Healthcare Providers' Perspectives on Sex Trafficking Risk Assessment

Background Indicators

Behavioral/Verbal

- Accompaniment by an individual who does not let the person speak for themselves
- Unwillingness or hesitancy to answer questions about the situation.
- One person (regardless of gender) accompanying multiple patients
- Unable to provide key information, such as address, current location, date, time, etc.
- Evidence of controlling or dominating relationship?
- Uses Language common in the sex industry (ex. in the life, stroll, pimp, etc.).
- Scripted answers
- Appears anxious or depressed
- Substance use
- No access to documents
- Inappropriate clothing

Medical

- Repeat STIs
- Repeat abortions
- Medical neglect
- Multiple sexual partners in same time period

Physical

- Signs of torture, ligature marks
- Signs of physical abuse or harm
- Tattoos that represent ownership

Purpose of this Study

1. Understand providers' strengths and challenges in **identifying and assessing patients at risk** of sex trafficking in clinical practice.
2. Understand the **relevance and utility** of sex trafficking indicators in conducting assessments in a large healthcare organization.
3. Identify the sex trafficking **screening and assessment strategies** in clinical practice.

Methods

-Collective (multi-site) case study approach to guide semi-structured, **in-depth interviews** with healthcare providers
-**5 sites**, Midwestern state
-Patients with a **range of insurance statuses**
-Utilized a **common set of research questions** across sites that are linked through a common issue, structure, or other similarities.

Sample

	Participants n=23
Sex and Gender	
Female and Cisgender*	23
Race	
White, non-Hispanic	19
Job Title	
Medical Assistants (MAs)	14
Nurse Practitioners (NPs)	7
Years of experience at the sexual healthcare organization	
0-2 years	11
3-5 years	6
5-10 years	4
>10 years	2

*Provider's sex matched their gender identity (female, woman)

Findings

- Staff **routinely screened** by asking 'Have you ever traded sex for money or drugs'
- Participants discussed avoiding follow up because they
  - (1) aimed to be **judgmental**,
  - (2) viewed following up as **someone else's** role at the clinic, and/or
  - (3) **lacked confidence** to address ST concerns themselves, particularly when differentiation sex work from ST.
- Providers **did not perceive tattoos or torture marks AS clinically relevant** to addressing sex trafficking because tattoos were so common and torture marks suggested something was going on but not necessarily trafficking.

ST concern raised when…		ST concern raised inconsistently when…	
Multiple Sexual Partners	**Repeated Visits**	**Patient Accompanied**	**Sex trading Disclosure**
• Patient perceived as concealing number of partners **or** could not remember number of partners	• Frequent STI treatment and testing **and** patient perceived as concealing the conditions surrounding visit	• Older, female adult accompanying one or more female patients	• Patient disclosing sex trading was a cis male or trans

Implications

- Make the indicators and trainings as **relevant** and **practical** as possible.
- Providers should be aware of **all the indicators** (behavioral, medical, physical)
  - E.g. Accompanying person, regardless of gender and age (Role of female pimps)
- Common medical indicators that are common **may not be helpful** for providers in these settings
- Signs of torture and tattoos **may not be relevant** ST indicators for healthcare/social service providers in nonemergency settings.

Limitations

- Focused on **providers' perceptions**, not patients.
- The sample was **predominantly white**, **cisgender**, medical assistants, and nurse practitioners.
  - Not physicians
- There is a potential for providers' feeling **discomfort disclosing situations** with particularly stigmatizing risk factors or red flags.
- Geographic limitations.

Future Research

- Explore roles of **mandatory reporting** in relation to ST assessments
- Assess people at risk of ST or those with **lived experiences** of sex trafficking and sex trading about ST indicators and screening questions/protocols
- Explore relevance of **less relevant indicators** (e.g. tattoos)
- Explore the **roles of technology** in intervening with people at risk of ST in clinical settings

Recommended Screening Process

MA's Initial Assesment

-Normalize a spectrum of agency to victimization in sex trading

-Ask routine screening questions

- Did you ever have ***sex for things of value*** (for example: money, housing, food, gifts, or favors)?
- Did anyone ever encourage or pressure you to ***have sexual contact with someone else***?
- Did anyone ***ever encourage or pressure you to take sexual photos or videos***?
- Did anyone ever put your photo on the Internet ***to find clients to trade sex with***?

-If patient says "yes," ask for permission to discuss their experiences and concerns, if patient discloses sex trade.

-If patient says "no," ask permission to inquire further in the future, particularly if red flags are present

MA's Follow Up

-Gather information about the dynamics of sexual exchanges

- **Who**: Who is the exchange with? How do you know them? Is there anyone who sets up the exchanges? Does someone know where you are while the exchange happens?
- **Where**: Indoor/outdoor? Online?
- **How**: Able to negotiate condoms? How are you paid/compensated (beginning of transaction? End?)

-Discuss pros and cons patient perceives to engaging in sex trade (i.e., higher risk behavior)

-Safety plan with harm reduction strategies to reduce level of risk

-Inform clinician of disclosure, harm reduction conversation and any stuck points (e.g., the patient is experiencing challenges with condom negotiation)

Clinician Follow Up

-Address concerns that could impact patients' physical or sexual health

-Offer education and interventions (might be done by MA)

For more information see Gerassi, L.B. & *Pedersen, A.C. (in press). **Have you ever traded sex for money or drugs?": Healthcare Providers' Perspectives on Sex Trafficking Risk Assessments in Clinics.** *Journal of Health Services Research & Policy.*

Mandated Reporting

- Should be described in the **beginning**
- Provide **general information** without a disclosure
- **Sample language:**
  - "I want to share with you that if you or someone you know are in the position of wanting or needing condoms, for whatever reason, we have them available for free at XX location"
- Can provide resources including the human trafficking hotline (Text: 233733)
  - But **may not identify** as trafficking
  - Make sure to **assess safety** of take-home materials

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