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The Dissertation Committee for Megan D. Steele

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**COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN AND
SCHOOL NURSING: A NON- EXPERIMENTAL QUANTITATIVE
STUDY**

Committee:

M. Terese Verklan, PhD, RNC, FAAN,
CCNS, Supervisor

Lisa Campo-Engelstein, PhD

Elizabeth Lorenzo, PhD, RN

Hoang Nguyen, PhD

Hannah E. Fraley, PhD, RN, CNE, CPH

**COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN AND
SCHOOL NURSING: A NON-EXPERIMENTAL QUANTITATIVE
STUDY**

by

Megan Dell-Stowe Steele, MSN, BSN, ADN, RN

Dissertation

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Dedication

This dissertation is dedicated to my husband, Matthew, and our five beautiful children, Jaelynn, Cooper, Trig, Remi Kate, and Colt. Matthew, thank you for your love, your devotion, and all the mathematic assistance you provided. Children, thank you for understanding all the times when I had to say, “I can’t, mommy is working on her Ph.D.” The endless days that you “big” kids helped with the babies means more to me than you will ever know. All of your unending lovies and smiles were what kept me going. Remember, you can do anything you put your mind too; you must always keep putting one foot in front of the other. Never give up. It may not be great all the time, but it will be fine, and will all work out in the end. IP!

This dissertation is also dedicated to my mom and dad. Without them, I never would have been successful in becoming a nurse. Your dedication to helping me raise Jaelynn is something I can never repay you for. Thank you for giving me the drive and determination to never give up and keep striving for the best.

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COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN AND SCHOOL NURSING: A NON-EXPERIMENTAL QUANTITATIVE STUDY

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Supervisor: M. Terese Verklan

Underlying the healthy learning environments of our nation's schools are students who are unwillingly entangled in the darkness of a form of human trafficking known as commercial sexual exploitation of children (CSEC). There is substantial and compelling evidence that CSEC is a serious problem in the United States with immediate and long-term adverse consequences for children and adolescents. These victims are attending school and school nurses are uniquely positioned in a frontline role to identify and intervene with victims of CSEC. Therefore, the overall objective of this study was to investigate the awareness, attitudes, and perceptions that Kansas school nurses have regarding CSEC. To attain the objective, a non-experimental quantitative study was conducted using the SNAPS survey. Quantitative data was analyzed and the theoretical framework, School Nurses 'Seeing' Youth Vulnerability to Trafficking, was applied. The study revealed that Kansas school nurses significantly lack awareness of CSEC and have negative attitudes regarding CSEC. Surprisingly, Kansas school nurses have positive role perceptions regarding CSEC and their student populations

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List of Abbreviations

CSEC	Commercial Sexual Exploitation of Children
DCF	Department of Children and Family Services
IOM	Institute of Medicine
KSNO	Kansas School Nurses Organization
NASN	National Association of School Nurses
GSBS	Graduate School of Biomedical Science
SNAPS	School Nurses' Awareness and Perceptions Survey
SNSYVT	School Nurses 'Seeing' Youth Vulnerability to Trafficking
TDC	Thesis and Dissertation Coordinator
UTMB	University of Texas Medical Branch

Chapter 1 The Problem

Introduction

Underlying the healthy learning environments of our nation's schools are students who are unwillingly entangled in the darkness of a form of human trafficking known as commercial sexual exploitation of children (CSEC). In 2013, The Institute of Medicine and National Research Council (IOM) defined CSEC as,

a range of crimes of a sexual nature committed against children and adolescents, including (1) recruiting, enticing, harboring, transporting, providing, obtaining, and/or maintaining a minor for the purpose of sexual exploitation; (2) exploiting a minor through prostitution; (3) exploiting a minor through survival sex (exchanging sex/sexual acts for money or something of value, such as shelter, food, or drugs); (4) using a minor in pornography; (5) exploiting a minor through sex tourism, mail order bride trade and early marriage; and (6) exploiting a minor by having her/him perform in sexual venues (pp 99).

CSEC is a crime that is often unnoticed and underreported because children are hidden in plain sight behind closed doors and trafficking frequently occurs at the margins of society (Fraley & Aronowitz, 2019). CSEC has been reported in rural and urban areas of all 50 states and is a lucrative enterprise that attracts a variety of entrepreneurs ranging from individuals and family groups to sophisticated criminal networks (Greenbaum, 2014). Contrary to popular belief, victims of CSEC are attending school (Fraley & Aronowitz, 2019; Fraley et al., 2020; Goldblatt Grace et al., 2012; Greenbaum, 2014; Lawrence &

Bauer, 2020) and the school nurse, especially, is well positioned to identify CSEC and may be the last point of intervention for these students.

School nursing is a specialized practice of nursing that bridges healthcare and education by protecting, promoting, and facilitating student health (National Association of School Nurses [NASN], 2017). School nurses play an integral part in the health and wellbeing of students by providing multidisciplinary care, advocating for quality student-centered care, collaborating with numerous community services, and most importantly, serving as the school expert in recognition, assessment, identification, intervention, reporting, referral, and follow-up care of child maltreatment incidents (NASN, 2017; NASN, 2018). CSEC is a form of child maltreatment that is beginning to receive a substantial amount of exposure in the media but remains a relatively new topic in school nursing. NASN did not have a position statement on CSEC until February 2018 (NASN, 2018). The position statement calls for school nurses to be able to recognize signs that a child may be exposed to a trafficker, may be in the process of being groomed into trafficking, or may already be a victim of trafficking, and be prepared to respond using a trauma-informed strategy. However, studies have identified that school nurses lack awareness, hold stigma towards, or deny that CSEC occurs (Goldblatt Grace et al., 2012; Fraley & Aronowitz, 2017).

The long-term goal of this research is to develop an understanding of Kansas' school nurse's awareness, attitudes, and perceptions of CSEC. The research will build on Fraley & Aronowitz' (2018) study of Massachusetts (MA) school nurses and will enrich the knowledge to begin development of an evidence-based screening tool for school nurses to employ to identify and assist victims of CSEC. The central hypothesis is that due to a

lack of awareness and poor attitudes and perceptions regarding CSEC, Kansas school nurses are not providing appropriate and necessary interventions to school-aged children who may be victims of CSEC. *The overall objective of this study is to investigate the awareness, attitudes, and perceptions that Kansas school nurses have regarding CSEC.*

The rationale for this research is that 81-88% of CSEC victims have had some type of contact with a member of the medical profession, including school nurses, during their time of captivity (Coughlin et al., 2020; Goldberg et al., 2016; Lederer & Wetzel, 2014; Lucas et al., 2021). Additionally, multiple studies have been published regarding physician (Beck et al., 2015; Beshpalova et al., 2014; Chambers, 2019; Donahue et al., 2019; Ferguson et al., 2009; Titchen et al., 2017; Varma et al., 2015; Viergever et al., 2015; & Wyatt & Sinutko, 2018), social worker, and law enforcement knowledge and awareness of CSEC (Anderson et al., 2017; Duger, 2015; Edinburg et al., 2015; Ferguson et al., 2009; Finigan-Carr & Rubenstein, 2018; Gibbs et al., 2015; & Sprang & Cole, 2018), and the benefits associated with having proper knowledge and clear perceptions. Little research has focused on school nurse awareness and perceptions regarding CSEC and how their perceptions influence the care and interventions they provide for victims of CSEC.

To attain the overall objective, the following two specific aims will be pursued:

1. **Determine the level of awareness that Kansas school nurses have regarding CSEC.** There is substantial and compelling evidence that CSEC is a serious problem in the United States with immediate and long-term adverse consequences for children and adolescents. Because school nurses are well positioned to help with identification and intervention of CSEC it is imperative

that research be conducted with school nurses who are involved in the daily lives of our nation's children.

2. **Identify Kansas school nurses' attitudes and role perceptions regarding their student population and CSEC.** School nurses may be the only health care provider interacting with CSEC victims and it is crucial to determine what awareness and note any stereotypes and misperceptions school nurses hold regarding victims of these crimes, how widely held those beliefs are among the school nurses, and to what extent those beliefs influence the care they provide to their student population.

At the completion of this research study, the expected outcome is to quantify the awareness that Kansas school nurses have regarding CSEC and to fill a gap in the literature regarding attitudes and perceptions of CSEC amongst Kansas school nurses. The results are expected to establish the foundational step of the research needed to begin development of development of an evidence-based screening tool for school nurses to utilize to identify and assist victims of CSEC.

Scientific Premise

Overall Scientific Premise

Children have suffered from sexual abuse and human trafficking since the beginning of time. Ancient Egyptian, Greek, and Roman writings explicitly describe the abuse, neglect, and trafficking of children (Lynch, 2011). Unfortunately, today in the United States, adolescent boys and girls are deceived, manipulated, forced, or coerced into sexual prostitution every day. The average age of these children being abused are 12-14 years old for females and 11-13 years old for males (Hornor et al., 2019). Contributing

factors to CSEC include, but are not limited to, a history of childhood sexual abuse, poverty, foster care involvement, juvenile justice involvement, history of family violence, substance abuse, sexual orientation confusion, parental drug and alcohol abuse and incarcerations, and under-resourced schools (Barnert et al., 2017; Chafee & English, 2015; Fraley et al., 2018; Greenbaum & Crawford-Jakubiak, 2015; Grace et al., 2014; IOM 2013). CSEC crosses all socioeconomic boundaries and is found in our nation's schools as a vast majority of these children are surprisingly attending school (Hornor et al., 2019). The contributing factors have short and long-term negative impacts on students and cannot be underestimated.

Research has shown that school nurses play an important role in risk reduction of childhood obesity, tobacco prevention, and mental health concerns (Fraley & Aronowitz, 2017; NASN, 2019). School nurses are also highly skilled in overseeing population health concerns, chronic disease management, and illness outbreak monitoring (IOM, 2013 and NASN, 2019b). Due to the school nurses' trusted position and their routine interaction with youth, school nurses are uniquely positioned in a frontline role to identify victims of CSEC.

Scientific Premise for Aim 1

School nurses are the primary sources for healthcare in schools across our nation and studies have found that CSEC victims are attending school and interacting with school nurses (Fraley & Aronowitz, 2019; Fraley et al., 2020; Goldblatt Grace et al., 2012; Lawrence & Bauer, 2020). Data obtained through detailed literature reviews suggests that due to a lack of awareness school nurses are missing opportunities to intervene and assist students who are victims of CSEC (Barnert et al., 2017; Chafee & English, 2015; Fraley et

al., 2020; Grace et al., 2014; Greenbaum & Crawford-Jakubiak, 2015; IOM, 2013). School nurses interact with students daily and are well positioned to help with identification and interventions of CSEC. Identifying the specific awareness school nurses lack will provide clarity as to why specific opportunities to identify and intervene with CSEC victims is missed.

Scientific Premise for Aim 2

For centuries, and still today, many societies and individuals, including school nurses, have turned a blind eye to recognizing and addressing child sexual abuse and trafficking. The “blind eye” ignorance has been linked to identifying CSEC as being too distressing, distasteful, unimaginable, and viewed as a family matter that cannot be prevented (IOM, 2013). Current evidence suggests that young male and female victims do not self-identify as victims or they assume their current life is the best available to them, thus, increasing the ease of turning a blind eye (Greenbaum et al., 2018a; Greenbaum et al., 2018b). Fraley and Aronowitz (2017) note that school nursing care can be, “judgement laden, clouded by a lack of awareness of CSEC, stigma, and denial among school nurses” (p. 318). School nursing CSEC judgements and denial stem from the often mislabeled “challenging” students and the false misperceptions that youth are participating in prostitution instead of being victims of CSEC (Fraley & Aronowitz, 2017). Identifying school nurses’ perceptions regarding their student population and CSEC is important in understanding the barriers in addressing this problem.

Significance of the Expected Research Contribution

The expected contributions generated by this research will be key to unlocking insights into the reasons school nurses do or do not adequately assess and intervene with

students affected by CSEC. The acquisition of such knowledge is essential because school nurses need to be well equipped to provide comprehensive and competent care for CSEC victims. Furthermore, the research will be the first study that will quantify awareness, attitudes, and perceptions of only Kansas school nurses with regards to CSEC.

Theoretical Framework

Understanding how CSEC victims present in schools is multidimensional. School nurses are on the frontlines, yet misinterpret signs and symptoms of students at risk for being commercially sexually exploited; thus, Fraley and Aronowitz (2019) used a grounded theory approach to gather data and develop a theory, “Obtaining Exposure and Depth of Field: School Nurses ‘Seeing’ Youth Vulnerability to Trafficking (SNSYVT).” SNSYVT has two main categories of invisibility and visibility, with two concepts of “expose” and “presenting health signs” intermingled between the 2 main categories (Fraley & Aronowitz, 2019). The theory highlights the invisibility of youth in schools who are victims of trafficking and magnifies the visibility of the exploiters. SNSYVT will be used to guide this study and was chosen for its relevance to school nursing, CSEC, and student populations.

