Assessing healthcare provider knowledge of human trafficking.

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Background

Healthcare providers are one of the few groups of professionals who are likely to interact with victims of human trafficking. [1,2]

- An average of 28-50% of victims had come into contact with the healthcare system at least once during captivity [3,4]
- Up to 88% of trafficked victims seek medical care from emergency departments, neighborhood clinics, Planned Parenthood clinics, and private practices. [5]
- Common complaints include infectious diseases, trauma or injury from physical violence, sexual abuse, malnutrition, dental disease, PTSD, anxiety, depression, or substance use disorders [5,6,7]
- Many victims may not be recognized due to lack of knowledge by healthcare providers, the control of the victim's visit by a trafficker, the fear or shame the victim may experience, the social or cultural alienation, and others [4,6]
- Healthcare providers can help in the fight against modernday slavery by screening, identifying, intervening, and making a plan of action to help victims [5,6]

Materials & Methods

Survey Development

As there are no established validated surveys examining knowledge of human trafficking among healthcare providers, a survey was developed through an iterative process, including discussions with colleagues and members of the study team.

Survey:

- Q1-Q3: demographic information
- Q4: Have you received training in identifying victims of human trafficking? (Y/N)
- Q5: Are you aware of the statistics on human trafficking? (Y/N)
- Q6: How would you rank your knowledge in identifying a trafficked individual?
- Q7: How would you rank your knowledge in the following? (Table 1)
- Q8: Do you feel that you would benefit from human trafficking training? (Y/N)
- Q9: Additional commentary.

Table 1. Knowledge items assessed regarding human trafficking.

Ranked Using a 5-point Likert Scale.
Role in identifying and responding to human trafficking
Indicators or red flags of human trafficking
Practices where victims typically present
Appropriate questions to ask to identify a victim
Common chief complaints
Common chronic health problems (PMHx)
Documentation in an EMR when suspecting a victim
Local and/or national support
Local and/or national policies
Knowledge of appropriate referrals to recommend to a victim

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Materials & Methods, continued

Participants

Qualtrics XM, an online survey software, was used to record answers to the confidential survey questions.

Participants included EMTs, fellows, medical assistants, medical students, nurses, nurse practitioners, nursing students, paramedics, physicians, physician assistants, physician assistant students, residents, and social workers.

The survey was distributed nationally using the following methods.

- Email: medical schools, PA programs, nursing schools, EMS organizations, nursing organizations, PA organizations, physician organizations
- Online forum: Society of General Internal Medicine (SGIM); American College of Emergency Physicians (ACEP); Emergency Medicine Residents' Association (EMRA); Society of Hospital Medicine (SHM); American Academy of Family Physicians (AAFP)

Results

Total Number of Survey Responses = 6,603

Table 2. Demographic characteristics of survey participants.

Characteristic	Frequency	%
Age Group		
21-30	1892	28.7
31-40	1579	23.9
41-50	1268	19.2
51-60	988	15.0
61-70	723	10.9
71-80	138	2.1
81-90	15	0.2
Gender		
Female	4370	66.2
Male	2206	33.4
Non-binary	27	0.4
Region		
Northeast	1435	21.7
Midwest	1429	21.6
South	2465	37.3
West	1223	18.5
Outside US	50	0.8
Level of Training		
EMT	325	4.9
Fellow	46	0.7
Medical Assistant	88	1.3
Medical Student	901	13.6
Nurse	650	9.8
Nurse Practitioner	281	4.3
Nursing Student	142	2.2
Paramedic	406	6.1
Physician	2223	33.7
Physician Assistant	337	5.1
PA Student	464	7.0
Resident	362	5.5
Social Worker	378	5.7

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Results, continued

Table 3. Responses to human trafficking training questions.

