Title

Nursing students' perceptions of identifying and managing sex-trafficking cases: a focus group study

Abstract

Aim: To explore nursing students' perceptions of the identification and medical care of sex-trafficking victims and how to improve the care provided based on the identified barriers.

Background: Despite the fact that more than 87% of sex-trafficking victims establish contact with health professionals, their lack of awareness and training hinders their ability to assist victims properly.

Methods: A descriptive qualitative study was carried out using 11 focus groups of nursing students after a simulated case of sex-trafficking victim. The analysis of results was conducted through content analysis.

Results: A total of 110 fourth-year nursing students participated in this study. After performing the data analysis, three main categories emerged: (i) making a health issue visible, (ii) identifying sex-trafficking victims: resources based on evidence-based practice, and (iii) educational resources on sex-trafficking in nursing degree.

Conclusions: Our results show that through clinical simulation, integrating content regarding the medical care of vulnerable groups can be useful for developing the skills necessary to provide effective care from a trauma-informed approach.

Implications for nursing management: Health institutions, senior charge nurses, and other health service managers should be aware of the current need for sex-trafficking training, structural-level changes and updated evidence-based guidelines and protocols with other service providers and law enforcement to provide high-quality care.

Keywords: human trafficking; nursing education; trauma-informed approach; focus groups

Introduction

Human trafficking is generally defined as the transport or transfer of humans to perform a job or service by use of force, fraud or deceit (United States of Department of State, 2020). Although it is difficult to quantify the scope of this social and health problem, it is estimated that more than 40.3 million people around the world are victims of human trafficking, with women and girls representing more than 75% of those affected by this form of modern slavery (International Labour Office et al., 2017). Annually, innocent victims are deprived of basic human rights and sentenced to perform sex work or other types of forced labour around the world (Dell et al., 2019). Human-trafficking and sex-trafficking victims generally have significant physical health problems such as bone fractures, dental problems or sexually transmitted diseases, as well as psychological problems such as anxiety, depression or post-traumatic stress disorder (Ravi et al., 2017; Scannell et al., 2018).

In 2016 alone, more than 4.8 million people were sexually exploited (Raker, 2020), this number being almost exclusively represented by women and girls. The victims of sex-trafficking suffer from specific health problems as a result of the repetitive sexual abuse, violence and extreme stress (Ottisova et al., 2016). In addition to the health problems previously mentioned, these victims find themselves forced into prostitution or sexual slavery, leading to numerous occasions of unwanted pregnancies, vaginal or anal traumas, infertility and urinary tract infections (Richards, 2014; Sabella, 2011). As a consequence of this repeated violence, many victims of trafficking must visit health facilities such as the emergency department, primary care centres, or obstetrics and gynaecology clinics, among others (Byrne et al., 2019; De-Chesnay, 2013). However, despite the fact that more than 87% of these victims have some type of interaction with health personnel in these centres, many health professionals do not correctly identify them, often confusing them with victims of gender violence, drug addicts or prostitutes (Green et al., 2016).

In this regard, nursing professionals have the unique opportunity to interact directly with these patients, which could potentially lead to a way out of their exploitative situation (Gibbons & Stoklosa, 2016; Stoklosa et al., 2017). Recent studies suggest that, in spite of this, many professionals lack the knowledge and necessary training needed to identify this type of patient, and ultimately miss the opportunity to assist and rescue victims from

a life of exploitation and abuse (Donahue et al., 2019; Lutz, 2018). Numerous organisations advocate for greater awareness and education about the care of human-trafficking and sex-trafficking victims, where nurse training falls short (Raker, 2020; Ramnauth et al., 2018). Thus, educating future nursing professionals about this issue could tackle this awareness problem. High-fidelity patient simulation offers the opportunity to integrate not only theoretical knowledge, but also critical thinking and evidence-based clinical decisions that prepare students for clinical practice (Gubrud, 2020) and increases their awareness of the matter. Likewise, their education should be victim-centred from a cultural and gender perspective with a trauma-informed care approach (Powell et al., 2017). However, little attention has been paid to applying clinical simulation to student learning to know students' perceptions and identify barriers to improve sex-trafficking care. For this reason, the objective of this study was to explore nursing students' perceptions of the identification and medical care of sex-trafficking victims, and how to improve the care provided based on the identified barriers.

