

PATHS Initiative: Identifying Potential Sex Trafficking Victims in the Emergency

Department Setting

A Scholarly Project

Submitted to the

Faculty of Liberty University

In partial fulfillment of

The requirements for the degree

Of Doctor of Nursing Practice

By

Kayla Mabery

Liberty University

Lynchburg, VA

August, 2024

PATHS Initiative: Identifying Potential Sex Trafficking Victims in the Emergency

Department Setting

A Scholarly Project

Submitted to the

Faculty of Liberty University

In partial fulfillment of

The requirements for the degree

Of Doctor of Nursing Practice

By

Kayla Mabery

Liberty University

Lynchburg, VA

August, 2024

Scholarly Project Chair Approval:

Dr. Tonia R. Kennedy

APPROVED

By Dr. Tonia R. Kennedy at 4:25 pm, Aug 11, 2024

Tonia Kennedy, EdD, MSN, RN, NI-BC

Abstract

The Physical signs, Appearance, Talk and communication, History and background, and Support and resources (PATHS) education initiative has proven to be a valuable tool in enhancing the identification and support of sex trafficking victims in healthcare settings, particularly in emergency departments. Emergency Department staff was given a pre-education questionnaire for a baseline of knowledge on sex trafficking. The training was then given on the PATHS acronym via powerpoint and then the same staff was given a post-education questionnaire to measure the efficacy of the tool and training. The training led to significant improvements in the participants' knowledge, confidence, and practical application of skills necessary to recognize potential victims. Despite the limitations of limited participant numbers and lack of face-to-face training, the initiative's positive impact underscores the need for continued efforts in this area. By incorporating the PATHS tool into regular professional development programs and standard operating procedures, healthcare facilities can ensure sustained improvements in identifying and supporting sex trafficking victims. The PATHS initiative not only addresses a critical gap in healthcare practice but also aligns with the ethical responsibility of healthcare providers to safeguard vulnerable individuals. Ongoing education, support, and periodic evaluations will be essential to maintain and enhance this important intervention's effectiveness.

Keywords: PATHS initiative, sex trafficking, emergency department, healthcare professionals, identification, training, victim support, pre- and post-education questionnaire, statistical analysis, patient outcomes.

Dedication

I dedicate this work to God, for putting me on this path and providing the strength to navigate it all. Thank you for the guidance and humor needed to keep going. My beloved husband, Mikel, for his unwavering love and support, and for bravely watching the kids while I did my thing. To my children, Noah, Lucas, Jack, and Ellie, for never giving me a dull moment and for turning our home into a joyful circus. My lovely babies, I hope you always remember to never set limits and to allow yourself to dream above and beyond. Reach for the sun little ones, for the moon is far too close and everyone else is landing among the stars. Finally, Grandma, I miss you and know that we are watching out for the little children.

Contents

Abstract.....	3
Dedication.....	4
Introduction.....	8
Background.....	9
Problem Statement.....	10
Purpose of the Project.....	11
Clinical Question.....	12
Section Two: Literature Review.....	12
Search Strategy.....	12
Critical Appraisal.....	13
Synthesis.....	13
High Risk Victim Identifiers.....	13
Need for Standardized Tool.....	14
Care for Victims After Identification.....	15
Nursing Staff Perspectives.....	15
Effectiveness of Education.....	16
Conceptual Framework.....	17
Triggers.....	17
Purpose.....	18
Form a Team.....	18

PATHS ACRONYM	6
Assemble, Appraise, and Synthesize	18
Integrate and Sustain the Practice Change.....	19
Disseminate Results	19
Translation of Results	19
Theoretical Framework.....	19
Summary.....	20
Section Three: Methodology.....	20
Measurable Outcomes.....	21
Setting	21
Population	22
Ethical Considerations	22
Data Collection	23
Tools	23
Intervention.....	23
Timeline	24
Data Analysis	24
Pretest Evaluation	24
Posttest Evaluation.....	24
SECTION FOUR: RESULTS.....	25
Demographics	25

PATHS ACRONYM	7
Main Findings	27
Pre-Education Findings.....	27
Post-Education Findings	30
SECTION FIVE: DISCUSSION	34
Implication for Practice.....	34
Sustainability.....	35
Limitations	36
Dissemination Plan	36
Conclusion	37
References.....	38
Appendix A: Article Matrix.....	43
Appendix B: Permission to Use Iowa Model	65
Appendix C: Questionnaire: Understanding Identification of Sex Trafficked Victims	66
Appendix D: Post-Education on PATHS Questionnaire	69
Appendix E: Using PATHS	72
Appendix F: CITI Training Certificate	73
Appendix G: Site Letter of Acceptance	74
Appendix H: Liberty University IRB Approval	75
Appendix I: PATHS Power Point.....	76
Appendix J: List of Figures.....	83
Appendix K: List of Tables.....	84

PATHS Initiative: Identifying Potential Sex Trafficking Victims in the Emergency Department Setting

Healthcare institutions have the end goal to give the best patient care to all patients; however, when identifying a victim of human trafficking (HT) there is currently no tool to aid staff in identification. HT involves compelling individuals, through various means of coercion, into providing labor, services, or engaging in commercial sex acts, with the exploitation of minors for such purposes, according to the United States (US) Department of Justice (2020). The absence of a specific identification tool for HT victims contributes to a reduction in the recognition of potential cases, potentially prolonging the suffering of individuals in desperate need of assistance.

It is important for healthcare professionals to identify possible victims in the Emergency Department (ED) setting to help bring them to safety and to minimize their possible trauma. HT victims are typically started within the industry at ages 12-16 years old, and may experience 6,000 rapes during their victimization that leave deep emotional, physical, and mental scars (Anderson, 2023). Victims may be addicted to drugs, suffer physical ailments from the level of abuse they have endured, or be unable to move past the emotional abuse they have encountered from years of exploitation. Women may not have the ability to bear children, may suffer from untreatable illness, or lose the ability to have normal sexual relationships after their injustice. Men and boys tend to be trafficked at younger ages and may not even be identified due to shame or lack of awareness that males can be victims. The abuse experienced by survivors is immeasurable by health standards and must be minimized to create a greater chance of quality of life for those who find a way out.

Background

The industry of HT continues to grow and is estimated to generate \$150 billion yearly (Bownds, 2023). According to the International Labour Organization (2022), there are thought to be 50 million people worldwide considered in modern-day slavery, an average of one in every 150 people. It is believed that half of those in modern day slavery are suffering from sex trafficking (ST). The COVID-19 pandemic increased the amount of forced labor casualties. An estimated 87% of victims will be seen within the healthcare setting while being trafficked, giving healthcare professionals a unique opportunity to intervene (Eickhoff et al., 2023). Of those who seek healthcare, 68% will be seen in the ED (Jourdan, 2023). Only 33% of those seen in the healthcare setting will be identified by providers (Jordan, 2023). More women and children are found to be victims of ST, though information on men being trafficked are unknown due to inconsistent or unrecorded cases.

Texas is not immune to the pervasive hold of HT, boasting high percentages of both ST and labor trafficked persons (St. John, 2023). Over 313,000 people are trafficking victims in Texas, of which 79,000 of children in ST. The state of Texas is ranked second in the U.S. for HT cases (*Human Trafficking | Office of the Attorney General*, 2019). The average cost to taxpayers for providing care for victims of ST is \$6.5 billion. On a positive note, Texas has begun to pass several laws against HT. Amarillo has a unique placement in the U.S. as a central location between the Pacific and Atlantic coasts and between Canada and Mexico. Two major highways, I-40 and I-287, pass through Amarillo, placing it as a suitable location for a study on sex trafficking.

Survivors rescued from ST are left with scars both physical and emotional; they will need medical, psychological, and spiritual care for years. Both males and females in ST are more

likely to suffer from higher rates of sexually transmitted infections (STIs), which increases their risks for infertility and other long-term effects (Baker & Stoddard, 2023). Genital trauma, lacerations, or scar tissue formation can cause long term issues with sexual and reproductive health. Victims may suffer from post-traumatic stress disorder (PTSD), depression, and anxiety for years after exploitation and require a lot of therapy and consistency in their lives to heal.

The Polaris Project (2023) has found that ST victims have a list of specific childhood experiences that increase their risk for victimization; this offers clear clues for healthcare professionals to identify individuals vulnerable to exploitation. The clandestine nature of trafficking, coupled with the lack of standardized identification protocols, hinders effective recognition within healthcare settings. It is often heard in healthcare that prevention is key. This is a true statement for this initiative, as identification can prevent further mental, emotional, and physical abuse of those being exploited. Research has shown that a low percentage of ED professionals feel confident in their ability to recognize ST victims at an average of 5%; however, this number climbs dramatically to 50% or more after education is given (Sousou Coppola et al., 2019). This project stems from the pressing need to equip healthcare professionals with a comprehensive tool, grounded in evidence-based practices, to identify and support potential victims of ST.

Problem Statement

While searching for additional insights into the identification of sex trafficking victims, a notable gap became apparent: the lack of a standardized protocol within healthcare settings to recognize potential victims. This observation is puzzling, given the wealth of available information on key factors consistently associated with an increased likelihood of potential victimization. This can contribute to underreporting and missed opportunities for intervention.

Frontline healthcare professionals, lacking specific guidance, may overlook subtle signs or dismiss red flags, perpetuating the cycle of victimization. Addressing this gap is imperative to fulfill the ethical responsibility of healthcare providers to safeguard vulnerable individuals and contribute to the global fight against HT.

Purpose of the Project

This scholarly initiative aims to tackle the pressing issue by introducing an initiative using an acronym representing Physical signs, Appearance, Talk and communication, History and background, and Support and resources (PATHS). This systematic approach is crafted to improve the identification of potential sex trafficking victims in emergency department settings. Christians are guided by the principles of love and compassion, as mentioned in 1 John 3:17-18; it is not only our mission to provide aid to those who are hurting but also to extend understanding and support to our colleagues and peers (*The Study Bible for Women*, 2018). Research has shown that people who have a history of running away from home, having a history of physical or sexual abuse, live in a lower income, or have a history of drug or alcohol use are more likely to become ST victims. This information as well as other well documented risk factors are known and available within evidence-based practice (EBP) standards (Fedina et al., 2019). Tracy and Macias-Konstantopoulos (2023) listed EBP standards for identification as noted within the PATHS acronym, some of the best indicators. They also stressed the importance of being a talented communicator to gain trust and information from the possible victims. By establishing a systematic approach that aligns with evidence-based indicators such as identifying typical victim background or common lifestyle factors, the project aims to empower healthcare teams to recognize, support, and refer victims to appropriate resources. The PATHS Initiative seeks to

contribute to the broader mission of eradicating ST and improving the well-being of those impacted.

Clinical Question

In healthcare settings, does the implementation of the PATHS Initiative improve the identification of potential ST victims by frontline professionals, leading to timely interventions and referrals?

Section Two: Literature Review

This section provides a review of the existing literature on HT, focusing on the identification of victims within healthcare settings. It details the search strategy and criteria for inclusion and exclusion, critically appraises the levels of evidence found, and synthesizes key findings. The review highlights prominent themes such as high-risk victim identifiers, the need for standardized identification tools, post-identification care, nursing staff perspectives, and the effectiveness of educational interventions in improving victim identification and care.

Search Strategy

A literature search was completed on HT or ST, as they offered similar findings. The databases utilized were CINAHL Ultimate, Google Scholar, and Cochrane Library using the key words “human trafficking,” “sex trafficking,” “trafficking victims,” combined with “nursing.” Search parameters included full text, English language, and written during 2018 to the present. Gray material used included a local journal that focused on the subject and was specific to the state and area being used for the initiative.

Inclusion criteria were used based on finding the best practices for identifying victims of HT or ST. These inclusion criteria utilized current, research based, and peer reviewed journals with an emphasis on ST or HT and directly linked to nursing. Exclusion criteria included

anything based on the treatment only of victims, a language other than English, outside of the U.S., or only focused on a marginalized group. Also excluded were any studies that used information obtained before 2017.

Critical Appraisal

The research pertaining to this project was difficult to find at a high level of evidence. Of the articles currently being used, thirteen are level 5-6 using Melnyk's Level of Evidence (See Appendix A). Four articles are at level 7, as they are focused on expert opinions. Eight articles are level 3-4, offering the highest level of evidence. One article was found to be level 1, as it pertains to current EBP use. The information found in the search elicited the fact that many of the signs are known, but these victims fall through the cracks of healthcare when it comes to identification and aid. There is weak evidence on male victim inclusion and if there are any differences used in identification.

Synthesis

High Risk Victim Identifiers

In reviewing the literature matrix, prominent themes emerged, primarily focusing on the identification of HT victims within healthcare settings. Multiple articles consistently underscored the significance of recognizing signs such as drug history, previous victimhood, and instability or variability in various aspects such as housing or finances (Anderson, 2023; Camak, 2022; Eickhoff et al., 2023; Ellis et al., 2022; Gerassi et al., 2021; Greenbaum et al., 2018; Haney et al., 2020; Harding-Jones, 2019; Jaeckl & Laughon, 2021). As noted previously, Tracy and Macias-Konstantopoulos (2023) differentiated risk factors between the individual, their relationships, communities, and society. Bownds (2023) provided information from the point of view of a victim on risk factors and what it is like living in the world of HT. Fedina et al. (2019) used a

questionnaire given to prior victims to gain insight into the likeliness of victimization based on social and emotional factors. Each article agrees that higher risk individuals will be those living in poverty, having a drug history, having run away from home, having a previous history of abuse, and those with mental health issues. If the individual arrives to the healthcare facility and is unable to answer questions, appears to be afraid of or reliant on the person with them for answers, or the person will not allow the patient to be alone, these can be signs of an abuser or trafficker. Healthcare professionals should be suspicious if the patient does not know how much money they have or lacks access to their money, has inconsistent stories, moves often or has inconsistent housing, or does not have any personal identification with them. Another risk factor to look for are “throw-away” individuals, those who are gay, transgender, homeless, or children in state custody. Traffickers will use teenagers in these groups because they have fewer people who will actively search for them.

