Human Trafficking: The Role of the Health Care Provider

May 14, 2014

Welcome to the webinar! We will begin in a moment.

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This webinar is sponsored by the National Health Collaborative on Violence and Abuse.

Learning Objectives

1. Understand the background and statistics of human trafficking.
2. Describe ways in which health care providers can identify and assist victims and survivors.
3. Identify screening tools and understand reporting requirements.
4. Understand how programs and services can be designed to be more supportive and avoid re-traumatization.

Speakers

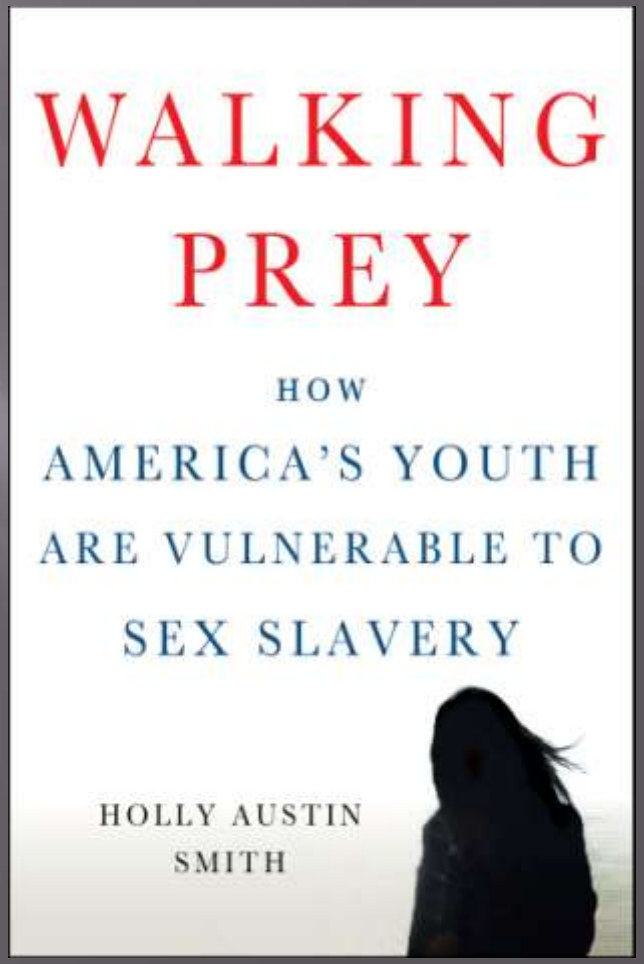
Moderator: Frances Ashe-Goins, MPH, RN, ADN, BSN, Associate Director for Partnerships and Programs, U.S. Department of Health and Human Services, Office on Women's Health

Holly Smith, Survivor of human trafficking; Author of *Walking Prey*

Wendy Macias Konstantopoulos, MD, MPH, Medical Director, Human Trafficking Initiative; Department of Emergency Medicine, Massachusetts General Hospital

Natalie McClain, PhD, RN, CPNP, Clinical Associate Professor, William F. Connell School of Nursing, Boston College

Holly Austin Smith



Human Trafficking and Health Care

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MGH Human Trafficking Initiative

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Presenter Disclosures

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No disclosures to report

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Outline

- Definition
- International law and human trafficking globally
- U.S. federal law and human trafficking in the U.S.
- Risk factors
- Mechanisms of recruitment
- Power and control tactics
- Health needs
- Public health implications
- Health care entry points
- Role of health care professional

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What is Human Trafficking?

- Form of modern-day slavery
- Profit from the exploitation of others
- Compelled service

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International Law

Act

- Recruiting
- Transporting
- Transferring
- Harboring
- Receiving

Means*

- Threat
- Force/Coercion
- Abduction
- Fraud
- Deception
- Abuse of power

***Exception: minors < 18yrs**

Purpose

- Prostitution
- Pornography
- Forced labor
- Involuntary servitude
- Debt bondage
- Slavery or slave-like practices

UN Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children, 2000

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Human Trafficking Globally

- 20.9 million persons worldwide are trapped in forced labor (roughly 3 out of every 1,000 persons)
  (ILO, 2012)

- One of the most profitable criminal industries
  (US Dept of State, 2010)

- 32 billion USD per year
  (ILO, 2005)

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Forms of Human Trafficking

- Forced labor
- Sex trafficking
- Debt bondage
- Involuntary domestic servitude
- Forced child labor
- Child soldiers
- Child sex trafficking
- Organ trafficking

U.S. Department of State, 2011

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U.S. Federal Law

Defines "severe forms of human trafficking" as:

(A) s*ex trafficking* in which a *commercial sex act* is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or

(B) the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Trafficking Victims Protection Act of 2000 (P.L. 106-386)

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Human Trafficking in the U.S.

