

**National Human Trafficking Hotline
1-888-3737-888**

**Human
Trafficking:
The Role of the
Medical
Professional**

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Objectives

- Review the **definition** of human trafficking and understand the **scope**
- Know why this training is **important** to health care providers
- Understand challenges in **identifying** victims of trafficking
- Understand challenges in **providing care** to survivors of human trafficking
- Understand challenges in **creating a multidisciplinary healthcare model for survivor care**

Definition

- Modern Day term for **SLAVERY**
- United Nations Office on Drugs and Crime Definition:
 - The act of recruitment, transportation, transfer, harbouring or receipt of persons,
 - by means of the threat or use of force, fraud, or coercion
 - for the purpose of exploitation

Why you? Why now?

- U.S. Department of State *2013 Trafficking in Persons Report* “focuses on victim identification as a top priority in the global movement to combat trafficking in persons”
- The *2017 Report* expanded into the public health arena
- During the 83rd Texas Legislative session, HB 1272 was enacted and became effective on 6/14/2013
- Mandates that the Human Trafficking Prevention Task Force will:
 - Develop a standardized curriculum and train **doctors, nurses, emergency medical services personnel**, teachers, school counselors, and school administrators to identify victims of human trafficking

Types of Human Trafficking

○ Sex Trafficking

- 20% of trafficking victims worldwide
- Street prostitution, brothels, cantinas, spas, massage parlors, pornography, mail-order brides, truck stops, online Craigslist, Backpage.com

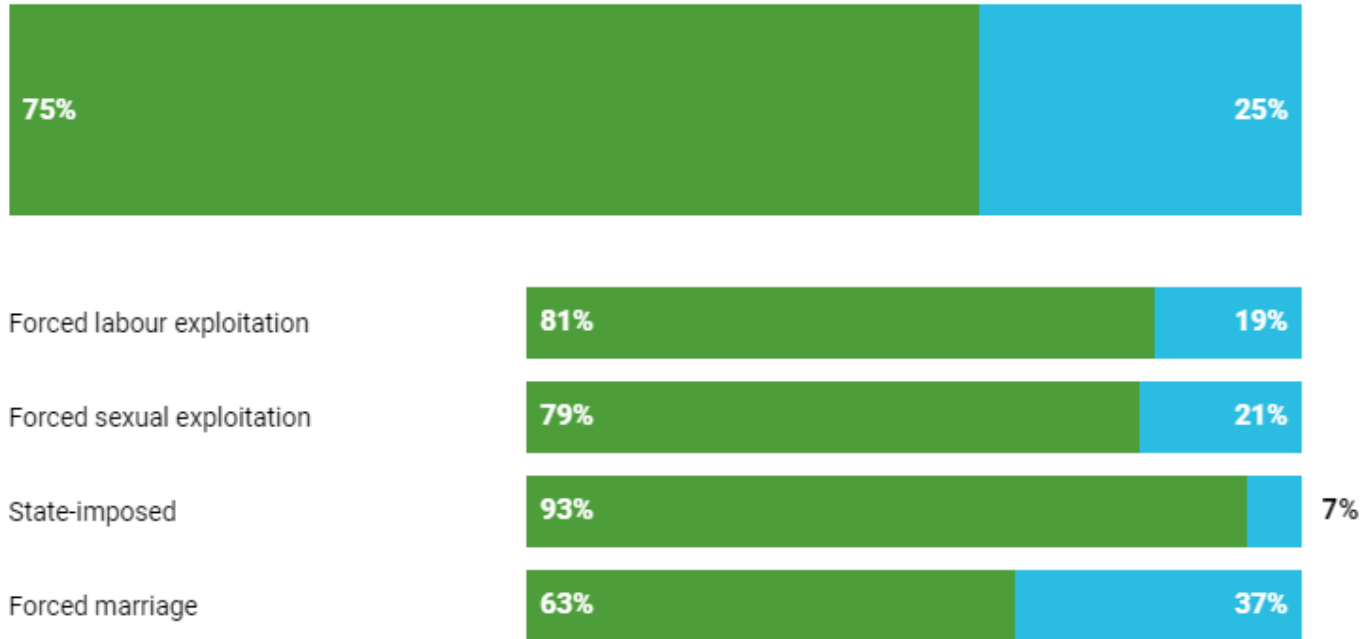
○ Forced Labor Trafficking

- 80% of trafficking victims worldwide
- Domestic servitude, construction, agriculture, sweatshops, hotel housekeepers, restaurant bus boys, nail salons, landscapers, child miners, door-to-door sales

Extent of the Problem Globally

- 25 million slaves worldwide
 - 17.7 million women/girls (71%)
 - 7.2 million men/boys (29%)
- 2nd only to illegal drug and arms trade
 - \$150 billion industry
 - Profits greater than Apple, Google, Samsung, IBM, & Microsoft **combined**