Chapter 2 Literature Review

Introduction

The purpose of this chapter is to review and examine the existing literature surrounding the concept of commercial sexual exploitation of children (CSEC) and the awareness, attitudes, and perceptions of school nurses. CSEC is a severe form of child sexual abuse that poses a significant health concern for students in our nation's schools (Barnert et al., 2017). CSEC is a form of human trafficking (Anderson et al., 2017) that involves the sexual abuse or exploitation of a child (Office of Juvenile Justice & Delinquency Prevention, 2019). CSEC is a crime that is often unnoticed and underreported because it frequently occurs at the "margins of society and behind closed doors" (IOM, 2013, p. 2) and children that are entangled in CSEC are often "hidden in plain sight," (Lynch & Duval, 2011, p. 531). CSEC is a lucrative enterprise that attracts a variety of entrepreneurs ranging from individuals and family groups to sophisticated criminal networks (Greenbaum, 2014; National Human Trafficking Resource Center [NHTRC], 2019). Due to the serious dangers to the health and safety of our nation's youth, it is imperative that school nurses develop awareness and understanding of CSEC.

The goal of this literature review is to describe CSEC and explore what is and what is not known regarding CSEC and school nursing. The theory, "Obtaining Exposure and Depth of Field: School Nurses 'Seeing' Youth Vulnerability to Trafficking (SNSYVT)" will be described and related to the awareness, attitudes, and perceptions that school nurses have regarding CSEC. Additionally, Kansas specific information regarding CSEC and school nurses will be characterized.

Search Strategy

The search strategy for the literature review started with an outline which aided in keywords to be used when searching databases. Keywords included commercial sexual exploitation of children, human trafficking, commercial sex trade, domestic minor sex trafficking, commercial sex exploitation, child abuse, school nurse, and school nursing. Boolean operators applied were “and” and “or.” Databases searched in The University of Texas Medical Center’s Library Database were CINHALL, EPSCOHOST, Ovid, and PubMed. CSEC is often intertwined with categories of “human trafficking,” “commercial sex trade,” “domestic minor sex trafficking,” and “survival sex.” The definitions of these different categories all incorporate the use and abuse of children, therefore, for the purpose of this review and study, CSEC will be the terminology utilized.

Sources of information included peer-reviewed journal articles, books, government statistics, government reports, position papers, and dissertations. Over 1000 sources, were revealed dating from year 2000 to current. A majority of these references were information on all forms of human trafficking and did not specifically relate to school nursing. A subset of sources was retrieved by categorizing sources based on their relativity to CSEC, pediatric health, and/or school nursing. It is important to note that due to the vulnerable pediatric population, research is extremely limited (Barnert et al., 2017).

Key Findings from Literature Review

Findings from the literature are organized into five key areas titled 1. CSEC, 2. Role of school nursing and CSEC, 3. CSEC statistics and information specific to the state of Kansas, 4. School nurse information specific to the state of Kansas regarding CSEC, and 5. The theoretical framework, SNSYVT. Each of these areas are defined, with studies reviewed, and gaps in knowledge identified for future research.

CSEC Facts and Myths

CSEC is a pediatric health care problem and a critical social justice issue impacting school-age youth across the United States and the world (Scott et al., 2019). CSEC is frequently overlooked, misunderstood, and unaddressed. CSEC is illegal and often “results in immediate and long-term physical, mental, and emotional harm to victims and survivors” (Horner et al., 2019). Unfortunately, our nation is either unaware of the tragic crime or has remained disengaged from the crime, and this ensures that CSEC will remain among the marginalized and continue to be misunderstood. Although a minimal amount of research and practices have emerged (Armstrong, 2017; Cole & Sprang, 2014; IOM, 2013), far more needs to be known in order to adequately address CSEC by school nurses. The absence of specific policies and protocols in Kansas schools combined with a lack of training causes difficulty in victim identification (IOM, 2013).

Prevalence

Data collection regarding the true prevalence of CSEC is difficult to obtain. First, CSEC is hidden crime and victims are reluctant to disclose. Second, authorities and healthcare providers lack the skills needed to properly identify victims (Barnert et al., 2017; Coughlin et al., 2020; Peck & Meadows-Oliver, 2019; Recknor et al., 2017). Data indicates that in 2019, 14,597 victims of sex trafficking were identified in the United States (National Human Trafficking Hotline, 2019) and 177 victims were identified in the state of Kansas (National Human Trafficking Hotline, 2020). Additionally, in Kansas, CSEC prevalence is challenging to detect because youth are difficult to identify due to stigma and shame, low societal awareness, misperceptions towards youth at risk, and those that do interact with trafficked youth have inadequate knowledge and awareness of

trafficking (Fraley & Aronowitz, 2017; Fraley & Aronowitz, 2019; Montgomery, 2020). The IOM (2013) report also notes that uncovering victims is complicated in the United States because they typically provide false information about themselves or fail to recognize they are victims. The lack of cooperation in these victims can be due to fear of retaliation, further abuse, coercion, or fear of arrest, deportation, or entrance into the criminal justice system (IOM, 2013).

The State of Kansas is considered a “hub of accessibility” and according to the United States Department of Justice, an “originating state” for CSEC because it is centrally located and is the center point for mid-western commerce (Montgomery, 2020). Kansas has the intersection points of major highway interstates that cross our nation. For example, I-70, I-35, and I-135 serve as exchange points for major trucking and rail companies (Montgomery, 2020). The exchange points are mostly located in rural areas with rest areas and truck stops that allow for easy CSEC solicitations (Population Research Institute, 2018).

The National Center for Missing and Exploited Children estimate that approximately 20% of runaways become victims of CSEC (2019); however, most available figures on human sex trafficking have been reported by border security, immigration, and criminal justice sources rather than the healthcare sector; nevertheless, it is the healthcare professionals who are found to come in more contact with CSEC victims than any other industry (NHTRC, 2019). Prevalence is also difficult to track because the United States’ Department of Health and Human Services does not distinguish between the different types of sexual abuse (World Health Organization [WHO], 2015) and there are no reliable existing crime measurement efforts in effect (IOM, 2013).

Contrary to popular belief, CSEC trafficking does not include travel from one physical state or country to another (Barnert et al., 2017). Victims are frequently trafficked from one side of the city to another or within a single neighborhood (Greenbaum, 2014). United States CSEC victims are born in the United States, are trafficked in their own environment, and are most often trafficked by known acquaintances (Greenbaum & Crawford-Jakubiak, 2015; Chaffee & English, 2015). In the United States, CSEC most often occurs indoors in homes, residential brothels, and hotel/motel based locations (NHTRC, 2019). Furthermore, CSEC has been reported in rural and urban areas throughout the United States (Greenbaum, 2014; Lucas et al., 2020).

Demographics

CSEC does not discriminate between male or female and rich or poor (Barnert et al., 2017; Choi, 2015; Ferguson et al., 2009; Fichtelman, 2014; Finigan-Carr & Rubenstein, 2018; Fraley & Aronowitz, 2017; Greenbaum & Crawford-Jakubiak, 2015; Goldblatt Grace et al., 2012). Choi's (2015) literature review of minor sex trafficking in the United States establishes the notion that all races and ethnicities are involved either as victims and/or exploiters of CSEC. Unfortunately, adolescent boys and girls are deceived, manipulated, forced, or coerced into sex trafficking daily (Fraley & Aronowitz, 2017; Ijadi-Maghsoodi, 2018; Macias-Konstantopoulos, 2015) and victimization typically begins in early adolescence (Barnert et al., 2017; Finigan-Carr & Rubenstein, 2018). Adolescence is a time that sees an increase in the importance of peer relationships that can lead to peer pressure or sexual experimentation. Additionally, adolescence involves impulsivity and vulnerabilities that traffickers prey on (Horner et al., 2019). The average age of these children are 12-14 years old for females and 11-13 years old for males

(Hornor et al., 2019). Additionally, Salisbury et al. (2014) states, “[victims], would have been difficult to distinguish from those in your family album” (p. 1252).

Risk Factors

The World Health Organization (WHO) applies an ecological framework that includes four levels of risk factor identification for victims of CSEC: individual; family; community; and society (WHO, 2015). Adding to the ecological framework, the literature review revealed several push and pull factors. The “push factors” are what influence people to leave their home or situation and the “pull factors” are what attract people to a new location or situation. Notably, poverty is a push factor in every level of the ecological framework.

Individual. Childhood sexual abuse (CSA) is the most common individual risk factor for CSEC (Albert et al., 2014; Fraley & Aronowitz, 2017; Grace et al., 2014; and IOM, 2013). Characteristics coinciding with CSA are “long duration of abuse, increased frequency of abuse, abuse involving penetration, abuse involving physical or emotional force, and abuse by fathers or father figures” (Choi, 2015, pp 66). Children that have a history of physical abuse, emotional abuse, and/or neglect are at increased risk (Anderson et al., 2017; Barnert et al., 2017; Chafee & English, 2015; Fraley & Aronowitz, 2017; Gibbs et al., 2015; Greenbaum & Crawford-Jakubiak, 2015; and Grace et al., 2014). Vulnerability of CSEC is also increased when individuals identify as lesbian, gay, bisexual, transgender, or queer/questioning (Andretta et al., 2016; Barnert et al., 2017; Fraley & Aronowitz, 2017; and WHO, 2015). These children and teenagers are at increased risk because they have often experienced repeated negative peer and/or romantic relationships, emotional abuse, family rejection, and are frequently accompanied by older males or

females that are not family members (Anderson et al., 2017; Andretta et al., 2016; Choi, 2015; IOM, 2013).

Other individual push factors include the use of tobacco, alcohol, and/or illicit substances (Andretta et al., 2016; Choi, 2015; and NHTRC, 2019). CSEC may become a form of survival for these victims to afford their drug and alcohol habits (Anderson et al., 2017; Barnert et al., 2017; Choi, 2015). Immersion in the child welfare system, foster care placement, homelessness, runaway, or a juvenile justice system are also known risk factors for CSEC (Choi, 2015; IOM, 2013; NHTRC, 2019; and Sanchez et al., 2019). Risk of CSEC increases with homelessness and runaway individuals due to a lack of resources for basic needs, such as food and shelter (IOM, 2013). “Life on the streets” puts these individuals at greater risk due to being exposed to those that may “prey” on them (Choi, 2015; IOM, 2013 pp 87). The “preying” of victims can cause confusion as child and adolescent victims may believe their actions have caused victimization or they simply may not recognize they are a victim of CSEC (IOM, 2013). These victims are groomed to believe if they do not do as told they will have their basic needs of food and shelter withheld (Greenbaum & Crawford-Jakubiak, 2015). Deprivation including poverty, hunger, and housing stability are common push factors in runaway and homeless youth (Choi, 2015; NHTRC, 2019; Sanchez et al., 2019). These juvenile victims are often vulnerable and are promised money, employment, and attention (Chaffee & English, 2015; Goldblatt Grace et al., 2012). Anderson et al. (2014) notes that more often “female victims are looking for ‘survival’ and are needing to feed and clothe themselves” (p. 115). Many CSEC victims have run away from their dysfunctional homes and may engage in “survival sex” to support themselves (Fraley & Aronowitz, 2019, pp 22). Choi (2015)

states, “Victims and former victims endorsed that fleeing danger at home was a key reason for running away and subsequently falling into sexual exploitation” (pp 73).

Unfortunately, individuals involved in child welfare or the juvenile justice systems are more likely to experience learning disabilities or are illiterate (Choi, 2015). Dropping out of school and low educational attainment are directly correlated with CSEC victimization. Choi (2015) and Grace et al. (2012) found lower intelligence and learning disabilities to coincide with victims in child welfare systems and juvenile justice systems. The IOM (2013) report states, “Although not enough is known about the direct relationship between impaired cognitive functions and later involvement in commercial sex work, there is some evidence that impaired cognitive functions may increase vulnerability to high-risk sexual behaviors...” (pp 90). Furthermore, the report continues by noting that one in three adolescents that have learning disabilities have a history of sexual abuse (pp 90). Lastly, the IOM (2013) report describes children with disabilities at risk of sexual abuse because they are depend on others for care or have difficulty communicating (pp 90).

History of childhood trauma and abuse have a significant impact on psychological development. Research notes that victims of abuse and trauma have long-term impairments that can cause mental health disorders (Choi, 2015; Fraley et al., 2019; Fraley et al., 2020; Horner et al., 2020; IOM, 2013; Scott et al., 2019). The mental health disorders directly coordinating with CSEC victims include posttraumatic stress disorder, depression, anxiety, psychoticism, and suicidality. It is important to note that the studies at hand have not indicated whether these risk factors are antecedents or outcomes of CSEC (Choi, 2015).

Lastly, Barnert et al. (2017) note that some victims of CSEC have no apparent risk factors other than being a youth, favoring risk-taking, impulsivity, and simply the neurodevelopmental age of the individual. Children, due to age, “are vulnerable to manipulation and exploitation because they have limited life experiences, limited options for action, and an immature prefrontal cortex, resulting in poor impulse control and lack the ability to think critically about alternative actions” (Lucas et al., 2021, pp 93). Youth have a desire for material comforts such as phones, gaming networks, and social media accounts that create perfect avenues for exploiters to isolate and groom the youth (Fraley et al., 2020). The goal of exploiters is to cause the youth to become dependent on the exploiter for need sustainment (Fraley et al., 2020). Pull factors for these types of youth include hope for love, fame, success, and glamour (Greenbaum, 2014).