- Involves men, women, and children—U.S. citizens and foreign-born nationals

- Main countries of origin (2012): Mexico, Thailand, the Philippines, Honduras, Indonesia, and Guatemala
  (US Dept of State, TIPS 2013)

- Occurs in many licit and illicit industries
  - brothels, massage parlors, street prostitution, hospitality services, agriculture, manufacturing, cleaning services, construction, child and elder care, and housekeeping services
    (US Dept of State, TIPS 2013)

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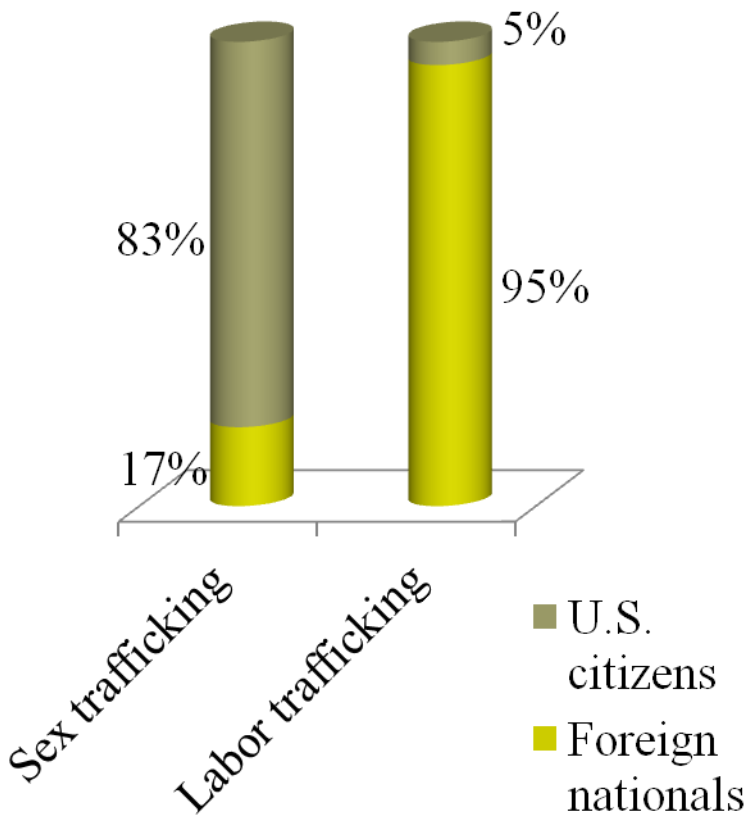
Human Trafficking in the U.S.

- HT Reporting System data between 2008-2010:
  - 83% of confirmed sex trafficking victims were US citizens
  - 95% of confirmed labor trafficking victims were foreign-born nationals (67% undocumented and 28% legal immigrants)

(Banks and Kyckelhahn, US DoJ, 2011)



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Risk Factors

- Who is at greatest risk?
  - History of child sexual abuse
  - Family dysfunction
  - Substance use
  - Poverty
  - Lack of education and/or employment opportunities
  - Gender inequalities
  - Cognitive and learning disabilities
  - Runaway or throwaway episodes
  - Homelessness

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Mechanisms of Recruitment

- Abduction / violence
- False employment opportunities
- False “once-in-a-lifetime” opportunities
- Peer recruitment by “operative”
- Psychological manipulation

- **FORCE**
- **FRAUD**
- **COERCION**

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Power & Control Tactics

- Psychological manipulation
- Physical abuse
- Sexual abuse
- Economic abuse
- Abuse of power
- Isolation

Source: Polaris Project
http://www.polarisproject.org

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Health Needs

- Physical injuries
- Sexually-transmitted infections and related diseases
- High-risk and/or unwanted pregnancies
- Malnutrition
- Infectious diseases and non-infectious diseases
- Somaticized symptoms
- Dental disease and/or injury
- Substance abuse
- Mental health

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Public Health Implications

JAMA®
The Journal of the American Medical Association

Silverman et al., 2007
38% HIV prevalence among repatriated sex-trafficked Nepalese girls and women in Kathmandu. Among girls trafficked prior to age 15, infection rates exceeded 60%.