Need for Standardized Tool

A unanimous consensus for the development of a standardized tool for the prompt and effective identification of potential HT victims echoes throughout research (Boswell et al., 2019; Greenbaum et al., 2018; Hainaut et al., 2022; Kaltiso et al., 2018, 2020; Marcinkowski et al., 2022; St. John, 2023). While Kaltiso et al. (2018) proposed a specific tool, it was deemed lengthy and time-consuming. To foster consistent tool usage among staff, the imperative lies in crafting a tool that is not only concise but also user-friendly. Given the potential uncertainty or lack of knowledge among staff regarding the identification of HT victims, a quick and straightforward tool could be instrumental, potentially saving lives. Amidst the wealth of information on victim identification, a tool holds the promise of condensing and standardizing this knowledge, offering a swift and uniform approach across various medical facilities.

Care for Victims After Identification

Additionally, a noteworthy theme emerged regarding the need to address healthcare providers' roles in caring for HT victims, acknowledging the diverse array of services patients may require post-trafficking (Baker, 2023; Camak, 2022; Harding-Jones, 2019; Stark, 2023). Victims after identification will need help from an interdisciplinary team of professionals. Females may need a gynecologist to help with any trauma to the body that can cause long term pain, infections, or infertility. Trauma-based counselors must be used to help begin mental and emotional healing. Social workers will be used to find housing and other services the individual will need. Law enforcement will also be used to help with legal concerns.

Nursing Staff Perspectives

Exploring the perspectives of nursing staff, research shed light on the distinctive viewpoints, knowledge bases, types of care, and barriers specific to nursing professionals (Korovich & Fondacaro, 2021; Pederson & Gerassi, 2022; Ropero et al., 2022). HT remains a sensitive and often overlooked issue, with staff potentially hesitant to engage in victim identification due to societal taboos. Sousou et al. (2019) sent a questionnaire to practicing nurses, and the respondents did want a better education in identification and care for HT victims. Prejudice, particularly when working with adult victims of ST, might lead professionals to perceive individuals as choosing sex work rather than recognizing them as victims. While nurses are mandated to undergo training in ST victim identification, translating this knowledge into practical use or acknowledging the prevalence of HT in their community may pose challenges. Moreover, effective victim identification hinges on the staff's communication skills, trust-building abilities, and depth of knowledge to address potential care or legal concerns, underscoring the importance of asking the right questions and fostering a trusting environment.

Effectiveness of Education

Moreover, two studies highlighted a positive correlation between heightened awareness through education and increased staff confidence in identifying HT victims. As previously discussed, nursing staff may lack a comprehensive understanding of the intricacies of victim identification and the subsequent health or legal needs, potentially hindering their ability to recognize HT victims. Education serves as a catalyst, equipping learners with both competence on the subject and confidence in applying their acquired knowledge. In the case of teaching nursing staff about identification, McDow and Dols (2021) reported an increase in staff awareness, transitioning from identifying two victims to recognizing 14 victims. Similarly, Berishaj (2019) provided education to nurses during a conference, resulting in an observable boost in the confidence of attendees regarding their future ability to identify HT victims.

In the context of HT, despite an abundance of information guiding the identification of victims, there is a noticeable absence of consistent integration for scrutiny or detection in the ER setting. Research underscores the myriad afflictions suffered by HT victims during and post-abuse, with healthcare serving as a beacon of hope. Survivors necessitate care across various levels, from primary care for physical needs to immediate attention in the Emergency Department, and eventual psychological support. At the forefront of patient care, nurses play a key role, initiating patient interviews and discerning nuances that others might overlook. Leveraging cues such as the patient's insurance, attire, interactions with companions, and communication patterns, nurses are well-positioned to intervene and potentially mitigate victimization; however, it is crucial to cultivate a clear and straightforward understanding for nurses in the identification of victims, aiming to enhance the number of individuals who receive assistance to escape trafficking.

Conceptual Framework

The Iowa Model provides a structured framework for initiating and guiding healthcare interventions (White et al., 2021), incorporating both problem and knowledge triggers to effectively address a pressing issue that effectively fills the Iowa Model. The problem triggers arise from significant concerns such as the underreporting of sex trafficking victims, limited awareness among healthcare professionals, inconsistent protocols, and the vulnerability of patients. These issues collectively underscore the urgent need for a solution to better support this vulnerable patient population. Conversely, knowledge triggers are linked to anticipated outcomes of the initiative, encompassing existing research on ST indicators, best practices for victim identification, training programs, success stories, and adherence to legal and ethical considerations.

The Iowa Model functions as a framework to advance this initiative, providing a well-defined path to explore and refine plans. It highlighted the necessity for this undertaking, aiming not only to enhance patient care but also to strengthen the healthcare system's response to a critical societal issue. By adhering to the structured steps of the Iowa Model, one can consistently fine-tune the approach, ensuring its focus and effectiveness while identifying and addressing any potential shortcomings, thus paving the way for its success.

Triggers

In this initiative, we have employed both problem and knowledge triggers to effectively address a pressing issue. The problem triggers stem from critical concerns such as the underreporting of sex trafficking victims, limited awareness among healthcare professionals, inconsistent protocols, and patient vulnerability. These issues collectively highlight the imperative need for a solution to better support this vulnerable patient population. On the other

hand, knowledge triggers pertain to expected outcomes of the initiative, encompassing existing research on sex trafficking indicators, best practices for victim identification, training programs, success stories, and ensuring alignment with legal and ethical considerations.

Purpose

The purpose of this research project is to develop, implement, and evaluate the use of the PATHS acronym as a standardized tool for healthcare professionals in the ED setting to systematically identify potential ST victims. By enhancing the identification and response to victims, this initiative aims to improve staff understanding and ability to see relationships with possible signs of ST and to be more confident in their abilities to identify, recognize, and aid ST victims.

Form a Team

The planned team consisted of a researcher and the ED educator at NWTHS. The ED director agreed to oversee the project and be available for any assistance or guidance needed.

Assemble, Appraise, and Synthesize

The first phase of the project involved systematically assembling, appraising, and synthesizing the existing body of evidence related to the identification of ST victims in healthcare settings. This comprehensive process began with a literature review utilizing reputable databases, including CINAHL Ultimate, Google Scholar, and Cochrane Library. Through application of inclusion and exclusion criteria, relevant studies were selected for further analysis, employing Melnyk's Level of Evidence as a guide for critical appraisal of the chosen studies to ensure their quality and relevance to the project. The synthesis phase integrated these findings, allowing to trend current gaps, identify best practices, and notice key insights for informing the subsequent stages of the initiative. This evidence-based approach ensured a foundation for the

development and implementation of the PATHS acronym in efforts to enhance the identification of potential ST victims within healthcare settings.

Integrate and Sustain the Practice Change

The goal of this scholarly project was to integrate the PATHS initiative into routine healthcare practice, creating a sustained identification tool of identify potential ST victims. To begin, the PATHS acronym was examined for its ability to follow current standards for ST victim identification. The pretest participant responses compared to the posttest responses will help to grade the efficacy of PATHS training and future implementation within the healthcare setting.

Disseminate Results

The results of the survey were combined on Google Sheets, which allowed a clear and concise way to store data. These data were available to the researcher and the educator.

Translation of Results

After the translation of results, if it is found that staff had an increased ability and confidence in identifying ST victims, a second phase will begin within the facility to implement the PATHS initiative into patient care.

Theoretical Framework

Building upon Roger's diffusion of innovations theory, initially tailored for scientific domains, this framework seamlessly integrates into the realm of nursing research (White et al., 2021). This structured model comprises five pivotal stages: knowledge, persuasion, decision, implementation, and confirmation. Beginning with the knowledge phase, the developed PATHS acronym takes center stage, serving as a tool to streamline the identification process for HT victims. The persuasion stage emerges as critical, demanding adept navigation of prevailing

views and attitudes within both healthcare and broader societal contexts. Given the sensitive nature of ST and the associated stigma often directed at sex workers, the persuasion phase becomes particularly difficult to navigate. This leads us to the decision phase, where proactive adoption and application of the PATHS acronym by healthcare professionals become instrumental for the initiative's success. Implementation closely follows, underscoring the importance of engagement and efficient education for healthcare staff. The education process must be seamlessly integrated into their workflows, presenting itself as an asset rather than a burden. Ultimately, the confirmation stage hinges on demonstrating the initiative's impact by enhancing victim identification.

Summary

A literature search on HT and ST yielded a small number of relevant studies, revealing a gap in consistent victim identification in the ED setting. Despite known signs, victims often go unnoticed in healthcare. Nurses, as frontline caregivers, play a crucial role, emphasizing the need for clear guidelines. The Iowa Model guided the initiative, addressing concerns related to underreporting, limited awareness, and inconsistent protocols. Problem and knowledge triggers align with the model's systematic approach, emphasizing the urgency to support trafficking victims. Built on Roger's diffusion of innovations theory, the framework integrates seamlessly into nursing research. It applies five stages: knowledge, persuasion, decision, implementation, and confirmation to the PATHS acronym, streamlining victim identification. The model navigates societal attitudes, encourages proactive adoption, and evaluates the initiative's impact.

Section Three: Methodology

The scholarly project used a quasi-experimental pretest posttest design using descriptive statistics. The purpose of this project was to look for clinical relevance and significance versus

statistical significance. The PATHS initiative employs an experimental model to establish new EBP for the utilization of a tool for identification of ST victims. Staff at the chosen setting were given a pretest on their understanding of identifying ST patients and their understanding of HT in general. Education was given to the staff regarding the use of the PATHS acronym for victim identification. After the education intervention was accomplished, staff were then given a posttest.

Measurable Outcomes

The PATHS Initiative uses education to measure the effectiveness of identifying potential ST victims and aims to increase timely and appropriate care. Key metrics include the percentage increase in ability of staff to identify and feel confident in their ability to identify ST victims. Staff were given a pre-initiative questionnaire to check their understanding of HT and identification of victims. Education was then given to the staff on victim identification and a post-initiative questionnaire was completed. Data analysis examined the change in understanding and confidence of the ability of the staff to identify victims.

Setting

The setting for this initiative is an Emergency Department (ED) in a healthcare facility located in the Texas Panhandle. This facility is equipped with a Level II trauma center and houses Sexual Assault Nurse Examiners (SANE), ensuring awareness of patient safety concerns. The facility has private rooms available for patients who need to be separated from their companions, enhancing patient confidentiality and safety. Additionally, the facility collaborates with local entities experienced in providing care and resources to sex trafficking victims. This location was chosen due to its strategic position and the high volume of patients seen annually, offering ample opportunities for staff to utilize the PATHS acronym and increase their

understanding and ability to identify potential sex trafficking victims (*Serving Our Community*, 2019). This offers higher numbers to increase chances of identifying victims as well as offering staff more opportunities for use that will increase their understanding and ability to use the tool in the future. Also, a large university in northwest Texas uses this hospital as a base for their residents and interns, which offers the ability to seek aid from providers and educators with experience in initiative implementation and creation of EBP.

Population

The population was based on the staff of both providers and nurses working in the ED during the initiative. The PATHS initiative is focused on using a set of knowledge in an organized manner to identify ST victims, their understanding of each element to consider each patient they encounter.

Ethical Considerations

The implementation of the PATHS initiative underscores the importance of ethical and legal considerations, aligning with a commitment to seek justice, as highlighted in Isaiah 1:17 (*The Study Bible for Women*, 2018). Encouraging identified victims to pursue justice aligns with healthcare's ethical responsibility, recognizing the concept of justice as defined by the American Nurses Association (2015). In the context of the PATHS initiative, justice extends beyond care, emphasizing the identification and support of victims. As the PATHS initiative aims to improve the identification system for ST individuals, addressing a significant gap in healthcare, it is vital to balance the evaluation of system effectiveness. CITI Training has been completed and acceptance of the initiative was granted from the Liberty University Institutional Review Board (Appendix F).

Data Collection

Data collection was completed by the project leader and the ED educator, the facilitator within the organization. The pretest for staff was administered using a Quick Response (QR) code. The student researcher offered two iPads to be used by the staff during their pre and post shift meetings to complete their pre and posttests (Connor, 2022). These data were collected within Google Sheets for easy interpretation.

Tools

A pre-education test was administered to staff on their understanding of ST to measure knowledge on understanding identifiers and to help pivot the initiative if needed (Appendix C). Staff understanding and their opinion will guide how best to educate and implement new steps. A post-education test was then administered after the education session on the PATHS acronym and implementation of the initiative (Appendix D). The questionnaire was administered using a QR code and offering the staff use of an iPad to complete it. These questionnaires were administered at the beginning and end of shifts over the chosen weeks to ensure all employees were given a chance to complete them. The goal was that staff would have a better understanding and ability to identify ST victims after education and implementation of the initiative. Feedback will be considered and implemented if appropriate, based on the responses. Handouts were distributed to the unit on a quick information guide on the PATHS acronym that explained how to simplify and use each element (Appendix E).

Intervention

The initiative began with the creation of the PATHS acronym based on current information from experts on ST victims. The creation of the project then focused on the tools and educational materials for staff. A Letter of Support was sought while communication began with

the chosen facility on how best to implement the process. Implementation began with pretest administered to staff followed by staff education on PATHS. At the conclusion of the study, staff were given a posttest to discover if the initiative should be considered as best practice.

Timeline

- Finalization of the PATHS acronym completed October 2023.
- Site acceptance is secured and given in writing November 29, 2023.
- Education material completed November 2023.
- Creation of pre and posttest completed December 2023.
- IRB (Institutional Review Board) review and acceptance granted February 2024.
- Implementation of the project began May 2024.
- Posttest completed June 2024.

Data Analysis

Data analysis was based on current understanding of staff on ST identification, post-education understanding of staff, and identification of victims within the ED setting.

Pretest Evaluation

The purpose of the pretest was to evaluate current understand of identification of ST victims by ED staff at chosen location. The pretest also checked if staff had an interest in or stake in patient identification or care. This was an indication of the drive to participate or identify prejudices within the organization.

Posttest Evaluation

The purpose of the posttest was to measure the staff's perceptions of the tool's efficacy and garner true opinions of those using it to discover the tool's strengths and weaknesses. The

posttest also measured if the staff increased in their knowledge of how to identify and recognize ST victims.

