# Impact of training nursing and social services students on caring for victims of human trafficking

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2020 Laurea

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Global Development and

Management in Health Care

Master's Thesis

June, 2020

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**Impact of Training Nursing and Social Services Students on Caring for Victims of Human Trafficking**

Human trafficking is a global health issue that requires a combination of responsive intervention as well as focused identification of victims of human trafficking by social and health care professionals. Health and social welfare professionals are not equipped with competences to identify support and care for victims of human trafficking.

The goal of this study was to assess whether the level of competences of social services and nursing students would improve after a lecture on identification and care for victims of human trafficking by conducting a quasi-experimental study, while the objectives of this study is to examine the effects of training social service and nursing students on the concept of human trafficking, the warning signs of human trafficking, the effects of human trafficking and the role of the social and healthcare providers in identifying victims of human trafficking. A quasi/experimental study was conducted with participants being students of Laurea University of Applied Sciences Tikkurila campus. All the participants pursued their bachelor's degree in English. The study was conducted in three (3) parts; pre-test questionnaire, a class lecture on human trafficking followed by a post-test questionnaire.

There were 85 participants, of which one participant's questionnaire was not used. 75% of participants were female, while 25% were male. The majority of the participants, 54%, were pursuing their nursing degree while 46% were pursuing a degree in social services. The questionnaire items represented four (4) themes and the results were presented according to the themes. The data was entered in the SPSS software, descriptive statistics were used to find the mean score of the pre-test and post-test in their perspective themes. Pre-test and post-test results were measured against each other using paired sample T-tests.

The results showed slight improvement in the mean scores of the pre-test and post-test. On the paired sample T-test however, significant difference was not seen on all the thematic themes. The most significant difference was seen in the theme of the role of the healthcare provider in human trafficking, which was the objective of this thesis.

A developmental task is recommended to create a curriculum for nursing and social welfare studies that will focus on identification and care of victims of human trafficking.

Keywords: Human trafficking, victims of human trafficking, vulnerability, trauma-informed care, training

Contents

1    Introduction

Human trafficking been in existence for many years in legality and thereafter as a crime. In the mid-1800s, slavery was outlawed globally. Over the last three decades, the criminalization of slavery has given rise to modern day slavery also known as human trafficking or trafficking in humans. The increase of industrial globalization, use of sex for financial gain and the rise of sex tourism facilitated the re-birth of this illegal trade. (Lusk & Lucas 2009.) Today human trafficking is the third largest income earning crime in the world following illegal weapons and drugs (Dovydaitis 2010).

The crime of human trafficking violates majority the fundamental human rights of the victim (Universal Declaration of Human Rights 1948). The victims of trafficking are predisposed to health risks like; toucher and abuse from the traffickers and their clients, inhumane living and working conditions, substance misuse, marginalization, economic exploitation and manipulation and social restrictions. All this health risks can leave the victim predisposed to a variety of negative health consequences like; mental health problems, sexually transmitted infections (STIs), drug addiction and overdose, malnutrition, physical injury, just to mention a few. (IOM 2009.)

The negative health consequences to the victim of human trafficking combined with the magnitude of the crime globally has led to the conclusion that human trafficking is indeed a global health concern (Zimmerman & Kiss 2017). It is therefore important for social and healthcare providers to be able to understand the phenomena of human trafficking, recognise the health issues associates with trafficking and the role of the social and or health provider in giving care to a victim of human trafficking (IOM 2018).

There are various counter trafficking projects in Finland currently, these projects are of benefit and have served in in creating awareness of the crime of human trafficking in Finland. As projects run for a certain period, they end or evolve depending on the funding. This means that projects not all target audiences are reached, and projects are not the most sustainable way of disseminating information on human trafficking.

It is for these reasons, that the writer of this study deems it necessary for the healthcare and social services the faculties of the universities and university of applied sciences to introduce the topic of identification and care of the victims of human trafficking in the study curriculum. The writer, therefore, decided to conduct a quasi-experimental study with the goal of increase the level of competences for social services and nursing students in identification and care for victims of human trafficking in care facilities by conducting a quasi-experimental

study. This may highlight the importance of this topic in the nursing and social services curriculum.

## 2   Definitions used in human trafficking

### 2.1   Human trafficking

Human trafficking which is also known as trafficking in human being, trafficking in persons or modern-day slavery is defined as; the act of recruiting, harbouring, transporting (within or across borders) through the means of abduction, force, fraud, or deceit for the purpose of exploitation. The definition can be simplified by looking into the three elements of human trafficking and what is included in each element using figure 1 below adopted from the United Nations Office of Drugs and Crime. (UNODC 2014.) In the case of minors (any person under the age of 18), the act of recruiting, harbouring, transporting (within or across borders) for the purpose of exploitation regardless the means used shall be regarded as human trafficking (UNICEF 2003).

Human trafficking is a crime against the person who is being trafficked as it infringes the human right of the victim. In human trafficking the victim does not need to cross international borders for the crime of human trafficking to be committed. Human trafficking can happen within the borders of a country or across international borders. (Global Initiative Against
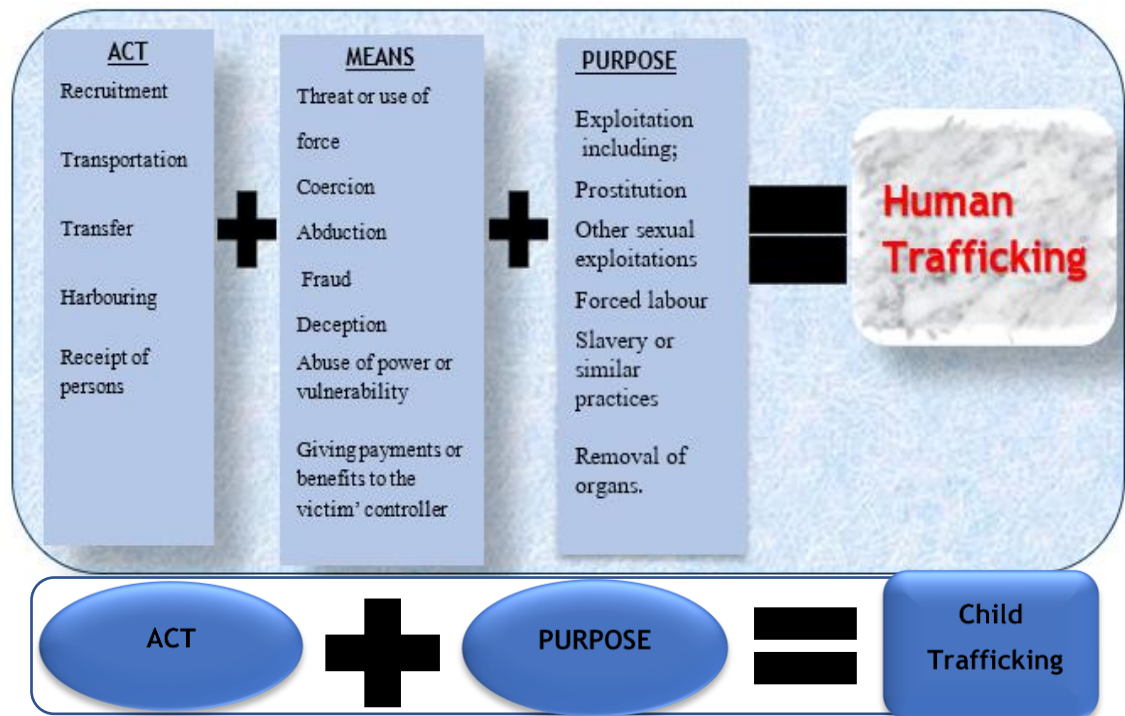
Transnational Organized Crime 2018.)



Figure 1.The elements of Human trafficking (UNODC 2014)

## 2.2    Human smuggling

Human smuggling and human trafficking are concepts that are generally mistaken to be similar, even though the two acts are distinctively different as shown in Figure 2. Human smuggling is defined as "the procurement, in order to obtain, directly or indirectly, a financial or other material benefit, of the illegal entry of a person into a State Party of which the person is not a national or a permanent resident" (IOM  2018).

During the crime human smuggling, the smuggled individual enters a voluntary agreement with the smuggler and pays so that he/she can be illegally transported into another country. During human smuggling the intention is not to exploit nor violate the human rights of the smuggled individual but to make financial or material benefit off the person who wants to be smuggled. Human smuggling is a crime against the country in which a person is being smuggled into unlike in human trafficking where it is a crime against the victim. (Global Initiative Against Transnational Organized Crime 2018.)

People being smuggled are often vulnerable of becoming victims of human trafficking. It is said that people who are being smuggled especially to Europe, end up being exploited by the smugglers during the journey to Europe. The exploitation may end once the smuggled

individual enters the destination country, these individuals will be victims of trafficking and may be vulnerable to be trafficked again while in the destination country. (Trace project 2016.)
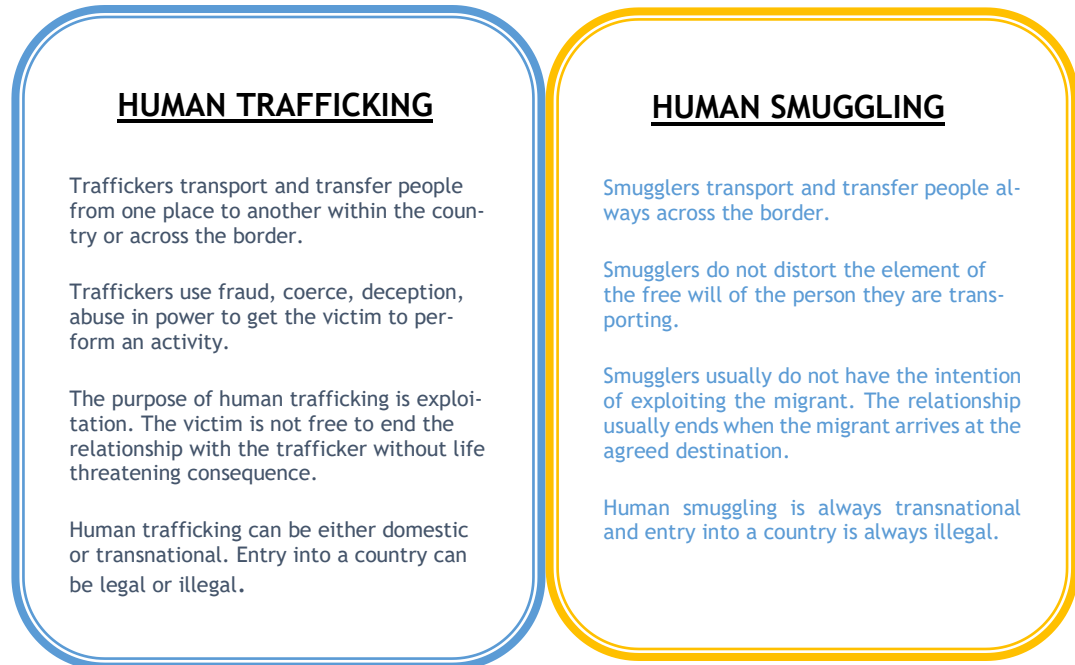
**HUMAN TRAFFICKING**

Traffickers transport and transfer people from one place to another within the country or across the border.

Traffickers use fraud, coerce, deception, abuse in power to get the victim to perform an activity.

The purpose of human trafficking is exploitation. The victim is not free to end the relationship with the trafficker without life threatening consequence.

Human trafficking can be either domestic or transnational. Entry into a country can be legal or illegal.

**HUMAN SMUGGLING**

Smugglers transport and transfer people always across the border.

Smugglers do not distort the element of the free will of the person they are transporting.

Smugglers usually do not have the intention of exploiting the migrant. The relationship usually ends when the migrant arrives at the agreed destination.

Human smuggling is always transnational and entry into a country is always illegal.

Figure 2.Human trafficking and smuggling differences (IOM 2018)

2.3    Trafficker

There is no universal definition of a human trafficker, however a trafficker is a perpetrator of the crime of human trafficking (IOM 2014). There are several colloquial names that are used to describe traffickers especially in the sex trade. They are names like pimp (the person who owns the prostitute), madam (A woman often from Nigeria/west Africa who controls her victims), gorilla pimp (A person who controls victims by using physical abuse), and daddy (The name that the trafficker wants to be called to avoid using their own name).