Family. Youth that live in dysfunctional family environments are at an increased risk of CSEC. Dysfunctional and unsafe family environment examples include family conflict, intimate partner violence, domestic violence, parental substance abuses of drugs or alcohol, single-parent or divorced-parent homes, or death of a parent (Barnert et al., 2017; Chafee & English, 2015; Choi, 2015; Gibbs et al., 2015; Greenbaum & Crawford-Jakubiak, 2015; Grace et al., 2014; Horner, 2015; NHTRC, 2019; WHO, 2015). Exposure to or witnessing violence in the home may create the necessity for a CSEC victim to feel as though they are demanded to or have an obligation to help or please the family member and may unwillingly engage in CSEC activity (Gibbs et al., 2015).

Victims of CSEC may be living in their own homes with their families (IOM, 2013). The IOM (2013) report states CSEC victimization is greater in “families in which the exploitation remains undetected, and no external intervention by either law

enforcement or child protective authorities has occurred (pp 94).” Evidence shows that parents and caretakers commit acts of CSEC involving their own children out of financial necessity due to an increased need or desperation to meet basic needs such as money, shelter, food, or drugs (Finigan-Carr & Rubenstein, 2018; IOM, 2013; Naramore, 2017). Further push factors related to family include interpersonal relations with peers or family members who were involved in commercial sexual situations (Choi, 2015), or children with little to no parental or guardian supervision (Gibbs et al., 2015). Having minimal supervision makes children more vulnerable to exploiters because exploiters seek out victims who are economically or socially vulnerable (Beck et al., 2015; Fraley et al., 2018). In the family category, exploiters use key pull factors of seduction, misplaced trust in assurances and promises, and deception to lure their victims (Gibbs et al., 2015).

Community. Low employment opportunities for youth and adults increase risk for CSEC as caregivers are unable to provide for the needs of themselves and/or their children; or youth are unable to meet their own needs (Anderson et al., 2017). Community level risk factors also include under-resourced schools (Chaffee & English, 2015; Fraley & Aronowitz, 2017; Greenbaum, 2014; IOM, 2013), high-crime neighborhoods, gang involvement, social isolation, lack of economic opportunity, or communities that lack resources for those vulnerable populations in poverty (Gerassi et al., 2018; Hornor et al., 2019; NHTRC, 2019; and WHO, 2015). Greenbaum (2014) and Macias-Konstantopoulos et al. (2015) note that not only are under-resourced schools a risk factor, all schools are at risk because exploiters use peer recruiters in schools to systematically target vulnerable youth.

Communities with crime, adult prostitution, transient males, and police corruption are at an increased risk for CSEC (IOM, 2013). If communities lack collective efficacy – trust among neighbors and neighborhoods – they have a higher tolerance for sexual coercion, deviant behavior, substance abuse, and physical harm. Communities with collective efficacy and community cohesion and support have less crime. This could lead to pull factors that could affect youth in the community. Pull factors could include promise of employment and promise of consumer goods (Greenbaum, 2014).

Society. Societal factors that contribute to an increased risk of children being sexually exploited include a lack of awareness of CSEC, gender biases, and the sexualization of children in advertising and social media (Bounds et al., 2015). Further push factors include areas of political and civil unrest, armed conflict, and ethnic discrimination, and natural disasters (NHTRC, 2019). Political or gang affiliated corruption can lead to a lack of opportunity and an increase in poverty that may result in exploiters using the incorporation of pull factors such as the promise of a lucrative career, money, and fame (Greenbaum, 2014) to lure victims into CSEC.

Adverse Health Effects experienced by CSEC Victims

Adverse health effects of CSEC victims are complex, multifaceted, and may include physical injury, reproductive and genitourinary injury, developmental concerns, and mental health issues (Fraley et al., 2018). Muftic and Finn (2013) conducted a cross-sectional study of female victims of CSEC and noted that 89% of these victims sustained physical violence, 59% were diagnosed with a sexually transmitted infection, and 58% became pregnant during their time of being trafficked. Physical injuries that healthcare providers have noted include intentional and accidental burns or cigarette burns, blunt force

trauma, knife wounds, fractures, scarring, chronic pain, dental and oral injuries, headaches, fatigue, abdominal complaints, drug injection markings, malnutrition, and infectious diseases (Albert et al., 2014; Barnert et al., 2017; Bepalova et al., 2014; Choi, 2015; Donahue et al., 2019; Finigan-Carr & Rubenstein, 2018; Goldberg et al., 2017; Greenbaum et al., 2018; Lederer & Wetzel, 2014; and NHTRC, 2019). Physical injuries are wide-ranging and largely depend on the particular situation of a victim.

Victims of CSEC experience reproductive injuries that can affect both the physical and mental wellbeing of the child. Reproductive and genitourinary injuries are common in CSEC victims due to the nature of the abuse and may include sexually transmitted infections, forced abortions, repeated unwanted pregnancies, reports of genital trauma, chronic pelvic pain, burning with urination, vaginal or urethra discharge, or urethra or vaginal itchiness, and frequent urinary tract infections (Bernert et al., 2017; Chaffee & English, 2015; Choi, 2015; Greenbaum et al., 2018; NHTRC, 2019; Varma et al., 2015). Reproductive and genitourinary injuries that are left untreated can cause an increase in infertility, pelvic pain, cervical cancer, human immunodeficiency virus (HIV), and other chronic diseases (Muftic & Finn, 2013). Reproductive and genitourinary injuries are difficult for school nurses to objectively assess and therefore must rely on signs and symptoms of injuries reported by the student.

As a result of the constant fear, psychological manipulation, and abuse experienced during captivity, victims of CSEC experience a wide range of mental health issues including shame, hopelessness, anxiety, and stigma (Chaffee & English, 2015; Fraley & Aronowitz, 2019; Gibbs et al., 2015; Sanchez et al., 2019). Victims may also suffer from “posttraumatic stress disorder, anxiety disorders, depression, substance abuse, and

suicidality” (Chaffee & English, 2015, pp 340). Post-traumatic stress disorder (PTSD) as well as anxiety disorders are possible (Chaffee & English, 2015). Aside from PTSD, CSEC victims may experience complex PTSD (C-PTSD) due to the chronic exposure to trauma (Banu et al., 2021). The cumulative trauma experienced by CSEC victims extends far beyond the time under their exploiters’ control. CSEC victims report low self-confidence and the inability to form positive relationships as symptoms that disrupt their basic coping mechanisms and lead to self-destructive behaviors such as cutting, drugs, and/or alcohol addiction (Goldblatt Grace et al., 2012). Drug addictions are common in victims of CSEC as they quickly learn that using alcohol or other illegal drugs assist in numbing themselves from the abuse (Goldblatt Grace et al., 2012). Additionally, exploiters will often use substances to ensure compliance which can lead to addiction.

CSEC victims may also display symptoms of Stockholm syndrome (Goldblatt Grace et al., 2012; Sanchez et al., 2019). Stockholm syndrome is a condition in which the victims develop a psychological alliance with their exploiters and have positive feelings or compassion towards their exploiters (Goldblatt Grace et al., 2012; Sanchez et al., 2019). Victims feel an allegiance to their traffickers because their relationship is often established through coercion, intimidation, and/or domination (Chaffee & English, 2015). Fichtelman (2014) notes that while outsiders recognize the abuse, children trapped in an sexual abuse situation experience a psychological paralysis and are too fearful of further violence if they try to leave (pp 31).

Role of School Nursing and CSEC

Five days a week, for 180 days a year, a large portion of our nation’s youth spend 6-8 hours a day in a school building (Goldblatt Grace et al., 2012; IOM, 2013). School

nurses are the primary source of health care for the youth they serve. School nurses are leaders in the school community and coordinate school health policies and procedures (American Academy of Pediatrics, 2016 and NASN, 2018c). The National Center for Missing and Exploited Children (2019) asserts that child-serving professionals, like school nurses, have the responsibility to identify potential indicators of CSEC instead of relying on the child to disclose. The American Academy of Pediatrics (2016) highlights the need for healthcare professionals, including school nurses, to know the signs and symptoms of CSEC and intervene appropriately. Generally speaking, school nurses are not trained to recognize, intervene, or refer students for help in situations related to human trafficking, let alone CSEC (Coughlin et al., 2020). However, “school nurses are mandatory reporters for suspected physical abuse, sexual abuse, neglect, endangerment, and any other form of child maltreatment” (NASN, 2018b, pp 14). NASN states, “school nurses ... serve a vital role in the recognition of early signs of child maltreatment, assessment, identification, intervention, reporting, referral, and follow-up of children in need,” (2018b, pp 14) yet, school nurses lack awareness and/or have negative perceptions regarding one of the most crucial forms of child maltreatment and abuse, CSEC (Fraley and Aronowitz, 2017).

School nursing often includes student disclosures of domestic violence or physical abuse (NASN, 2018b); still, for the child being prostituted, violence is a normal day-to-day reality and this abuse often goes unreported due to victims’ fear of retaliation or the return to an abusive home (Goldblatt Grace et al., 2012). CSEC victims in school may be the ones who experience disciplinary issues and may be labeled by school personnel, including school nurses, as “difficult students” (Fraley et al., 2018; Grace et al., 2014). Grace et al. (2014) suggests that school nurses lack awareness, hold internal stigma toward,

or outright deny that CSEC is occurring. Fraley and Aronowitz (2017) state that stigma may stem from misperceptions that youth are choosing to participate in sex work rather than being victims of sexual exploitation.

Even though there is grand paucity in research regarding school nursing and CSEC, there is abundant evidence regarding the effectiveness of school nursing in identification, intervention, and prevention of targeting at-risk youth in schools. For example, positive results are evident in school nurses targeting obesity, tobacco use, and dating violence (Fraley & Aronowitz, 2017). School nurses have positively impacted the identification of and provided interventions for students with visual and hearing concerns and impairments (NASN, 2017). School nurses have led the charge with an increase in immunization compliance with innovative approaches to utilizing school based vaccination clinics (NASN, 2019). School nurses are also uniquely familiar with the range of normative development in children including academics, emotions, behaviors, and their overall physical growth (Grace et al., 2014). As the healthcare professional in the school setting, whether urban or rural, school nurses need to recognize that students in their schools are at risk of being victims of CSEC and school nurses must have awareness and nonjudgmental approaches to assist the victims. School nurses must know that victims of CSEC often have their symptoms untreated and their experiences are compounded by current trauma, stressors, physical conditions, or mental health disorders (NHTRC, 2019). School nurses must utilize trauma-informed care and keep the possibility of untreated experiences in mind when assessing and intervening on current physical and mental health issues (Goldblatt Grace et al., 2012; Greenbaum et al., 2018).

School Nursing in the State of Kansas

The Bureau of Health Promotion and Bureau of Family Health (2019) with the Kansas Department of Health and Environment conducted a school nurse survey to obtain data from all public and private schools in 2017 related to school nurses and health screenings. Due to incomplete/inaccurate responses, only respondents from public school districts and state schools were included in the data analyses. The data analyses revealed that for 170 school districts, 789 Registered Nurses, 81 Licensed Practical Nurses, and 187 health aides were employed for direct care services. At the time of data collection, this equated to a registered nurse to student ratio of 1:468 (Bureau of Health Promotion and Bureau of Family Health, 2019). Currently, the State of Kansas has 486,112 total students from kindergarten through 12th grade enrolled in 3 different types of schools for the 2020-2021 school year (Kansas State Department of Education [KSDE], 2021). Types of schools in Kansas include 286 public school districts, 10 public charter schools, and 231 private schools (KSDE, 2021 & Private School Review, 2021.). Additionally, it is important to note that for the 2020-2021 school year only 724 Registered Nurses and 106 Licensed Practical Nurses were employed by Kansas school districts (KSDE, 2021). Furthermore, several public and private school districts do not have a full-time school nurse and/or utilize the local health department for required screening purposes only (KSDE, 2021).

School nurses provide the critical link to address gaps in healthcare by navigating and addressing socio-economic issues, physical health needs, and health behavior factors of students in their school community. Large school nurse to student ratios and/or Kansas school districts not having a school nurse allows CSEC victims to continue to go unnoticed and remain entangled in the web of human trafficking. Kansas is an originating state and hub of accessibility for mid-western commerce (Montgomery, 2020), therefore, it is

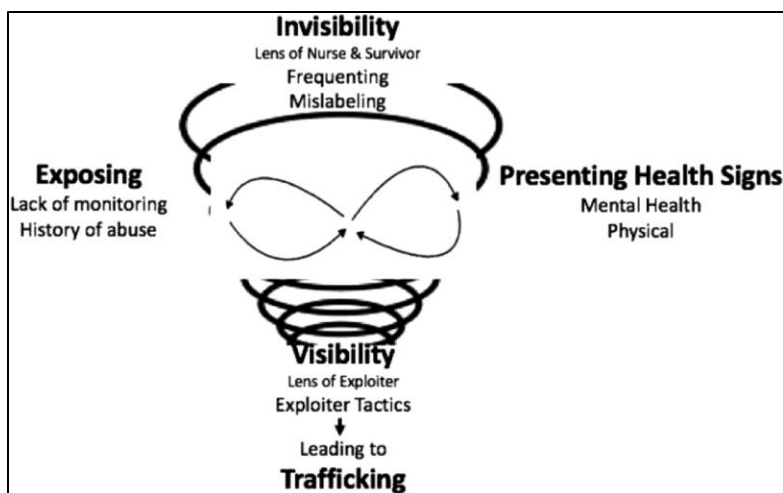
imperative that Kansas school nurses understand their awareness, attitudes, and perceptions of CSEC in order to provide appropriate interventions to students in need.

