

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[5] ...
 - 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
- 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 recruitment into, and often contributes to continued involvement in commercial sexual exploitation.
- In New York State, Credentialed Alcoholism and Substance Abuse Counselors (CASACs) are on the front lines and, thus, are in a unique position to...
 - Treat youth with substance use
 - Screen youth for commercial sex exploitation
 - Refer them for mental health and pediatric care
- There has been minimal published regarding CASACs' knowledge of and attitudes towards DMST.

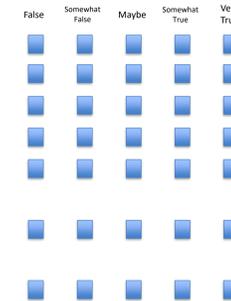
OBJECTIVE

- To assess via a survey CASACs' knowledge of and attitudes towards DMST
- To use the results of this needs-assessment to develop for CASACs a brief educational intervention

SURVEY

Attitudes/Experiences:

- I have asked patients about possible history of DMST.
- I feel confident that I could identify clients who have history of DMST.
- I feel comfortable asking clients about their experiences with DMST.
- I have encountered clients who were engaged in DMST.
- It is important for my clinical work that I know about domestic minor sex trafficking (DMST)
- I would feel uncomfortable working with children who have been commercially sexually exploited.
- I would know the proper people to call and/or refer my client to if I learned they had a history of DMST.



It is considered trafficking when:

- A 16-year-old has sex with someone in order to have a place to sleep.
- A 13-year-old feels pressured by significant other to have sex with someone else.
- A 16-year-old has sex with someone in order to receive marijuana
- A 15-year-old is given \$10 to send a photo in which they are nude.
- A 15-year-old uses an app to find a sexual partner and willingly has sex with a 30-year-old.



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.

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EDUCATIONAL MATERIAL

When speaking to clients about trafficking...

Don't Be Afraid to Ask	Terms to Avoid
Has anyone ever threatened you or your family?	Trafficking Victim
Have you ever been forced to do work you don't want to do?	Pimp/Prostitute
Has anyone ever physically harmed you?	Sex worker
Tell me about your tattoo.	Coercion
Do you feel trapped in your situation?	Call girl
Has someone ever asked you to have sex with someone else?	Escort
Did you ever feel pressured to do something that you didn't want to do or felt uncomfortable doing?	Trafficker
	Illegal

Signs that raise suspicion...

Currently	History
<ul style="list-style-type: none"> Highly sexualized behavior or dress Angry/aggressive with staff Depressed mood/flat affect <ul style="list-style-type: none"> Signs of drug use (acute and chronic) Someone is speaking for them Suspicious tattoos/ branding Patient reluctant to speak about injuries 	<ul style="list-style-type: none"> Pregnancy at young age Early sexual initiation <ul style="list-style-type: none"> STIs/UTIs Running away Truancy at school Physical/sexual abuse Child protective service Foster or group home

Health Risks

Medical	Bruises/Cuts/ Fractures	STIs/UTIS/ Genital trauma	Headaches/ Migraines	Weight loss/ Malnutrition	High blood pressure
Behavioral	PTSD	Anxiety	Depressed	Shame/ Guilt	Suicidal thoughts/ Self-harm

Resources

National Human Trafficking Hotline 1(888)373-7888 24/7 hotline for providers and victims	Girls Educational & Mentoring Services gems-girls.org New York-based organization providing many services for victims	Polaris Project polarisproject.org National organization collecting data and providing further resources
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