A trafficker can be working alone or be involved in a criminal network. Convicted traffickers globally have broad ranging from pimps, gangs, family members, labour brokers, the employers of domestic servants, small business owners, to large factory owners have all been found guilty of human trafficking. Their common thread is the willingness to exploit other human beings for profit. Traffickers may personally know their victims or come from a similar cultural background, which makes it easy to recruit their victims by having a relationship based on trust. In this study, the trafficker will, therefore, be known as the individual /individuals who are willing to exploit other human beings for a profit. (IOM 2014.)

3    Forms of exploitation and vulnerability

3.1    Forms of exploitation

People are trafficked for various exploitative purposes. In time some of the exploitative pur-
poses intertwine, or one form of exploitation can be uses as a way of controlling the victim.
The best known and identified forms of trafficking are forced labour and sexual exploitation.
(TRACE project 2016.)

Forced labour is mostly identified in the agriculture, construction, cleaning, a restaurant,
textile, fishing, mining industries. Domestic servant a hood has also been identified a common
form labour trafficking. Sexual exploitation is another common form of human trafficking. In
the past, it was believed that only women were victims of sexual exploitation. It is however
now known that sexual exploitation affects all genders and ages of victims. Nevertheless,
women are still the majority of the victims of sexual exploitation. Other forms of trafficking
are forced marriage, the selling of children (including illegal adoption), removal of organs,
forced begging, child soldiers and forced criminality. (IOM and Zimmerman 2009, 8.)

3.2    Vulnerability

Any person can become a victim of human trafficking and the crime is not limited to a partic-
ular environment, culture, race or gender. There are factors however, that make an individ-
ual more susceptible to be a victim of human trafficking. Traffickers usually prey on individu-
als who are desperate, socially excluded or live in volatile environments. (IOM and Zimmer-
man 2009.)

There are five factors that make individuals more vulnerable to human trafficking. These fac-
tors are: Individual, Household and Family, Community, Structural and Situational factors.
They are represented in Figure 3. With their examples below. (Hynes et al. 2018.)
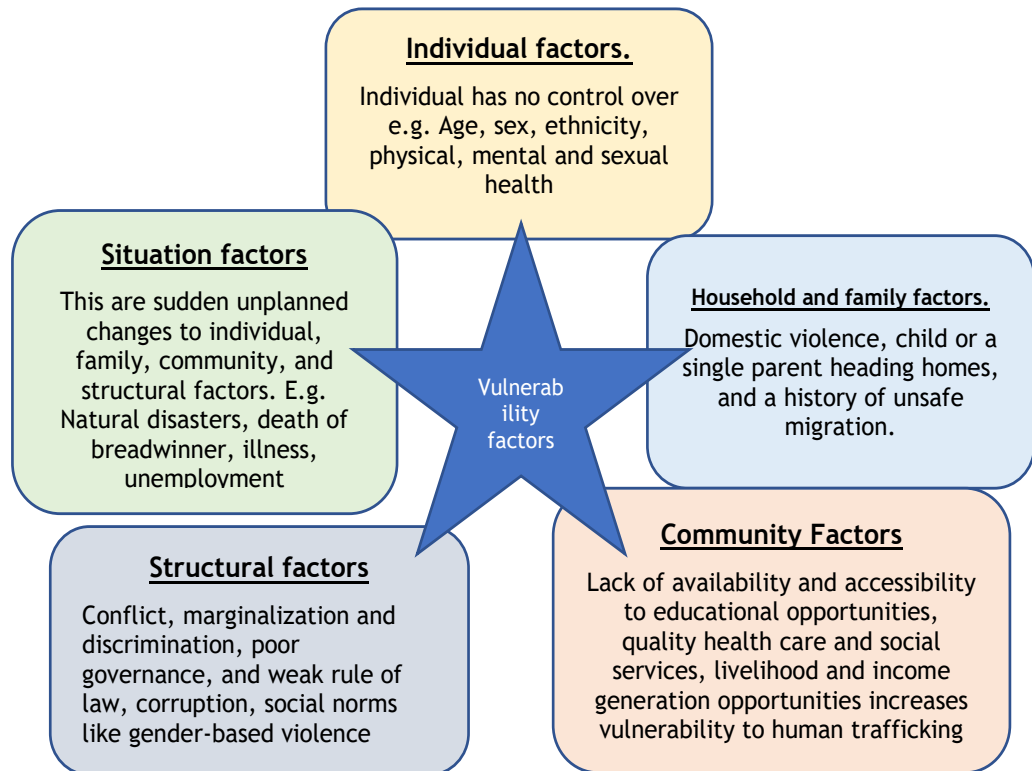
Figure 3.Factors that make individuals vulnerable to human trafficking (Hynes et.al., 2018)

4    Trends of human trafficking

4.1    Global trends

The secrecy behind the crime of human trafficking makes it difficult to exactly estimate how many people are victims of the crime. It is however estimated that at least 40 million people are victims of human trafficking or modern-day slavery. (ILO &IOM 2017.)

The victims of human trafficking are men, women, and children. According to the UNOCD (2016) report, 51% of the victims were women, 21% men, 20% of the girls and 8% of the boys. Human trafficking is one of the major illegal industries globally generating more than 150.2 billion United States (US) dollars annually (Long & Dawell 2018).

In some countries, especially Asian, the Middle Eastern, South American and African countries, victims are recruited and transported to European, North America, Middle Eastern and Australian countries where they are exploited. These common trends are represented by

Figure 4 below. These routes do not disqualify the fact that trafficking of persons can happen within borders of a country and amid nationals of that country. (UNOCD 2016.)
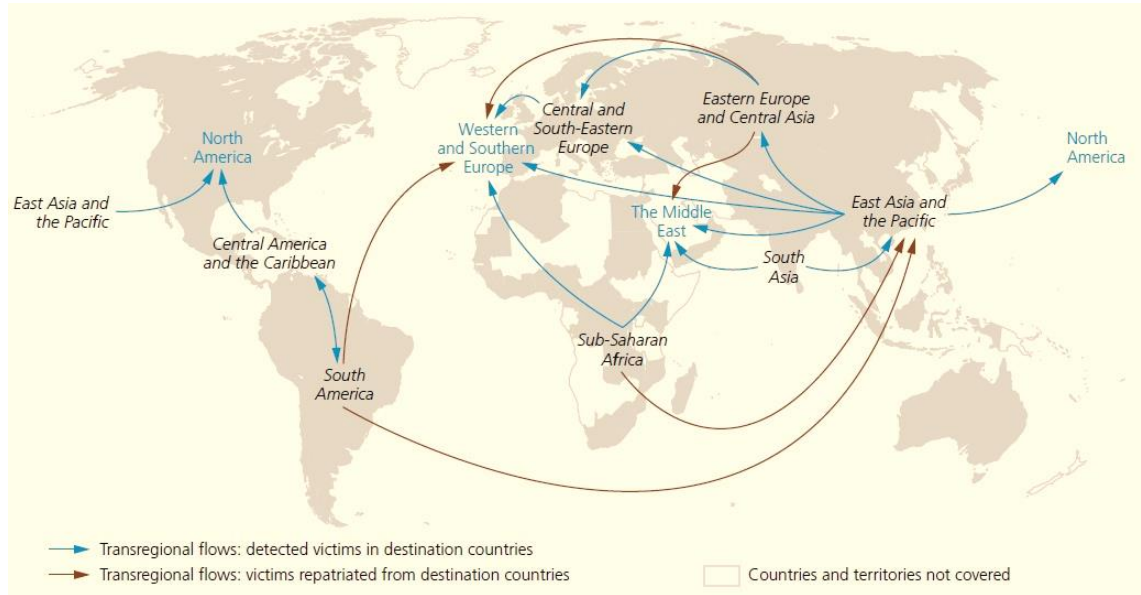


Figure 4. Transnational flows of human trafficking (UNODC 2016)

## 4.2   European Union statistics

The European Union (EU), (including the United Kingdom, UK) countries have seen a steady increase on the numbers of registered victims of trafficking. By the end of 2016, the EU saw the number of registered victims of trafficking to be 20 532. The majority of the victims were registered in the UK (7071), Netherlands (2 442), Italy (1 660), Romania (1 636) and Spain (1 516). (European Union 2018.)

In 2016 in the EU, 77% of the victims of human trafficking were female and 23% male. Of all the victims, 65% (13 346) were trafficked for sexual exploitation. Of the sex trafficking victims 95% were female and 23% children. The victims that were trafficked for labour exploitation were 26% while other forms of exploitation other than sex and labour were 18% of the registered victims. (European Union 2018.)

Of all the registered victims in the EU, 44% (9 034) were EU citizens and 22% were the citizens of the countries they were reporting and registered in. Registered victims that were EU citizens and were trafficked within the EU were mainly from Romania (1 511), Hungary (1 327),

Netherlands (724), Poland (634), Bulgaria (568) and France (567). The EU countries that were reported having registered victims who were citizens of the countries that were trafficked in were; Hungary (993), Netherlands (721), France (565), the UK (517) and Germany (225). (European Union, 2018.)

Victims that were resisted in Europe that were non-EU citizen the clear majority were citizens of Nigeria (2 084), Albania (1 397), Vietnam (1 099) and China (739) (European Union, 2018). The number of the registered victims of human trafficking is high but not compared with other parts of the world. The IOM estimate that there are more victims of human trafficking in Europe than what is recorded. It is estimated that a clear majority of the women who arrive in the Italian shores from western Africa have been exploited on the route to Europe and the exploitation may continue during their stay in Europe. (European Union, 2018.)

## 4.3    Situation in Finland

In Finland, the victims of human trafficking that are identified are registered and helped through the national assistance system for the victims of human trafficking. The national assistance system that is an independent body is under the Finnish immigration services. Even though the assistance system is under the immigration services, they receive both the national and foreign victims of trafficking as their clients. (Ihmiskaupan uhrien auttamisjärjestelmä 2018.)

The numbers of victims of trafficking recognised by the authorities have been on a continued rise in Finland. The recent statistics of the National Assistance system (2019) there were the total of 455, the victims of human trafficking registered and receiving assistance from the National assistance system for human trafficking. Of the 455, 163 victims were registered in 2018. (Ihmiskaupan uhrien auttamisjärjestelmä 2019.)

In 2018 there were all together 53 nationalities represented in the victims identified. There were 10 minors among the victims identifies. The majority of the victims registered in the system came from Nigeria, Iraq, Afghanistan Somali and Eretria respectively. (National assistance system, 2019.) Apart from Nigerian victims, victims from the other top five countries were the nationals of countries that are in armed conflict. This is therefore confirming the report made by the UNODC (2018), that said that war and armed conflict makes the citizens of that country the most vulnerable to human trafficking. As the people flee the conflict regions, they are prone to fall in situations where they are subjected to forces labour, sexual exploitation, forced the marriages and abduction of child solders. (UNODC 2018.)

Unlike the victims that were originally from the armed conflict regions, Nigerian women topped the list of the identified victims of trafficking in 2018 having twenty-three (23) victims (National assistance system, 2018). The victims from Nigeria were women and were trafficked

for sexual exploitation. The number of Nigerian victims mirrored that of the European union (2018) which showed the majority of victims registered in Europe from third countries came from Nigeria (European Union, 2018).

Nigerian women who are victims of human trafficking are usually deceived to believe that they will come to Europe, work a have a better life for themselves and their families. They end up in debt to their traffickers, who spend money to get them to Europe. The traffickers will therefore use debt as the way of controlling the victims. Voodoo/ witchcraft/ juju is also often used to control these women. Before embarking on the journey to Europe, the victim will visit a witch doctor who will perform rituals to them and make the series of oaths between the victims and the traffickers. The Nigerian women then believe that, if they are to speak about what happens in Europe or try to disobey the "madams" misfortunes will occur to them and/or their family's members. This therefore explains why most of the Nigerian victims of trafficking are not physically abused compared with other victims from other countries. (Finnish Immigration Service, 2015.)

