

2023

## Educating Providers and Nurses on Human Trafficking

valerie Smith  
*Walden University*

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Public Health Education and Promotion Commons](#)

---

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact [ScholarWorks@waldenu.edu](mailto:ScholarWorks@waldenu.edu).

# Walden University

College of Nursing

This is to certify that the doctoral study by

Valerie Smith

has been found to be complete and satisfactory in all respects,  
and that any and all revisions required by  
the review committee have been made.

Review Committee

Dr. Mary Terese Verklan, Committee Chairperson, Nursing Faculty

Dr. Donna Bailey, Committee Member, Nursing Faculty

Dr. Cheryl Holly, University Reviewer, Nursing Faculty

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

Walden University  
2023

Abstract

Educating Providers and Nurses on Human Trafficking

by

Valerie Smith

MS, Walden University, 2015

BS, Ohio University, 2011

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

Walden University

August 2023

## Abstract

Human trafficking is a global public health problem. Victims of human trafficking experience higher rates of sexually transmitted diseases, reproductive damage, sexual violence, infertility, and mental and behavioral issues. To help end human trafficking, which is potentially deadly, raising awareness about this topic is essential for victim survival. A gap in practice among staff at a community health center regarding recognition of victims of human trafficking and procedures for potential victims was identified. An education program focused on increasing knowledge and awareness was developed to close this gap. Guided by Watson's theory of human caring, a 30-minute educational session followed by a question and answer session was presented to 21 interdisciplinary participants (nurse practitioners, physicians, behavioral health coaches, and registered nurses). A pretest was given one week before the presentation, followed by a posttest two weeks after the presentation. The pretest average participant test score was 68%, and the average posttest score was 89%. The education program showed improvement, with an overall 31% increase in scores. Positive social change can be achieved by equipping healthcare workers with knowledge to recognize, identify, and appropriately address needs and concerns of potential human trafficking victims. To sustain this knowledge, participants should be offered human trafficking awareness education once a year.

Educating Healthcare Providers and Nurses on Human Trafficking

by

Valerie Smith

MS, Walden University, 2015

BS, Ohio University, 2011

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

Walden University

August 2023

## Table of Contents

List of Tables .....	iii
Section 1: Nature of the Project .....	1
Problem Statement .....	2
Purpose Statement.....	4
Nature of the Doctoral Project .....	6
Significance.....	8
Summary .....	10
Section 2: Background and Context .....	11
Concepts, Models, and Theories.....	11
Relevance to Nursing Practice .....	15
Local Background and Context .....	18
Definitions of Terms .....	20
State and Federal Contexts.....	21
Role of the DNP Student.....	21
Motivation for Project.....	23
Role of the Project Team .....	24
Summary .....	25
Section 3: Collection and Analysis of Evidence.....	26
Practice-Focused Question .....	27
Operational Definitions.....	28
Sources of Evidence.....	28

Evidence Generated for the Doctoral Project .....	31
Participants.....	31
Procedures.....	31
Protections.....	32
Analysis and Synthesis .....	33
Summary .....	33
Section 4: Findings and Recommendations.....	34
Findings and Implications.....	36
Pretest 36	
Presentation.....	37
Posttest .....	38
Recommendations.....	40
Contribution of the Doctoral Project Team .....	41
Strengths and Limitations of the Project.....	42
Section 5: Dissemination Plan .....	44
Analysis of Self.....	45
Practitioner .....	45
Scholar .....	46
Project Manager .....	46
Summary .....	47
References.....	48
Appendix A: Human Trafficking Awareness .....	54

Appendix B: Local and National Resources for Human Trafficking Victims.....55

Appendix B: Local and National Resources for Human Trafficking Victims.....62

List of Tables

Table 1. Summary of SOAR Health to Wellness ..... 5

Table 2. Summary of Watson’s Caritas Process ..... 12

Table 3. Pretest Average Test Scores to Survey ..... 37

Table 4. Post-test Average Scores to Survey ..... 39



## Section 1: Nature of the Project

Human trafficking is recognized globally as a public health concern. According to Parchment and Stinson (2020), human trafficking, also known as modern-day slavery, is defined as “any act that causes a person to be controlled and exploited for sex, labor, or services, using fraud, force, threats, violence, and/or coercion” (p. 235). Human trafficked persons may suffer immense from health disparities and consequences compared to nontrafficked persons. Victims of sex trafficking experience higher rates of sexually transmitted diseases, reproductive damage, sexual violence, and infertility (Haney et al., 2020). Further, human trafficked persons may suffer from mental and behavioral issues such as post-traumatic disorder, depression, and anxiety (Macias-Konstantopoulos, 2016). To help end human trafficking, a potentially deadly crime, raising awareness of human trafficking is essential for victim survival.

The goal of the doctoral nursing project (DNP) was to provide human traffic awareness to nurses, providers, and behavioral health personnel through an educational program in an outpatient setting in Northeastern America. The United States Department of Health and Human Service (USDHHS) recommends those who are working in healthcare, social and public health workers, and behavioral health professionals receive training designed to identify, treat, and respond to human trafficking (Lutz, 2018). An educational program on human trafficking can positively impact social change by increasing awareness, decreasing missed opportunities to help victims, and offering victims care that is needed. Having knowledge to identify victims by asking the right questions, performing thorough assessments, and collaborating with professionals can be

achieved through education (Byrne, 2019). Section 1 includes a discussion of the problem statement, purpose statement, nature of the doctoral project, and significance.

### **Problem Statement**

The problem for this project was that onsite nurses and providers involved in patient care at the project site lack knowledge to recognize potential trafficked victims. Healthcare providers should be educated on human trafficking, as many victims are impacted by housing instability, poverty, lack of education, and limited access to healthcare (Byrne, 2019). The project site is located at a community health center in an underserved area that serves approximately 60 to 80 patients a day. Patients include homeless individuals, foster children, immigrants, obstetrics and gynecology (OB/GYN) patients, and young women and children. According to Macias-Konstantopoulos (2016), victims of human trafficking include but are not limited to women and adolescent girls, young children with a history of child abuse, homeless or runaway youth, immigrants, refugees, people with gender orientation identity concerns, and people with limited financial resources and education. Healthcare professionals have a duty to provide the highest level of care to patients, including protecting basic human rights. Healthcare providers at the project site realized they lacked knowledge to recognize potential trafficked victims, in part because no formal education has been provided.

The community health center is a Christian faith based organization in a medically underserved area in Ohio. Patients present with factors that increase vulnerability for human trafficking such as poverty, lack of education, foster children, and homelessness. Although no cases have been identified at the community health

center, it is unknown if victims were encountered because of lack of formal education on human trafficking awareness. According to Chohaney (2016), there is a need for educating healthcare providers about human trafficking because “Ohio’s cities are important nodes in domestic sex trafficking supply and transport networks because of the state’s accessibility to interstate highways and water transit routes such as, Lake Erie and the Ohio River, proximity to Canada, sizable immigrant population, and clusters of impoverished people” (p. 119). Additionally, Anderson et al. (2019) estimated prevalence of human trafficking in Ohio to be approximately 1,032 known victims and 4,209 at-risk individuals based on youth risk factors between 2013 and 2018. Compared to 50 states, Ohio ranked fifth in terms of total reported human trafficking cases, with Toledo ranking as the highest city in the nation for illegal victim trade recruiting (Ohio Department of Health, 2020). To bridge the gap regarding trafficking awareness and saving lives, nurses and providers at the community health center must have knowledge to recognize victims of human trafficking and procedures to follow for patients who are believed to be trafficked or at risk for trafficking.

Lack of knowledge in terms of identifying and caring for trafficked victims contributes to the human trafficking pandemic (Lutz, 2018). Human trafficked persons can be seen in any healthcare settings, including outpatient, medical-surgical units, school system and emergency rooms. While exploited, 88% of trafficked persons seek medical attention, as many victims present with multiple physical, reproductive, and mental health problems (Macias-Konstantopolus, 2016). Nurses are morally obligated and uniquely positioned to address health, social, and psychological needs experienced by human

trafficking victims (Parchment & Stinson, 2020). Unseen victims continue to enter in and out of the healthcare system in the U.S. Education on human trafficking awareness will grant nurses and other healthcare professionals the opportunity to uphold their responsibility to serve and protect victims of human trafficking. Having the knowledge to recognize and identify risks and potential victims can improve outcomes and save lives.

### **Purpose Statement**

A gap in practice involves a need to improve or fix a problem when there is a knowledge deficit. The gap in practice was that providers and nurses at the community health center lacked knowledge to recognize victims of human trafficking as well as what procedures to follow when they believed they have identified patients being trafficked or at risk for trafficking. It is highly recommended that professionals in the healthcare setting be trained about human trafficking. Currently, the community health center does not offer training on human trafficking awareness. Educating healthcare workers to identify, treat, and respond to human trafficking is highly encouraged by organizations, including the U.S. Department of Homeland Security, American Medical Women's Association, and U.S. Department of Health and Human Services (USDHHS). The USDHHS recommends Stop, Observe, Ask, Respond (SOAR) for those working in healthcare, social and public health workers, and behavioral health professionals (Lutz, 2018). SOAR involves helping healthcare professionals identify and respond to potential victims currently experiencing or have experienced human trafficking and provide them with resources (National Human Trafficking Training and Technical Assistance Center, n.d.).

