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Nurses' Knowledge and Attitudes towards Victims of Sexual Trafficking

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ABSTRACT

Florida ranks fourth in the United States in reports of human trafficking. Human trafficking is the second largest international criminal industry in the world. Globally, 80% of all transnational victims are women and girls, and half of all trafficked victims are children. Approximately \$32 billion are generated annually from this global trade. The public health consequences include physical, sexual, and psychological trauma, as well as addiction and violence. Healthcare providers represent part of a safety net of professionals who may have the ability and access for identifying and assisting victims of trafficking. This study was investigated Florida nurses' knowledge of sex trafficking and attitudes toward victims of sex trafficking. The study sample included 74 Florida nurses. Overall, participants reported high self-efficacy for identification and treatment of sex trafficking victims, but lower factual knowledge about trafficking. Attitude scores in this sample also suggest a moderate level of negative bias toward victims of trafficking. Nurses need increased knowledge of sex trafficking, including knowledge of policies. Cultural competence training may also help to address biases held by healthcare professionals.

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BACKGROUND

According to Clawson, Dutch, Solomon, and Grace (2009), trafficking in persons is “the recruitment, harboring, transportation, provision or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery”(p. 1). In the United States (U.S.), approximately 14,500 to 17,500 victims are trafficked annually (Siskin & Wyler, 2013). Florida ranks among the top four states in the U.S. in reports of human trafficking (Stringer, 2012).

Human trafficking is a global public health concern for many reasons. Due to the extreme conditions to which victims are subjected, there are several health implications (Stringer, 2012). Some health implications associated with trafficking include drug and alcohol addiction, infectious diseases, traumatic brain injuries, poor nutrition, reproductive health issues and gastrointestinal problems (Viamonte Ros & Thomas-Poppell, 2008). According to Lederer (2010) the health risks associated with human trafficking include not only HIV/AIDS but many other sexually transmitted diseases such as hepatitis; other serious illnesses include communicable diseases such as tuberculosis (TB). Victims of sex trafficking may also suffer from mental health illness as a result of their experiences (Choi, Klein, Shin, & Jin-Lee, 2009).

Acute and chronic health issues can often necessitate the receipt of medical attention, while still under the control of the trafficker (Baldwin, Eisenman, Sayles, Ryan, & Chuang, 2011). These encounters with the health care system suggest that there are opportunities for healthcare professionals to identify and assist trafficking survivors. It is imperative that healthcare providers, especially nurses, are knowledgeable of possible risk factors surrounding trafficking victims.

The United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons does not obligate states to provide medical care to trafficked victims, but it does encourage each state to implement health policies for victims (Zimmerman & Stockl, 2012). In the state of Florida, victims can receive a certificate, which will allow them to receive health screenings at local health departments (Florida Department of Children and Families, n.d.). Suggested services include psychological, physical and social recovery services (Zimmerman & Stockl, 2012).

With Florida being one of the leading states for trafficking, nurses are becoming increasingly aware of the role of healthcare professionals in identifying and assisting victims of trafficking (Stringer, 2012). Human trafficking is growing, but is still a relatively new phenomenon to healthcare professionals, which can impair their ability to thoroughly screen victims

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(Sabella, 2011). According to Sabella (2011) nurses are not traditionally trained to assess and treat human trafficking victims. As the largest group of healthcare professionals it is important that they are aware of signs and symptoms of trafficked victims (Sabella, 2011).

The influence of nurses' and other healthcare professionals' biases and stigmas toward patients has been studied in the areas of substance use, mental health, and HIV/AIDS (Pinto-Foltz & Logsdon, 2009; Chang & Yang, 2013; Senguptam, Banks, Jonas, Miles & Smith, 2011; Chew & Cheong, 2013). Victims of sex trafficking warrant special consideration because they may experience stigma that is compounded by the presence of these and other stigmatized conditions. Enacted stigma, or discrimination, by health care providers may result in decreased utilization of care (Pinto-Foltz & Logsdon, 2009) and decreased quality of care (Chang & Yang, 2013). Lack of knowledge and awareness of trafficking are also related to failure to identify the signs of trafficking victimization (Baldwin, Eisenman, Sayles, Ryan, & Chuang, 2011). This study is the first study developed to assess nurses' knowledge and stigmatizing attitudes towards victims of sex trafficking.