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Health Care Entry Points

- Emergency departments
- Community health clinics
- Primary care practices
- Reproductive health / family planning clinics
- Cosmetic practices

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Relevance to Health

- Human trafficking is a social ill that detracts from the health and well-being of individuals and communities

- Health care professionals are in a position to identify, assist, and/or care for victims and survivors
  - 50% survivors reported having received medical care while trafficked (*Baldwin et al, 2011*)
  - Windows of opportunity

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Role of Health Care Professional

- Prevention
- Education and training
- Patient care
  - Victim identification
  - Referral to services
- Research
- Advocacy
- Policy

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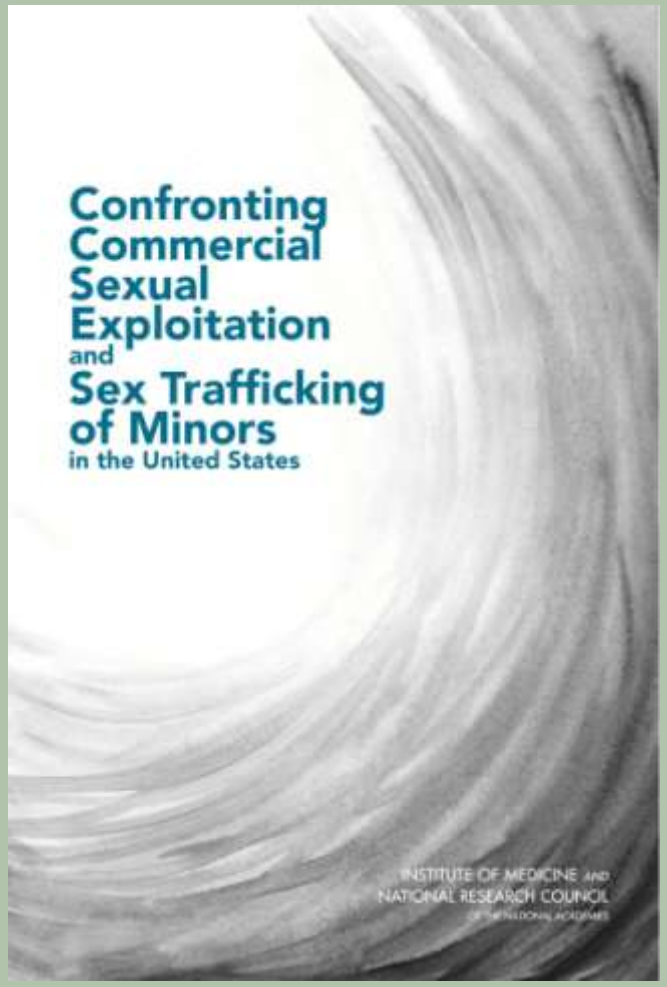

Report Release

September 25, 2013

Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States

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INSTITUTE OF MEDICINE AND NATIONAL RESEARCH COUNCIL OF THE NATIONAL ACADEMIES

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Committee on the Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States

- **Ellen Wright Clayton**, (*Co-Chair*), Vanderbilt University
- **Richard D. Krugman**, (*Co-Chair*), University of Colorado School of Medicine
- **Tonya Chaffee**, University of California San Francisco
- **Angela Diaz**, Mount Sinai School of Medicine
- **Abigail English**, Center for Adolescent Health and the Law
- **Barbara Guthrie**, Yale University School of Nursing
- **Sharon F. Lambert**, George Washington University
- **Mark Latonero**, University of Southern California
- **Natalie McClain,** Connell School of Nursing, Boston College
- **Callie Marie Rennison**, University of Colorado Denver
- **John A. Rich**, Drexel University School of Public Health
- **Jonathan Todres**, Georgia State University College of Law
- **Patti Toth**, Washington State Criminal Justice Training Commission

Statement of Task:
What We Were Asked to Examine

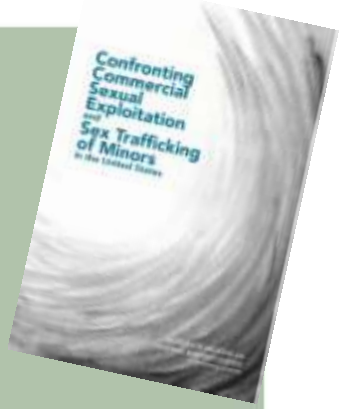
- Scope and severity
- Causes and consequences
- Experiences among populations served by child welfare and juvenile justice systems
- Evidence associated with prevention and intervention efforts
- Lessons learned through advocacy efforts
- Adequacy of current state and federal laws

Statement of Task:
What We Were Asked to Recommend

- Policies and practices for human services, health care agencies, juvenile justice agencies, law enforcement, and the judiciary
- New legislative approaches
- Research agenda

FIGURE A-4 Commercial sexual exploitation and sex trafficking of minors as forms of child abuse.
NOTE: This diagram is for illustrative purposes only; it does not indicate or imply percentages.