Juestion	Frequency	%
Received Training in Human Trafficking		
No	3819	57.8
Yes	2784	42.2
Vould Benefit from Human Trafficking Training		
No	435	6.6
Yes	6168	93.4

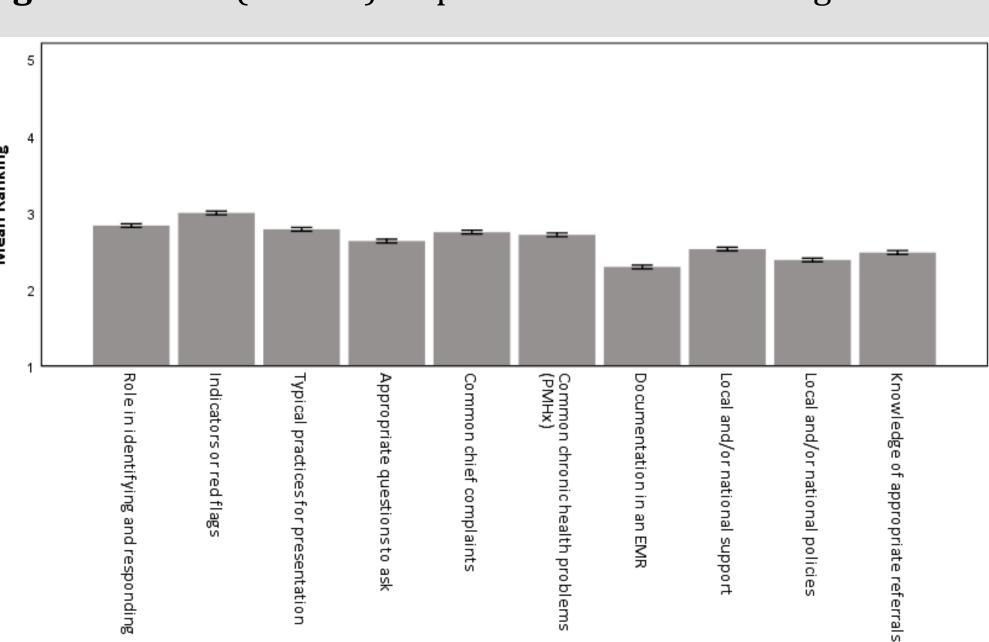
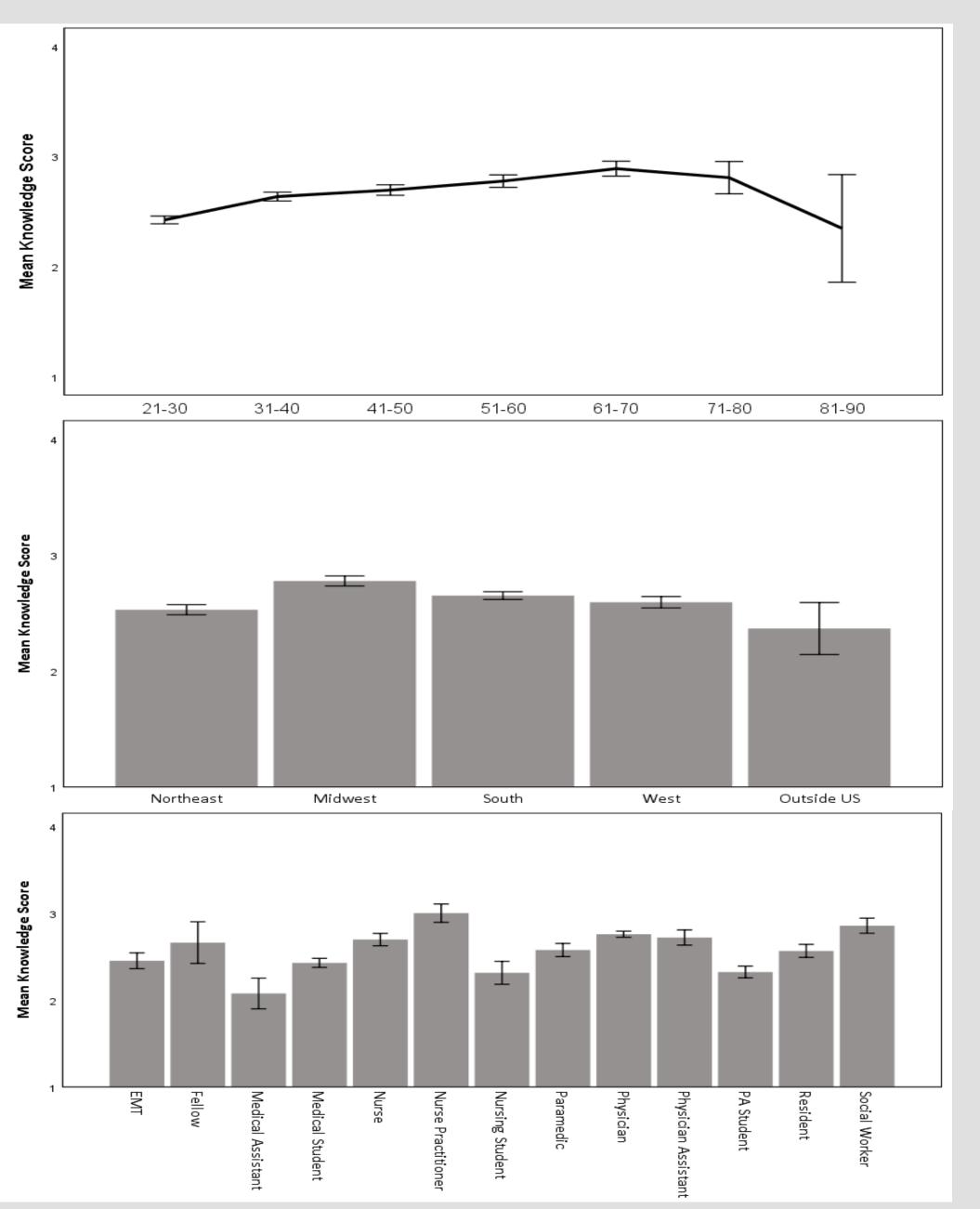


