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Barriers to Identifying Trafficked Youth in the Vermont Healthcare Setting

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University of Vermont College of Medicine; Give Way to Freedom; Fletcher Allen Health Care

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⁽¹⁾.
- 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⁽²⁾.
- 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⁽³⁾.
- 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⁽⁴⁾.
- 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

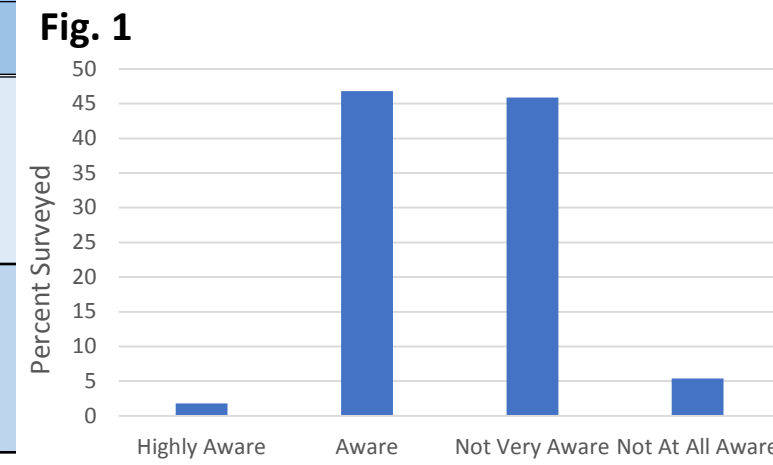
Health Provider Survey Results

Demographics

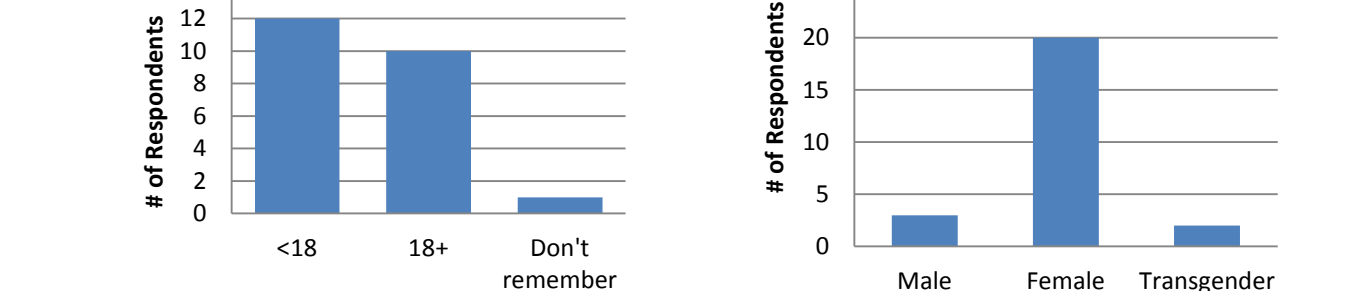
County	% Total Responses
Addison	6.7
Caledonia	5.7
Chittenden	79.9
Washington	7.7

Profession	% Total Responses
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

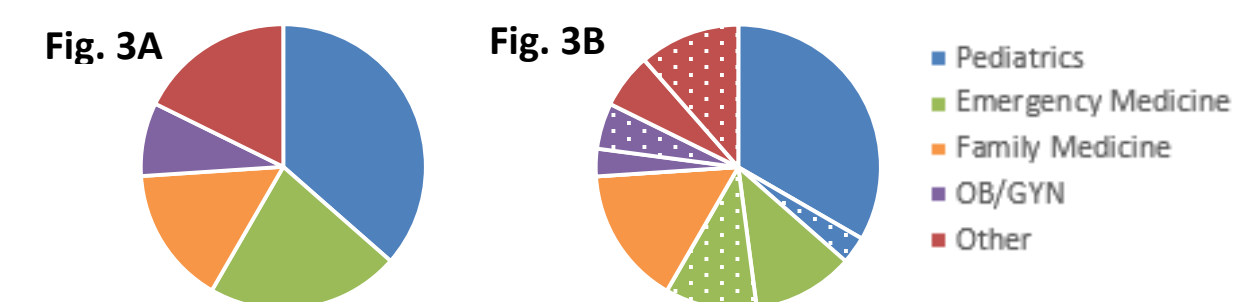


Fig. 3A Percentage of physicians surveyed by specialty. Fig. 3B Percentage of physicians by specialty that interview patients alone more than 50% of the time (solid color) and less than 50% of the time (dotted colors).