Materials & Methods

Design

In November 2020, a descriptive study was conducted using focus group interviews of students' experiences during the simulated medical care of a standard female patient who was a victim of sex trafficking (Sandelowski, 2000). In the scenario, the students had to assess the female sex-trafficking victim who showed up at the nursing consultation in the emergency department, considering the key aspects in identifying this type of patient through a trauma-informed approach (Center for Preparedness and Response, 2020; Murray & Smith, 2019; Williamson et al., 2012). In contrast to trauma-specific services or trauma systems that lack specialised interventions, the trauma-informed approach includes six key trauma principles into the organisational culture that seeks to help patients and staff avoid re-traumatization (Substance Abuse and Mental Health Services Administration, 2014) (Figure 1).

[INSERT FIGURE 1 AROUND HERE]

Participants

The participants included in this study were fourth-year nursing students at the [*Hidden for blinding purposes*]. The following was considered as inclusion criteria: (i) being enrolled in the Evidence-Based Nursing module, (ii) having completed a clinical practice module, and (iii) voluntarily agreeing to participate and be recorded.

Clinical simulation

A high-fidelity clinical simulation was conducted with a standardised patient in groups of 2 to 3 students, lasting approximately 15-20 minutes. The clinical setting was an emergency room triage area. At the time of triage, a woman with severe abdominal pain arrived in the room, accompanied by an older woman who showed a proclivity and attitude to speak, not allowing the patient to speak with nurses and even demonstrating verbal aggressive behaviour during the nursing assessment.

The clinical simulation aimed to raise student awareness of the impact that trauma can have in the communities in which they may work, as well as to understand potential paths to recovery, including recognising signs and symptoms of trauma in patients, families, staff, and others involved. The simulation included an initial briefing (approximately 10 minutes) (information about the scenario: context, roles (nurses, patients, familiar), and learning objectives), simulation (identifying sex-trafficking victim) (approximately 20 minutes), and a final debriefing (approximately 40 minutes). Nurses with sex-trafficking experience led the training activity.

Data collection

Data collection was performed using 11 focus groups (FG), made up of 8-11 students each. The FG allowed participants to express their thoughts and reflect on their experience in a spontaneous way, generating a discussion (Barbour, 2008). For this purpose, an interview protocol was developed based on the reviewed literature (Gibbons & Stoklosa, 2016; Richards, 2014; Williamson et al., 2012) (see Suppl. Table S1). The FGs were carried out on the same day as the case simulation and lasted 50 to 60 minutes. The interviews were led by an interviewer with extensive experience in qualitative research, accompanied by a moderator who controlled and monitored the interviews. Each FG

finished when all of the questions listed in the protocol were answered and no new themes emerged. For the transcription of the group interviews, as well as to guarantee the anonymity of the participants, the letters "G" (group) and "P" (participant) were used, followed by the participant number in that focus group. Before beginning the data analysis process, participants were given the opportunity to revise the recorded transcripts and read their transcriptions to ensure that their perceptions were accurate.

Data analysis

The data analysis was performed using ATLAS.ti 9.0 for Windows, through content analysis (Graneheim & Lundman, 2004). First, a review of the data was carried out to familiarise themselves with the data. Once the most significant data were identified, the relationship between meaning and context was determined. As a result, the most significant data could be organised and grouped into categories and sub-categories that describe the participants' feelings and ideas of each one (Figure 2).

[INSERT FIGURE 2 AROUND HERE]

Ethical considerations

The study was approved by the Ethics Committee of [*Hidden for blinding purposes*], complying with all principles of the Declaration of Helsinki and its subsequent revisions. All participants were previously informed about the nature of the study, objectives and methodology, highlighting the voluntary nature of their participation, the possibility of leaving at any time if they wished to do so, and that their participation had no repercussions on their module grades. All participants turned in a signed consent form before the start of the study.

Rigour

The recommendations of the consolidated criteria for reporting qualitative research (COREQ) were followed for the development of this study (Tong et al., 2007). Furthermore, the content analysis was independently carried out by two researchers to ensure the validity and accuracy of the data. In the event of any discrepancy in the analysis

between them, a third investigator was consulted to reach a consensus. All researchers agreed with the final results.

