PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Human trafficking and health: a cross-sectional survey of NHS professionals' contact with victims of human trafficking.
AUTHORS	Ross, Claire; Dimitrova, Stoyanka; Howard, Louise; Dewey, Michael; Zimmerman, Cathy; Oram, Sian

VERSION 1 - REVIEW

REVIEWER	Donna E StewartCM, MD, FRCPC University Health Network Centre for Mental Health, University Professor and Senior Scientist University of Toronto, Canada
REVIEW RETURNED	09-Jun-2015

GENERAL COMMENTS	An excellent paper on an important and underserved population. My only suggestions are to include additional examples of abuse on p 5-such as threats of reporting to immigration and child welfare authorities, and confiscation of passport and identification documents. Limitations should mention that the staff of institutions surveyed may not be typical of NHS as they had higher reported victims of trafficking. I also suggest the authors provide brief information on where reports of trafficking should be made as they warn of the dangers of reporting to police. Readers may welcome this information as many do not know!

REVIEWER	Merav Kliner Consultant in Communicable Disease Control Greater Manchester Public Health England Centre, UK
REVIEW RETURNED	17-Jun-2015

GENERAL COMMENTS	This is a well conducted study and I have two major and a number of minor comments. MAJOR My major concern is around the PROTECT survey. The paper does not clearly outline how this was developed or tested. This needs to be described in more detail. The questionnaire was unfortunately not included in the papers to review so I could not read the content of it. My other issue was regarding the reference to testing the survey for 'psychometric properties'. This is not something I am familiar with, but I did not understand what the study was attempting to do, or how it was done, or what the results meant. I think that the authors need to describe this in more detail to ensure that readers who do not

	have a grounding in work around 'psychometric properties' can understand this section. I have suggested that this paper requires statistical review as I did not understand the analysis around this section. MINOR P6, line 29 - suggest adding "in England" so it reads "National Health Service (NHS) professionals in England" p7 - methods - procedure - I think that the authors should provide some further information about how they recruited the participants. When did they complete it? Was it on paper on electronically? p7 - methods - analysis - how were the questionnaires put onto STATA? p 9 - contact with trafficked people - is this 20.4% statistically different from other groups of health professionals? It may be useful to put confidence intervals around these baseline characteristics to help the reader understand if there is any statistical significance. The numbers are very small, so I would be surprised if this was statistically significantly higher than other professional groups. These confidence intervals could be included in table 2, perhaps choosing to include only proportion with prior contact and relevant confidence intervals. p10 - 1st word - "indicators" - do you mean helping professionals to identify that they may be trafficked? This is not clear and could be explained a little more. p11 training - "a tenth (7.8%)" - I don't think 7.8% is a tenth. I would think it would be better to start "7.8% (n=63) of respondents..." p11, line 16 - the brackets are a bit confusing - maybe needs a rethink of how to present the data here P12 line 14 - extra closed bracket References - number 11. The lead author's surname is misspelt - it should read "Kliner". It may be better to reference the published paper rather than a dissertation. The relevant reference would be "Kliner, M. Stroud, L. Psychological and health impact of working with victims of sex trafficking. Journal of Occupational Health 2012, Mar 5; 54(1): 9-15."

REVIEWER	Hanni Stoklosa Harvard Medical School, U.S.A.
REVIEW RETURNED	18-Jun-2015

GENERAL COMMENTS	Page 7 Line 14- how was expert defined? Page 7: Lines 37-40 Healthcare professionals attending face-to-face mandatory child protection and/or vulnerable adults training sessions were asked to participate in the study. Terms “child protection and/or vulnerable adults training sessions” are not obvious to the non-UK reader and may benefit from explanation Page 9 Line 27: what is meant by “clinical awareness” exactly? which set of questions in the appendix?