Challenges Identified that Hinder Ability to Help Trafficked Youth

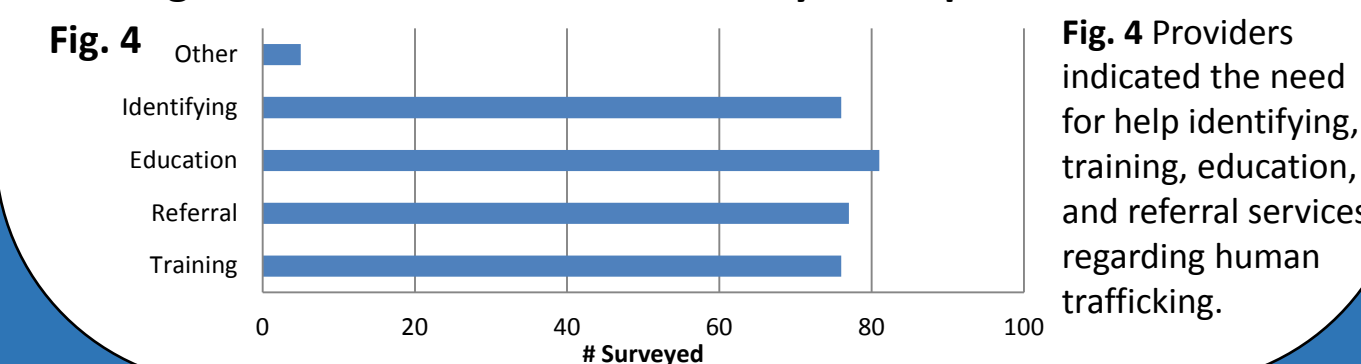


Fig. 4 Providers indicated the need for help identifying, training, education, and referral services regarding human trafficking.

Youth Survey Results

Demographics

County	% Total Responses
Caledonia	15.3
Chittenden	31.6
Windham	39.8
Windsor	13.3

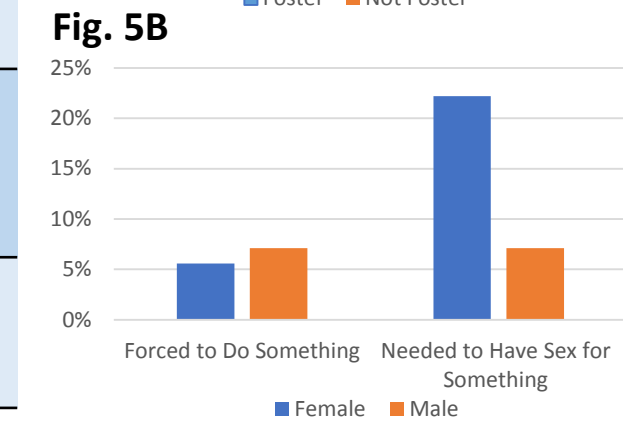
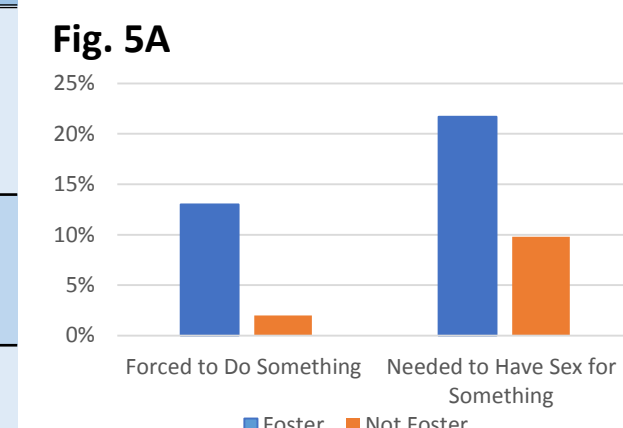
Age	% Total Responses
12-14	2.0
15-17	24.5
18-23	73.5

