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Human Trafficking: A Cross-Sectional Survey of a Health Network Employees' Awareness and Attitudes

Kristal Ha

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Background

- 40.3 million people enslaved in labor or sex trafficking worldwide
- 50,000 persons trafficked into the U.S. yearly
- 400,000 domestic minors involved in human trafficking
- Nearly 88% of trafficking survivors reported having some kind of contact with the healthcare system while being trafficked

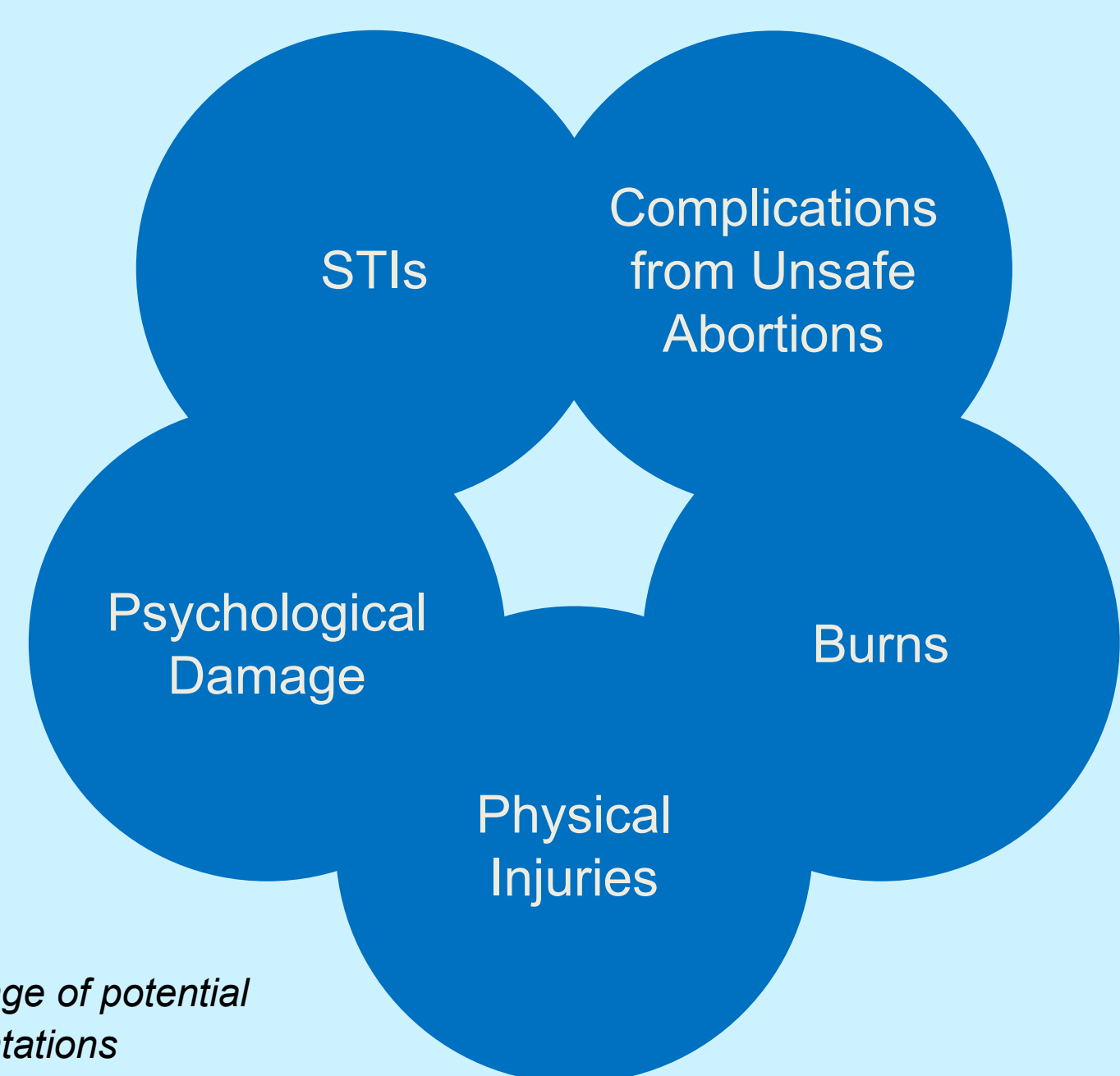


Figure 1. Range of potential health presentations

Problem Statement

The purpose of this study is to assess LVHN employees' self-perceived understanding and awareness of human trafficking through a network-wide survey.