Modern Slavery



Modern slavery by age of victim

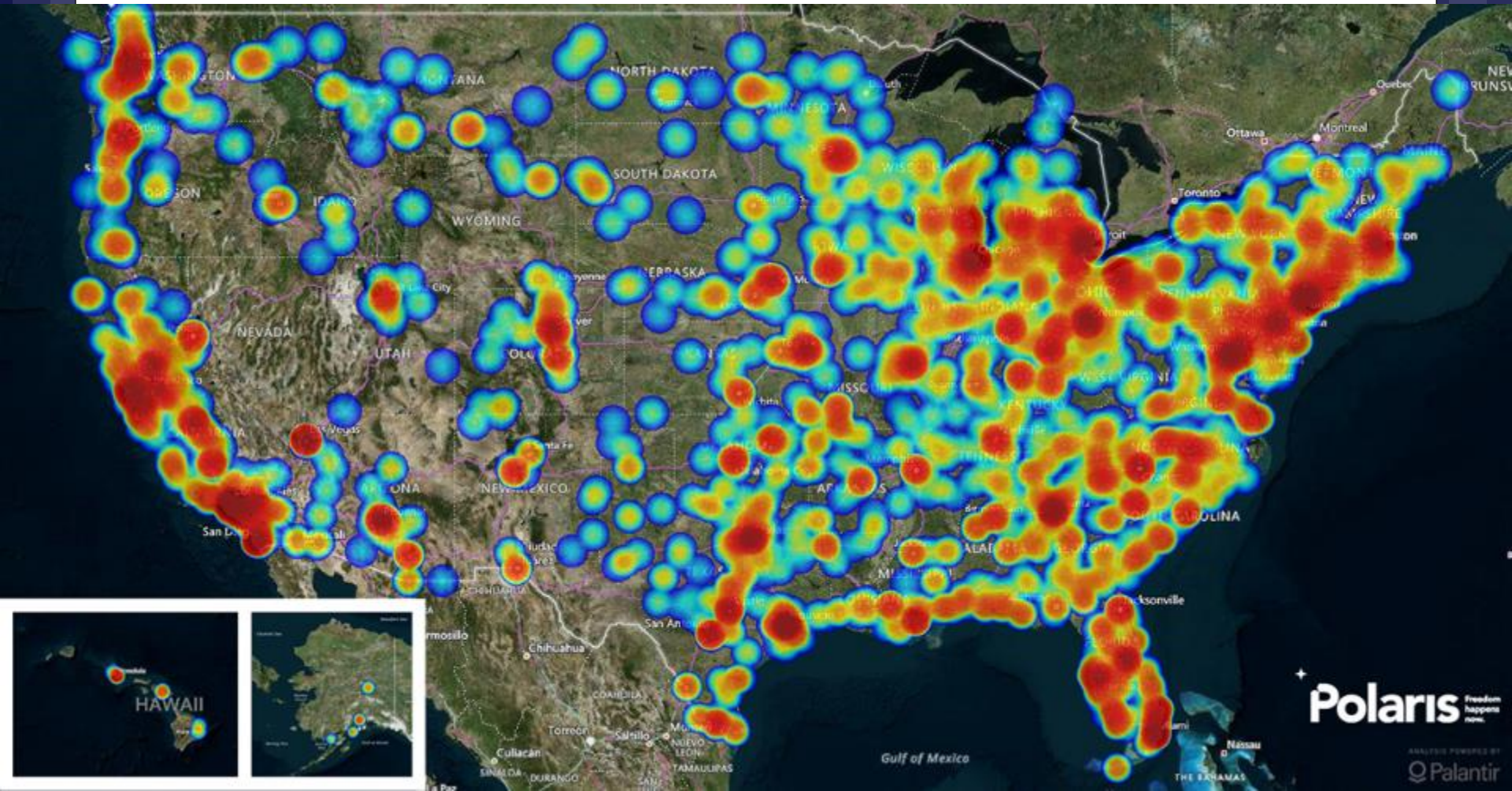


The Scope of the Problem

- US Dept of State 2013:
 - 17,000-20,000 humans trafficked annually into the US
 - 100,000-300,000 minors are victims of domestic trafficking each year
 - 1.7 million runaway youth
 - 71% at risk of prostitution
 - 1 out 7 endangered runaways are likely child sex trafficking victims
 - In a 2014 report, the Urban Institute estimated that the underground sex economy ranged from \$39.9 million in Denver, CO to \$290 million in Atlanta, GA

The majority of victims in the US are domestic.

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The Scope of the Problem

National Human Trafficking Hotline

- 45,308 cases identified since 2007 (~9% from Texas)
- 195,215 phone calls, emails, texts since 2007 (~9% from Texas)

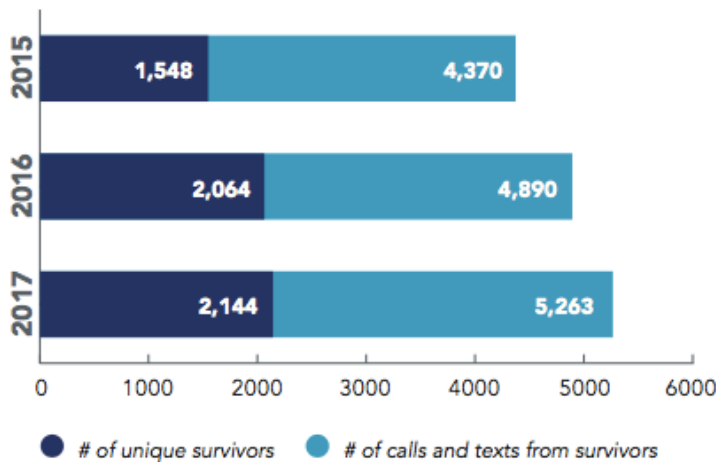
The Scope of the Problem

NATIONAL HUMAN TRAFFICKING HOTLINE CASES



Cases are defined as situations of human trafficking, which may involve more than one victim.