Theoretical Framework

Of the hundreds of operational definitions of the concept of attitude, the features of this concept put forth by Fishbein and Ajzen (1975) are relevant to this study. Attitude is learned, it predisposes action, and such actions are favorable or unfavorable toward the object in question – in this case, unbiased treatment and assessment of sex trafficking survivors. As the literature suggests, knowledge of sex trafficking and stigmatizing attitudes both have the potential to influence nurses' ability to treat and to identify victims of sex trafficking. We hypothesize that nurses who possess greater factual knowledge regarding sex trafficking may have less stigmatizing attitudes toward sex trafficking survivors. Other studies have examined the relationship between these two factors among health care professionals (Chew and Cheong, 2012; Chang & Yang, 2012). Chang and Yang (2012) found that nurses' attitudes were more positive when they had a longer history of work experience. However, Chew and Cheong (2012) found that medical students' knowledge was only associated with training, not attitudes.

Another theoretical concept that undergirds this study is 'self-efficacy' as developed by Bandura (1994) from the Social Cognitive Theory. It defines self-efficacy as a person's belief in his or her capability to perform a specific task. Nurses' self-efficacy to

assessing victims of sex trafficking may be influenced by their knowledge of the subject, their attitudes toward victims of trafficking, or both.

PURPOSE

The state of Florida ranks fourth in the United States for human trafficking, therefore, this research is vital in identifying and assisting the increasing numbers of trafficked victims. Considering the numerous risks of the vicious forms of physical, mental, and sexual abuse associated with sex trafficking, it is imperative that healthcare providers are adequately prepared to provide health care to victims. The goal of this research is to assess the knowledge and attitudes of healthcare professionals in the state of Florida regarding sex trafficking.

Research questions we sought answers to included:

- *What level of factual knowledge regarding sex trafficking do nurses in Florida have?*
- *What are the attitudes of nurses in Florida toward victims of sex trafficking?*

We also evaluated nurses' self-efficacy to identify and to treat victims of sex trafficking who present in the clinical setting. To date, there has been little research in this area.

METHODS

We administered a survey administered in both online and paper format between January and March 2014. Protocols were approved by the Institutional Review Board of Florida A&M University.

Study Participants

The study population consisted of 74 nurses from across the state of Florida. Participants were recruited via the snowball method. The initial respondents were practicing nurses who were identified by the researcher, who then recruited participants through their own personal and professional networks by sharing a link to the survey. Paper copies of the survey were also made available at one intercept location - during a meeting of a nursing organization in Destin, FL. Consent forms were attached to each questionnaire form, in both hard copy and electronic format. The anonymity and confidentiality of each participant was maintained.

Instrument

The questionnaire was developed after assessing the literature regarding healthcare provider attitudes.

Chew and Cheong (2012) assessed medical students' knowledge on HIV/AIDS and stigmatizing attitudes towards people with HIV/AIDS. This study examined stigmatizing attitudes among nurses in a similar manner. Knowledge was also assessed using 10 items developed based on the World Health Organization's points to measure the basic information that would assist in identifying and assessing sexually trafficked victims. A knowledge score was derived based upon number of accurate responses.

Similarly, there was a cluster of items used to measure stigmatizing attitudes. A Likert-type scale was used to rank responses from 1 (strongly disagree) to 5 (strongly agree). Responses were further reduced to a dichotomous score of positive or not positive. Therefore, a lower score implied a more biased attitude or less comfort, increasing the chances for providing discriminatory services to victims. There was a total of 4 items used to assess nurses' attitudes.

Statistical Analysis

The data were analyzed using SPSS version 16.0. Information rendered on the questionnaires was checked for missing values. Correlations using chi-square tests were conducted to analyze three categories: self-efficacy in assessing victims, knowledge score, and attitudes score.

RESULTS

Demographics

A total of 74 participants completed the questionnaire. All study participants who reported their gender were female. Sixty-six participants indicated their race as African American/Black (91.9%), four as White (5.4%) and two as Native American/Alaska native (2.7%). The average age of nurses in this sample was 53 years, ranging from 24 to 74 years of age. Years of experience in nursing ranged from 1 year to 56 years.

The majority of participants (77.1%) indicated their current licensure as Registered Nurse (RN), nine as APRN (12.2%), five as licensed practical nurse (6.8%). Other licensure categories listed included BSN, MSN, and a masters-level specialty designation. Most participants indicated that they work in an urban location (63.5%), while 27% of participants indicated that they serve rural areas. Respondents reported working in a variety of clinical settings, including hospitals (44.6%), community-based health centers (10.9%), health departments (8.2%), academia (8.2%), and schools (5.4%). Some other settings reported included long-term care facility, pregnancy center, physician office, insurance, and corrections.