**Table 1***Summary of SOAR*

SOAR	Description
Stop	Describe the types of trafficking and common risk factors
Observe	Identify individuals and environmental indicators of trafficking
Ask	Address individual needs using a person-centered approach to deliver appropriate services
Respond	Screen and identify individuals who may have experienced trafficking.

The practice-focused question that guided the project was: Will providing an educational program on human trafficking awareness to nurses, providers, and behavioral health specialists increase knowledge about recognizing and addressing human trafficking? A pre- and posttest human trafficking awareness survey (see Appendix A) was used to evaluate if awareness was increased. Healthcare professionals who are educated on human trafficking awareness can explore if patients are victims of human trafficking based on indicators. These indicators include posttraumatic stress disorder (PTSD), suicidal ideation and depression, self-blame, tattoos or branding, patches of hair loss, frequent sexually-transmitted infections (STIs), anxiety, frequent emergency room visits, and inconsistencies involving their jobs or lifestyles (Byrne, 2019).

Human trafficked victims suffer immense health disparities both due to their traffickers and as survivors. Victims enter the healthcare system multiple times, only to return to their traffickers undetected and swiftly. Providing an education program will

give nurses, providers, and behavioral health counselors tools needed to address and recognize needs of potential victims safely and appropriately. By not addressing lack of knowledge regarding human trafficking, clinicians may do more harm than good if victims are encountered (Macias-Konstantopoulos. 2016). Education about human trafficking awareness can guide future human trafficking and advocacy policies that promote community health and wellness.

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

Human trafficking is a public health concern, and healthcare professionals have the ability to identify, treat, and care for victims. The need to educate healthcare professionals and increase awareness is supported by literature and the Human Trafficking Task Force in the Northeastern region of the U.S. Databases used for the literature search were CINAHL, Medline, PubMed, and EBSCOHost, as well as the Agency for Healthcare Research and Quality and local government websites. Search terms were *human trafficking*, *human trafficking education*, *outpatient setting*, *risk*, *benefits of human trafficking education*, and *survivors*. The Boolean operator AND was used. The literature search included full text English articles in peer-reviewed journals that were published between t 2016 and 2021. Individual case reports, editorials, and commentaries were not used, and no direct patient contact or medical records were used.

The pretest was developed by the United Nations Office on Drugs and Crimes (see Appendix A) and given to assess baseline knowledge. The survey consisted of 10 true or false questions. The survey was given via SurveyMonkey and took 10 to 15 minutes to complete. A link to the survey was emailed one week prior to the presentation.

Participants were staff members, and their emails were in the organization contact list. Once participants completed the survey, responses were automatically returned to my email. Responses were confidential, and I did not know who responded. Participants had the opportunity to ask questions regarding human trafficking that can be submitted along with the survey.

The education program Human Trafficking Awareness was held at the community health center and presented via a PowerPoint presentation using Zoom. PowerPoint presentations and active learning strategies have the potential to provide evidence-based knowledge and promote critical thinking, professionalism, and communication (Nowak et al., 2016). Participants were organization providers, behavioral health coaches, and nurses. The PowerPoint presentation highlighted key points about human trafficking awareness, victim identification and background, what to do when a victim is suspected, and followup care. The presentation lasted 30 minutes with 30 slides. I, along with the public health director who works with human trafficking victims, gave the presentation during a staff meeting to providers, nurses, and behavioral health counselors. Since the presentation was a live webinar, both teacher and participants had the option to ask questions and receive immediate feedback.

Following the presentation, the posttest Human Trafficking Awareness Survey was used to assess knowledge (see Appendix A). The posttest survey consisted of 10 true or false questions and took less than 5 minutes to complete. Survey questions were sent using SurveyMonkey, and a link to the survey was emailed immediately after the presentation. Participants had 2 weeks to complete the survey with a reminder 1 week

prior to the due date. Response data were automatically calculated and analyzed using SurveyMonkey, and I summarized data into a written format.

Lack of human trafficking awareness exists across all healthcare settings but is more likely to exist in outpatient settings, as victims may frequently visit emergency departments for quick access (Toney-Butler et al., 2021). Myths or misperceptions that traffickers are only seen in emergency departments leads to missed opportunities to identify victims. Educating healthcare professionals on human trafficking awareness positively leads to increases in knowledge and involving human trafficking (Powell et al., 2017). Healthcare professionals who are trained in human trafficking awareness are likely to report more cases of human trafficking, encounter victims, and demonstrate the ability to identify victims (Powell et al., 2017).

### **Significance**

Nurses, providers, and behavioral health coaches are key stakeholders and play a major role in ending human trafficking. The Director of Public Health is another key stakeholder for the project, as she is trained in trauma-informed care and regularly treats human trafficked victims. Healthcare settings are safe places where patients can speak freely without fear or judgement. Safe places create a space for healthcare providers to identify, treat, and offer interventions. The U.S. government estimates the number of trafficked victims brought into the U.S. a year is between 14,500 and 50,000, although the ability to collect reliable and valid data is a challenge, because victims often do not always identify as trafficked, and healthcare providers are unknowingly seeing this population (Chisolm-Straker et al., 2016). There is little data to support frequency of



healthcare providers who miss opportunities to identify human trafficking victims; however, case reports show failure of healthcare providers to identify victims when encountered (Chisolm-Straker et al., 2016). The project site cares for vulnerable populations who present with issues related to poverty, housing instability, foster children, and addictions, which are some risk factors for human trafficking. To help identify potential victims, healthcare providers must be informed, aware of risk indicators, and promote safe environments for victims.

Healthcare professionals are advocates and educators, and can collaborate with stakeholders to address prevention strategies (Greenbaum et al., 2018). Nurses, providers, and behavioral health coaches are responsible for protecting human rights and ensuring patient safety and positive outcomes. Nurses are positioned to screen, identify, refer appropriately, and care for human trafficked victims. Victims are not only seen in hospitals, but in all healthcare settings. Effectively training nurses, providers, and coaches in terms of human trafficking awareness can positively improve behaviors, biases about human trafficking, and awareness to identify victims.

Social change occurs when healthcare professionals are aware of human trafficking and can identify victims. Having awareness of health needs within local and community settings is essential to nursing practice, and training helps aid in protecting the vulnerable (Hemingway & Bosanquet, 2018). Knowledge of human trafficking extends beyond screening and providing medical care. Education can help in terms of addressing social justice as well as social and structural factors that influence health and wellbeing (Read et al., 2016).

## Summary

Human trafficking is a multibillion-dollar industry and violation of human rights. Many victims enter and exit the healthcare system many times, going unrecognized. The project site serves vulnerable populations who may be at risk for human trafficking. The gap in practice was that providers and nurses at the community health center lacked knowledge to recognize victims of human trafficking, as well as what procedures to follow when they believe they have identified a patient being trafficked or at risk for trafficking. To help close this gap in practice, an educational program addressing human trafficking awareness was presented. The aim of the educational program was to increase human trafficking awareness among nurses, providers, and behavioral health counselors to effectively identify human trafficking victims. The presentation included information that is needed for appropriate treatment, referral, and followup care to victims. Healthcare professionals are key stakeholders in terms of helping to end human trafficking, as they are advocates and educators, and serve to protect human rights. By administering pre-and posttests, knowledge gained about human trafficking awareness can be measured. Providing educational programs has the potential to lead to decreased missed opportunities in order to identify victims, increase awareness, end human trafficking, eliminate health disparities and long-term consequences, and save lives. Section 2 includes a discussion of concepts and models that guided the doctoral project, relevance to nursing practice, local background, and role of the DNP student and project team.

## Section 2: Background and Context

Healthcare professionals play an important role in recognizing human trafficking victimization; however, victims continue to go unseen in healthcare settings. 88% of victims are seen in healthcare settings while in captivity but are not rescued (Macias-Konstantopoulos, 2016). Identifying victims is challenging, as victims often present at the healthcare facility with their traffickers and often do not state they are being trafficked. Nurses and providers at the project site lack knowledge to recognize, treat, and provide interventions for human trafficking victims. Having the knowledge to identify red flags and asking the right questions is key to identifying victims and rescuing them. The purpose of this doctoral project was to provide an educational program to increase human trafficking awareness among nurses and providers involved with direct patients at the project site. The practice-focused question that guided the project was: Will providing an educational program on human trafficking awareness to nurses, providers, and behavioral health specialists increase knowledge about recognizing and addressing human trafficking? Section 2 includes concepts, models, and theories, relevance to nursing practice, and local background and contextual information about human trafficking. Section 2 includes a discussion of my and the project team's role in the project.

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

The theory that guided the doctoral project was Watson's theory of human caring. Watson's caring theory involves holistic approaches to caring and creating a balance between a person's experienced illness and health (Ozan et al., 2015). Watson's theory of human caring involves promoting comfort, love, trust, and self-awareness. Watson

believed caring for a human as a whole, which involves caring for the mind, body, and spirit, provided an environment that is safe, peaceful, and comfortable. The four basic concepts of Watson's theory are healing processes, interpersonal maintenance of relationships, caring moments, and awareness of healing (Ozan et al., 2015). Watson created 10 carative factors, also known as caritas, which serve to guide implementing the theory in nursing practice (see Table 2).

