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## Barriers to Identifying Trafficked Youth in the Vermont Healthcare Setting

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## Authors

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## Introduction

- Human trafficking is a compelling public health issue affecting victims' physical and psychological health.
- Victims are at increased risk of acute and chronic health problems.
- Little data is known about domestic human trafficking, but it is estimated that between 244,000 and 325,000 youth are at risk for sexual exploitation<sup>(1)</sup>.
- Studies **show 1 out of 3 teens are lured toward prostitution within 48 hours** of leaving home and the average age of entry into prostitution is 12-14<sup>(2)</sup>.
- Victims of human trafficking often share common characteristics: few opportunities for education, little family support, history of physical and/or sexual abuse, and coming from areas of high poverty and crime.
- Anyone can be a victim of human trafficking, the key is vulnerability<sup>(3)</sup>.
- The legal definition of human trafficking in the US is divided into 3 populations:**
  - Minors (under age 18) involved in commercial sex.**
  - Those age 18 or older involved in commercial sex via force, fraud or coercion.**
  - Children and adults forced to perform labor and/or services in conditions of involuntary servitude, peonage, debt bondage, or slavery via force, fraud or coercion.**
- There are many barriers to identifying victims of human trafficking such as the violent and intimidating nature of the crime that keeps victims from self-identifying and the lack of awareness of the crime.
- One study showed **28-30% of victims come in contact with a health care provider while in a trafficking situation**<sup>(4)</sup>.
- Healthcare providers have a unique opportunity to identify, interact with and provide support to victims.

## Objectives

- To identify the barriers to Vermont at-risk youth in accessing healthcare services and disclosing victimization.
- To identify the barriers to providers in identifying Vermont at-risk youth as potential trafficking victims.

## Literature Review

- Reviewed research on prevalence and practices of human trafficking in VT, the US, and the world.
- Evaluated the screening tools available to healthcare providers to identify victims of human trafficking and the protocols for identifying and supporting victims.

## Answering the Question

- Ensured safe and equitable standards in conducting our research among our survey participants, following IRB protocol.
- Anonymously surveyed at-risk youth ages 12-23\* on their experiences with characteristics indicating trafficking and the healthcare system with a multiple choice and free response survey at drop-in centers in Chittenden, Windham, Caledonia and Windsor counties. \*One youth surveyed was 24 years old.
- Anonymously surveyed a broad spectrum of healthcare providers across the state, evaluating their awareness of the issue and their ability to identify victims of trafficking with a multiple choice and free response survey.

## Data Analysis

- Responses from 104 healthcare provider surveys and 98 youth surveys were compiled and analyzed using SPSS.
- Conclusions and recommendations will be made to VT's Human Trafficking Taskforce.