Methods

- Voluntary, anonymous online survey comprised of 15 questions
- Distributed via all employee and other relevant listservs to LVHN employees with an LVHN registered e-mail
- Initial pilot data collected during the first 2 weeks of an overall 4-week collection period using REDCap electronic data capture tools

1. Gender	Male	Female	Non-binary
2. Type of role	Clinical		Non-clinical
3. Current clinical role at LVHN	Physician	Resident or Student	Nurse
Advanced Practitioner (e.g., PA, NP)	Medical Assistant	Other (specify)	
4. Department (optional)			
5. Have you had any training in responding to patients who may have been victims of human trafficking?	Yes	No	I don't know
5a. If yes, please describe in 1-2 sentences			
6. Have you personally encountered a patient who was a victim of human trafficking?	Yes	No	I don't know
1=Not at all prepared, 2=Somewhat unprepared, 3=Unsure, 4=Somewhat prepared, 5=Very prepared			
6a. How prepared did you feel in responding to this situation?	1	2	3
6b. How prepared did you feel your clinic/department was in responding to this situation?	1	2	3
6c. How prepared were you to provide the patient with proper resources?	1	2	3
1=Definitely Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Definitely Agree			
7. I feel confident that I would be able to accurately identify a patient who may be a victim of human trafficking	1	2	3
8. I know what to say/not say to a patient who has experienced human trafficking	1	2	3
9. I know what local and/or national support services are available for persons who have been trafficked	1	2	3
10. It is very unlikely that I will ever encounter a trafficked person as an employee of LVHN	1	2	3
11. I have sufficient training to assist victims of human trafficking	1	2	3
12. My workplace has provided human trafficking training for me	1	2	3
13. As an employee of LVHN, I have a responsibility to respond to suspected cases of human trafficking	1	2	3
14. I know how to assist a victim of human trafficking	1	2	3
15. I believe that having an established LVHN protocol for treating trafficked persons would be helpful	Definitely Disagree	Disagree	Unsure
	Agree	Definitely Agree	
15a. Which would you think would be the most useful format for you to receive information or training on caring for people who may have been trafficked?	Online Module	Simulation session	Half day training
	Online live module	2 hour live session	Full day training

Results

Table 1. Respondent Demographics

	Number of Respondents (Percentage of Total Respondents, N=795)
Gender	794 (99.9%)
Male	101 (12.7%)
Female	692 (87.0%)
Non-binary	1 (0.1%)
Unanswered	1 (0.1%)
Role Type	789 (99.2%)
Clinical	390 (49.0%)
Non-clinical	399 (50.2%)
Unanswered	6 (0.8%)
Role	341 (42.9%)
Physician	26 (3.3%)
Resident/Student	8 (1.0%)
APC (e.g., PA, NP)	28 (3.5%)
Nurse	110 (13.8%)
Medical Assistant	25 (3.1%)
Other	144 (18.1%)
Unanswered	454 (57.1%)

Figures 2, 3, and 4 compare the distribution of responses to questions 7, 11, and 14, respectively, between those with prior training in responding to patients who may be victims of human trafficking versus those without, with the corresponding chi-squared and p-values included.

