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Human Trafficking Myths as a Mediator in the Relationship Between Ambivalent Sexism and Sex Trafficking Attitudes Among Undergraduate, Medical, and Public Health Students

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ABSTRACT

Although the extant body of research has established how the presence of human trafficking myths impact attitudes about sex trafficking survivors, few standardized sex trafficking curricula exists for undergraduate students and undergraduate medical students. The current study used a sample of 414 undergraduate, public health, and medical students from three large public universities in the midwestern United States to explore the relationship between ambivalent sexism, human trafficking myths, personal comfort with sexuality, and sex trafficking attitudes. The findings of our mediated moderated path analysis indicated that the path between hostile sexism and three sex trafficking attitudes subscales were mediated by human trafficking myths. Personal comfort with sexuality was also significantly and positively associated with sex trafficking attitude subscales. Based on these findings, it may behoove undergraduate programs and undergraduate medical programs to increase students' personal comfort in discussing sexuality-based content and include sex trafficking information into existing curricula.

KEYWORDS

Human trafficking myths; sex trafficking; ambivalent sexism

Human trafficking (HT) is a transnational crime that remains the third largest criminal enterprise following the sale of drugs and arms (International Labour Organization [ILO], 2014). Human trafficking is an umbrella term that encompasses labor trafficking and sex trafficking. Whereas *labor trafficking* refers to the recruitment, harboring, transportation, provision, or obtaining of a person for labor and services through force, fraud, or coercion, *sex trafficking* occurs when commercial sex acts are induced by force, fraud, or coercion (Trafficking Victims Protection Act [TVPA], 2000). The TVPA (2000) further stipulates that an act of sex trafficking has occurred when the person induced to perform the sex act is under the age of 18.

Though the ILO (2017) estimates that 24.9 million people each year are victims of human trafficking across the globe, the true rate of human trafficking remains unknown. Estimates of HT become further obfuscated by issues related to flawed methodologies (Fedina & DeForge, 2017), barriers in victim identification (Shared Hope International, 2008), and the presence of human trafficking myths (Browne-James et al., 2021; Okech et al., 2011; Rodríguez-López, 2018). Obtaining a deeper understanding of how HT myths impact victim identification and connection to necessary resources is critically important to develop training programs and standardized curricula that empower undergraduate psychology students, nursing students, and other health care professionals to identify survivors and subsequently direct them to necessary services (Browne-James et al., 2021;

Litam, 2017, 2019; Litam & Lam, 2020; Litam & Neal, 2022; Gonzalez-Pons et al., 2019; Talbott et al., 2020).

Human Trafficking Myths

Human trafficking myths reflect false beliefs about the nature of human trafficking, victim agency, and trafficking victim characteristics (Cunningham & Cromer, 2016). Human trafficking myths deny or justify the sale of human beings, denigrate victims, and misrepresent aspects of human trafficking (Cunningham & Cromer, 2016). The presence of human sex trafficking myths can influence decision-making processes and outcomes related to accessing social services (Browne-James et al., 2021; Cunningham & Cromer, 2016; Litam & Lam, 2020; Litam & Neal, 2022). The extant body of research has additionally reported how the presence of human trafficking myths can impact levels of empathy and rape myth acceptance afforded to clients (Litam, 2019; McIntyre & Sobel, 2017).

Human trafficking myths create barriers to victim identification and treatment because they align with the myth of a “perfect” victim (Uy, 2011, p. 209). The “perfect” victim narrative posits that trafficked people lack autonomy and are in desperate need of rescue (Gonzalez-Pons et al., 2019). The “perfect” victim narrative has been evidenced in the extant body of research that illuminates how media depicts sex trafficking victims as weak, helpless, innocent girls (Houston-Kolnick et al., 2020; Menaker & Franklin, 2013) who have been kidnapped and forced into commercial sexual exploitation (Gerassi et al., 2018). These internalized myths about trafficking victim agency can influence attitudes toward helping sex trafficking survivors. According to Uy (2011), when sexually exploited victims do not fit neatly into constructed narratives, they are ultimately left marginalized.

Prevalence of Sex Trafficking Survivors in Medical Settings

Because trafficking victims may receive treatment in hospital emergency departments during periods of exploitation (Donahue et al., 2019), individuals who work within the medical sector must be prepared to identify, support, and triage services for human sex trafficking survivors (Barrows & Finger, 2008; Grace et al., 2014). Indeed, research has indicated that approximately 87.8% of sex trafficking victims reported that they had received some form of medical care during exploitation (Lederer & Wetzel, 2014; Titchen et al., 2017). Medical professionals are additionally encouraged to familiarize themselves about human sex trafficking because trafficking victims often report a variety of health issues that require medical attention during and after victimization (Talbott et al., 2020). Despite the high likelihood that medical professionals will encounter sex trafficking survivors within health care settings, most medical students continue to report low levels of confidence in their abilities to identify sex trafficking victims (Stoklosa et al., 2015). This is not surprising given that about 89% of emergency department personnel reported that they had not received human trafficking training (Donahue et al., 2019), and training has been clearly established as a predicting factor to successful identification of trafficking survivors (Browne-James et al., 2021; Litam & Neal, 2022; Litam, 2019).