SURVIVORS WHO CONTACTED THE HOTLINE DIRECTLY, BY YEAR:



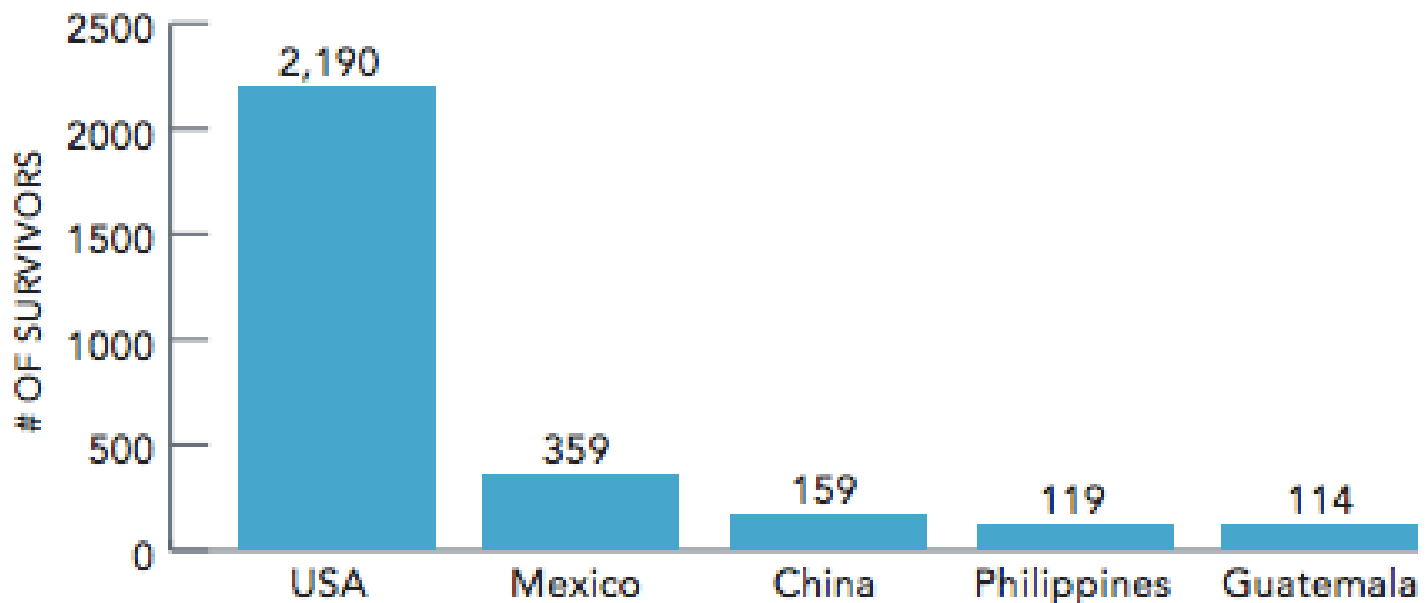
Sex trafficking **6,244**
 Labor trafficking **1,274**
 Not specified **851**
 Sex & labor trafficking **390**



Sex trafficking **7,255**
 Labor trafficking **1,979**
 Sex and labor trafficking **542**
 Not specified **838**