Theoretical Framework, Obtaining Exposure and Depth of Field: School Nurses ‘Seeing’ Youth Vulnerability to Trafficking (SNSYVT)

Fraley and Aronowitz (2019) describe school nursing as being on the frontlines of CSEC, yet voice concerns that school nurses misunderstand youth who are exploited. The lack of awareness by school nurses and their misunderstanding of signs and symptoms of CSEC led Fraley and Aronowitz to develop a theoretical framework titled, “School Nurses ‘Seeing’ Youth Vulnerability to Trafficking (SNSYVT)” (Fraley & Aronowitz, 2019). Fraley and Aronowitz (2019) utilized Glaser and Strauss’ Grounded Theory (GT) and sampled school nurses and CSEC survivors to generate data to assist in theory development. The data generated the 4 main categories of invisibility, visibility, exposing, and presenting health signs (Figure 1).

Figure 1

Metaphorical visual display of SNSYVT (Reproduced with Permission, Fraley & Aronowitz, 2019, p. 5)



Through the voices of school nurses and survivors, Fraley and Aronowitz were able to create a theoretical framework that explains factors that increase the risk of youth being trafficked and how school nurses might identify youth at risk of being trafficked. Fraley and Aronowitz summarized their framework: “Voices of school nurses and survivors illuminated the invisibility of youth in schools who are victims of trafficking and the magnified lens of exploiters who see their vulnerability. The lens of school nurses can be refocused to “see” youth who are victims of trafficking presenting at school” (2019, pg 1).

Invisibility

During data analysis, invisibility emerged as a category in how victims present in schools, specifically focusing on what school nurses did not perceive and how survivors felt no one understood them in school. The invisibility category produced two codes, “frequenting the nurse” and “mislabeling behavior” (Fraley & Aronowitz, 2019). Data revealed that school nurses noted frequency of physical complaints such as menstrual cramps or stomach aches and focused treatment on the assumption it was cramps rather than questioning the student for further information. In contrast, the survivors noted they were trying to get help by visiting the school nurse office in hopes that the nurse would understand something was wrong (Fraley & Aronowitz, 2019).

The school nurses in the study revealed they mislabeled youth as consensually engaging in risky behavior or employment. The school nurses noted cell phones utilized for work and hotel keys as employment items or signs of homelessness rather than signs of trafficking. The survivors noted the cell phones and hotel keys were clear red flags for trafficking (Fraley & Aronowitz, 2019, p. 7). The school nurses showed an unconscious

bias toward the youth because they assumed the frequenting was acting out. The mislabeling noted in the data represents the lack of awareness school nurses have regarding CSEC. Furthermore, the survivors in the study noted they did not identify themselves as a victim due to fear tactics and coercion by their exploiters (Fraley & Aronowitz, 2019).

Visibility

Visibility of CSEC is lacking in school nurses, but not to the exploiters. Unfortunately, data revealed that while “trafficking is invisible among school nurses, youth vulnerable to trafficking are highly visible to exploiters” (Fraley & Aronowitz, 2019, pp 7562). Exploiter tactics noted in the data included use of social media and the “lover boy” phenomenon (Fraley & Aronowitz, 2019). School nurses and survivors noted that youth are trafficked through coercive tactics utilized on social media sites, such as Snap Chat and Instagram (Fraley & Aronowitz, 2019). Greene-Colozzi et al. (2020) note in their study that one in five American youth aged 10-17 have experienced sexual solicitation over the internet.

The term “lover boy” was used as a code word by school nurses and survivors in the data collection and analysis. “Lover boy” is described by school nurses as an older boy using systematic coercion to befriend, make them think they are in love with him, and control younger youth and then exploit them into trafficking. School nurses noted that young girls are tricked into these relationships and do not recognize the danger signs. Survivors noted a hierarchy system of organized trafficking and noted that the “lover boys” target their wants and desires. One study participant described situations where traffickers groomed vulnerable children by paying for them to get their hair dyed, nails done, buy nice

purses and other items they would not normally be able to afford (Fraley & Aronowitz, 2019).

Exposing

The exposing category represents the risk factors that can expose vulnerable youth to trafficking. Exposing revealed two major codes “lack of monitoring” and “history of abuse” (Fraley & Aronowitz, 2019). The “lack of monitoring” code has two distinct dimensions: lack of parental supervision and unsupervised access to social media (Fraley & Aronowitz, 2019). School nurses and survivors confirmed a lack of family involvement led to an increased risk of trafficking due to the large amount of time youth may be by themselves or youth needing to find ways to meet their own basic needs. School nurses expressed concern over the lack of knowledge that parents or guardians have regarding social media, while survivors noted red flags when students were using their phone to manage and organize their daily schedule to keep up with all of their exploiter appointments (Fraley & Aronowitz, 2019). Additionally, gaming systems such as PlayStation or XBOX have built-in social media capabilities that parents are unaware of. School nurses also noted that they do not have knowledge of what youth are being exposed to on social media. For example, one school nurse survey participant stated that her colleagues wanted to discuss EpiPens when there “is this new thing out there (called) human trafficking and it is impacting our kids on social media...my colleagues are not on the same page” (Fraley & Aronowitz, 2019, p. 8).

The history of abuse code noted two distinct concerns: history of physical and sexual abuse in the family and history of physical and sexual abuse in foster care (Fraley & Aronowitz, 2019). School nurses mentioned familial abuse can take many forms and

those youths that have been abused are often the most troubled kids (Fraley & Aronowitz, 2019). Survivors perceived words that school nurses used to question them about potential abuse as confusing. For example, one survivor had the following thought when the nurse asked her if she felt safe, “I didn’t know everyone else wasn’t experiencing it [abuse], I would be thinking no my house isn’t on fire...no one is shooting at me...yes, I am safe” (Fraley & Aronowitz, 2019, p. 9). Another survivor misunderstood her abuse because her father used the term “spanking” when she was being assaulted. When this survivor revealed her abuse, she used the word “spanking” which led her father to be praised for punishing his child (Fraley & Aronowitz, 2019). Regarding foster care, school nurses and survivors communicated concerns about contacting child protective services due to the foster care environments (Fraley & Aronowitz, 2019). School nurses cited unhealthy environments and witnessing further abuse as concerns while survivors mentioned repeated sexual abuse and lack of caring environments. Both school nurses and survivors noted that social workers are not adequately trained and have large caseloads that prevent adequate assistance to vulnerable populations (Fraley & Aronowitz, 2019).

Presenting Health Signs

Mental health and physical signs were two codes that emerged from the presenting health signs category. Mental health signs noted by the school nurses were anxiety, violence, class absenteeism, and hyper sexuality. The school nurses noted anxiety is increasing in their student population and is often accompanied with general somatic complaints of stomachaches. Nurses also related anxiety to social relationships and dysfunctional family relationships. Survivors, as well as school nurses, noted violence within schools, in particular anger and distrust that lead to overtly violent behavior toward

peers (Fraley & Aronowitz, 2019). School nurses and survivors noted class absenteeism as a massive red flag for vulnerable students (Fraley & Aronowitz, 2019). A survivor noted that her busiest time for being trafficked was the lunch hour. She continued to note that she would try to make it back for the last class because she was “desperately trying to finish school” (Fraley & Aronowitz, 2019, p. 12). School nurses and survivors revealed hyper sexuality as a behavior with red flags. School nurses noted inappropriate behaviors with other students and concern for the revealing clothing choices by students. Survivors noted that promiscuous dressing and behaviors were all they knew from being trafficked from such a young age (Fraley & Aronowitz, 2019).

Physical signs revealed in the data analysis included early development, hunger, sleepiness, and genitourinary infections (Fraley & Aronowitz, 2019). Several survivors noted they began puberty at an early age. One survivor noted, “I started my period at nine which is really early...if you have a 9-year old that is asking for tampons she probably has been sexually abused...most 9-11-year olds are not going to know about tampons” (Fraley & Aronowitz, 2019, p. 14). Hunger was noted as a physical sign by both school nurses and survivors. School nurses observed hunger signs and symptoms in their students and multiple nurses kept food in their offices for these students. The school nurses attributed hunger to poverty and not to trafficking (Fraley & Aronowitz, 2019). On the other hand, survivors noted their experiences with hunger and food being used as a control technique by the trafficker. Tiredness, mentioned by both school nurses and survivors, also had two different meanings. School nurses misunderstood tiredness as a time management issue, whereas survivors mentioned familial trafficking late hours at night. The survivors reported being sleep-deprived as well as exhausted (Fraley & Aronowitz, 2019). Lastly,

school nurses and survivors mentioned genitourinary infections as a physical sign. Nurses conveyed that females would frequently visit their office with abdominal pain and cramping which were attributed to menstrual issues without further questioning. Survivors echoed this information and expressed they were experiencing chronic infections rather than menstrual issues.

Operational Definitions

Operational definitions are CSEC, school nursing, and traffickers/exploiters (Table 1).

Table 1

Operational Definitions

Word	Definition
Commercial Sexual Exploitation of Children (CSEC)	A range of crimes of a sexual nature committed against children and adolescents, including (1) recruiting, enticing, harboring, transporting, providing, obtaining, and/or maintaining a minor for the purpose of sexual exploitation; (2) exploiting a minor through prostitution; (3) exploiting a minor through survival sex (exchanging sex/sexual acts for money or something of value, such as shelter, food, or drugs); (4) using a minor in pornography; (5) exploiting a minor through sex tourism, mail order bride trade and early marriage; and (6) exploiting a minor by having her/him perform in sexual venues (IOM, 2013, pp 99).
School Nursing	School nursing, a specialized practice of nursing, protects and promotes student health, facilitates optimal development, and advances academic success. School nurses, grounded in ethical and evidence-based practice, are the leaders who bridge health care and education, provide care

coordination, advocate for quality student-centered care, and collaborate to design systems that allow individuals and communities to develop their full potential (NASN, 2017)

Traffickers / Exploiters	Traffickers (or exploiters) exploit others for the profit gained from commercial sex. Traffickers can be foreign nationals and U.S. citizens, males and females, family members, intimate partners, acquaintances, and strangers (National Human Trafficking Hotline, 2021).
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Gaps in Knowledge and Need for Current Study

The literature review validates that little research has focused on school nurses' awareness, attitudes, and perceptions regarding CSEC, and how these categories influence the care and interventions they provide their students that are victims of CSEC. The literature review also validates that no research has been conducted with school nurses in the state of Kansas regarding their awareness, attitudes, and perceptions of CSEC. Furthermore, there is substantial and compelling evidence that CSEC is a serious problem with immediate and long-term adverse consequences. School nurses may be the only health care provider interacting with CSEC victims, thus it is crucial to determine their awareness level and note any stereotypes and misperceptions Kansas school nurses hold regarding victims of these crimes, how widely held those beliefs are, and to what extent those beliefs influence the care they provide. Kansas school nurses are well positioned to help with identification and intervention of CSEC and understanding their awareness, attitudes, and perceptions of CSEC will inform future intervention development that is specific to the state of Kansas.

Summary

CSEC is a critical issue impacting school-age children across the United States and specifically the State of Kansas. CSEC does not discriminate between sex, age, race, ethnicity, or socioeconomic class (Barnert et al., 2017; Choi, 2015; Ferguson et al., 2009; Fichtelman, 2014; Finigan-Carr & Rubenstein, 2018; Fraley & Aronowitz, 2017; Greenbaum & Crawford-Jakubiak, 2015; Goldblatt Grace et al., 2012). WHO describes four levels of risk factors for victims of CSEC including individual, family, community, and societal. The most common individual level risk factor is childhood sexual abuse followed by immersion in the child welfare system, and/or juvenile justice system. Many of these CSEC victims run away from their dysfunctional homes and engage in survival sex to support their basic needs. Family risk factors include domestic violence, parental substance abuse, and single or divorced parent homes. Evidence confirms that parents and caretakers commit acts of CSEC involving their own children due to financial necessity to purchase basic needs, shelter, food, drugs, or alcohol (Finigan-Carr & Rubenstein, 2018; IOM, 2013; Naramore, 2017). Low employment opportunities for youth and adults increases the community level risk factors for CSEC due to higher crime rates, gang involvement, social isolation, and under-resourced schools (Gerassi et al., 2018; Hornor et al., 2019; NHTRC, 2019; and WHO, 2015). Societal level risk factors for CSEC include gender biases, sexualization of children in advertising and social media, and a lack of awareness of CSEC (Bounds et al., 2015).

CSEC victims and survivors experience many adverse health effects including physical injury, reproductive and genitourinary injury, developmental concerns, and mental health issues (Fraley et al., 2018). CSEC victims report low self-confidence and

the inability to form positive relationships as symptoms that affect their basic coping mechanisms which can lead to self-destructive behaviors such as cutting, drugs, and/or alcohol addiction (Goldblatt Grace et al., 2012). Drug addictions are common in victims of CSEC as they quickly learn that using alcohol or other illegal drugs assist in numbing themselves from the abuse (Goldblatt Grace et al., 2012). Additionally, exploiters will often use substances to ensure compliance which can lead to addiction.