Organization of the Report



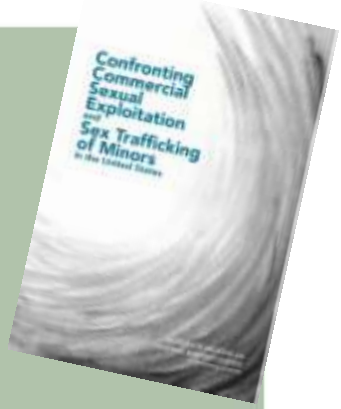
Part I – Understanding Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States

- *Nature and extent*
- *Risk factors and consequences*
- *Laws*

Part II – Current and Emerging Strategies

- *Legal system*
- *Health and health care*
- *Victim and support services*
- *Education sector*
- *Commercial sector*

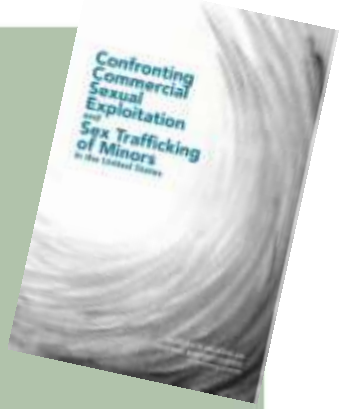
Part III – Overall conclusions and recommendations



Guiding Principles

- Commercial sexual exploitation and sex trafficking of minors should be understood as **acts of abuse and violence**.
- Minors **should not be considered criminals**.
- Identification and any intervention should **do no further harm**.

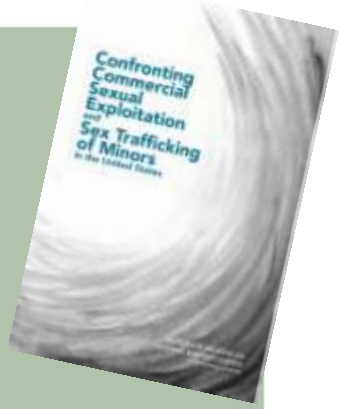
Organization of the Report



Part I – Understanding Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States

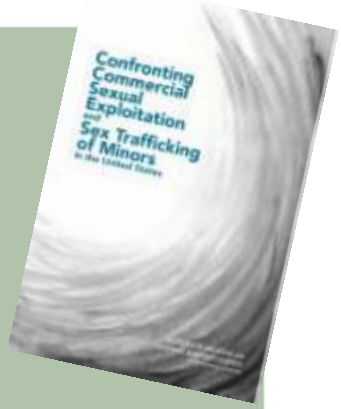
- *Nature and extent*
- *Risk factors and consequences*
- *Laws*

Part I: Consequences



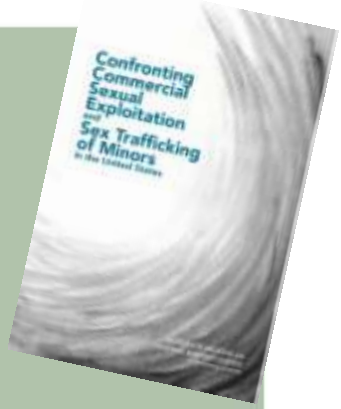
- Physical Health
- Mental Health
- Developmental and Social
- Societal Consequences
  - Danger of Continued Involvement in Commercial Sex Work
  - Risk of Reexploitation
- ***Legal Consequences***

Part I: Current Laws



- State Safe Harbor Statutes (Table 4-1)
  - No fixed definition of a safe harbor law
    - Guidelines for drafting legislation
  - Connecticut, Florida, Illinois, Massachusetts, Minnesota, New York, Vermont, and Washington (Texas– through judicial decision not statue)
  - April 2012: pending legislation (Hawaii and New Jersey)
- Domestic/Intimate Partner Violence
- Title X concerns
- Civil lawsuits against traffickers and other exploiters

Organization of the Report



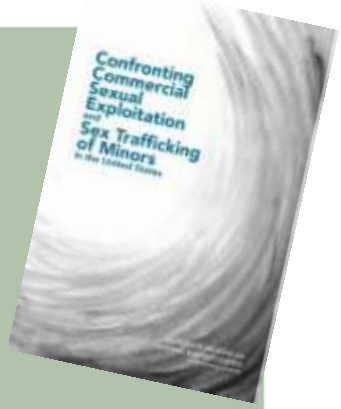
Part II – Current and Emerging Strategies

- *Legal system*
- *Health and health care*
- *Victim and support services*
- *Education sector*
- *Commercial sector*

Part II: Legal system

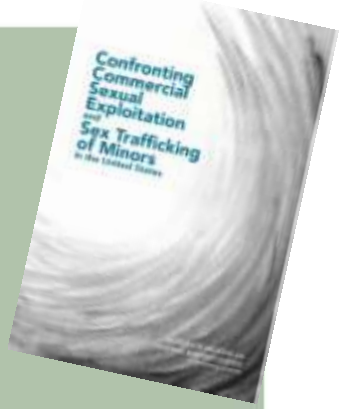
- Law enforcement personnel at all levels often are the first to respond but are inadequately prepared
  - Increasing number of trained personnel in the legal system
- Task Forces: Do they work?
- Victim driven NOT victim built cases
- Victims need referrals for treatment
  - Diversion programs need to be established—victims need treatment as part of their rehabilitation or in lieu of punishment
- TVPA, Safe Harbor Laws, and other existing laws should be used to pursue convictions and more substantial sentences for traffickers, exploiters, purchasers, and facilitators