Gender	% Total Responses
Male	42.9
Female	55.1
Other	2.0

Sexual Orientation	% Total Responses
Heterosexual	66.3
Homosexual	7.1
Bisexual	21.4

Foster Care System	% Total Responses
No	52.6
Yes	47.4

Characteristics Indicating a High Likelihood of Trafficking



Youth Identify Barriers to Accessing Healthcare Providers

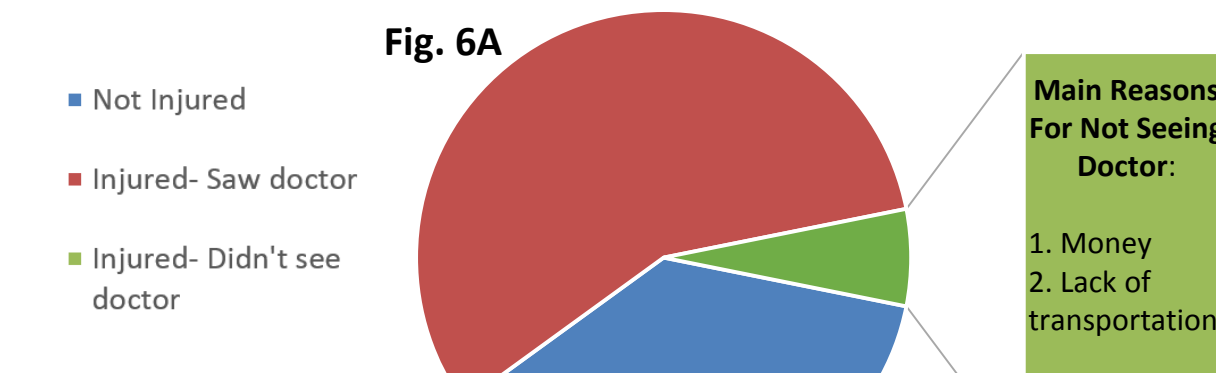
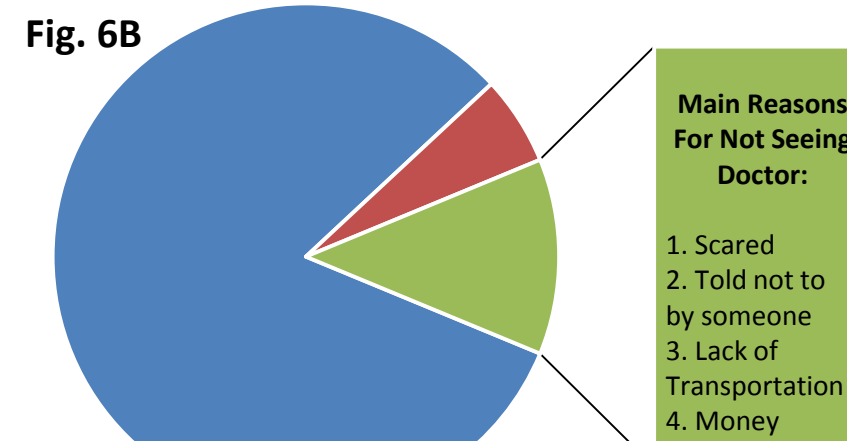


Fig. 6A Youth who chose not to see a doctor after non-human trafficking related injuries identified barriers to care. Fig. 6B Youth who chose not to see a doctor following survival sex and/or being forced to have sex identified barriers to care.



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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