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Combating Slavery in the 21st Century:
The Role of Emergency Medicine

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Abstract: Human trafficking (HT) victims may present to emergency departments (ED) as patients, but are infrequently identified. To address this issue, we developed and piloted a training intervention for emergency providers on HT and how to identify and treat these patients. Included in the intervention participants were emergency medicine residents, ED attendings, ED nurses, and hospital social workers. Prior to the intervention, 4.8% felt some degree of confidence in their ability to identify and 7.7% to treat a trafficked patient. After the 20-minute intervention, 53.8% felt some degree of confidence in their ability to identify and 56.7% care for this patient population. Because this problem is global, we created a Website that includes an instructive toolkit and an interactive course for self-learning and/or assessment. This intervention will give ED providers the tools they need to assess and treat a patient who might be a victim of human trafficking.

Key words: Vulnerable, education, underserved, human trafficking, children, emergency medicine.

Human trafficking or trafficking in people, also known as modern-day slavery, is defined by the International Protocol to Prevent, Suppress, and Punish Trafficking in Persons as the recruitment, transportation, transfer, harboring or receipt of people by the threat or use of kidnapping, force, fraud, deception or coercion, or by the giving or receiving of unlawful payments or benefits to achieve the consent of a person having control over another person, and for the purpose of sexual exploitation or forced labor.1,2,3

Human trafficking (HT) can include, but is not limited to, the movement of people across borders, and the forced labor and sexual exploitation of the victim for the profit of the trafficker or trafficking network. Estimates by the U.S. State Department of the number of people trafficked into the United States annually are as high as 17,500.2 The figure of affected individuals is much higher, as this number does not account for those trafficked within the United States, those trafficked in previous years, or those who are U.S. citizens or residents.
Human trafficking affects millions annually, worldwide; it is the second largest illegal industry globally, the after the weapons and drug trades. As it is illegal and limited research has been done, precise statistics on the people affected are unavailable but in the United States alone, the 1.6–2.8 million children who run away from home every year are particularly at risk. Human trafficking can affect anyone but in the U.S. it especially targets the marginalized, including homeless youth who are forced into prostitution and pornography. Within U.S. borders, trafficking also largely affects undocumented immigrants, who may perform manual labor in hotels, restaurants, and nail salons and in industries such as agriculture, construction and factory-work.

Given the nature of the work that victims of human trafficking are forced to perform, they are often invisible to mainstream society. Emergency departments (ED) may be a victim's only possible entry point into the social safety net. Emergency departments are therefore strategic spaces in which to identify, treat and assist victims of human trafficking. In spite of this fact, and that human trafficking is documented by the U.S. State Department as a growing problem, ED providers are not routinely trained in the identification, clinical presentation, and treatment of this exceptionally vulnerable population.

Due to the fact that they are captives, victims of human trafficking must be treated by ED providers who are trained not only in the identification and treatment of such patients, but also in how to intervene safely, as even well-intentioned actions might result in harm to the patient. Sensitizing and training health care providers in the ED to human trafficking is one important way to improve the health and well being of this population. This study aims to assess the knowledge and comfort levels of ED providers identifying and treating victims of human trafficking before and after exposure to an educational workshop on the identification, clinical presentation, and treatment of victims of human trafficking.

Methods

Study design. This cross-sectional study has two parts. In the first part, the self-reported knowledge of human trafficking among a random sample of health care providers in four institutions was assessed using a simple questionnaire. The second part of this study involved an intervention consisting of a 20-minute didactic training session on the identification, clinical presentation and treatment of victims of human trafficking that may present to the ED. The training session developed uses the narrative of an actual encounter of an unidentified trafficked victim who presented to an ED to illustrate the possibly devastating consequences of missing this fact about the patient, to describe the signs ED staff should recognize, to explain the process of safely intervening, and to review recommended clinical treatment regimens for trafficking victims. All participants completed a simple questionnaire at the beginning and end of the intervention. This study was approved by the Institutional Review Board at each participating institution.

Setting. Health care providers from four institutions varying in size and census, participated in this study. Site 1 (SITE 1), whose ED has an annual census of approximately 150,000 visits, is located in a diverse Northeastern city. Site 2 (SITE 2) is a large, tertiary, urban academic medical center whose ED has a yearly census of approximately
100,000 visits. Site 3 (SITE 3) is an urban, level I trauma center and a teaching hospital, whose ED has 110,000 visits each year, with a large catchment area. Site 4 (SITE 4) is an academic educational and training center, located in the same state as SITE 3.