In 2018, only the 32% (52) of the victims had first been exploited in Finland. Of the 32% majority were Finnish citizens, EU-citizens and third country nationals with residence permits to work in Finland. The other 68% of the victims were first exploited in another country other than Finland, the exploitation continued in Finland or, exploitation was identified in Finland. In 2018, there were ten (10) minors who were registered under the assistance system. All the minors registered were first exploited the outside of Finland and the exportation continued in Finland. The number of under aged victims in Finland is said to be unrealistic as some of the adult victims were exploited as minors (also in Finland) but they have been identified or spoke about their exploitation as adults. (National assistance system, 2019.)

Before 2018, exploitation through forced labour was mostly identified. The situation however changed in 2018 where the majority of sexually exploited victims came to a rise in Finland. The forms of exploitation in Finland in 2018 are represented by Figure 5 below. The victims of human trafficking are prone to sexual violence regardless of the reason for trafficking, age or gender. Usually, sexual violence is not reported by victims especially if the main form of exploitation was not prostitution or forced marriage. (IOM, 2019.)

Even though the situation in Finland does not seem as alarming as in other European countries, over the past three years the number of registered victims has almost doubled which has been attributed by the increase of knowledge of the crime by the authorities. It is also estimated that these numbers will further increase as the legislation which required the National assistance system to immediately inform the police about the victim of trafficking was changed. It is estimated therefore that more victims will seek help when they know that the police will not be informed.
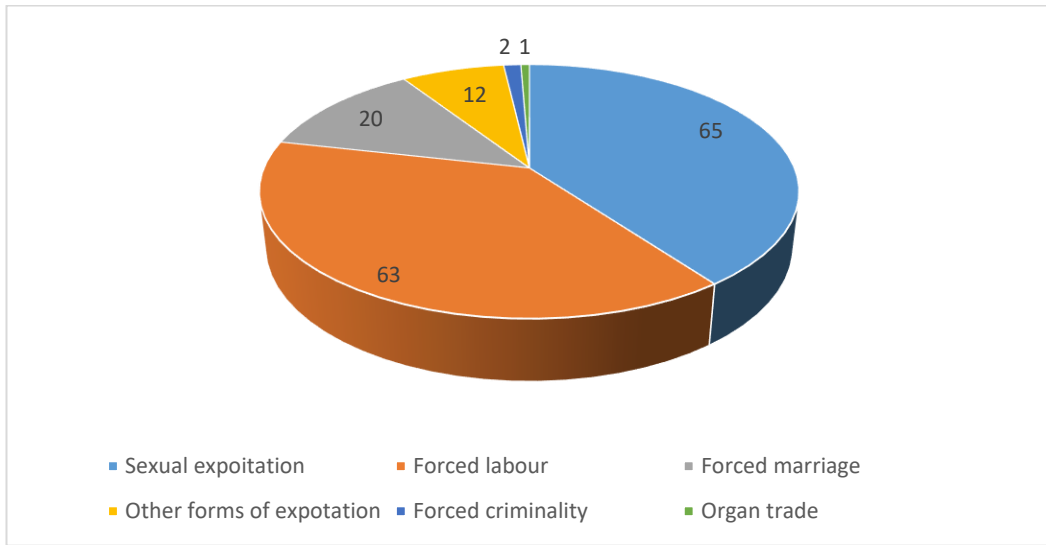
Figure 5. Forms of exploitation in numbers Finland in 2018

## 5 Rationale for topic selection

A report made by the national assistance system of Human trafficking (2018), showed how the 163 victims of trafficking were referred to their system represented by Figure 6 below. In the figure below, there was no mention of health care workers. It could be that the informants in the reception centres were health care personnel, however, there is no mention of it. The municipality social workers represented only 3% of the victims which represents a small percentage rate of identification. (National assistance system 2018.)



Figure 6.How victims of human trafficking were referred to the assistance system in 2018

A survey was done by the international organization of migration (IOM) Finland (2015) with 242 health care practitioner respondents excluding doctors. The survey showed that only the 8% of the respondents had received training on how to identify the victims of human

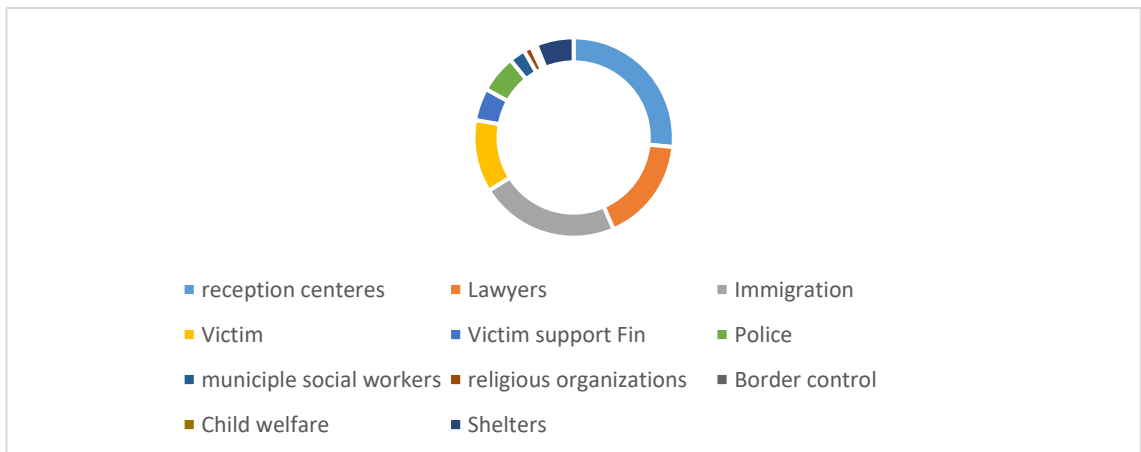trafficking. When asked what kind of information they would like to receive, the 88% of the respondents wanted information on the role and duty of health care professionals in identifying the victims of human trafficking. 85% sought for information on how to identify and care for the victims of human trafficking. It is fair to conclude therefore that the victims of trafficking will go unnoticed in Finland as it has happened in USA as identified in these two studies done by Dovydaitis (2010) and Hachey and Phillippi (2017) which revealed that the 28% and 87% of victims of human trafficking had been through a health care facility while in captivity and were not identifies by healthcare professionals.

Given that the victims of trafficking are exposed to violence, poor working conditions, sexually transmitted infections, substance abuse, unwanted pregnancies and mental disorders, they usually end up in a healthcare facility seeking help for their conditions. Due to professional's lack of knowledge on the identification of the victims of trafficking, the vast majority of the victims will receive treatment but will not be identified as the victims of human trafficking hence not receiving the help that they need. (Shandro et al. 2017.)

Currently in Finland, there is one project aimed on training social and healthcare professionals on how to identify and care for the victims of human trafficking. The HOIKU-project (Healthcare and welfare of victims of human trafficking in Finland) run IOM Finland aims to give health care workers tools to better identify and care for the victims of human trafficking. (IOM Finland 2018.)

HOIKU-project organizes training for social and health care professionals whereby they address the different forms of exploitation, the effects of exploitation on the victim, the role of social and health care professional in counter trafficking (Assistance system for victims of human trafficking, 2018). IHME-project (stands for improving the operational preconditions for anti-human trafficking work in Finland) aims to promote counter-trafficking work by providing training for the police and border guard. The project has contributed to the creation of the human trafficking website (ihmiskauppa.fi), in this website, a civic platform for individuals to learn of the crime has been created. (Assistance system for victims of human trafficking, 2018).

In Finland, some nurses and social service workers get the opportunity for receiving training on human trafficking during at their places of work. The percentage is however quite low as shown in a survey done by IOM (2015), which showed that the 93% of the respondent had not been trained within their organization how to identify and care for the victim of human trafficking. After the survey was made, the HOIKU-project workers created a guide for social and health care workers on how to identify and care for the human trafficking victims, they have also organised training workshops and seminars where the information has been disseminated. This information is however not delivered to all care workers. Furthermore, the method of

going from health facility to the next is not feasible, it is time consuming and therefor unsustainable especially when trained people move forward either retirement or change of work.

For there to be sustainability educating social and healthcare providers about human trafficking, the training of trainers who would cascade the information into health facilities hence reaching the wider audience of the social and healthcare professionals. Another approach of ensuring the sustainability of the human trafficking trainings would be introducing a more coherent manner of training future social and health care workers by introducing the subject of identification and the care of the victims of human trafficking in their study curriculum. As the students graduate or go into their practical placement, they are already aware of the existing problem, how to identify victims and how to take care for them. The students will therefore only need to learn the institutional protocols of what needs to be done once a victim is suspected or identified.

6    Goal, objectives, tasks and setting

The goal of this study is to assess whether the level of competences of social services and nursing students would improve after a lecture on identification and care for victims of human trafficking by conducting a quasi-experimental study.

The objectives of this study is to examine the effects of training social service and nursing students on the concept of human trafficking, the warning signs of human trafficking, the effects of human trafficking and the role of the social and healthcare providers in identifying victims of human trafficking.

The tasks of this study are to create questionnaires and test them before giving them to the participants, developing the presentations to be used in the lectures using pedagogics for adult students, collecting the data using questionnaires and quantitatively analysing the pre-test and post-test questionnaires using SPSS software.

The study setting was Laurea University of Applied Sciences Tikkurila campus in classroom setting. Participants were invited to participate in the study during the study period this was done by agreeing with contact teachers on the convenient schedule.

7    Methodology

7.1    Study method

The writer of the study used the experimental method of research and with it used the quasi-experimental design. The writer used the one group pre-test-post-test approach. The quasi-experimental research is said not to be a true experimental design hence the term "quasi" which also mean pseudo. Quasi-experiments lack the elements of a true experiment like random assignment and control groups. In this study for example, the participants were pre-selected as classes and asked to attend a lecture during their school time. (Melynyk & Morrisom-Beedy 2012.)

As the name suggests, one group pre-test post-test design has the one group of participants who are not randomly selected, the dependant variable is tested before an intervention and after the intervention. In the quasi-experiment, the independent variable can be manipulated. In this study, the independent variable will be the level of knowledge on the identification and care of the victims of human trafficking. The dependent variable on the other hand is the nursing and social service students of Laurea UAS. (Cohen, Manion & Morison 2007.)

7.2    Reference population and participant selection

The writer used social and healthcare (nursing) students from Laurea University of Applied Sciences. All the students were eligible for participation. The writer's target sample was at least eighty (80) participants and managed to have eighty-five (85) participants. The writer worked with the contact teachers of the groups via email in order to amalgamate the study into the schedule of the students. The participants came from the degree programme on nursing and the degree programme in social services and had their studies conducted in English. The students in these groups were diverse in nature with regard to nationality, gender, age, previous professional backgrounds, and life experiences.

An invitation to participate in the lectures was made available to the students before the implementation. The invitation letter stated the topic to be discussed, voluntary participation and the reporting of the study. Appendix 5 shows the invitation letter as was delivered to the students.

The students who were willing to participate in the study were asked to sign a consent form. The consent form stated that the participants were the aware of the nature of the study and that their participation was voluntary with no coercion has been used. The consent form contained the date, place, names and signatures of the participants. For the participant to

participate in the lecture they were required to sign the consent for. All the participants present signed the form.

## 7.3    Pre-test questionnaires

The pre-test was in the form of a questionnaire which was quantitative nature. There were dichotomous questions with true or false option answers. There were seven (7) background questions. The pre-test questions were developed from surveys done by IOM Finland (2015) survey and Viergever, West, Borlaand & Zimmerman (2015), ihmiskauppa.fi website, IOM (2009) guidance for health providers, and Hueni fighting trafficking in persons website. The questions were dived into four (4) themes. The themes included the concept of human trafficking (8 questions), the signals of human trafficking (7 questions), health provider' role in human trafficking (9 questions) and the effects of human trafficking (5 questions). The themes were critical in analysing the study. A clear representation of the questions is represented in full in Appendix 7. A total of eighty-four (84) pre-test questionnaires were answered and returned.

## 7.4    Intervention phase

The writer had in total five (5) intervention classes in January and February. The attendance ranged between seven (7) to twenty-eight (28) students per class. The sessions were interactive. The writer had created a thirty-three (33) slide presentation and it took two hours including questions and discussions to execute the lectures.

The objectives of the lecture were that the students were to improve awareness and knowledge on the issue of human trafficking, recognize the vital role that nurses, and social workers have with trafficking victims, identify red flags seen in potential victims, learn how to communicate with the suspected/victim of human trafficking and identify the resources available for victims in Finland.