Figure 2. Confidence with Identification

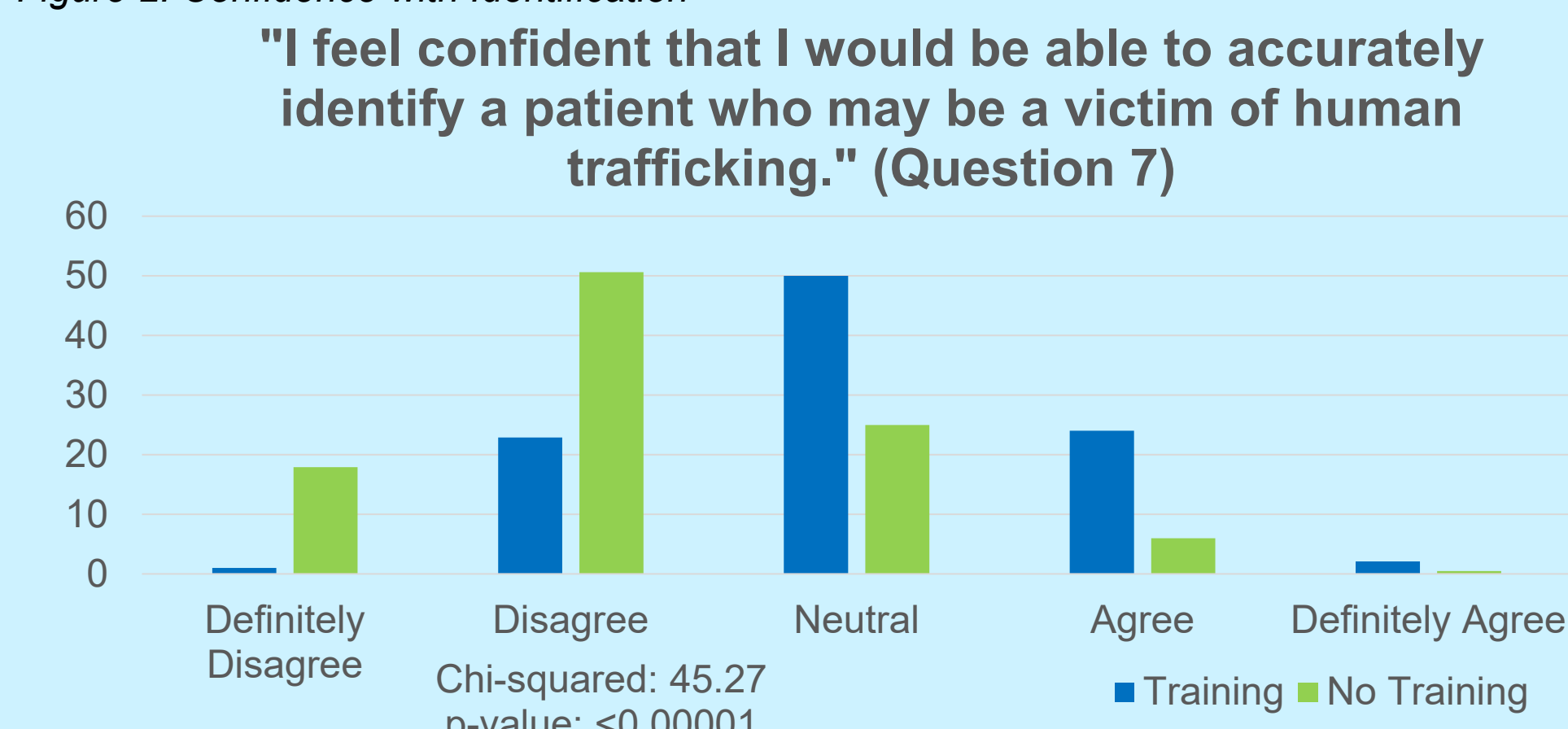