Human Trafficking and Sexuality Content in Undergraduate Programs

Although the presence of human trafficking myths has been established among undergraduate students (Cunningham & Cromer, 2016; Menaker & Franklin, 2015; Menaker & Miller, 2013), few examples of standardized sex trafficking curricula exist. In a review of published literature, Talbott et al. (2020) reported only four specific curricula that focused on sex trafficking prevention as well as knowledge related to victim identification for undergraduate medical student trainees. The paucity of sex trafficking curricula among undergraduate medical students was further illuminated by Lutz (2018), who established the need for greater HT training among nursing students. Beyond undergraduate medical curricula among nursing and medical student trainees, the implementation of sex trafficking curriculum in broader undergraduate programs is also rare. In a study of 100 top

U.S. undergraduate criminal justice and criminology programs, no course offerings were wholly devoted to human trafficking with references to human trafficking in course descriptions only identified in eight courses (Zhilina, 2012). Previous studies that examined human trafficking myths among undergraduate samples have explored how perceptions of blame toward traffickers and domestic sex trafficking survivors impacted beliefs about the survivor's responsibility for involvement in the sex trade (Menaker & Franklin, 2015), as well as attributions of sex trafficked survivor's culpability (Menaker & Miller, 2013). The results of these studies align with the extant body of research that emphasize how the presence of human trafficking myths are linked to higher levels of skepticism, lack of empathy, insensitivity, and victim blame (Campbell et al., 1999; Filipas & Ullman, 2001; Litam & Lam, 2020; Litam, 2019). Obtaining a deeper understanding of the intersecting elements that may contribute to victim blame underlying human trafficking myths among undergraduate students is of paramount importance because increasing knowledge about human trafficking within the general public is critical to challenge the cultural stigma around sex work and forced sexual exploitation.

Undergraduate courses on human sexuality may be more commonly offered but less attended. Although over 60% of public universities offered at least one course dedicated to sexuality education (King et al., 2017), undergraduate students report avoiding enrolling in human sexuality courses due to lack of interest, student perceived competence and knowledge about human sexuality, and feelings of discomfort around sexuality-based topics (King et al., 2020). Challenges associated with accessibility and quality of sexuality-based content among undergraduate medical programs have also been noted in the extant literature. According to Warner et al. (2018), only half of undergraduate medical programs required educational training in sexual health topics with over 50% of undergraduate medical students sampled reporting their human sexuality education to be "inadequate," "poor," or "neither adequate nor inadequate" (Warner et al., 2018). Understanding whether a relationship exists between human trafficking myths and sexuality-based attitudes is critical to identify areas of content knowledge for future standardized undergraduate curricula areas.

Mediating Model: Ambivalent Sexism, Human Trafficking Myths, and Sex Trafficking Attitudes

Ambivalent sexism refers to attitudes of hostility toward women and can be further understood to encompass *hostile sexism* and *benevolent sexism*. Whereas hostile sexism encompasses attitudes that justify male power and perpetuate the sexual objectification of women, benevolent sexism refers to subjectively positive incidents that romanticize male dominance and female submission while positioning men as protectors over women (Glick & Fiske, 1996). Although benevolent sexism may include intimacy seeking or prosocial behaviors, it is problematic because it espouses attitudes that maintain masculine dominance and female submission (Glick & Fiske, 1996). The extant body of literature has established the relationship between sexism and rape myth endorsement, perpetration of sexual assault, and intimate partner violence (Ali & Naylor, 2013; Aosved & Long, 2006; Franklin et al., 2012; Houston-Kolnik et al., 2016; Lutz-Zois et al., 2015). In one study, the presence of modern (benevolent) sexism was associated with more negative attitudes toward sex trafficking survivors and higher levels of rape myth acceptance (Houston-Kolnik et al., 2016). Despite some findings that support the direct relationship between sexism and attitude toward sex trafficking, the possible mediating role of human trafficking myths in the relationship has not yet been examined.

Given the nature of sexism that explicitly and implicitly stereotypes women, sexism could be related to sex trafficking attitudes through human trafficking myths that misrepresent characteristics of trafficking victims. The extant body of research on human trafficking has explored the relationship between sexism, victim blame, and human trafficking among undergraduate students. In one study of 300 undergraduate students, respondents were provided with a vignette of a 16-year-old girl in the sex trade and were asked to identify subsequent criminal justice and social service recommendations (Menaker & Miller, 2013). Undergraduate participants in this study who endorsed higher levels of sexist attitudes toward women (i.e., ambivalent sexism) were more likely to exhibit negative affective

responses, attribute culpability toward the victim, and demonstrate lower levels of empathy (Menaker & Miller, 2013), which are characteristics of human trafficking myth endorsement. Additionally, higher levels of ambivalent sexism in the study were associated with stronger recommendations that the youth receive punitive consequences in the form of incarceration (Menaker & Miller, 2013). Whereas Menaker and Miller's (2013) study provided important preliminary findings for the relationship between sexism and human trafficking myths, the possible mediating role of human trafficking myths in the link between ambivalent sexism and sex trafficking attitudes was not examined. A study conducted by Gonzalez-Pons et al. (2019) additionally reported that common human trafficking myths may interfere with victim identification and service provision among trafficked survivors. Another study with a sample of 335 undergraduate students reported that gender, higher levels of ambivalent sexism, frequency of pornography consumption, and deficits in self-control were significant predictors in endorsing human trafficking myths (Menaker & Franklin, 2018). Though previous studies have examined the relationship between sexist attitudes, rape myth endorsement, intimate partner violence, and human trafficking myths (Ali & Naylor, 2013; Herrero et al., 2016; Lutz-Zois et al., 2015; Menaker & Franklin, 2018), the possible mediating role in the relationship between ambivalent sexism and sex trafficking myths has not been thoroughly examined. Given that sex trafficking attitudes are grounded within the larger concept of human trafficking myths (Cunningham & Cromer, 2016), and based on a review of the current body of research, examining the extent to which human trafficking knowledge among undergraduate students may mediate the relationship between ambivalent sexism and sex trafficking attitudes is of paramount importance and must be better understood.

Moderators: Personal Comfort with Sexuality and Training Status

Although health care professionals are called to cultivate personal comfort in discussing sexuality-related issues (Browne-James et al., 2021; Fennell & Grant, 2019; Litam, 2019), they continue to report feelings of discomfort in doing so (Sung et al., 2016; Yingling et al., 2017). Feelings of discomfort about discussing sexuality-related topics may have potentially harmful consequences. Given the likelihood that health care professionals may encounter sex trafficking victims (Talbot et al., 2020), it would behoove them to overcome their personal barriers and obtain training about human trafficking because those who do not receive sex trafficking training are less equipped at identifying potential victims (Browne-James et al., 2021; Litam, 2019).