Part II: Health and Health Care



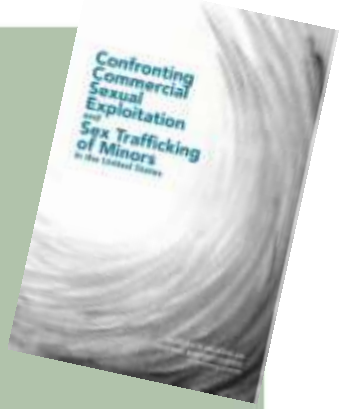
- Barriers to identification of victims
  - Lack of understanding of CSEC and sex trafficking
    - Stereotypes and Misperceptions
    - Lack of Training Opportunities
    - Funding Constraints
    - Competing Priorities
  - Lack of Disclosure
  - Potential and Perceived Complications Related to Mandated Reporting
  - Lack of Policies and Protocols

Part II: Health and Health Care



- Current Practices and Opportunities
  - Models of Care
    - IPV and Child Maltreatment
    - FNE/SANEs
    - Sexual assault and violence intervention programs, Child Advocacy Centers, SARTs
      - SAVI Mount Sinai Hospital, NYC
    - Public Health
      - Asian Health Services, Alameda County, California
        - Primary, Secondary,Tertiary Prevention
    - Telehealth/Telemedicine

Part II: Health and Health Care

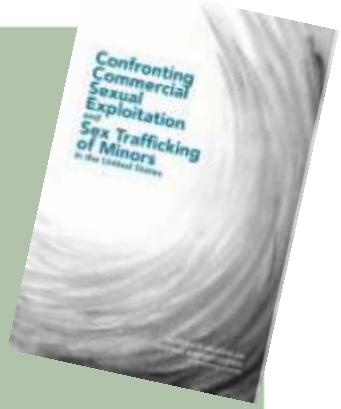


- Education and Training of Health Care Providers
  - Most trainings focus on the broad topic of human trafficking and not specifically on sex trafficking and/or CSEC
  - Current programs focused on CSEC and sex trafficking of minors vary greatly and lack outcome date

One example: Polaris Project

- Free on line training and webinars
- http://www.polarisproject.org/what-we-do/national-human-trafficking-hotline/access-training/online-training

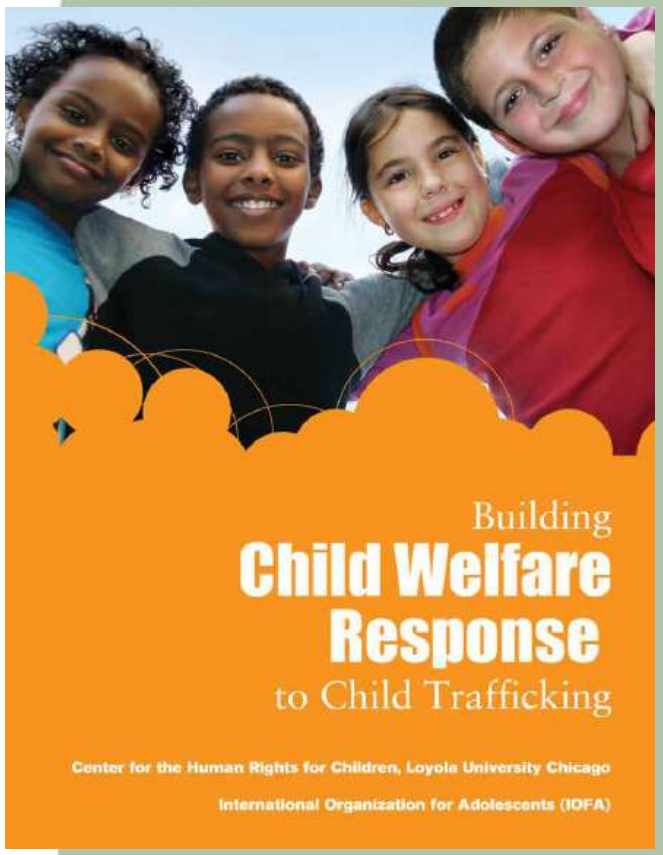
Tools for Identification of Victims/Survivors



BOX 7-1
Examples of Tools for Identifying Victims/Survivors of Commercial Sexual Exploitation or Sex Trafficking

