

Human Trafficking Awareness Among Psychiatric Hospital Nursing Staff

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Abstract

Human trafficking is a public health crisis on a global, state, and local level. Victims of human trafficking are a vulnerable population who pass-through healthcare systems unrecognized by nurses and other healthcare professionals due to lack of awareness about identifiable signs, symptoms, and circumstances. Nurses are in a crucial position to assess trafficking victims for referral. The purpose of this evidence-based practice (EBP) pilot project was to understand nurses' knowledge and awareness on human trafficking and assess the perceived ability to identify trafficked individuals in a psychiatric care setting for screening and potential referral. Nurses received an online educational module on human trafficking immediately after an online pre-module survey, followed by a post-module survey after 30 days. The findings indicate that nurses lack knowledge on human trafficking and desire training. Improving nursing knowledge can assist with early identification and referral for victims, improve healthcare outcomes, and mitigate healthcare system and individual costs across the lifespan.

Keywords: human trafficking, sex trafficking, education, awareness, prevention, nursing assessment, screening, referral

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Human trafficking is a global crisis with alarming public health implications affecting every region of the world (International Labour Organization's [ILO] & Walk Free Foundation [WFF], 2017). Human trafficking is defined as exploiting an individual for sexual purposes or forced labor through coercion, fraud, or force, including domestic servitude, organ harvesting, and sexual exploitation (Cockbain & Bowers, 2019; US Department of State [DOS], 2020). This crime is purported to inflict psychological, physical, and emotional trauma on some of the most vulnerable of our population (US Department of Justice [DOJ] & Federal Bureau of Investigation [FBI], n.d.). While estimates indicate the occurrence of this modern-day form of slavery is rampant, the accuracy of cost and consequence is difficult to quantify due to lack of awareness and the obscure nature of the crime (Polaris Project, 2018a; Toney-Butler & Mittel, 2018).

Background and Significance

The US Department of Health and Human Services (HHS, 2004) describes human trafficking, particularly women and children, as the world's fastest-growing crime, and the second most extensive illegal trade in the world. Estimates for 2016 reveal more than 40 million victims of modern slavery worldwide, of which 71% were women and girls and one in four victims were children (ILO & WFF, 2017; United Nations Office on Drugs and Crime [UNODC], 2016). Over five years, from 2011 to 2016, an estimated 89 million people worldwide were victims, ranging from days to years of exploitation (ILO & WFF, 2017).

Victims are trafficked within countries, across lines into neighboring countries, and across continents (UNODC, 2016). Domestic trafficking, which occurs entirely within a given country's borders, has been rising in recent years. The public's understanding of and the face of

trafficking has also changed over the past ten years. More than a decade ago, trafficking was thought to involve mostly women sent across borders and overseas for sexual exploitation. Between 2012 and 2014, at least 42 percent of known victims were found to be trafficked in their home country (UNODC, 2016).

Sexual exploitation is the most commonly documented form of trafficking and accounts for roughly 79% of victims, most of whom are reported to be female (ILO & WFF, 2017). The US DOJ and FBI (2017) report that all 50 states have an incidence of human trafficking and estimate that most of those victims trafficked are US citizens. While the total number of victims in the US is estimated to be hundreds of thousands, data for both sex and labor trafficking remain aggregated and imprecise (Polaris Project, 2018b).

Trafficking is the second fastest growing crime in Tennessee. Nearly every county in Tennessee has reported incidence of trafficking, with middle Tennessee reporting the highest number of cases (End Slavery Tennessee, 2019; Tennessee Bureau of Investigation [TBI], 2013). In Davidson County alone, more than 100 cases of child and adult sex trafficking were reported in 2011 (TBI & Vanderbilt Center for Community Studies, 2011). While the National Human Trafficking Hotline (2018) reports over 165 known cases of trafficking in Tennessee in 2018, the majority being sex trafficking cases, the actual number is estimated to be much higher. Recent evidence indicates that an average of 94 young people alone is trafficked each month in the state, and the average victim begins exploitation at 13 years old (End Slavery Tennessee, 2019; Free for Life International, 2019).