	Page 10 Line 27 With respect TO, not “of” Page 11 Line 37 highest (delete IN) among Page 12 Line 35-36 In your list of non-represented specialties it may be helpful to include groups like dentists, surgeons, so that people think broadly about the possible other healthcare providers intersecting with trafficking victims. Page 13 Line 3 The statement is made, “and to professionals working in areas known to be places where victims of human trafficking live.”—I am not convinced the data bears this out. I also fear making this recommendation, because I wonder how well we “know” where trafficking victims live. By nature this is a hidden population and we should not make assumptions about their geographic distribution. The ones known to law enforcement are just the tip of the iceberg. Page 18 Line 31, 32—what is meant by other clinical or non-clinical Line 35- what is meant by nonclinical ? Why were nonclinical workers included in the survey at all? If they are not working clinically, how are they interfacing with patients who may be potential victims of trafficking? Page 19 Foot note system has an error The first “1”, next to clinical therapies should likely mirror the content on page 18 under footnote 1. The second “1” under “reason for suspicion should be last under the footnotes, and should be an asterisks instead.

VERSION 1 – AUTHOR RESPONSE

Reviewer 1: Donna E Stewart CM, MD, FRCPC, Institution and Country University Health Network Centre for Mental Health, University Professor and Senior Scientist , University of Toronto, Canada

1. Include additional examples of abuse on p 5-such as threats of reporting to immigration and child welfare authorities, and confiscation of passport and identification documents.

We thank Prof Stewart for this recommendation, and have revised the manuscript accordingly (page 5):

“Victims of human trafficking experience high levels of abuse including physical violence (being hit, kicked, and assaulted with weapons), sexual violence (rape and forced participation in sexual acts), psychological violence (including threats to self and to family, surveillance, humiliation, intimidation), economic restrictions (including confiscation of earnings, restriction of access to funds), and other controlling behaviours, including confiscation of passport and other identity documents and threats to report the victim to immigration, police, and child welfare authorities (3-5)”

2. Limitations should mention that the staff of institutions surveyed may not be typical of NHS as they

had higher reported victims of trafficking.

We agree that this point should be highlighted as a limitation of the study. The manuscript now reads (page 12):

“However, the survey was conducted in secondary care only, and may not be generalisable to primary care or to non-NHS settings. Professionals working in sexual health were also under-represented. The staff and the institutions surveyed may not be typical of the NHS, as study sites were located in police force areas with higher reported victims of trafficking.”

We have also added the following bullet point to the Strengths and Limitations summary (page 4):

“Study sites were located in police force areas with higher reported victims of trafficking (5 or more in the year to 31st December 2012): staff, and the institutions surveyed, may not be typical of the NHS.”

3. I also suggest the authors provide brief information on where reports of trafficking should be made as they warn of the dangers of reporting to police. Readers may welcome this information as many do not know!

Thank you for highlighting this point. As reporting and support arrangements vary between countries, we have provided a reference to best practice guidance on responding to human trafficking in healthcare settings and made the following recommendation:

“In particular, they lack knowledge about how to ask about experiences of human trafficking, how and when to contact law enforcement agencies, and how to make referrals to local and national support services. Healthcare professionals should not contact law enforcement agencies or refer to support organisations without first discussing with their patient what options are available to them and without their patient’s consent (12). Healthcare provider organisations should make available to their staff information about national and local referral options for survivors of human trafficking.”

Reviewer 2: Merav Kliner. Consultant in Communicable Disease Control, Greater Manchester Public Health England Centre, UK

1. My major concern is around the PROTECT survey. The paper does not clearly outline how this was developed or tested. This needs to be described in more detail. The questionnaire was unfortunately not included in the papers to review so I could not read the content of it.

Thank you for highlighting the need for further detail on the development of the PROTECT survey. We have amended this section, which now reads as follows (page 7):

“The PROTECT survey assesses healthcare professionals’ levels of knowledge and attitudes towards human trafficking. Existing human trafficking and violence clinician surveys were reviewed and survey items developed and adapted by LMH, CZ, and SO. Proposed survey items were reviewed by the PROTECT Project Steering Group, a group of academics and clinical academics with expertise in human trafficking, health education, emergency medicine, psychiatry, midwifery, sexual health, and social work (see Acknowledgements) and piloted with healthcare professionals (n=7) and with King’s College London health visitor students (n=40).”

We apologise for the omission of the survey questionnaire from the submission: this has now been uploaded.

2. My other issue was regarding the reference to testing the survey for 'psychometric properties'. This

is not something I am familiar with, but I did not understand what the study was attempting to do, or how it was done, or what the results meant. I think that the authors need to describe this in more detail to ensure that readers who do not have a grounding in work around 'psychometric properties' can understand this section. I have suggested that this paper requires statistical review as I did not understand the analysis around this section.