**Table 2**

*Summary of Watson's Caritas Process*

Caritas Process	Description
Caritas Process 1	Cultivating the practice of loving-kindness and equanimity toward self and others
Caritas Process 2	Being present; inspire faith, hope, and honor others/self
Caritas Process 3	Nurture one's own spiritual practices and transpersonal self, going beyond self-ego
Caritas Process 4	Develop and sustain a helping, trusting, and caring relationship
Caritas Process 5	Support and listen to expressed positive and negative feelings
Caritas Process 6	Creative use of self and caring: engage in the artistry of caritas nursing
Caritas Process 7	Engage in teaching and learning experience that address individual needs
Caritas Process 8	Create a healing environment
Caritas Process 9	Attend to basic human needs by administering sacred nursing acts of caring and healing
Caritas Process 10	Open to spiritual/mystery and allow for miracles to enter

Watson's theory of human caring can be applied in different clinical settings and populations (Pajnkihar et al., 2017). For example, it has been used for women who struggled with infertility, management of hypertension in outpatient settings, women with depression, and teaching health promotion to preadolescents. Additionally, Watson's theory has been used as a research framework. The international Watson Caritas Comparative Database and Watson Caritas Patient Score (WCPS) were developed to assess caring practices and patient satisfaction using Watson's theory as its foundation. Watson's theory has proven essential to educating nurses, as it has been used in several baccalaureate nursing curricula in the U.S., United Kingdom, and Middle East. Watson's theory is used for supporting safe, efficient, humane patient care, and is essential when caring for humans who may not be aware that they are victims, such as human trafficking victims (Pajnkihar et al., 2017).

Nurses are uniquely positioned to provide support and holistic approaches to address concerns and focus on caring, healing, and balance (Ali et al., 2021). To effectively care for a person, nurses must secure a safe environment, as this can make the person feel secure and at peace. Ali et al. (2021) presented a case study demonstrating persons who experience traumatic events such as sexual violence requires unique approaches involving a holistic focus to promptly care for immediate needs and followup care. By using Watson's theory, nurses can address immediate needs, promote healing and recovery, and monitor effectiveness of care (Ali et al., 2021). Guided by 10 caritas, they can care for trafficking victims in a caring, nonjudgmental, and dignified manner.

Self-awareness is critical when approaching potential trafficking victims.

Medical providers should be open-minded and aware that trafficking does not only happen outside the U.S. Awareness of human trafficking has the potential to change the way medical providers practice, approach victims, and overall manage care of trafficked victims. When encountering victims, providers should identify potential barriers that may prevent victims from speaking freely. Providers should ask any partners to leave if present while speaking with victims and offer a quieter place like an office to create a safe environment (Ali et al., 2021). Often, victims are reluctant to speak freely if their trafficker is present or they do not feel safe. Additionally, victims rarely disclose they are human trafficking victims, or disclose their situations to healthcare providers or law enforcement (Bauer, 2019). Therefore, it is important healthcare providers are familiar with red flags, and how to intervene if they suspect they are interacting with victims.

It is important for victims to choose whether speak with a male or female, or have a friend or family member by their side (Bauer, 2019). Establishing a trusting relationship is key to gaining trust. Actively listening to concerns and respecting victims' dignity gives them autonomy and free will. Providers need to express understanding, forgive, and accept positive and negative feelings, as victims have experienced traumatic life events. Victims should be offered to see a chaplain or spiritual leader of their choice, as spiritual beliefs can play a role in healing, pain, and life stressors. The project site is a Christian based organization and encourages spirituality to be included in practice.

Immediate follow up intervention is warranted after immediate needs are cared for. If a trauma-informed nurse is onsite, providers should first get permission to allow

this nurse to be present. Mandatory reporting varies between states. In Ohio, it is mandatory to report suspected or known trafficking victims under 18. Currently, there is no federal law for mandatory reporting for adults. If victims do not want to report abuse, they should be provided with the National Human Trafficking Reporting Center (NHTRC) hotline number and encouraged to call if they want help or to talk to someone. For safety, victims should be encouraged to memorize the number (Ohio Human Trafficking Task Force, n.d.).

### **Relevance to Nursing Practice**

Identifying human trafficked victims has proven to be difficult because of the hidden nature of this crime. Additionally, victim distrust in law enforcement, unwillingness to state they are trafficked due to retaliation from their trafficker, and the inability to identify red flags by healthcare professionals adds to the difficulty in identifying potential victims. The U.S. Government estimates 14,000-50,000 victims are brought into the U.S. each year and are forced into labor or sex work (Chisolm-Straker et al., 2016). The average age of recruitment for sex trafficking is 12-14 years, some recruited younger (Bauer, 2019). While human trafficking is a global health crisis, many have failed to recognize that human trafficking also occurs in the U.S. Victims are seen in all realms of the healthcare system, majority in the emergency rooms with their traffickers. Victims may also attend school and regularly visit their primary care providers in the outpatient setting. Legal communities and law enforcement agencies focus of the legal ramifications of human trafficking. Diagnostic indicators to identify victims were likely to be uncovered by nurses (Bauer, 2019). However, missed

opportunities for healthcare professionals to identify and respond to human trafficked victims are likely caused by not having adequate training on how to identify potential victims. While 88% of victims were seen by a healthcare professional while trafficked, 40% of survivors reported while seeking medication attention, there was something their provider could have done to assist them (Bauer, 2019).

Providing education to healthcare professionals on human trafficking and raising awareness is one of the first steps to ending human trafficking. Currently there is no endorsed screening tool available for healthcare provider use to identify human trafficking victims, however, specific questions are often used for screening. Questions may assess the victim's living situation, ask if the victim has ever been threatened with violence if he/she attempted to leave, or if he/she have had sex in exchange for food, money, or shelter (Bauer, 2019). Red flag indicators used to help identify potential victims include posttraumatic stress disorder (PTSD), suicidal ideation and depression, self-blame, tattoos or branding, patches of hair loss, frequent sexual transmitted infections (STIs), anxiety, frequent emergency department visits, and inconsistencies about their job or lifestyle (Byrne, 2019). There was no protocol or education training for human trafficking offered at the community health center and at least two additional FQHCs in the surrounding area.

It is recommended that all healthcare professionals have training in human trafficking awareness, as human trafficking continues to expand. The USDHHS recommends Stop, Observe, Ask, Respond (SOAR) for nurses working in healthcare, social and public health workers, and behavioral health professionals (Lutz, 2018). Local



states human trafficking task forces and nurses' organizations may offer additional online training for organizations. A local community organization is developing a resource guide for healthcare providers who work in outpatient settings and are wanting to develop a protocol on identifying and responding to victims of human trafficking. The protocol will help clarify roles, responsibilities, and procedures for identifying, responding, and reporting suspected cases, improve staff's ability to recognize potential victims, encourage collaboration with outside agencies, proactively prepare institutions how to respond to threat, and intervention for survivors. The Public Health Director and I will present the educational program which will include a brief outline of the suggested resources.

No formal strategies or standard practices were used at the community health center for human trafficking awareness or education. Screening focused on identifying domestic violence. Questions asked patients if they have been hit, kicked, punched, or otherwise hurt by someone within the past year, if someone from their past is currently making them feel unsafe, and if they feel safe in their current relationship. These questions are in the electronic medical chart and are expected to be completed once a year. If the patient answers yes to a question, a referral is made to the care coordinator to assess needs and to provide additional resources. The organization offers employees an opportunity to attend the Christian Community Health Fellowship (CCHF) conference every year. When available, the conference offers a brief session on human trafficking awareness. Providing human trafficking education to multidisciplinary teams can be an effective tool for raising human trafficking awareness (Adam et al., 2020). The public

health director, who is also certified in trauma-informed care and works with human trafficked victims and survivors is wanting to develop a protocol for human trafficking awareness at the community health center.

Human trafficking affects the individual, family, and society (Scannell et. al, 2018). Education is key to ending human trafficking and saving lives. Healthcare professionals are educators, advocates and researchers who can reach target populations on a broader level (Greenbaum et. al, 2018). Providing an educational program will help to close the gap that human trafficking does not occur within the United States and those victims only visit the emergency departments for acute medical management. Healthcare professionals are likely the first to see victims, and often have a small window of opportunity to interview and rescue potential victims. For human trafficked victims, every minute that passes is essential for survival. Having knowledge to identify potential human trafficked victims decreases missed opportunities for saving a life, reunites victims with loved ones, and improves quality outcomes.

### **Local Background and Context**

Educating health care providers about human trafficking in patient care settings lack in consistency nationwide (Raker, 2020). Lack of awareness to human trafficking allows missed opportunities to recognize and rescue potential victims. Patients who present with disheveled appearances, recurrent sexual transmitted infections (STIs), frequent STI testing, or an expectant mother who does not know the father of the baby can be potential victims who routinely presents in the outpatient setting. One study found nursing staff may mistake human trafficking for domestic violence, drug addiction or

prostitution (Raker, 2020). No formal training is offered at the organization, and there has not been any required training for employees outside the organization. Although a class was presented at an CCHF conference, the conference was voluntary and employees were given a list of multiple sessions to choose, many not choosing the session discussing human trafficking. The organization has a list of resources for a variety of patient needs, one being the National Human Trafficking Hotline number. If there was a victim identified, staff is only aware to call the number and follow directions. Staff are not aware of ways to approach the potential victim, identify treatment, and how to provide follow up care, which are essential to caring for the victim. Several providers have vocalized the concern of not having proper training on human trafficking awareness, and feared a potential victim was missed.