The Scope of the Problem

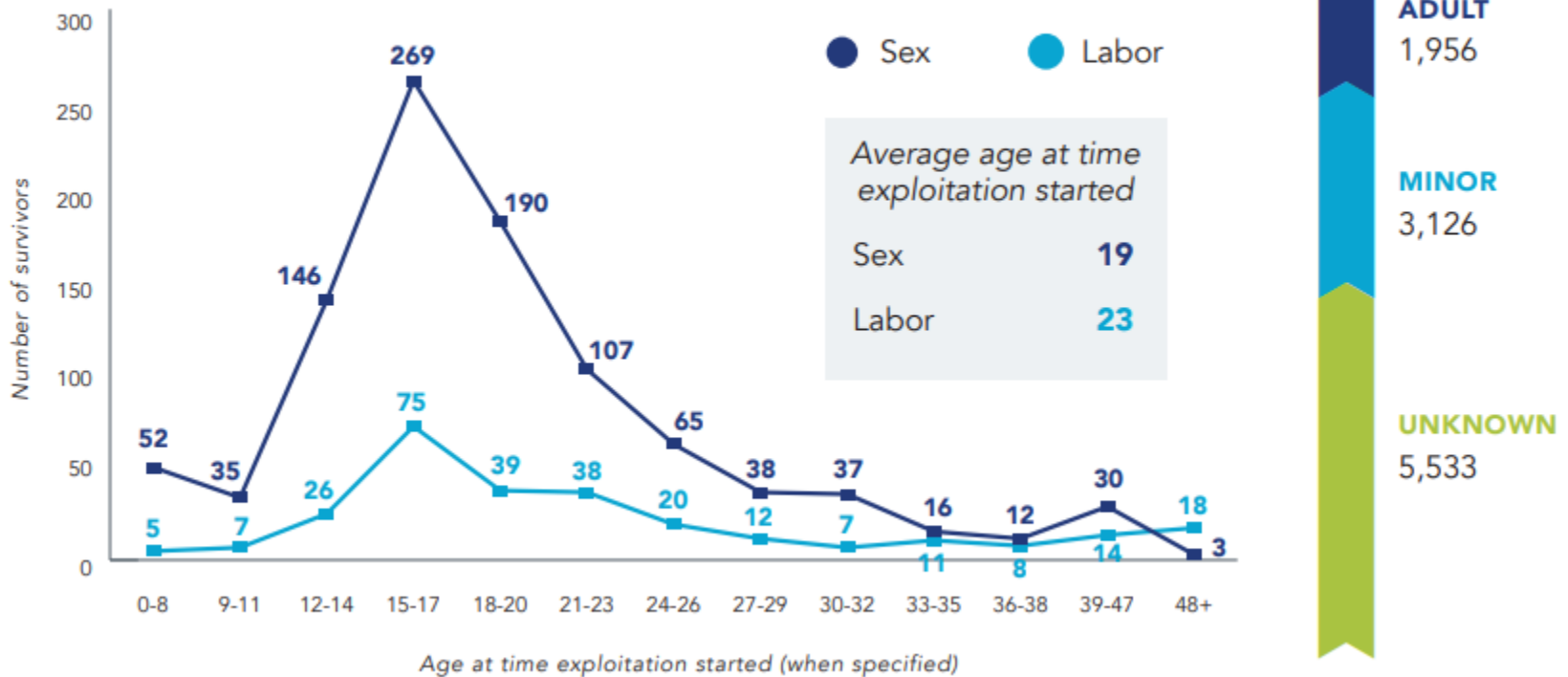
Top 5 Nationalities*



*Nationality information specified for 3,664 survivors. Some survivors had multiple nationalities.

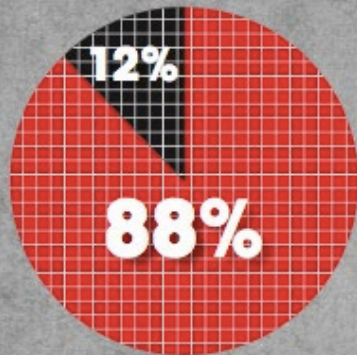
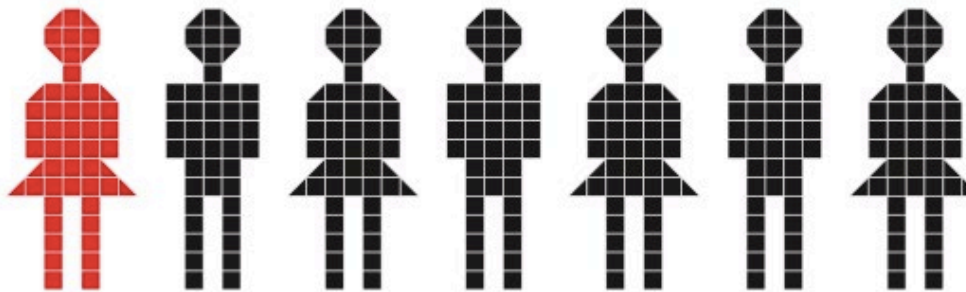
The Scope of the Problem

AGE AT TIME SEX OR LABOR TRAFFICKING BEGAN



CHILD SEX TRAFFICKING

Of the nearly 25,000 runaways reported to NCMEC in 2017, **one in seven** were likely victims of child sex trafficking.



Of those, **88 percent** were in the care of social services when they went missing.

Scope of the Problem in Texas

Houston recognized by the U.S. Department of State to be a **major hub** of human trafficking in the country

- Cultural diversity
- Intercontinental airport
- Major water port
- Interstate highway I-10
- International border

HUMAN TRAFFICKING IMPACT IN TEXAS

APPROXIMATELY
79,000
MINORS AND YOUTH
ARE VICTIMS OF
SEX TRAFFICKING
IN TEXAS ★★

APPROXIMATELY
234,000 WORKERS ARE
VICTIMS OF
LABOR TRAFFICKING

THERE ARE CURRENTLY AN ESTIMATED
313,000 VICTIMS OF
HUMAN TRAFFICKING
IN TEXAS ★★★★★

TRAFFICKERS EXPLOIT
APPROXIMATELY
\$600 MILLION
FROM VICTIMS OF LABOR TRAFFICKING
★★★★★ IN TEXAS

MINOR AND YOUTH
SEX TRAFFICKING COSTS
THE STATE OF
TEXAS
APPROXIMATELY
\$6.6
BILLION

Texas Slavery Mapping Project

Sexually Oriented Businesses

- >300 SOB in Houston



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Who is at risk of being a victim?

- Domestic victims:
 - Runaway, neglected youth
 - Difficulties or abuse at home
 - Vulnerable – i.e. mild mental disabilities
 - Adolescents or adults needing food, shelter, money, drugs
 - Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ)
- **>90% of exploited children in the U.S. have history of previous abuse**
- International victims - Contributing factors include poverty, culture, racial and sexual stereotypes, corruption

Top 5 RISK Factors



RISK FACTORS FOR HUMAN TRAFFICKING

Recent migration/relocation **1,441**

Substance use **466**

Runaway/homeless youth **421**

Mental health concern **356**

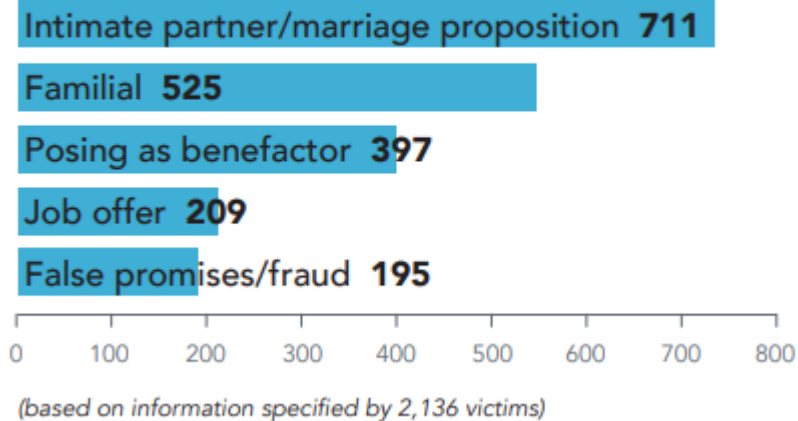
Involvement in the child welfare system **340**

How are victims targeted?