The convergence of three major highway systems around Nashville, and large sporting and entertainment venues all contribute to some of the state's highest rates (National Human Trafficking Hotline, 2018). Growing numbers accompany increased transit in trafficking since

these crimes are frequently associated with the trucking industry (Free for Life International, 2019). Large influxes of people at local events also lead to an increased demand for sex trafficking-related services, typically in truck stops, motels, hotels, and through online advertising and escort services (TBI, 2013; Free for Life International, 2019). The one thing that trafficking victims usually have in common is vulnerability (Free for Life International, 2019). Lack of trafficking awareness and knowledge of available resources can lead to severe underreporting by individuals in positions to help victims, increasing the number of times victims are exploited. The site of this evidence-based practice project is located in the Middle Tennessee region.

Introduction

Clinical Practice Problem

In a recent survey of 100 sex trafficking survivors in the US, 88% reported having contact with a healthcare provider at some point during the time they were being trafficked (Lederer & Wetzel, 2014). An encounter with a healthcare provider may be the only opportunity trafficking victims have to be away from their perpetrators in a safe space (Chaudhry, 2016). Adequate training is even more critical since clinicians supply a vital professional interaction that can ultimately identify and refer the victim for care (Isaac, Solak, & Giardino, 2011). Although victims typically have limited exposure to medical care, once contact is made with a healthcare professional, the opportunity exists to identify, refer, and treat victims (Isaac et al., 2011).

Identification of victims, however, can be complicated by circumstances surrounding the exploitation, which commonly involves threats of violence or bonding with the exploiter (The Joint Commission [TJC], 2018). Failure to identify victims of trafficking is a missed opportunity

that can further endanger patients by inadvertently sending them back to their perpetrator (TJC, 2018). Trafficked persons are subject to a wide range of health risks, placing clinicians in a unique position to screen and care for victims in captivity and thereafter (Isaac et al., 2011).

The DOJ, in conjunction with HHS and the Department of Homeland Security (DHS, 2014), developed a five-year strategic action plan to align efforts, improve understanding, expand access to services, and improve outcomes for victims of trafficking. The plan includes government agencies working proactively with health care systems and providers to incorporate education and tools to strengthen victim care, services, and identification (DOJ, HHS, & DHS, 2014). The initiative outlines goals for providing effective, culturally appropriate, trauma-informed care to improve safety, well-being, and short and long-term health outcomes for survivors (DOJ, HHS, & DHS, 2014). Creating strong community, organizational, and governmental alliances are vital in identifying victims and providing respectful, comprehensive care (DOJ, HHS, & DHS, 2014).

The consequences of trafficking are associated with poor individual outcomes over a lifetime and result in hefty healthcare costs and strain on the justice system (Speck, Mitchell, Ekroos, Sanchez, & Messias, 2018; UNODC, 2006). Victims experience many complications including trauma, chronic illness, infection, injuries, psychiatric problems, and social stigma (Goldberg, Moore, Houck, Kaplan, & Barron, 2016; Greenbaum et al., 2018). In 2008, HHS, along with the Office of the Assistant Secretary for Planning and Evaluation (ASPE), announced a brief on the critical impact of trauma on victims, which is a vital factor in the development of post-traumatic stress disorder (PTSD) and other psychiatric conditions (Clawson, Salomon & Grace, 2008).

Study findings from the US also indicated that the consequences of trafficking do not end

after escaping the grips of exploitation (Lederer & Wetzel, 2014). Nearly 42% of survivors had attempted suicide on at least one occasion, and one survivor reported nine instances of attempted suicide post-trafficking (Lederer & Wetzel, 2014). Many victims need treatment for substance use disorder, and often go undetected or misidentified as criminals and face long-term economic repercussions (Institute for Women's Policy Research [IWPR], 2017).

Survivors indicated that during encounters with healthcare practitioners throughout exploitation, less than 50% reported that the clinician asked specific questions about their lives. Only 19% revealed that the provider was aware that the individual had a trafficker or a pimp (Lederer & Wetzel, 2014). A survey report issued by the Coalition to Abolish Slavery and Trafficking (CAST) revealed that 96.7% of individuals who accessed healthcare while being trafficked were never given resources about trafficking during the visit (CAST, Lumpkin, & Taboada, 2017). More than half (65%) of study participants also disclosed that they visited a clinic, doctor, or another source for birth control without the perpetrator being present (Lederer & Wetzel, 2014). The data suggest that victims frequently pass through the healthcare system unnoticed, which affirms the unique opportunity presented to clinicians to identify victims and survivors of trafficking and refer for appropriate care and support (Lederer & Wetzel, 2014).