The community health center is a Christian mission based Federally Qualified Health Center (FQHC) that operates in a medically underserved area and provides care to the less fortunate. FQHCs are essential to the primary health care system in the United States and are positioned to be the first health care system contact for people at risk for or affected by human trafficking (Chang et.al, 2020). Between all five offices, the providers see over two hundred fifty patients a day. The patient population includes the homeless, foster children, immigrants, young women and children, people who are less educated and who have limitations to access to medical care and are characterized as be risk factors for human trafficking (Byrne, 2019). The community health center does not turn anyone away despite the ability to pay. The co-pay ranges vary based on income, however; most patients who meet federal poverty guidelines pay fifteen dollars. The

organization is a Patient Centered Medical Home and has a goal to provide care to the whole person for maximal health outcomes. The organization offers behavioral health, OB/GYN care, medical assistance treatment (MAT), diabetes education, and primary care at each site. Currently, in office, phone and telehealth visits are offered. For patients who would like to be seen in the office and do not have transportation, they are given a paid bus token, or an Uber is available to transport them to and from their home. FQHCs serves a vital role in prevention, assessment, and intervention, and care coordination for human trafficked victims (Chang et.al, 2020). The organization's unique setup and goals for treating patients is excellent for potential victims from when first identified until they are in recovery or back with their families.

### **Definitions of Terms**

*Federal Qualified Health Center (FQHC):* A community-based health care center that receive funds from the Health Resource and Service Administration (HRSA) Health Center Program to provide primary care services in underserved areas. FQHCs may be Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Health Centers for Residents of Public Housing (HRSA, n.d.).

*Human Trafficking:* The recruitment, transportation, transfer, harboring, or receipt of persons by improper means, such as force, abduction, fraud, or coercion, for an improper purpose including forced labor or sexual exploitation (Sahu et al., 2020).

*Patient-Centered Medical Home (PCMH):* Medical home model that delivers core functions of primary care: patient centered, comprehensive and coordinated care, assessable services, and quality and safety (AHRQ, n.d.).

### **State and Federal Contexts**

Human trafficking is a crime under federal and international law and is also a crime in every state in the United States (National Human Trafficking Hotline, 2018). Sex and labor trafficking are considered “severe forms of trafficking” under federal law (Ohio Human Trafficking Task Force, n.d). In Ohio, it is mandatory to report suspected or known trafficked victims under eighteen years old. Adult victims must give permission to report if they are trafficked, as currently there is no federal law for mandatory reporting for adults (Ohio Human Trafficking Task Force, n.d). I was not able to locate in the literature where training is mandated, however, the USDHHS recommends Stop, Observe, Ask, Respond (SOAR) for nurses working in healthcare, social and public health workers, and behavioral health professionals (Lutz, 2018).

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

My professional role is a family nurse practitioner (FNP), and I treat both children and adults. Besides managing chronic illnesses and well-examinations, I manage mental health disorders and provide women’s health care. As an FNP, I have only worked for an FQHC providing care to the underserved, which has been very rewarding. However, working with the underserved population, I recognize the challenges and barriers they face surrounding poverty and lack of education. Several patients are homeless, and there is a large population of children who are fostered or are in the Kinship Permanency Incentive (KPI) program. Children in the KPI program are placed with a relative, family member, or a person who has a long-standing bond with the child when the parents are unable or willing to do so (Department of Job and Family Service, n.d.). Poverty, people

with limited financial resources and education, children who are in foster care, and homelessness are some of the risk factors to human trafficking (Macias-Konstantopoulos, 2016). Healthcare professionals and nurse practitioners who are informed in human trafficking are positioned to identify human trafficked victims and provide safety (Lutz, 2018). Unfortunately, the nurses, providers, and behavioral health counselors lack the knowledge needed to identify human trafficked victims and have voiced the need for more training. Details and risk factors to human trafficking are easily overlooked when working with the medically underserved. The cost for medical treatment is free for patients who have state insurance and may be free for those who do not, and are seen frequently. Some patients are seen repeatedly and treated for sexually transmitted infections (STIs) and pregnancy testing. Most providers suspect the patients are not careful, and do not think the patient could be trafficked. This is one example, as to why human trafficking education is warranted.

My role in the Doctoral project was educator and project leader. As project leader, I worked with the public health director, registered nurses, providers, and counselors to deliver evidence-based practice. I will also serve as contact person for suspected trafficked victims. The public health director and I will collaborate with the medical director to develop standing order sets into the electronic health record (EMR) for all violence related diagnoses. The order-set will have preordered diagnostic testing and resources for victims. As a nurse practitioner, informing and providing education is a part of my clinical role. Human trafficking is a sensitive and painful subject, and the educator must be aware of the emotions that can arise. Prior to educating staff, I will be

sure to perform a self-awareness assessment to remove any potential biases to create a safe and respectful environment. Before teaching about human trafficking, the environment should be free of insults, personal attacks, incivility and insults, as students may have personally experienced sexual violence. Further, educators must be open to supporting ideas, and feedback (Moore, 2018).

### **Motivation for Project**

My motivation for the project was to safely identify potential victims and spread awareness to human trafficking in the outpatient setting while creating a safe and caring environment. Lack of awareness to human trafficking aids in keeping victims silent leading to ongoing human trafficking, and helping buyers and traffickers evade law-enforcement or avoid serious penalties (Rajaram & Tidball, 2018). As a healthcare professional, I have a duty to protect, serve, and advocate for victims who cannot advocate or protect themselves. Bringing human trafficking awareness to the outpatient setting is important, as victims are not only seen in the emergency department and medical surgical units, but in all realms of the healthcare system. The media often portrays victims in bondage, secluded areas, and in obvious physical harm. Although this is true in some cases, the media image of human trafficking is stereotyped, and further blinds the general public's knowledge of human trafficking (Wilks, et al, 2021). Additionally, victims who are in obvious physical harm or in immediate medical advice are often seen in the emergency room, not in the outpatient setting, which can make it more difficult to identify human trafficked victims in the outpatient setting. Informed

nurse practitioners can identify victims and provide care in any healthcare setting (Lutz, 2018).

A potential bias may have been raised if referencing or presenting individual case studies. To avoid bias, no names or individual case studies was presented. I did not reference local or known cases in the media, and only evidence-based literature was presented. I avoided asking my audience if they have personally experienced any forms of violence including human trafficking.

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

The public health director who is employed by the community health center helped present the presentation. I lead the presentation, but the public health director was present to provide additional and relevant information as it contained to her expertise. She served as a resource and guide while I prepared the power point presentation, and reviewed the presentation before I presented. The public health director has extensive training and knowledge in caring for human trafficking and domestic violence victims, forensic nursing, public health, and is also trauma informed. She is also President and co-founder of a non-profit organization where victims of human trafficking and violence can obtain professional trauma-informed medical and mental health care. Interacting with key disciplines and understanding individual roles in caring for human trafficked victims allows opportunity for a clearer understanding of human trafficking (Adam et al., 2020). Her expertise and knowledge in human trafficking help aided in providing the skills and knowledge needed to identify and treat human trafficked victims.



## Summary

Healthcare professionals play an important role in identifying and caring for human trafficked victims. Watson's Theory of Human Caring involves promoting comfort, love, trust, and self-awareness, and will guide the doctoral project with the goal of caring for the victims, mind, body, and spirit in a safe and peaceful environment. Human trafficking is a hidden crime and difficult to detect, making it easier for traffickers to evade law enforcement. Additionally, victim mistrust in law enforcement, stating they are trafficked, and inability to detect red flags to human trafficking by healthcare professionals' aids to the continuation of human trafficking. Nurses play a major role in identifying diagnostic indicators to uncover victims, however, by not having adequate training leads to missed opportunities to identify and respond to victims. FQHCs are positioned to be the first point of contact for victims at risk or is affected by human trafficking. Working as an FNP at the community health center, I am aware of the challenges and barriers that many patients face surrounding poverty and homelessness, and the importance of providing human trafficking awareness to staff. As project leader and educator, I provided evidence-based practice that is relevant and essential for improving knowledge in human trafficking awareness. The public health director served as a resource and provided additional knowledge for the presentation. Providing an educational program will help the nurses, providers, and behavioral health counselors to better identify red flags and potential victims safely and without bias. Section 3 discussed the local problem, the gap in practice that led to the project, practice-focused question, sources of evidence, and analysis and synthesis.

### Section 3: Collection and Analysis of Evidence

Lack of knowledge about human trafficking contributes to continued human trafficking and traffickers avoiding law enforcement. Human trafficking victims suffer immeasurably and can experience long-lasting and serious physical and mental health impairments (Wilks et al., 2021). The project is located at a FQHC in a medically underserved area, and patients present with factors that increase vulnerability for human trafficking such as poverty, lack of education, presence of foster children, and homelessness. Onsite nurses and providers involved in patient care lack knowledge to recognize potential victims and procedures to follow if victims are encountered. Providers and nurses at the project site are unaware if they have encountered human trafficking victim and have voiced the need for education. 88% of victims have encountered a healthcare provider while trafficked, but failed to be rescued (Macias-Konstantopolus, 2016). The USDHHS encourages all professionals working in social and public health and healthcare to have training involving human trafficking awareness (Lutz, 2018). The goal of this project is to educate nurses, providers, and behavioral health counselors about how to identify, treat, and respond to potential human trafficking victims. Providing an education program will help decrease chances of missed opportunities to identify potential victims, and give nurses, providers, and behavioral health counselors tools needed to safely address and respond to needs of these victims. Section 3 includes a discussion of the local problem, the in practice that led to the DNP project, practice-focused question, sources of evidence, and analysis and synthesis.