The contents of the presentation included the background of human trafficking. In this segment the participants were presented with the definition of human trafficking, the victim of human trafficking and trafficker and difference between smuggling and trafficking, global, European and Finnish statistics.

How to identify the victims of trafficking. In this segment, the participants learnt; the high risk population of the victims of trafficking, how they are targeted and conditioned by traffickers. Clinical representations commonly found in the victims of trafficking including the key warning signs as represented by Figure 7 below. (IOM 2018.)

Figure 7.How to identify a victim of trafficking (IOM 2018).

The participants were given guidelines on what to do in the event that they suspect that a patient/client is being trafficked. This section will include the ways of protecting the client, self and other staff members from the potential harm of the trafficker. Screening questions to as when suspecting a person has been trafficked. How to perform tests and communicate with the suspected victim (trauma informed care).

Finally, the participants were informed of the help that is available in Finland for the victims of human trafficking, what the Finnish law says about assisting the victims of trafficking, where can the victim receive immediate help if she/he is willing to receive help and the steps to follow if a victim rejects the help offered.

The participants were allowed to ask questions at any time during the presentation. The writer also posed questions to the participants which, created the atmosphere of dialogue and discussion. Some current situational questions were brought up during the discussions, the author then tried the best to come up with solutions for the problems or then referred the participants to the one of the organizations that can help the potential known victims.

## 7.5    Post test

The post-test was also be in the form of a questionnaire similar to the pre-test. The only difference is that the post-test had a section at the end where the participants were able to answer one open ended question. The question was to assess if they learnt of some of the services available for the victims of human trafficking in Finland. The full post-test questionnaire is a show in Appendix 8.

The post-test was delivered to the students immediately after the lecture. The total of eighty (80) questionnaires returned. The writer decided to conduct the post-test immediately, due to the probability of higher response rate as opposed to conducting a post-test on a later date.

## 8    Data analysis

All the data collected from the pre-test and post-test questionnaires was entered into the SPSS 23 software. The data considered the pre-existing level of knowledge of the student, the net learning after the implementation of a lecture. As the questions were dichotomous in nature, every correct answer was given one (1) point and every wrong answer zero (0) points. The questions were categorised in four (4) themes where each theme was analysed using descriptive analysis mainly the mean score of all the participants cumulatively both in the pre-test and post-test. Mean which is also known as average, is used to measure only the average score of a given data. It is calculated by adding the sum of results and dividing them by the number of cases. In this study, the mean scores will be presented in percentage form. (Faherty 2008.)

To ascertain if there was any change after the lecture, the pre-test and post-test results were analysed using a paired sample t-test. In this case the results of the pre-test and post-test will be measures against each other. The paired sample T-tests which compares the means scores of the pre-test and the post-test to see if there will be statistical a large difference between the scores. In this study, the results reported will be of the Sig.value also known as the P value. When the P value is .05 or less, statistically significant difference result will be achieved. However, if the P value is greater than .05, statistical significance will not have been found. (Faherty 2008.)

## 9    Results

### 9.1    Demographic information

As mention in the previous chapter, the data used in this study was collected between January and February 2019 in five (5) different sessions. In total there were 85 participants in the study. The 75% (n=64) of the participants were female while 25% (n=21) were male. The majority of the participants 54% (n=46) were pursuing their nursing degree while the 46% (n=39) of the participants were pursuing their social service degree.

The majority of the participants were pursuing a nursing degree 54% (n=46) while those pursuing a social service degree were 46% (n=39). The age of the participants ranged between 20-50 years of age. The average age of the participants was 28 years. In regard to the number of years studied, those who had studied for one (1) year were 42%,(n=36) two (2) years were 33%, (n=28) three (3) years in the UAS were 21% (n=18), while the students who had studied

for four (4) years were 3% (n=3). This implied that the majority of the participants were the first year students.

**9.2**     The concept of human trafficking

Below is the thematic analysis of the various human trafficking items that were explored in this study and how they were perceived pre-test and post-test. Concerning the pre-test, eight items were used to examine the concept of human trafficking and how it was perceived by the participants prior to the training as shown in table 1.

Concerning if the human trafficking rarely occurs globally, the average score for those who provided the correct answer was 92% (n=77) implying that the majority were cognisant with the concept of human trafficking. On if all persons trafficked must cross borders, the average score was 87% (n=73) and it implied that most of the participants had the correct answer. On if men are rarely the victims of human trafficking the average score was 68% (n=57) which implied that quite majority the participants provided the correct answer. On if all the victims of trafficking knew that they were being trafficked the average score was 73% (n=61) which means that majority provided the correct response.

On if there was difference between the human smuggling and the human trafficking, the average score was 58% (n=49) which meant that only a slight majority knew whether there was difference between the two concepts. Regarding whether Finnish citizens could not be the victims of trafficking the majority provided the correct response as the average score was 94% (n=80). Finally, on if globally there was more than 40 million victims of human trafficking, the average score of the item was 79% (n=66) which implied that the majority provided correct responses.

Table 1.Concept of human trafficking pre-test

**Descriptive Statistics**

| | N | Minimum | Maximum | Mean | Std. Deviation |
|---|---|---|---|---|---|
| Human trafficking occurs rarely globally  F | 84 | .0 | 1.0 | .917 | .2780 |
| All persons trafficked must cross international borders F | 84 | .0 | 1.0 | .869 | .3394 |
| Men are rarely victims of human trafficking F | 84 | .0 | 1.0 | .679 | .4698 |
| All victims of trafficking know that they are being exploited F | 84 | .0 | 1.0 | .726 | .4486 |
| There is a difference between human smuggling and human trafficking T | 84 | .0 | 1.0 | .583 | .4960 |
| Finnish citizens cannot be victims of trafficking F | 84 | .0 | 1.0 | .940 | .2380 |
| Modern day slavery is the same as human trafficking  T | 84 | .0 | 1.0 | .798 | .4042 |
| Globally, there are over 40million victims of human trafficking T | 0 | | | | |
| Valid N (listwise) | 0 | | | | |

On the post-test statistics which were the results of a similar test after the training. The test was done to establish whether there was improvement in the test scores of the students after the training. On if the human trafficking rarely occurs globally, the average score for those who provided the correct post-test answer was 95% (n=76) which was an improvement from the pre-test score. On if all people trafficked must cross borders the average score was 94% (n=75) and it was an improvement from the pre-test score. On if men are rarely the victims of human trafficking the average score was 77% (n=62) was an improvement from pre-test score. On if all the victims of trafficking knew that they were being trafficked the average score was 84% (n=67) which was enhancement of pre-test score. On whether there was difference be-tween the human smuggling and the human trafficking, the average score was 96% (n=77) which was a significant improvement from the pre-test score. In regard to whether Finnish citizens could not be victims of trafficking average score was 99% (n=79) and it improved on pre-test score. On if globally there was more than 40 million victims of human trafficking, the average score of the item was 94% (75) which an improvement as indicated by the table 2. below.

Table 2.Concept of human trafficking post-test

**Descriptive Statistics**

| | N | Minimum | Maximum | Mean | Std. Deviation |
|---|---|---|---|---|---|
| Human trafficking occurs rarely globally F | 80 | .0 | 1.0 | .950 | .2193 |
| All persons trafficked must cross international borders F | 80 | .0 | 1.0 | .938 | .2436 |
| Men are rarely victims of human trafficking F | 80 | .0 | 1.0 | .775 | .4202 |
| All victims of trafficking know that they are being exploited F | 80 | .0 | 1.0 | .838 | .3712 |
| There is a difference between human smuggling and human trafficking T | 80 | .0 | 1.0 | .963 | .1912 |
| Finnish citizens cannot be victims of trafficking F | 80 | .0 | 1.0 | .988 | .1118 |
| Modern day slavery is the same as human trafficking T | 80 | .0 | 1.0 | .938 | .2436 |
| Globally, there are over 40million victims of human trafficking T | 80 | 1.0 | 1.0 | 1.000 | .0000 |
| Valid N (listwise) | 80 | | | | |

Regarding whether the difference between the post test scores and pre-test scored was significant, the paired sample t-tests were carried out. The sig value or p value was used to determine whether other scores were statistically different. The p value of less than .05 indicated that the scores were statistically significant while those above were not statistically significant. From appendix 1. it was evident that most pre-test and post test results were not statistically different. This means that there was not much change between the pre/test and post-test results. The only statistically significant difference was on whether there as difference between human smuggling and the human trafficking where the P value was 0.01.It meant that there was significant difference between the pre-test score of this item and post test score of this item. This meant that the training assisted most of the participants differentiate between the concept of human smuggling and the concept of human trafficking.

9.3    Signals of human trafficking

The second theme was the signals of human trafficking, which explored how the participants perceived the various warning signs of human trafficking. The pre-test results on how the participants perceived the signs of human trafficking prior to the training were as shown by the table 3 below. On the question of if most of the people who migrate risk being trafficked, the average score for this item was 74% (n=63) during the pre-test. On if the victims of trafficking had untreated chronic conditions, the average score was 84% (n=71) which implied that

majority of the participant provided correct answers prior to the training. Concerning whether the victims of trafficking were usually accompanied during their visit to healthcare facilities, the average score was 48% (n=41). This implied that majority did not provide the correct answers as the average score was below average. On if the substance abusers were vulnerable and likely to become victims of trafficking, the average score would be 88% (n=75). On whether the family member or intimate partner could be a trafficker, the average score of the item was 90% (n=77) which meant that most of the participants provided the correct answer. On if the victims of trafficking are always in debt the average score of the item would be 71% (n=60) and it implied that majority of student responses had correct responses. On if people who live in their workplace were likely to be victims of trafficking, the average score of the item was 50% (n= 43) which was average and meant that half of the participants provided correct answers and the other half provided wrong answers.

Table 3.Signals of human trafficking pre-test results

**Descriptive Statistics**

| | N | Minimum | Maximum | Mean | Std. Deviation |
|---|---|---|---|---|---|
| Most people who migrate for work will end up being trafficked. F | 84 | .0 | 1.0 | .738 | .4423 |
| Victims of trafficking can have untreated chronic medical conditions and physical trauma T | 84 | .0 | 1.0 | .845 | .3638 |
| Victims of trafficking are usually accompanied to health care facilities T | 84 | .0 | 1.0 | .476 | .5024 |
| Substance abusers are vulnerable to become victims of trafficking  T | 84 | .0 | 1.0 | .881 | .3258 |
| A family member or intimate partner can be a trafficker T | 84 | .0 | 1.0 | .905 | .2953 |
| Victims of trafficking are usually in debt T | 84 | .0 | 1.0 | .714 | .4545 |
| People who live in their place of work are likely to be trafficked victims  T | 84 | .0 | 1.0 | .500 | .5030 |
| Valid N (listwise) | 84 | | | | |

The following were the results on the post test results on how the participants answered the questions on human trafficking after the training. The post test results were the results that the participants posted after the training concerning how they perceived the warning signs of human trafficking. On if most people who migrate for the work end up being trafficked the average score of the item was 76% (n=61) which represented very slight improvement from the pre-test score. On whether the victims of trafficking had untreated medical conditions, the average score of the item was 86% (n=69) and it represented the slight enhancements of

the test score compared with the pre-test scores. On if the victims of trafficking were accompanied to healthcare facilities, the average score was 84% (n=67) and it demonstrated significant improvement from the previous test score. On if the substance abusers can be victims of trafficking the post test score was 99% (n=79) and it was enhancement of the previous pre-test score. On if a family member, be a trafficker the average score was 98% (n= 78) which was a slight improvement in the pre-test score. Concerning whether the victims of trafficking are usually in debt. The average score of those who provide the correct score was 94% (n= 75). On if people who live in their place of work could be trafficked victims, the average score was 97% (n= 78) as shown by the table 4 below:

Table 4. Signals of human trafficking post-test results

**Descriptive Statistics**

| | N | Minimum | Maximum | Mean | Std. Deviation |
|---|---|---|---|---|---|
| Most people who migrate for work will end up being trafficked. F | 80 | .0 | 1.0 | .763 | .4282 |
| Victims of trafficking can have untreated chronic medical conditions and physical trauma T | 80 | .0 | 1.0 | .863 | .3465 |
| Victims of trafficking are usually accompanied to health care facilities T | 80 | .0 | 1.0 | .838 | .3712 |
| Substance abusers are vulnerable to become victims of trafficking  T | 80 | .0 | 1.0 | .988 | .1118 |
| A family member or intimate partner can be a trafficker T | 80 | .0 | 1.0 | .975 | .1571 |
| Victims of trafficking are usually in debt T | 80 | .0 | 1.0 | .938 | .2436 |
| People who live in their place of work are likely to be trafficked victims  T | 80 | .0 | 1.0 | .975 | .1571 |
| Valid N (listwise) | 80 | | | | |

This study further sought to identify whether there was difference between the pre-test and the post test results were statistically different. This would help in identifying whether there was an improvement to the level of knowledge after training. The paired t-tests were therefore, carried out and the results were as indicated in the appendix 2 below. The t-test examined the significant differences using the p value where the p value of less than 0.01 indicated that the relationship between the pre-test score and the post test score was

significant. Significant difference would imply that, the participants had made significant improvements in enhancing their understanding about the signs of human trafficking. From the findings, four of the pairs of the pre-test and post-test items were found to have significant differences between the post test score and the pre-test scores. For instance, there was significant difference between the pre-test score and post-test core on how participants perceived the issue of the victims of trafficking being usually accompanied to healthcare facilities. The p value of this item was <0.01 which implies that, the difference between pre and post items was significant. There was also significant difference between the pre-test scores and post test scores on the issues of substance abusers being victims of human trafficking as the p value was 0.006 which was less than 0.05 threshold. The pre and post test scores on the victims of trafficking being in debt was statistically different as the p value was <0.01 which demonstrated that the difference was significant. The pre and post test scores of the question on whether people who lived in their workplaces were victims of human trafficking the p value was< 0.01 which indicated that the scores were statistically different. There was however no significant difference in the P values of the questions most people who migrate the for work end up being the victims of trafficking, victims of trafficking had untreated chronic conditions and a family member or an intimate partner can be a trafficker.

9.4    The role of health provider in human trafficking

The third theme that was examined in this study was related to the health provider's role in human trafficking. Nine items were used to make this assess the role of healthcare provider in a case where the crime of human trafficking has been identified. The statistical findings of the pre-test are elaborated in table 5. There were generally low results on this theme. On if the victims of the trafficking do not go to hospital, the average score was 19% (n=16). On if it was a good practice to inform the police if the person had been trafficked, the average score was 8% (n=7).Concerning whether it was good to ask a friend or a relative to be an interpreter if needed, those who provided the correct pre-test answer were less than average at 33% (n=28). On if the participant would identify the warning signs of human trafficking from the victim, the average score was 16% (n=14) implying the very few participants provided correct responses. On whether the participants had been taught about human trafficking in the university, the average score was 33% (n=28). On if the threats of deportation were ways of controlling victims, the average score was 86% (n=73) and showed that for this item most of the participants provided correct answers. On if when speaking to a victim of human trafficking, the student could express surprise, the ones who provided correct score were less than average at 46% (n=39). On whether the important to inform the victim that you will provide their information to another worker, those who provided correct score were 95% (n=81).

Table 5.The role of health provider in human trafficking pre-test

**Descriptive Statistics**

| | N | Minimum | Maximum | Mean | Std. Deviation |
|---|---|---|---|---|---|
| Victims of trafficking do not go to hospitals F | 84 | .0 | 1.0 | .190 | .3950 |
| It is a good practice to immediately inform the police if you suspect a person has been trafficked F | 84 | .0 | 1.0 | .083 | .2780 |
| It is good to ask a friend or relative of a suspected victim to be an interpreter if needed F | 84 | .0 | 1.0 | .333 | .4742 |
| I am able to identify the warning signs of human trafficking from the victim YES1 NO 0 | 84 | .0 | 1.0 | .167 | .3749 |
| I have been taught about human trafficking in the university of applied sciences YES1 NO 0 | 84 | .0 | 1.0 | .333 | .4742 |
| Threat of deportation is one of the ways of controlling victims of human trafficking T | 84 | .0 | 1.0 | .857 | .3520 |
| When speaking to a victim of trafficking, you can express your surprise F | 84 | .0 | 1.0 | .464 | .5017 |
| It is important to inform the victim that you will give their information to another worker e.g. doctor T | 80 | .00 | 1.00 | .9500 | .21932 |
| Valid N (listwise) | 80 | | | | |

The post-test results of the theme of health providers' role, there was generally high results shown in table 6 below. On if the victims of the trafficking do not go to hospital, the average score were 76% (n=61). On if it was good practice to inform the police if the person had been trafficked, the average score was 82% (n=66). If, it was good to ask a friend or a relative to be an interpreter if needed average score of 97% (n=78). On if the participant could identify the warning signs of human trafficking from the victim the average score was 89% (n=71). On if the participants had been taught about human trafficking in the university, the post-test average score was 95% (n=76). On if the threats of deportation were ways of controlling victims, the average score was 95% (n=76). On if when speaking to the victim of human trafficking, the student could express surprise, the ones who provided correct score had an improved average score of 85% (n=68). Finally, on whether the important to inform the victim that their information can be provided for another a worker, those who provided correct score were 95% n=76).

Table 6.The role of health provider in human trafficking post-test

**Descriptive Statistics**

| | N | Minimum | Maximum | Mean | Std. Deviation |
|---|---|---|---|---|---|
| Victims of trafficking do not go to hospitals F | 80 | .0 | 1.0 | .763 | .4282 |
| It is a good practice to immediately inform the police if you suspect a person has been trafficked F | 80 | .0 | 1.0 | .825 | .3824 |
| It is good to ask a friend or relative of a suspected victim to be an interpreter if needed F | 80 | .0 | 1.0 | .975 | .1571 |
| Victims of trafficking who are undocumented and living in Finland can receive government support T | 80 | .0 | 1.0 | .963 | .1912 |
| I am able to identify the warning signs of human trafficking from the victim YES1 NO 0 | 80 | .0 | 1.0 | .888 | .3180 |
| I have been taught about human trafficking in the university of applied sciences YES1 NO 0 | 80 | .0 | 1.0 | .950 | .2193 |
| Threat of deportation is one of the ways of controlling victims of human trafficking T | 80 | .0 | 1.0 | .950 | .2193 |
| When speaking to a victim of trafficking, you can express your surprise F | 80 | .0 | 1.0 | .850 | .3593 |
| It is important to inform the victim that you will give their information to another worker e.g. doctor T | 80 | .0 | 1.0 | .950 | .2193 |
| Valid N (listwise) | 80 | | | | |

In order to ascertain whether there was were significant differences between the pre-test re-sults and the post-test results, the study used paired sample t-test samples to examine the results of the pre-test and post-test against each other. Appendix 3 below shows the findings of the study. In all of eight items, on this them, the t-tests proved that there was significant difference between the pre-test and post test scores as the p value was less than 0.05 as shown in Appendix 3. On overall, all of the items on the role of the healthcare service provid-ers was statistically different and suggests that the learning was effective.

9.5    Effects of human trafficking

The fourth theme examined in this study concerned the effect of human trafficking using the post-test scores and pre-test scores. On if the victims had difficulties reporting to the authorities, the pre-test score was 88% (n=75). The average score for victims exhibiting various emotions when in contact with authorities was 75% (n=64). On if the victims had the feelings of guilt about their situation, the average score of those who provided correct score was 91% (n=77). On if the victim suffered memory loss, the average score for correct score was 87% (n= 74). On if the longer a victim was exploited the harder it was for them to leave the situation the average score was 89% (n=76) as shown in table 7 below.

Table 7.Effects of human trafficking pre-test

**Descriptive Statistics**

| | N | Minimum | Maximum | Mean | Std. Deviation |
|---|---|---|---|---|---|
| Victims of trafficking have difficulties reporting their situation to authorities  T | 84 | .0 | 1.0 | .881 | .3258 |
| Victims of trafficking exhibit a ray of emotions when in contact with authorities T | 84 | .0 | 1.0 | .750 | .4356 |
| Victims of trafficking may have feelings of guilt or shame about their exploitative situation  T | 84 | .0 | 1.0 | .917 | .2780 |
| Victims of trafficking may suffer from memory laps T | 84 | .0 | 1.0 | .869 | .3394 |
| The longer a victim is exploited the harder it is for them to leave the situation T | 84 | .0 | 1.0 | .893 | .3112 |
| Valid N (listwise) | 84 | | | | |

On the post test scores on the effects of trafficking, the average score items were as indicated in the table 8 below. The post-test average score on if the victims had difficulties reporting to the authorities was 96% (n=77). The average score for victims exhibiting various emotions when in contact with authorities was 89% (n=71). On if the victims had the feelings of guilt about their situation, the post test score was 100% (n=80). On if the victim suffered memory loss, the average score of post test score was 96% (n=77). On whether the longer a

victim was exploited the harder it was for them to leave the situation the average score was 96% (n=77).

Table 8.Effects of human trafficking poste-test

**Descriptive Statistics**

| | N | Minimum | Maximum | Mean | Std. Deviation |
|---|---|---|---|---|---|
| Victims of trafficking have difficulties reporting their situation to authorities  T | 80 | .0 | 1.0 | .863 | .3465 |
| Victims of trafficking exhibit a ray of emotions when in contact with authorities T | 80 | .0 | 1.0 | .888 | .3180 |
| Victims of trafficking may have feelings of guilt or shame about their exploitative situation  T | 80 | 1.0 | 1.0 | 1.000 | .0000 |
| Victims of trafficking may suffer from memory laps T | 80 | .0 | 1.0 | .963 | .1912 |
| The longer a victim is exploited the harder it is for them to leave the situation T | 80 | .0 | 1.0 | .963 | .1912 |
| Valid N (listwise) | 80 | | | | |

In order to identify whether there were significant differences between the pre-test and post test samples, the paired t-test samples were used. For this theme most of the items indicated that there were no significant differences as most of the pairs' p values was higher than 0.05 except for the item on the victims of humans trafficking feeling shame. The item's p value was 0.01 which was less 0.05 which implied significant statistical difference between the post-test and pre-test scores as shown in appendix 4. We can therefore conclude that training did not improve the participants' level of knowledge in this theme.

## 10   Discussion

Human trafficking is a global health issue that requires the combination of responsive intervention as well as focused the identification of the victims of human trafficking by social and health care professionals. According to a survey made by the IOM (2015), it showed that nurses in Finland are ill equipped to identify and care for the victims of human trafficking. It is for that reason that the writer decided to conduct a quasi-experimental study with the students of Laurea University of Applied Sciences Tikkurila campus with the goal of assessing

whether the level of competences of social services and nursing students would improve after a lecture on identification and care for victims of human trafficking by conducting a quasi-experimental study and the objectives of examining the effects of training social service and nursing students on the concept of human trafficking, the warning signs of human trafficking, the effects of human trafficking and the role of the social and healthcare providers in identifying victims of human trafficking.

The conception of this study was at the beginning of October 2018. The data was then collected in the spring of 2019 and analysis commenced thereafter. The data was collected in form of two (2) sets of questionnaires (pre-test and post-test), which had dichotomous questions. The data was fed into SPSS software where each correct answer had 1 point score (Maximum score) and every wrong answer 0 point (minimum score). The questions in the questionnaire were divided into four themes and the themes analysed separately to find their mean scores. Sample paired T-test was also used to establish if there was a significant statistical difference. The results showed improvements in the mean scores all the themes results from pre-test to post-test. The statistical difference between the pre-test and post-test varied from one theme and question to the next.

In the theme concept of human trafficking, there was a slight improvement in all the mean scores of each item between the pre-test and post-test. When the results of the pre-test and post-test were measured against each other, the results showed no statistical difference which implies that there was enough background knowledge. These results were similar to those of Gonçalves, Monteiro and Matos (2019). Only one pair that showed a statistical difference was "there as difference between human smuggling and the human trafficking" where the P value was <0.01 which indicated that the relationship between the pre-test score and the post test score was significant. It can therefore be concluded that, training did not improve the level of knowledge in this theme.