The American Academy of Nursing (AAN) advocates for the health promotion of trafficking victims by closing gaps between research, education, and practice improvement (Speck et al., 2018). Nurses should be familiar with vulnerable populations and risk factors to recognize potential victims uncovered during interactions with patients in the healthcare setting (Greenbaum et al., 2018). Common risk factors have been identified for trafficked individuals and include: a history of violence, abuse, trauma, homelessness, migrant status, racial and ethnic minority status, poverty or unemployment, disabilities, and high-risk behaviors (Even & TJC,

2018; Greenbaum et al., 2018; National Human Trafficking Hotline, 2018).

Clinical practice guidelines have been recommended to help identify and care for trafficking victims (Morris & Vega, 2016). Nonetheless, the authors of a 2017 study reported that only one in four organizations conducted training on human trafficking for health care providers (Powell, Dickins, & Stoklosa, 2017). Looking for specific signs, maintaining safety and confidentiality, and performing a thorough physical examination are essential for nurses to recognize a potential victim (Morris & Vega, 2016). The development of comprehensive training and screening practices are also pivotal for nurses; however, experience, approach, length, venue, and content of such training vary significantly among organizations (Powell et al., 2017).

Problem Statement

Barriers to recognizing victims of trafficking include a lack of training and knowledge gaps on identification, screening, and subsequent support and referral (Hachey & Phillippi, 2017). Education and support are essential for nurses to provide trauma-informed and victim-centered care, understand mandatory reporting requirements and translate knowledge into understanding (Dignity Health, 2017). Providing adequate training, increasing awareness, and standardizing screening tools for nurses to identify trafficked individuals and deliver compassionate care to victims is important for improving patient outcomes and curbing costs across the lifespan (Powell et al., 2017).

Purpose

The purpose of this evidence-based practice (EBP) pilot project was to understand nurses' knowledge and awareness on human trafficking and assess the perceived ability to identify trafficked individuals in a psychiatric care setting for screening and potential referral.

The project aimed to assess awareness and knowledge among nursing staff to identify human trafficking victims and provided education to improve early identification for victims' potential referrals. The goal was to improve nurse confidence and self-efficacy to identify and refer human trafficking victims in a psychiatric care setting through improved awareness and education for nursing professionals in all patient care areas.

Methods

Project and Intervention Instruments

This evidence-based practice (EBP) pilot project took place over approximately 60 days from November 2020 to January 2021, using the seven steps of the evidence-based practice process to guide the project (Melnik et al., 2010). During the project's implementation, a pre- and post-electronic REDCap survey based on the Provider Responses, Treatment, and Care for Trafficked People (PROTECT) questionnaire was emailed to the nursing staff at a Middle Tennessee psychiatric hospital (Ross et al., 2015). The PROTECT survey consists of 43 items, including demographics, background information, and questions specific to knowledge and awareness on trafficking. The internal consistency of the survey was shown to be good to high based on Cronbach's α of 0.93 (95% CI 0.92 to 0.94) for perceived knowledge of human trafficking; 0.63 (95% CI 0.59 to 0.66) for actual knowledge of human trafficking; and 0.64 (95% CI 0.60 to 0.68) for responding to human trafficking (Ross et al., 2015). Permission to use the tool was based on the Creative Commons Attribution Non-Commercial (CC BY-NC 4.0) license, which permits others to copy, distribute, remix, adapt, and build upon this work for non-commercial purposes, provided the original work is properly cited (Ross et al., 2015).

The purpose of the survey was to assess current knowledge of human trafficking by nurses before implementing an educational module. The post-module survey also assessed

awareness, attitudes, and knowledge and evaluated learning from the module and nurses' desire for further education on trafficking. The survey was altered slightly by modifying several questions to apply to the current location and population and adding two questions on the post-intervention survey to assess overall post-educational learning.

The intervention consisted of a ten-minute video learning module embedded via a link at the end of the pre-module survey. The educational video content included a definition of human trafficking, an overview including challenges at the local, state, national, and international level, and the significance in a healthcare setting. The project lead created the video module based upon current literature and topics covered by the Office on Trafficking in Persons Stop, Observe, Ask, and Respond (SOAR) to promote health and wellness training for healthcare providers (HHS, 2019). Related terminology was included in the video module, including risk factors, signs, symptoms, red flags, the nursing role, barriers to identification, and a trauma-informed approach to patient care. The video also included training, documentation, diagnostic, and awareness resources along with screening and assessment tools based on current best evidence.