### **Practice-Focused Question**

According to Ramirez et al. (2020), prevalence of human trafficking has increased yearly, and it is estimated that over 40 million sex and labor victims were identified worldwide by the International Labor Organization. Human trafficking victims may seek help from healthcare providers for comorbid physical, reproductive, and mental health needs, and healthcare providers must be educated about ways to safely manage and treat victims. The gap in practice is that providers, nurses, and behavioral health counselors lack knowledge to recognize victims of human trafficking, as well as what procedures to follow when they believe they have identified a patient being trafficked or at risk for trafficking. Currently, there is no formal education offered at the project site or other local community health centers in the area. According to Chohaney (2016), it is important that healthcare providers are educated about human trafficking. Ohio ranked fifth out of 50 states in terms of total reported human trafficking cases, with Toledo ranking the highest city in the nation for illegal victim trade recruiting (Ohio Department of Health, 2020). The practice-focused question that guide the project was: Will providing an educational program on human trafficking awareness to nurses, providers, and behavioral health specialists increase knowledge about recognizing and addressing human trafficking?

The purpose of the project was to provide an educational program to give nurses, providers, and behavioral health providers tools to identify red flags involving human trafficking and procedures to follow if victims are encountered. This program will further help identify existing barriers that limit their ability to identify potential victims.

Providers may lack knowledge about human trafficking or carry implicit biases that may inhibit their ability to identify potential victims. Victims who are trafficked may experience fear of retaliation, shame, or negative outcomes when they share with healthcare providers (Wilks et al., 2021). Having awareness of health needs is essential to nursing practice, and training helps aid in terms of protecting the vulnerable (Hemingway & Bosanquet, 2018).

### **Operational Definitions**

*Human Trafficking*: Recruitment, transportation, transfer, harboring, or receipt of persons by improper means, including force, abduction, fraud, or coercion, for an improper purpose, including forced labor or sexual exploitation (Sahu et al., 2020).

*Patient-Centered Medical Home (PCMH)*: Medical home model that delivers core functions of primary care: patient-centered, comprehensive, and coordinated care, assessable services, and quality and safety (AHRQ, n.d.).

### **Sources of Evidence**

Sources of evidence included peer-reviewed articles and public websites involving human trafficking and the importance of education. Databases used to gather information were CINAHL, EBSCOHost, ProQuest, Criminal Justice Database, and PubMed. I accessed public websites for the AHRQ, HRSA, and Ohio Human Trafficking Task Force. The Boolean operator AND was used along with the following search terms: *human trafficking, human trafficking training, human trafficking primary care, human trafficking outpatient setting, FQHC, human trafficking risk, awareness, human trafficking, and red flags*. Excluded from search terms were articles about gender, sex,

and labor trafficking, as well as articles that did not reference education. All articles were full text, in English, and published between 2015 and 2021. The total number of sources I looked at was 148, out of which 25 involved education interventions in outpatient settings.

Education about human trafficking awareness positively leads to increases in knowledge (Powell et al., 2017). Adam et al. (2020) demonstrated education using a multidisciplinary approach can be effective in acquiring new knowledge that can lead to a better understanding of human trafficking and caring for and identifying victims. However, to determine if significant impacts in recognition and outcomes for human trafficking from increased education initiatives requires more research.

Lack of knowledge of human trafficking and trauma-informed approaches for healthcare professionals may further isolate or marginalize survivors (Rajarama & Tidball, 2018). According to Rajarama and Tidball (2018), victims emphasized lack of public general knowledge about human trafficking as well as stigmas involving sex trafficking, blame for abuse, and lack of trust experienced by survivors. Victims were not provided with resources that made them feel safe and prepared them for life after captivity, and felt this was due to lack of education of healthcare personnel (Rajarama & Tidball, 2018). Training must be culturally competent and survivor-centered, and resources must meet survivors' potential long-term needs for full recovery.

Hayoung et al. (2021) recommended human trafficking training because it focused on the importance of human trafficking awareness. The aim of the study was to evaluate a human trafficking didactic and discussion-based training for healthcare

professionals and relating participants' knowledge and attitudes towards human trafficking before and one week after training. The second objective was to evaluate if knowledge and attitudes were sustained six to eight months following training. Learn to Identify and Fight Trafficking (LIFT) training was used for this study. The study revealed a 30-point overall improvement in scores, and a slight decrease by six months, but were significantly higher than pre-training scores. The LIFT curriculum improved both short and long-term knowledge and attitudes towards identifying and providing intervention to human trafficked victims (Hayoung et al., 2021).

Education can positively shift healthcare professionals' attitudes towards victims. Fraley et al. (2020) concluded that multiphase educational interventions targeting healthcare providers can change negative attitudes and increase awareness for victims at risk for human trafficking. Interventions were enhanced when multidisciplinary teams including nurses were included, and when using content experts (Fraley et al., 2020).

Victims of human trafficking can suffer long-term health ailments and even death when trafficked. Le et al. (2018) concluded children experienced higher burdens of mental health disorders such as PTSD, depression, suicidal ideations, and sexual and reproductive health issues such as human immunodeficiency virus (HIV), sexually transmitted infections (STIs), and pregnancy, and asthma. More studies are needed to gauge the complexity of health issues victims may encounter.

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

### **Participants**

The project provided participants the tools needed to identify red flags to human trafficking and procedures to follow if a victim is encountered. The participants were the organization nurse practitioners (N=7), medical doctors (N=7), behavioral health counselors (N=2), and registered nurses (N=5). Participant participation was voluntary. Participants were emailed asking if they would participate in the educational program. The Public Health Director, who works with human trafficked victims, and I presented the presentation. The providers work between 24 to 32 hours a week, and the other participants are full-time. The participants play a significant role in fighting to end human trafficking, as they are in close contact with potential victims at their visits. Further, providers and nurses are positioned to help identify potential victims, provide support, and prevent human trafficking from occurring (Powell et. al, 2017). Behavioral health counselors are essential to caring for the mental health needs of victims. To provide mental health care needed to treat human trafficked victims, behavioral health counselors must be aware of the physical and emotional trauma that victims often experience. The participants are relevant to practice-focused question because having the knowledge to identify potential victims decreases chances of missed opportunities to rescue victims.

### **Procedures**

The education program, Human Trafficking Awareness, was held at the community health center. The pre-test, Human Trafficking Awareness, was developed by the United Nations Office on Drugs and Crimes named Secondary Education (Appendix

A) and was given to assess baseline knowledge. The survey consists of thirteen questions that are both select all that apply and true and false questions. The survey was given via Survey Monkey and took five minutes to complete. A link to the survey was emailed one week prior to the presentation. Once completed, a notification was automatically returned to my email. Participants had the opportunity to ask questions they may have had regarding human trafficking and were submitted through email. Responses were confidential, and I did not know who responded. The PowerPoint highlighted key points on human trafficking awareness, victim identification and background, what to do when a victim is suspected, and follow up care. I, along with the public health director who works with human trafficking victims, presented the presentation during a staff meeting on the last Tuesday of the month via a PowerPoint presentation using Zoom. The presentation lasted 20 minutes and had 30 slides. Participants had an additional 10 minutes to ask questions.

Following the presentation, the post-test, Human Trafficking Awareness Survey, was used to assess knowledge gained (Appendix A). The survey consisted of ten true and false questions. The survey questions were sent using Survey Monkey, and a link to the survey was emailed immediately after the presentation. Participants had two weeks to complete the survey with a reminder one week prior to the due date. Response data were automatically calculated and analyzed by Survey Monkey, which then allowed me to summarize data into a chosen format.

### **Protections**

This was a minimal risk project. No patient data were collected. The participants, nurses, providers, and health coaches work closely with potential victims, and all share a



common goal to identify and protect victims. Participants were provided information detailing the purpose for the project prior to starting the educational program, and all questions the participants had were answered. Participants were aware that participation in the program and survey were voluntary, and no incentives were to be provided. Once participants responded to the survey, I received a notification directly to my secured work email via Survey Monkey. Responses were anonymous to avoid knowing individual responses. To avoid potential bias, only evidence-based literature was presented, and no names or individual case studies were presented or referenced. Prior to implementing the project, Institutional Review Board approval was obtained from Walden University and the project site.

### **Analysis and Synthesis**

The objective of the project was to provide human traffic awareness to nurses, providers, and behavioral health counselors through an educational program in an outpatient setting. Survey Monkey was used to collect and record data. Once the responses from the surveys were received, the pretest data was compared to the post-test data and analyzed with the Statistical Package for Social Science (SPSS) version 27 using descriptive statistics. An email was provided to participants with results of the analyzed data.

### **Summary**

Human trafficking is a multibillion-dollar industry, and the lack of knowledge to human trafficking leads to missed opportunities to identify potential human trafficked victims, and traffickers' avoidance from law enforcement. The participants in the project

are nurse practitioners, physicians, behavioral health coaches, and registered nurses. The public health director, who works with human trafficked victims, and I presented the presentation. The participants at the project site serve patients who are medically underserved, live in poverty, lack education, and are homeless, which are some of the factors that increase vulnerability for human trafficking. Sources of evidence used for the project includes peer-reviewed articles, public websites, and databases CINAHL, EBSCO host, ProQuest, Criminal Justice, and PubMed. Articles on human trafficking that were directly related to the project were reviewed and summarized. The presentation was given via PowerPoint using Zoom. Survey Monkey was used to generate the pre-and posttest. After responses were gathered, the pretest data was compared to the post-test data and analyzed using SPSS using comparison statistics. No human subjects or individual case studies was presented or referenced for this project. Section four includes the findings and implications, recommendations, contributions of the doctoral project team, and strengths and limitations of the project.