The current body of research has identified personal comfort with sexuality and training status as important constructs that impact the provision of effective and empathic care among sex trafficking survivors (Fennell & Grant, 2019; Gonzalez-Pons et al., 2019; Litam & Lam, 2020; Litam, 2019). The World Health Organization [WHO] (2017) emphasizes the importance of sexual health care, which includes addressing the needs of sex trafficking survivors. Indeed, health care providers who received comprehensive sexual health care training were more comfortable in broaching sexuality questions (Martel et al., 2017; Schub & Lawrence, 2018; Sung et al., 2016) and therefore more effective in addressing patient sexual health concerns (Sung et al., 2016). In addition to personal comfort with sexuality, the possible moderating role of training in the relationship between ambivalent sexism and sex trafficking attitudes is not well understood (Gonzalez-Pons et al., 2019; Litam & Lam, 2020; Litam, 2019). Although researchers have clearly established the need for human trafficking training as a strategy to promote victim identification and treatment (Gonzalez-Pons et al., 2019; Litam, 2019; Litam & Lam, 2020; U.S. Department of State, 2019), the role of human trafficking training as a possible moderator in the link between ambivalent sexism and sex trafficking attitudes has not been examined in earlier studies. Indeed, promoting continued education efforts that provide individuals with human trafficking knowledge are effective in combatting individual-level barriers associated with human trafficking myths (Farrell & Pfeffer, 2014; Litam, 2019) and may help explain the relationship between ambivalent sexism and sex trafficking attitudes. Understanding the possible moderating variables in the pathway between ambivalent sexism and sex trafficking attitudes is

important because identifying these factors has important implications for addressing the relationship between ambivalent sexism and sex trafficking myths. Despite the existing research, the extent to which personal comfort with sexuality and training status moderate the mediated relationship of ambivalent sexism with sex trafficking attitudes via human trafficking myth has not yet been established.

Current Study

Although the extant body of research has established the importance for undergraduate students, nursing students, and other health care professionals to learn content related to human sexuality and sex trafficking (Barrows & Finger, 2008; Donahue et al., 2019; Grace et al., 2014; Lutz, 2018; Talbott et al., 2020), the majority of psychology undergraduate students and undergraduate medical students continue to report low levels of confidence in identifying sex trafficking survivors (Stoklosa et al., 2015). Understanding the relationship between sexism, human trafficking myths, and sex trafficking myths are of critical importance to promote victim identification and provision of services (Browne-James et al., 2021; Litam, 2019). It is also important to examine whether personal comfort with sexuality and training on human trafficking moderate the direction and magnitude of the relationship, which is lacking in the literature. Therefore, the present study was informed by the following research questions:

Research Question 1: What is the relationship between ambivalent sexism and its subscales (hostile sexism and benevolent sexism) on human trafficking myths, personal comfort with sexuality, and sex trafficking attitudes?

Research Question 2: Does human trafficking myth acceptance mediate the relationship between ambivalent sexism and sex trafficking attitudes?

Research Question 3: Does personal comfort with sexuality and training status moderate the mediated relationship of ambivalent sexism with sex trafficking attitudes via human trafficking myth acceptance?

Method

Participants

Participants were recruited from three different public universities; 13 participants completed the survey from one public university, 87 participants completed the survey from a second public university, and 319 participants completed the survey from a third public university. Thirty-five illegitimate cases were eliminated from the initial data set because participants did not complete 70% of the entire survey items, one of the assessments was not completed ($n = 29$), or a noticeable pattern of responses was identified (e.g., selecting all items with the same response option; $n = 6$). Data were also screened for extreme outliers that may cause a skewedness to the results. No outliers were identified at the multivariate level, yielding a final sample of 379 cases (91.5% useable response rate). The final sample size ($N = 379$) exceeded the recommended sample size for hierarchical multiple regression ($N > 114$; Tabachnick & Fidell, 2019) and a path analysis ($N > 134$; O'Rourke & Hatcher, 2013) at $\alpha = .01$ to identify medium effect size.

The mean age of participants was 22.73 years ($SD = 7.09$), ranging from 18 to 55 years. Participants identified as medical students ($n = 82$, 15.3%), public health students ($n = 13$, 3.4%), and undergraduate psychology students ($n = 319$, 81.3%). Participants identified as White ($n = 214$, 56.5%), African American ($n = 61$, 16.1%), Asian American ($n = 42$, 11.1%), Arab American ($n = 23$, 6.1%), Latinx American ($n = 18$, 4.7%), and other ($n = 21$, 5.5%). Due to small and unequal sample sizes in some ethnic groups, the researchers decided to regroup ethnicity into a binary variable: White ($n = 214$) vs non-White individuals ($n = 165$) for analysis. Participants also identified as male ($n = 110$,

29.0%), female ($n = 259$, 68.3%), or transgender, non-binary, or gender expansive ($n = 10$, 2.6%). Participants reported their sexual orientation as heterosexual ($n = 299$, 78.9%), bisexual or pansexual ($n = 64$, 16.9%), and another sexual identity ($n = 16$, 4.3%). When asked if they could successfully identify a victim of human trafficking, approximately 36.9% of the participants ($n = 132$) reported “probably not” or “definitely not” while 23.7% ($n = 90$) indicated “probably yes” or “definitely yes,” with the rest 41.4% ($n = 157$) reporting “might or might not.” Finally, 16.6% ($n = 63$) of the participants reported that they received training on human tracking, whereas 83.4% ($n = 316$) indicated they had not received previous training.

Procedures

Prior to data collection, the researchers obtained Institutional Review Board (IRB) approval. An electronic form of the assessment packet (i.e., demographics form, Ambivalent Sexism Inventory (ASI), Human Trafficking Myths (HTM) Scale, Personal Comfort with Sexuality Scale (PCSS), and the Sex Trafficking Attitudes Scale (STAS) was created using Qualtrics. Prospective participants were invited to participate in an online survey to obtain a deeper understanding about the relationship between comfort with sexuality, and human sex trafficking attitudes. Undergraduate participants were recruited through the SONA psychology pool at a Midwestern public university. Undergraduate students earned 0.5 research credits as part of their psychology course requirements for completing the survey. Medical students and public health students from two Midwestern universities were invited to participate in the study before participating in a human sex trafficking training. Participants interested in the study were instructed to click a link in the announcement e-mail that redirected them to Qualtrics. Upon arrival to the Qualtrics survey, participants reviewed the informed consent and were notified that participation in the study was voluntary and that they could end the survey at any time. As an incentive to complete the study, 20 participants were randomly selected to receive one of 20 Amazon \$20 gift cards.