Selection of participants. Participants were recruited to fill out the simple questionnaire used in Part 1 of this study by flyers and word-of-mouth. Eligible health care providers were working in the ED; this included medical doctors (MDs), physician assistants (PAs), registered nurses (RNs), social workers (SWs) and medical students. Participants were recruited in a similar fashion to participate in the intervention portion of the study. Workshop participants were not necessarily those who responded to the first questionnaire but almost all of the workshop participants who completed the pre-training survey completed a post-survey.

Methods of measurement. Participants in Part 1 were asked to fill out a simple questionnaire that included questions such as Do you know what human trafficking is? Have you ever treated a victim of human trafficking in the ED? and Have you received formal training in the identification and/or treatment of victims of human trafficking? Respondents were asked to rate their ability to identify and care for patients who had been trafficked, according to a four-point Likert Scale: not confident, hesitant, confident, very confident. This questionnaire also asked if respondents would find a workshop on the clinical presentation and treatment of victims of human trafficking useful. Participants in Part 2 completed a similar questionnaire at the beginning and end of the intervention that assessed how comfortable participants felt defining human trafficking, and identifying and treating a victim of human trafficking.

Primary data analysis. All data was analyzed using SPSS version 16.0. Frequencies and chi-squared tables were generated.

Results

Characteristics of study subjects. Part I. A total of 180 health care providers filled out the self-report of prior knowledge about human trafficking, as it relates to patient care; many of these providers later participated in the intervention and completed a second, post-intervention survey (see Part II). Respondents were emergency medicine residents (27.2%), attending physicians (20.6%), SWs (14.4%), RNs (13.9%), medical students (13.9%), and PAs (2.8%) and reported having worked in those roles less than three years (55.6%), between four and 10 years (21.7%), or longer than 10 years (20.6%). Respondents reported working in the ED less than three years (55.6%), between four and 10 years (21.7%), or longer than 10 years (17.2%).

Part II. A total of 104 health care providers participated in the educational intervention and filled out the post intervention questionnaire. Respondents were emergency medicine residents (36.5%), attending physicians (3.8%), SWs (25%), RNs (6.7%), and medical students (20.2%). Participants reported having worked in those roles less than three years (70.2%), between four and 10 years (13.4%), or longer than 10 years (14.4%). Respondents reported working in the ED less than three years (55.8%), between four and 10 years (10.6%), or longer than 10 years (4.8%).
Results

Part I. When asked if they knew what human trafficking was, 79.4% responded affirmatively. Of all the participants, 91.7% (22) of SWs, 88.6% (31) of attendings, 83.3% (40) of residents, all (5) PAs, and 54.2% (13) of RNs reported knowing the definition of human trafficking. Only 6.1% (11) of respondents reported ever treating a victim of human trafficking, with 70% of these respondents identifying as attendings. Nearly all (97.8%, n=176) reported never receiving formal training on the clinical presentation of trafficking victims, and 95% reported never receiving formal training on the appropriate treatment of trafficking victims. Of the very few who reported formal training in identification of victims of HT, all were attendings, while one resident and one attending reported receiving formal training in the treatment of victims of HT.

Of the few respondents who reported treating a victim of human trafficking in the ED, all reported providing medical care to the victim. Additionally, 3.9% (7) reported calling the police, 3.3% (6) called social work, 2.8% (5) asked the victim about his/her safety and 0.6% (1) called an intimate partner violence hotline. When asked whether a workshop on the clinical presentation and treatment of human trafficking victims be useful, 67.8% reported such a course would be useful, 23.9% reported they were unsure of the use of such a course and 3.9% said such a course would not be useful. Accordingly, when asked if human trafficking is a problem that affected their patient population, 26.7% reported that it did, 7.2% reported it did not, and a majority of 59.4% reported being unsure. Most respondents reported being hesitant or not confident of their ability to identify a victim of human trafficking in the ED. Similarly, most respondents reported being hesitant or not confident of their ability to correctly treat a victim of human trafficking in the ED.

Part II. After receiving the educational intervention, respondents were again asked to rate their confidence level in defining human trafficking, and identifying and treating patients who had been trafficked. When asked their confidence level defining human trafficking before the training session, only 19.2% reported being very confident/confident, while 79.8% reported feeling hesitant/not confident. After the training session, 90.3% reported being very confident/confident.

Before the training session, only 4.8% of respondents reported feeling confident with their ability to identify a victim of human trafficking. This proportion increased to 53.8% after exposure to the brief session. Similarly, only 7.7% of respondents reported feeling confident treating a victim of human trafficking before the session, while 56.7% reported confidence after exposure to the session. The majority of participants reported that the session was useful (93.3%), well organized (76.0%), and thorough (71.2%). The session evaluation survey allowed participants to make comments. Comments were uniformly positive and indicated their previous lack of awareness about the importance of this topic.