Figure 3. Sufficient Training

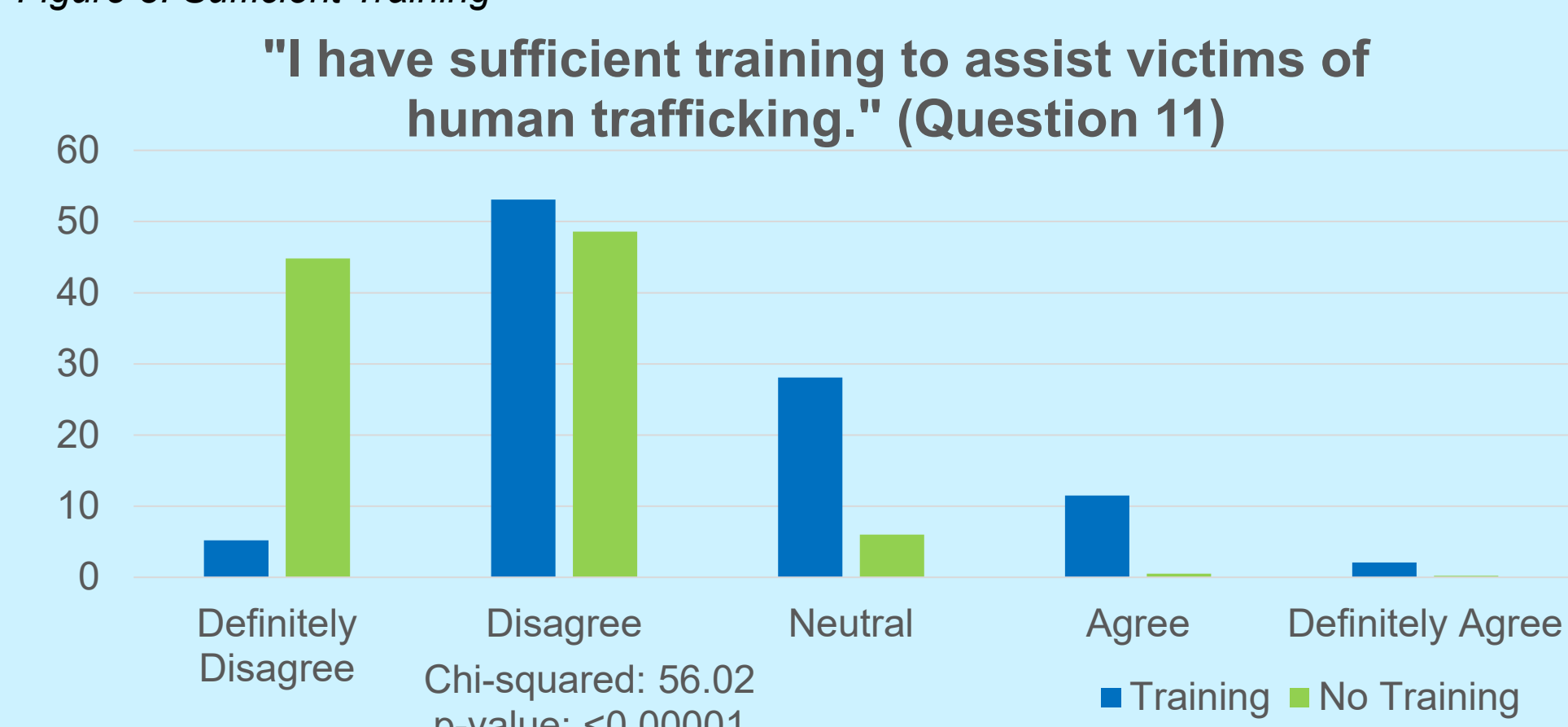


Figure 4. Knowing How to Assist