SECTION FOUR: RESULTS

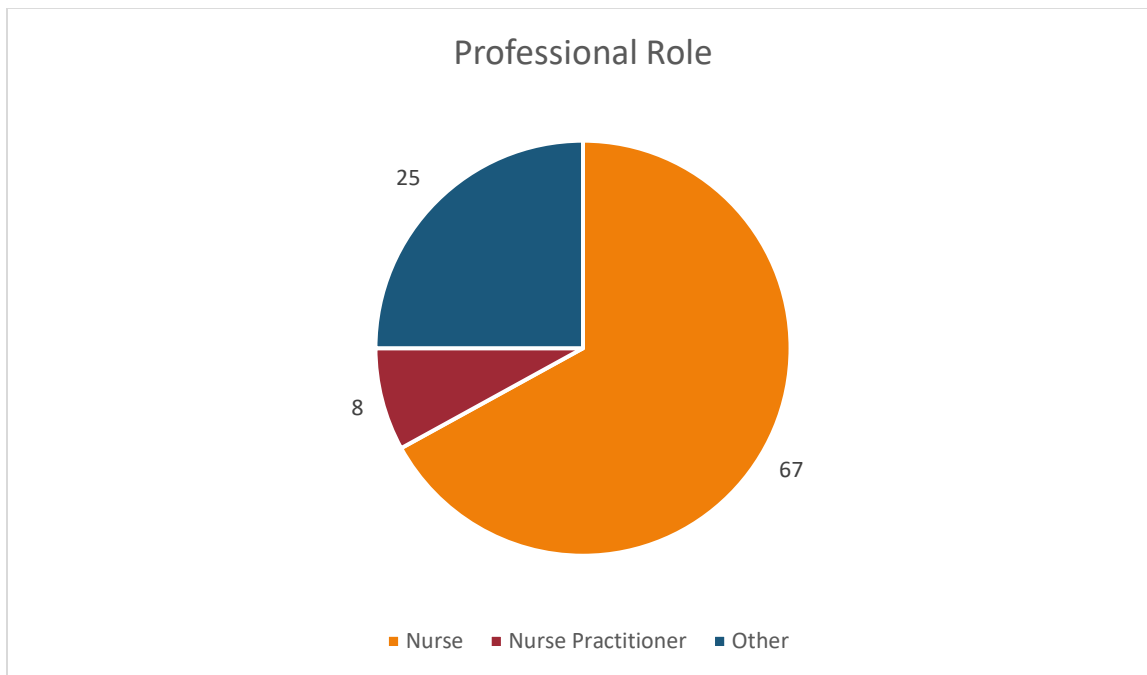
This section presents the findings from the PATHS initiative study, focusing on the demographics of participants, their pre- and post-education knowledge and confidence levels, and the effectiveness of the training provided. It provides a detailed analysis of the impact of the PATHS acronym on the participants' ability to identify potential sex trafficking victims in the ED setting. The results highlight significant improvements in knowledge, confidence, and practical application of skills among healthcare professionals following the educational intervention.

Demographics

Twelve participants were involved in the study, representing a diverse range of healthcare professionals. The group was comprised of eight nurses (67%), one nurse practitioner (8%), and three other healthcare professionals (25%), which included a department lead, a CT scan technologist, a patient care technician, and a paramedic (See Figure 1). The 12 participants' years of experience in healthcare varied, with four participants (33%) having 0-5 years of experience, three participants (25%) having 6-10 years of experience, two participants (17%) having 10-15 years of experience, and three participants (25%) having over 16 years of experience (See Figure 2).

Figure 1

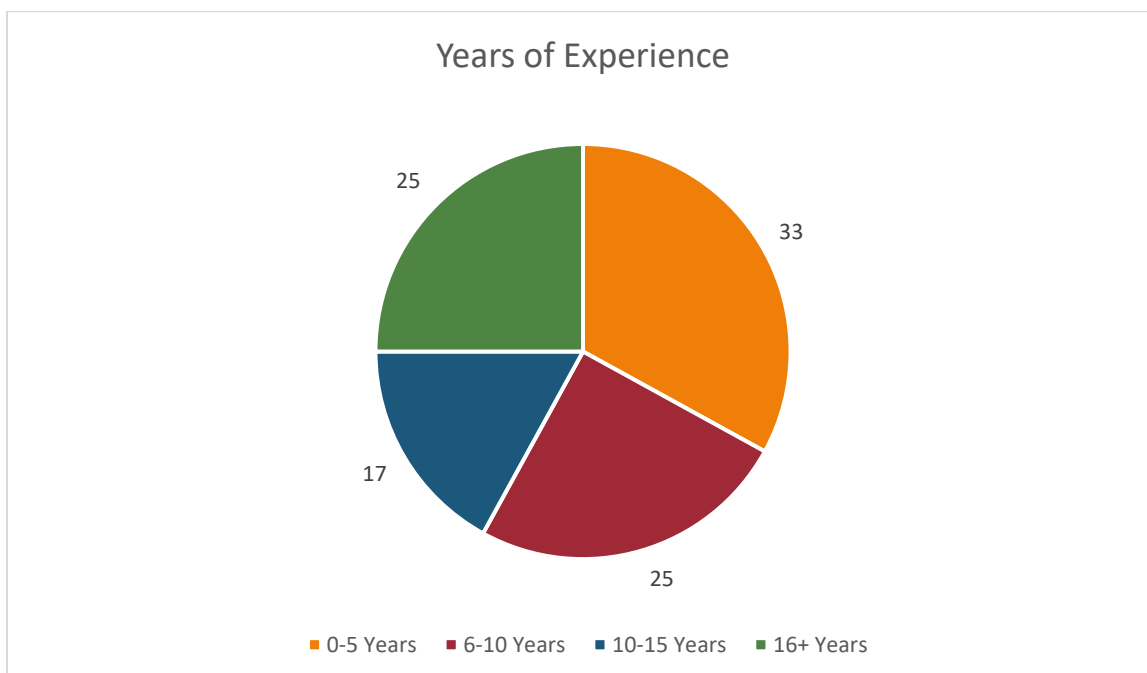
Professional Role



Note. This acknowledges the professions of participants.

Figure 2

Years of Experience



Note. The variability of years of experience of each participant.

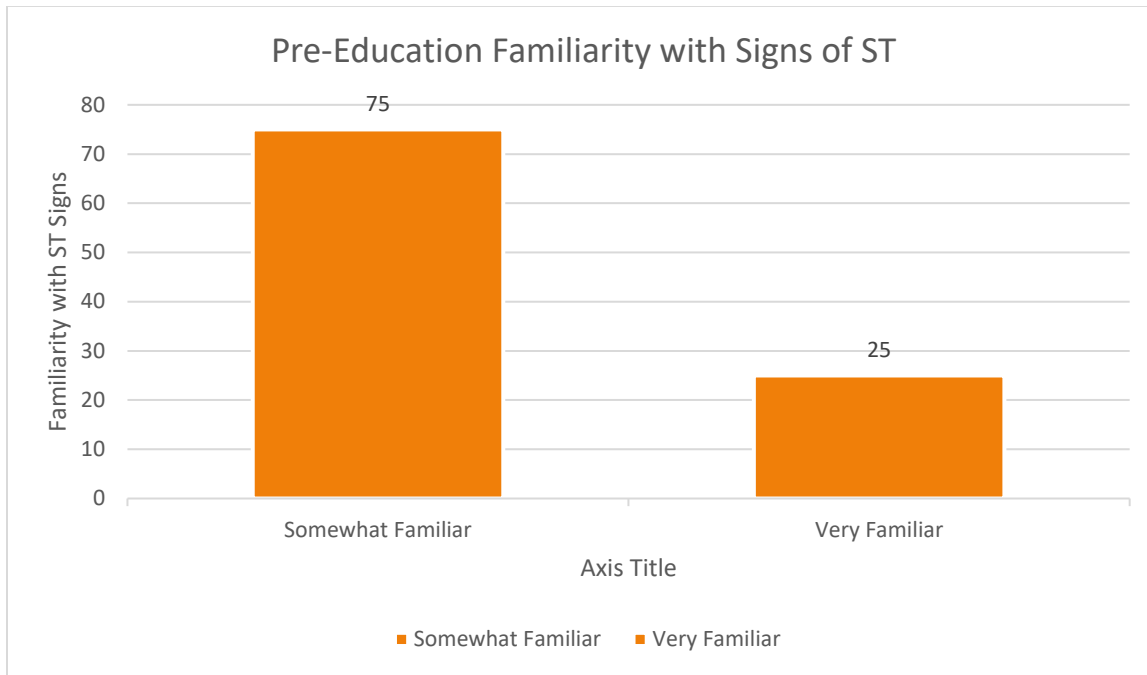
Main Findings

Pre-Education Findings

Before the educational intervention, familiarity with the signs and indicators of potential sex trafficking victims was moderate among the participants. Three participants (25%) reported being very familiar with these signs, while nine participants (75%) were somewhat familiar (See Figure 3). Training on identifying potential sex trafficking victims had been received by seven participants (58%), with the remaining five participants (42%) having not received any specific training (See Figure 4). The training varied in form, including FBI seminars, online training, and classes/modules. Participants unanimously agreed on the extreme importance of healthcare professionals being able to identify potential sex trafficking victims, with all participants rating it as extremely important. Confidence levels in identifying potential victims were low, with only one participant (8%) feeling very confident, six participants (50%) feeling somewhat confident, and five participants (42%) not confident at all (See Figure 5).

Figure 3

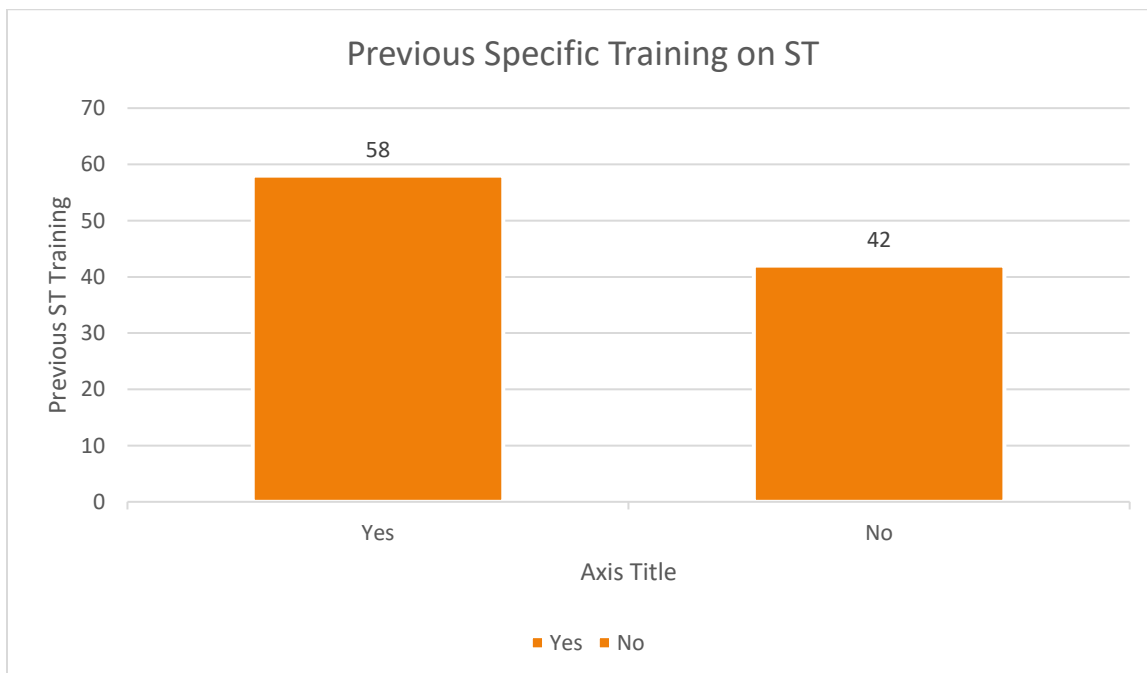
Pre-Education Familiarity with Signs of ST



Note. Highlights the understanding of signs identifying ST victims before PATHS education.

Figure 4

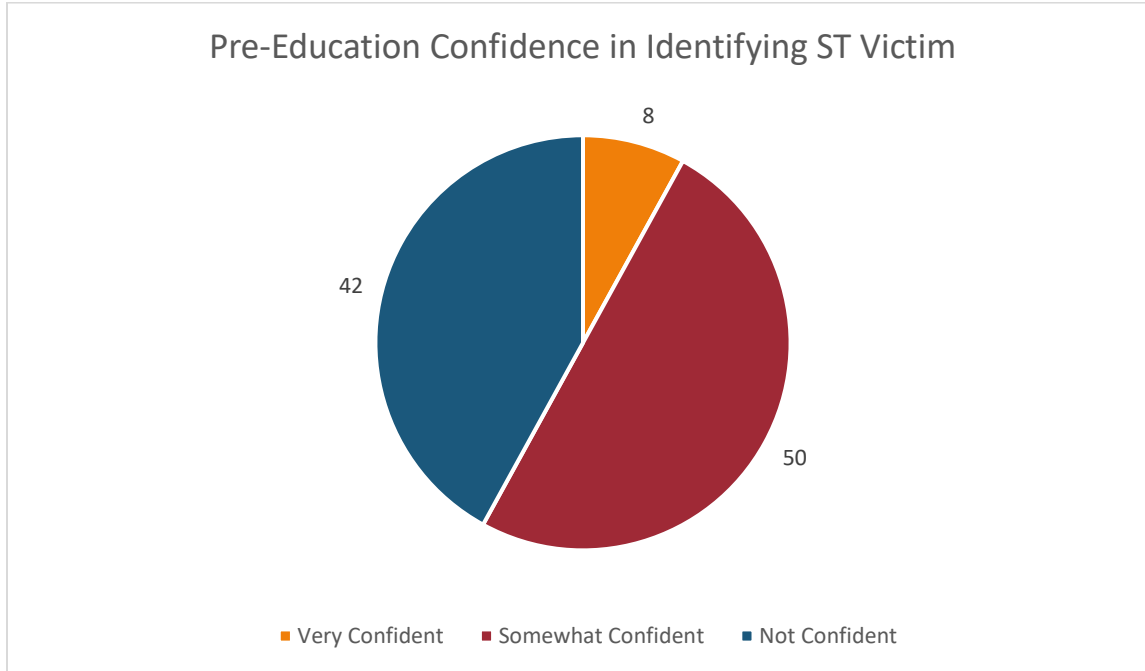
Previous Specific Training on ST



Note. Gives information on previous education on ST.

