

Paramedic CAT (Critically Appraised Topic)

Title: Paramedic’s recognition of victims of human trafficking

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Clinical Scenario:

You are dispatched to a local residence for a 28 y/o female complaining of vaginal discomfort. When completing your assessment, you notice that the man, who claims to be her brother, is answering all your questions. You suspect an infection and transport to the hospital. This woman has HIV and is under her trafficker’s control. She remains in captivity due to health professional’s inability to recognize the indicators of trafficking.

PICO Question:

Does training of paramedics on human trafficking result in better identification of trafficked victims compared to paramedics without training.

Search Strategy:

PubMed - (((("human trafficking") AND "health care") NOT ethic*) NOT sex)

Google Scholar - paramed* OR EMT OR EMS recognition OR identification of "human trafficking" NOT sex

Limits: last 10 years, full-text article

Search Outcome:

PubMed – 13 results

Google Scholar – 13 results

Relevant Papers: 3 were chosen as relevant for this CAT.

AUTHOR, DATE	POPULATION: SAMPLE CHARACTERISTICS	DESIGN (LOE)	OUTCOMES	RESULTS	STRENGTHS/ WEAKNESSES
Donnelly, E. A. et al. (2018)	244 EMS personnel completed a HT survey.	Prospective, pilot study. LOE III	(1) Frequency with which EMS received training in HT. (2) Endorsing myths related to HT. (3) Recognizing HT victims. (4) How to report suspected HT.	- 46% of participants reported receiving training on HT. - Training had no influence on reporting HT. - Participants with training endorsed HT myths less frequently than those without training. - Participants with training were more likely to suspect HT than those without.	- Assessed for differences in gender, age, length of service, level of certification, urbanicity, number of hours worked, marital status, and net personal income (all of which were similar for both groups). - Targets EMS specifically. - Reliability within measures. - Convenience sample limits generalizability.

					- Did not control for depth, source, and date of training.
Grace, A. M. et al. (2014)	20 largest San Francisco Bay Area emergency departments, consisting a total of 161 participants.	Prospective study. LOE Level II	(1) Recognizing human trafficking victims. (2) Knowledge on human trafficking. (3) Importance within the health care profession. (4) What to do when encountering a victim.	- An educational presentation had no effect on subjective importance of HT. - What to do when encountering a victim increased from 7.2% to 59%. - Recognition of victims increased 17% to 38%. - Knowledge on HT increased for both groups.	- Controlled for age and sex. - Used sensitivity analysis to control other variables. - Showed cause and effect. - Outstanding difference in sample size between groups. - Did not control for role within emergency department, or amount of education. - Different population dynamics questions utility of study within another country. - Self-reporting method risks bias. - Focuses on health care professionals, not specifically paramedics.
Viergever, R. F. et al. (2015)	178 health professionals attended one of seven two-day training courses in Antigua and Barbuda, Belize, Costa Rica, Egypt, El Salvador, Guyana, & Jordan.	Prospective study. LOE Level II	(1) Knowledge about HT. (2) Opinions about responding to trafficked victims. (3) Knowledge on indicators of HT. (4) Participants subjective feedback on which topic if the most useful for their work.	- Listed most useful for work included ““Role of the Health Care Provider in Caring for Trafficked Persons,”“Basic Definitions and Concepts about Human Trafficking,” and “Health Consequences of Trafficking” - Authors did not state whether knowledge on HT increased from pretest to posttest.	- Participant feedback about the training. - Generalizable to different populations (Middle East, Central America, & the Caribbean). - Controlled for sex, age, profession, and years of experience. - Did not assess whether there were increases in knowledge as a result of the training program. - Uncertain whether results can be generalized to high-resource countries. - Self-reporting method risks bias.

Consider:

Generalizability to the EMS setting is lacking within these studies.

Clinical Bottom Line:

These studies address the issue of health care professional's inability to recognize indicators of human trafficking. Research within EMS and human trafficking is scarce, however these studies have shed light on the need for training to enhance the screening process of human trafficking victims.

References:

- Donnelly, E. A., Oehme, K., Barris, D., & Melvin, R. (2018). What Do EMS Professionals Know about Human Trafficking? An Exploratory Study. *Journal of Human Trafficking*, doi: 10.1080/23322705.2018.1501258
- Grace, M. A., Lippert, S., Collins, K., Pineda, N., Tolani, A., Walker, R., . . . Jeong, M. (2014). Educating Health Care Professionals on Human Trafficking. *Pediatric Emergency Care*, 30(12), 856-861. doi: 10.1097/PEC.0000000000000287
- Viergever, R. F., West, H., Borland, R., & Zimmerman, C. (2015). Health care providers and human trafficking: what do they know, what do they need to know? Findings from the Middle East, the Caribbean, and Central America. *Frontiers in Public Health*, doi: 10.3389/fpubh.2015.00006