Across the state of Kansas, school nurses are the primary source of health care for students of all ages. School nurses are familiar with the range of normative development in children including academics, emotions, behaviors, and their overall physical growth (Grace et al., 2014). School nurses have been successful in increasing youth immunization compliance, targeting obesity, assisting with tobacco use education, and providing education regarding dating violence. Additionally, school nurses are trained to recognize signs and symptoms of child abuse and maltreatment, however, school nurses are not trained to recognize, intervene, or refer students for help in situations related to CSEC. As the healthcare professional in the school setting, whether urban or rural, Kansas school nurses need to recognize that students in their schools are at risk of being victims of CSEC. Furthermore, due to Kansas being considered a “hub of accessibility” and “originating state” for CSEC (Montgomery, 2020) it is essential that Kansas school nurses develop awareness and understanding of CSEC.

The theoretical framework being utilized in this study, SNSYVT, developed by Fraley and Aronowitz (2019), used a sample of school nurses and CSEC survivors and applied Glaser and Strauss’ Grounded Theory. The results generated a theory with 4 main categories: invisibility; visibility; exposing; and presenting health signs. Utilizing

SNSYVT, school nurses will be able remove their misperceptions and apply new knowledge that identifies factors that increase the risk of CSEC and explain how one can identify the youth at risk. Using SNSYVT as a framework will help facilitate understanding of the phenomenon among Kansas school nurses.

Chapter 3 Methodology

Introduction

The overall objective of this study is to investigate the awareness, attitudes, and perceptions that Kansas school nurses have regarding CSEC. To attain the objective a non-experimental quantitative study, will be conducted using the SNAPS survey (Appendix C). A quantitative study was selected to be able to quantify data and fill a gap in the literature. At the completion of this research study, the expected outcome is to quantify and fill a gap in the literature of what awareness, attitudes, and perceptions Kansas school nurses have regarding CSEC.

Research Question

School nurses may be the only health care provider interacting with CSEC victims, therefore, it is crucial to determine what level of awareness, attitudes, and perceptions school nurses hold regarding CSEC. Aim #1 is to determine the level of awareness that school nurses have regarding CSEC. The working hypothesis for aim #1 is that less than 25% of Kansas school nurses have significant awareness about CSEC. Twenty-five percent is derived from data collected by Fraley and Aronowitz' 2018 and 2021 studies that noted a median, standard deviation, and range in the awareness category consistent with significant awareness. Aim #2 is to identify school nurses' attitudes and role perceptions regarding their student population and CSEC. The working hypothesis for aim #2 is that 75% or more of school nurses have negative attitudes and role perceptions of CSEC and their student population. Seventy-five percent is derived from data collected by Fraley and Aronowitz' 2018 and 2021 studies that noted a median, standard deviation, and range in the attitudes and role perception categories consistent with negative attitudes and

perceptions. The rationale for aim #1 and #2 is that successful completion is likely to produce the foundational knowledge needed to begin development of an evidence based screening tool for school nurses.

Research Design and Instrumentation

The research design will be to conduct a non-experimental quantitative study using a cross-sectional survey known as the SNAPS instrument (Appendix C). SNAPS is a 32-item, 5-point Likert scale survey with 3 sub-scales, 7 items relating to awareness, 16 items representing attitudes, and 9 items regarding role perceptions. Sub-scale “awareness” includes factors related to the definition of CSEC, a school nurses understanding of impact of CSEC, and an overall awareness of CSEC (Fraley & Aronowitz, 2021). Sub-scale “attitudes” includes factors relating to victim identification and victim vulnerability (Fraley & Aronowitz, 2021). The final sub-scale, “role perceptions,” contains factors representing perceptions that school nurses have regarding their role in identification and engagement of CSEC victims (Fraley and Aronowitz, 2021). The survey has a potential score range of 32-160. High scores indicate higher awareness of CSEC. Additionally, there are 23 demographic questions. Key demographic variables include specific nursing degree, gender, age, experience, nurses’ level of education, type of school setting, location of school setting, ethnicity of student population, overall health status of student population, and size of student population.

SNAPS was developed by Fraley and Aronowitz (2021) using the Ferguson et al. survey (2009). The Ferguson et al. survey was created for the CSEC Community Intervention Project in 2009 to measure knowledge and attitudes of law enforcement, nongovernmental representatives, and prosecuting attorneys regarding CSEC. To develop

the instrument, Fraley and Aronowitz (2021) conducted a multi-phase scale development approach using an iterative process including a two-phase mixed methods pilot study with MA school nurses followed by a national survey study with school nurses to assess psychometric properties of the instrument. During scale development Fraley and Aronowitz (2021) measured validity and reliability with exploratory and correlation factor analysis. Reliability and internal consistency were met with a Cronbach's α of 0.94 with sub-scales ranging from 0.84-0.94. Validity was achieved with a confirmatory factor analysis that revealed a three-factor scale (awareness, attitudes, and role perceptions) with a cumulative variance of 70.79% (Fraley & Aronowitz, 2021). The instrument has a test-retest reliability of 0.91 (Fraley & Aronowitz, 2021).

Population and Sample Selection

Institutional Review Board (IRB) approval from the University of Texas Medical Branch will be obtained before the target population of school nurses in Kansas are electronically contacted. Purposive sampling will be employed through the Kansas School Nurse Organization (KSNO) email list serve. A recruitment flyer email (Appendix D) with a link to the survey will be sent to the KSNO email list serve manager. The KSNO email list serve manager will then send the email to all KSNO members. KSNO's policy is to facilitate study recruitment by sending an email to members rather than giving a researcher members information. If needed, snowball sampling will be used to further reach school nurses in the state of Kansas.

Participants must be a Registered Nurse or Licensed Practical Nurse, who is currently practicing school nursing in the state of Kansas and be willing to complete a 61-question survey. Participants must be able to speak and read in English and must have

basic computer or other electronic skills. No participant will be turned away based on gender, race, color, or religion. No compensation will be given for participation. Biological variation in the study will be limited due to a predominance of female school nurses located in the state of Kansas (NASN School Nurse Net, 2021).

A Clopper-Pearson confidence interval calculation for one proportion was conducted to determine sample size. For aim #1 with a 80% confidence interval and a target width of 0.20 the sample size required is 40 Kansas school nurses for the proportion of 0.25. For aim #2 with a 80% confidence interval and a target width of 0.20 the sample size required is 40 Kansas school nurses for the proportion of 0.75.

Data Collection and Analysis

By completing the anonymous survey, the participant is giving his/her consent to participate. Collection and management of data will occur through an online survey administration utilizing the RedCap survey software tool. The survey will be available for 2 weeks. Reminders will be sent out after week 1 and 1 day before the survey closes.

Data analysis will be conducted utilizing Microsoft Excel. Aim #1 and #2 will be examined using descriptive statistics and normality analysis by using standard deviations, means, frequency distributions, and ranges. The results will be interpreted and presented through tables, graphs, and written explanations. Listwise deletion will occur for any missing data in demographics and the 3 different categories.

Potential Problem & Alternative Strategy

The most important potential problem that may be encountered is that not enough school nurses will respond to the survey to draw statistical conclusions. This is highly unlikely given the high amount of human trafficking that does occur in Kansas. If not

enough nurses respond to the survey, snowball sampling would be used to gather participants. A second potential problem would be incomplete surveys that would be a listwise deletion. If this occurs, pairwise deletion would be conducted to keep as many answers as possible for each analysis.

Summary

Due to the scarcity of evidence-based research in school nursing, specifically in the state of Kansas, it is unclear what awareness, attitudes, and perceptions Kansas school nurses have regarding CSEC. The objective of this study is to investigate the awareness, attitudes, and perceptions that school nurses have regarding CSEC. To obtain the objective, a non-experimental quantitative study will be conducted using the SNAPS survey (Appendix C). At the completion of this research study, the expected outcome is to quantify what awareness, attitudes, and perceptions school nurses have regarding CSEC. There is promise that a foundational step will be created for the development of evidence-based educational for school nurses to utilize to assist in CSEC prevention, identification, and intervention.

Chapter 4: Data Analysis and Results

Introduction

The overall objective of this study was to investigate the awareness, attitudes, and perceptions that Kansas school nurses have regarding CSEC. To attain the objective, a non-experimental quantitative study was conducted using the SNAPS survey (Appendix C). IRB approval was received from UTMB and a letter of support was received from the KSNO President. The study was sent to Kansas School Nurses from the KSNO and eight-one participants responded. Listwise deletion was completed which resulted in a final complete participant response of 65 ($n = 65$). Given the current healthcare demand of school nurses, the original goal for a sample size was 40, thus the response rate was higher than expected. Therefore, a Clopper-Pearson confidence interval calculation for one proportion was re-conducted. Aim #1 was to determine the level of awareness that school nurses have regarding CSEC. The working hypothesis for aim #1 is that less than 25% of Kansas school nurses have significant awareness about CSEC. The confidence interval for aim #1 increased from 80% to 90% with a target width of 0.20 for the proportion of 0.25. Aim #2 was to identify school nurses' attitudes and role perceptions regarding their student population and CSEC. The working hypothesis for aim #2 is that 75% or more of school nurses have negative attitudes and perceptions of CSEC and their student population. For aim #2 the confidence interval increased from 80% to 90% and remained at a target width of 0.20 for the proportion of 0.75.

Collection of data occurred in an online survey software tool called Research Electronic Data Capture, or RedCap. RedCap is a secure web based application accessed through UTMB. The survey was available for 2 weeks with reminders sent by KSNO to

school nurses at the end of week 1 and 1 day before the survey closed. When the survey closed, data was exported into a Microsoft Excel document that was saved on the researcher's password protected computer. Aim #1 and Aim #2 were examined using descriptive statistics in Microsoft Excel. Percentages and 90% confidence intervals were calculated for categorical variable and means and standard deviations for continuous variables. The results are presented through tables, figures, and written explanations.

Demographics

The majority of participants were middle aged, female, registered nurses (Table 2). The average years of school nurse experience was 9.05 (Table 2). Additionally, the study results revealed that Kansas has a high percentage of female school nurses and school nurses that are registered nurses. Of the participants, 98.46% were female and 1.54% were males (Table 2). Registered nurses accounted for 96.92% of the participants while 3.08% were either a licensed practical or vocational nurse. Of the participants, 55.38% had a Bachelor's degree with 10.77% having completed a Master's degree (Table 2). No participants had a Doctorate of Nursing Practice (DNP) or Doctor of Philosophy in Nursing Degree (PhD).

Table 2

Participant Demographics

Item	Sample (N = 65)	Percent %	Range	Mean (SD)
<i>Currently practicing School Nursing</i>				
No	0	0.00		
Yes	65	100.00		
<i>Education Level</i>				
Associates	19	29.23		
Baccalaureate	36	55.38		
Masters	7	10.77		
Post-Masters	3	4.61		
<i>Nursing License</i>				
Registered Nurse	63	96.92		
Licensed Practical / Vocational Nurse	2	3.08		
<i>Sex</i>				
Male	1	1.54		
Female	64	98.46		
<i>School Nurse Years</i>			1 – 30	9.05 (8.50)
<i>Age (Years)</i>			23 – 75	45.35 (12.10)

School and Community Setting Characteristics

A portion (27.69%) of Kansas school nurses were assigned to 3 or more school facilities and 20.00% were assigned to 2 different school facilities. Of the participants, 56.92% had an average of 300-700 students per day under their care while 9.23% have over 1000 students per day under their supervision. On average, participants provided daily direct-care school nursing services to 41 students.

Most participants worked in the public-school setting with elementary and middle school students (Table 3). In addition to nurses caring for their student population, they are also caring for students on individualized education plans (IEP) and/or 504 healthcare plans (Table 3). Of the schools that nurses serve, 89.23% did not have a school based

healthcare clinic. Just over half (50.77%) of the participants were located in small towns or suburbs with 46.15% of the participant's schools located in a rural area that is at least 25 miles or more from an urban area. Approximately 45% of participants noted that 25% or more of their student populations were minorities (Table 3). Unfortunately, the participants' schools were located in vulnerable areas as evidenced by 80.00% noting crime is a problem.

Table 3

School and Community Characteristics

Item	Sample (N = 65)	Percent (%)
<i>Student Population (select all that apply)</i>		
Pre-Kindergarten	15	23.07
Elementary School (Grades K-4)	53	81.54
Middle School (Grades 5-8)	30	46.15
High School (Grades 9-12)	12	18.46
<i>School Setting</i>		
Public District	61	93.84
Private (Religious)	3	4.62
Other	1	1.54
<i>School Location</i>		
Small Town or Suburb (Population 0 – 49,999)	33	50.77
Large Town or Suburb (Population 50,000 – 99,999)	4	6.15
Small City or Suburb (Population 100,000 – 249,999)	15	23.08
Large City or Suburb (Population 250,000 or more)	13	20.00
<i>Located more than 25 miles from an urban area</i>		
Yes	30	46.15
No	35	53.85
<i>School Based Health Clinic</i>		
No	58	89.23
Yes	7	10.77

<i>Community Crime Levels</i>		
Crime is not a problem	13	20.00
Crime is somewhat a problem	40	61.54
Crime is a problem	12	18.46
<i>Economic Conditions</i>		
Joblessness is not a problem	22	33.85
Joblessness is somewhat a problem	32	49.23
Joblessness is a problem	11	16.92
<i>Diversity</i>		
Less than 25% minority enrollment	29	44.62
25% to 49% minority enrollment	15	23.07
50% to 74% minority enrollment	13	20.00
75% or more minority enrollment	8	12.31
<i>Special Education Students (IEP)</i>		
Yes	59	90.77
No	4	6.15
Unsure	2	3.08
<i>504 Plans</i>		
Yes	57	87.69
No	7	10.78
Unsure	1	1.53

Aim # 1: Determine the level of awareness that Kansas school nurses have regarding CSEC

The working hypothesis for aim #1 was that less than 25% of Kansas school nurses had significant awareness about CSEC. For the purpose of this study, significant awareness was defined as having a sub-scale total weighted response equal to “above average” or “very much.” The total weighted response for the sub-scale was calculated by the summation of the numerical values for Likert scale responses and divided by the total number of questions for the sub-scale. The SNAPS Likert scale score range for the sub-scale awareness was 1-5, with an overall range of 7-35. In terms of the Likert scale the

mean response was 2.5 with a standard deviation of 1.05 indicating that the average response to the 7 awareness questions was at the level of “somewhat knowledgeable” or “average.” Participants with a total weighted response for the awareness subscale greater than or equal to 4.0 were considered to have significant awareness.