Figure 5

Pre-Education Confidence in Identifying ST Victim



Note. This shows the participant confidence level of ST victim identification pre-education.

Participants also identified barriers in the identification process. These included the presence of the abuser, which often prevented the healthcare professional from getting the patient alone, the victim's refusal to disclose information, time constraints within the healthcare setting, fear of making incorrect assessments, and a lack of awareness and training on the signs of trafficking. Additionally, 100% of participants expressed the need for a standardized protocol or tool to aid in the identification of potential sex trafficking victims. Suggested features for such a tool included guidelines on how to identify signs, possible red flags, steps on reporting suspected cases, and continued education and training for healthcare professionals.

Post-Education Findings

Following the educational intervention, participants completed a post-education questionnaire to evaluate the effectiveness of the PATHS acronym training. All participants participated in the training sessions, which were delivered via a QR code training module. The training was well received, with 58% of participants rating it as very effective and 42% rating it as somewhat effective (See Figure 6).

Figure 6

Effectiveness of Training



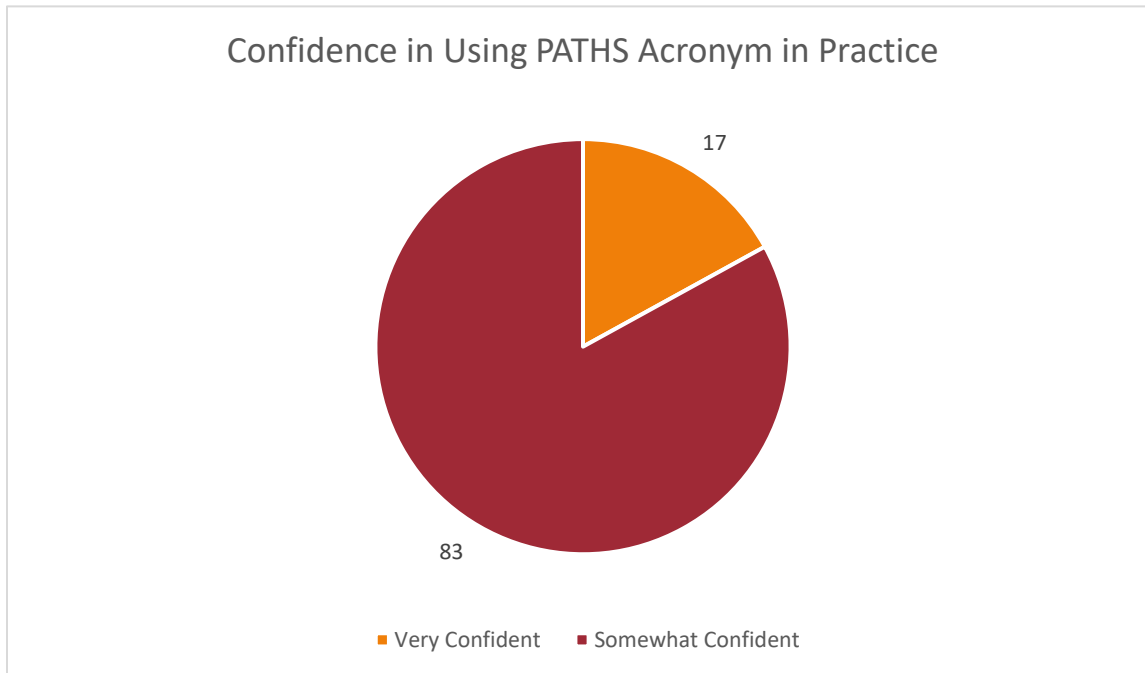
Note. Shows participants views of effectiveness of PATHS training.

The post-education questionnaire revealed significant improvements in confidence levels. After the training, 17% of participants felt very confident in their ability to use the PATHS acronym to identify potential sex trafficking victims, while 83% felt somewhat confident (See Figure 7). This represents a notable increase in confidence compared to the pre-education levels.

All participants acknowledged the importance of the PATHS acronym in healthcare settings, with 75% rating it as extremely important and 25% as important (See Figure 8).

Figure 7

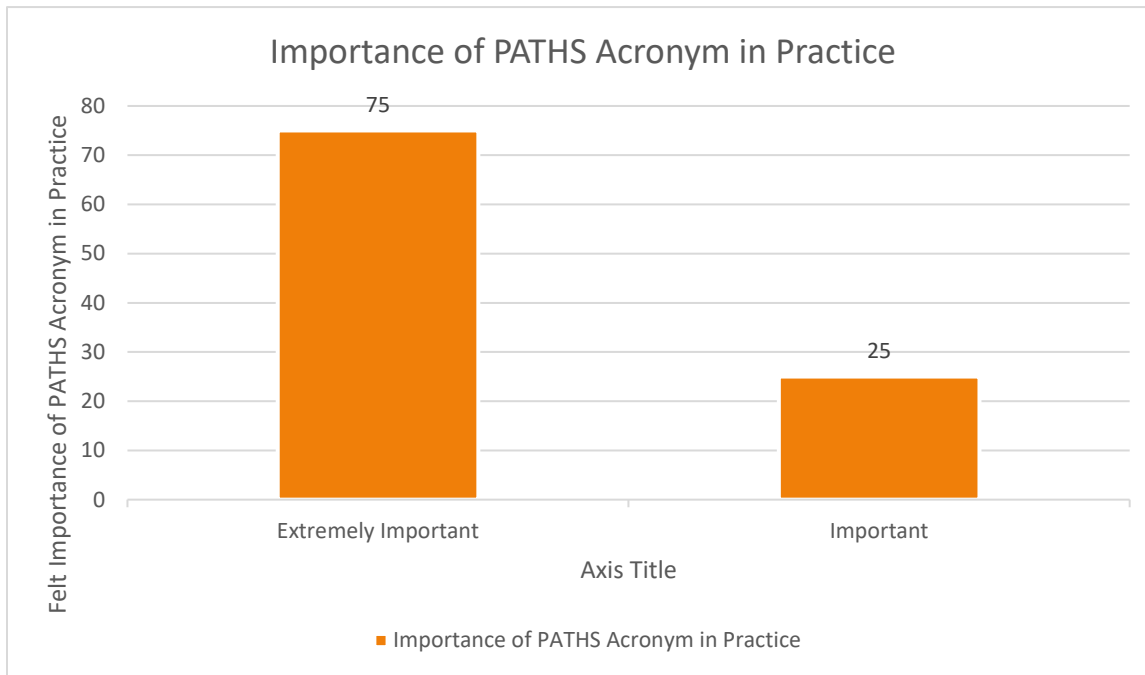
Confidence in Using PATHS Acronym in Practice



Note. Identifies participants confidence in using PATHS acronym in practice after receiving education.

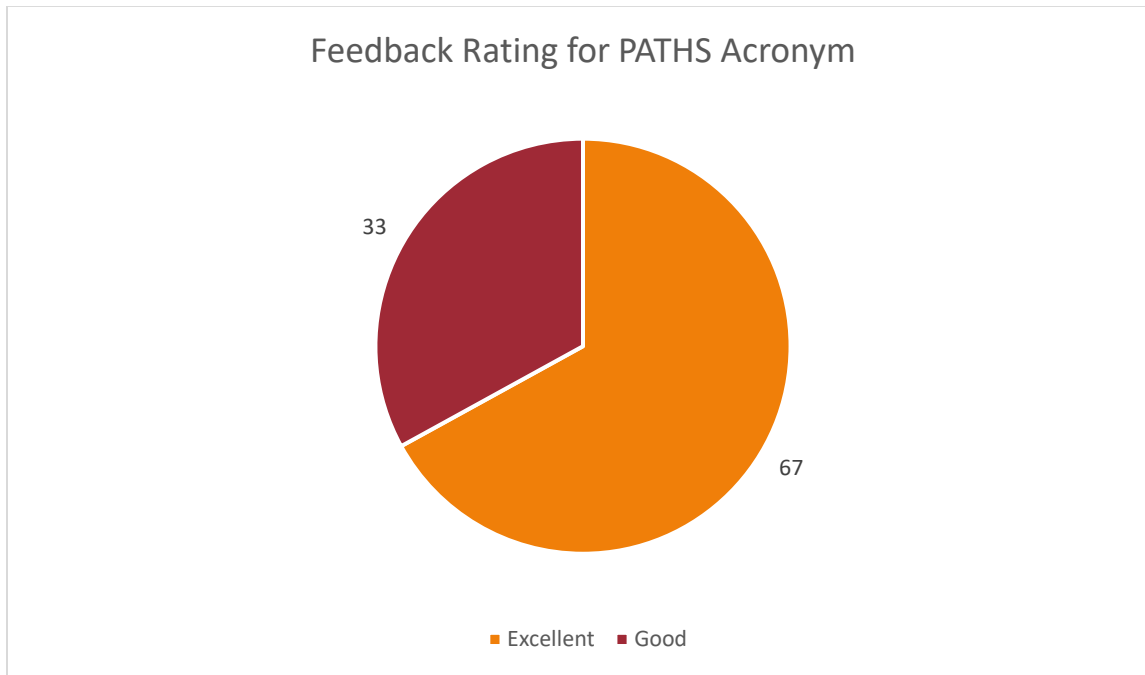
Figure 8

Importance of PATHS Acronym in Practice



Note. Participant believed importance of using PATHS acronym in practice post-education.

The training also had a positive impact on the practical application of the PATHS acronym. While only 42% of participants had used the PATHS acronym in clinical practice to identify potential victims, those who did reported increased confidence and a better understanding of the identifiers and risk factors. Participants cited examples such as simplified identification processes and an improved ability to recognize signs of trafficking. Participants provided feedback on areas for improvement, suggesting more thorough and continued education, seminars for better training, and additional training on identifying and reporting potential victims. Overall, the PATHS initiative was rated highly, with 67% of participants rating it as excellent and 33% rating it as good (See Figure 9). The feedback highlighted the PATHS tool as user-friendly and effective, with participants expressing increased confidence and capability in identifying potential sex trafficking victims.

Figure 9*Feedback Rating for PATHS Acronym*

Note. Overall feedback rating of the PATHS education and acronym in practice.

Table 1 summarizes the median answer results for the pre- and post-education questionnaires. The data highlight a noticeable improvement in participants' responses following the educational intervention, demonstrating the PATHS initiative's positive impact on participants' ability to identify potential sex trafficking victims. These results underscore the clinical significance of the PATHS training program, affirming its effectiveness in enhancing healthcare professionals' knowledge and confidence in identifying and addressing sex trafficking in a healthcare setting.

Table 1

Summary of Pre- and Post-Questions with Median Answer Results

Question	Pre-Education Median	Post-Education Median
One	2.5	4.0
Two	3.0	4.5
Three	2.0	4.0
Four	2.5	4.0
Five	3.0	3.5

Note. Total number of participants 12. N = 12

SECTION FIVE: DISCUSSION

This section interprets the results of the PATHS initiative, emphasizing its practical implications for clinical practice within the ED setting. It highlights the significant improvements in healthcare professionals' ability to identify and support sex trafficking victims following the educational intervention. The discussion also addresses the sustainability of the PATHS initiative, suggesting integration into regular professional development programs and standard operating procedures. Limitations of the study, such as the small sample size and lack of face-to-face training, are acknowledged. Finally, a dissemination plan outlines strategies for sharing the initiative's outcomes both internally and externally to ensure broader impact and ongoing support.

Implication for Practice

The PATHS education initiative demonstrated significant positive implications for clinical practice within the ED setting. Through this training, healthcare professionals gained essential skills and knowledge, leading to improvements in their ability to identify and support victims of ST. The effectiveness of the intervention was evident, with participants reporting that the training was both informative and productive. The results indicated that participants not only

increased their familiarity with the signs and indicators of ST but also enhanced their confidence in applying these skills in real-world scenarios. The median improvement of at least one level for most questions, and a notable two-level increase for question four, underscores the practical benefits of the training.

Integrating the PATHS acronym into routine practice equips healthcare professionals with a structured approach to identify potential victims of ST, facilitating timely and effective interventions. Participants reported a better understanding of the complexities surrounding trafficking, the social and healthcare-related issues faced by victims, and the appropriate responses required within a healthcare setting. The PATHS initiative also emphasized the importance of ongoing education and support for healthcare providers. Continuous updates to training materials and the integration of the latest research and guidelines ensure that staff remains adept at recognizing and responding to potential trafficking situations. This proactive approach not only enhances patient care but also strengthens the overall capacity of the healthcare system to address and mitigate the impact of HT. The PATHS education initiative has proven to be a valuable tool in improving the identification and care of ST victims in the ED. Enhancing skills and confidence among healthcare professionals directly translates into better patient outcomes and a more informed and responsive healthcare environment.

Sustainability

The sustainability of the PATHS education initiative is crucial for its long-term success in improving the identification and support of ST victims in healthcare settings. To ensure this, it is essential to incorporate the PATHS training into the regular professional development programs for healthcare staff. This includes annual refresher courses and continuous education modules that keep healthcare professionals up to date with the latest information and practices

related to HT. Additionally, integrating the PATHS tool into the standard operating procedures of emergency departments will help reinforce its use in daily practice. Providing ongoing support and resources, such as access to expert consultations and updated educational materials, will further enhance the program's effectiveness. Regular evaluation and feedback mechanisms should be established to monitor the training's impact and make necessary adjustments. By embedding the PATHS initiative into the fabric of healthcare institutions, we can ensure its sustainability and continued positive impact on the identification and care of ST victims.

