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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

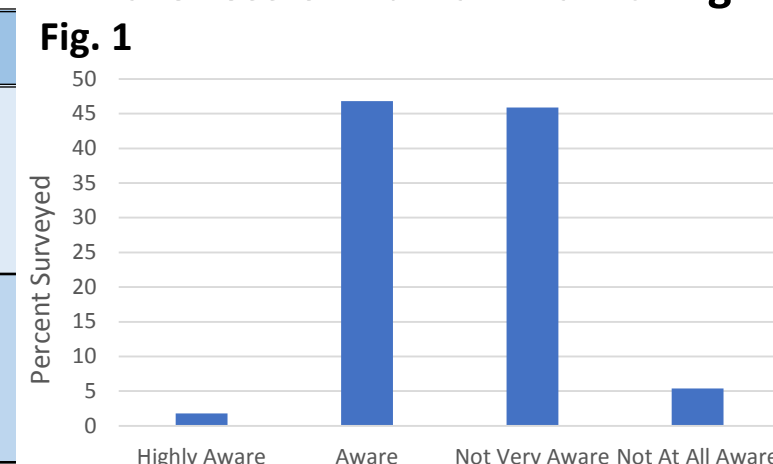
Health Provider Survey Results

Demographics

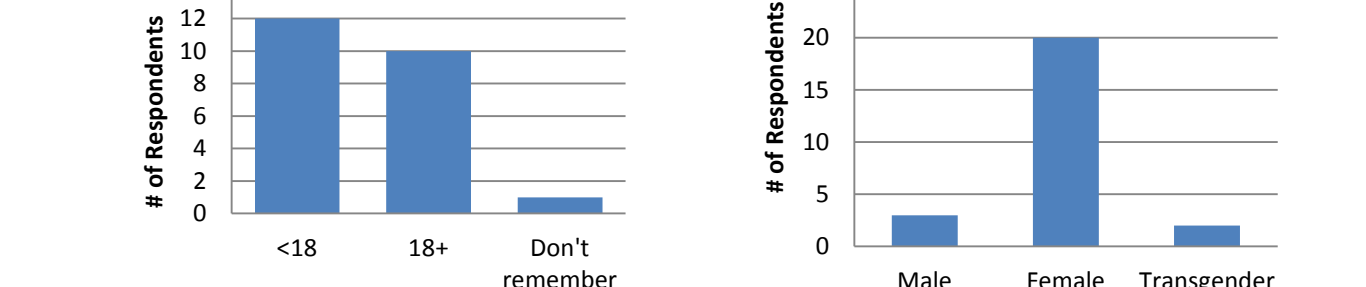
| County | % Total Responses |
|------------|-------------------|
| Addison | 6.7 |
| Caledonia | 5.7 |
| Chittenden | 79.9 |
| Washington | 7.7 |

| 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

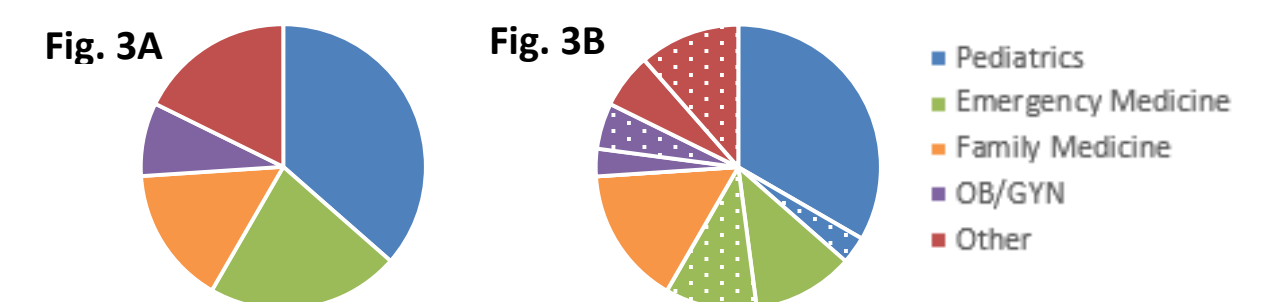


Fig. 3A Percentage of physicians surveyed by specialty. **Fig. 3B** Percentage of physicians by specialty that interview patients alone more than 50% of the time (solid color) and less than 50% of the time (dotted colors).