Similarly, in the theme signals of human trafficking, there was a general improvement in all the average scores of each item. Unlike in the concept of human trafficking, there was a statistical difference in four (4) items where the P value was less than .05. This meant that the participants had made significant improvements in their level of knowledge after the intervention lecture. The items which had significant improvements were, the victims of trafficking being usually accompanied to healthcare facilities, substance abusers being the victims of human trafficking, victims of trafficking being in debt and people who lived in their workplaces were the victims of human trafficking. These results correspond with a study made by Aimee Et.al (2014) which showed an increase in the level of knowledge in identifying victims of human trafficking from a focused group as opposed to the group that did not receive training.

The third theme was the role of the health provider in human trafficking. This theme saw the best improvement in the pre-test and post-test mean results. Additionally, the statistical significance of the pre-test and post-test in all the items saw the P value of less than 0.05. These results are like that of Flower (2019) which showed similar improvement in the level of knowledge of students in understanding the role of health care providers in counter trafficking. This implies that there is a need to incorporate the topic of human trafficking with special emphasis of the role of the social and healthcare professional in counter trafficking

The last theme that was examined in this study was the effects of human trafficking. This theme showed the least improvement between the pre-test and post-test both in the mean scores and statistical significance. This therefore concludes that training did not have any impact on the level of knowledge of the participants.

There was a slight improvement in the level of knowledge in the mean values of all the thematic levels. Even though the study did not conclusively prove that training on human trafficking increases the level of knowledge the writer would recommend a similar quantitative study with a with different scale questionnaire. The writer would also recommend that this subject to be introduced in the curriculum of social and nursing curriculum. Due to the prolonged study process the writer acknowledges that the results of the study may not be a true indication of the current situation of the students in Laurea UAS. The results however are a true indication of the situation in the spring of 2019.

11   Ethical considerations.

As per the guidelines of Laurea USA, the writer first received approval from supervising lectures to continue with the research process. The writer then sought Permission to conduct research in Laurea UAS. This was done by filling research, thereafter, sending it to the director of Laurea UAS for approval. The research permit was approved on 05.12.2018 by the director of Laurea UAS.

Throughout the process, the writer maintained contact with supervising teachers to assure the transparency of the research process. When all the PowerPoint presentation was completed, the study supervising lectures together with the students' contact teachers had the opportunity of seeing the presentation at their request before it is presented to the students. Any questions, clarification, conflict of interest and ethical issues were to be addressed at this point. The contact teachers were allowed to participate in the intervention lectures which the majority of them 4/5 times participated. The writer believes that this form of transparency was a platform for the contact teachers to learn about human trafficking and the importance of the subject in the curriculum.

## 11.1 Autonomy

Autonomy is the freedom of one to choose a course of action (Ellis, 2017). During the process of completing this study the autonomy of all participants will be respected. The participants received a consent form and a cover letter that include the method in which the data would be collected and used. The cover letter also included the contact details of the writer and the writer was present to clarify any questions that arose from the participants regarding the study. (National Advisory Board on Research Ethics (TENK) 2009).

The consent form included the topic to be discussed, the duration of the study and the use of questionnaires. The writer was present and ready to answer questions from the participants regarding the study. All the informed consents signed will be included the clause of with-drawal, this was accentuated as well verbally and in person during the implementation day. (TENK 2009).

The participants were assigned numbers which will were placed together with the consent form. If the student accepted to participate in the study, they were asked to write the number on the pre and post-test. This helped the writer during analysis where individual pre-test post-test documents were analysed. With these numbers, the students will also be able to withdraw from the study even after participation. The writer will exclude data on the request of the participant. (TENK 2009.)

## 11.2 Beneficence and non-maleficence.

This principle applies to doing well to the best interest of others (Ellis 2017). In this study, personal information about the students was not be used. The names, student numbers and nationalities were withheld from the study. This will protect the participants from easy iden-tification hence protecting their integrity during the reporting of the study. The students given participant numbers which they added to the pre-test and post-test. This ensured that correct participant analysis was done. (TENK 2009.)

All the participants were asked to sign a consent form which contained their names. These forms were separate from any other documents. All the data given to the participant was physical data as this ensured that only the researcher was handling documents coming from the participants. The consent form will be destroyed as soon as the study has been published. Not even the researcher will be able to connect the consent form with the answers to the questionnaires as they were given and collected separately. (TENK 2009.)

## 12 Validity and reliability

Validity in quantitative research refers to whether a questionnaire has measured what it is intended to measure and if measures are made correctly and adequately. Reliability on the other hand refers to refers to, the repeatability of a questionnaire, which is the ability of a questionnaire being able to measure what it is meant to measure in a coherent manner. (Gerrish, Lathlean, & Cormack 2015, 416)

### 12.1 Validity

In quasi-experiment studies, internal and external validity are to be considered. Internal validity is the extent to which a study establishes a reliable relationship between a treatment and an outcome. External validity on the other hand is the extent to which the results of are achievable in a different setting and population. (Cohen, Manion & Morrison 2000, 127.) In this study, internal validity was not compromised as there was no selection bias. All students in the English programmes of nursing and social services were allowed to participate in the study. The questionnaires and lecture were conducted in English meaning that all participant would comfortably participate in the study.

Pre-test post-test studies can be compromise at the beginning of the experiment by sensitizing the participant in the purpose of the study. In this study, the participants, the internal validity was compromised at the testing level as the participant were informed of the nature of the study. As Cohen, Manion and Morrison (2000) explain, this can cause the results of the post-test to be generally high and not give a true depiction of the effectiveness of the study.

Content validity refers to the extent to which a measurement tool comprehensively reflects the content it aims to examine (Newell & Burnard 2010). In this study, all the content used in the questionnaires as well as the lectures scientific material. The questions in the questionnaires were adopted from previous studies and modified to be dichotomous questions so as to fit the study objective. The writer can therefore conclude that content validity was not compromised.

### 12.2 Reliability

To increase the reliability of the questionnaires used in this study, the writer piloted the questionnaire in October 2018. Piloting refers to the introduction of a measure (questionnaire) ahead of the main study. Piloting facilitates the measurement of the measure to ensure that it meets the objectives the study. (Gerrish, Lathlean & Cormack 215). In this study, the questionnaires were piloted with colleagues from the masters of global development and

management in the health care course. The masters` group was selected due to the dynamics of the students which was like that of the sample group. All these students are graduates from bachelor's in nursing or social services. Fifteen (15) of the piloted questionnaires were answered.

From the pilot, the writer realized that the wording of some of the questions needed correction and the questionnaire was too long. From 45 questions, the final questionnaire ended up having 34 questions. Some of the questions had "may" in the middle of the sentence which made the answer both true and false. These questions were either amended or completely removed. The original pre-test questionnaire also had the "I don't know the option". The pilot showed that majority of the respondents went for the I don't know the option. This was interpreted as though they did not have much knowledge or then they chose the "safer" option.

After discussions with supervising lectures and reading literature, the writer decided not to use the use of "I don't know" option as it was not recommended due to difficulty during analysis and the probability of participant using it as the easier option. The writer therefore decided to leave the questions to be dichotomous in nature.

In terms of whether this study is reliable and can be repeated given a similar sample group in a different setting, the writer would confidently say that the results would be similar (Newell & Burnard 2010). This is because of most of the UAS in Finland do not offer the course on how to identify and care for the victims of human trafficking.

13   Conclusion

This quasi-experimental study showed that there is improvement in the level of knowledge of participants after a lecture on human trafficking and how to care for the victims. The writer, therefore, recommends that a developmental study to be made to create a curriculum that is best suited for social and nursing students.

A comprehensive study of Finnish nurses and social service workers on their level of knowledge of their role in counter trafficking as well as their attitudes towards working with this vulnerable group would be recommended.

As mentioned in the previous chapters of this study, human trafficking in a fast growing crime with victims being of all ages and nationalities. Due to the exploitative nature of human trafficking, victims end up in health facilities and usually are not identifies. The writer strongly recommends the introduction of this topic into the study curriculum of every UAS with health and social welfare programme.

14   References

Printed

Aimee, G., Lippert,S., Collins, K.,Pineda, N., Tolani, A., Walker, R., Jeong,M., Trounce,B., Graham-Lamberts, C., Bersamin, M., Martinez, J., Dotzler, J., Vanek,J.,  StorferIsser,A., Chamberlain, L., and Horwitz, S. 2014. Educating Health Care Professionals on Human Trafficking. Pediatr Emerg Care. 30(12). 856–861

Cohen,L., Manion, L. and Morrison, K. 2007. Research Methods in Education. Routledge New York.

Dovydaitis, T. 2010. Human trafficking: the role of the health care provider. Journal of Midwifery Women's Health, 55(5), 462–467.

Flower, M. 2019. Human Trafficking Education for Pre-Licensure Nursing Students: A Quality Improvement Project. Doctor of Nursing Practice Papers. Paper 8.

Gerrish, K., Lathlean, J. and Cormack, D. 2015. The Research Process in Nursing, 7th Edition. John Wiley & Sons.

Gonçalves, M.  Monteiro, I and Matos, M. 2019. Trafficking in Human Beings: Knowledge of Portuguese College Students. Journal of human trafficking.

Gonçalves, M.  Monteiro, I and Matos, M. 2019. Trafficking in Human Beings: Knowledge of Portuguese College Students. Journal of human trafficking.

Hachey, L. and Phillippi, C. 2017. Identification and Management of Human Trafficking Victims in the Emergency Department. Advanced Emergency Nursing Journal. 39(1) 31-51.

Hachey, L. and Phillippi, C. 2017. Identification and Management of Human Trafficking Victims in the Emergency Department. Advanced Emergency Nursing Journal. 39(1) 31-51.

International Organization for Migration, 2014. Traffickers and Trafficking: Challenges in Researching Human Traffickers and Trafficking Operations. International Organization for Migration. Nexus institute.

Long, E. and Dowdell, E. 2018. Nurses' perceptions of victims of human trafficking in an urban emergency department: A qualitative study. Journal of Emergency Nursing. 44 (4). 375-383. Lusk, M. and Lucas, F. 2009. The challenge of human trafficking and contemporary slavery. Journal of Comparative Social Welfare, 25(1), 49-57.

Melnyk, B. and Morrison-Beedy, D. 2012. Intervention Research: Designing, Conducting, Analyzing, and Funding. Springer publishing.

Newell, R. and Burnard, P. 2010. Research for Evidence-Based Practice in Healthcare, 2nd Edition. Wileiy-Blackwell.

Shandro, J., Chisolm-Straker, M., Duber, H., Findlay, S., Munoz, J., Schmitz, G., Stanzer, M., Stoklosa, H., Wiener, D. and Wingkun, N. 2016. Human Trafficking: A Guide to Identification and Approach for the Emergency Physician. Annals Emergency Medicine. 68(4). 501-508.

Zimmerman, C and Kiss, L. 2017. Human trafficking and exploitation: A global health concern Published in. PLoS Medicine, 14(11).