Limitations

Limitations were encountered during the study. One significant limitation was the lack of support from the facility in encouraging staff acceptance and participation in the initiative. This lack of institutional backing made it challenging to engage a broader range of healthcare professionals and ensure their commitment to the training. Additionally, there were a limited number of participants, which may have affected the generalizability of the findings. The small sample size could restrict the ability to draw more robust conclusions applicable to a larger population. Another notable limitation was the inability to conduct face-to-face education sessions with the staff. The reliance on virtual or remote training methods might have reduced the effectiveness of the educational intervention, as in-person interactions often facilitate better engagement and understanding. Addressing these limitations in the future implementation of the PATHS initiative will be crucial for enhancing its reach and impact.

Dissemination Plan

To ensure the broad impact and sustainability of the PATHS education initiative, a comprehensive dissemination plan has been developed. Internally, the results and benefits of the initiative will be presented during regular staff meetings and departmental briefings, ensuring

that all team members are aware of the training's impact and the importance of continued participation. Updates and success stories will be shared on the hospital's intranet and in internal newsletters to keep the staff informed and engaged. Externally, the findings will be submitted to peer-reviewed nursing and healthcare journals to reach a broader academic audience, and the results will be presented at national and international conferences focused on healthcare, nursing, and human trafficking. Collaboration with professional nursing and healthcare organizations will be sought to promote the PATHS initiative through their networks, newsletters, and continuing education programs. Community outreach efforts will include engaging with local media to highlight the initiative's success and participating in community events and health fairs to educate the public and other stakeholders about the benefits of the PATHS initiative.

Conclusion

The PATHS education initiative has proven to be a valuable tool in enhancing the identification and support of ST victims in healthcare settings, particularly in emergency departments. The training led to significant improvements in the participants' knowledge, confidence, and practical application of skills necessary to recognize potential victims. Despite the limitations of limited participant numbers and lack of face-to-face training, the initiative's positive impact underscores the need for continued efforts in this area. By incorporating the PATHS tool into regular professional development programs and standard operating procedures, healthcare facilities can ensure sustained improvements in identifying and supporting ST victims. The PATHS initiative not only addresses a critical gap in healthcare practice but also aligns with the ethical responsibility of healthcare providers to safeguard vulnerable individuals. Ongoing education, support, and periodic evaluations will be essential to maintain and enhance this important intervention's effectiveness.

References

- American Nurses Association (2015). *Code of ethics for nurses with interpretive statements*.
<https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/coe-view-only/>
- Anderson, R. (2023). Recognizing victims of human sex trafficking: From classroom to clinic. *Panhandle Health, 33*(2), 18-20.
- Baker, T., & Stoddard, T. (2023). They are not for sale: Restoring broken dignity. *Panhandle Health, 33*(2), 13-17.
- Berishaj, K., Buch, C., & Glembocki, M. M. (2019). The impact of an educational intervention on the knowledge and beliefs of registered nurses regarding human trafficking. *The Journal of Continuing Education in Nursing, 50*(6), 269-274.
- Boswell, K., Temples, H. S., & Wright, M. E. (2019). LGBT youth, sex trafficking, and the nurse practitioner's role. *Journal of Pediatric Health Care, 33*(5), 555-560.
- Bownds, L. (2023). The life of a trafficked person. *Panhandle Health, 33*(2), 10-11.
- Camak, D. J. (2022). Recognizing and addressing the needs of sex trafficking victims. *Online Journal of Issues in Nursing, 27*(2), 1-8.
- Connor, J. (2022). Using QR codes on plaster casts: empowering patients to self-manage. *Nursing Times, 118*(3), 22–23.
- Eickhoff, L., Kelly, J., Zimmie, H., Crabo, E., Baptiste, D., Maliszewski, B., & Goldstein, N. (2023). Slipping through the cracks-detection of sex trafficking in the adult emergency department: An integrative review. *Journal of Clinical Nursing, 32*(17/18), 5948–5958.
<https://doi.org/10.1111/jocn.16727>

- Ellis, A. S., Brown, A. M., Martini, A. I., Page, E., Lin, L., & Vaughn, L. M. (2022). Application of a child sex trafficking screening tool in patients with abuse: A retrospective chart review in the pediatric emergency department. *Journal of Pediatric Health Care: Official Publication of National Association of Pediatric Nurse Associates & Practitioners.*, 36(4), 330–338. <https://doi.org/10.1016/j.pedhc.2022.01.002>
- Fedina, L., Williamson, C., & Perdue, T. (2019). Risk factors for domestic child sex trafficking in the United States. *Journal of Interpersonal Violence*, 34(13), 2653–2673. <https://doi.org/10.1177/0886260516662306>
- Gerassi, L. B., Nichols, A. J., Cox, A., Goldberg, K. K., & Tang, C. (2021). Examining commonly reported sex trafficking indicators from practitioners' perspectives: Findings from a pilot study. *Journal of Interpersonal Violence*, 36(11/12), NP6281-NP6303. <https://doi.org/10.1177/0886260518812813>
- Greenbaum, V. J., Livings, M. S., Lai, B. S., Edinburgh, L., Baikie, P., Grant, S. R., ... & Self-Brown, S. (2018). Evaluation of a tool to identify child sex trafficking victims in multiple healthcare settings. *Journal of Adolescent Health*, 63(6), 745-752.
- Hainaut, M., Thompson, K. J., Ha, C. J., Herzog, H. L., Roberts, T., & Ades, V. (2022). Are screening tools for identifying human trafficking victims in health care settings validated? A scoping review. *Public Health Reports*, 137, 63S–72S. <https://doi.org/10.1177/00333549211061774>
- 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.

- Harding-Jones, C. (2019). Counselling survivors of sex trafficking: Cate Harding-Jones describes the challenges of working as part of a team in a safe house for women who have escaped sexual slavery. *Therapy Today*, 30(1), 20–24.
- Human Trafficking | Office of the Attorney General*. (2019). Texasattorneygeneral.gov. <https://www.texasattorneygeneral.gov/initiatives/human-trafficking>
- International Labour Organization. (2022). *Global Estimates of Modern Slavery Forced Labour and Forced Marriage*. https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---ipec/documents/publication/wcms_854733.pdf
- Jaeckl, S., & Laughon, K. (2021). Risk factors and indicators for commercial sexual exploitation/domestic minor sex trafficking of adolescent girls in the United States in the context of school nursing: An integrative review of the literature. *The Journal of School Nursing*, 37(1), 6-16.
- Jordan, R. (2023). Guest editorial: Sex trafficking overview. *Panhandle Health*, 33(2), 8-9.
- Jourdan, A. (2023). Empathetic care of trafficked individuals: How to avoid re-traumatization. *Panhandle Health*, 33(2), 41-43.
- Kaltiso, S. O., Greenbaum, V. J., Agarwal, M., McCracken, C., Zmitrovich, A., Harper, E., Simon, H. K., & Hwang, U. (2018). Evaluation of a screening tool for child sex trafficking among patients with high-risk chief complaints in a pediatric emergency department. *Academic Emergency Medicine*, 25(11), 1193–1203. <https://doi.org/10.1111/acem.13497>
- Kaltiso, S. A. O., Greenbaum, V. J., Moran, T. P., Osborne, A. D., Korniotis, J., Marazzi, G., & Clery, M. (2021). Feasibility of a screening tool for sex trafficking in an adult emergency department. *Academic emergency medicine*, 28(12), 1399-1408.

Korovich, M., & Fondacaro, M. (2021). The criminalized victim: Evaluating public perceptions of sex trafficked individuals. *Journal of Child Sexual Abuse, 30*(6), 684–702.

<https://doi.org/10.1080/10538712.2021.1955788>

Marcinkowski, B., Caggiula, A., Tran, B. N., Tran, Q. K., & Pourmand, A. (2022). Sex trafficking screening and intervention in the emergency department: A scoping review. *Journal of the American College of Emergency Physicians Open, 3*(1), e12638.

McDow, J., & Dols, J. D. (2021). Implementation of a human trafficking screening protocol. *Journal for Nurse Practitioners, 17*(3), 339–343.

<https://doi.org/10.1016/j.nurpra.2020.10.031>

Pederson, A. C., & Gerassi, L. B. (2022). Healthcare providers' perspectives on the relevance and utility of recommended sex trafficking indicators: A qualitative study. *Journal of Advanced Nursing, 78*(2), 458–470. <https://doi.org/10.1111/jan.15019>

Polaris Project. (2023). *In harm's way how systems fail human trafficking survivors survey results from the first national survivor study*. <https://polarisproject.org/wp-content/uploads/2023/07/In-Harms-Way-How-Systems-Fail-Human-Trafficking-Survivors-by-Polaris-modified-June-2023.pdf>

Ropero, P. C., Rodriguez, A. M., Molina, T. G., Márquez, H. V. V., Gutiérrez, P. L., Aguilera, M. G., Rodríguez, G. M. C., & Roman, P. (2022). Nursing students' perceptions of identifying and managing sex trafficking cases: A focus group study. *Journal of Nursing Management, 30*(6), 1540–1548. <https://doi.org/10.1111/jonm.13486>

Serving Our Community. (2019). Northwest Texas Healthcare System.

<https://www.nwths.com/about/serving-our-community>

- Sousou Coppola, J., Cantwell, E. R., Kushary, D., & Ayres, C. (2019). Human trafficking: Knowledge and awareness in nursing practice. *Journal of Nursing Practice Applications & Reviews of Research*, 9(1), 40–49. <https://doi.org/10.13178/jnparr.2019.0901.0907>
- St. John, J. (2023). Human trafficking in Texas: Bigger but not better. *Panhandle Health*, 33(2), 24–26.
- Stark, A. (2023). Primum non nocere: An introduction to trauma-informed care. *Panhandle Health*, 33(2), 36-40.
- The Study Bible for Women*. (2018). Holman Bible Publishers.
- The United States Department of Justice. (2020). *What is human trafficking?* <https://www.justice.gov/humantrafficking/what-is-human-trafficking>
- Tracy, E. & Macias-Konstantopoulos, W. (2023). Human trafficking: Identification and evaluation in the health care setting. *UpToDate*.
https://www.uptodate.com/contents/human-trafficking-identification-and-evaluation-in-the-health-care-setting?search=sex%20trafficking%20identification&ionRank=2&usage_type=default&anchor=H2497440059&source=machineLearning&selectedTitle=1~150&display_rank=1#H2497440059
- White, K. M., Dudley-Brown, S., & Terhaar, M. F. (2021). *Translation of evidence into nursing and healthcare* (3rd Ed.). Springer Publishing Company.

Appendix A

Article Matrix

Article Title, Author, etc. (Current APA Format)	Study Purpose	Sample (Characteristics of the Sample: Demographics, etc.)	Methods	Study Results	Level of Evidence (Use Melnyk Framework)	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
Anderson, R. (2023). Recognizing victims of human sex trafficking: From classroom to clinic. <i>Panhandle Health</i> , 33(2), 18-20.	Dr. Anderson is a pediatrician and gives insight on ways to protect children, identification on potential victims, and mandatory reporting.		Expert opinion		Level 7, expert opinion	This is more specific to pediatrics and has limited data. It is given through the experience of an expert, but lacks data.	This article does give good insight to patient identification and how to gain rapport with those patients. This information could be used in the education

							process for staff.
Baker, T. & Stoddard, T. (2023). They are not for sale: Restoring broken dignity. <i>Panhandle Health</i> , 33(2), 13-17.	Dr. Baker specializes in OBGYN and women's health. This article looks at the long-term effects, how to identify, and treatment of female victims of sex trafficking.		Expert opinion	Victims are more likely to have a multitude of sexual health issues and possible long term physical effects. It gives information on how to care for patients and proper documentation. It does give information on why facilities should implement protocols for identification and help of these patients.	Level 7, expert opinion	Lacks data and statistics. Predominately uses expert understanding rather than combining multiple levels of expert knowledge.	This article has a great wealth of information; however, it does not fit with the goal of my project. It is more about the care of patients after identification and long-term goals.

<p>Berishaj, K., Buch, C., & Glembocki, M. M. (2019). The impact of an educational intervention on the knowledge and beliefs of registered nurses regarding human trafficking. <i>The Journal of Continuing Education in Nursing</i>, 50(6), 269-274.</p>	<p>To see if participant maintained and learned information taught at a conference.</p>	<p>Pre-post test with 19 items on conference participants.</p>	<p>Quasi-experimental using a pre and post test.</p>	<p>Educational conferences are appropriate for intake and retention of information on identifying ST victims.</p>	<p>Level 3</p>	<p>Needs to be done on a larger scale.</p>	<p>Conferences are a good way to spread information, however this does not match the plan to teach</p>
<p>Boswell, K., Temples, H. S., & Wright, M. E. (2019). LGBT youth, sex trafficking, and the nurse practitioner's role. <i>Journal of Pediatric Health Care</i>, 33(5), 555-560.</p>	<p>LGBT youth are at risk for sex trafficking due to their possible exploitation and lifestyle choice.</p>	<p>15 articles were able to be used after initial result of 216.</p>	<p>Literature review.</p>	<p>LGBT children are at higher risk for abuse and trafficking.</p>	<p>Level 5, literature review with recommendation.</p>	<p>Small sample size, lack of similarity or consistency with data analysis or collection, no specified or consistent identification tool.</p>	<p>This article shows there is a need for consistency or a tool for identification of victims. LGBT youth need to be considered with use of the acronym being proposed.</p>

Bownds, L. (2023). The life of a trafficked person. <i>Panhandle Health</i> , 33(2), 10-11.	This was written by a victim of ST who was able to give current numbers associated with HT such as amount of revenue and victims, such as ages, sexes, and buyers.	Offers both current statistics and information, as well as a personal viewpoint.	Expert opinion	Victims can be identified in the healthcare setting and need help because of the abuse they will endure during their years of abuse.	Level 7, expert opinion	There is limited amount of data, this is focused on the emotional value of victims rather than a plethora of statistics.	The information given was more than an opinion, it was written by a former victim, giving it more gravity to the words being said. It is important to know both how to identify victims, but also to give them hope after a victim is identified.
Camak, D. J. (2022). Recognizing and addressing the needs of sex trafficking victims. <i>Online Journal of Issues in Nursing</i> , 27(2), 1-8.	Assess scope of ST, identify risk factors for victim identification	34 Publications.	Integrative review	ST is difficult to identify victims because they can be any age,	Level 5	Low amount of articles to choose from or include. Lack of	This article gives good insight on the care needed

	on, and examine role of nurse in care.			gender, or culture. Examination should be done with patient alone and use translator if needed. Education needs to be given to staff on identifying ST victims. Care for ST victims is multifaceted and needs to be done with understanding of unique needs.		awareness and consistency within healthcare.	for ST patients. It gives good ideas on how to give appropriate care and to educate staff on this issue. It uses a multi-approach to care which follows what nursing focuses on typically; this being spiritual, emotional, and physical.
Eickhoff, L., Kelly, J., Zimmie, H., Crabo, E., Baptiste, D., Maliszewski, B., & Goldstein, N. (2023). Slipping through the cracks-detection of sex trafficking	To see how to best identify ST victims in the	11 articles were chosen for review.	Integrative review	There is lack of education and standardiza	Level 5	Few studies provided on creating standardiz	Early on 292 articles were identified