Measures

Demographics Form

The first author created a demographics form on Qualtrics to obtain information regarding participants' race/ethnicity, gender, sexual/affectional identity, age, and academic major. Two additional items assessed information related to human trafficking. One item assessed the participants' reported level of confidence in successfully identifying a human trafficking victim on a 5-points Likert-type scale from 1 (*definitely not*) to 5 (*definitely yes*). Another item assessed whether participants had received previous human trafficking training (“Yes, I have,” or “No, I have not.”)

Ambivalent Sexism Inventory (ASI)

The Ambivalent Sexism Inventory (Glick & Fiske, 1996) is a 22-item scale that measures two components of ambivalent sexism: Hostile Sexism (HS; 11 items) and Benevolent Sexism (BS; 11 items). The ASI uses a 6-point Likert scale from 0 (*disagree strongly*) to 6 (*agree strongly*), with higher scores indicating greater levels of overall sexism. An example of a HS item is, “Women seek to gain power by getting control over men,” while an example of a BS item is, “Women should be cherished and protected by men.” The overall reliability of HS and BS subscales was .75 and .74 (Chen et al., 2009). In the present study, the reliability of the HS and BS subscales was .84 and .72, respectively.

Human Trafficking Myths (HTM) Scale

The Human Trafficking Myths scale (Cunningham & Cromer, 2016) is a 17-item unidimensional scale that assesses various human trafficking myths (e.g., nature of human trafficking, characteristics of

trafficking victims, and victim agency) on a 6-point Likert-type scale, ranging from 1 (*definitely false*) to 6 (*definitely true*). A total of 15-items measure broad human tracking myths, and two items specifically assess sex trafficking myths. Higher scores on the HTM scale represent greater endorsement of human trafficking myths. Example items include, “Human trafficking is another term for smuggling,” and “Normal-appearing, well-educated, middle-class people are not trafficked.” Face validity of items was tested and accepted by human trafficking experts. The overall internal reliability for the HTM was $\alpha = .81$ (Cunningham & Cromer, 2016). In the present study, the HTM total score reliability was $\alpha = .82$.

Personal Comfort with Sexuality Scale (PCSS)

The Personal Comfort with Sexuality Scale (Rempel & Baumgartner, 2003) is a 10-item unidimensional scale that measures the degree to which respondents feel comfortable and open about their sexuality. Each item is rated on a 7-point Likert-type scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Higher scores on the PCSS indicate greater comfort with sexuality-related topics and stronger beliefs that sexual desire and sexual expression are natural aspects of life. An example item includes, “I feel comfortable talking about sexuality with strangers.” The overall internal reliability for the 10-item scale was $\alpha = .81$ (Rempel & Baumgartner, 2003). In the present study, the PCSS total score reliability was $\alpha = .80$.

Sex Trafficking Attitudes Scale (STAS)

The Sex Trafficking Attitudes Scale (Houston-Kolnik et al., 2016) is a 26-item multidimensional scale that assesses six dimensions of cognitive, behavioral, and affective attitudes toward sex trafficking: Knowledge About Sex Trafficking (four items), Attitude Toward Ability to Leave Sex Trafficking (five items), Awareness of Sex Trafficking (five items), Attitude Toward Helping Survivors (three items), Empathic Reactions Toward Trafficking (five items), and Efficacy to Reduce Sex Trafficking (four items). Each item is rated on a 6-point Likert-type scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). Higher scores on the Knowledge about Sex Trafficking subscale indicate greater knowledge about the roles of force, fraud, and coercion in sex trafficking (e.g., “A prostitute can become trafficked if she is restrained from leaving her occupation”). Higher scores on the Attitudes toward Ability to Leave Sex Trafficking indicate greater recognition that trafficked people do not have the ability to leave scenarios of forced sexual exploitation and do not choose to be trafficked (e.g., “It is not a person’s choice to be trafficked”). Higher scores on the Awareness of Sex Trafficking scale indicate greater awareness about anti-trafficking organizations as well as media and news coverage (e.g., “I have heard about sex trafficking in the news”). Higher scores on the Attitudes about Helping Survivors subscale indicate stronger attitudes of confidence toward a sex trafficking survivor’s ability to make autonomous decisions versus needing to be saved. Each of the items on this scale are reversed scored. An example item on the Attitudes about Helping Survivors is, “If it is for the trafficked individual’s own good, an outsider should do whatever is needed to make decisions for the trafficked person.” Finally, higher scores on the Empathic Reactions toward Trafficking subscale indicate stronger reported empathic reactions toward sex trafficking (e.g., “I am angry about the issue of trafficking”).

The internal reliability across the six subscales ranged from $\alpha = .75$ to $.82$ (Houston-Kolnik et al., 2016). In the present study, the internal reliability across each of the six subscales was $\alpha = .75$ for Knowledge About Sex Trafficking, $\alpha = .76$ for Attitude Toward Ability to Leave Sex Trafficking, $\alpha = .67$ for Awareness of Sex Trafficking, $\alpha = .81$ for Attitude Toward Helping Survivors, $\alpha = .71$ for Empathic Reactions Toward Trafficking, and $\alpha = .80$ for Efficacy to Reduce Sex Trafficking.

Data Diagnostics

Missing data patterns were examined, and results indicated that 94.2% of participants reported no missing cases and that no missing data were detected in 81% of the items for any cases. The proportion of missingness for the remaining 19% items ranged from 0.3% to 0.8%, which represented a minimal portion of missingness. Randomness of the missingness in data (Missing at random [MAR]) was also evidenced by non-identifiable patterns of missing values from a visual matrix of the estimated mean. Therefore, given the minimal proportion and randomness of missing values, the researchers conducted multiple imputation (MI) as the best practice to impute missing values without inviting inflated biases (Osborne, 2013).