Results

Participant characteristics

Eleven FGs were conducted, in which 110 fourth-year nursing students participated from 137 students. The students' average age was 23.07 years old (*SD*=5.50), with a range from 20 to 55 years. Overall, 77.4% of participants (n=96) identified as female and 22,6% as male (n=28).

Category 1: Making a health issue visible

The first category consists of two sub-categories and demonstrates the participants' first experience caring for a patient who is a sex-trafficking victim. Specifically, our data reveal the participants' perceptions of their first encounter with a sex-trafficking victim, as well as their perception of significant learning on this topic through simulation.

Sub-category 1.1: Experience of caring for a victim of sex-trafficking

For the majority of participants, experiencing a simulation in which they had to treat a victim of sex-trafficking was both enriching and interesting. It helped them gain a better understanding of how to provide care for these patients and how to face this type of situation. Furthermore, they realised that it is a real possibility in their future professional work, given that not coping with exceptional situations in training, such as care for sex-trafficking victims, reduces the probability of identifying these situations in the future:

> *"At first, I thought I was not going to do very well or that it would have little to do with clinical evidence, but at the end of the case, I realised that these are situations that can happen and I saw how useful different ways of managing complicated situations like this one are"* G1-P5

> *"We felt good about it when it was over because we had to make clinical decisions based on evidence. I think having done it in this way will help me not to forget what I have learned"* G3-P3

Sub-category 1.2: Simulation for significant learning in sex-trafficking

On the other hand, many of the participants expressed the need for further simulation activities similar to this one, which would allow them to experience realistic, complex and sensitive matters to improve significant learning and knowledge retention, as well to become more aware of these types of issues. In this case, high-fidelity simulation can be particularly useful in clinical practice for unusual situations such as the care of sex-trafficking victims:

> *"These cases are really useful because while you are role-playing you do not realise how much you are actually learning. Also, we do not usually work on cases with such sensitive topics and I think it is necessary for us to get familiar with similar situations"* G9-P4

> *"It can serve as previous experience which is an invaluable asset. If we ever find ourselves in a similar situation, a lightbulb will go off in our heads and we will remember today's class and everything we have learned from it"* G4-P9

Category 2: Identifying sex-trafficking victims: resources based on evidence-based practice

This category shines a light on the importance of using a trauma-informed approach, as expressed by the participants after the experience. They highlighted aspects such as the communication skills needed to correctly handle cases of patients who are victims of sex-trafficking and the red flags that nursing professionals should be aware of to be able to identify and detect these victims during their care.

Sub-category 2.1: Communication as a diamond to be polished in vulnerable individuals' care

A large number of the participants described how this experience made them realise their lack of communication skills, especially in situations like the one described, which prevented them from providing comprehensive care in many occasions:

"During the case, we all approached the victim at once which made her feel a bit overwhelmed and cornered. We began asking her many questions at the same time, which further impeded proper communication. I think we should have been more tactful and created a trusting environment" G3-P6

"I do not think we knew how to properly address the case; we did not give the women the help she really needed because we did not know how to communicate with her. There was also a language barrier" G8-P1

Sub-category 2.2: Red flags as cornerstone in victim identification

In addition, the participants emphasised the importance of knowing the key aspects to identify sex-trafficking victims when assisting patients to offer quality care and have the chance to provide them with adequate resources:

"The warning signs for me were the fear on the women's face towards the men who approached her, the constant look for approval from her companion and the bruise on her arm. From there, I was able to identify what was going on in the situation and handle it as best as I could" G2-P10

"What caught my attention and made me think that I could be facing a victim of sex trafficking was for example, the bruise on her arm, the fear and panic on her face and the insecurity the patient transmitted. Also, she did not let us do anything, not even take her temperature. The patient was terrified and the aggressor did not let her speak at all, he was answering every question that we asked her" G6-P8

In this sense, the trauma-informed approach helped them in thinking critically on their actions and identifying potential barriers in order to improve their attention and care in similar situations:

"The language barrier was a problem that we could not resolve, also we were unable to stay alone with the victim, leaving her without the much-needed assistance. The trauma-informed approach guided us in identifying these and other barriers. For the next time, we can try to keep her in a physical safe

environment without the partner, for example in a triage scenario, by arguing she needs an X-Ray and accompanying her so that we can speak with her privately. We could also use translation devices to communicate with her in order to engage and involve her in the care process" G5-P9

Category 3: Educational resources on sex-trafficking in nursing degree

The last category highlights the need for training modules, not only within the nursing curriculum at the university level, but also for professionals from health institutions, emphasizing the management of materials and training resources needed to guarantee quality care.