<p>in the adult emergency department: An integrative review. <i>Journal of Clinical Nursing (John Wiley & Sons, Inc.)</i>, 32(17/18), 5948–5958. https://doi.org/10.1111/jocn.16727</p>	<p>emergency department (ED) setting</p>			<p>tion on identifying ST victims. It is important in the ED setting to have full education for all staff.</p>		<p>ation of evaluation of possible ST victims.</p>	<p>with 170 thrown out because they were duplicates, the study was only able to identify 11 usable articles. This shows lack of information and lack of continuity within the medical community, showing a great need for more standardized information and evaluation.</p>
--	--	--	--	--	--	--	---

<p>Ellis, A. S., Brown, A. M., Martini, A. I., Page, E., Lin, L., & Vaughn, L. M. (2022). Application of a Child Sex Trafficking Screening Tool in Patients with Abuse: A Retrospective Chart Review in the Pediatric Emergency Department. <i>Journal of Pediatric Health Care: Official Publication of National Association of Pediatric Nurse Associates & Practitioners.</i>, 36(4), 330–338. https://doi.org/10.1016/j.pedhc.2022.01.002</p>	<p>The article is looking at a tool to identify child victims of ST applied to children already seen in an Atlanta ED setting. The most beneficial bit of information in victim identification was history of running away and age.</p>	<p>121 charts used after applying the tool to 2168 charts positive for abuse in the clinic from children age 11-17</p>	<p>Retrospective Chart Review</p>	<p>Patients with a higher age, mental health issue, history of sexual abuse, history of drug/alcohol use, history of running away from home, sexually transmitted infection history, or involvement with law enforcement increased risk for HT.</p>	<p>Level 6</p>	<p>Lack of information in the patient record on drug, alcohol, or sex history as this information is not typically asked of children younger than 18. Limited time as EMR was not in place before 2008. Not all children were screened thoroughly, such as those seen for acute illness and may have</p>	<p>This study shows a correlation between history of abuse and likelihood of becoming a HT victim among children. It gives good indicators on identification, though it is a low level of evidence.</p>
--	---	--	-----------------------------------	---	----------------	--	---

						been overlooked by staff.	
Fedina, L., Williamson, C., & Perdue, T. (2019). Risk factors for domestic child sex trafficking in the United States. <i>Journal of Interpersonal Violence</i> , 34(13), 2653–2673. https://doi.org/10.1177/0886260516662306	This article notes the similar backgrounds of ST victims. Such things as annual income less than \$10,000, being a minority, childhood trauma, females more than males, history of running away from home, history of drug use, and first sexual experience early.	115 participants who were previous victims of ST.	Cross-sectional survey	Victims of ST share several background history items which can help healthcare professionals identify other victims when they are seen in the medical setting.	Level 4	Cross-sectional study that does not have differentiation of slight information changes. Regional to the Midwest. Limited group diversity of participant. Participants may not have understood childhood abuse versus personal choice.	This information is useful because it comes directly from victims via a survey. The data shows a strong correlation and response to different questions, such as household income, previous trauma, and age of sexual experience.

<p>Gerassi, L. B., Nichols, A. J., Cox, A., Goldberg, K. K., & Tang, C. (2021). Examining commonly reported sex Trafficking Indicators From Practitioners' Perspectives: Findings From a Pilot Study. <i>Journal of Interpersonal Violence</i>, 36(11/12), NP6281-NP6303. https://doi.org/10.1177/0886260518812813</p>	<p>This is looking for common indicators that acknowledge or identify ST victims by using known information.</p>	<p>65 professionals working in the healthcare setting</p>	<p>Survey</p>	<p>It is difficult to ask mental health questions and identify individuals in ST alone because they share many features with other trauma. It is also important to gain trust for ST victims to seek help.</p>	<p>Level 6</p>	<p>This was a pilot study and had very few participants. It was focused on mental health indicators which showed to be poor indicators of ST victims alone, but identified other types of victims. It was also not asked if providers screened patients for possible ST.</p>	<p>This article ends with the need for more research and practitioner involvement for screening programs, this is true. Mental health aspects are important, but need to be employed using caution with a person who is adept at understanding other types of trauma</p>
--	--	---	---------------	--	----------------	--	--

<p>Greenbaum, V. J., Livings, M. S., Lai, B. S., Edinburgh, L., Baikie, P., Grant, S. R., ... & Self-Brown, S. (2018). Evaluation of a tool to identify child sex trafficking victims in multiple healthcare settings. <i>Journal of Adolescent Health, 63</i>(6), 745-752.</p>	<p>Health care providers gave patients a questionnaire about abuse, if they were positive for 2 or more items, then providers were asked to determine if the patient was a victim of ST. This information is being used to create an understanding of evaluation of child victims of ST.</p>	<p>810 participants from 16 sites across the US. Ages 11-17, mix of male and female, though female dominate.</p>	<p>Cross-sectional observational study</p>	<p>Children who were positive to two or more of the answers were higher risk for ST. This gives healthcare the ability to quickly screen their young patients efficiently for possible ST. Providers are able to reason and use their own knowledge to appropriately identify and then treat patients. This was</p>	<p>Level 3</p>	<p>Used English speaking only patients, excluding some high risk patients. Believe to not have a true understanding of the amount of possible victims due to victim reluctance to answer questions. No research coordinators used. Some patients may have had question</p>	<p>and triggers. This offers information from a higher level of confidence. It shows that there are specific indicators that can be used in helping to identify child victims of ST. It gives clear clues as to how to create a questionnaire and tool for medical professionals to use</p>
---	--	--	--	---	----------------	--	---

				completed over multiple sites in different states.		fatigue as some sites used multiple questionnaires.	to better identify and help patients of HT.
Hainaut, M., Thompson, K. J., Ha, C. J., Herzog, H. L., Roberts, T., & Ades, V. (2022). Are screening tools for identifying human trafficking victims in health care settings validated? A scoping review. <i>Public Health Reports</i> , 137, 63S–72S. https://doi.org/10.1177/00333549211061774	There is no set tool for identification of HT victims in the healthcare setting and no tool has been proven to be most effective.	85 peer-reviewed studies using six identification tools, five used to identify child victims, one to identify child/adult victims, seven studies in US, one in Sweden, five studies with male/female participants	Scoping review	There is a lack of tool to identify victims, but it also shows a need for a plan or protocol after identification of victims is achieved. There is a lack of healthcare knowledge or unity in this area.	Level 3	Lack of information in healthcare on trafficking and lack of standard verbiage.	The review began with over 8000 articles and only 8 were able to be used. This shows a major lack of information and need for more research and tool creation.
Haney, K., LeBeau, K., Bodner, S., Czizik, A., Young, M. E., & Hart, M. (2020). Sex trafficking in the	To provide where sex trafficking	87 articles, between 2000-2019.	Scoping review.	Seven ideas were noted: “awareness,	Level 3, scoping review.	Not enough articles or	This shows there is a

<p>United States: A scoping review. <i>Journal of Evidence-Based Social Work</i>, 17(6), 714-748.</p>	<p>is currently, note best practice, and identify professional responsibilities.</p>			<p>identification, at-risk populations, health issues, implementation of trafficking legislation, service and program implementation, and exploiters.” All of which need to be examined further and separated so each area can be understood.</p>		<p>evidence to be conclusive, lack of information</p>	<p>need for information, uniformity, and guidance for professionals.</p>
<p>Harding-Jones, C. (2019). Counselling survivors of sex trafficking: Cate Harding-Jones describes the challenges of working as part of a team in a safe house for women who have escaped sexual slavery. <i>Therapy Today</i>, 30(1), 20–24.</p>	<p>This was a study conducted by a counselor to test the effectiveness of trauma focused</p>	<p>Four counselors, and six patients over 18 visits.</p>	<p>Psychologic study on six victims of ST over 18 visits, average of nearly 7 months.</p>	<p>60% of patients felt an improvement in their trauma after TF-CBT. There was an increase in</p>	<p>Level 6, psychologic study</p>	<p>Multiple providers and few patients. Staff working in the safe house felt as if they were</p>	<p>This has information on victim identifiers, but is mainly focused on therapy. It</p>

	cognitive behavior therapy (TF-CBT) on victims living in a group home setting for ST victims.			self-confidence, independence, and a reduction in self-blame for victimization.		exposing secrets when they would discuss topics patients discussed in private. It was a group setting where boundaries from therapy vs outside of therapy did not feel clearly defined.	would make one choose a therapy focused on the needs of the victim but is not as relevant for this initiative.
Jaekl, S., & Laughon, K. (2021). Risk factors and indicators for commercial sexual exploitation/domestic minor sex trafficking of adolescent girls in the United States in the context of school nursing: An integrative review of the literature. <i>The Journal of School Nursing</i> , 37(1), 6-16.	Identify risk factors of children at risk for sex trafficking.	21 articles are reviewed.	Integrative review using the criteria of ages 12-18, English, between 2014-2020.	Children at higher risk for victimization include parents with substance abuse issues, those who drop out of	Level 4, integrative review.	Does not include young children. It did not yield reliable information on race differences. Few studies	This article gives a good start on identification of victims, but is narrow and does not have a

				school or have lower intelligence , those with poor home lives/quality, any history of abuse, runaways, substance use.		included. Not enough information.	lot of support.
Kaltiso, S. O., Greenbaum, V. J., Agarwal, M., McCracken, C., Zmitrovich, A., Harper, E., Simon, H. K., & Hwang, U. (2018). Evaluation of a screening tool for child sex trafficking among patients with high-risk chief complaints in a pediatric emergency department. <i>Academic Emergency Medicine</i> , 25(11), 1193–1203. https://doi.org/10.1111/acem.13497	Use and evaluate a screening tool to identify pediatric ST victims in the pediatric ED.	203 participants at an inner-city pediatric ED.	Observational study	A six-item screening tool proved appropriate in identification of ST victims in the pediatric setting. Staff trained in trauma are highly useful in utilizing this tool and obtaining	Level 6	Did not account for certain possible risk factors such as LGBTQ youth. Small sample size. From one facility only.	This is the first screening found that showed to be useful, though it was only used in the pediatric setting.

				trust with patients.			
Kaltiso, S. A. O., Greenbaum, V. J., Moran, T. P., Osborne, A. D., Korniotis, J., Marazzi, G., & Clery, M. (2021). Feasibility of a screening tool for sex trafficking in an adult emergency department. <i>Academic emergency medicine</i> , 28(12), 1399-1408.	To provide insight if an 11-item tool helped to identify sex trafficked victims in the Emergency Department (ED).	26,974 patients screened, 189 identified as high risk, 37 confirmed sex work, 8 sought help.	Retrospective observational study.	Women age 26-35 spiked highest when being screened, women more than men answered yes to a question, all male yes denied victimization, psychiatric illness or drug use were high indicators.	Level 4, observational study.	Screening only included adults 18+, not all patients were screened and many refused or did not complete screening, relied on self reporting, patients declined care and left ED, staff had to be re-educated often on importance of tool.	The tool did prove to be useful. It showed that 7/11 items helped with identification at higher incident than others.
Korovich, M., & Fondacaro, M. (2021). The criminalized victim: Evaluating public perceptions of sex trafficked individuals. <i>Journal of Child Sexual Abuse</i> , 30(6), 684–	To see how perception of ST and prostitution were	445 participants, predominantly white,	Descriptive Study	Free will is not understood in the concept of	Level 6	It was an online study so unsure if participant	This is more about public perceptio

<p>702. https://doi.org/10.1080/10538712.2021.1955788</p>	<p>affected by educational materials and to see if this education changed opinion on criminalization of victims.</p>	<p>more male than female, more liberal than conservative, lived in an urban area with median income less than \$60,000.</p>		<p>sex trafficking. The public has limited knowledge.</p>		<p>s spent time on education or questions. Lack of diversity of participants. This was a new and untested questionnaire.</p>	<p>n and not about identification of ST victims. This can help to guide possible hurdles within staff perception though.</p>
<p>Marcinkowski, B., Caggiula, A., Tran, B. N., Tran, Q. K., & Pourmand, A. (2022). Sex trafficking screening and intervention in the emergency department: A scoping review. <i>Journal of the American College of Emergency Physicians Open</i>, 3(1), e12638.</p>	<p>To find gaps in knowledge of ED staff on ST victim identification.</p>	<p>23 studies completed in the ED</p>	<p>Scoping review, Descriptive analysis</p>	<p>No consistent screening tool is available to help identify ST victims in the ED setting, however providers did better when given education and screening tools, which</p>	<p>Level 5</p>	<p>Available articles lack data and are more narrative. Few studies performed.</p>	<p>There is no clear way to identify ST victims and there is a lack of knowledge among ED staff on identification of these patients.</p>

				made them more confident.			
McDow, J., & Dols, J. D. (2021). Implementation of a human trafficking screening protocol. <i>Journal for Nurse Practitioners</i> , 17(3), 339–343. https://doi.org/10.1016/j.nurpra.2020.10.031	To create a tool to identify pregnant women who are victims of human trafficking in the prenatal care setting.	15 staff, 10 of hired staff and 5 volunteers. 309 patients received questionnaire.	Quality improvement project	Staff identified possible victims at a higher rate after education and implementation of the questionnaire. The results did show an increase in victim identification from two patients identified pre improvement to 14 post improvement.	Level 5	The Covid pandemic interrupted the study which may have limited traffickers from bringing victims in for treatment.	This tool was used in the prenatal care setting, but could be easily implemented within the ED setting or urgent care setting.
Pederson, A. C., & Gerassi, L. B. (2022). Healthcare providers' perspectives on the relevance and	Find barriers of identifying	23 healthcare professiona	Qualitative study	Providers did not understand	Level 5	This was done in one	This was focused more on