The following tools have been developed to assist health care providers in identifying victims of commercial sexual exploitation and sex trafficking:

- Rapid Screening Tool for Child Trafficking and Comprehensive Screening and Safety Tool for Child Trafficking: Two screening tools developed by the International Organization for Adolescents for use as a guide in identifying minors that are potentially being trafficked (Walts et al., 2011).
- Commercial Sexually Exploited Children (CSEC) Screening Procedure Guideline: A screening tool developed and used by health care providers at Asian Health Services in San Francisco that is used with patients aged 11-18 exhibiting high risk factors for sexual exploitation (Asian Health Services and Banteay Srei, 2012a).
- Rescue and Restore: A screening tool developed by the Department of Health and Human Services and used by health care providers, social workers, and law enforcement to determine potential victims of human trafficking (Administration for Children and Families, Office of Refugee Resettlement, 2012).
- Comprehensive Human Trafficking Assessment: A screening tool developed by the National Human Trafficking Resource Center (NHTRC) and adapted by Polaris Project and its partners for assessing potential signs of a client's having been a victim of human trafficking (Polaris Project, 2012).
- Home, Education/employment, peer group Activities, Drugs, Sexuality, Suicide/depression (HEADSS) (Goldenring and Cohen, 1988): A screening tool developed for assessing an adolescent's psychosocial development. Mt. Sinai Adolescent Clinic has adopted HEADSS, integrating specific questions into its regular assessment to screen for the potential of commercial sexual exploitation among patients seen in the clinic (Steever, 2012).



RAPID SCREENING TOOL (RST) for CHILD TRAFFICKING

PROCESS/ACTION — Potential victim was or is currently being recruited, enticed, induced, harbored, transported, or obtained by family member, stranger, employer, or acquaintance.

YES	NO	
☐	☐	Child has been accompanied OR transported to current location from anywhere in U.S. or from another country; OR
☐	☐	Child has been promised things (e.g., job, payment, housing, school, legal status, improved circumstances/better life) in exchange for movement from one residence/community/city/state/country to another; OR
☐	☐	Child is being kept or has been kept in someone's home or place of business without (or with undetermined) legal status, or lives with employer; OR
☐	☐	Child appears to have been "bought" or "sold." (If "yes" to this particular action, proceed to Comprehensive Screening and Safety Tool immediately or refer to appropriate services as needed)

MEANS — Potential victim has suffered physical harm, physical restraint, abuse of legal process, withholding or control of identification documents, financial harm/control, enticement, coercion, verbal threats, threats to harm (physically or financially) family members, scheme or plan, intimidation

YES	NO	
☐	☐	Evidence of physical harm OR threats of harm to child or child's family or friends; OR
☐	☐	Child told to distrust authority figures; OR
☐	☐	Identification documents (legitimate or fraudulent) have been taken away or manipulated; OR
☐	☐	Child is isolated (from family, friends, or community); OR
☐	☐	Child is not receiving payment for employment or services, or has "quota" of money to be earned for labor or (sexual) services, or not in control of money earned; or broken promises over type of work (sexual or labor) engaged in.

PURPOSE — Potential victim has been forced into involuntary servitude, commercial sexual activity, debt bondage, or forced labor.

YES	NO	
☐	☐	Child has engaged in any labor or services (e.g., retail, factory, farm, household, babysitting, cooking, restaurant, hotel, massage/spa, construction, exotic dancing, etc.) OR
☐	☐	Evidence of prostitution or pornography (If "yes" to this particular action, proceed to Full Comprehensive Screening and Safety Tool immediately); OR,
☐	☐	Child owes a debt (for any reason)

AFTER COMPLETING THE RAPID SCREENING TOOL

If you answered "Yes" at least once in two or more sections, and you ARE ABLE to open a case file and serve the client at your agency, please proceed to the Comprehensive Screening and Safety Tool.

If you answered "Yes" at least once in two or more sections and you are UNABLE to open a case file or serve the client at your agency, immediately call the *National Trafficking Resource Hotline* for referral sources or consult with a local provider with expertise in trafficking (see Resource Guide).

Or, if you are undecided about the results, call the *National Trafficking Resource Hotline* for referral sources or consult with a local provider with expertise in trafficking (see Resource Guide).

At all points in the process, consult with a supervisor for next steps if trafficking is suspected.

COMPREHENSIVE SCREENING AND SAFETY TOOL (CSST) for CHILD TRAFFICKING

Basic Identifying Information

PERSON CONDUCTING INVESTIGATION	
DCFS OFFICE/POS AGENCY	
ADDRESS	
PHONE	DATE OF SCREEN

ALLEGED CHILD VICTIM (ACV)		
ADDRESS		
AGE	DATE OF BIRTH	O MALE O FEMALE
OPTIONAL FOR FOREIGN PERSONS		
PASSPORT #	VISA #	ALIEN RESIDENT #
DCFS CASE #	DCFS CASE NAME:	

CHILD TRAFFICKING INDICATOR QUESTIONNAIRE

This form provides a more in-depth assessment for the required elements of human trafficking. Remember that the state and federal law emphasizes the subjective belief of the victim and their circumstances.