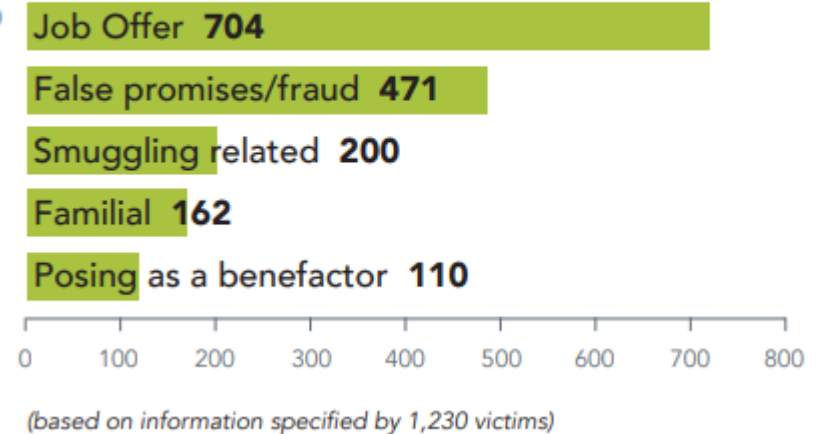
- On the street, pimps “offer”
 - Façade of security
 - Shelter
 - Food
 - Money
 - Boyfriend/significant other
 - Love

Recruitment Tactics

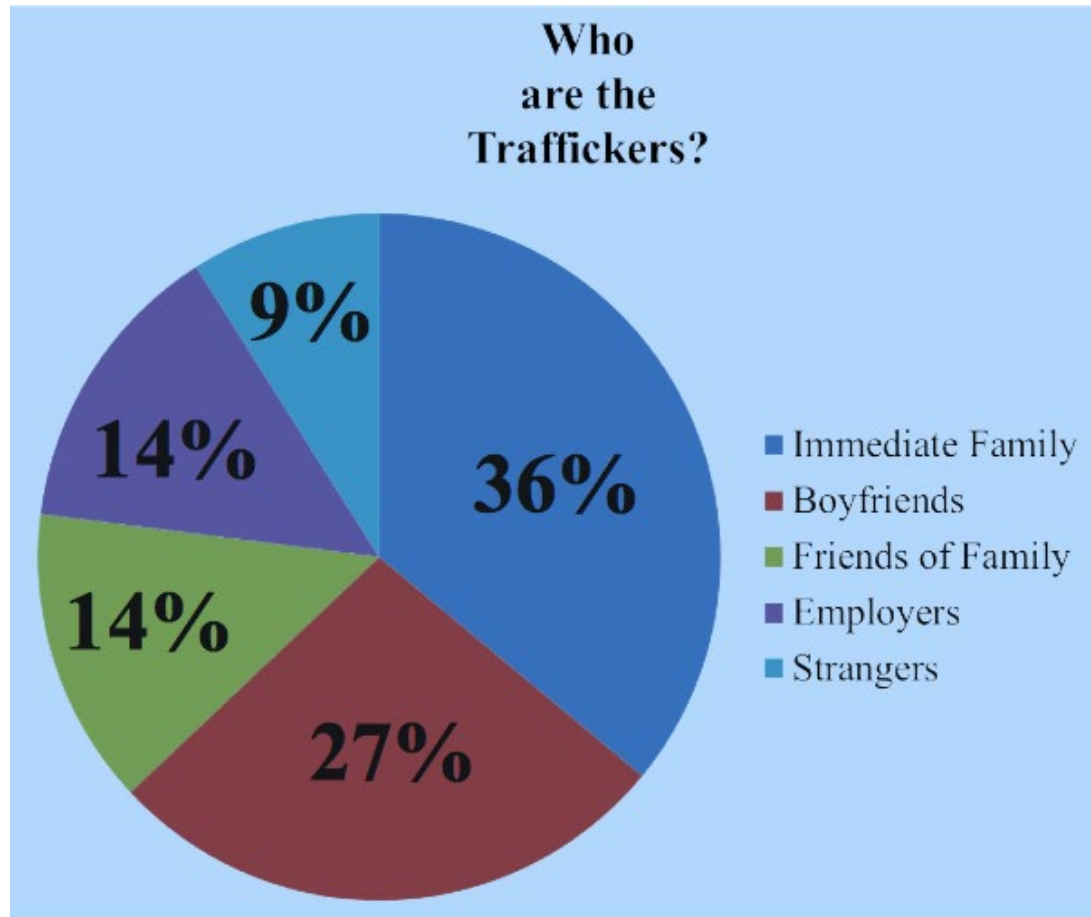
SEX TRAFFICKING



LABOR TRAFFICKING



Who Are the Traffickers?



Top 5 Methods of Force/Fraud/Coercion



METHODS OF FORCE, FRAUD, COERCION

Isolation (including confinement) **2,574**

Emotional abuse **2,370**

Economic abuse **2,049**

Threats of any kind **1,880**

Physical abuse (non sexual) **1,652**

Why don't victims leave?

- Trauma Bonds (aka Stockholm Syndrome)
- Fear of harm to self or family if found
- Fear of shame or return to abusive family
- Belief that this is the only way of life
- Need to financially support addiction
- Movement upward in ranks within criminal ring

Do medical professionals have a role in identifying victims?

- Research in Belgium: trafficking victims are more willing to talk to medical staff than police
- One study of survivors revealed that 28% of victims sought the care of a medical professional while still in captivity
- Another study revealed 50% of victims sought medical care while in captivity

As many as 9 out of 10 victims are seen in a clinic, ER, or the doctor's office at some point while being exploited

IDENTIFYING HUMAN TRAFFICKING IN HEALTHCARE SETTINGS



87.8%

of human trafficking survivors reported having contact with a healthcare provider while they were being trafficked.