<p>utility of recommended sex trafficking indicators: A qualitative study. <i>Journal of Advanced Nursing (John Wiley & Sons, Inc.)</i>, 78(2), 458–470. https://doi.org/10.1111/jan.15019</p>	<p>sex trafficked (ST) victims and to see how healthcare workers perceive these</p>	<p>Is working in sexual and reproductive healthcare setting in fall 2018-spring 2020.</p>		<p>how to identify victims or notice nuances.</p>		<p>geographic area and was predominantly white providers. It was a small group and focused on perceptions of sex trafficking rather than other situational nuances.</p>	<p>what people thought and not as much on proper identification of victims. It did indicate the need for simulation and education that is more to be streamlined and consistent.</p>
<p>Ropero, P. C., Rodriguez, A. M., Molina, T. G., Márquez, H. V. V., Gutiérrez, P. L., Aguilera, M. G., Rodríguez, G. M. C., & Roman, P. (2022). Nursing students' perceptions of identifying and managing sex trafficking cases: A focus group study. <i>Journal of Nursing Management</i>, 30(6), 1540–</p>	<p>To see how much nursing students understood how to identify ST patients and identify</p>	<p>110 4th year nursing students</p>	<p>Descriptive qualitative study</p>	<p>There is lack of specific training for nursing students to understand this type of trauma based care.</p>	<p>Level 6: descriptive design.</p>	<p>Small sample size that was done only on 4th year students. It is also unknown if one</p>	<p>This study did show the need to create an identification system for ST victims,</p>

1548. https://doi.org/10.1111/jonm.13486	possible care needs and how to improve the care.			There is lack of information on identification of victims. Students enjoyed having a clinical simulation on this subject because for most it was a new concept and was novel.		clinical simulation is enough for students to retain the information they learned.	but also to create an understanding of needed care.
Sousou Coppola, J., Cantwell, E. R., Kushary, D., & Ayres, C. (2019). Human Trafficking: Knowledge and Awareness in Nursing Practice. <i>Journal of Nursing Practice Applications & Reviews of Research</i> , 9(1), 40–49. https://doi.org/10.13178/jnparr.2019.0901.0907	The study aimed to explore nurses' knowledge about HT, their views on its prevalence in their community, and their capability to identify,	734 RNs answered surveys after 120,000 were sent out. Five studies were included in the literature review, each of	A literature review and descriptive cross-sectional study	HT is secretive and hidden in plain sight, this can make identification difficult and knowledge of its pervasive nature to be unknown.	Level 4	Only nurses in New Jersey were questioned. Thousands of emails were returned as undeliverable. Participant	This article proves that education is needed for nursing to feel more confident in their ability to identify

	assess, and refer potential HT victims for support.	which had done previous work on nursing knowledge .		Nurses surveyed felt that HT was not very common and felt they did not have proper education to identify victims.		s may have been dishonest in their answers.	HT victims.
St. John, J. (2023). Human trafficking in Texas: Bigger but not better. <i>Panhandle Health</i> , 33(2), 24–26.	To have others understand the level at which victims are trafficked in Texas compared to other parts of the United States (US).	Utilizes data available from 2007-2021.	Utilizes data to compare Texas to US and offers insight to identification of trafficked victims.	Texas should utilize a campaign like attitude to help reduce the rates of trafficking within the state.	Level 6, peer-reviewed professional organization standards without clinical studies to support recommendations.	For the state as a whole, would be nice to have regional reports. It has few ideas on identification of victims.	The numbers given show a need for intervention and identification of victims.
Stark, A. (2023). Primum non nocere: An introduction to trauma-informed care. <i>Panhandle Health</i> , 33(2), 36-40.	The focus here is on how to care for victims of HT after they are	Expert opinion.	Expert opinion.	Trauma informed care is focused on helping the patient without	Level 7, expert opinion	This is an expert opinion on how to care for patients best	The article offers a wealth of information on how to

	<p>identified and taken out of the situation. It is about trauma informed care and how to help patients the most.</p>		<p>causing further trauma. Trauma can be caused when one is not knowledgeable on correctly speaking to patients about their past trauma. It notes victims will need primary care, routine abuse and violence screening, substance screening, counseling, and guidance on typical life skills and normalcy.</p>		<p>coming from ST. It is informative but does not offer EBP.</p>	<p>care for patients after identification of ST. It would be best to use this after phase II of the initiative.</p>
--	---	--	--	--	--	---

<p>Tracy, E. & Macias-Kostantopoulos, W. (2023). Human trafficking: Identification and evaluation in the health care setting. <i>UpToDate</i>. Retrieved January 2, 2024 from https://www.uptodate.com/contents/human-trafficking-identification-and-evaluation-in-the-health-care-setting</p>	<p>This moves through the epidemiology, identification, and future care for patients who are victims of HT. It gives thorough insight to the medical and community indicators and future impact.</p>	<p>This is EBP which uses current information to base standardized information for professionals.</p>			<p>Level 1 as it sets EBP guidelines</p>	<p>This information is EBP set forth for professionals to use in the practice setting. It has interpreted current data and created a concise plan on what should be done in the clinic setting.</p>
---	--	---	--	--	--	---

Appendix B

Permission to Use Iowa Model

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

Kimberly Jordan - University of Iowa Hospitals and Clinics

Thu 10/26/2023 12:25 PM

To: Mabery, Kayla Dawn

You don't often get email from survey-bounce@survey.uiowa.edu. [Learn why this is important](#)

[EXTERNAL EMAIL: Do not click any links or open attachments unless you know the sender and trust the content.]

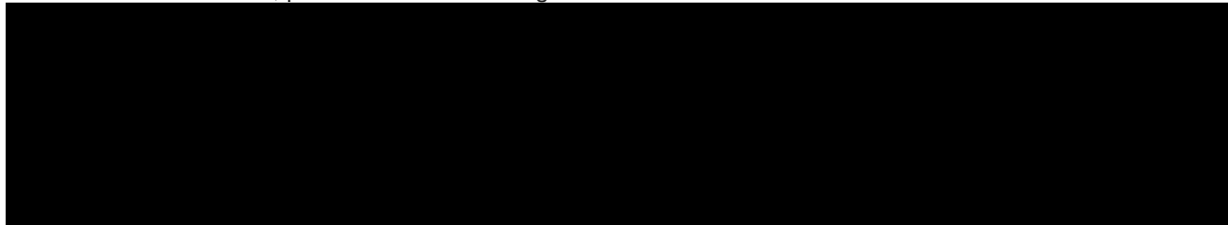
You have permission, as requested today, to review and/or reproduce *The Iowa Model Revised: Evidence-Based Practice to Promote Excellence in Health Care*. Click the link below to open.

[Iowa Model - 2015.pdf](#)

Copyright is retained by University of Iowa Hospitals and Clinics. **Permission is not granted for placing on the internet.**

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

In written material, please add the following statement:



Appendix C

Questionnaire: Understanding Identification of Sex Trafficked Victims

Introduction: Thank you for participating in this questionnaire. Your insights are invaluable in enhancing our understanding of healthcare professionals' knowledge and perceptions regarding the identification of potential sex trafficking victims. This information will contribute to the development and improvement of initiatives like the PATHS Initiative. Please answer the following questions honestly and to the best of your knowledge.

Section 1: Demographic Information

1. **Occupation:**

- Nurse
- Doctor
- Other (Specify): _____

2. **Years of Experience in Healthcare:**

- 0-5 years
- 6-10 years
- 11-15 years
- 16+ years

Section 2: Knowledge and Understanding

3. **How familiar are you with the signs and indicators of potential sex trafficking victims?**

- Very Familiar
- Somewhat Familiar
- Not Familiar

4. **Have you received any specific training on identifying potential sex trafficking victims in a healthcare setting?**

- Yes
- No

If yes, please briefly describe the training:

5. **Do you feel confident in your ability to identify potential sex trafficking victims?**

- Very Confident
- Somewhat Confident
- Not Confident

Section 3: Importance and Perception

6. **How important do you believe it is for healthcare professionals to be able to identify potential sex trafficking victims?**

- Extremely Important
- Important
- Neutral
- Not Important

7. **In your opinion, what role should healthcare professionals play in addressing the issue of sex trafficking?**

- Primary Identifiers
- Referral to Support Services
- Advocate for Legal Action
- Other (Specify): _____

Section 4: Barriers and Challenges

8. **What, if any, barriers or challenges do you perceive in identifying potential sex trafficking victims in a healthcare setting?**
9. **Do you think there is a need for a standardized protocol or tool to aid healthcare professionals in identifying potential sex trafficking victims?**
 - Yes
 - No

If yes, what features or elements do you believe should be included in such a tool?

Section 5: Additional Comments

10. **Please provide any additional comments or insights regarding the identification of potential sex trafficking victims in healthcare settings.**

Conclusion: Thank you for your participation. Your responses will contribute to the development of initiatives aimed at improving the identification and support of potential sex trafficking victims within healthcare settings.

Appendix D

Post-Education on PATHS Questionnaire

Introduction: Thank you for participating in this questionnaire. Your feedback is crucial in assessing the effectiveness of the education and exposure provided on using the PATHS acronym for identifying potential sex trafficking victims. Please answer the following questions honestly and to the best of your knowledge.

Section 1: Exposure to PATHS Education

1. **Have you participated in any training or education sessions on using the PATHS acronym to identify potential sex trafficking victims?**

- Yes
- No

If yes, please specify the type of training and how recently it occurred:

2. **How would you rate the effectiveness of the training in preparing you to use the PATHS acronym?**

- Very Effective
- Somewhat Effective
- Not Effective

Section 2: Application of PATHS in Practice

3. **Have you used the PATHS acronym in your clinical practice to identify potential sex trafficking victims?**

- Yes
- No

If yes, please describe your experience:

4. **How confident do you feel in using the PATHS acronym in identifying potential sex trafficking victims in real-world scenarios?**

- Very Confident
- Somewhat Confident
- Not Confident

Section 3: Perceived Impact and Importance

5. **In your opinion, how important is the use of the PATHS acronym in healthcare settings to identify potential sex trafficking victims?**

- Extremely Important
- Important
- Neutral
- Not Important

6. **Do you believe that using the PATHS acronym has positively impacted your ability to identify potential sex trafficking victims?**

- Yes
- No

If yes, please provide examples:

Section 4: Suggestions for Improvement

7. **Do you have any suggestions for improving the PATHS acronym or the associated training for healthcare professionals?**

Section 5: Overall Feedback

8. **Overall, how would you rate the PATHS initiative in enhancing the identification of potential sex trafficking victims in healthcare settings?**

- Excellent
- Good
- Fair
- Poor

Conclusion: Thank you for taking the time to complete this questionnaire. Your input is valuable in refining and improving the PATHS initiative for more effective identification and support of potential sex trafficking victims within healthcare settings.

Appendix E

Using PATHS

P - Physical Signs:

- Look for unexplained injuries, bruises, physical restraint, malnourishment, or drug-related issues.

A - Appearance and Behavior:

- Observe signs of fear, anxiety, depression, disorientation, or excessive control by a companion.
- Pay attention to the lack of personal belongings or identification documents.

T - Talk and Communication:

- Engage in conversations and listen for inconsistent or scripted responses.
- Note a lack of knowledge about their own whereabouts or personal details.

H - History and Background:

- Gather information about their living situation, travel history, work or education, and relationships.
- Be alert to inconsistencies or limited knowledge about their past.

S - Support and Resources:

- Create a supportive and non-judgmental environment.
- Offer resources and contact information for local organizations or hotlines specializing in human trafficking.

Appendix F

CITI Training Certificate



Completion Date 24-Oct-2023
Expiration Date 24-Oct-2026
Record ID 59266348

This is to certify that:

Kayla Mabery

Has completed the following CITI Program course:

Biomedical Research - Basic/Refresher
(Curriculum Group)
Biomedical & Health Science Researchers
(Course Learner Group)
1 - Basic Course
(Stage)

Not valid for renewal of certification through CME.

Under requirements set by:

Liberty University



101 NE 3rd Avenue, Suite 320
Fort Lauderdale, FL 33301 US
www.citiprogram.org

Verify at www.citiprogram.org/verify/?w5c59226a-08d2-4eea-b6f6-0b3bd2a18bea-59266348

Appendix G**Site Letter of Acceptance**

November 29, 2023

Attention: IRB
Liberty University
Lynchburg, Virginia

IRB Members:

Kayla Mabery, Liberty University Doctor of Nursing Practice Student (Principal Investigator) and Dr. Vickie Moore, DNP, FNP-C, Assistant Professor of Nursing, and DNP Scholarly Project Chair Dr. Tonia Kennedy have proposed to conduct Kayla Mabery's Doctor of Nursing Practice Scholarly Project: PATHS INITIATIVE - IDENTIFYING POTENTIAL SEX TRAFFICKING VICTIMS IN THE EMERGENCY DEPARTMENT

Northwest Texas Healthcare System is committed to providing excellent, comprehensive care for our patients, facilitated by the pursuit of quality improvement. Mrs. Mabery's Doctor of Nursing Practice Scholarly Project reflects our commitment that every patient receives optimal quality health care.

Northwest Texas Healthcare System is pleased to support Mrs. Mabery's Scholarly project:
PATHS INITIATIVE - IDENTIFYING POTENTIAL SEX TRAFFICKING VICTIMS IN THE EMERGENCY DEPARTMENT

Feel free to contact me if I can be of further assistance.

Respectfully,

Chris Veal RN MSN CEN

(

Appendix H

Liberty University IRB Approval

LIBERTY UNIVERSITY

INSTITUTIONAL REVIEW BOARD

March 5, 2024

Re: IRB Application - IRB-FY23-24-1485 PATHS INITIATIVE: IDENTIFYING POTENTIAL SEX TRAFFICKING VICTIMS IN THE EMERGENCY ROOM SETTING

Dear Kayla Mabery and Tonia Kennedy,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds that your study does not meet the definition of human subjects research. This means you may begin your project with the data safeguarding methods mentioned in your IRB application.