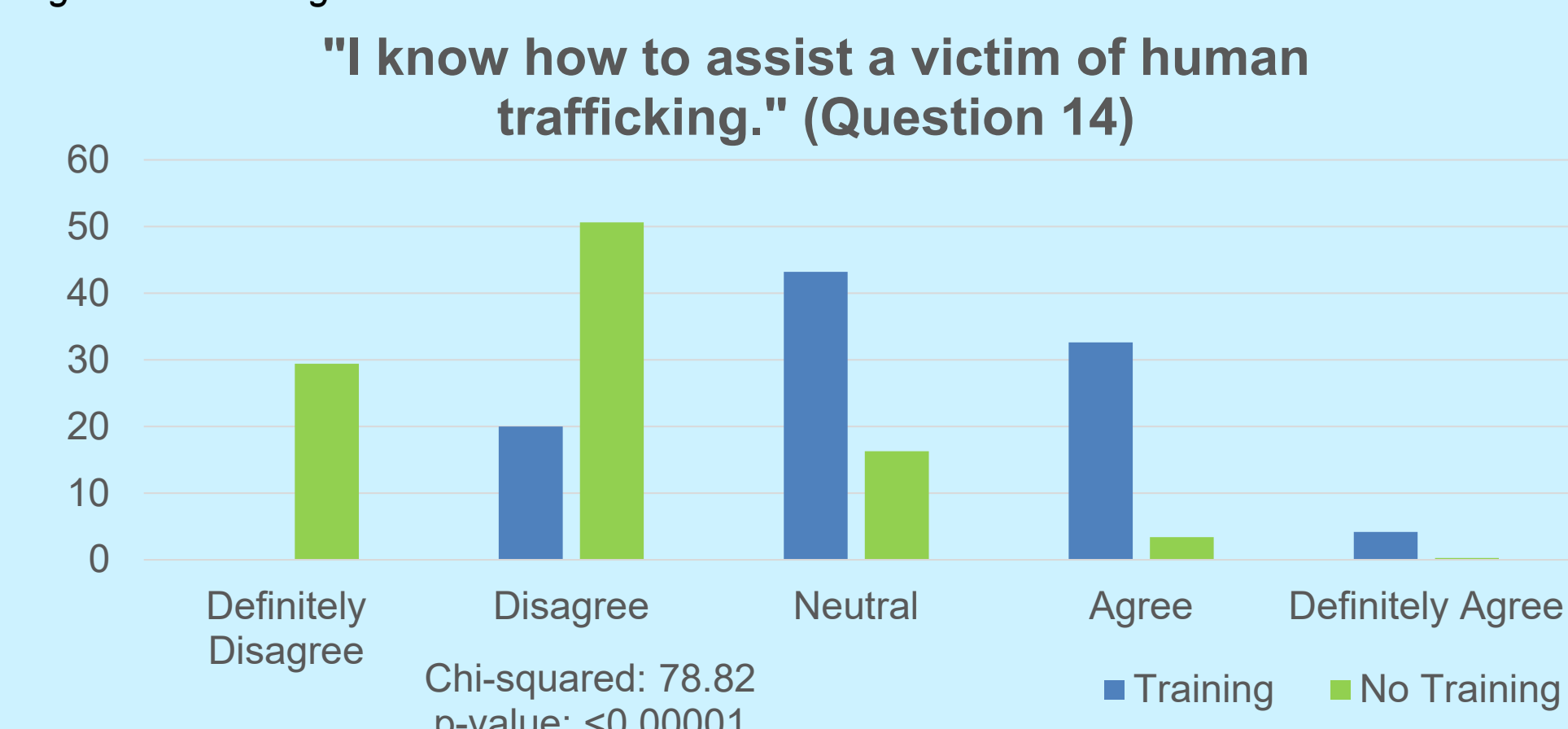
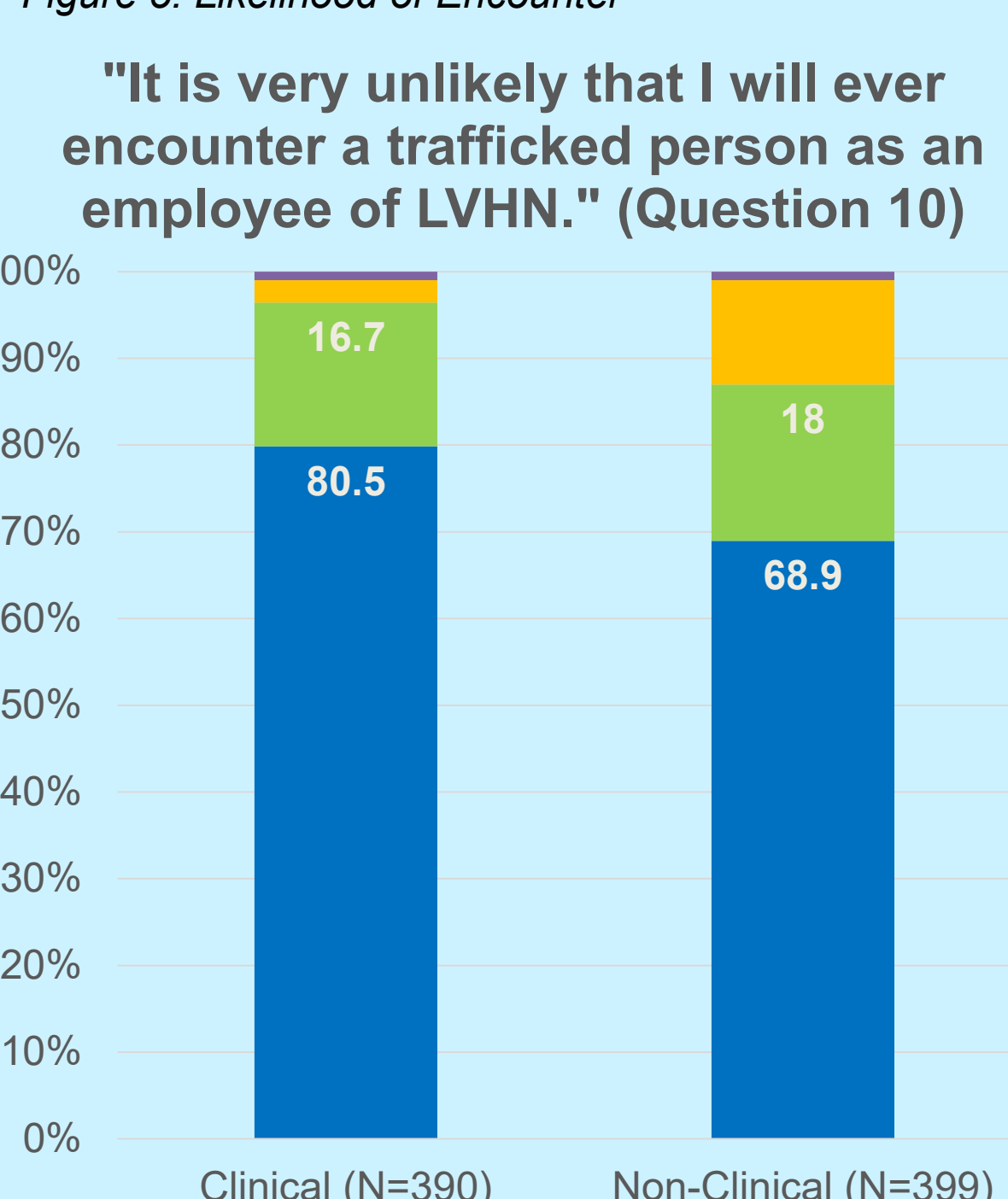