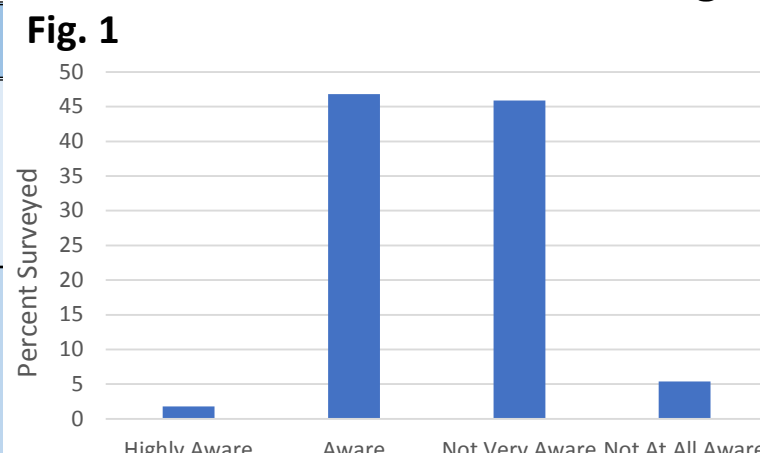
## Methods

## Health Provider Survey Results

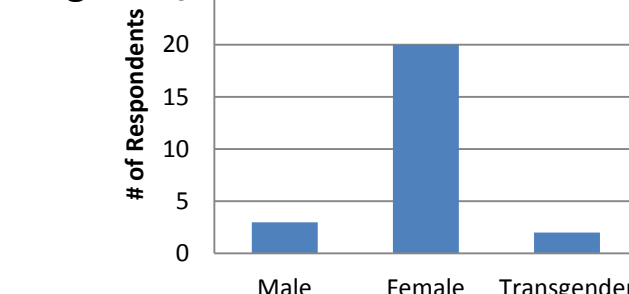
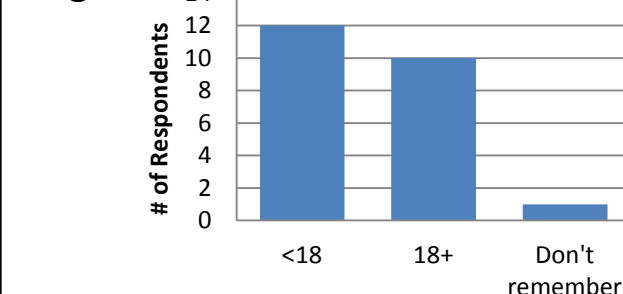
### Demographics

Table 1.		% Total Responses
County		
	Addison	6.7
	Caledonia	5.7
	Chittenden	79.9
	Washington	7.7
Profession		
	Physician	77.9
	Nurse	7.6
	Other	8.7
	Unknown	5.8

### Awareness of Human Trafficking



### Providers Identify Characteristics of Potentially Trafficked Youth

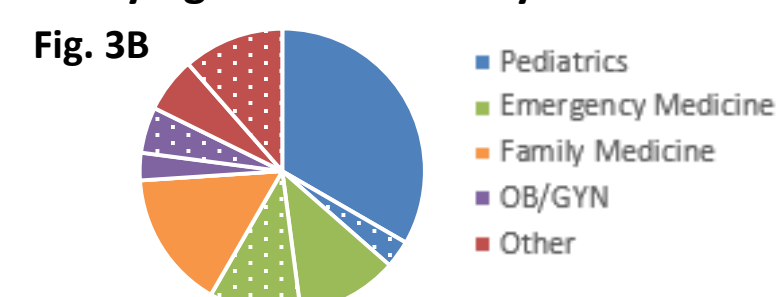


19.1% of providers indicated seeing between 1-5 potentially trafficked youth. The top characteristics they identified were STIs, inappropriate clothing, and inappropriate cell phone use. **Fig. 2A** The age of the youth identified by these providers. **Fig. 2B** The sex of the youth identified by these providers.

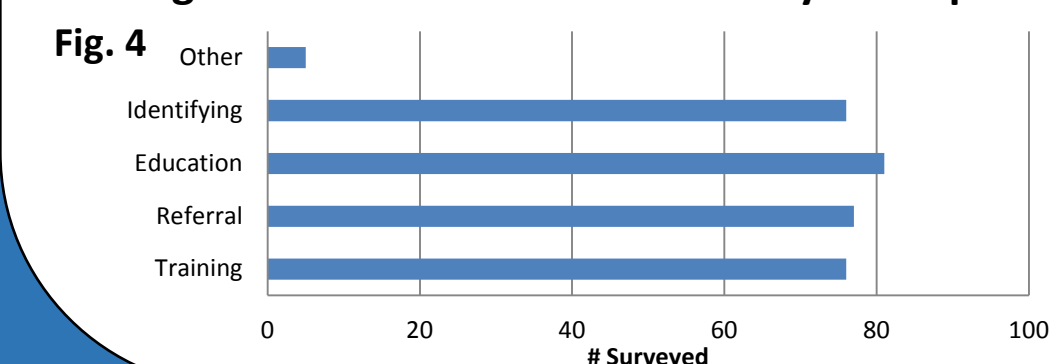
### A Potential Barrier to Identifying Youth Who May Be Trafficked



**Fig. 3A** Percentage of physicians surveyed by specialty. **Fig. 3B** Percentage of physicians by specialty that interview patients alone more than 50% of the time (solid color) and less than 50% of the time (dotted colors).