As measured on the awareness sub-scale, 10.77% of the participants had significant awareness by indicating “above average” or “very much” on all of the sub-scale awareness questions. The 90% Clopper-Pearson confidence interval for the participants with significant awareness (10.77%), is 5.16% - 19.25%. Participants had 23.08% significant awareness regarding the scope of the CSEC problem but only 21.54% had significant awareness regarding the CSEC term (Table 4). When participants were asked about their awareness of multiple forms of CSEC only 16.92% had significant awareness. Interesting to note, 36.92% had significant awareness regarding the problem of human trafficking but only 16.92% of participants noted they had significant awareness of CSEC victims amongst their student population and 18.46% had significant knowledge regarding the term “throwaway” (Table 4).

Table 4

Sub-Scale Awareness

Awareness Items	Sample (N = 65)	Percent %
<i>How familiar are you with multiple forms of CSEC?</i>		
Not at all	19	29.23
Somewhat	22	33.85
Average	13	20.00
Above Average	8	12.31
Very Much	3	4.62
<i>How familiar are you with control and coercion methods used by exploiters?</i>		
Not at all	12	18.46
Somewhat	22	33.85

Average	17	26.15
Above Average	11	16.92
Very Much	3	4.62
<hr/> <i>How familiar are you with scope of the CSEC problem?</i>		
Not at all	15	23.08
Somewhat	15	23.08
Average	20	30.77
Above Average	13	20.00
Very Much	2	3.08
<hr/> <i>How familiar are you with the CSEC term?</i>		
Not at all	16	24.62
Somewhat	19	29.23
Average	16	24.62
Above Average	10	15.38
Very Much	4	6.15
<hr/> <i>How familiar are you with the problem of human trafficking?</i>		
Not at all	7	10.77
Somewhat	10	15.38
Average	24	36.92
Above Average	17	26.15
Very Much	7	10.77
<hr/> <i>How familiar are you with the throwaway term?</i>		
Not at all	29	44.62
Somewhat	15	23.08
Average	9	13.85
Above Average	9	13.85
Very Much	3	4.62
<hr/> <i>How familiar are you with student CSEC victims?</i>		
Not at all	14	21.54
Somewhat	27	41.54
Average	13	20.00
Above Average	8	12.31
Very Much	3	4.62

Aim # 2: Identify Kansas school nurses' attitudes and role perceptions regarding their student population and CSEC

The working hypothesis for aim #2 was that 75% or more of school nurses have negative attitudes and role perceptions of their student population and CSEC. For the purpose of this study, having negative attitudes and role perceptions was defined as having a combined sub-scale total weighted response equal to “average,” “somewhat,” or “not at all.” The total weighted response for the subscale was calculated by the summation of the numerical values for Likert scale responses and divided by the total number of questions for the subscale.

Attitudes

The SNAPS Likert scale score range for the sub-scale attitudes was 1-5 with an overall range of 16-77 and a mean of 38.2 or standard deviation of 16.18. The mean response was 2.39 with a standard deviation of 1.01 indicating that the average response to the 16 attitude questions was at the level of “average” and “somewhat.” Participants with a total weighted response for the attitudes subscale greater than or equal to 4.0 were considered to have positive attitudes. It was found that 86.15% of the participants had negative attitudes and 13.85% had positive attitudes. The 90% Clopper-Pearson confidence interval for the participants with negative attitudes (86.15%), is 77.08% - 92.58%.

Participants had a negative attitude towards CSEC and mental health, learning disabilities, and medical disabilities. Family relationships and social-emotional status were equal in negative attitude with 78.46% respectively (Table 5). Participants had a negative attitudes concerning their student population with regards to academic achievement and absences and tardiness. Foster care and Department of Children and Family services

(DCF) involvement averaged a negative attitude of 83.08%; however, poverty only averaged 76.92% (Table5).

Participants had significant negative attitudes regarding runaways (Table 5) First, the awareness of the relationship of runaways and LGBTQ has a negative attitude level at 90.77%. Second, the participants had negative attitudes towards the awareness of challenges to caring for runaways at 89.23%. Third, the participants had negative attitudes regarding the emotional risk of runaways with a level of 84.62%. The significance of these negative levels towards runaways could be due to a lack of awareness or could be influenced by corresponding high negative levels of attitudes towards CSEC and juvenile justice system involvement or DCF/Foster care custody. School aged children who are LGBTQ, runaways, involved in the juvenile justice system, and/or foster care are entangled in CSEC (Andretta et al., 2016; Barnert et al., 2017; Choi, 2015; Fraley & Aronowitz, 2017; NHTRC, 2019; WHO, 2015) and negative attitudes by the school nurses could be interfering in interventions for these victims.

Table 5

Sub-Scale Attitude

Attitude Items	Sample (N = 65)	Percent %
<i>How familiar are you with CSEC and mental health?</i>		
Not at all	12	18.46
Somewhat	23	35.38
Average	14	21.54
Above Average	12	18.46
Very Much	4	6.15
<i>How familiar are you with CSEC and learning disabilities?</i>		
Not at all	17	26.15
Somewhat	21	32.31
Average	17	26.15
Above Average	8	12.31

Very Much	2	3.08
<hr/>		
<i>How familiar are you with CSEC and medical disabilities?</i>		
Not at all	17	26.15
Somewhat	22	33.85
Average	15	23.08
Above Average	8	12.31
Very Much	3	4.62
<hr/>		
<i>How familiar are you with CSEC and family relationships?</i>		
Not at all	15	23.08
Somewhat	20	30.77
Average	16	24.62
Above Average	11	16.92
Very Much	3	4.62
<hr/>		
<i>How familiar are you with CSEC and academic achievement?</i>		
Not at all	16	24.62
Somewhat	20	30.77
Average	18	27.69
Above Average	8	12.31
Very Much	3	4.62
<hr/>		
<i>How familiar are you with CSEC and social-emotional status?</i>		
Not at all	13	20.00
Somewhat	21	32.31
Average	17	26.15
Above Average	11	16.92
Very Much	3	4.62
<hr/>		
<i>How familiar are you with CSEC and absences and tardiness?</i>		
Not at all	16	24.62
Somewhat	18	27.69
Average	14	21.54
Above Average	14	21.54
Very Much	3	4.62
<hr/>		
<i>How familiar are you with CSEC and Foster / DCF custody?</i>		
Not at all	14	21.54

Somewhat	24	36.92
Average	16	24.62
Above Average	10	15.38
Very Much	1	1.54
<hr/> <i>How familiar are you with CSEC and social peer relationships?</i>		
Not at all	15	23.08
Somewhat	23	35.38
Average	17	26.15
Above Average	7	10.77
Very Much	3	4.62
<hr/> <i>How familiar are you with relationship of runaways and LGBTQ?</i>		
Not at all	21	32.31
Somewhat	21	32.31
Average	17	26.15
Above Average	6	9.23
Very Much	0	0.00
<hr/> <i>How familiar are you with challenges to caring for runaways?</i>		
Not at all	18	27.69
Somewhat	27	41.54
Average	13	20.00
Above Average	7	10.77
Very Much	0	0.00
<hr/> <i>How familiar are you with the emotional risk of runaways?</i>		
Not at all	15	23.08
Somewhat	28	43.08
Average	12	18.46
Above Average	7	10.77
Very Much	3	4.62
<hr/> <i>How familiar are you with the relationship of child sexual abuse and CSEC?</i>		
Not at all	11	16.92
Somewhat	25	38.46
Average	17	26.15
Above Average	10	15.38
Very Much	2	3.08

<i>How familiar are you with the relationship CSEC and poverty?</i>		
Not at all	13	20.00
Somewhat	22	33.85
Average	15	23.08
Above Average	12	18.46
Very Much	3	4.62
<i>How familiar are you with Juvenile Justice System involvement?</i>		
Not at all	18	27.69
Somewhat	26	40.00
Average	11	16.92
Above Average	9	13.85
Very Much	1	1.54
<i>How familiar are you with dating relationships?</i>		
Not at all	16	24.62
Somewhat	23	35.38
Average	15	23.08
Above Average	9	13.85
Very Much	2	3.08

Role Perceptions

The SNAPS Likert scale score range for role perceptions was 1-5 with an overall range of 18-45 and a mean of 33.62 or standard deviation of 6.44. The mean response was 3.74 with a standard deviation of 0.72 indicating that the average response to the 9 role perception questions was at the level of “average” and “above average.” Participants with a total weighted response for the role perceptions subscale greater than or equal to 4.0 were considered to have positive role perceptions. It was found that 58.46% participants had positive role perceptions and 41.54% had negative role perceptions. The 90% Clopper-Pearson confidence interval for the participants with negative role perceptions (41.54%), is 31.18% - 52.50%

Participants had a positive role perception with regards to sex trafficking being a problem in the United States and 63.08% of participants had a positive role perception regarding sex trafficking being a problem in the state of Kansas (Table 6). Twenty percent of the participants do not believe it is important to know about CSEC in the role as a school nurse; however, no one reported at the “not at all” level. Of the 65 participants, only 53.85% were aware students can be exploiters and 47.69% believed they can screen for CSEC in their student populations (Table 6). Over half (52.31%) of the participants believed knowledge is a barrier to identifying CSEC as a school nurse, nevertheless, only 70.77% of the participants state they are likely to attend education for CSEC and school nurses (Table 6).

Table 6

Sub-Scale Role Perceptions

Role Perception Items	Sample (N = 65)	Percent %
<i>Sex trafficking is a major U.S. problem</i>		
Not at all	1	1.54
Somewhat	2	3.08
Average	11	16.92
Above Average	25	38.46
Very Much	26	40.00
<i>Sex trafficking is a problem in my state</i>		
Not at all	2	3.08
Somewhat	6	9.23
Average	16	24.62
Above Average	28	43.08
Very Much	13	20.00
<i>CSEC is a major problem</i>		
Not at all	3	4.62
Somewhat	2	3.08
Average	15	23.08
Above Average	25	38.46
Very Much	20	30.77

<i>Exploiters can be students.</i>		
Not at all	2	3.08
Somewhat	5	7.69
Average	23	35.38
Above Average	22	33.85
Very Much	13	20.00
<i>It is important to know of CSEC in my role as a school nurse.</i>		
Not at all	0	0.00
Somewhat	4	6.15
Average	9	13.85
Above Average	22	33.85
Very Much	30	46.15
<i>School nurse can screen for CSEC</i>		
Not at all	7	10.77
Somewhat	9	13.85
Average	18	27.69
Above Average	18	27.69
Very Much	13	20.00
<i>I am likely to attend education on CSEC for my role as a school nurse</i>		
Not at all	1	1.54
Somewhat	6	9.23
Average	12	18.46
Above Average	20	30.77
Very Much	26	40.00
<i>Knowledge is a barrier to identify CSEC as a school nurse</i>		
Not at all	3	4.62
Somewhat	8	12.31
Average	20	30.77
Above Average	15	23.08
Very Much	19	29.23
<i>Students can get out of CSEC by asking for help</i>		
Not at all	3	4.62
Somewhat	12	18.46
Average	26	40.00
Above Average	15	23.08
Very Much	9	13.85

Chapter 5: Summary, Conclusions, and Recommendations

Introduction

The overall objective of this study was to investigate the awareness, attitudes, and role perceptions that Kansas school nurses have regarding CSEC. The following two aims were studied: Aim #1 Determine the level of awareness that Kansas school nurses have regarding CSEC and Aim #2 Identify Kansas school nurses' attitudes and role perceptions regarding their student population and CSEC. The study did quantify the awareness that Kansas school nurses have regarding CSEC and has filled a gap in the literature regarding attitudes and role perceptions of CSEC amongst Kansas school nurses. Major findings of this study indicate that Kansas school nurses lack awareness of CSEC, have negative attitudes towards CSEC, and have positive role perceptions regarding CSEC.

Summary of Findings

Demographics

The majority of participants were middle aged, female, registered nurses, with a bachelor degree (Table 2). Most participants worked in the public-school setting with elementary and middle school students (Table 3). In addition to nurses caring for their student population, they are also caring for students on individualized education plans (IEP) and/or 504 healthcare plans (Table 3). Of the schools that nurses serve, 89.23% did not have a school based healthcare clinic (Table 3) and 80.00% noted that crime was a problem in their communities. Kansas school nurses have large student assignments and are providing direct care services to an average of 41 students per day. While years of experience contributes knowledge and critical thinking to the field of nursing, there was no

correlation found between years of school nursing experience and CSEC awareness, attitude, and role perception.