Figure 1. Mean (95% CI) response for each knowledge item.*

*The mean knowledge score for the entire sample was 2.64 (SD=0.85).

Figure 2, 3, 4. Mean (95%CI) knowledge score by age range, region, and level of training.



- Themes:
- Survey: raising awareness, need to refresh knowledge • Survey design: use of the word "average," limited number
- of specific degrees • Prior knowledge/training: lectures, organization conferences, further certification (SANE)
- Mandated training: required to maintain licensing • Specialty specific: not necessary dependent on patient population or location

- Participants in the age group from 61-70 were found to have the highest level of knowledge when compared to age groups above and below those numbers
- practitioners • Across all knowledge questions, the mean rank for each question was below the scale midpoint of 3 with an average
- knowledge score across all respondents as 2.64 • This indicates the need and potential benefit for human trafficking training across all levels of training in the healthcare field

[1] Isaac, Reena; Solak, Jennifer; and Giardino, Angelo P. Health Care Providers' Training Needs Related to Human Trafficking: Maximizing the Opportunity to Effectively Screen and Intervene. Journal of Applied Research on Children: Informing Policy for Children at Risk. 2011; Vol. 2 : Iss. 1, Article 8. [2] Bespalova N, Morgan J, Coverdale J. A Pathway to Freedom: An Evaluation of Screening Tools for the Identification of Trafficking Victims. Acad Psychiatry 2016; 40:124. [3] Family Violence Prevention Fund, World Childhood Foundation. Turning Pain into Power: Trafficking Survivors' Perspectives on Early Intervention Strategies. Available at: www.endabuse.org. Accessed on April 2020. [4] Baldwin SB, Eisenman DP, Sayles JN, Ryan G, Chuang KS. Identification of human trafficking victims in health care settings. Health Hum Rights. 2011;13(1):36-49. [5] Lederer LJ, Wetzel CA. The health consequences of sex trafficking and their implications for identifying victims in healthcare facilities. Annals of Health Law 2014; 23. [6] Macias-Konstantopoulos W. Human Trafficking: The Role of Medicine in Interrupting the Cycle of Abuse and Violence. Ann Intern Med 2016; 165:582. [7] Barrows J, Finger R. Human trafficking and the healthcare professional. South Med J. 2008; 101: 521-4.

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Results, continued

Commentary

Total Number of Commentary Responses = 949 (14.4%)

- Ideal training: actionable items, concrete skills building, longitudinal training
- Request for further training: integrate training into graduate programs, mandate training in all aspects of healthcare

Conclusions

- The majority of the over 6,600 participants from various levels of training believed that they would benefit from human trafficking training with less than 50% having previous training
- Knowledge was highest in the Midwest with the South, West, and Northeast following closely behind
- Amongst all the training levels, social workers were noted to have the highest knowledge level followed closely by nurse

References

Contact Information