Challenges Identified that Hinder Ability to Help Trafficked Youth

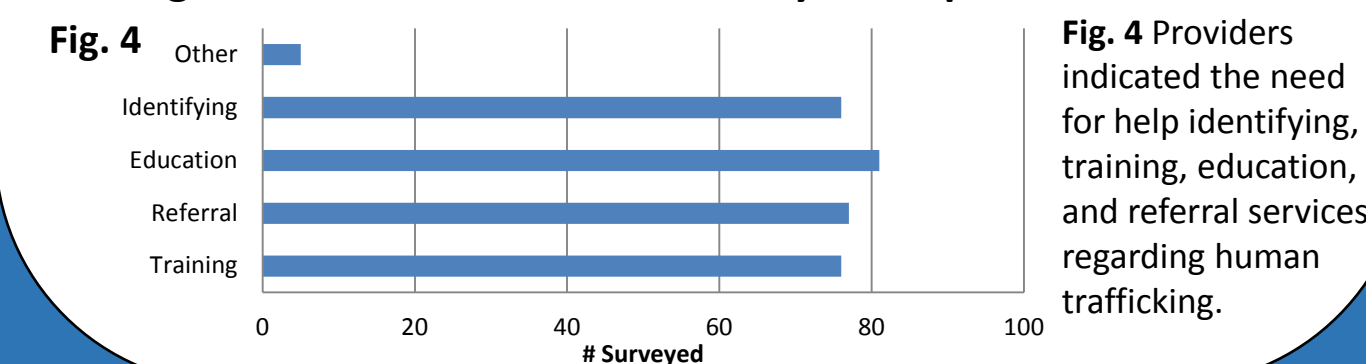


Fig. 4 Providers indicated the need for help identifying, training, education, and referral services regarding human trafficking.

Youth Survey Results

Demographics

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

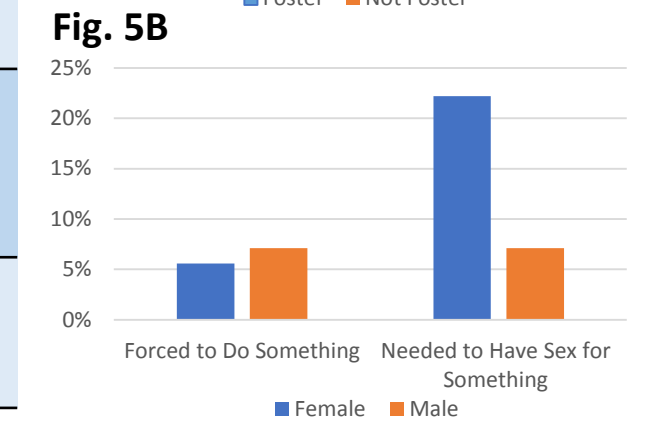
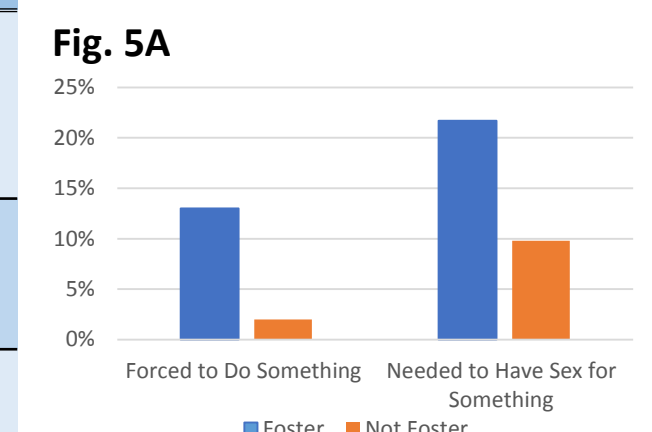
| Age | % Total Responses |
|-------|-------------------|
| 12-14 | 2.0 |
| 15-17 | 24.5 |
| 18-23 | 73.5 |