Decision: No Human Subjects Research

Explanation: Your study/project is not considered human subjects research because:

(3) evidence-based practice projects are considered quality improvement activities, which are not “designed to develop or contribute to generalizable knowledge” according to 45 CFR 46.102(l).

Please note that this decision only applies to your current application. Any modifications to your protocol must be reported to the Liberty University IRB for verification of continued non-human subjects research status. You may report these changes by completing a modification submission through your Cayuse IRB account.

For a PDF of your IRB letter, click on your study number in the My Studies card on your Cayuse dashboard. Next, click the Submissions bar beside the Study Details bar on the Study Details page. Finally, click Initial under Submission Type and choose the Letters tab toward the bottom of the Submission Details page.

Also, although you are welcome to use our recruitment and consent templates, you are not required to do so. **If you choose to use our documents, please replace the word *research* with the word *project* throughout both documents.**

If you have any questions about this determination or need assistance in determining whether possible modifications to your protocol would change your application's status, please email us

Sincerely,

G. Michele Baker, PhD, CIP
Administrative Chair
Research Ethics Office

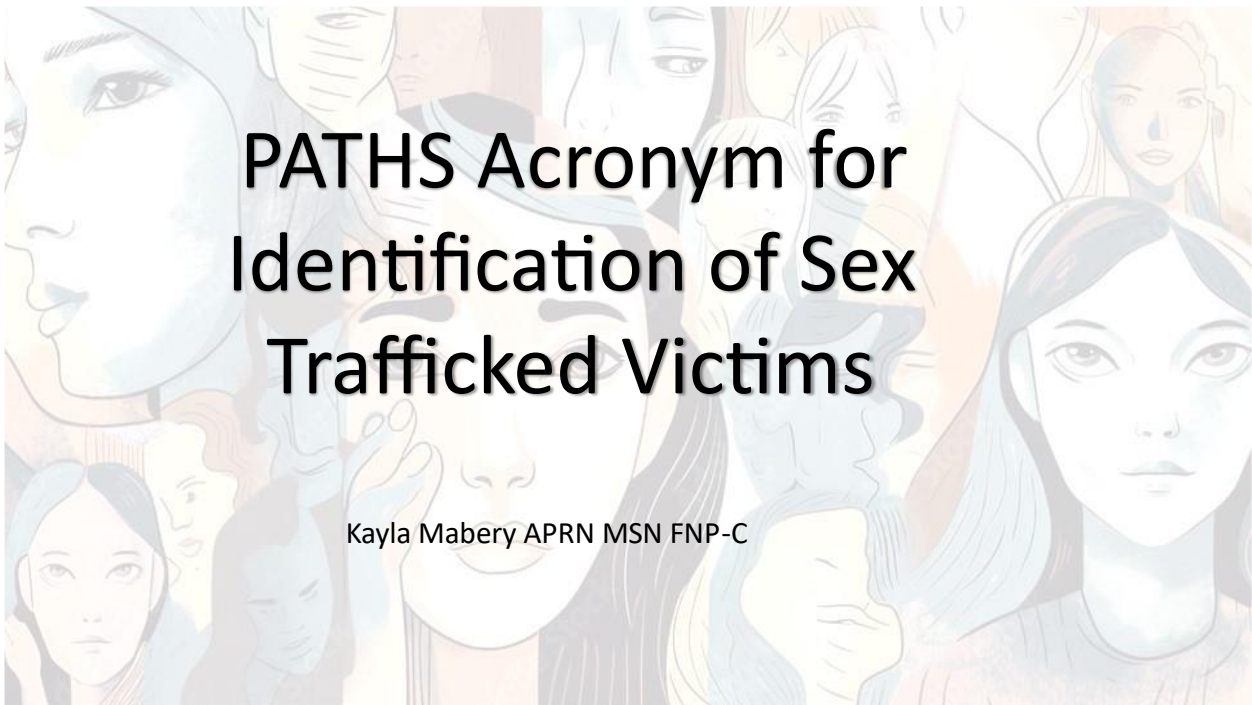
Appendix I

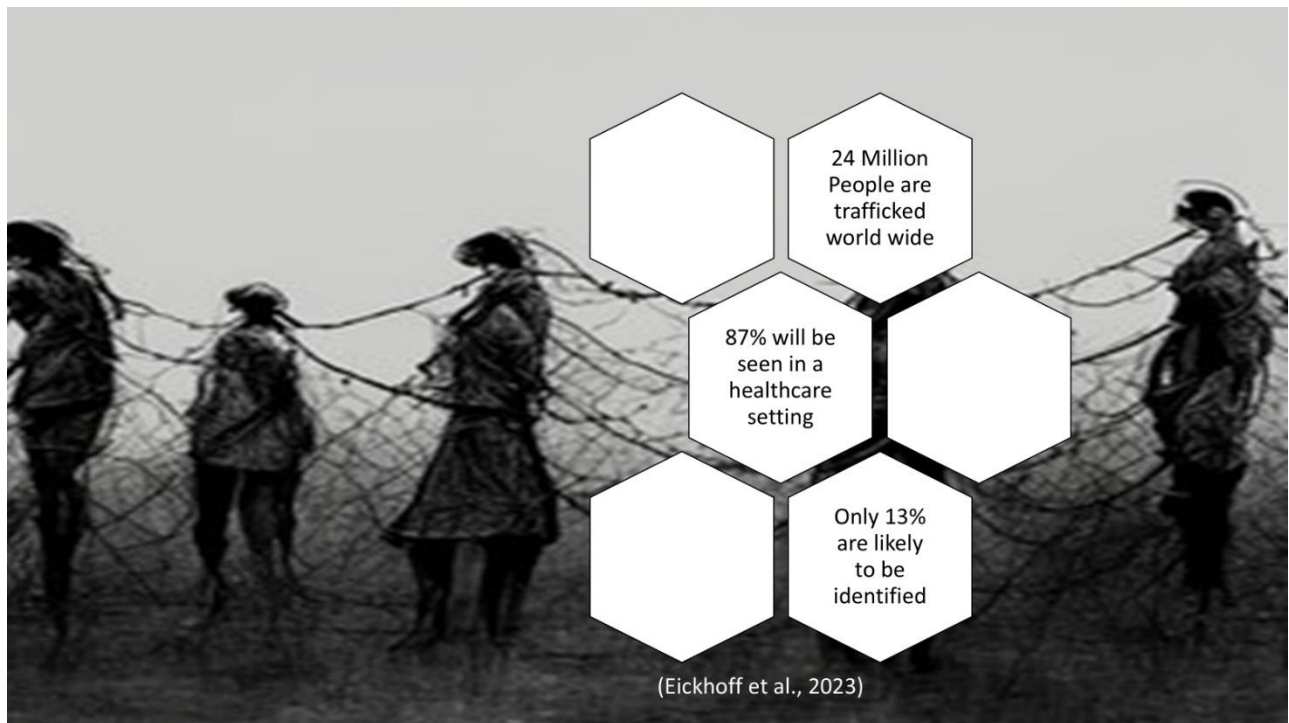
PATHS Power Point



**PATHS Acronym for
Identification of Sex
Trafficked Victims**

Kayla Mabery APRN MSN FNP-C





Objectives

- What is PATHS
- How to use PATHS
- What to do if identifying potential victim
- Further information



PATHS



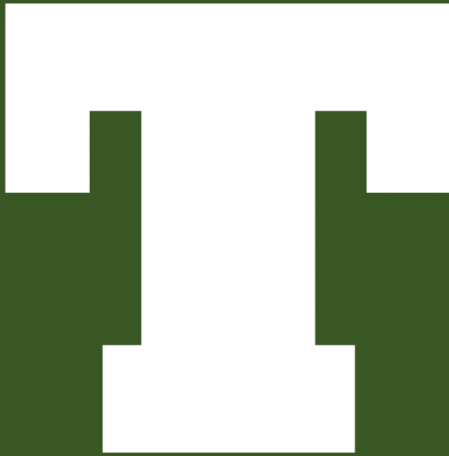
Physical Signs

- Signs of Abuse: Bruises, Physical Restraints, Malnourishment
- Signs of Drug Use



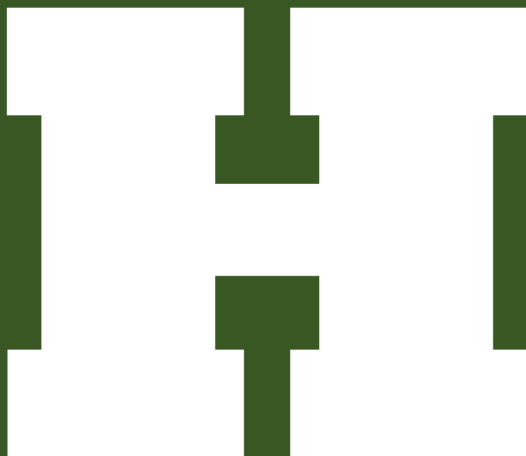
Appearance and Behavior

- Observe signs of fear, anxiety, depression, disorientation, or excessive control of companion
- Pay attention to lack of personal belongings or identification documents



Talk and Communication

- When speaking to patient or companion, watch for inconsistency or scripted responses
- Note a lack of knowledge on their whereabouts or personal details



History and Background

- Gather information about their living situation, travel history, work or education, and relationships
- Be alert to inconsistencies or limited knowledge about their past

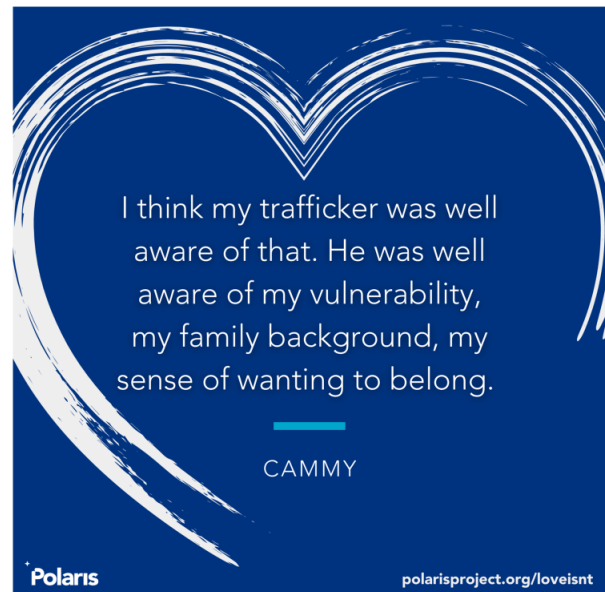


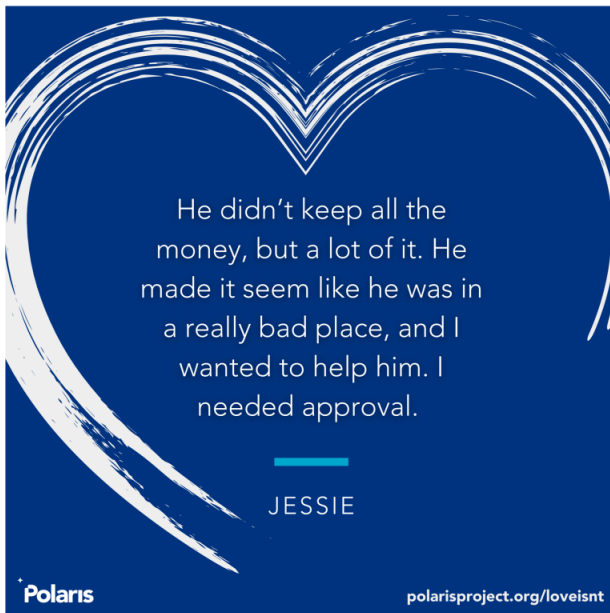
Support and Resources

- Offer resources and contact information for local organizations or hotlines specializing in human trafficking
- Be supportive and non-judgemental

How to Use PATHS

- PATHS is a quick reminder
- When seeing a patient, consider each letter
- Helps with confidence in victim identification



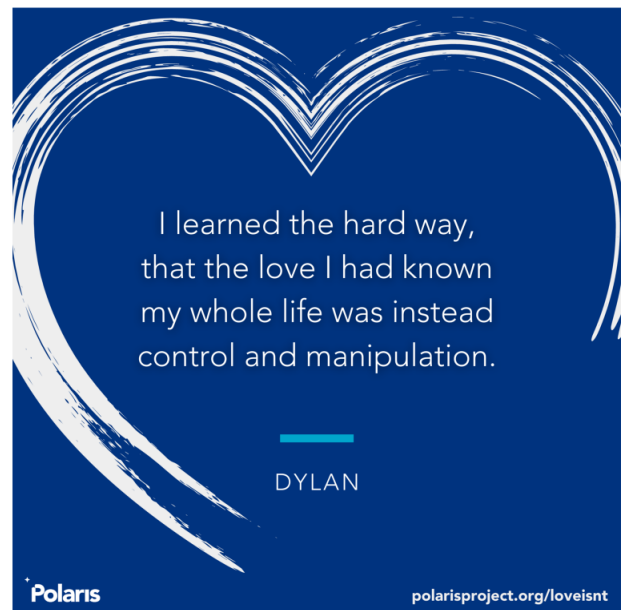


What to Do If You Find a Positive Patient

- Ensure the patient is safe from harm
- Report to the physician
- Report to the charge nurse

Further Resources

- Family Support Services
- No Boundaries International
- SANE
- Guardian Group



Appendix J**List of Figures**

Figure 1: Professional Role.....	26
Figure 2: Years of Experience	26
Figure 3: Pre-Education Familiarity with Signs of ST	28
Figure 4: Previous Specific Training on ST	28
Figure 5: Pre-Education Confidence in Identifying ST Victim	29
Figure 6: Effectiveness of Training	30
Figure 7: Confidence in Using PATHS Acronym in Practice	31
Figure 8: Importance of PATHS Acronym in Practice.....	32
Figure 9: Feedback Rating for PATHS Acronym.....	33

Appendix K

List of Tables

Table 1: Summary of Pre- and Post- Questions with Median Answer Results.....34