Thank you for this point. Psychometric analysis was conducted using standard techniques that are described in the literature on measurement scales; we feel that a more detailed explanation of these techniques would be beyond the scope of this paper.

3. P6, line 29 - suggest adding "in England" so it reads "National Health Service (NHS) professionals in England"

Thank you. The paragraph now reads as follows:

The objectives of this study were (1) to estimate the proportion of National Health Service (NHS) professionals in England who have come into contact with victims of trafficking; (2) to measure NHS professionals' knowledge and confidence to respond to human trafficking (including identification, referral, and clinical care).

4. P7 - methods - procedure - I think that the authors should provide some further information about how they recruited the participants. When did they complete it? Was it on paper on electronically?

Thank you. Professionals were recruited from mandatory face to face child protection and vulnerable adults training sessions between August 2013 and April 2014 (page 6). The questionnaire is self-administered (page 7). To provide a clearer explanation of the study procedures, we have added the following information to page 7:

"Procedure: ….Study researchers attended the training sessions and described the study aims and procedures and answered questions about the study before participating professionals completed the self-administered questionnaire."

5. P7 - methods - analysis - how were the questionnaires put onto STATA?

Data were entered into MS Access before being analysed in STATA:

"Data were entered into a MS Access Database and analysed using STATA 12. "

6. p 9 - contact with trafficked people - is this 20.4% statistically different from other groups of health professionals? It may be useful to put confidence intervals around these baseline characteristics to help the reader understand if there is any statistical significance. The numbers are very small, so I would be surprised if this was statistically significantly higher than other professional groups. These confidence intervals could be included in table 2, perhaps choosing to include only proportion with prior contact and relevant confidence intervals.

Thank you. In reporting the prevalence of NHS professionals with previous contact with a victim of human trafficking we have not sought to test whether there are statistically significant differences between clinical disciplines. Due to the relatively small sample sizes we now present the numerator and denominator for the percentages of staff reporting contact with victims of trafficking. The interested reader will be able to use the numerator and denominator to calculate the confidence intervals for prevalence estimates if (s)he so wishes.

7. p10 - 1st word - "indicators" - do you mean helping professionals to identify that they may be trafficked? This is not clear and could be explained a little more.

Thank you for highlighting the need for more clarity here. We have revised the manuscript as follows (page 10):

“Survey participants were asked what were the most important signs or indications that would suggest to them that a patient may have been trafficked: most commonly cited were indicators of psychological distress (23.6%), indicators of physical abuse (12.4%), language barrier, and late presentation or poor engagement with healthcare (both 8.5%).“

8. p11 training - "a tenth (7.8%)" - I don't think 7.8% is a tenth. I would think it would be better to start "7.8% (n=63) of respondents..."

The manuscript now states (page 11):

“Training: Eight percent (7.8%, n=63) of respondents reported…”

9. p11, line 16 - the brackets are a bit confusing - maybe needs a rethink of how to present the data here

Thank you for raising this. We have revised the manuscript, which now reads as follows (page 11):

“Participants who had previously attended training were significantly more likely to report having had contact with a trafficked person (22/63, 34.9%) than those who had not (79/719, 11.0%) (p<0.001).”

10. P12 line 14 - extra closed bracket

This has been removed – thank you.

11. References - number 11. The lead author's surname is misspelt - it should read "Kliner". It may be better to reference the published paper rather than a dissertation. The relevant reference would be "Kliner, M. Stroud, L. Psychological and health impact of working with victims of sex trafficking. Journal of Occupational Health 2012, Mar 5; 54(1): 9-15."

We apologise to the reviewer for this error, which has now been corrected and the reference updated.

Reviewer 3: Hanni Stoklosa, Harvard Medical School, U.S.A.

1. Page 7, Line 14- how was expert defined?

Thank you for this query. As detailed in our response to reviewer 2, we have provided additional detail on the development of the PROTECT survey as follows (page 7):

“Existing human trafficking and violence clinician surveys were reviewed and survey items developed and adapted by LMH, CZ, and SO. Proposed survey items were reviewed by the PROTECT Project Steering Group, a group of academics and clinical academics with expertise in human trafficking, health education, emergency medicine, psychiatry, midwifery, sexual health, and social work (see Acknowledgements) and piloted with healthcare professionals (n=7) and with King’s College London health visitor students (n=40).”