#### Section 4: Findings and Recommendations

Healthcare workers who lack awareness of human trafficking miss opportunities to identify and rescue potential victims. The doctoral project site is located at a FQHC and serves vulnerable populations including homeless individuals with limited access to medical care and financial resources and education, OB/GYN patients, and children who are in foster care. According to Marcias-Konstantopoulos (2016), most human trafficking victims are women and adolescent girls with a history of child abuse who are homeless or runaway youth, immigrants, or people with limited financial resources and education.

The gap in practice was that providers and nurses at the community health center lacked knowledge to recognize victims of human trafficking and what procedures to follow when they believe they have identified a patient being trafficked or at risk for trafficking. No formal training for human trafficking awareness had been offered at the doctoral project site, and there was no formal education training offered in at least two additional FQHCs in the surrounding area. Although training is not required at the doctoral project site, it is recommended all healthcare professionals have training involving human trafficking awareness (Lutz, 2018). The question guiding the doctoral project was: Will providing an educational program on human trafficking awareness to nurses, providers, and behavioral health specialists increase knowledge about recognizing and addressing human trafficking? The purpose of the project was to provide an education program to give nurses, providers, and behavioral health counselors tools to address and recognize needs of potential victims safely and appropriately.

Sources of evidence used for the project included peer-reviewed articles and public web sites involving human trafficking and the importance of education. Databases used to gather information were CINAHL, EBSCOHost, ProQuest, Criminal Justice Database, and PubMed. I searched public websites for the AHRQ, HRSA, National Human Trafficking Hotline, and Ohio Human Trafficking Task Force. Search terms were: *human trafficking*, *human trafficking training*, *awareness*, *human trafficking primary care*, and *red flags*. I did not address gender, sex, labor trafficking, and articles that did not involve education. All sources were written in full text English and published between 2015 and 2021. The total number of sources was 148, of which 25 were selected.

## **Findings and Implications**

Prior to presenting the project, participants were informed that project participation was voluntary, and responses were anonymous. Participants were staff employees, including registered nurses, medical doctors, nurse practitioners, and behavioral health counselors. To assess baseline knowledge as well as knowledge gain involving human trafficking, pre- and posttests were given. Links to access the survey were sent to participants' employee emails.

### **Pretest**

Participants were given 1 week prior to the presentation to complete the pretest. The pretest included 10 true or false questions from the Human Trafficking Awareness Survey (see Appendix A). At the end of the survey, participants were asked one question to identify their role before submission. Twenty-one participants were provided with link to complete surveys, including nurse practitioners ( $N = 7$ ), medical doctors ( $N = 7$ ), registered nurses ( $N = 5$ ), and behavioral health counselors ( $N = 2$ ). 20 participants completed the survey, including seven nurse practitioners, six medical doctors, five registered nurses, and two behavioral health specialists. The estimated completion time was 1 minute. SurveyMonkey was used to collect, record, and organize data. The lowest average test score for participants was 50%, the average score was 70%, and the highest score was 80%. All participants scored the least amount correctly to questions 2, 4, and 9. The total combined score percentage was lowest for question 4, which 5% answered correctly; 20% of participants answered question 9 correctly, and 30% answered question 2 correctly. Nurse practitioners made up 35% of test scores and scored

an average of 69%. The three questions that were answered most incorrectly was question 2 with 43%, question 4 with 14%, and question 9 with 43% (see Table 3).

**Table 3**

*Survey Pretest Average Test Scores*

Participants	Response %	Average % Total Score	top 3 difficult Questions	correct score % to questions
NP	35	69	2,4,9	43,14,43
MD	30	68	2,4,9	33,0,17
RN	25	68	2,4,9	20,0,0
Counselor	10	65	2,4,9	0,0,0

**Presentation**

The project was presented using Zoom at a scheduled provider meeting. Participants, including the medical director and Chief Operation Officer (COO) were present for the presentation. The Public Health Director and I presented the presentation, as she is an expert on human trafficking awareness. The PowerPoint presentation consisted of 30 slides with state statistics involving human trafficking cases, information about recognizing human trafficking victims and traffickers, and education and awareness of sex trafficking (see Appendix B). The PowerPoint presentation contained information about what the State Human Trafficking Task Force is doing to combat human trafficking, which includes laws to prosecute traffickers, protection of victims, and assistance for victims after escaping trafficking. Participants were provided with tools and knowledge to know what to do when adult victims do not want help, as well as local resources for victims who do want help. The presentation took 20 minutes, with an

additional 10 minutes to address the top three missed survey questions and participant questions.

### **Posttest**

The 21 participants who completed the pretest were provided with the Survey Monkey link to complete the posttest (see Appendix A). Participants were given 2 weeks after the presentation to complete the posttest. The posttest included 10 true or false questions. At the end of the survey, participants were asked one question to identify their role before submission. A reminder to complete the posttest was given 1 week before the link was closed. Fifteen participants completed the survey. Participants were nurse practitioners ( $N = 5$ ), medical doctors ( $N = 5$ ), registered nurses ( $N = 3$ ), and behavioral health counselors ( $N = 2$ ). Survey Monkey was used to collect, record, and organize data.

Participants averaged a total test score of 89% or 8.9/10 points. The lowest test score for participants was 60%, the average score was 90%, and the highest score was 100%. Participants scored an average of 73% for questions 2 and 4, and an average of 80% on question 9. Participants scored an average of 80% on question 9. They scored 80% or above for the other eight questions (see Table 4). Registered nurses had increased overall test scores for questions 2, 4, 9 on the posttest, but scored lower on question 3 compared to the pretest. Registered nurses answered 100% correctly in the pretest to question 3, and 67% correctly during the posttest. Overall average posttest scores increased by 31% for all roles compared to average pretest scores.

**Table 4***Survey Posttest Average Scores*

Participants	Response %	Average % Total Score	top 3 difficulty Questions	correct score % to questions
NP	33.33	92	2,4,7	80,80,80
MD	33.33	88	2,4,9	80,60,80
RN	20	90	2,3,9	67,67,67
Counselor	13.33	85	2,4,7	50,50,50

There were no unanticipated limitations or outcomes with the project. The pre- and post-tests were designed to test participants' knowledge before the presentation, and knowledge gained after the presentation. The pre-test results were expected to be lower than the post-test results, given that there was no prior official education for human trafficking offered at the community health center. Although the overall post-test scores increased by 31%, I am unsure if all participants achieved knowledge from the presentation, as some participants did not complete the post-survey. The same participants were provided with the survey link to complete both pre-and post-test. For the pretest, twenty participants completed the survey; nurse practitioners (N=7), medical doctors (N=6), registered nurses (N=5), and behavioral health specialists (N=2). However, only fifteen participants completed the post-test; nurse practitioners (N=5), medical doctors (N=5), registered nurses (N=3), behavioral health specialists (N=2). There is a possibility that the overall average test scores would have been higher than a 31% increase or lower average if all participants completed the post-survey.

Human trafficking is a worldwide issue and should not be overlooked in the community. Identifying and protecting potential victims extends beyond the healthcare

facility. Having knowledge and awareness of human trafficking, individuals can identify victims in stores, library, schools, inside the work place or walking down the street. Once identified, victims are often referred to social services, trauma, mental health, and drug or alcohol services, as many victims suffer from physical, sexual, emotion and mental abuse, and substance dependence (De Shalit et. al, 2021). Becoming informed on local and national resources (Appendix B), and having awareness of human trafficking promotes social change both locally and nationally to assist in combatting human trafficking.

### **Recommendations**

Educating registered nurses, medical doctors, nurse practitioners, and behavioral health counselors who have direct contact with potential victims was beneficial to themselves and for potential victims. Having the knowledge of what to look for and how to respond appropriately has the potential to save thousands of lives. The registered nurses, medical doctors, nurse practitioners, and behavioral health counselors at the community health clinic should receive SOAR to Health and Wellness training as recommended by organizations, including the U.S. Department of Homeland Security, American Medical Women's Association, and the USDHHS (Lutz, 2018). SOAR training will help professionals identify individual and environmental indicators to trafficking, describe types of human trafficking and risk factors, screen and identify those who may have experienced trafficking, assess needs, and utilize a patient-centered and trauma-informed approach with potential victims (National Human Training and Technical Assistance Center, n.d.).



To help with knowledge retention, participants should be offered human trafficking awareness education at the community health center once a year. Yearly education will help participants stay up to date with, but not limited to, the latest statistics, federal and state laws surrounding human trafficking, assessing risk factors, and follow up care after a victim is identified. Further, providers should be aware of local and national resources to provide to victims (Appendix B). Collaborating with the medical director and quality management to develop standing order sets into the EMR for all violence related diagnoses allows quick access to resources and diagnostic testing for victims. The use of order sets that are linked to diagnoses codes further helps with tracking referrals and victim encounters.

### **Contribution of the Doctoral Project Team**

The Public Health Director assisted in gathering evidence-based resources and contacts to local anti-trafficking coalitions and organizations who serve human trafficking survivors and violence using a trauma-informed approach. She reviewed the human trafficking survey to ensure it was appropriate and met key points prior to presenting, and served as a resource and guide while I prepared the presentation, and reviewed the presentation before I presented. I led the presentation, and she was present to provide additional information as it pertained to her expertise. The Public Health Director helped to determine how often training should be provided, the point of contact for suspected victims, and what content should be presented. As an expert in caring for human trafficking and domestic violence victims, forensic nursing and public health, and trauma-informed certified, her knowledge brought more understanding surrounding

human trafficking to the participants. When caring for human trafficking victims, an opportunity to clearer understanding is obtained when interacting with key disciplines and understanding individual roles (Adam et al., 2020).