It does not matter what you or someone else thinks they could or should have done in that situation, but what the child believed during the course of their exploitation. Note that some of the questions may overlap/apply to two or more elements of human trafficking. This list is not comprehensive and only provides samples of possible questions.

A. PROCESS

Is there evidence that the child was (a) recruited, OR (b) provided to another person, OR (c) obtained, OR (d) harbored?	YES O	NO O

- How did you get here (or come to Illinois or U.S. if child is a non-U.S. citizen)?
- Who arranged for your documents to travel here? Where are your documents or ID?
- What were your parents told when you came here (the recruitment or obtaining could have occurred by traffickers with the child's parents, and not with the child directly)?
- Are you in school?
- Did someone else give you your current ID? When was the last time you saw your documents?
- What kind of job were you offered? How did you find out about it? What was promised to you if you did this work? Who made the promises?
- What was promised to you if you did this work? Who made the promises?
- Were you allowed to leave the house/apartment (or place of employment)? If so, under what conditions (e.g. school, shopping, accompanying children)
- Did someone else give you your ID? When was the last time you saw your documents? What happened when you asked for your documents?

NOTES

RESOURCES: SCREENING TOOL FOR VICTIMS OF HUMAN TRAFFICKING

The following are sample questions health care providers can ask in screening an individual to determine if he/she is a potential victim of human trafficking. As with domestic violence victims, if you think a patient is a victim of trafficking, you do not want to begin by asking directly if the person has been beaten or held against his/her will. Instead, you want to start at the edges of his/her experience. And if possible, you should enlist the help of a staff member who speaks the patient's language and understands the patient's culture, keeping in mind that any questioning should be done confidentially.

You should screen interpreters to ensure they do not know the victim or the traffickers and do not otherwise have a conflict of interest.

Before you ask the patient any sensitive questions, try to get the patient alone if they came to you accompanied by someone who could be a trafficker posing as a spouse, other family member or employer. However, when requesting that time alone, you should do so in a manner that does not raise suspicions.

Suggested Screening Questions

- Can you leave your job or situation if you want?
- Can you come and go as you please?
- Have you been threatened if you try to leave?
- Have you been physically harmed in any way?
- What are your working or living conditions like?
- Where do you sleep and eat?
- Do you sleep in a bed, on a cot or on the floor?
- Have you ever been deprived of food, water, sleep or medical care?
- Do you have to ask permission to eat, sleep or go to the bathroom?
- Are there locks on your doors and windows so you cannot get out?
- Has anyone threatened your family?
- Has your identification or documentation been taken from you?
- Is anyone forcing you to do anything that you do not want to do?

POLARIS PROJECT

FOR A WORLD WITHOUT SLAVERY

NATIONAL HUMAN TRAFFICKING RESOURCE CENTER (NHTRC) 1-888-3737-888 | Polaris Project

COMPREHENSIVE HUMAN TRAFFICKING ASSESSMENT

The following document contains questions that can be used to assess a client for potential signs that she/he has been a victim of human trafficking. The suggestions and indicators below are not exhaustive or cumulative in nature and each question taken alone may not indicate a potential trafficking situation. Assessment questions should be tailored to your program and client's specific needs.

TABLE OF CONTENTS

General Trafficking Assessment Tips and Safety Check.....1-2

General Trafficking Assessment Questions.....3-4

Sex Trafficking Specific Assessment Questions.....4

Labor Trafficking Specific Assessment Questions.....5

Network Specific Assessment Questions.....6-10

GENERAL TRAFFICKING ASSESSMENT TIPS

As with any assessment of a victim of crime, there are some general points to be aware of when evaluating a client's needs. Listed below are general tips for conducting an assessment with a potential victim of trafficking.

Please note that throughout this assessment the term "controller" is used generally to describe the potential trafficker or the person(s) who maintain(s) control over the potential victim(s).