63.3%

of those who had contact in healthcare settings were treated in an emergency room.

Lederer, L., Wetzel, C. (2014). The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities. *Annals of Health Law*, 23, 61-91.

Where Can Victims Access Help



POINTS OF ACCESS TO POTENTIAL HELP

Interaction with family/friends **1,567**

Interaction with law enforcement/criminal
justice system **1,047**

Access to health services **726**

Access to general social services **554**

Access to mobile apps or social media **496**

Accessing Healthcare Does Make A Difference

- Study done in the UK by Cathy Zimmerman and colleagues interviewed 207 women in 14 countries to document healthcare issues faced by victims in 2004-2005

When victims entered the healthcare system in the first 2 weeks:

- 57% of victims reported 12-23 physical medical problems
- 70% presented with 10 or more mental health problems
- Substantial symptom reduction was shown after 28-56 days in care

Accessing Healthcare Does Make A Difference

- After one month in care:
 - 7% had >11 physical health symptoms (headache, fatigue, dizzy spells, back pain, pelvic/abdominal pain)
 - 50% had >10 mental health symptoms (depression, anxiety, hostility, PTSD)
- Symptom reduction was seen in depression, anxiety and hostility after 90 days in care
 - Depression was the most persistent symptom with little reduction after 90 days

Health Considerations

- Crowded living conditions in disrepair
- Poor sanitation, ventilation
- Poor nutrition, hygiene, oral health
- Sleep deprivation
- Toxic or environmental exposures
- Lack of preventive health care
- Temporary fixes or home remedies

Possible Clinical Presentations

- **STIs**, vaginal complaints, UTIs
- **Unwanted pregnancy**, unsterile abortions
- **Chronic pain**, MSK, CV, or respiratory illnesses
- Infected wounds, old fractures, bruises, scars
- Malnutrition
- Dental caries, abscesses
- Vaccine-preventable diseases, **TB**
- **High risk for HIV**
- Suicide attempts, **substance abuse**, delirium, anxiety
- **Frequent ER visits for vague complaints**

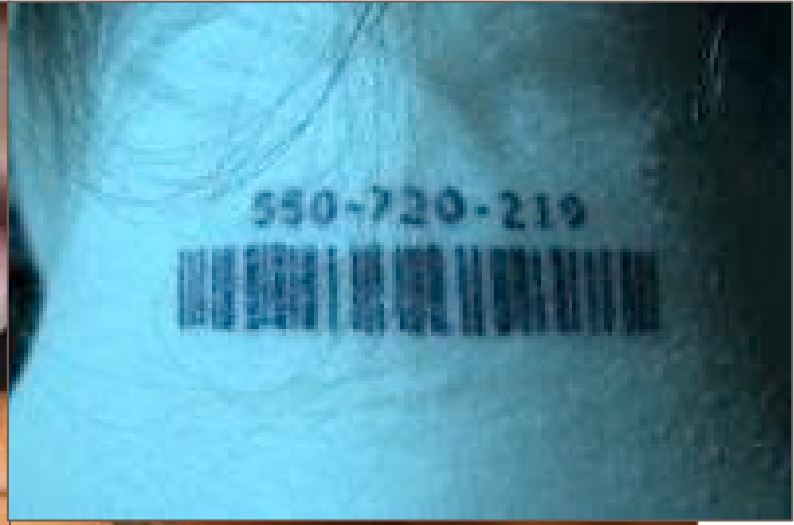
Why is identification so difficult?

- Lack of awareness and knowledge among providers
- Providers' feeling that they cannot help even if victim is identified
- Misclassification and/or assumptions
- Patient's lack of awareness that they are being exploited
- Patient's fear of physical harm or deportation
- Fear and shame

Red Flags

- Controlling person who speaks for the patient or refuses to leave the room
- Rehearsed story with limited/inconsistent details
- Fear or submission
- Signs of physical abuse
- “Branding” tattoos
- Not from area or “just visiting”
- Patient does not know where they are or live
- No identification or personal belongings

Branding



Sample Screening Questions

- **Where do you live or sleep and eat?**
 - Can you come/go as you please?
 - Is there a lock on your door?
 - Do you have to ask permission to leave, go to the bathroom, etc.?

- **What are you doing for work?**
 - Do you get to keep your wages?
 - Is anyone forcing you to do anything you don't want to do?
 - How many consensual and nonconsensual partners have you had?

- **Have you been physically hurt in any way?**
 - Has anyone threatened you or your family?

- **Has anyone taken your identification or documentation?**

Trauma-Informed Approach

- Ask permission for everything you do
- Explain purpose of interview
- Explain confidentiality and limitations
- Recognize and start with the victim's strengths
- Explain that all answers are voluntary

Trauma-Informed Care

- All staff practices trauma-informed care where
 - patients are empowered and given choices
 - strength and resilience is emphasized
 - safety is understood to be priority #1
 - care is viewed as a collaborative effort

What can you do?

Report suspected trafficking!

National Human Trafficking Hotline:

1-888-3737-888

- Submit tip online:

www.polarisproject.org

- U.S. Department of Justice dedicated Human Trafficking complaint line:

1-888-428-7581

Is it Reportable?

- Human trafficking is not currently a mandated reportable offense
- Features may comply with mandatory reporting of child or elder abuse
- Mandatory reporting is done to law enforcement and/or CPS

Comply with HIPAA?