2. Page 7, Lines 37-40 Healthcare professionals attending face-to-face mandatory child protection

and/or vulnerable adults training sessions were asked to participate in the study. Terms “child protection and/or vulnerable adults training sessions” are not obvious to the non-UK reader and may benefit from explanation

Thank you for highlighting this. We have rephrased the sentence as follows:

“Staff attending mandatory, face-to-face training sessions on child protection and/or safeguarding vulnerable adults were asked to participate in the study.”

3. Page 9 Line 27: what is meant by “clinical awareness” exactly? which set of questions in the appendix?

This referred to questions 9 to 17 of the questionnaire. To improve clarity, we now refer to this section as “perceived knowledge of human trafficking” throughout the manuscript.

4. Page 10 Line 27 With respect TO, not “of”

This has now been amended.

5. Page 11 Line 37 highest (delete IN) among

This has now been amended.

6. Page 12 Line 35-36 In your list of non-represented specialties it may be helpful to include groups like dentists, surgeons, so that people think broadly about the possible other healthcare providers intersecting with trafficking victims.

Thank you for this point. We agree that it is important to highlight dentistry as a discipline that may come into contact with trafficked people as studies with survivors of human trafficking suggest a high prevalence of dental problems. Similarly, termination of pregnancy services may be seeing female survivors of trafficking. We have therefore amended the paragraph as follows (page 12):

“However, the survey was conducted in secondary care only, and may not be generalisable to primary care or to non-NHS settings. Professionals working in dentistry, sexual health and termination of pregnancy services were also under-represented.”

7. Page 13 Line 3 The statement is made, “and to professionals working in areas known to be places where victims of human trafficking live.”—I am not convinced the data bears this out. I also fear making this recommendation, because I wonder how well we “know” where trafficking victims live. By nature this is a hidden population and we should not make assumptions about their geographic distribution. The ones known to law enforcement are just the tip of the iceberg.

Thank you for raising this point. We agree that the victims that come into contact with law enforcement and other services are likely to represent just a fraction of the total number, and therefore recommend that training is targeted at professionals working in the key clinical disciplines such as maternity services, mental health, paediatrics and emergency medicine. The study sites for this research were located in police force areas in which higher numbers of trafficked people had previously been identified (<5 in the year to 31st December 2012): we believe the high prevalence of reported contact with trafficked people across these sites supports the recommendation that training is likely to be particularly relevant to professionals in areas such as these.

8. Page 18 Line 31, 32—what is meant by other clinical or non-clinical

Other clinical includes several clinical disciplines not presented separately in the table. We have added the following footnote to the table (page 18):

“Other clinical disciplines e.g., endocrinology, haematology, infectious diseases, neurology, oncology, ophthalmology, orthopaedics, etc.”

Non-clinical includes NHS professionals who do not have a clinical role. We have added the following footnote to the table:

“Non-clinical includes, e.g. administrators, chaplains, porters, receptionists, etc.”

9. Page 18 Line 35- what is meant by nonclinical ? Why were nonclinical workers included in the survey at all? If they are not working clinically, how are they interfacing with patients who may be potential victims of trafficking?

All NHS professionals, including non-clinical professionals such as receptionists, administrators, and porters, are required to undertake child protection and vulnerable adults training. These non-clinical professionals may come into contact with victims of trafficking for example when scheduling appointments and in hospital waiting areas.

10. Page 19 Foot note system has an error The first “1”, next to clinical therapies should likely mirror the content on page 18 under footnote 1. The second “1” under “reason for suspicion should be last under the footnotes, and should be an asterisks instead.

Thank you for highlighting this problem, which has now been addressed.

VERSION 2 – REVIEW

REVIEWER	Merav Kliner Consultant in Communicable Disease Control (Greater Manchester) Public Health England North West
REVIEW RETURNED	06-Jul-2015

GENERAL COMMENTS	Minor suggestion would be to ensure that all percentages have same formatting I.e. One decimal place, or none but not a mixture of the two.