ASSESSING SUBSTANCE USE COUNSELORS’ KNOWLEDGE OF AND ATTITUDES TOWARDS DOMESTIC MINOR SEX TRAFFICKING TO IMPROVE REFERRALS TO PEDIATRIC AND MENTAL HEALTH SERVICES

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INTRODUCTION

- Commercial sexual exploitation of children (CSEC) is a growing global health concern[1].
  - ~150,000 – 300,000 children are at risk
  - Typical age of entry into CSEC is 12-14 years
- When children being sexually exploited are citizens or legal residents of the United States, this is Domestic Minor Sex Trafficking (DMST).
- Healthcare providers are not asking patients about trafficking.
  - Of 107 commercially sexually exploited children assessed[2],
    - 88% were seen by a healthcare provider during the time they were being trafficked
    - 0% indicated that they were asked by their provider about a history of trafficking
- A study of medical students, residents, and practicing physicians indicated[3],
  - 30% of medical students and residents did not consider it important to know about human trafficking
  - >80% of medical students and residents did not know who to call if they encountered a trafficked patient

SURVEY

- Substance use is more common in this population
  - In one study, 88% of patients referred to a hospital clinic for DMST reported using substances[3]
- Substance use is a risk factor for, a possible method of, and a consequence of human trafficking

EDUCATIONAL MATERIAL

When speaking to clients about trafficking...

<table>
<thead>
<tr>
<th>Health Risks</th>
<th>Medical</th>
<th>Behavioral</th>
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</thead>
<tbody>
<tr>
<td>Risks</td>
<td>Bruses/Cuts/Fractures</td>
<td>PTSD</td>
</tr>
<tr>
<td>Resources</td>
<td>National Human Trafficking Hotline</td>
<td>Girls Educational &amp; Mentoring Services</td>
</tr>
</tbody>
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Don’t Be Afraid to Ask

<table>
<thead>
<tr>
<th>Attitudes/Experiences:</th>
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<tbody>
<tr>
<td>1. I have asked patients about possible history of DMST.</td>
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<tr>
<td>2. I feel confident that I could identify clients who have history of DMST.</td>
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<td>3. I feel comfortable asking clients about their experiences with DMST.</td>
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<td>4. I have encountered clients who were engaged in DMST.</td>
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<td>5. It is important for my clinical work that I know about domestic minor sex trafficking (DMST).</td>
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<td>6. I would feel uncomfortable working with children who have been commercially sexually exploited.</td>
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<tr>
<td>7. I would know the proper people to call and/or refer my client to if I learned they had a history of DMST.</td>
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Terms to Avoid

<table>
<thead>
<tr>
<th>DMST Screening Tools</th>
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<tbody>
<tr>
<td>Trafficking Victim</td>
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<tr>
<td>Ping/Prostitute</td>
</tr>
<tr>
<td>Sex worker</td>
</tr>
<tr>
<td>Coercion</td>
</tr>
<tr>
<td>Call girl</td>
</tr>
<tr>
<td>Escort</td>
</tr>
<tr>
<td>Trader</td>
</tr>
<tr>
<td>Regal</td>
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</tbody>
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Currently

- Highly sexualized behavior or dress
- Angry/aggressive with staff
- Depressed mood/flat affect
- Signs of drug use (acute and chronic)
- Someone is speaking for them
- Suspicious tattoos/branding
- Patient reluctant to speak about injuries

History

- Pregnancy at young age
- Early sexual initiation
- STIs/UTIs
- Running away
- Traumatic at school
- Physical/sexual abuse
- Child protective services
- Foster or group home

FUTURE STEPS

- Administering the Survey:
  - Organizing a time that will work with New York State Office of Alcoholism and Substance Abuse Services
  - Discussing whether online survey/intervention would be more appropriate and reach more counselors
- Live Educational Intervention
  - Depending on the results of the survey, a live educational intervention could be provided for CASACs
  - This would provide greater detail and training regarding suspicion of trafficking, talking to people about trafficking, and the health sequelae of trafficking
  - It is hypothesized that more training would better prepare the counselors to identify people who have been trafficked and more knowledgeable about the resources (community, mental health, medical) for referrals.

CONCLUSIONS

- CASACs are in a unique position to screen clients for CSEC and refer them to care.
- Assessing their knowledge of and attitudes towards CSEC will allow us to develop an intervention to address knowledge gaps and misconceptions.
- This may improve referrals to health care services and ultimately lead to improved health outcomes and communication between systems.

REFERENCES


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