Figure 5 shows a comparison between responses from clinical versus non-clinical personnel in regards to the statement that as employees of LVHN, they were very unlikely to ever encounter a trafficked person.

Figure 5. Likelihood of Encounter



Discussion

Values-Based Patient-Centered Care: Trauma-Informed Care

- Reduce re-traumatization
- Highlight survivor strengths and resilience
- Promote healing and recovery
- Support development of healthy short- and long-term coping mechanisms

Steps for Protocol Development

1. Identify community multidisciplinary stakeholders
2. Engage non-medical community stakeholders
3. Engage medical stakeholders within your community
4. Understand human trafficking and health generally and locally
5. Create and convene an interdisciplinary protocol committee
6. Develop multidisciplinary treatment and referral plan

Project Limitations

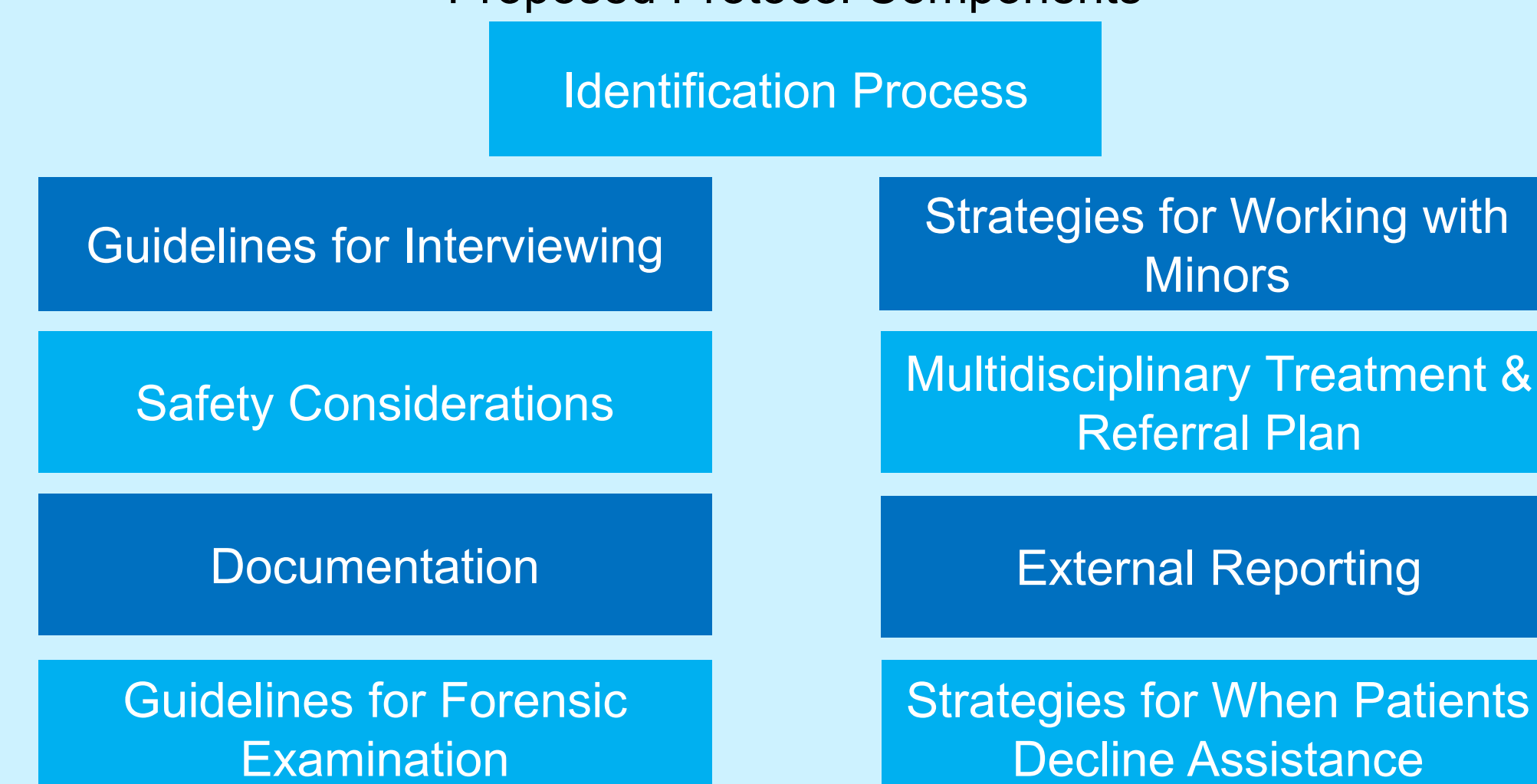
- Pilot data
- Survey did not undergo content validity evaluation
- Limited number of respondents who had either received prior training or personally encountered a patient who may have been a trafficking victim