Next, data were examined for statistical assumptions required for a hierarchical regression and path analysis. The linearity of the residuals was identified by a diagonal linear line reasonably superposing the observed residuals. Additionally, the assumption of homoscedasticity was evidenced by the observed residuals being concentrated around the zero point. Absence of multicollinearity was supported by the variance inflation factor (VIF) being less than the value of 10 and the tolerance values being greater than .1 (Tabachnick & Fidell, 2019). Therefore, the data set was deemed suitable for hierarchical regression and path analysis (Tabachnick & Fidell, 2019).

Analytic Strategy

Descriptive analyses were conducted as preliminary analyses of the varying responses on each scale by demographic characteristics. A bivariate correlational analysis was also implemented to explore the relationship among each study variable. Hierarchical regression models were analyzed using SPSS version 28. First, race/ethnicity, gender, sexual orientation, and training status were entered in Model 1 as control variables. Next, the HTM total score and the ASI subscales were added as the first independent variables in Model 2. Finally, the PCSS total score was entered as the second independent variable in Model 3. Given that hierarchical regression models do not allow for multiple dependent variables to be included at once, each STAT subscale was independently added as a dependent variable in each hierarchical regression model.

Mediated moderated path models were examined using Hayes (2018) PROCESS macro version 3.5. Specifically, the researchers implemented 10,000 bootstrapping resampling to generate 95% percentile confidence intervals (CIs) for detecting the moderating effect. Significance of moderating effect is detected when the CIs did not include zero. Further simple slope analyses were conducted using three conditional values of moderators (i.e., the mean score of the moderator – 1 *SD*, the mean score, and the mean score of the moderator + 1 *SD*; Hayes, 2018), if the moderating effects were detected. To make meaningful interpretation, all predictors and moderators were mean-centered (Hayes, 2018).

Results

Preliminary Analyses

Table 1 presents details regarding the descriptive statistics on the responses for each scale. Male participants reported higher mean scores on the ASI subscales ($M_s = 32.18$ to 36.59) and the HTM total scale ($M = 39.79$) than their female counterparts ($M_s = 26.04$ to 33.33 for the ASI subscales; $M = 37.07$ for the HTM), with small to medium effect sizes ($d_s = .23$ to $.71$; Cohen, 1998). However, female participants reported higher mean scores on the PCSS total scale ($M = 45.31$) and on five of six STAS subscales ($M_s = 17.95$ to 26.70) compared to their male counterparts ($M = 42.51$ for the PCSS; $M_s = 16.17$ to 24.32 for the STAS six subscales), with medium effect sizes ($d_s = .43$ to $.65$). Male and female participants endorsed similar mean scores on the Attitude Toward Helping Survivors subscale.

Table 1. Demographic characteristics.

Characteristic of participants (<i>N</i> = 379)	Frequency	%
Ethnicity		
Caucasian American	214	56.5
African American	61	16.1
Asian American	42	11.1
Arab American	23	6.1
Hispanic/Latinx American	18	4.7
Others	21	5.5
Gender		
Female	259	68.3
Male	110	29.0
Transgender, non-binary, or gender expansive	10	2.6
Sexual orientation		
Heterosexual	299	78.9
Bisexual or pansexual	64	16.9
Others	16	4.3
Training status		
No training	316	83.4
Training received	63	16.6
Belief in identifying victims		
Definitely yes	22	5.8
Probably yes	68	17.9
Might or might not	157	41.4
Probably not	94	24.8
Definitely not	38	10.0
Universities		
University with Public Health Major	13	3.4
University with Undergraduate	319	81.3
University with Medical Major	82	15.3

Nonwhite participants reported higher mean scores on the ASI subscales (*Ms* = 30.27 to 36.98) and the HTM total scale (*M* = 42.30) than their White counterparts (*Ms* = 26.26 to 32.20 for the ASI subscales; *M* = 34.44 for the HTM), with medium effect sizes (*ds* = .41 to .71). In contrast, White participants reported higher mean scores on the PCSS total scale (*M* = 45.56) and on four STAS subscales (*Ms* = 20.98 to 26.64; Knowledge About Sex Trafficking, Attitude Toward Ability to Leave Sex Trafficking, Awareness of Sex Trafficking, Empathic Reactions Toward Trafficking) compared to nonwhite participants (*M* = 43.13 for the PCSS; *Ms* = 19.04 to 25.19 for the four STAS subscales), with small to medium effect sizes (*ds* = .22 to .40). Both White and nonwhite participants reported similar mean scores on the Attitude Toward Helping Survivors and the Efficacy to Reduce Sex Trafficking subscales.

A significant difference in mean scores for training status was indicated for the Attitude Toward Ability to Leave Sex Tracking and Attitude Toward Helping Survivors STAS subscales. Specifically, participants who reported they had previously attended a human trafficking training endorsed higher mean scores on the Attitude Toward Helping Survivors (*M* = 12.73; *d* = .44) compared to those who had not reported previous trainings. Based on this result, respondents who had received human trafficking training were more likely to honor the autonomy of sex trafficking survivors compared to those who had not received training. Participants with no previous human trafficking training experience reported higher mean scores on the Attitude Toward Ability to Leave Sex Tracking (*M* = 24.78; *d* = .54) compared to those who had received previous training. Thus, individuals without previous human trafficking training were more likely to endorse false beliefs that individuals in forced sexual exploitation could leave their scenarios at will.

Correlational Analysis

Correlational analyses among each scale score were conducted. Table 2 presents the correlations among each scale score used in the study. As expected, the ASI subscale scores were positively

Table 2. Correlations.