Sub-category 3.1: Social and effective supportive skills as a must

As previously mentioned, one of the aspects most reported by the participants was the communication barriers with the sex-trafficking victim. They perceived how basic social interaction or conversational skills played a fundamental role in the patient's care. Beyond interpersonal communication, the participants showed an interest in developing these social skills in nursing care, pinpointing them as the main way to break down the barriers identified in this type of patient care:

"These classes are necessary to increase empathy and emotional support, and a way for students and professionals to face fictional scenarios so that they can identify them in real life and know how to manage them" G9-P2

"It is necessary for future professionals to have communication skills, not only speaking another language, but knowing how to listen to the patient's needs, fears, or doubts and transmit hope. This is something we need be trained for, not only now, but also when we are working as nurses" G11-P4

Sub-category 3.2: Expanding the current state of sex-trafficking training

Furthermore, one of the most significant focuses was related to the inclusion of specific sensitive topics, such as the medical care of sex-trafficking victims. Many students recognised that this experience made them see the need to address specific care in a

broader way and as close to real-life as possible to give them a starting point when analysing the type of care the patient needs:

> *"I would like for us to see how these types of situations are handled in action, in a practical way. Perhaps a week-long rotation through placement modules to be able to see it in a more real, authentic way, to learn more about the problems these patients face"* G10-P3

> *"In addition to including more theory content, I think that it is necessary to have contact with local community service providers. It would be helpful to interact with real victims or relatives to know how they feel so that we feel confident when treating them"* G3-P4

To increase the clinical safety of sex-trafficking victims, the participants suggested that the professionals in charge in the management of health institutions get involved. The participants stressed that institutions, supervisors and other health administrators play a fundamental role in the matter. Their support through training, and human and institutional resources are essential for both professionals and patients:

> *"I think that hospital management should be trained and have the facilities to be able to provide safe spaces where victims of sex trafficking can be taken care of with adequate privacy so that the patient can tell us what is happening without fear of being heard"* G8-P10

> *"From the way she was dressed and her difficulty with the language, I suspected from the start that something was off. Her relative made me think that everything was going well, but I had no other way to know. Do we even have interpreters? Every day we allow family members to come in with patients. Now, I realise that if you are a victim of sex trafficking, you will say that you are not. I think that at least in the hospital triage, it should be mandatory for patients to enter alone and have the necessary resources available such as interpreters, safe spaces, and time... It is for their safety"* G1-P5

In addition to changes at the structural level, the participants also mentioned the possibility of making changes at the organisational level, prioritising training for the professionals in charge of this medical care:

> *"I think there is still a lot that can be done by nursing management, for example, having proper training in coordination with other services such as social workers, shelters, civil guards, national police, women's institutes, and so on. I think that all of this is necessary to provide care for these patients"* G6-P9

> *"Hospitals as institutions and supervisors as managers should offer nurse training modules on victims of sex trafficking. There is not much information available on how to act, resources available, teaching protocols for action or care plans for these patients"* G5-P6

Discussion

The aim of this study was to explore nursing students' perceptions of the identification and care of sex-trafficking victims and how to improve the medical care provided based on the identified barriers. Once the analysis of results was carried out, almost all of the participants positively evaluated the training and had a better understanding of the problem, as well as the elements necessary to offer quality care to patients who are victims of sex-trafficking. In line with previous studies of medical professionals or students (Donahue et al., 2019; Stoklosa et al., 2017), our results provide new information about the use of simulated environments for nursing students as an important resource for approaching care strategies, such as the trauma-informed approach, and improving the visibility of the care of vulnerable groups such as sex-trafficking victims.