Electronic

Ethical principles of research in the humanities and social and behavioural sciences and proposals for ethical review National Advisory Board on Research Ethics Helsinki 2009
http://www.tenk.fi/sites/tenk.fi/files/ethicalprinciples.pdf

European parliament 2016. https://www.europarl.europa.eu/Reg-Data/etudes/BRIE/2016/577950/EPRS_BRI%282016%29577950_EN.pdf  Accessed 06.10.2018

European parliament. 2017. Accessed 06.10.2018

https://www.europarl.europa.eu/news/en/headlines/society/20171012STO85932/human-trafficking-nearly-16-000-victims-in-the-eu Accessed 06.10.2018

European Union, 2018. Data collection on trafficking 2018 in human beings in the EU. Accessed 12 December 2018. https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/european-agenda-security/20181204_data-collection-study.pdf

Faherty, V. 2008. Compassionate Statistics: Applied Quantitative Analysis for Social Services, with exercises and instructions in SPSS. Sage publications. https://ebookcentral.proquest.com/lib/laurea/reader.action?docID=1936761&ppg=1&query=Compassionate%20Statistics%3A%20Applied%20Quantitative%20Analysis%20for%20Social%20Services%2C%20with%20exercises%20and%20instructions%20in%20SPSS

Finnish immigration services, 2015. HUMAN TRAFFICKING OF NIGERIAN WOMEN TO EUROPE. Accessed 25.01.2019.
https://migri.fi/documents/5202425/5914056/60332_Suuntaus_NigSuuntaus_HumanTraffickingfromNigeriaFINAL200415.pdf/8f310379-7101-447b-826c-5d34a12ab8ab/60332_Suuntaus_NigSuuntaus_HumanTraffickingfromNigeriaFINAL200415.pdf.pdf

Global Initiative Against Transnational Organized Crime, 2018. Understanding contemporary human smuggling as a vector in migration A field guide for migration management and humanitarian practitioners. Accessed 06 October 2018.
https://reliefweb.int/sites/reliefweb.int/files/resources/TGIATOC-Understanding-Contemporary-Human-Smuggling-1936-hi-res.pdf

Hynes, P., Gani-Yusuf, L., Burland, P., Dew, J., Olatunde, A., Thurnham, A., Brodie, I., Spring, D. and Murray, F. 2018. 'Vulnerability' to human trafficking: a study of Vietnam, Albania, Nigeria and the UK. Accessed 12 December 2018.
https://www.antislaverycommissioner.co.uk/media/1264/vulnerability-to-human-trafficking-nigeria.pdf

Ihmiskaupan uhriwn autamisjärjestelma Puolivuotiskatsaus 1.1.—30.6.2018., 2018. Accessed 08.10.2018.
https://migri.fi/documents/5202425/6032464/Ihmiskaupan+uhrien+auttamisj%C3%A4rjestelm%C3%A4n+tuoreesta+puolivuotiskatsauksesta/8ee3a1e7-1bd4-40d2-9cac-80b606bf7faa/Ihmiskaupan+uhrien+auttamisj%C3%A4rjestelm%C3%A4n+tuoreesta+puolivuotiskatsauksesta.pdf

International Labour Organization and International Organization for Migration. 2017. Global estimates of modern slavery: forced labour and forced marriage. Accessed 12 December 2018.
https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_575479.pdf

International Organization for Migration (IOM) Finland. 2018. Leaflet Countertrafficking.pdf. accessed 06 October 2018
https://www.iom.fi/sites/default/files/Updated%20leaflets/Leaflet%20Countertrafficking_Updated2018.pdf

International Organization for Migration (IOM), 2018. Trafficking in Human Beings and Smuggling of Migrants in ACP Countries: Key Challenges and Ways Forward. Accessed 06 October 2018.
https://publications.iom.int/system/files/pdf/trafficking_in_human_beings.pdf

International Organization for Migration (IOM), UN Gift & London school of hygiene. 2009. Caring for trafficked persons Guidance for health professions. Accessed 06 October 2018.
https://publications.iom.int/system/files/pdf/ct_handbook.pdf

International Organization for Migration and Zimmerman, C. 2009. Caring for trafficked persons Guidance for health professionals. Accessed 06 October 2018.
https://publications.iom.int/system/files/pdf/ct_handbook.pdf

International Organization for Migration Finland, 2015. IHMISKAUPAN UHRIN TUNNISTAMINEN JA AUTTAMINEN TERVEYSPALVELUISSA Alustavia tuloksia Kansainvälisen siirtolaisuusjärjestön IOM:n verkkokyselystä. Accessed 06.10.2018. https://iom.fi/sites/default/files/hel-sinki%20page/Raportti%206%20April%202016.pdf

International Organization for Migration Finland, 2018. ihmiskaupan uhrin ensivaiheen tunnistaminen ja palveluohjaus Ohje sosiaali- ja terveydenhuollon ammattilaisille. Accessed 06 October 2018. https://www.iom.fi/sites/default/files/hoiku/ihmiskaupan_uhrin_en-sivaiheen_tunnistaminen_ja_palveluohjaus.pdf

International Organization for Migration Finland, 2019. AVAA OVI AVULLE – IHMISKAUPAN UHRIN TERVEYDEN JA HYVINVOINNIN EDISTÄMINEN Oppimateriaali sosiaali- ja terveysalan ammattilaisille ja kouluttajille. Acessed 15.02.2019. https://iom.fi/sites/de-fault/files/hoiku/avaa_ovi_avulle_web.pdf

Trace project, 2016. Tracing human trafficking a hand book for policy makers, law enforcement agencies and civil society organizations. Accessed 06 October 2018.
https://www.cbss.org/wp-content/uploads/2013/01/TRACE-report.pdf

UNICEF 2003. Trafficking In human beings, especially women and children In Africa. Accessed 01 June 2020. https://www.unicef.org/media/files/insight8e.pdf

United Nations human rights office of the high commission, 2018. Countering Trafficking in Persons in Conflict Situations THEMATIC PAPER. Accessed 08.10.2018.
https://www.unodc.org/documents/human-trafficking/2018/17-08776_ebook-Countering_Trafficking_in_Persons_in_Conflict_Situations.pdf

United Nations human rights office of the high commission. 2014. Human rights and human trafficking. Accessed 05.10.2018. https://www.ohchr.org/Documents/Publica-tions/FS36_en.pdf

United Nations Office on Drugs and Crime (UNODC), 2016. Global Report on Trafficking in Per-sons. Accessed 30.05.2020. https://www.unodc.org/documents/data-and-analy-sis/glotip/2016_Global_Report_on_Trafficking_in_Persons.pdf

United nations. 2015. Universal declaration of human rights. Accessed 06 October 2018.
https://www.un.org/en/udhrbook/pdf/udhr_booklet_en_web.pdf

## 15 Figures

## 16 Tables

18   Appendices

Appendix1. Concept of human trafficking

**Paired Samples Test**

| | | Paired Differences | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | 95% Confidence Interval of the Difference | | | | |
| | | Mean | Std. Deviation | Std. Error Mean | Lower | Upper | t | df | Sig. (2-tailed) |
| Pair 1 | Human trafficking occurs rarely globally  F - Human trafficking occurs rarely globally  F | -.0250 | .2744 | .0307 | -.0861 | .0361 | -.815 | 79 | .418 |
| Pair 2 | All persons trafficked must cross international borders F - All persons trafficked must cross international borders F | -.0750 | .4437 | .0496 | -.1737 | .0237 | -1.512 | 79 | .135 |
| Pair 3 | Men are rarely victims of human trafficking F - Men are rarely victims of human trafficking  F | -.0625 | .5812 | .0650 | -.1918 | .0668 | -.962 | 79 | .339 |
| Pair 4 | All victims of trafficking know that they are being exploited F - All victims of trafficking know that they are being exploited F | -.1250 | .6239 | .0698 | -.2638 | .0138 | -1.792 | 79 | .077 |
| Pair 5 | There is a difference between human smuggling and human trafficking T - There is a difference between human smuggling and human trafficking T | -.3750 | .5366 | .0600 | -.4944 | -.2556 | -6.250 | 79 | .000 |
| Pair 6 | Finnish citizens cannot be victims of trafficking F - Finnish citizens cannot be victims of trafficking F | -.0500 | .2710 | .0303 | -.1103 | .0103 | -1.650 | 79 | .103 |
| Pair 7 | Modern day slavery is the same as human trafficking  T - Modern day slavery is the same as human trafficking  T | -.1250 | .4321 | .0483 | -.2212 | -.0288 | -2.587 | 79 | .012 |

Appendix 2. Signs of human trafficking

**Paired Samples Test**

| | | Paired Differences | | | | | | | |
| | | | | | 95% Confidence Interval of the Difference | | | | |
| | | Mean | Std. Deviation | Std. Error Mean | Lower | Upper | t | df | Sig. (2-tailed) |
|---|---|---|---|---|---|---|---|---|---|
| Pair 1 | Most people who migrate for work will end up being trafficked. F - Most people who migrate for work will end up being trafficked. F | -.0125 | .5394 | .0603 | -.1325 | .1075 | -.207 | 79 | .836 |
| Pair 2 | Victims of trafficking can have untreated chronic medical conditions and physical trauma T - Victims of trafficking can have untreated chronic medical conditions and physical trauma T | -.0250 | .5025 | .0562 | -.1368 | .0868 | -.445 | 79 | .658 |
| Pair 3 | Victims of trafficking are usually accompanied to health care facilities T - Victims of trafficking are usually accompanied to health care facilities T | -.3375 | .6353 | .0710 | -.4789 | -.1961 | -4.751 | 79 | .000 |
| Pair 4 | Substance abusers are vulnerable to become victims of trafficking T - Substance abusers are vulnerable to become victims of trafficking T | -.1125 | .3556 | .0398 | -.1916 | -.0334 | -2.830 | 79 | .006 |
| Pair 5 | A family member or intimate partner can be a trafficker T - A family member or intimate partner can be a trafficker T | -.0750 | .3477 | .0389 | -.1524 | .0024 | -1.929 | 79 | .057 |
| Pair 6 | Victims of trafficking are usually in debt T - Victims of trafficking are usually in debt T | -.2125 | .4954 | .0554 | -.3227 | -.1023 | -3.837 | 79 | .000 |
| Pair 7 | People who live in their place of work are likely to be trafficked victims T - People who live in their place of work are likely to be trafficked victims T | -.4625 | .5017 | .0561 | -.5742 | -.3508 | -8.245 | 79 | .000 |

Appendix 3. Role of health provider in human trafficking

**Paired Samples Test**

| | | Paired Differences | | | | | | | |
| | | | | | 95% Confidence Interval of the Difference | | | | |
| | | Mean | Std. Deviation | Std. Error Mean | Lower | Upper | t | df | Sig. (2-tailed) |
|---|---|---|---|---|---|---|---|---|---|
| Pair 1 | Victims of trafficking do not go to hospitals F – Victims of trafficking do not go to hospitals F | -.5625 | .6130 | .0685 | -.6989 | -.4261 | -8.207 | 79 | .000 |
| Pair 2 | It is a good practice to immediately inform the police if you suspect a person has been trafficked F – It is a good practice to immediately inform the police if you suspect a person has been trafficked F | -.7375 | .5215 | .0583 | -.8536 | -.6214 | -12.648 | 79 | .000 |
| Pair 3 | It is good to ask a friend or relative of a suspected victim to be an interpreter if needed F – It is good to ask a friend or relative of a suspected victim to be an interpreter if needed F | -.6375 | .4838 | .0541 | -.7452 | -.5298 | -11.787 | 79 | .000 |
| Pair 4 | Victims of trafficking who are undocumented and living in Finland can receive government support T – Victims of trafficking who are undocumented and living in Finland can receive government support T | -.5125 | .5276 | .0590 | -.6299 | -.3951 | -8.689 | 79 | .000 |
| Pair 5 | I am able to identify the warning signs of human trafficking from the victim YES1 NO 0 – I am able to identify the warning signs of human trafficking from the victim YES1 NO 0 | -.7125 | .4824 | .0539 | -.8199 | -.6051 | -13.209 | 79 | .000 |
| Pair 6 | I have been taught about human trafficking in the university of applied sciences YES1 NO 0 – I have been taught about human trafficking in the university of applied sciences YES1 NO 0 | -.6125 | .5624 | .0629 | -.7377 | -.4873 | -9.741 | 79 | .000 |
| Pair 7 | Threat of deportation is one of the ways of controlling victims of human trafficking T – Threat of deportation is one of the ways of controlling victims of human trafficking T | -.1000 | .4386 | .0490 | -.1976 | -.0024 | -2.039 | 79 | .045 |
| Pair 8 | When speaking to a victim of trafficking, you can express your surprise F – When speaking to a victim of trafficking, you can express your surprise F | -.3875 | .6655 | .0744 | -.5356 | -.2394 | -5.208 | 79 | .000 |

Appendix 4. Effects of human trafficking paired sample test

**Paired Samples Test**

| | | Paired Differences | | | | | t | df | Sig. (2-tailed) |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | 95% Confidence Interval of the Difference | | | | |
| | | Mean | Std. Deviation | Std. Error Mean | Lower | Upper | | | |
| Pair 1 | Victims of trafficking have difficulties reporting their situation to authorities  T - Victims of trafficking have difficulties reporting their situation to authorities  T | .0125 | .4903 | .0548 | -.0966 | .1216 | .228 | 79 | .820 |
| Pair 2 | Victims of trafficking exhibit a ray of emotions when in contact with authorities T - Victims of trafficking exhibit a ray of emotions when in contact with authorities T | -.1500 | .5759 | .0644 | -.2782 | -.0218 | -2.330 | 79 | .022 |
| Pair 3 | Victims of trafficking may have feelings of guilt or shame about their exploitative situation  T - Victims of trafficking may have feelings of guilt or shame about their exploitative situation  T | -.0875 | .2843 | .0318 | -.1508 | -.0242 | -2.752 | 79 | .007 |
| Pair 4 | Victims of trafficking may suffer from memory laps  T - Victims of trafficking may suffer from memory laps  T | -.0875 | .3960 | .0443 | -.1756 | .0006 | -1.976 | 79 | .052 |
| Pair 5 | The longer a victim is exploited the harder it is for them to leave the situation T - The longer a victim is exploited the harder it is for them to leave the situation T | -.0750 | .3824 | .0427 | -.1601 | .0101 | -1.754 | 79 | .083 |

Appendix 5: Invitation letter

Dear participant,

My name is Jane Ngui and I am a master student at Laurea university of applied sciences. For my final study project, I am examining if the level of competencies of nursing and social service student on the topic of caring for victims of human trafficking, will increase after a lecture.