Variable	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8	9	10
1. Hostile sexism	28.01	10.09	-									
2. Benevolent sexism	34.28	8.81	.531**	-								
3. HTM	37.86	11.50	.530**	.496**	-							
4. PCS	44.50	10.89	-.343**	-.200**	-.277**	-						
5. KST	20.49	4.07	-.335**	-.161**	-.314**	.192**	-					
6. AST	20.98	5.50	-.135**	-.122**	-.123**	.235**	.145**	-				
7. AALST	24.31	5.09	-.459**	-.406**	-.339**	.267**	.206**	.229**	-			
8. ATHS	11.33	3.87	-.048	-.073	-.136**	.019	-.052	-.134**	-.152**	-		
9. ERTST	26.01	4.23	-.427**	-.247**	-.361**	.221**	.563**	.374**	.428**	-.090	-	
10. ERST	17.43	4.08	-.297**	-.140**	-.232**	.275**	.361**	.461**	.218**	-.165**	.459**	-

HTM = Human Trafficking Myth, PCS = Personal Comfort with Sexuality, KST = Knowledge about Sex Trafficking, AST = Awareness of Sex Trafficking, AALST = Attitude toward Ability to Leave Sex Trafficking, ATHS = Attitude toward Helping Survivors, ERST = Empathic Reactions Toward Sex Trafficking.

** $p < .01$.

correlated with the HTM scale scores, whereas the PCSS total scores were positively related to the STAS six subscales. The ASI subscales and the HTM scale scores were negatively correlated with the PCSS total and the six STAS subscale scores.

Hierarchical Regression

Gender, race/ethnicity, sexual orientation and training status were examined as the control variables in a series of Model 1 with each STAS subscale included as the dependent variable. Among the control variables, gender was significantly associated with each of the STAS subscales, except Attitude Toward Helping Survivors. Specifically, female participants had significantly higher scores on the five subscales compared to males. Race/ethnicity was significantly associated with Knowledge About Sex Trafficking, Awareness of Sex Trafficking, Attitude Toward Ability to Leave Sex Trafficking, and Empathic Reactions Toward Trafficking. Non-white participants endorsed significantly lower scores on these subscales compared to White participants. Lastly, training status yielded a significant relation with Attitude Toward Ability to Leave Sex Trafficking, Attitude Toward Helping Survivors, and Empathic Reactions Toward Trafficking. While participants with training experience reported significantly higher scores on Attitude Toward Helping Survivors, they endorsed significantly lower scores on Attitude Toward Ability to Leave Sex Trafficking and Empathic Reactions Toward Trafficking. Sexual identity was not associated with any of the STAS subscales. Model 1 is explained from 2.9% to 11.4% of the variance in the STAS subscales.

The direct effects of the HTM scale and the ASI subscales (Hostile Sexism and Benevolent Sexism) on the STAS subscales were analyzed in Model 2. The HTM total scores were significantly and negatively associated with Knowledge About Sex Trafficking, Attitude Toward Helping Survivors, and Empathic Reactions Toward Trafficking ($\beta = -.047$ to $-.86$, $p < .01$) after controlling for gender, race/ethnicity, sexual identity, and training status. This finding indicates that greater endorsement of human trafficking myths was related to lower levels of sex trafficking knowledge, decreased sense of autonomy toward sex trafficking survivors, and lower levels of empathy toward sex trafficking.

The Hostile Sexism had a significantly negative relation with Knowledge About Sex Trafficking, Attitude Toward Ability to Leave Sex Trafficking, Empathic Reactions Toward Trafficking, and Efficacy to Reduce Sex Trafficking ($\beta = -.085$ to $-.157$, $p < .01$), after controlling for gender, race/ethnicity, sexual orientation, and training status. In other words, greater hostile sexism was correlated with less desirable knowledge, attitude, empathy, and efficacy toward sex trafficking. On the other hand, the Benevolent Sexism was not significantly correlated with all the STAS subscales, except Attitude Toward Ability to Leave Sex Trafficking ($\beta = -.104$, $p < .01$). Greater benevolent sexism was related to less desirable attitude to leave sex trafficking. Among the control variables, only training status was significantly associated with Attitude Toward Ability to Leave Sex Trafficking, Attitude

Toward Helping Survivors, and Empathic Reactions Toward Trafficking. Range from 4.3% to 29.3% of the variance in the STAS subscales were accounted for by Model 2. The addition of the ASI subscales accounted for about 1.1% to 17.9% increase in the explained variance in the sex trafficking attitude, which was deemed a small effect size (Cohen, 1998).

Table 3 provides results from the final model of hierarchical regression analyses. The PCSS total score was included and analyzed in Model 3. The results indicated that personal comfort with sexuality was significantly and positively associated with Awareness of Sex Trafficking, Attitude Toward Ability to Leave Sex Trafficking, and Efficacy to Reduce Sex Trafficking ($\beta = .052$ to $.111$, $p < .01$), after controlling for gender, race/ethnicity, sexual orientation and training status. In other words, participants in this study who reported greater personal comfort with their sexuality were more likely to develop more desirable awareness, attitude, and efficacy toward sex trafficking. Approximately 8.4% to 30.4% of the variance in the STAS subscales was explained by Model 3. The addition of personal comfort with sexuality explained 1.1% to 4.1% of increase in the variance of the sex trafficking attitude.

Mediated Moderated Model

Hayes's (2018) PROCESS macro (Model 75) was employed using 10,000 bootstrapping resamples to examine the mediation and moderating effect (see Figure 1). Results indicated that the path between the hostile sexism and each of the three STAS subscales (i.e., Knowledge About Sex Trafficking, Attitude Toward Helping Survivors, Empathic Reactions Toward Trafficking) were mediated by human trafficking myth ($bs = -.026$ to $-.041$, 95% CIs $[-.054, -.001$ and $-.072, -.009]$), after controlling for race/ethnic identity, gender, and sexual orientation. In addition, the path between the benevolent sexism subscale and each of the three STAS subscales (i.e., Knowledge About Sex Trafficking, Empathic Reactions Toward Trafficking, Efficacy to Reduce Sex Trafficking) were mediated by human tracking myth ($bs = -.032$ to $-.057$, 95% CIs $[-.060, -.006$ and $-.092, -.026]$), after controlling for race/ethnic identity, gender, and sexual affection. However, there were no significant moderating effects in any of the mediated moderated models.

Table 3. Results from final models of hierarchical multiple regression.