The survey included items regarding nurses' training and experiences with assisting victims of sex trafficking. Participants were asked, "Have you ever received specific training related to identification and treatment of sex trafficking victims?" Eleven respondents (14.9%) indicated that they had received such training. An open-ended follow-up question elicited information regarding the type of training they had received. Examples of responses were through in-service training, workshops, course work and continuing education for licensure. Only two participants (2.7%) reported ever having knowingly assessed or treated a victim of trafficking.

Knowledge scores in this sample ranged between a score of 1 and 8 (on a scale of 0 to 10), with the average knowledge score being a 5. As a group, the question with the lowest knowledge score was noted on item regarding the T-Visa program for victims of sex trafficking with permanent residency and public benefits, which 13.5% of participants answered accurately. The highest average on an individual knowledge item was "The first step in service provision for a trafficked victim is a sensitive needs assessment", which 74.3% of participants correctly answered in the affirmative. Analyses of the overall knowledge score did not show significant association with attitude score, nor with self-efficacy. However, there was a moderate, significant relationship between knowledge and the outcome predictor of having received training ($r = .348, p = .004$)

The mean attitude score was a 2 on a scale of 0 through 4. The lowest score was noted on the response to the statement 'I am more comfortable assessing patients who speak my native language', with 81.1% ($n=60$) of respondents indicating a less positive attitude toward patients who speak a different language. The question with the highest (positive) score was "I am more sympathetic towards women of domestic violence than women who are assaulted during prostitution." Nurses in the study, 70.3% ($n=52$) indicated they were less likely to view the two situations referenced in this item as different. Therefore nurses may hold the same level of sympathy for both groups, and therefore may be less likely to hold bias or stigma against patients presenting in either situation, including victims of sex trafficking. There was no association among attitude and knowledge, self-efficacy, and the other descriptive predictor variables in this study.

DISCUSSION

Similar to the findings of Chew and Cheong (2013) study of medical students' attitudes toward persons living with HIV/AIDS (PLWHA), nurses'

possession of basic knowledge of sex trafficking information was only significantly associated with having had training on the topic. There was no relationship between knowledge and the length of work history, as was found in a previous study (Chang & Yang, 2012).

There was no significant association between knowledge and stigmatizing attitudes, nor the other predictor variables in the study. The relatively low average knowledge score of the sample may suggest the need for specific training in the area of assessing and identifying victims of sex trafficking. Many participants in this study also reported low self-efficacy, which may further underline the need for specialized training specifically aimed at increasing behavioral capability of assessing trafficking victims as previously recommended by Sabella (2011).

In this sample, participants possessed moderately biased attitudes. In light of the relatively low knowledge among this group, this finding may indicate that participants are not aware of their stigmatizing attitudes toward victims of sexual trafficking. This is a potential hazard in the provision of services to victims. Latent biases may limit one's ability to identify a victim, or may hinder the provision of appropriate care or referral services. Still, the lack of significant association of attitudes with factual knowledge in this study may further suggest that nurses need to possess other types of competency that might increase self-awareness of potential biases.

To address the gap in knowledge and potential biases that may impact nurses' efficacy in their crucial role of identifying and assisting victims, training should be a high priority. This study makes a unique contribution to this area of study by being one of the first to assess nurses' stigmatizing attitudes toward victims of sex trafficking. Future studies may consider other sources of influence on nurses' attitudes and behavior including perceived social and professional norms.

Limitations

There were some limitations noted in this study. Due to the small sample size, the results of this study are not generalizable; however, they are a good foundation for future studies. There were no male participants identified in this study, so gender differences could not be assessed.

Implications for Public Health Practice

Cultural competence is a foundational component of healthcare provision. A direct measure of cultural competence could assess whether more cultural competency training is needed among healthcare

professionals, or whether higher self-perceptions of cultural competence are associated with greater knowledge or self-efficacy among nurses. Specific settings and healthcare providers worth exploring include: nurses' working in emergency rooms, county health departments, and sexually transmitted infections (STI's) clinics. Practitioners in these settings may have more experience in assessing victims as these are the primary areas of which they seek care.

Public health educators should also be prepared to assist in educating/training health professionals as well as the public in an effort to address this complex issue.

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