Setting and Population

The project's target population was nursing staff employed at a large academic medical center located in Middle Tennessee in any capacity or education level, including full-time, part-time, and as needed staff involved primarily in-patient care, administration, or education. In 2013, the medical center's emergency room visits exceeded 118,000, including adult and child medical and psychiatric areas (Vanderbilt University Medical Center [VUMC], 2018). The medical center has an in-patient capacity of 106 people throughout six units and psychiatric assessment service (PAS) transition emergency and outpatient areas.

The medical center provides acute stabilization for children, adolescents, and adults with

mood, psychotic, anxiety, and addiction disorders, among many additional diagnoses. The team specializes in a collaborative approach; nurses make up a large portion of the care team. Nurses work collaboratively at all medical center levels to provide evidence-based patient-centered care and support for patients and families' recovery. They are in a position to recognize signs of trafficking with a patient.

The nurses were employed at the project site between November 2020 and January 2021. The hospital administration sent out a total of 142 email invitations multiple times over three weeks. The email requested voluntary participation in the pre-module survey and a 10-minute educational module followed by a post-module survey, which was emailed to the same nurses 45 days after sending the initial invite. Of the 142 possible nurse participants, 57 nurses participated in the pre-module survey and educational module, and 33 nurses engaged in the post-educational survey (40% and 23% of the total population, respectively). The low percentage may be attributed to the COVID-19 pandemic and shifting of situational priorities among nursing staff and administration.

Ethical Considerations

The medical center's Institutional Review Board (IRB) reviewed the application for exemption and determined the project posed minimal risk to participants, therefore meeting criteria for exempt review. Since the proposed design was an evidence-based practice project, it did not meet the definition of research. Participants were advised in advance that involvement was voluntary, no identifying information would be collected, and no consequences would result from not participating.

Data Analysis

After data collection, a statistician was consulted to evaluate the project findings. Data

analysis included descriptive statistics for demographic and background information reported in frequencies and percentages for categorical variables, including race, ethnicity, gender, and education. Knowledge of trafficking questions was analyzed and reported in median, minimum and maximum ranges, and percentiles.

Findings

Demographics

The nurses' age for the pre- and post-module surveys ranged from a minimum age of 21 to a maximum age of greater than 60 years old. Nursing experience of participants ranged from less than one year to 20 plus years of experience, with the highest percentage of participants having 2-5 years of experience pre-module survey (33%) and 6-10 years of experience post-module participants (33%). Greater than 90 percent of participants in both pre-module and post-module surveys were non-Hispanic females, while greater than 80 percent self-identified as White. The educational attainment of pre-survey participants ranged from Associate degree nurses (9%), Bachelor's degree (51%), some grad school (18%), Masters level (21%), and Doctorate level (1%).

Knowledge of Trafficking

Thirty-three nurses (58%) of the 57 pre-module survey respondents suspected they had previous contact with a trafficked patient, and nearly half (49%) claimed to have no prior training on human trafficking. Ninety-seven percent of those nurses (55) reported knowing only very little, little (42%), or some (54%) indicators of human trafficking. Nearly half (44%) of nurses knew very little about what questions to ask to identify potential cases of trafficking, and 70 percent knew very little about how to document trafficking in a medical record.

Most nurses (63%) knew very little about both local and national policies on trafficking.

While 55 nurses (97%) agree that healthcare workers have a responsibility to respond to suspected human trafficking cases, 44 nurses (77%) agree that they do not have sufficient training to assist individuals in situations of human trafficking.

All participants ($N=90$) pre-and post-module surveys reported an interest, from slight to extreme, in learning about providing care in cases of human trafficking. In contrast, 98% of those participants reported interest in receiving additional training. Of the 33 post-module survey participants, 32 nurses (97%) reported feeling that their knowledge of human trafficking increased after participating in the pre-module survey and watching the educational video. Also, there were 10 true or false questions on trafficking knowledge on the pre- and post-module survey. Pre-module participants had an average of eight correct answers out of ten (1-10), which increased slightly to nine (5-10) out of ten correct on the post-module survey knowledge questions. Interestingly, actual knowledge of trafficking was found to be greater than perceived knowledge among nurses. See Tables 1 and 2 for the perceived nurses' knowledge responses at baseline and one month after completing the educational module.

