The Impact of Human Trafficking Education on New Jersey Healthcare Professionals

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Introduction

Human trafficking (HT) constitutes a human rights violation and a growing public health issue. It has been reported to occur in all fifty states and the District of Columbia, along with significant increases in online recruitment over the last few years.[1,2] According to the United Nations, human trafficking is the recruitment, transportation, transfer, harboring or receipt of people through force, fraud or deception, with the aim of exploiting them for financial gain.[3] Human trafficking occurs as sex trafficking, labor trafficking, or a combination of both. Healthcare providers may play a key role in addressing HT and also in caring for victims of HT. Studies involving over a hundred HT victims have reported that 68-88% have interacted with healthcare providers during their time being trafficked.[4,5] However, many healthcare providers have reported inability and lack of confidence in identifying HT and in addressing victims.[6-8] It is evident that there is an increased need for human trafficking education for healthcare professionals.

Training programs regarding HT have been developed for various audiences, including healthcare professionals[9]. The New Jersey Coalition Against Human Trafficking (NJCAHT) is one organization working to increase awareness of HT. The NJCAHT provides training sessions to various audiences, including healthcare professionals, upon request. Surveys are conducted before and after to determine the impact of the presentations.

Objectives

The primary objective of our study was to evaluate the healthcare target audience, comparing knowledge of HT prior to and after the presentation. We hypothesized that participants' knowledge of HT would increase following the presentation.

Methods

A questionnaire was developed and offered to health care audiences, prior to and up to 1 week following NJCAHT presentations to healthcare audiences. Data was collected over an 8-month period, data regarding the audience members' professions and previous knowledge of was collected prior to the presentation. Prior to and following the presentation, questions assessed self-reported knowledge of HT (on a 5-level scale), as well as the ability to identify social, physical, and emotional red flags of HT, and risk factors for HT. Comparisons of survey results prior to and following the presentations were made using descriptive statistics and chi square tests when appropriate. The survey also asked participants what actions they planned to take as a result of attending the presentation.

Figure 1. Healthcare Profession of Survey Respondents (n=153)

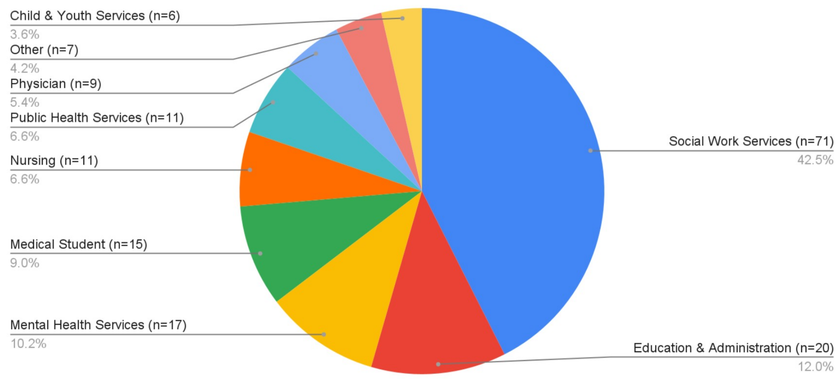

Figure 2. Self-Reported Rating of Human Trafficking Knowledge Before and Within 1 Week After the Presentation

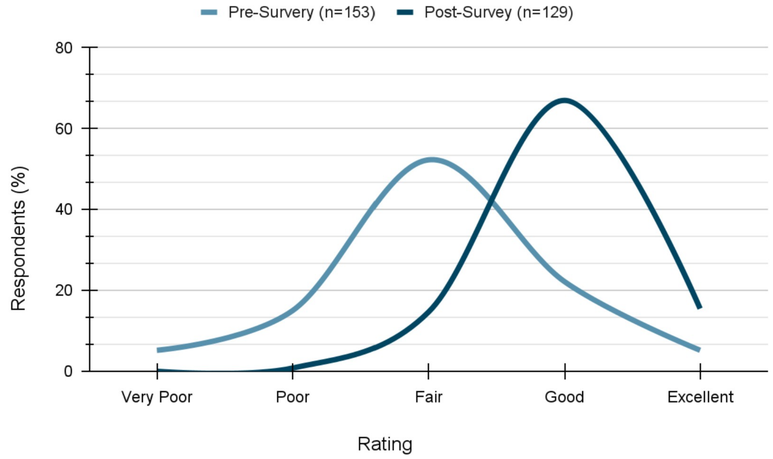

Table 1. Ability to Correctly Identify Characteristics of Human Trafficking

Features of Human Trafficking	Pre-Presentation Survey n=148	Post-Presentation Survey n=123
Social Red Flags	68%	76%
Physical Red Flags	94%	97%
Emotional Red Flags	82%	86%
Risk Factors	92%	96%
Most trafficked persons seek medical care while being trafficked	**13%**	**19%**

Table 2. Actions Planned to Take as a Result of the Presentation

Actions	Responses n=128
Tell others about human trafficking	52%
Put the national hotline number in phone	48%
Download the "Community Awareness Toolkit" on NJCAHT website	47%
Commit to buying "Fair Trade" when possible to stop the supply of slave-made goods	45%
Sign up for newsletters on njhumantrafficking.org	44%
Interact with NJCAHT on social media	41%
Other, including changes in practice or organization	8%

Results

Surveys were completed by 153 and 129 attendees prior to and following the presentation, respectively. The majority of healthcare professionals (n = 71; 42.5%) completing the surveys were social workers (Figure 1). A total of 63 (41.2%) were physicians, nurses, medical students, mental health care workers, or public health care workers (Figure 1). There was a significant increase in self-reported human trafficking knowledge up to 1 week post presentation compared to before the presentation ($p<0.05$)(Figure 2). There was an increase in the ability to identify characteristics of human trafficking, though not statistically significant ($p>0.05$) (Table 1). In contrast, a relatively low percentage of the audience correctly recognized that most trafficked persons seek medical care while being trafficked (Table 1). The most common planned action of the result of the presentation was to tell others about human trafficking (52%) followed by putting the national hotline number in their phone (48) (Table 2).

Conclusions

Human trafficking presentations help to increase self-reported knowledge of HT and may aid in providing the confidence healthcare providers need to identify, address, and advocate for human trafficking victims. Further, even though most audience members were able to identify red flags and risk factors of human trafficking, there was low awareness that most trafficked victims are likely to seek medical care while being trafficked. Moreover, the HT presentations resulted in attendees' plans to take action in a variety of ways, including spreading awareness. It is important that training emphasize the high percentage of HT victims who seek medical care, especially for audiences of healthcare workers. The limitations of this study include that most of the survey respondents were social workers, the sample size was relatively small, and not all attendees completed both pre- and post-session surveys.

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