A community level risk factor for CSEC is crime and unemployment (IOM, 2013). Low employment opportunities for youth and adults increase risk for CSEC as caregivers are unable to provide for the needs of themselves and/or their children; or youth are unable to meet their own needs (Anderson et al., 2017). If communities lack collective efficacy – or trust with each other – they have a higher tolerance for sexual coercion. The crime statistics aligned with joblessness as 66.15% of participants reported that joblessness is a problem and 80.00% noted that crime was a problem (Table 3).

Aim #1: Determine the level of awareness that Kansas school nurses have regarding CSEC.

The working hypothesis for aim #1 was that less than 25% of Kansas school nurses had significant awareness about CSEC. The level of significant awareness was found to be 10.77% confirming the hypothesis for aim #1, rejecting the null hypothesis. Kansas school nurses are lacking significant awareness of CSEC.

Kansas has major exchange points for trucking and rail companies. The exchange points are mostly located in rural areas with rest areas and truck stops that allow for easy CSEC solicitations (Population Research Institute, 2018). A significant finding in this study relates to demographics of the school setting and the level of awareness Kansas school nurses had regarding CSEC. Close to half (46.15%) of the participants noted their school settings to be in rural areas (Table3), yet only 13.33% indicated they had significant awareness (Table 4). This finding is concerning for rural CSEC victims.

The average age of children involved in CSEC are 12-14 for females and 11-13 for males (Horner et al., 2019). A small portion (36.92%) of the participants indicated they specifically provided school nursing services to children aged 11-14 years. Unfortunately, only 33.33% of the small portion of participants were found to have significant awareness (Table 4).

Aim #2: Identify Kansas school nurses' attitudes and role perceptions regarding their student population and CSEC

Attitude. The working hypothesis for aim #2 was that 75% or more of Kansas school nurses had negative attitudes and perceptions of their student population and CSEC. The sub-scale attitude level was found to be 86.15% confirming the hypothesis for aim #2, rejecting the null hypothesis. Kansas school nurses have negative attitudes regarding their student populations and CSEC.

Data analysis found that 86.15% of the participants had negative attitudes and 13.85% had positive attitudes. Having a negative attitude towards CSEC and mental health, learning disabilities, and medical disabilities can cause victims of CSEC to not receive the proper interventions needed. Additionally, study participants had negative attitudes concerning their student population with regards to foster care and DCF involvement. Foster care and DCF involvement are noted to be risk factors in the WHO ecological framework. Study participants also had negative attitudes towards runaways (Table 5). The risk of CSEC increases with homelessness and runaway individuals due to a lack of resources for basic needs, such as food and shelter (IOM, 2013).

Role Perceptions. The working hypothesis for aim #2 was that 75% or more of Kansas school nurses had negative attitudes and role perceptions of their student population

and CSEC. The sub-scale role perception level was found to be 58.46%. The study accepts the null hypothesis. Kansas school nurses do not have negative role perceptions regarding their student populations and CSEC.

An exciting finding in the study was that participants had an overall positive role perception regarding CSEC and their student population. In the literature, findings showed that school nurses play an integral part in the health and wellbeing of students by providing multidisciplinary care and by serving as the school expert in recognition, assessment, identification, intervention, reporting, referral, and follow-up care of child maltreatment incidents (NASN, 2017; NASN, 2018). The positive role perception finding indicates that Kansas school nurses have awareness that sex trafficking is a problem in the U.S., are aware that sex trafficking is a problem in Kansas, and are aware they need to know about CSEC in their role as a school nurse (Table 6). The positive findings have the potential of unending positive implications for victims of CSEC in the state of Kansas.

Of importance to note is the finding that only 47.69% (Table 6) of the participants believe they can screen for CSEC. The low findings could be due to a possible misunderstanding of the question. Participants could have answered the question based on their current abilities or could have answered the question based on screening for CSEC being an action of the role of a school nurse. The data supports the need for role perception clarification.

Of the participants, 92.31% revealed under the subscale “role perceptions” that they are aware CSEC is a major problem (Table 6); however, under the subscale “awareness,” 78.47% indicated they have average, somewhat, or no knowledge of the CSEC term (Table 4). The difference in these two questions is intriguing. The “awareness” subscale is

presented first in the study. Participants could have gained knowledge answering questions which allowed them to answer the “role perception” question in a more positive manner. The data is conflicting and supports the need for clarification.

Implications

The results have quantified the awareness that Kansas school nurses have regarding CSEC and has filled a gap in the literature with regards to attitudes and perceptions of CSEC amongst Kansas school nurses. Kansas school nurses are aware of human trafficking and lack awareness that CSEC is a form of human trafficking and lack the overall awareness of the scope of CSEC and awareness of student victims. The lack of awareness may be impeding much needed interventions. Kansas school nurses have negative attitudes towards common risk factors of CSEC including family relationships, mental health, learning disabilities, absences and tardiness, runaways, juvenile justice involvement, and foster or DCF custody. While awareness and attitude sub-scales are low, there are positive indicators in the role perception subscale. Participants recognized that knowledge was a barrier to identifying CSEC and positively indicated that it is important to know about CSEC in their role as a school nurse.

Theoretical implications

Fraley and Aronowitz’ (2019) theory of “School Nurses ‘Seeing’ Youth Vulnerability to Trafficking (SNSYVT)” was used to guide this study. The 4 main categories of the theory are invisibility, visibility, exposing, and presenting health signs. The findings from the study determined that participants were unable to visibly see the youth in their schools who are being trafficked and are also unaware of exploiters in their student populations. Furthermore, participants had negative attitudes towards exposure

and presenting health signs. On the contrary, participants had positive role perceptions regarding CSEC and 45 participants believe sex trafficking is a problem in the state of Kansas.

Invisibility. Fraley and Aronowitz' (2019) theory describes invisibility as a category with regards to how victims present in schools. Their theory specifically focuses on what school nurses did not perceive and how survivors felt no one understood them in school. Participants were not aware of how CSEC victims were presenting. First, only 21.53% of survey participants were significantly aware of the CSEC term (Table 4). Second, only 16.93% of survey participants were significantly aware of the multiple forms of CSEC (Table 4). Third, Kansas school nurses had negative attitudes regarding CSEC and mental health, learning disabilities, social-emotional status, foster/DCF custody, caring for runaways, runaways and LGBTQ, and child sexual abuse and CSEC (Table 5). The negative attitudes are all common demographics and risk factors identified by this study.

Visibility. Fraley and Aronowitz (2019) note that while trafficking may be invisible among school nurses, youth vulnerable to trafficking are highly visible to exploiters. The current study revealed that 53.85% participants noted they are aware exploiters can be students (Table 4). However, only 21.54% of participants identified that they were above average or very much aware of the control and coercion methods used by exploiters (Table 4). When data was filtered to remove those participants who had previous CSEC education, the data becomes staggering. Only 6.45% are above average and 0% are very much with regards to awareness of the control and coercion methods used by exploiters.

Exposing. The exposing category of the theory reveals two major codes that expose vulnerable youth to trafficking, “lack of monitoring” and “history of abuse” (Fraley & Aronowitz, 2019). “Lack of monitoring” is broken down into 2 distinct dimensions: lack of parental supervision and unsupervised access to social media (Fraley & Aronowitz, 2019). Lack of parental supervision correlates with a lack of family relationships. Fifty-one participants noted a negative attitude of awareness of CSEC and family relationships. The negative attitude could contribute to missing key signs and symptoms of CSEC victims. Foster/DCF involvement can also increase the lack of parental supervision and 54 participants noted a negative attitude regarding awareness of CSEC and foster/DCF involvement. Parental supervision is severely compromised with runaways and participants have a strong negative correlation of runaways and CSEC (Table 5). Unsupervised access to social media was not specifically explored in this study; however, vulnerability to CSEC is increased by a lack of parental supervision, including unsupervised access to social media (Fraley & Aronowitz, 2019). Exploiters communicate with their victims through cell phones and social media. The lack of awareness and negative attitudes of the participants regarding CSEC and family relationships as well as foster/DCF involvement and runaways does support the “lack of monitoring” code of the theory.

The history of abuse code noted two distinct concerns: history of physical and sexual abuse in the family and history of physical and sexual abuse in foster care. This study did not specifically refer to student populations with regards to history of physical and sexual abuse; however, it was noted that 81.53% of participants had a negative attitude regarding the awareness of child sexual abuse and CSEC. It was also found that 83.08%

of participants have a negative attitude towards the awareness of CSEC and foster/DCF custody.

Presenting Health Signs. Fraley and Aronowitz' theory notes presenting health signs as a main category. The presenting health signs category is further broken down to mental health and physical signs (Fraley & Aronowitz, 2019). Mental health encompasses anxiety, violence, class absenteeism, and hyper sexuality. Physical signs revealed in Fraley and Aronowitz' data (2019) include early development, hunger, sleepiness, and genitourinary infections. The current study revealed that participants had negative attitudes towards mental health, class absences and tardiness, poverty, and social-emotional status (Table 5). The SNAPS survey does not ask specific questions with regards to hyper sexuality, early development, sleepiness, and genitourinary infections. Overall, the study revealed that Kansas school nurses have a severe lack of knowledge regarding CSEC and multiple different negative attitudes regarding CSEC which could limit identification of specific presenting health signs as signs and symptoms of CSEC. Nevertheless, the participants believed that it is important for school nurses to know of CSEC and 70.77% are likely to attend education on CSEC for their role as a school nurse. Increasing the education regarding CSEC to school nurses will increase the awareness and decrease the negative attitudes.

Practical implications

NASN (2017) describes the role of a school nurse as the person that is the critical link between the medical and educational communities and emphasizes that school nurses are well-positioned to recognize CSEC (NASN, 2021). NASN proclaims that school nursing is a community-based role and that school nurses are crucial in addressing

population health concerns in the pediatric population (2017). Participants of the study were able to recognize that human trafficking and CSEC is an issue in the state of Kansas; however, participants were unable to recognize CSEC risk factors such as social-emotional status, school absenteeism, foster care, and DCF custody (Table 5). Additionally, participants were unable to associate community socioeconomic situations such as poverty, crime, joblessness, and homelessness with CSEC risk factors (Table 5). Understanding risk factors of CSEC and how potential victims of CSEC manifest is imperative to the role of school nursing and to providing proper interventions to potential victims of CSEC.

Limitations

Even though profound knowledge was collected in this study there are limitations to consider. First, the sample was a convenience sample of Kansas school nurses. The sample size was small ($N = 65$) given the fact that in 2017, Kansas had 789 Registered Nurses and 81 Licensed Practical Nurses (Bureau of Health Promotion and Bureau of Family Health, 2019). Kansas school nurses are exhausted, as they not only have had to remain cognizant with their normal duties, they have also been tasked for the past two academic years with conducting Covid-19 surveillance including but not limited to contract tracing, vaccination, and face mask monitoring. Data was collected from April 28 – May 12, 2022 and for many schools across the state of Kansas, the time period was a busy time for school nurses with end of year state testing, end of year screenings, and field trips requiring nursing presence. School nurses may have been burdened with job duties and simply have not had the time to complete the survey. Additionally, biological variation in the study was limited due to a predominance of female school nurses (Female $N = 64$, Male $N = 1$). Increasing the biological variation would increase the generalizability of the study

across male and female school nurses. The risk of bias exists due to the study data being self-reported. Given the sensitive nature of the study topic, school nurses may not have answered accurately with regards to their level of awareness. School nurses may have answered with what their perceived role in their student population is compared to their actual role in their student population.

Recommendations for Future Research

School nurses are tasked with many responsibilities in their role. The study notes that Kansas school nurses lack awareness of CSEC, thus, future research should focus on developing CSEC education and providing education on intervening strategies that are effective and sustainable to the school nurse role. There is strong correlation between education and awareness of CSEC. Developing education regarding CSEC will assist in the prevention and intervention of students entangled in CSEC. Additionally, the development of specific screening tools for school nurses would assist in early intervention for CSEC victims.

The study had two key findings under “role perception” that need to be clarified in future studies. First, 47.69% of participants believed they could screen for CSEC in their role. The low percentage could be due to participants answering the question based on their current skills and abilities or participants could have answered the question based on screening being an action of the role of a school nurse. Regardless of how the participants answered, the low score is concerning as school nurses are well-positioned to screen for CSEC. Secondly, 92.31% of participants indicated that CSEC is a major problem; however, under the subscale awareness, only 78.47% indicated they have average, somewhat, or no knowledge of the CSEC term. The awareness subscale immediately

followed the demographic questions in the survey. 78.47% of participants indicated no significant awareness at the beginning of the survey and 92.31% indicated CSEC is a major problem at the end of the study. The concern that participants had little to no awareness at the beginning of the survey and indicated it to be a major problem at the end of the study is concerning and causes conflicting data responses that need to be clarified in future studies.