Variables	KST		AST		AALST		ATHS		ERTST		ERST	
	<i>B</i> (S.E.)	β	<i>B</i> (S.E.)	β	<i>B</i> (S.E.)	β	<i>B</i> (S.E.)	β	<i>B</i> (S.E.)	β	<i>B</i> (S.E.)	β
Gender												
Female	.865 (.452)	.097	1.123 (.639)	.093	.300 (.515)	.027	.106 (.459)	.012	1.474 (.445)	.159**	1.084 (.458)	.121*
Race												
POC	-.609 (.420)	-.074	-.991 (.593)	-.089	-.762 (.478)	-.074	.304 (.426)	.039	-.517 (.414)	-.061	.094 (.425)	.011
Affection												
Non-hetero	.094 (.518)	.009	-1.069 (.732)	-.079	-.997 (.590)	-.080	.274 (.525)	.029	-.477 (.510)	-.046	.151 (.525)	.015
Training												
Yes	-.570 (.530)	-.052	.828 (.749)	.056	-2.415 (.604)	-.177**	1.620 (.538)	.156**	-1.051 (.522)	-.093	-.311 (.537)	-.028
Hostile sexism	-.086 (.026)	-.214**	-.009 (.037)	-.017	-.145 (.030)	-.287**	.016 (.027)	.042	-.117 (.026)	-.280**	-.068 (.027)	-.168*
Benevolent sexism	.050 (.028)	.109	-.036 (.039)	-.057	-.107 (.032)	-.185**	-.018 (.028)	-.041	.024 (.027)	.049	.031 (.028)	.066
HTM	-.072 (.022)	-.204**	.003 (.031)	.007	-.026 (.025)	-.058	-.047 (.022)	-.138*	-.072 (.021)	-.195**	-.041 (.022)	-.116
PCSS	.022 (.019)	.059	.111 (.027)	.219**	.052 (.022)	.112*	-.003 (.020)	-.008	.023 (.019)	.061	.068 (.020)	.181**
<i>R</i> ²	.162		.084		.304		.046		.246		.144	

B = unstandardized regression coefficients. S.E. = standard errors. β = standardized coefficients. POC = People of Color, HTM = Human Trafficking Myth, PCSS = Personal Comfort with Sexuality Scale.

** $p < .01$, * $p < .05$.

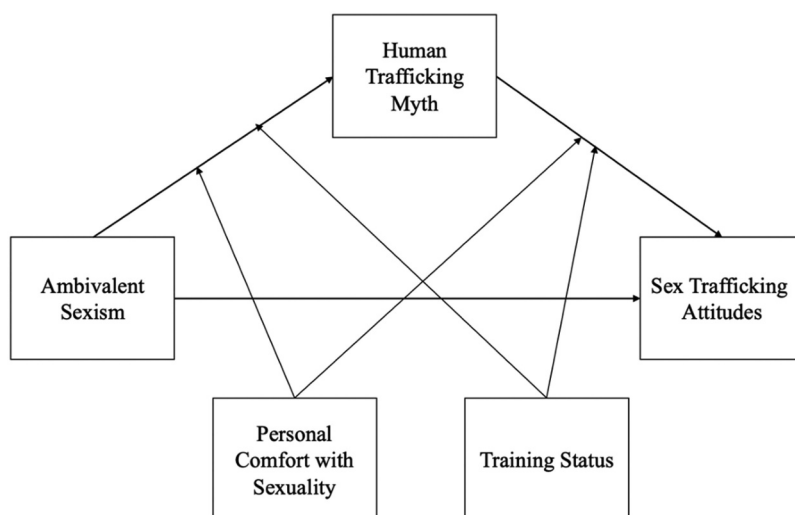


Figure 1. Mediated moderated model.

Discussion

The present study examined the relationship between ambivalent sexism and its subscales (hostile sexism and benevolent sexism) on human trafficking myths, personal comfort with sexuality, and sex trafficking attitudes. The findings from this study are significant for medical students, who are well positioned to identify and support sex trafficking survivors across a variety of treatment settings (Barrows & Finger, 2008; Donahue et al., 2019; Grace et al., 2014). Our results are additionally important among undergraduate students because the presence of HT myths have been identified among this population (Cunningham & Cromer, 2016; Menaker & Franklin, 2015; Menaker & Miller, 2013), and increasing HT knowledge within the general public is an important strategy to challenge the cultural stigma around sex work and forced sexual exploitation. Findings from the preliminary analysis suggested that female participants reported significantly higher mean scores on the PCSS total scale and the five STAS subscales (except Attitude Toward Helping Survivors subscale) compared to their male counterparts. These findings are consistent with previous research positing that women demonstrate heightened awareness about sex trafficking (Litam & Lam, 2020) and greater comfort discussing sexuality-related issues (Evans et al., 2020). On the other hand, male participants reported significantly higher mean scores on the ASI subscales and the HTM total scale. These findings are consistent with previous studies that reported men were more likely to endorse rape myths and the sex trafficking myth that sex trafficking survivors are solely women (Bannon et al., 2013; Suarez & Gadalla, 2010; Vonderhaar & Carmody, 2015). Additionally, nonwhite participants endorsed significantly higher mean scores on the ASI subscales and the HTM total scale than their White counterparts. In contrary, White participants reported significantly higher mean scores on the PCSS total scale and four STAS subscales, including Knowledge About Sex Trafficking, Attitude Toward Ability to Leave Sex Trafficking, Awareness of Sex Trafficking, and Empathic Reactions Toward Trafficking. Although it is difficult to interpret this finding, one possible hypothesis may be that non-White participants may have less access to educational resources and trainings regarding sexism and sex trafficking, compared to their White counterparts. Lastly, participants who had received previous human trafficking training reported significantly higher mean scores on attitudes toward helping sex trafficking survivors, whereas participants without previous training showed significantly higher mean scores on false beliefs that trafficking victims could voluntarily leave their scenarios (i.e., Attitude Toward Ability to Leave Sex Tracking). This finding is especially significant as it provides initial evidence for

correlation of human trafficking training with heightened helping attitudes for survivors and lower levels of false beliefs among undergraduate students and medical professionals.