Limitations. Although this descriptive survey was conducted at multiple sites, the sample size was small; furthermore the study was conducted entirely in academic centers in the northeast, potentially limiting the generalizability of this data. Importantly, not all of those surveyed in Part I received the intervention and thusly, it cannot be certain that the training session would have been considered useful by those who did
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Figure 1. No intervention study participants (n=180).

Figure 2. Post intervention study participants (n=104).
not receive it. Additionally, while the educational intervention was evaluated by a post-intervention test, it is unknown if this intervention changed providers’ care methods or had a positive effect on patient care.

**Discussion**

A literature review on victims of human trafficking and their interactions with ED providers revealed a serious dearth of studies or training modules on the topic. Three articles by Barrows, Dovydaitis and Sabella, respectively, all acknowledged the importance of educating health professionals on how trafficking victims may present and their unique health care needs. A recent article, based on a small study of 262 Canadian medical students, indicated that the students felt human trafficking was an important topic to cover during their training, but many of them were largely unfamiliar with the presentation and appropriate treatment plans for this patient population. Another article took a case study approach to human trafficking, pointing out that educating health care providers in general, especially those in community clinics, is imperative
given their unique position to identify and treat victims of human trafficking. Emergency department providers are missing a valuable opportunity to identify and assist victims of human trafficking appropriately.

Results of the questionnaire administered in Part I of this study reflected the discomfort and general lack of knowledge of ED providers with regard to the identification, clinical presentation, and treatment of human trafficking victims. Results also showed that most ED providers surveyed would be receptive to and benefit from a brief educational intervention on victims of human trafficking in the ED. Participants who were exposed to the educational intervention were overwhelmingly satisfied with the characteristics of the intervention. They also reported a small increase in comfort concerning the identification, clinical presentation, and treatment of victims of human trafficking. Although participants felt more comfortable with and more knowledgeable about the issue than before the training, it is likely that their realization of the complexity of the needs of this vulnerable population did not permit them to feel fully comfortable after one 20-minute intervention. Nevertheless, the session was well received by ED physicians and resulted in requests to repeat the session for ED nursing staff and hospital social workers.

As the need for providers to be aware of how to care for this patient population is not unique to these four institutions, and participants indicated positive interest in the education, researchers developed 1) a Web-based toolkit that includes teaching materials for EM faculty who would like to deliver the didactic session to hospital staff; 2) an online case-based interactive program for use as a self-learning course or as an assessment tool for those who have received the didactic training; and 3) a guide for use in vivo, when providers suspect or know they are caring for a patient who is being trafficked. The site address is: www.humantraffickingED.com.

Emergency providers both are first-hand witnesses to how deeply social factors affect the health of a population and are in the unique position to intercede on behalf of a patient. An emergent intervention for a trafficked patient can be as life-saving as the interventions for a gunshot victim. Unfortunately, ED providers are not routinely trained on the appropriate standard of care for trafficked patients. There are currently no published data on the number of patients who present to emergency departments as human trafficking victims who go unidentified. Still, given what nonprofit organizations and governmental departments know about human trafficking, victims likely do present for health care. They may present with what appear to be work-related injuries, such as lacerations or foreign bodies in the eye, or complaints related to sexually transmitted infections. Every patient must be interviewed and/or examined with only the health care provider (and an official, licensed interpreter, as necessary) to afford the patient and provider the opportunity to have a frank discussion. This is particularly important for patients who may present with their trafficker. Even if a provider is not sure what to do when s/he suspects or knows a patient is being exploited, EDs are equipped to care for this population: The provider should provide necessary medical care, maintain confidentiality, not confront the suspected trafficker nor call the police but consult the U.S. State Department hotline (1-888-373-7888) or a local anti-trafficking organization; the developed website can also help guide providers through the process of caring for a patient in the ED.
Without a study indicating that we are missing patients, we must err on the side of caution: Given what we know about trafficking in the U.S., it is likely we are not identifying victims who present for health care. If we do not detect the disorder, we are liable to fail to treat it. In an effort to heal and serve, health care providers should be equipped to care for this population; this study indicates that most emergency providers think training on trafficked patients is indicated and appreciated receiving it. With widespread use of such training we can close the gap between patients' needs and providers abilities, to save lives.

Acknowledgments

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2. Annual Society of Academic Emergency Medicine Conference, Chicago, IL; May 2007
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Notes