Because you are my selected participant group due to your diversity and fluency in English, I am hereby inviting you to participate in my research by completing the survey questionnaires and attending the lecture. The questionnaire will require approximately twenty (20) minutes each and the lecture will be two (2) hours.

There is no compensation for participating in this research nor will there be any known risks in participation. To ensure anonymity, no personal detail of the participants will be needed. The number attached to this letter will be what you will use for participation. I will handle all the data collected and destroy them after the research. The results of the study will be publicly available and will be published in https://www.theseus.fi/ and a hard copy in Laurea library.

If you choose to participate in this research, please sign the consent form, answer the questions honestly and as possible by completing the questionnaires and attentively listen to the lecture as the subject is closely related to your studies.

Participation is strictly voluntary, and you may refuse to participate at any time. At your request, your participation can be withdrawn even after the data has been collected.

Thank you for taking the time to assist me in my educational endeavours. The data collected will provide useful information that may help future nursing and social service students receive similar kind of training in the future.

If you have any questions regarding the research or the subject matter, my contact details will be found bellow.

Yours faithfully,

Jane Ngui

Email: jane.ngui@student.laurea.fi

Mobile: 04

Appendix 6. Consent form

<u>CONSENT FORM</u>.

I, _____ agree to participate in this study researching my competence level in caring for victims of human trafficking.

I am aware, that the study is connected to master's programme in Global development and management in health care at Laurea university of applied sciences.

I am aware, that information I provide will be handled anonymously and confidentially.

I am aware, that the data collected for this research will be handled carefully and destroyed after the research is concluded.

I am aware, that participation in this research is fully volunteer and I can withdraw the permission to participate in this study without any explanation.

I am aware, that the results will be publicly published in form of a master's thesis.

I am aware, that participation in this study does not cause me any financial benefits or costs.

I am aware that the subject matter is related to my studies and will be beneficial to me.

By signing this consent form, you are agreeing to participate in the research and declare that you are not being coerced or forced into participation.

Place:

Date:

Signature:

Appendix 7. Pre-test questionnaire

Please complete the questionnaire.

Background questions.

1. Gender.

   Male ☐      Female ☐         Other ☐

2. Age      _____

3. Degree programme

   Nursing ☐                    Social services ☐

4. Number of years completed in your degree programme?

   1year ☐          2 years ☐      3years ☐      4years ☐

5. Do you have any previous profession?

   Yes ☐            No ☐

If yes, name the profession/s.

_____

_____

_____

6. I am aware of the work of the national assistance system of Finland

   Yes ☐            No ☐

7. Name at least two (2) organizations that assist victims of human trafficking in Finland.

i.      _____

ii.     _____

iii.    _____

To the following questions place an **X** to the answer that is applicable.

| QUESTION | TRUE | FALSE |
|---|---|---|
| Human trafficking occurs rarely globally | | |
| All persons trafficked must cross international borders | | |
| Children working for relatives in domestic work cannot be considered as trafficked victims. | | |
| Most people who migrate for work will end up being trafficked. | | |
| Men are rarely victims of human trafficking | | |
| Voodoo can be used to control victims of trafficking | | |
| Victims of trafficking have difficulties reporting their situation to authorities | | |
| Victims of trafficking do not go to hospitals | | |
| It is a good practice to immediately inform the police if you suspect a person has been trafficked | | |
| It is good to ask a friend or relative of a suspected victim to be an interpreter if needed | | |
| Victims of trafficking can have untreated chronic medical conditions and physical trauma | | |
| Victims of trafficking who are undocumented and living in Finland can receive government support | | |
| All victims of trafficking know that they are being exploited | | |

| | | |
|---|---|---|
| Victims of trafficking are usually accompanied to health care facilities | | |
| Victims of trafficking exhibit a ray of emotions when in contact with authorities | | |
| I am able to identify the warning signs of human trafficking from the victim | | |
| I have been taught about human trafficking in the university of applied sciences | | |
| There is a difference between human smuggling and human trafficking | | |
| Child soldiers are victims of trafficking | | |
| Finnish citizens cannot be victims of trafficking | | |
| Substance abusers are vulnerable to become victims of trafficking | | |
| Forced marriages are considered to be forms of trafficking | | |
| Threat of deportation is one of the ways of controlling victims of human trafficking | | |
| A family member or intimate partner can be a trafficker | | |
| Victims of trafficking are usually in debt | | |
| Victims of trafficking may have feelings of guilt or shame about their exploitative situation | | |
| Victims of trafficking may suffer from memory laps | | |
| Modern day slavery is the same as human trafficking | | |
| The longer a victim is exploited the harder it is for them to leave the situation | | |

| | | |
|---|---|---|
| People who live in their place of work are likely to be trafficked victims | | |
| When speaking to a victim of trafficking, you can express your surprise | | |
| A person can be a victim of trafficking even though they agreed to work | | |
| It is important to inform the victim that you will give their information to another worker e.g. doctor | | |
| Globally, there are over 40million victims of human trafficking | | |

Appendix 8. Post- test questionnaire

Participant number _____

To the following questions place an **X** to the answer that is applicable.

| QUESTION | TRUE | FALSE |
|---|---|---|
| Human trafficking occurs rarely globally | | |
| All persons trafficked must cross international borders | | |
| Children working for relatives in domestic work cannot be considered as trafficked victims. | | |
| Men are rarely victims of human trafficking | | |
| Voodoo can be used to control victims of trafficking | | |
| Victims of trafficking have difficulties reporting their situation to authorities | | |
| Victims of trafficking do not go to hospitals | | |
| It is a good practice to immediately inform the police if you suspect a person has been trafficked | | |
| It is good to ask a friend or relative of a suspected victim to be an interpreter if needed | | |
| Victims of trafficking can have untreated chronic medical conditions and physical trauma | | |
| Victims of trafficking who are undocumented and living in Finland can receive government support | | |

| | | |
|---|---|---|
| All victims of trafficking know that they are being exploited | | |
| Victims of trafficking are usually accompanied to health care facilities | | |
| Victims of trafficking exhibit a ray of emotions when in contact with authorities | | |
| I am able to identify the warning signs of human trafficking from the victim | | |
| I have been taught about human trafficking in the university of applied sciences | | |
| There is a difference between human smuggling and human trafficking | | |
| Child soldiers are victims of trafficking | | |
| Finnish citizens cannot be victims of trafficking | | |
| Substance abusers are vulnerable to become victims of        trafficking | | |
| Forced marriages are considered to be forms of trafficking | | |
| Threat of deportation is one of the ways of controlling victims of human trafficking | | |
| A family member or intimate partner can be a trafficker | | |
| Victims of trafficking are usually in debt | | |
| Victims of trafficking may have feelings of guilt or shame about their exploitative situation | | |
| Victims of trafficking may suffer from memory laps | | |
| Modern day slavery is the same as human trafficking | | |

| | | |
|---|---|---|
| The longer a victim is exploited the harder it is for them to leave the situation | | |
| People who live in their place of work are likely to be trafficked victims | | |
| When speaking to a victim of trafficking, you can express your surprise | | |
| A person can be a victim of trafficking even though they agreed to work | | |
| It is important to inform the victim that you will give their information to another worker e.g. doctor | | |
| Globally, there are over 40million victims of human trafficking | | |

Do you think that the knowledge you have acquired today should be included in you course curriculum?

Yes ☐                                    No ☐

Name organizations that assist victims of human trafficking in Finland kwon to you.

_____

_____

_____

_____

Appendix 9. Laurea research permit

**Research permit application should contain at least following elements.**

**If needed you may give additional information in attachments.**

| | |
|---|---|
| *Name:* **Jane Ngui** | |
| *Title:* **Miss** | |
| *Address:* ███████████████ | |
| *Tel:* **0**████████ | |
| *E-mail:* jane.ngui@student.laurea.fi | |
| *Date* | |
| *[Research, thesis, etc.] Author(s) /investigator(s):* | Jane Ngui (Student number ████████ ) |
| *Degree programme / college / university:* | Master's programme in Global Development and Management in Healthcare.<br><br>Laurea University of Applied Sciences. Tikkurila campus |
| *Unit/<br><br>department:* | Social services health and sports. |
| *[Research, thesis, etc.] Instructor(s):* | ████████████<br><br>████████████████<br><br>██████████ |

| | |
|---|---|
| | |
| **Title** *of the {research, the-sis, etc.]:* | Caring for victims of human trafficking.<br><br>An experimental research for nursing and social services students in Laurea University of Applied Sciences. |
| *Objectives / research prob-lem:* | **The objective of this thesis is; Nursing and social services students are able to identify the role of the social and healthcare professionals in identifying victims of human trafficking.** |
| *Concise defini-tion*<br><br>*of what infor-mation*<br><br>*is needed, the format*<br><br>*in which they are needed and how the information is delivered:* | The intention of the research is to conduct a quasi-experimental re-search with a pre-test, intervention and post-test.<br><br>The sample group for this study is the students form the degree pro-gramme in nursing and social services ($2^{nd}$, $3^{rd}$ and $4^{th}$ year students).<br><br>I will work with the contact teachers of this groups so as to assimilate my research during the class time of the students.<br><br>The contact teachers from the nursing groups have been approaches and all seem interested in the subject and participation of their stu-dents.<br><br>The students will participate voluntarily after signing a consent note (see attachment).<br><br>Both the pre-test and post-test will be in form of questionnaires. The themes of the questions will be:<br>• Characteristics of trafficked person<br>• Signals of human trafficking<br>• Health and social service provider' role in human trafficking<br>• Health problems and indicators<br>There will be eight (8) background questions in the pre-test with no per-sonal details of the participants. The post test will in turn have five (5) follow-up questions, which will be used as feedback for the writer as well as mirror some of the back-ground questions.<br><br>The intervention will be a 2-hour lecture on the topic of caring for vic-tims of human trafficking. The lecture will be given by me in form of a power point presentation and interactions with the students. The con-tent of the power point will be made available to supervising lectures and contact teachers of the students before the lecture. |

| | | ACTIVITY |
|---|---|---|
| **Timetable (in two months accuracy):** | **DATE** | |
| | **October – December 2018** | • Presentation of thesis topic<br>• Research permit |
| | **October– January 2019** | • Literature review<br>• Selection of participant groups<br>• Power point presentation |
| | **January – March 2019** | • Workshops<br>• Data analysis |
| | **March – April 2019** | • Presentation of thesis<br>• Maturity test<br>• Thesis publication |
| | Attached:<br><br>• Thesis plan<br>• Questionnaires (pre-test & post-test)<br>• Consent note | |
| **Filled by issuer of permit at Laurea** | **Research permit is granted** | | **Research permit is not granted** |
| | **Grounds** | |
| | | |
| **Name of the issuer of permit:**<br>**Date:** | | |

Research permit is granted on the condition that applicant complies with legislation when processing and saving personal data. All data is confidential and provided only for purposes of survey/research in question. The applicant is responsible for securing identity and anonymity of persons in data provided. After the survey/research is completed the applicant is responsible for deleting the data in appropriate manner.

If personal data file is created during the research (Personal Data Act -523/1999- Section 10) then applicant must comply with the provisions of law when processing and protecting of personal information. If necessary, the application must be accompanied by Scientific Research Register Description.

The applicant is responsible for providing positive decision to a person who will provide information at Laurea. Practical implementation of survey is negotiated at this point.