Discussion

According to the United Nations (UN, 2014), trafficking victims have a right to informed care, including information, medical treatment, and mental health care. Nurses are the backbone of healthcare and are in a position to improve outcomes for trafficking victims. According to the pre-intervention project survey, nearly all project participants believed they would likely come into contact with a human trafficking victim within their nursing role. Despite general knowledge on health problems associated with trafficking being high overall, most nurses believe they do not have adequate training to assist individuals in situations of trafficking. In addition, nurses are not confident and lack knowledge on making appropriate referrals for men,

women, or children who have been trafficked. This project's results are similar to Ross et al. (2015), indicating the most significant level of interest in additional learning about human trafficking was among mental health professionals, while they also claimed to lack sufficient training.

Implications for Clinical Forensic Nursing Practice

Findings from this project suggest that nurses perceive a lack adequate training on trafficking and desire further education. The association between mental health problems and trafficking victims makes psychiatric nurses a unique aggregate in identifying trafficking victims and making appropriate referrals. Suggestions for the future development of trafficking awareness training include a focus on indicators of trafficking, what interview questions to ask, appropriate dialogue with a victim, assessing danger, how to respond, the nursing role, and respecting privacy. Education should also focus on local, federal, and international policies for victims, how to make appropriate referrals, when to contact law enforcement, and both local and national resources and support services.

Forensic nurses work closely with law enforcement and victims of crime by applying forensic science knowledge to legal matters to improve care across many settings (Cole, 2009). Nurses in this specialized field can include the sexual assault nurse examiner (SANE), pediatric SANE, and intimate partner violence expert that support crime victims (Moynihan, 2006). Forensic nurses provide expertise on the identification and assessment of sexual assault in trafficking victims. Forensic nurses involved in leadership and policymaking can promote public awareness and educate healthcare workers to improve assessment skills and collaborate with a wide variety of professionals and disciplines to help improve identification and referral of victims. The expertise from a combination of specialty areas, including forensic and psychiatric

nursing, to identify the subtle signals from a victim of trafficking can save lives (Cole, 2009).

Thoughtful and persistent collaboration can also allow for a deeper understanding of the complex mental health and traumatic consequences of trafficking victims and help improve care and outcomes.

Limitations

Several limitations exist. This project was conducted with a small sample from a single psychiatric hospital in the southern US during a public health pandemic. The pre- and post-module surveys were limited as there was no way to know which of the 57 pre-respondents matched with the 33 post-respondents; we could not perform any tests of statistical significance. We could not treat groups as independent and could not link responses for any dependent group comparisons. Also, due to the relatively modest number of participants, the results may not be representative of the psychiatric nursing population. Another limitation to the project is the long-term follow-up with participants. Long-term follow-up is recommended to assess whether learning has been incorporated into practice and to assess the effect of awareness and knowledge on the care of trafficking victims over time.

Conclusion

Human trafficking can happen anywhere, and victims often go unidentified making them virtually invisible. When an individual is a victim of human trafficking, devastating health consequences can result in adverse physical and psychosocial outcomes (Polaris Project, 2018c). Human trafficking is one of the world's fastest-growing crimes. Nurses and other healthcare workers are in a position to improve outcomes for this vulnerable population by recognizing victims of trafficking. Identifying victims is complex since no particular sign confirms that an individual is being trafficked; knowing the red flags, how to intervene, and what resources to

give are crucial to providing safe, appropriate care (Sabella, 2011). Early identification for appropriate referral can provide hope to victims, lead to earlier treatment of maladies associated with trafficking, help reduce abuse and loss of life related to the crime, and decrease care costs across the lifespan.

Nurses in all roles have an obligation to uphold a code of ethics by promoting good and preventing patients from harm (American Nurses Association [ANA], 2015). This group of professionals is in a prime position to advocate for increased awareness, education, and legislation to support and care for trafficking victims. Ultimately, nurses have the opportunity to improve lives by increasing their own knowledge and skill, which has the potential to improve victim response in healthcare and potentially offer a lifeline to someone in a traumatic, life-threatening situation.

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Table 1

Nurses perceived pre-test knowledge of human trafficking.