- If an adult >18 does not want to file a police report, then you may not file
- BUT! You can still call the hotline anonymously

Financial Burdens of Human Trafficking on the Government Budget

- A study was done in Minnesota to assess the potential benefit to the public budget of early intervention and prevention of sex trading among female adolescents
- Harms that impact the government budget include public health (violence, pregnancy, sexually transmitted infections, chemical dependency and other mental health problems), law enforcement (arrests, court proceedings, corrections including probation), social welfare programs (child protection, medical assistance and income support) and reduced income tax revenue
- Compromised mental health including violence and long term stress places fiscal burdens on the government in form of income support, reduced income tax revenue, and expenses for substance abuse programs

Financial Burdens of Human Trafficking on the Government Budget

- For every \$1 invested in a year long preventative program and/or intensive intervention programs saved \$34 in avoided harm and with housing saved \$9 in avoided harm
- The Runaway Intervention Program in Minnesota had a 96.7% overall effectiveness rate at intervening in and preventing further sexual exploitation as the program
- In this study it was estimated, using very conservative numbers, that **the net return of \$28.9 million in value to the public budget of Minnesota per year of intervention**

Challenges in Creating a Trauma Informed Collaborative Multidisciplinary Healthcare Model for Survivors

- THRIVE Clinic- Miami
- Collaborative City-Wide Victim Services Model including access to Multidisciplinary Healthcare Services for Survivors in Houston (PATH Collaborative)

THRIVE CLINIC

ABSTRACT

Introduction: The THRIVE Clinic provides medical/psychiatric care for human trafficking survivors in Miami. Designed to address the comprehensive healthcare needs of this unique population, the clinic's goal is to establish stable and consistent healthcare that is respectful, comprehensive, and sensitive to survivor needs.

Methods: The THRIVE Clinic is a patient-centered "one-stop shop" model offering multidisciplinary services in a single location. Due to survivors' chronic multiple morbidities, the model includes primary care, psychiatric, obstetrics/gynecology, and ancillary services. Key components include consistent multidisciplinary professionals, streamlined intake procedures to reduce redundancy of patient histories often painful to repeat, and assistance with securing health insurance.

Results: To date, the majority of survivors seen are female, age at first visit is 28.7 years, with 53% reporting childhood sexual abuse and many reporting a history of physical abuse. All survivors left their trafficking encounters as adults, and were trafficked for an average duration of 5.1 years. Multiple chronic medical and psychiatric comorbidities include PTSD, hepatitis C, pelvic pain, major depressive disorder, and chronic headaches.

Conclusion: A comprehensive, multidisciplinary, "one-stop shop" model of healthcare for survivors of human trafficking provides patient-centered services in an environment that fosters compassion, trust, support and stability. Reducing the burden on survivors of human trafficking to navigate complicated health systems and providing consistency among providers is an essential component to success.

Human Trafficking and Houston

- The YMCA has identified the need for multidisciplinary care for male and female victims >18 years of age
- Majority of victims are domestic women, with men representing 15% of their population
- They have identified the need for medical care as with the current system victims are only able to get an initial assessment with no follow up or continuity of care
- The issues with accessing the healthcare systems via this route are no continuity of care, long wait time for establishing identification documents to apply for financial assistance/insurance, long wait time for obtaining the Gold Card and long waits for follow up appointments

Current Healthcare System for Victims

Total Time to Appropriate Subspecialty Medical Care: 10-14 weeks

Time from leaving trafficking situation to completing intake:
24-72hrs

Time to Initial Medical Eval: 6 weeks

Time from completion of intake to initial medical evaluation:
4 weeks

1-2 months for further care

Time from initial medical evaluation to initial subspecialty care:
All in different locations
1-2 months

Ideal Healthcare System for Victims

Total Time to Appropriate Subspecialty Medical Care: 1-2 weeks

Time from leaving trafficking situation to completing intake AND initial Medical Evaluation:
48hrs-1 week

Time to Initial Medical Eval: 48hrs-1 week

Time from completion of initial Evaluation to initial Subspeciality evaluation: 1 week
All medical evaluations in one location with continuity of care with same providers

Time to healing: 1-2 months

It is shown that if appropriate medical care is recieved after leaving a trafficking situation and appropriate medical care is continued, then there is substantial symptom reduction and improvement in health in 1 -2 months

Greater Houston Area Pathways for Advocacy-Based, Trauma-Informed Healthcare (PATH) Collaborative

- Partners to create a city wide collaborative multidisciplinary victim services model that includes access to healthcare services for survivors
 - CHI St Lukes
 - Ben Taub/Harris Health
 - San Jose Clinic
 - Mayor's Office
 - The Landing
 - Doctors for Change
 - YMCA International
 - Survivor-informed model

Challenges in Creating a Trauma Informed Collaborative Multidisciplinary Healthcare Model for Survivors

- Sustainability
- Collaborative
- Multidisciplinary
- Survivor-Informed
- Transportation
- Safe Housing
- Funding

Spread awareness

- Dedicate your Facebook status to the NHTRC hotline.
- Tell 5 friends to put the hotline number in their cell phones.
- Talk about it. Tell your friends, co-workers, and family members about this issue and available resources.
- Post the hotline number on your website and/or blog.
- Download TraffickCam App on your phone
- Post signs in your office restrooms explaining that buying sex = buying a slave and with the NHTRC hotline number.

What can you do in Houston?

