

Current Knowledge and Beliefs of Kansas Physicians Regarding Domestic Minor Sex Trafficking

Ashley Reinhard, Ina Whitacre
Faculty: Gina M. Berg PhD, Ashley Hervey MD

Department of Physician Assistant, College of Health Professions

Abstract. Domestic minor sex trafficking (DMST) is increasingly in the news. It is instrumental that healthcare providers are educated about the topic and feel confident in their ability to identify and report a victim. The purpose of this study is to describe Kansas physicians' awareness of DMST. A 20-question survey was e-mailed to 1,668 physicians registered with the Kansas Board of Healing Arts in the specialties family medicine, pediatrics, obstetrics/gynecology, and emergency medicine. Of those e-mailed, 69 physicians responded to the survey, giving a response rate of 4%. Only 12% of respondents were confident in identifying a victim and only 11% screen patients for DMST. Up to 48% admitted to not knowing answers to knowledge questions.

1. Introduction

A 2007 study of 2 US emergency departments revealed that a majority of healthcare providers understood what domestic sex trafficking was, but only a minority felt confident in their ability to identify a victim [1]. The nature of healthcare providers' jobs grant them access to victims during their captivity that few others may be able to obtain. DMST victims pose a unique subset of health concerns. Victims are at high risk of physical abuse leading to bodily injury, sexually transmitted infections, and psychological damage as well as poor overall health [2]. The purpose of this study is to determine Kansas physicians' current level of DMST knowledge, attitudes regarding DMST, and self-perceived level of competence regarding the identification of DMST victims.

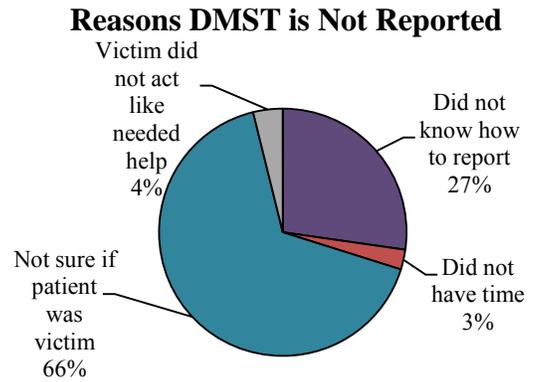
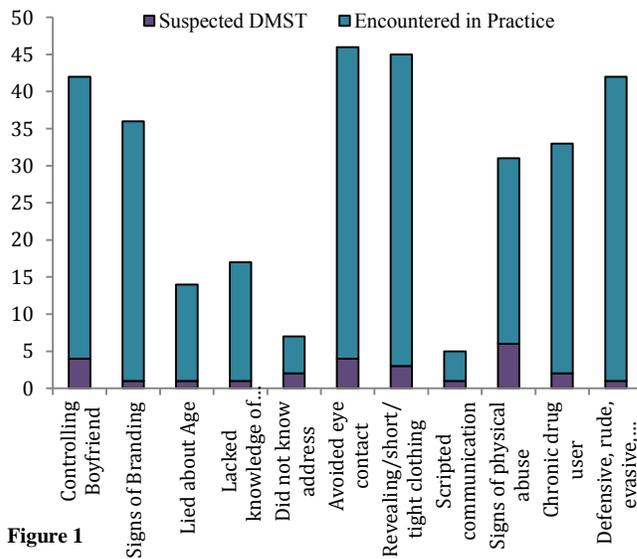
2. Survey, Results, Discussion, and Significance

Methodology

A 20-question survey that investigated personal beliefs about DMST, knowledge about DMST, self-confidence in ability to identify and report victims, and training regarding DMST. Physicians' beliefs were assessed through a series of questions that determined respondents' beliefs about the scope of the problem, their role in identifying victims, and their role in educating young female patients about the issue. Physicians' knowledge about DMST was evaluated by assessing respondents' factual knowledge regarding health outcomes of DMST victims, their ability to recognize possible signs of trafficking, and their familiarity with current DMST statistics. A link to survey monkey was e-mailed to 1,668 physicians registered with the Kansas Board of Healing Arts in the specialties family medicine, pediatrics, obstetrics/gynecology, and emergency medicine. Results are reported descriptively.

Results

The 69 survey respondents reported 17.1 mean years in practice and almost half are in family practice (46%). Respondents believed DMST is a problem in the US (86%) and Kansas (80%), but only 12% believed that they are confident in identifying a victim. About half (55%) underestimate the current number of victims in the US. Over half (61%) reported encountering possible signs of DMST in patients, however only few suspected DMST when seeing these signs (see fig 1). The top two obstacles to reporting were not knowing whether the patient is truly a victim and not knowing how to report (see fig 2). Although most respondents (83%) believed that healthcare workers should receive training regarding the issue, only few (6%) had received training on DMST. Only 11% screen for DMST victims in their practice, and only 10% take steps to educate young female patients. More than half (67%) stated that they would take part in some form of training with the preferred methods being CME presentations, online tutorials, and seminars/conferences. Five respondents (1 emergency department, 2 private practices, 2 free clinics) treated at least one DMST victim, but only 2 providers reported the incident.



Discussion

These results suggest that there are Kansas physicians who are aware that DMST occurs in the US and even locally. However, the survey response rate was very low at 4%. This suggests that some non-responders may not view DMST as a significant issue. Providers report encountering victims of DMST in their own practice, which validates the existence of DMST in Kansas. It is evident that even physicians with interest in DMST are lacking in knowledge. In particular, physicians lack the ability to identify signs that indicate a DMST victim. Even if they suspect a victim based on signs, it is rare that they follow through and report the victim. It could be extrapolated from the respondents' self-reported lack of training, even though interested in the problem, that training is necessary in order for Kansas physicians to successfully identify and report victims of DMST.

3. Conclusion

There are some Kansas physicians who believe that DMST is a problem that deserves attention, but are lacking in pertinent knowledge of the topic. Up to 48% of respondents did not know the answers to factual questions regarding DMST. With only 12% feeling confident in identifying a victim, it is apparent that Kansas physicians are in need of more training.

4. Acknowledgement

We acknowledge and thank Kathy Gill-Hopple PhD for providing essential background information and facilitating the research process. We also thank Sue Nyberg, Patricia Bunton, and LaDonna Hale PhD for their assistance in reviewing the survey tool.

5. References

[1] Chisolm-Strike M, Richardson L. Assessment of emergency department provider knowledge about human trafficking victims in the ED." *Acad Emerg Med.* 2007;14(5):134.

[2] Williamson E, Dutch N, Clawson H. *Medical treatment of victims of sexual assault and domestic violence and its applicability to victims of human trafficking.* U.S. Department of Health and Human Services.2010. <http://aspe.hhs.gov/hsp/07/humantrafficking/SA-DV/index.pdf>. Accessed December 1, 2010.