### Challenges Identified that Hinder Ability to Help Trafficked Youth



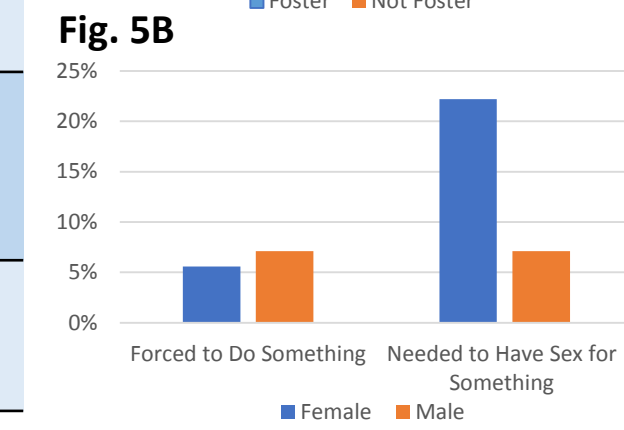
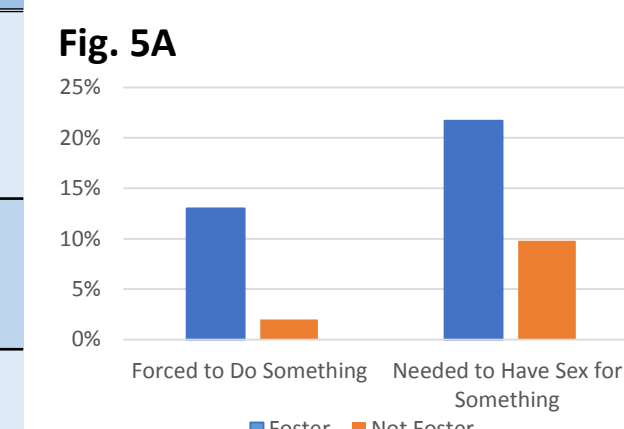
**Fig. 4** Providers indicated the need for help identifying, training, education, and referral services regarding human trafficking.

## Youth Survey Results

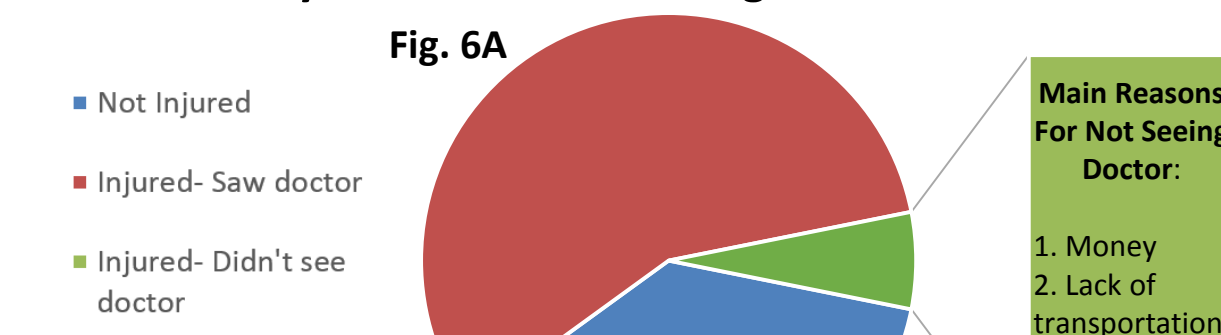
### Demographics

Table 2.		% Total Responses
County		
	Caledonia	15.3
	Chittenden	31.6
	Windham	39.8
	Windsor	13.3
Age		
	12-14	2.0
	15-17	24.5
	18-23	73.5
Gender		
	Male	42.9
	Female	55.1
	Other	2.0
Sexual Orientation		
	Heterosexual	66.3
	Homosexual	7.1
	Bisexual	21.4
Foster Care System		
	No	52.6
	Yes	47.4