- Call in tips to iWatch Harris County:
 - 832-529-6797
- Download the iWatch Harris County app
- Report tip to Crime Stoppers Houston
 - 713-222-TIPS (8477)
 - www.crime-stoppers.org

Immigration Considerations

- Relief available
 - T Visa
 - U Visa
 - Continuous Presence
- Help accessing benefits
 - 211 United Way Helpline
 - <http://humantraffickinghouston.org/resources/>
- Legal services in Houston
 - Provide undocumented clients with information
 - Catholic Charities - **1.866.649.5862**
 - YMCA International - **(713) 339-9015**

What Resources are Available?

o YMCA

- o International Services, Trafficked Persons Assistance
- o <http://www.ymcahouston.org/ymca-international>

o Catholic Charities

- o <http://www.catholiccharities.org>

o United Against Human Trafficking

- o <http://www.uaht.org>

o Harris County Juvenile “GIRLS” court

- o For actively engaged in or at risk of human trafficking

What Resources are Available?

- **The Landing**- daytime drop in center
 - <https://www.thelanding.org>
- **Elijah Rising/Kendleton Farms**- intervention and aftercare
 - <https://www.elijahrising.org>
- **Rescue Houston**- 24/7 immediate response with exit teams and advocates
 - <http://rescuehouston.org/about-us/>

What do they do?

- Provide placement in Safe Houses and transitional homes
- Legal/Immigration assistance – T-visas
- Medical, long-term mental health care

Texas Safe Houses

- Freedom Place – www.freedomplaceus.org
- Home of Hope Texas – www.homeofhopetexas.com
- Angela House- <http://angelahouse.org>
- Refuge for Women of North Texas-
www.refugeforwomen.org

***None are located inside Houston!**

For More Information

Coalition to Abolish Slavery & Trafficking

www.castla.org

Human Rights Watch

www.hrw.org

International Justice Mission

www.ijm.org

International Labour Organization

www.ilo.org

Polaris Project

www.polarisproject.org

Free the Slaves

www.freetheslaves.net

U.S. DHHS Administration for Children & Families

www.acf.hhs.gov

U.S. Department of Labor Office for Child Labor, Forced Labor, and Human Trafficking

www.dol.gov/ilab/programs/

OCFT

U.S. Department of State Office to Monitor and Combat Trafficking in Persons

www.state.gov/g/tip

Houston Rescue and Restore Coalition

www.houstonrr.org

HEAL Trafficking

www.HEALtrafficking.org

“If they are visibly being coerced, of course, continue to call the authorities to try to help them escape. If they are now addicted to the life and are trafficking themselves, try to be a light in their life, try to speak life to them, talk them into going into treatment, speak love into them.”

- Elaine Richardson, Ph.D. a professor at Ohio State University and a former trafficking victim

“Human trafficking is one of the most tragic human rights issues of our time. It splinters families, distorts global markets, undermines the rule of law, and spurs other transnational criminal activity. It threatens public safety and national security. But worst of all, the crime robs human beings of their freedom and their dignity. That’s why we must pursue an end to the scourge of human trafficking”

-Rex W. Tillerson, Secretary of State, 2017

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THRIVE CLINIC

Results

Since the formation of Project THRIVE in 2014, 36 unique patients have been referred for evaluation and treatment at the THRIVE Clinic and 29 were actually seen in the clinic (Table 1). The average age of the survivors was 28.7 years. One patient seen was a minor at initial visit. Over 83% of the referrals are survivors of sex trafficking; there are four survivors of labor trafficking and two survivors of sex and labor trafficking. They are predominantly female gender (86%); two are males and three are Trans female. The majority are U.S. citizens (64%). Of the patients who are non-citizens, 42% are from Mexico, Central America, or South America, 25% are from Europe, 17% are from Cuba, 8% from Asia, and 8% from Canada. Of those patients that are U.S. citizens, they came from several states, including Georgia, Tennessee, Texas, New York, and Florida. They entered trafficking by different routes, with primary types of trafficking/exploitation setting including: 53% prostitution, 30% multiple types of exploitation (including stripping, exotic dancing, and pornography production), 11% domestic servitude, 3% escort service, and 3% unknown. They had spent an average of 5.1 years, with a range of 2 months to 24 years, as HT victims.

THRIVE CLINIC

Table 1. Demographic Characteristics of Patients Referred to the THRIVE Clinic n = 36.

Age (15–49 years)	Mean = 28.7 years
Gender	86% Female 6% Male 8% Trans Female
Type of Trafficking	83% Sex Trafficking 11% Labor Trafficking 6% Sex and Labor Trafficking
# Of Years Trafficked (2 Months-24 Years)	Mean = 5.1 years
% US Citizens	64%
Primary Types of Trafficking Exploitation	
Prostitution	53%
Multiple Types of exploitation (Including Stripping, Exotic Dancing, Pornography Production)	30%
Domestic Servitude	11%
Escort Service	3%
Unknown	3%
History of Child Abuse	53%
History of Interpersonal Violence	92%
Have Living Children	31%
Employed	17%
Have Private Insurance/Medicaid	11%

THRIVE CLINIC

Table 2. Common Presenting Diagnosis of the HT Survivors Seen in the THRIVE Clinic.

Medical Diagnosis (n = 29)	
Chronic Pain Syndromes (Headache, Migraines, Low Back pain, Cervicalgia, Chronic Pelvic pain, Constipation)	48%
Dental Caries/Gingivitis	28%
Gastritis	21%
Vaginitis	25% (n = 24 females)
Hepatitis C	10%
HIV	10%
Dermatitis	21%
Syphilis, Gonorrhea, Genital Herpes	7%
Mental Health Diagnoses (n = 9)	
Post-traumatic Stress Disorder (PTSD)	89%
Major Depressive Disorder	67%
Bipolar Disorder	11%
History of Substance Abuse	44%