| 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

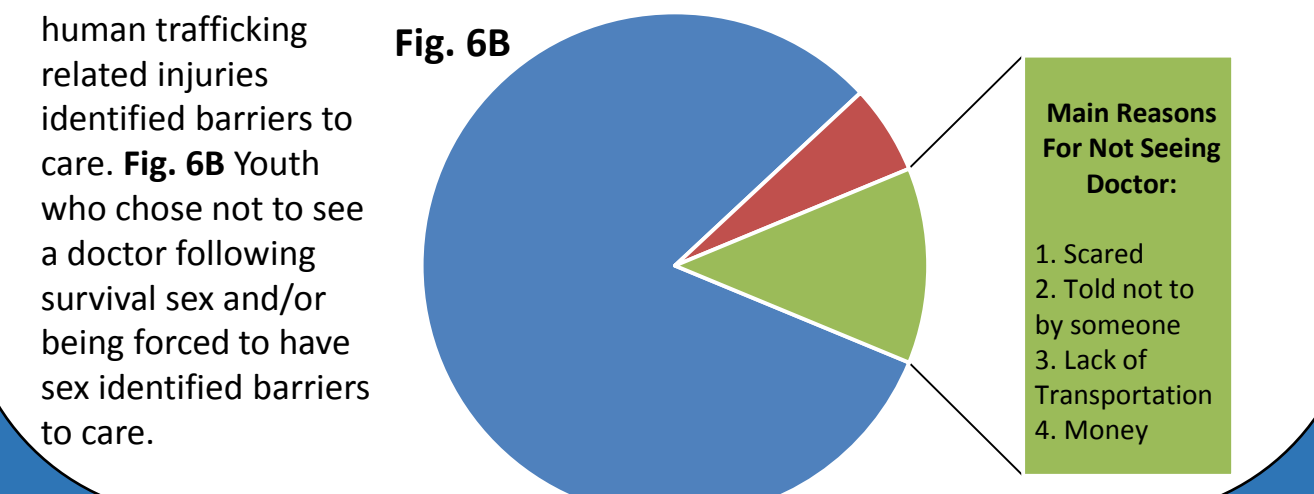
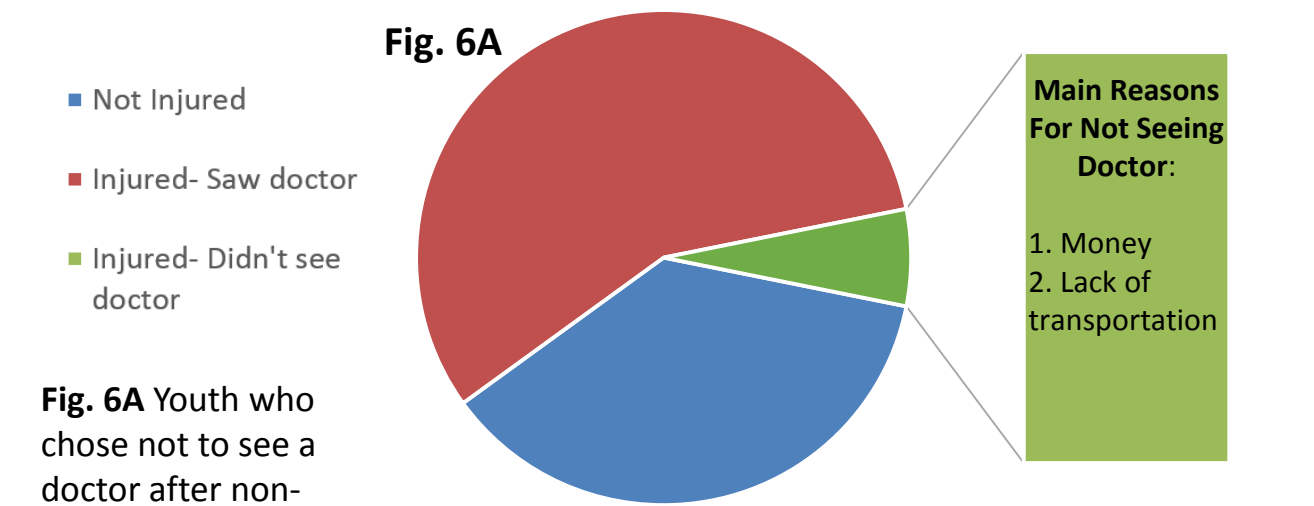


Fig. 6A Youth who chose not to see a doctor after non-human trafficking related injuries identified barriers to care. **Fig. 6B** Youth who chose not to see a doctor following survival sex and/or being forced to have sex identified barriers to care.

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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