Conclusion

In the state of Kansas, CSEC is a critical issue impacting school-age children. School nurses are the primary source of health care for students of all ages and are familiar with the range of normative development in children including academics, emotions, behaviors, and their overall physical growth. School nurses are trained to recognize signs and symptoms of child abuse and maltreatment; however, school nurses are not adequately trained to recognize, intervene, or refer students for help in situations related to CSEC. The study revealed that Kansas school nurses lack significant awareness and have negative attitudes regarding CSEC. The finding is concerning not only because CSEC victims are attending school but because Kansas is a hub of accessibility and an originating state for CSEC. Increasing awareness of CSEC will shift attitudes towards students from negative to positive allowing school nurses to see students as potential victims of CSEC, rather than participants of sexual activity. On the contrary, Kansas school nurses have positive role perceptions regarding CSEC and their role in identification and engagement of CSEC victims. The positive finding is encouraging as school nurses may be the only healthcare provider interacting with CSEC victims.

Appendix A

IRB Approval Letter



Institutional Review Board
301 University Blvd.
Galveston, TX 77555-0158
[Submission Page](#)

27-Apr-2022

MEMORANDUM

TO: Megan Steele
Grad School Biomedical Science GSBS9999

FROM: 
Jacqueline S. Meyer PhD
Vice-Chairman, IRB #2

RE: Exempt from IRB Review

IRB #: IRB # 22-0080

Submission Number: 22-0080.003

TITLE: Commercial Sexual Exploitation of Children and School Nursing A Non-Experimental Quantitative Study

The UTMB Institutional Review Board (IRB) reviewed the above-referenced research project and determined this request met the criteria for exemption from review by the IRB in accordance with the 45 CFR 46.104. This determination was made on **27-Apr-2022**.

Further review of this project by the IRB is not required unless the protocol changes in the use of human subjects. In that case, the project must be resubmitted to the IRB for review. Please inform the IRB when this research project is completed.

If you have any questions, please do not hesitate to contact the IRB office via email at IRB@utmb.edu.

[Exemption Category](#)

Category 1 and 2

Exempt Categories

Category 1: Research, conducted in established or commonly accepted educational settings, that specifically involves normal educational practices that are all of the following:

- i. not likely to adversely impact students' opportunity to learn required educational content
- ii. not likely to adversely impact the assessment of educators who provide instruction

Category 2: Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

- i. the information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects;
- ii. any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or
- iii. the information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Category 3: Research involving benign behavioral interventions and collection of information from an adult subject through verbal or written responses (including data entry) or audiovisual recording if the subjects prospectively agrees to the interventions and information collection**, and at least one of the following criteria are met:

- i. the information is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects;
- ii. any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation;
- iii. the information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Category 4: Secondary research for which consent is not required: Secondary research uses of identifiable private information or identifiable biospecimens, if at least one of the following criteria is met:

- i. the identifiable private information or identifiable biospecimens are publicly available;
- ii. information, which may include information about biospecimens, is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained directly or through identifiers linked to the subjects, the investigator does not contact the subjects, and the investigator will not re-identify subjects;
- iii. the research involves only information collection and analysis involving the investigator's use of identifiable health information when that use is regulated under HIPAA, for the purposes of "health care operations" or "research" as those terms are defined at 45 CFR 164.501 or for "public health activities and purposes" as described under 45 CFR 164.512(b);
- iv. the research is conducted by, or on behalf of, a Federal department or agency using government-generated or government-collected information obtained for nonresearch activities.

Category 5: Research and demonstration projects that are all of the following:

- i. conducted or supported by a Federal department or agency, or otherwise subject to the approval of department or agency heads (or the approval of the heads of bureaus or other subordinate agencies

- that have been delegated authority to conduct the research and demonstration projects)
- ii. designed to study, evaluate, improve, or otherwise examine public benefit or service programs, including procedures for obtaining benefits or services under those programs, possible changes in or alternatives to those programs or procedures, or possible changes in methods or levels of payment for benefits or services under those programs.
 - iii. published (prior to commencing the research involving human subjects) on a publicly accessible Federal website or in such other manner as the department or agency head may determine

Category 6: Taste and food quality evaluation and consumer acceptance studies, if at least one of the following is true:

- i. wholesome foods without additives are consumed.
- ii. a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

Appendix B

Kansas School Nurses Organization Letter of Support



4-12-22

Re: survey link

To Whom It May Concern:

As President of the Kansas School Nurses Organization, I have agreed to send out a survey link to Kansas Nurses for Megan Steele regarding Commercial Sexual Exploitation of Children and School Nursing for her dissertation.

If you have any questions, please to call or email me.

Ronda Hutchinson, BSN, RN
Kansas School Nurses Organization- President.
316-973-0604 work
316-393-2605 cell
Rhutchinson@usd259.net

Appendix C

School Nurses' Awareness and Perceptions Survey (SNAPS) for Youth At-Risk of Trafficking

Introduction to the Survey: This survey will help us understand the level of awareness, attitudes, and perceptions among school nurses regarding students at risk for Commercial Sexual Exploitation of Children (CSEC). If you are a current school nurse in the state of Kansas please complete the following:

For this survey “at risk” includes the following definition of terms:

CSEC = Commercial Sexual Exploitation of Children

Exploiters = Perpetrators who either sell or buy commercial sex

Sex trafficking = Holding a person or group of people against their will
and forcing them to sell sex commercially

Runaway kids = Leave home by choice

Throwaway kids = Told to leave home

Section 1: Respondent Demographics and School Setting Characteristics

Instructions: Please read and respond to the questions by selecting the appropriate option(s):

1. Are you a current school nurse in the state of Kansas?

1. No

2. Yes

(If respondent answers no to question 1, they will be directed to a survey completion page thanking them for their time)

2. Which type of nursing license do you possess?

1. Registered Nurse (RN)

2. Licensed Practical Nurse (LPN)

3. What state(s) have you practiced school nursing in prior to this current time (select all that apply)? (drop down list of all 50 U.S. states)
4. How long have you practiced as a school nurse (please round up in years)? _____
5. What is your highest level of education in nursing?
1. **Associates**
 2. **Baccalaureate**
 3. **Masters**
 4. **Post-Masters**
 5. **Doctorate (DNP)**
 6. **Doctorate (PhD)**
6. What gender do you identify with?
1. **Male**
 2. **Female**
 3. **Non-binary/Third gender**
 4. **Not listed** _____
 5. **Prefer not to say**
7. What is your current age (in years)?: _____
8. What type of school setting do you currently work in?
1. **Public District**
 2. **Public Charter**
 3. **Private (non-religious)**
 4. **Private (religious)**
 5. **Transitions Program serving special education students post-high school to age 22**
 6. **Alternative Program**
 7. **Bureau of Indian Education School**
 8. **Other**
9. What type of school setting(s) have you worked in previously (select all that apply)
1. **Public District**
 2. **Public Charter**
 3. **Private (non-religious)**
 4. **Private (religious)**
 5. **Special Education School (Public)**
 6. **Special Education School (Private)**
 7. **Transitions Program serving special education students post-high school to age 22**
 8. **Alternative Program**
 9. **Bureau of Indian Education School**

10. **Not applicable, I have only worked in one school setting**

11. **Other** _____

10. Which describes your current school setting:

1. **Large City or Suburb (Population 250,000 or more)**
2. **Small City or Suburb (Population 100,000 – 249,999)**
3. **Large Town or Suburb (Population 50,000 – 99,999)**
4. **Small Town or Suburb (Population 0 – 49,999)**

11. Is your current school setting considered “rural” (more than 25 miles from an urban area)

1. **Yes**
2. **No**

12. How would you describe the surrounding community safety of your school setting defined as within a 25 mile radius? (Select one option)

1. **Crime is not a problem**
2. **Crime is somewhat of a problem**
3. **Crime is a problem**

13. How would you describe the economic conditions of your local school community? (Select one option)

1. **Jobs are not a problem**
2. **Joblessness is somewhat of a problem**
3. **Joblessness is a problem**

14. Describe your school setting diversity (select one that best applies): (Department of Education definitions of minority students include students who are Black, Hispanic, Asian, Pacific Islander, American Indian/Alaska Native, and two or more races)

1. **<25% minority enrollment**
2. **25%-49% minority enrollment**
3. **50%-74% minority enrollment**
4. **50%-75% or more minority enrollment**

15. Does your school have a school-based health clinic defined as having a health care provider on site who can prescribe?

1. **No**
2. **Yes**

16. What educational level of school children do you primarily work with (select all that apply)? **(individual grade list for participants to select from)**

17. How many schools do you provide nursing care to in your role as a school nurse? ____

18. How many students on average are you responsible for daily in your role as a school nurse? _____

19. How many students on average do you provide direct school nursing care services to daily? _____

20. Do you work with special education IEP students (students with either a medical and/or learning accommodation plan)?

1. **No**
2. **Yes**
3. **Unsure**

21. Do you work with students on a 504? (classroom accommodations planning team for students with a medical and/or learning disability)

1. **No**
2. **Yes**
3. **Unsure**

22. Have you received prior education on CSEC?

1. **No**
2. **Yes**

23. Did you attend the virtual conference session on CSEC during the 32nd Annual Kansas School Nurse Conference?

1. **No**
2. **Yes**

Section 2: CSEC and Student Risk Awareness

Survey Instructions: Please read and respond to the questions by selecting the number that most appropriately represents your awareness

1 = *not at all* 2 = *somewhat* 3 = *average* 4 = *above average* 5 = *very much*

Considering students you care for as a school nurse how familiar are you with the following:

- Multiple forms of CSEC?
○ **1 2 3 4 5**
- Control and coercion methods used by exploiters?
○ **1 2 3 4 5**
- Scope of the CSEC problem?
○ **1 2 3 4 5**
- The CSEC term?

- 1 2 3 4 5
- The problem of human trafficking?
 - 1 2 3 4 5
- The throwaway term?
 - 1 2 3 4 5
- Student CSEC victims?
 - 1 2 3 4 5
- Mental health?
 - 1 2 3 4 5
- Learning disabilities?
 - 1 2 3 4 5
- Medical disabilities?
 - 1 2 3 4 5
- Family relationships?
 - 1 2 3 4 5
- Academic achievement?
 - 1 2 3 4 5
- Social-emotional status?
 - 1 2 3 4 5
- Absences and tardiness?
 - 1 2 3 4 5
- Foster/DCF custody?
 - 1 2 3 4 5
- Social peer relationships?
 - 1 2 3 4 5
- Relationship of runaways and LGBTQ?
 - 1 2 3 4 5
- Challenges to caring for runaways?
 - 1 2 3 4 5
- Emotional risk of runaways?
 - 1 2 3 4 5

- Relationship of CSA and CSEC?
 - 1 2 3 4 5
- Relationship of CSEC and poverty?
 - 1 2 3 4 5
- Juvenile Justice System involvement?
 - 1 2 3 4 5
- Dating relationships?
 - 1 2 3 4 5

Considering your role as a school nurse, how strongly do you agree with the following?

1 = *not at all* 2 = *somewhat* 3 = *average* 4 = *above average* 5 = *very much*

- Sex Trafficking is a major U.S. problem
 - 1 2 3 4 5
- Sex Trafficking is a problem in my state
 - 1 2 3 4 5
- CSEC is a major problem
 - 1 2 3 4 5
- Exploiters can be students
 - 1 2 3 4 5
- It is important to know of CSEC in my role as a school nurse
 - 1 2 3 4 5
- School nurse can screen CSEC
 - 1 2 3 4 5
- I am likely to attend education on CSEC for my role as a school nurse
 - 1 2 3 4 5
- Knowledge is a barrier to identify CSEC as a school nurse
 - 1 2 3 4 5
- Students can get out of CSEC by asking for help
 - 1 2 3 4 5

Appendix D

Survey Recruitment Flyer

I'M INTERESTED IN YOUR **KNOWLEDGE AND PERCEPTIONS**
OF COMMERCIAL SEXUAL EXPLOITATION &
SCHOOL NURSING.



Who can participate? Any nurse (RN or LPN) currently practicing school nursing in the state of Kansas. Study participants are asked to complete a Likert-scale survey.

For more information about this study or to participate in this study please click the following link:

<https://redcap.utmb.edu/surveys/?s=XHLL7MAT8C>

You may also contact Megan D. Steele at mdsteele@utmb.edu
or 405-714-7835

This study is under the direction of Dr. Therese Verklan PhD, RNC, FAAN, CCNS and has received approval by the University of Texas Medical Branch (UTMB) IRB and a letter support from the Kansas School Nurse Organization.

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Vita

Megan Dell-Stowe Steele was born Megan Dell Stowe on January 14, 1985, in Sioux Falls, South Dakota to the parents of Roger and Lisa Stowe. Megan was raised in Cimarron, Kansas and in Osceola, Nebraska. She received her Associate Degree of Nursing from Central Community College in May 2006. Megan married her husband, Matthew, on April 7, 2007. She went on to earn her Bachelor of Science in Nursing from Oklahoma Panhandle State University (December 2012) and Master of Science in Nursing Education from Northeastern State University in Oklahoma (May 2015). During these 9 years, Megan held different nursing titles ranging from ICU nursing, to Hospice nursing, and school nursing. In 2016, Megan became a nurse educator and began working on her doctorate degree in August of 2017. Megan owns her own school nurse blog and podcast business, “School Nursing Unfiltered.” Together, Megan and Matthew, have 5 children, Jaelynn, Cooper, Trig, Remi Kate, and Colt.

Permanent address: 8736 Eagle Feather Drive, Manhattan, KS 66502

This dissertation was typed by Megan D. Steele.