and the participants gained knowledge about human trafficking and skills that would help with identification and referrals.

## Section 5: Dissemination Plan

The results of this education project revealed the importance of emergency department nurses having the tools needed to help identify victims of human trafficking to assist with early identification and appropriate referrals. The results supported that knowledge was gained, suggesting a need for ongoing education on human trafficking for those working in the emergency department, considering that 88% seek health care during their captivity (Tiller & Reynolds, 2020).

The plan for dissemination of this staff education project includes presenting the results of the project to the systems Emergency Department Education Council. The council is composed of the emergency department clinical directors, emergency department educators, and the vice president of emergency services. This council is instrumental in adding content for the annual skills fair for emergency department Staff. The Human Trafficking PowerPoint presentation will be provided, with a summation of the gap in practice identified at the project site, including the pretest/posttest results from the education module. The staff nurses will have access to the PowerPoint for review via HealthStream at any time and will be able to apply knowledge gained, which includes early identification, the use of screening tools, and appropriate referrals.

### **Analysis of Self**

Being an emergency department nurse for most of my nursing career inflated my concern regarding the knowledge for other nurses' ability to identify and provide resources for those who are trafficked or may have been trafficked. I believe that providing education to those who may encounter victims will heighten their awareness and

improve outcomes for victims. Nurses in the emergency department are uniquely positioned and possess assessment skills that will help with the management of this hidden population.

The DNP project provided me with a chance to translate evidence into practice and an opportunity to bridge the gap in knowledge in nursing practice. As an associate chief nursing officer at the facility where the education project was conducted, I am positioned to support and influence the adoption of evidence-based practices (EBP). Research allows for the implementation of best practices and optimal outcomes for the community served. This project and the results this project revealed a knowledge deficit of nurses working in the emergency department and the need for tools to help identify those who are trafficked. The extensive research conducted on human trafficking revealed the importance of having standardized procedures, policies, and tools available to help with early identification those who are trafficked.

This education project occurred during post-Covid recovery and during a time when all nurses had to complete the mandatory regulatory annual hospital education, which affected the enthusiasm and the commitment of those who volunteered to participate. Despite that challenge, I had enough participants who completed the education project to reveal the need for more human trafficking education for frontline staff working in the emergency department. It is my belief that practice should be guided by evidence. My educational background and nursing experience has prepared me to facilitate change and improve patient care through evidence base practice. As a DNP

scholar, I am situated to be a strong voice and advocate for positive change to improve the outcomes of the population we serve through policy /procedure development.

### **Summary**

As discussed, human trafficking is a public health problem. Those being trafficked have a higher prevalence of mental illness and health problems and are at greater risk for violence (Ottisova et al., 2016). Because people who are being trafficked will seek medical attention, especially in emergency departments (Dols, et al., 2019), the purpose of this DNP project was to bridge the gap in knowledge for nurses working in the emergency department by implementing the use of an Adult Screening Tool for Human Trafficking. The Department of Defense, the Department of Health and Human Services, Homeland Security, and the Department of Education need health care providers to join in to further protect those who are enslaved. Any opportunity missed by health care providers to identify victims of human trafficking is a missed opportunity to provide those victims with the needed resources to help save their lives. The educational project provided nurses with information about human trafficking, which included red flags to enhance awareness and screening tools to help with identification. This education can be used as a staff education project can be used for other health care providers within the organization.



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