Conclusions

The results of this study indicate that the majority of respondents feel they have a responsibility to respond to suspected cases of human trafficking yet do not feel they have received sufficient training, if any at all, in responding to such situations.

As such, researchers believe that the information obtained from this study can and should be utilized for both educational and protocol development purposes in such a way that addresses employee self-perceived gaps in knowledge and provides a best practice approach to caring for trafficked persons at LVHN facilities.

Proposed Protocol Components



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REFERENCES

Alpert EJ, Ahn R, Albright E, Purcell G, Burke TF, Macias-Konstantopoulos WL. (2014, September). Human Trafficking: Guidebook on Identification, Assessment, and Response in the Health Care Setting. MGH Human Trafficking Initiative, Division of Global Health and Human Rights, Department of Emergency Medicine, Massachusetts General Hospital, Boston, MA and Committee on Violence Intervention and Prevention, Massachusetts Medical Society, Waltham, MA.

Baldwin SB, Barrows J, Stoklosa H. (2017). Protocol Toolkit for Developing a Response to Victims of Human Trafficking. HEAL Trafficking and Hope for Justice.

Clawson H, Dutch N. (2008, January). Issue Brief: Identifying Victims of HT: Inherent Challenges and Promising Strategies. Study of HHS Programs Serving HT Victims, p. 2. Retrieved from <http://aspe.hhs.gov/hsp/07/HumanTrafficking/IdentVict/ib.htm>.

Federal Law. (2016, September 26). Retrieved from <https://www.humantraffickinghotline.org/what-human-trafficking/federal-law>.

Harris PA, Taylor R, Thielke R, Payne J, Gonzalez N, Conde JG. (2009, April). Research electronic data capture (REDCap) – A metadata-driven methodology and workflow process for providing translational research informatics support. *J Biomed Inform.* 42 (2):377-81.

Highlights: Global Slavery Index. (2018). Retrieved from <https://www.globallslaveryindex.org/2018/findings/highlights/>.

Human Trafficking. (2018, November 9). Retrieved from <https://www.justice.gov/humantrafficking>.

Kovacic D. (2017, September 22). Using the Content Validity Index to Determine Content Validity of an Instrument Assessing Health Care Providers' General Knowledge of Human Trafficking. *Journal of Human Trafficking.* 4:4, 327-335. DOI: 10.1080/23322705.2017.1364906

Lederer L, Wetzel C. (2014). The health consequences of sex trafficking and their implications for identifying victims in healthcare facilities. *Annals Health L.* 23: 61-91.

Miller, CL, Sartor D. (2016). iCARE Health Care Provider's Guide to Recognizing and Caring for Domestic Minor Sex Trafficking Victims. Shared Hope International. Retrieved from <https://sharedhope.org/resources/>.

Ross C, Dimitrova S, Howard LM, et al. (2015, August 20). Human trafficking and health: a cross-sectional survey of NHS professionals contact with victims of human trafficking. *BMJ Open.* 5:e008682. DOI:10.1136/bmjopen-2015-008682.

Trafficking in Persons Report. (2019, June). Retrieved from <https://www.state.gov/reports/2019-trafficking-in-persons-report/>.

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