### **Strengths and Limitations of the Project**

One strength of this educational project was that it increased knowledge among the participants in human trafficking awareness, as demonstrated by the post survey scores. The live presentation allowed participants to ask questions with immediate feedback from the teacher. The staff NPs, MDs, and behavioral health counselors are now aware of local and national resources, and steps to take when a possible victim is identified. Another strength of the project was that the educational program was presented by an expert who is trained in caring for and treating human trafficking victims. Having the opportunity to listen to someone who personally works with victims, shares experience, and silences myths about human trafficking, made the presentation more engaging for participants.

The primary limitation to the project was the amount of time provided to present the project. The amount of time allotted for the program was thirty minutes. More time would have allowed me to further discuss the darkness of human trafficking, including the lasting effects it causes for victims and family members, and how to effectively approach an identify trafficked victim using a trauma-informed approach. Using a trauma-informed approach plays a major role when approaching and caring for a victim when they seek help or identified (Nordstrom, 2022). The Public Health Director could have further discussed the importance of using a trauma-informed approach when caring

for a victim. Knowing how to approach and care for a trafficked victim can determine if the adult victim accept treatment or return to the life of human trafficking.

A recommendation for a future project is addressing intimate partner violence (IPV). IPV is defined as violence against a person by a current or former partner. IPV affects women more than men, and those affected have higher rates of trauma, intoxication cases, mental health conditions, as with human trafficking (Clemente-Teixeira et al., 2022). To help protect IPV victims, healthcare providers must be aware of what questions and procedures to follow if identified. Healthcare providers can further benefit from yearly education addressing IPV and increasing awareness to better protect patients.

## Section 5: Dissemination Plan

Results of pre- and posttest surveys will first be presented to the medical director. Postsurvey results will show the positive impact of providing education to staff about human trafficking awareness by not only addressing myths about human trafficking, but also equipping nurses, providers, and behavioral health counselors with tools that are needed to advocate for and protect patients from harm. According to Jonson and Stellwag (2022), to translate knowledge into clinical practice, there must be “knowledge acquisition, dissemination and diffusion, processing, and acceptance and adoption of new knowledge and behaviors” (p. 142). After approval from the medical director, a presentation on human trafficking awareness, identification, and recommendations will be provided to employees at the healthcare center yearly. Ideally, education will be provided to all staff, not just nurses, providers, and behavior health counselors. All healthcare providers, including nurses and behavioral health counselors should have knowledge and training about human trafficking awareness, as 88% of trafficked persons seek medical attention (Macias-Konstantopolus, 2016). An order set will be developed in the electronic medical record for all violence-related diagnoses. The order set will have preordered diagnostic testing and resources for victims. Each provider will also have a printout of local and national resources for victims (see Appendix B).

Healthcare outcomes for patients, clinicians, and health systems are improved when evidence-based practice is implemented into healthcare practice (Cassidy et al., 2021). I will share findings of the project with peers in the organization, as well as colleagues outside the organization. I would also like to share project findings to other

local FQHC clinics in the area to ensure their healthcare workers are aware of the possibility of human trafficking and potential victims. I would like to present the presentation at a regional conference that my organization attends once a year. The conference is composed of community health centers from different states who come together annually for workshops. Participation is open to all.

### **Analysis of Self**

#### **Practitioner**

Completion of the DNP project changed the way I practiced as a family nurse practitioner by enhancing my role as a leader among my peers and using evidence-based research to improve my clinical skills. I have more confidence in my public speaking, and I am now taking the lead to present patient cases during meetings to share findings and recommendations with peers. Doctoral prepared nurse practitioners are positioned to lead and have a professional responsibility to contribute to research and clinical initiatives to improve healthcare delivery and outcomes (Falkenberg-Olsen, 2019). Since learning about human trafficking, I immediately changed the way I approach patients. I can infer whether patients who are screened repeatedly for STDs may be forced into sex labor, or female patients who lack phones, have unique tattoos or disheveled appearances, traffickers may be present in the waiting room. The project has allowed me to address issues that are unknown to most healthcare professionals. Having this knowledge has given me the opportunity to be more of an advocate for the community I serve.

**Scholar**

A doctor prepared nurse can practice at the highest level of nursing by using research and evidence-based practice to become an expert. The DNP project experience has enhanced my written and leadership skills. When researching a topic, I am now familiar with which databases are most useful, and how to yield best results by using correct search terms and Boolean phrases. Having gained leadership skills, I served as a member of an organization focused on diversity and inclusion, and maintained the role of preceptor for nurse practitioner students. The DNP project experience has given me skills to take on challenges, juggle multiple roles, and do what is needed to become an expert on human trafficking.

**Project Manager**

According to Zhang et al. (2022), project managers establish performance directives, set goals, prioritize work processes, and maintain attention of the team members. Prioritizing the DNP project was important and challenging. Being a mother to young children and working full-time affected my learning goals. To stay on track, I had to set goals each week and work twice as hard the following week if those goals were not met. As I continued to collect data and learn more about my project, I was motivated and excited to share this knowledge with my peers, as several colleagues lacked knowledge about human trafficking.

Completing the project provided me with knowledge to help combat human trafficking. Having gained knowledge to identify red flags and use informed approaches, I am confident that I can make positive changes in the lives of potential human

trafficking victims if encountered. The most challenging part of the project was staying on track with goals and having internal motivation to complete the project. Knowing that lack of healthcare professional awareness of human trafficking poses harm to victims and allows their trafficker to remain free gave me the motivation to address this topic. I have learned not to judge patients as promiscuous when seen multiple times for STD testing or assume that a disheveled appearance is due to lack of hygiene. Healthcare professionals must rescue, protect, and provide security that victims need to overcome trafficking. To do so, they must be informed about awareness and risks.

### **Summary**

Evidence shows there is a lack of awareness of human trafficking among healthcare providers, which leads to missed opportunities to provided needed care to potential victims. Based on posttest survey findings, educating nurses, providers, and behavioral health specialists is warranted. Findings of the project will be shared with peers both inside and outside the organization with the broader intent to educate clinicians and healthcare workers at a regional conference. The DNP experience has changed the way I practice as a nurse practitioner, how I approach my patients, and enhanced my confidence to take leadership roles. The DNP project will help in terms of disseminating knowledge that will be used to help identify and end human sex trafficking and advocate for human rights.

## References

- Adam A., Gunaratne, N., Jain, J., & Caralis, P. (2020). Raising awareness of human trafficking in key professional fields via a multidisciplinary educational approach. *International Journal of Human Rights in Healthcare*, 13(2), 159–169.  
<https://doi.org/10.1108/IJHRH-07-2019-0053>
- Agency for Healthcare Research and Quality. (2021). Defining PCMH.  
<https://pcmh.ahrq.gov/page/defining-pcmh>
- Ali, N. F., Mansha, R., & Carroll, K. (2021). Sexual violence: A review and case study utilizing Watson's caring science. *Nursing Science Quarterly*, 34(2), 132–134.  
<https://doi.org/10.1177/0894318420987179>
- Bauer, R. (2019). What health providers should know about human sex trafficking. *MEDSURG Nursing*, 28(6), 347–351.
- Byrne, M. (2019). Human trafficking: Impact, identification, and intervention. *Nursing Management*, 50(8), 18–24.
- Cassidy, C. E., Flynn, R., & Shuman, C. J. (2021). Preparing nursing contexts for evidence- based practice implementation: Where should we go from here? *Worldviews on Evidence-Based Nursing*, 18(2), 102–110.  
<https://doi.org/10.1111/wvn.12487>
- Chang, K. S. G., Yusufzai, H., & Marjavi, A. (2020). Medical-legal collaboration and community partnerships: Prioritizing prevention of human trafficking in federally qualified health centers. *Georgia State University Law Review*, 36(4), 1075–1103.