As the participants point out, this type of methodology can help students learn and develop new skills to be able to handle complex situations related to sex-trafficking victims (Kim et al., 2016). In this regard, simulated environments allow sensitive topics to be presented within a controlled and interactive space (Sinz et al., 2021). In other words, it can facilitate significant learning in students and develop new skills through reflection and critical thinking (Alamrani et al., 2018; Al-Gharibi-Msn & Arulappan,

2020). By using a trauma-informed care approach, the majority of participants not only identified a lack of knowledge in both communication skills and available resources, but also in the importance of key aspects when identifying victims of sex trafficking or red flags. As in other studies (Donahue et al., 2019; Lutz, 2018), this lack of preparation and knowledge on the subject matter led participants to inadequately identify and respond to a victim of trafficking. For this reason, this type of intervention can help both professionals and students to further their training (Al-Gharibi-Msn & Arulappan, 2020; Kim et al., 2016), raise awareness of the problem (Lutz, 2018) and effectively manage sensitive topics such as the one mentioned or other related matters, such as care for refugees, victims of gender violence or situations of elder abuse (Stoklosa et al., 2017).

However, one possible explanation for the lack of knowledge may be the scarcity of specific content within the nursing training curriculum (Raker, 2020). As many participants pointed out, they previously had not received such specific training. This study enabled them to observe skills related to a subject which they feel needs to be implemented into their curriculum (Lamb-Susca & Clements, 2018). In our case, despite the lack of training, many participants noted that a deeper level of social skills were necessary in this type of approach, beyond interpersonal communication, such as interaction or conversational skills (Murray & Smith, 2019). In this respect, educators play a fundamental role and face great challenges in incorporating this type of content into the training curriculum (Costa et al., 2019). This type of training can make professionals and future professionals more aware of social and public health problems, such as this one, and help them to the acquire the skills necessary to provide care for this type of patient and other vulnerable groups in an efficient manner (Reid & Evanson, 2016; Stoklosa et al., 2017). The participants also stressed how important the involvement of institutions, supervisors and other health administrators is in order to provide safe care for these patients. Due to the fact that victims of sex-trafficking do not often seek help for reasons such as lack of trust, shame or force (Leslie, 2018), nurses are in a unique position when it comes to identifying and intervening in these types of situations (Donahue et al., 2019). However, as recommended by our participants, health institutions also play a key role in guaranteeing safe spaces, updating protocols and action guides, and coordinating with the various agents involved, such as security agents or other community support

services in order to ensure that first responders can offer quality medical care (De-Chesnay, 2013; Hachey & Phillippi, 2017).

Despite this, there are a number of limitations to consider when interpreting these results. Although there is considerable evidence showing the benefits of case simulation to acquire nursing competences, little attention has been paid to its application to work on more specific strategies such as trauma-informed approach, making the discussion of our results a challenge. Future research could not only look further into the acquisition of knowledge through simulated cases, but also the retention of knowledge over time from previous courses or active professionals. Instead of concluding the research on this matter, the results offer the opportunity to continue the discussion, for example, through the experiences of patients who are sex-trafficking victims or the obstacles perceived by educators when implementing sensitive content within the training curriculum.

Conclusions

This study shows that integrating content related to the medical care of vulnerable groups, such as victims of sex-trafficking, can be very useful for developing skills from a trauma-informed approach. Not only is it beneficial for students, but it also offers the opportunity to improve training and sensitise working professionals, especially by using clinical simulation. Besides, it is worthwhile to establish evidence-based guidelines and protocols with other service providers and law enforcement to ensure adequate coordination.

Implications for nursing management

As pointed out in our findings, an effective next step in addressing sex-trafficking could be for health institutions, senior charge nurses, and other health service managers to guarantee that their personnel receive high-fidelity patient simulation training (Stoklosa et al., 2017). Simulation training should not be limited to undergraduate students since all levels of healthcare providers have a responsibility to provide optimal care to these patients, and adopting a trauma-informed approach does not require a single intervention or checklist; rather, it necessitates ongoing training, attention, caring awareness, sensitivity, and a cultural change at the organisational level. These results highlight the importance of considering certain factors when detecting and acting in cases of sex-

trafficking victims from a professional perspective, such as having the social skills beyond interpersonal communication and the personal resources available to intervene when red flags are identified. Health institutions and administrators must consider the structural and organisational needs that this type of patient care may require. From a nursing management perspective, nursing professionals are a reliable source for detecting potential barriers when identifying and managing these patients, and essential for finding possible alternatives and coordinating quality care. While it is true, as our results suggest, that nursing professionals are in a unique position for detecting and acting in cases of sex-trafficking victims, they need safe spaces, updated protocols and, in general, the coordination of the different agents involved within the healthcare system.

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Conflict of Interest

The authors have no conflict of interest to report.

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