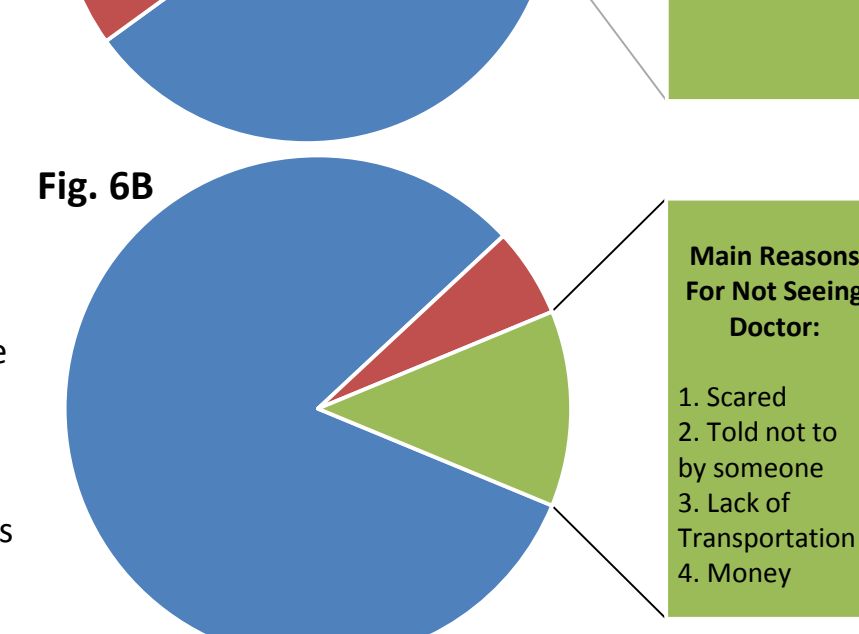
### Characteristics Indicating a High Likelihood of Trafficking



### Youth Identify Barriers to Accessing Healthcare Providers



**Fig. 6A** Youth who chose not to see a doctor after non-human trafficking related injuries identified barriers to care. **Fig. 6B** Youth who chose not to see a doctor following survival sex and/or being forced to have sex identified barriers to care.



## Discussion & Analysis

### Provider

- Healthcare provider data largely came from Chittenden County. There are a wide variety of specialties represented.
- Only 49% of healthcare providers reported being aware of human trafficking as a potential issue for at-risk youth in Vermont.
- Of those healthcare providers that indicated treating youth victims of trafficking, 52% described these victims as under 18 years of age and 80% being female.
- 19.2% of physicians interview youth patients alone less than half of the time.
- 100% of Family Medicine, 91% of Pediatric, 52% of Emergency Medicine, 38% of OB/GYN, and 35% of other specialty physicians interview youth patients alone more than half the time.
- 77.9 % of providers desire education regarding human trafficking, 73.1 % additional training, 74% knowledge of referral services and 73.1% tools to identify victims.

### Youth

- At-risk youth were surveyed at youth centers in four counties within Vermont.
- 13% of youth who had been in foster care described being forced to do something they did not want to and 22% described needing to have sex for something as compared to 2% and 10% respectively of youth not having been in foster care.
- Of youth who were injured as a result of needing to have sex for something or being forced to do something, 69% did not go to the doctor. Only 11% youth who when hurt for other reasons did not go to the doctor.
- Youth who were hurt when being forced to do something and/or having to engage in survival sex reported being hurt in the following ways:
  - Bruises (80%), sadness (73%), pain (60%), pregnancy (20%), STD (7%), and a broken bone (7%)
- Reasons for not going to the doctor after these high-risk situations included:
  - Being scared (78%), being told by someone not to go (44%), no transportation (22%), and no money (11%)

## Conclusions

- Increased awareness regarding human trafficking in Vermont is needed.
- Healthcare providers desire more education, training, and referral information.
- Vermont youth participate in activities suggestive of human trafficking.
- Vermont youth who were injured as a result of survival sex and/or being forced to have sex and use/sell drugs indicated the following barriers to care:
  - Being scared, being told not to go by someone else, lack of transportation and money.
- Youth with a history in the foster care system appear to be at greater risk for trafficking, survival sex and fear of accessing medical care.
- Additional research is needed to understand the extent of human trafficking in Vermont and the barriers to identification.

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