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Human Trafficking: Promoting Awareness and Facilitating Partnership

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ROTATION 2
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Problem identification

- U.S. State Department’s 2004 Trafficking in Persons Report estimated between 14,500 and 17,500 people are trafficked in the U.S. each year [1]

- These statistics likely represent gross underestimates of the real scope of the problem

- People most vulnerable to trafficking include the economically and socially marginalized [2]

- Immigration and foreign national status also increases risk secondary to debts, language barriers, etc.

- Healthcare providers represent an important point of contact for human trafficking victims [3]

- Most healthcare providers have a limited understanding of the issues surrounding human trafficking, including how to identify potential victims
Public Health Cost and Cost Considerations

- Human trafficking worldwide generates approximately $150 billion U.S. dollars annually [2]
- Trafficking takes an immense toll at the individual and societal level, including degrading public health, diminished social and economic development, and disrupted families [4]
- Given the invisible nature of human trafficking, true societal costs remains difficult to evaluate
- In 2014, the National Human Trafficking Resource Center (NHTRC) received 37 calls for Maine, with 11 reported cases [2]
- Lewiston’s general poverty rate of 25% and childhood poverty rate of 42% suggest a high risk for human trafficking in the population [5]
Community Perspective

- [Name withheld]—Co-founder of Not Here Justice in Action Network
  - From perspective of longitudinal generational poverty, Lewiston is one of the poorest towns on the East Coast
  - Agreed that pursuing formal training for family medicine clinic would be valuable
  - Enthusiastic about the prospect of standardized screening tool being developed at UVM COM

- [Name withheld]—Member of the New Mainers Public Health Initiative
  - Confirmed that human trafficking is a problem of concern within the local Somali population

- Attending physicians at CMMC’s Family Medicine Residency clinic
  - Survey and informal conversations revealed dearth of awareness surrounding human trafficking amongst primary care providers

- [Name withheld]—case manager at Preble Street Anti-Trafficking Coalition
  - Managed over 100 cases in Southern Maine, mostly sex trafficking. Highly substance-use related.
Intervention and Methodology

- **Intervention:**
  - Facilitate partnership between UVM and CMMC to promote collaboration on human trafficking policy formation
  - Arrange for formal human trafficking training for the Family Medicine Residency clinic providers through Preble Street

- **Methodology**
  - Interviews with Not Here Justice in Action Network co-founder and case manager with Preble Street Anti-Trafficking Coalition to gain local perspective and assess community resources
  - Conduct formal survey of Family Medicine Residency (FMR) providers regarding baseline understanding of human trafficking and to determine interest in new tools for screening
  - Partner local emergency medicine provider with creator of new web-based application designed to help screen for trafficking victims
  - Present results of survey to family medicine residency and provide introduction to web-based screening tool
Results

- Provider understanding and awareness of community resources (n=25)
  - None of the providers surveyed felt confident in their ability to identify victims of human trafficking
  - None of the providers surveyed were aware of any existing protocol for handling victims of trafficking in their clinic
  - Less than 10% of surveyed providers thought there were adequately trained personnel in the FMR clinic, less than 20% were aware of community resources

- Assessment of interest and preferences in web-based screening tool for identifying victims (n=25)
  - More than 65% of surveyed providers thought that they wouldn’t know when to use this screening tool
  - Less than 5% felt that they would be able to employ it with all of their patients
  - Over 73% preferred that the tool be used to screen for victims prior to the formal patient-provider encounter (e.g. Questionnaire in the waiting room vs. medical assistant performing screening prior to physician encounter)
  - 92% of providers were interested in formal training designed to improve their skills in identifying victims
Effectiveness and Limitations

Effectiveness

- This project reveals a low degree of healthcare provider understanding of issues related to human trafficking consistent with national trends
- Results of the survey suggest that providers require further formal training before effective implementation of a web-based screening tool can be enacted
- The survey demonstrated a high degree of interest in further formal training on the subject of human trafficking
- Lewiston community leader on human trafficking and local healthcare provider will seek further collaboration with UVM Medical Center to bring formal policy/protocol to CMMC

Limitations

- Results of the survey could only be presented to a subset of participating physicians
- Only providers at the family medicine residency clinic were surveyed, limiting generalizability to the rest of the hospital
Future interventions/Projects

- Pursue education beyond the scope of the FMR clinic to reach a broader audience at CMMC.
- Connect further with leadership of CMMC to pursue partnership with UVM who has developed evidenced-based policies on human trafficking to help disseminate these policies.
- Address the role of law enforcement in helping to identify victims of trafficking by interviewing local police chief who is heavily involved in local human trafficking prevention efforts.
- Delve further into the perceived impact of human trafficking on the Somali population through more detailed interviews with the New Mainers Public Health Initiative.

Results of physician survey: [https://www.surveymonkey.com/results/SM-65GNVGKT/](https://www.surveymonkey.com/results/SM-65GNVGKT/)