As expected, findings from the correlational analyses demonstrated a positive relationship between the ASI subscale scores with the HTM scale scores but a negative relationship between the ASI subscale and the HTM scale scores with the PCSS total and the six STAS subscale scores. These findings are compatible with previous research that support the role of human trafficking myths in lower levels of empathy and higher levels of rape myth acceptance (Litam, 2019; McIntyre & Sobel, 2017).

The hierarchical regression analysis indicates that the HTM total scores were significantly and negatively associated with Knowledge About Sex Trafficking, Attitude Toward Helping Survivors, and Empathic Reactions Toward Trafficking. In other words, participants in our study who endorsed greater human trafficking myths were more likely to demonstrate less knowledge about sex trafficking, lower levels of empathy toward sex trafficking survivors, and less acceptance of the need for sex trafficking survivor autonomy. These findings align with earlier research studies that reported that endorsement of human trafficking myths was negatively associated with empathy and rape myth acceptance (Gonzalez-Pons et al., 2019; Litam, 2019; Menaker & Franklin, 2013). Additionally, higher levels of hostile sexism were significantly correlated with lower levels of human trafficking knowledge, attitudes about victim autonomy, empathy, and efficacy toward sex trafficking. These findings align with theoretical literature (Allport, 1954) that support the antipathy nature of hostile sexism toward women. On the other hand, Benevolent Sexism scores were significantly related to lower scores on Attitude Toward Leaving Sex Trafficking. In other words, participants who strongly endorsed benevolent sexism were more likely to believe that women in forced sexual exploitation cannot leave their scenarios at will. The findings are supported by theoretical literature supporting that benevolent sexism espouses views of women in gender restricted roles and female submission (Glick & Fiske, 1996). It is important to note that participants with higher levels of benevolent sexism were less likely to endorse this false belief (Attitude Toward Leaving Sex Trafficking) because of their inaccurate views of women, not because of their knowledge or realistic views of sexual trafficking victims' lives.

Our analysis also reported that personal comfort with sexuality was significantly and positively associated with Awareness of Sex Trafficking, Attitude Toward Ability to Leave Sex Trafficking, and Efficacy to Reduce Sex Trafficking. Based on these results, participants who reported greater levels of personal comfort with their sexuality were more likely to be familiar with sex trafficking reports, demonstrate attitudes that recognized sex trafficking victim autonomy, and report higher levels of self-efficacy to make a difference for trafficked persons through political involvement, raising public awareness, and addressing structural inequalities faced by trafficked persons. These findings may be theoretically sound because greater levels of personal comfort with sexuality can contribute to healthier views on sexuality and gender and heighten awareness of issues related to sexual exploitation (Litam & Speciale, 2021). Although earlier findings have established how greater levels of comfort communicating about sex is linked to different positive outcomes (Landor & Winter, 2019; Winter et al., 2018), this study is the first to establish how personal comfort discussing sex is associated with more prosocial attitudes toward the nature of sex trafficking, sex trafficking victims, and efficacy to reduce sex trafficking.

Finally, our mediated moderated analysis revealed that the paths between hostile and benevolent sexism and three STAS subscales (Knowledge About Sex Trafficking, Empathic Reactions Toward Trafficking, and Efficacy to Reduce Trafficking) were mediated by human trafficking myths. This finding provides unique contributions to the literature because it provides initial evidence that ambivalent sexism was directly associated with stronger endorsement of human trafficking myths, which further mediated the impact of ambivalent sexism on less desirable sex trafficking attitude.

Limitations and Future Areas of Study

The present study must be interpreted in light of its limitations. First, self-report measurements used in the study may skew findings as they are susceptible to distortion of social desirability bias. In other

words, participants may have evaluated their comfort with sexuality and attitudes toward sex trafficking in a more positive manner, to present themselves in a more socially acceptable fashion. Another limitation is that a cross-sectional research design was utilized to collect data, which may pose a threat to causality in the mediated moderation analysis. Given the cross-sectional nature of the data, readers must be cautious not to make a causal inference from the findings. A longitudinal or experimental design would help better understand the causality between the study variables used in the present study. Next, because we used a convenience sampling method to invite participants, the correlations in the path analyses are limited to the current data set, which limits the generalizability of the results and increases the risk of misrepresenting the population. Another limitation is the lack of consideration of the nested structure of the data (e.g., participants from three different universities), which limits our understanding of the potential influence of the nested structure on the results. Particularly, the unequal sample size of participants from each university may limit the validity of our findings, overestimating or underestimating the magnitude of correlation in the path analysis. Finally, the number of undergraduate participants compared to the number of medical and public health students may limit the generalizability of the study's findings.

Based on the results of our study, standardized curricula that outline important information about human trafficking and sex trafficking should be incorporated in undergraduate programs as well as within relevant medical and public health undergraduate programs. Furthermore, undergraduate programs are called to enhance curricula by adding more content and training courses specific to human trafficking. Based on the results of our study, undergraduate students with greater levels of comfort in discussing sex and sexuality demonstrated more helpful and accurate attitudes about sex trafficking compared to respondents with lower levels of sexual comfort. Undergraduate students, including those with a medical and/or public health specialization, would therefore benefit from completing additional human trafficking-focused curriculum as well as coursework on topics related to sex and sexuality. Universities, medical schools, and other training sites may additionally consider the benefits of establishing relationships with sex coaches, sex therapists, and other sexuality-based professionals who can provide education, support, and training on strategies to enhance sexual comfort within the medical sector.

Due to the scarce amount of research analyzing the quantity and quality of human sex trafficking and human sexuality curricula in collegiate settings, future investigation may help determine how best to design and implement curricula that covers important HT and sex trafficking content. In this study, we also established that personal comfort in discussing sexuality-based topics is associated with more prosocial attitudes toward sex trafficking concepts and victims; therefore, adding content to undergraduate and medical student coursework that provides opportunities to cultivate greater personal comfort with aspects of sex and sexuality are additionally warranted.

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