- Chisolm-Straker, M., Baldwin, S., Gaïgbé-Togbé, B., Ndukwe, N., Johnson, P. N., & Richardson, L. D. (2016). Health care and human trafficking: We are seeing the unseen. *Journal of Health Care for the Poor and Underserved, 27*(3), 1220-1233.
- Chohaney, M. L. (2016). Minor and adult domestic sex trafficking risk factors in Ohio. *Journal of the Society for Social Work and Research, 7*(1), 117–141.  
<https://doi.org/10.1086/685108>
- Clemente-Teixeira, M., Magalhães, T., Barrocas, J., Dinis-Oliveira, R. J., & Taveira-Gomes, T. (2022). Health outcomes in women victims of intimate partner violence: A 20-year real-world study. *International Journal of Environmental Research and Public Health, 19*(24). 1-12.  
<https://doi.org/10.3390/ijerph192417035>
- Coster, S., Watkins, M., & Norman, I. (2018). What is the impact of professional nursing on patients' outcomes globally? An overview of research evidence. *International Journal of Nursing Studies, 78*, 76–83.  
<https://doi.org/10.1016/j.ijnurstu.2017.10.009>
- De Shalit, A., van der Meulen, E., & Guta, A. (2021). Social service responses to human trafficking: The making of a public health problem. *Culture, Health & Sexuality, 23*(12), 1717–1732. <https://doi.org/10.1080/13691058.2020.1802670>
- Falkenberg-Olson, A. (2019). Research translation and the evolving PhD and DNP practice roles: A collaborative call for nurse practitioners. *Journal of the American Association of Nurse Practitioners, 31*(8), 447-453. <https://doi.org/10.1097/JXX.0000000000000266>

- Fraley, E., Aronowitz, T., & Stoklosa, H. M. (2020). Systematic review of human trafficking educational interventions for health care providers. *Western Journal of Nursing Research, 42*(2), 131–142. <https://doi.org/10.1177/0193945919837366>
- Greenbaum, V. J., Titchen, K., Walker-Descartes, I., Feifer, A., Rood, C. J., & Fong, H. (2018). Multi-level prevention of human trafficking: The role of health care professionals. *Preventive Medicine, (114)*, 164–167. <https://doi.org/10.1016/j.ypmed.2018.07.006>
- Haney, K., LeBeau, K., Bodner, S., Czizik, A., Young, M. E., & Hart, M. (2020). Sex trafficking in the United States: A scoping review. *Journal of Evidence-Based Social Work, 17*(6), 714–748.
- Hayoung L., Geynisman-Tan, J., Hofer, S., Anderson, E., Caravan, S., & Titchen, K., (2021). The impact of human trafficking training on healthcare professionals' knowledge and attitudes. *Journal of Medical Education and Curricular Development, 8* 1-7. <https://doi.org/10.1177/23821205211016523>
- Health Resources and Service Administration (2021). Federally qualified health centers. <https://www.hrsa.gov/opa/eligibility-and-registration/health-centers/fqhc/index.html>
- Hemingway, A., & Bosanquet, J. (2018). Role of nurses in tackling health inequalities. *Journal of Community Nursing, 32*(6), 62–64.
- Le, P. D., Ryan, N., Rosenstock, Y., & Goldmann, E. (2018). Health issues associated with commercial sexual exploitation and sex trafficking of children in the United

States: A systematic review. *Behavioral Medicine*, 44(3), 219–233.

<https://doi.org/10.1080/08964289.2018.1432554>

Lutz, R. M. (2018). Human trafficking education for nurse practitioners: Integration into standard curriculum. *Nurse Education Today*, 61, 66–69. <https://doi-org.ezp.waldenulibrary.org/10.1016/j.nedt.2017.11.015>

Macias-Konstantopoulos, W. (2016). Human trafficking: The role of medicine in interrupting the cycle of abuse and violence. *Annals Of Internal Medicine*, 165(8), 582–588. <https://doi-org.ezp.waldenulibrary.org/10.7326/M16-0094>

Moore, J. (2018). I'm not for sale: Teaching about human trafficking. *Social Studies*, 109(2), 74–84. <https://doi-org.ezp.waldenulibrary.org/10.1080/00377996.2018.1451982>

National Human Trafficking Training and Technical Assistance Center. *SOAR for individuals*. <https://nhttac.acf.hhs.gov>.

Nowak, M. K., Speakman, E., & Sayers, P. (2016). Evaluating PowerPoint presentations: A retrospective study examining educational barriers and strategies. *Nursing Education Perspectives (National League for Nursing)*, 37(1), 28–31. <https://doi-org.ezp.waldenulibrary.org/10.5480/14-1418>

Ohio Human Trafficking Task Force. *Laws 101*.

<https://humantrafficking.ohio.gov/laws.html>

Ozan, Y. D., Okumuş, H., & Lash, A. A. (2015). ORIGINAL PAPER. Implementation of Watson's theory of human caring: A case study. *International Journal of Caring Sciences*, 8(1), 25–35.

- Parchment, J., & Stinson, A. (2020). Clinical nurses leading through the complexity of human trafficking. *Nursing Administration Quarterly*, 44(3), 235–243. <https://doi-org.ezp.waldenulibrary.org/10.1097/NAQ.0000000000000423>
- Pajnkihar, M., McKenna, H. P., Stiglic, G., & Vrbnjak, D. (2017). Fit for practice: Analysis and evaluation of Watson’s theory of human caring. *NURSING SCIENCE QUARTERLY*, 30(3), 243–252. <https://doi-org.ezp.waldenulibrary.org/10.1177/0894318417708409>
- Powell, C., Dickins, K., & Hanni Stoklosa. (2017). Training US health care professionals on human trafficking: Where do we go from here? *Medical Education Online*, 22(1). <https://doi-org.ezp.waldenulibrary.org/10.1080/10872981.2017.1267980>
- Raker, K. A. (2020). Human trafficking education: A guide for nurse educators. *Journal of Professional Nursing*, 36(6), 692–697. <https://doi-org.ezp.waldenulibrary.org/10.1016/j.profnurs.2020.09.015>
- Rajaram, S. S., & Tidball, S. (2018). Survivors’ voices—complex needs of sex trafficking survivors in the Midwest. *Behavioral Medicine*, 44(3), 189–198. <https://doi-org.ezp.waldenulibrary.org/10.1080/08964289.2017.1399101>
- Read, C. Y., Betancourt, D. M. P., & Morrison, C. (n.d.). Social change: A framework for inclusive leadership development in nursing education. *Journal of Nursing Education*, 55(3), 164–167. <https://doi-org.ezp.waldenulibrary.org/10.3928/01484834-20160216-08>

- Sahu, N., Roy, J., Golamari, R., Vunnam, R., & Jain, R. (2020). Would you know how to identify a victim of human trafficking on your service? *South Dakota Medicine : The Journal of the South Dakota State Medical Association*, 73(11), 540–541.
- Scannell, M., MacDonald, A. E., Berger, A., & Boyer, N. (2018). Human trafficking: How nurses can make a difference. *Journal of Forensic Nursing*, 14(2), 117–121.
- Toney-Butler TJ, Gossman W, Mittel O. *Human trafficking*. 2021 Jan 25. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan–. PMID: 28613660.
- Wilks, L., Robichaux, K., Russell, M., Khawaja, L., & Siddiqui, U. (2021). Identification and screening of human trafficking victims. *Psychiatric Annals*, 51(8), 364–368.
- Zhang, Q., Hao, S., Guo, J., & Tang, B. (2022). Effects of construction project managers' goal orientation on project performance. *Social Behavior & Personality: An International Journal*, 50(6), 1–15. <https://doi.org/10.2224/sbp.11637>

### Appendix A: Human Trafficking Awareness

1. Human trafficking is primarily limited to poor countries
2. Human trafficking for sexual exploitation is reported more frequently than human trafficking for forced labor
3. The only way of addressing human trafficking is to get rid of the markets that draw the traffickers
4. A smuggled migrant and a person that has been trafficked are both victims
5. If the victim of human trafficking gives consent to the trafficker, she or he is no longer a victim of trafficking (False)
6. Armed conflict can increase the likelihood of human trafficking
7. The vast majority of identified trafficking victims come from North America
8. Traffickers prey on the vulnerabilities of their victims, such as being poor, discriminated against or living in a conflict zone
9. Trafficking is known to be as equally as harmful to women and girls as it is to men and boys
10. Traffickers use the Internet to recruit victims and accomplices

## Appendix B: Local and National Resources for Human Trafficking Victims

### **Community resources**

- Food pantries, soup kitchens, faith-based food programs

### **Shelter**

- Domestic violence/women's shelters; runaway and homeless youth shelters; transitional housing programs, faith-based housing programs, such as the Catholic Worker Movement (<http://www.catholicworker.org/communities/commlistall.Cfm>)

### **Clothing and Goods**

- Goodwill, Salvation Army, St. Vincent de Paul, AMVETS Thrift Stores), free clothing giveaways; professional clothing donation services; Dress for Success® affiliates ([http://www.dressforsuccess.org/dfs\\_affiliates.aspx](http://www.dressforsuccess.org/dfs_affiliates.aspx)) or The Women's Alliance (<http://www.thewomensalliance.org/>)

**Medical:** Community health centers; FQHCs, migrant health clinics, free health clinics, mental health clinics

**Legal protection for victims:** State and Federal level: Possible expungement of prior convictions, solicitation, or loitering to engage in solicitation, except murder and rape if result from victim of HT, legal aid referral

**Job Training Programs:** Local affiliates of Goodwill Industries for job training programs (<http://www.goodwill.org/goodwill-for-you/jobs-andcareers/>); CareerOneStop (<http://www.careeronestop.org/>)

**Crime Victim Compensation:** Victims can apply at city or county levels; Funds help to pay for needed services (food, medical, legal, shelter, relocation cost for safety)

**Federal Assistance-** U.S. Department of Health and Human Services (HHS), U.S. Department of Justice. Special eligibility for programs for refugees, immigrants, and accordance to immigration status. Some programs may not be available for adult victims.

**Substance Abuse and Mental Health Resources:**

- State substance abuse agencies:  
<http://findtreatment.samhsa.gov/ufds/abusedirectors>
- Substance abuse and/or mental health treatment program near you:  
<http://findtreatment.samhsa.gov/>

**Mental Health Resources:**

- State mental health agencies: <http://store.samhsa.gov/mhlocator>
- Mental health treatment program near you: <http://store.samhsa.gov/mhlocator>

**Other Resources**

- Local community human trafficking Hotline (operates 24hrs a day)
- Local non-profit organizations and coalitions
- National Human Trafficking Hotline 1-888-373-7888 Or Text Be-Free to Be-Free 233733
- Polaris Project