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Barriers to Identifying Trafficked Youth in the Vermont Healthcare Setting

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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 victims come in contact with the healthcare system with a multiple choice and free response survey at drop-in centers in Chittenden, Windham, Caledonia, and Windsor counties.

• 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).

• 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.

• The legal definition of human trafficking in the US is divided into 3 populations:
  - Minors (under age 18) involved in commercial sexual exploitation.
  - 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 due to the violent, exploitative, and intimidating nature of the crimes that keep 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.

• 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.

• To evaluate the screening tools available to healthcare providers to identify victims of human trafficking and the protocols for identifying and supporting victims.

• To ensure safe and equitable standards in conducting our research among our survey participants, following IRB protocol.

• Anonymously surveyed at-risk youth ages 12-23 in their experience 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

• 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.

• 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 who identified 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.

• Only 49% of healthcare providers reported being aware of human trafficking as a potential issue for at-risk youth in Vermont.

• 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.

• 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.

• At-risk youth were surveyed at youth centers in four counties within Vermont. 1.3% 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% who went 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%), sadism (73%), pain (60%), pregnancy (20%), STD (7%),
  - A broken bone (7%) and
  - Reasons for not going to the doctor after these high-risk situations included:
    - Scared (78%), being told by someone not to go (44%),
    - No transportation (22%), and no money (11%)

Health Provider Survey Results

Provider Characteristics of Potentially Trafficked Youth

<table>
<thead>
<tr>
<th>Provider</th>
<th>Total Surveyed</th>
<th>STIs</th>
<th>Inappropriate Clothing</th>
<th>Inappropriate Cell Phone Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>77.9</td>
<td>77.9</td>
<td>77.9</td>
<td>77.9</td>
</tr>
<tr>
<td>Nurse</td>
<td>7.6</td>
<td>7.6</td>
<td>7.6</td>
<td>7.6</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

Youth Survey Results

Youth Identify Barriers to Accessing Healthcare Providers

<table>
<thead>
<tr>
<th>Reason</th>
<th>Not Injured</th>
<th>Injured-Saw Doctor</th>
<th>Injured-Didn’t See Doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>52.6%</td>
<td>20.8%</td>
<td>26.6%</td>
</tr>
<tr>
<td>Yes</td>
<td>45.2%</td>
<td>20.5%</td>
<td>34.3%</td>
</tr>
</tbody>
</table>

Youth Identify Characteristics of Potentially Trafficked Youth

Characteristics Indicating a High Likelihood of Trafficking

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>% Surveyed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bruises</td>
<td>80%</td>
</tr>
<tr>
<td>Sadness</td>
<td>73%</td>
</tr>
<tr>
<td>Pain</td>
<td>60%</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>20%</td>
</tr>
<tr>
<td>STD</td>
<td>7%</td>
</tr>
</tbody>
</table>

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:

1. Scared
2. Told not to go by someone else
3. Lack of transportation

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:

1. Scared
2. Told not to go by someone else
3. Lack of transportation

Healthcare providers desire more education, training, and referral information.

References


Discussion & Analysis

• 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:
  - Scared, being told not to go by someone else, lack of transportation and money.

• Youth with experience 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.