Questions		Responses <i>n</i> ; (%)				
How much do I know about:	My role in identifying and responding to human trafficking	Very Little 12 (21%)	A Little 16 (28%)	Some 26 (50%)	Quite a Bit 1 (2%)	A Lot 2 (4%)
	Indicators of human trafficking	Very Little 14 (25%)	A Little 10 (18%)	Some 31 (54%)	Quite a Bit 1 (2%)	A Lot 1 (2%)
	What questions to ask to identify potential cases of human trafficking	Very Little 25 (44%)	A Little 13 (23%)	Some 17 (30%)	Quite a Bit 2 (4%)	A Lot 0 (0%)
	What to say/not say to a patient who has experienced human trafficking	Very Little 21 (37%)	A Little 15 (26%)	Some 21 (37%)	Quite a Bit 0 (0%)	A Lot 0 (0%)
	Health problems commonly experienced by people who have been trafficked	Very Little 15 (26%)	A Little 17 (30%)	Some 21 (37%)	Quite a Bit 4 (7%)	A Lot 2 (4%)
	How to document human trafficking in a medical record	Very Little 40 (70%)	A Little 5 (9%)	Some 11 (19%)	Quite a Bit 1 (2%)	A Lot 0 (0%)
	Assessing danger for a patient who may have been trafficked	Very Little 18 (32%)	A Little 23 (40%)	Some 15 (26%)	Quite a Bit 0 (0%)	A Lot 1 (2%)
	Local and/or national support services for trafficked individuals	Very Little 26 (46%)	A Little 18 (32%)	Some 12 (21%)	Quite a Bit 0 (0%)	A Lot 1 (2%)
	Local and/or national policies on responding to human trafficking	Very Little 36 (63%)	A Little 12 (21%)	Some 18 (14%)	Quite a Bit 0 (0%)	A Lot 1 (2%)

Adapted from Ross et al. (2015). Human trafficking and health: A cross-sectional survey of NHS professionals' contact with victims of human trafficking. *BMJ Open*, 5(8), e008682. <https://doi.org/10.1136/bmjopen-2015-008682>. Legend: *n*=number of participants out of 57 total; (%)=percentage

Table 2

Nurses perceived post-test knowledge of human trafficking.

Questions		Responses <i>n</i> ; (%)				
How much do I know about:	My role in identifying and responding to human trafficking	Very Little 4 (12%)	A Little 4 (12%)	Some 15 (46%)	Quite a Bit 8 (24%)	A Lot 2 (6%)
	Indicators of human trafficking	Very Little 4 (12%)	A Little 3 (9%)	Some 16 (49%)	Quite a Bit 10 (30%)	A Lot 0 (0%)
	What questions to ask to identify potential cases of human trafficking	Very Little 5 (15%)	A Little 5 (15%)	Some 18 (55%)	Quite a Bit 5 (15%)	A Lot 0 (0%)
	What to say/not say to a patient who has experienced human trafficking	Very Little 6 (18%)	A Little 4 (12%)	Some 15 (46%)	Quite a Bit 7 (21%)	A Lot 1 (3%)
	Health problems commonly experienced by people who have been trafficked	Very Little 3 (9%)	A Little 2 (6%)	Some 14 (42%)	Quite a Bit 13 (39%)	A Lot 1 (3%)
	How to document human trafficking in a medical record	Very Little 8 (24%)	A Little 8 (24%)	Some 13 (39%)	Quite a Bit 4 (12%)	A Lot 0 (0%)
	Assessing danger for a patient who may have been trafficked	Very Little 3 (9%)	A Little 7 (21%)	Some 15 (46%)	Quite a Bit 8 (24%)	A Lot 0 (0%)
	Local and/or national support services for trafficked individuals	Very Little 5 (15%)	A Little 3 (9%)	Some 17 (52%)	Quite a Bit 8 (24%)	A Lot 0 (0%)
	Local and/or national policies on responding to human trafficking	Very Little 6 (18%)	A Little 5 (15%)	Some 18 (55%)	Quite a Bit 4 (12%)	A Lot 0 (0%)

Adapted from Ross et al. (2015). Human trafficking and health: A cross-sectional survey of NHS professionals' contact with victims of human trafficking. *BMJ Open*, 5(8), e008682. <https://doi.org/10.1136/bmjopen-2015-008682>. Legend: *n*=number of participants out of 33 total; (%)=percentage