

**Submission Id:** 5156

**Title**

*Improving knowledge and readiness to manage human-trafficking at a community-clinic: A trauma informed intervention*

**Priority 1 (Research Category)**

Community based participatory research

**Presenters**

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**Abstract**

Context: Primary care can address the diverse health consequences of human trafficking (HT). Knowledge and skills in trauma-informed care (TIC) are required to care for HT survivors to prevent retraumatization. Prior to implementing a primary care referral for HT survivors in 2021, a baseline TIC assessment of clinic personnel about their self-perceived preparedness to deliver TIC was performed. A TIC training session was then delivered through a community partnership. A repeat assessment performed a year after training illustrates the effectiveness and acceptability of TIC training in primary care.

**Objective:**

The objective of this study was to investigate the impact of a community-based intervention on self-reported knowledge and attitudes towards TIC among clinicians in a community clinic.

**Study Design:**

A validated tool from the National Council on Mental Health and Well Being was used to obtain a baseline TIC assessment on six change concepts. The knowledge and attitudes of clinicians were also evaluated. A TIC training workshop which was then delivered to all personnel. The assessment tool and recorded workshop remained available to all new staff. In late 2022, a repeat assessment was performed. Data was compared between cohort 1 (baseline) and cohort 2 (intervention group).

Setting: Primary care community clinic in Dallas, Texas.

Population Studied: Clinic personnel with direct patient care involvement.

Intervention: A TIC training workshop provided in partnership with a community anti-violence and human rights agency.

Outcome measures: Assessment responses from both cohorts were analyzed. Qualitative feedback about the training session was also obtained.

Results: A total of 25 responses were obtained from both cohorts (14 in Cohort 1 and 11 in Cohort 2). A lack in knowledge about TIC and confidence in addressing patient trauma was identified by 57% of respondents in Cohort 1, compared to 27% in Cohort 2. The top identified barriers to implementing TIC identified within Cohort 1 were lack of training in trauma (64%) and patients non-communication (64%). The top barriers identified within Cohort 2 were lack of training in trauma (27%) and patient non-adherence to treatment (27%).

Conclusions: Offering TIC training to primary care clinicians is well accepted and decreases gaps in knowledge and confidence.