H.E.A.D.S.S

H.E.A.D.S.S. - A Pyschosocial Interview For Adolescents

Background

Preparing for the Interview

Starting The Interview

Wrapping Up the Interview

Interview Questions

- **H** ome & Environment
- **E** ducation & Employment
- **A** ctivities
- **D** rugs
- **S** exuality
- **S** uicide/Depression

HTIAM-14
Human Trafficking Interview and Assessment Measure

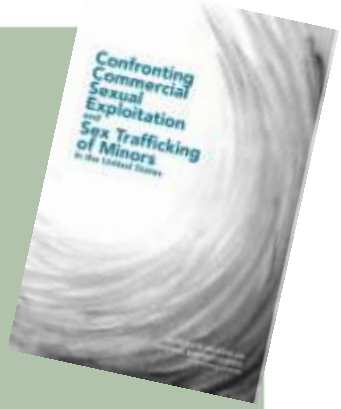
- Immigration status (how they arrived in U.S., etc.)
- Psychological/Financial Coercion
- Control
- Sexual Exploitation (including survival sex)

Type of trafficking: (Check all that apply)

- Non-Victim
- Victim: Labor
- Victim: Sex (all ages; force, fraud, coercion)
- Victim: Sex (under 18; no force, fraud, coercion)
- Survival Sex (over 18; no force, fraud, coercion)
- Other _____

Jayne Bigelsen at jbigelsen@covenanthouse.org

Part II: Victim and Support Services



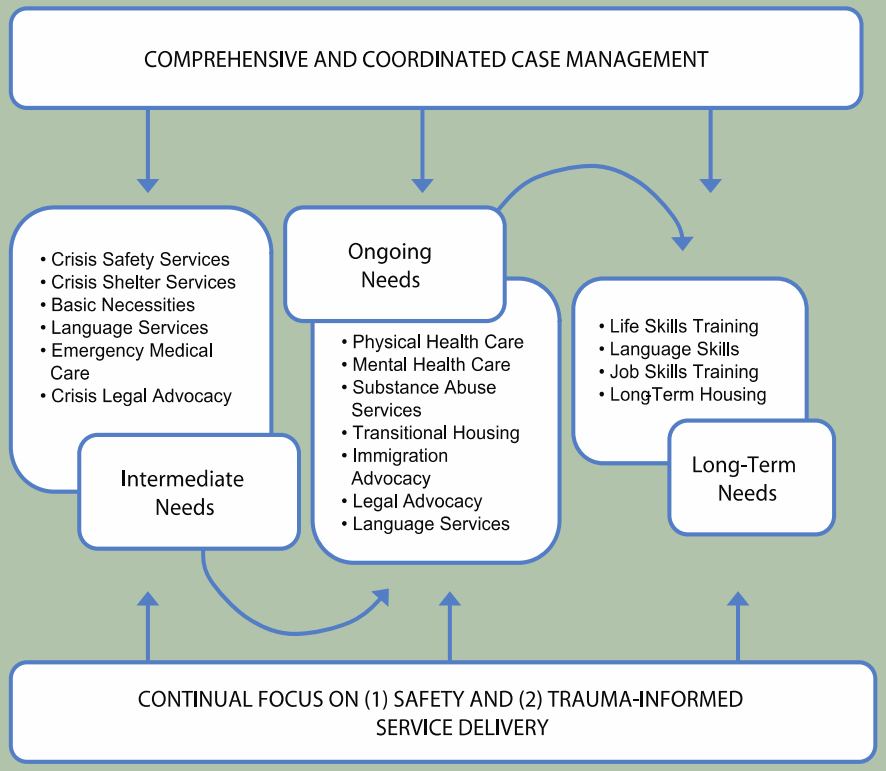
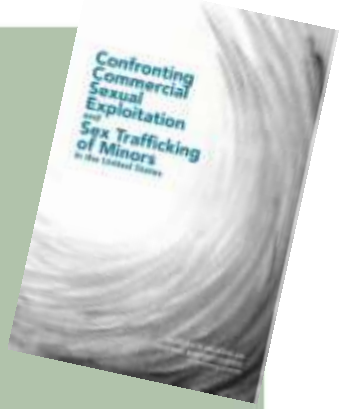


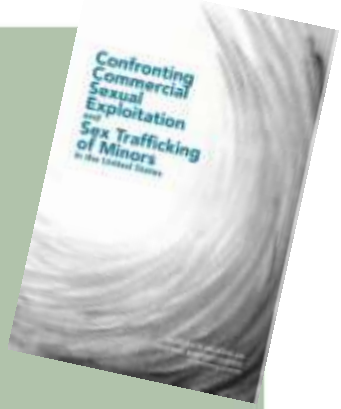
FIGURE 6-1 Framework for a continuum of aftercare services to address international sex trafficking survivors' changing needs.
SOURCE: Macy and Johns, 2011.

Part II: The Education Sector



- School personnel have a unique opportunity to prevent and respond to CSEC/sex trafficking of minors
- Schools can build on current policies, programs, and resources to include CSEC/sex trafficking prevention/intervention as part of their efforts to promote student health and well-being
- Current and future efforts require additional examination to determine effectiveness
- Collaboration with other sectors is important
- Training of all school personnel is essential

Part II: **Multi-sector and Interagency Collaboration**

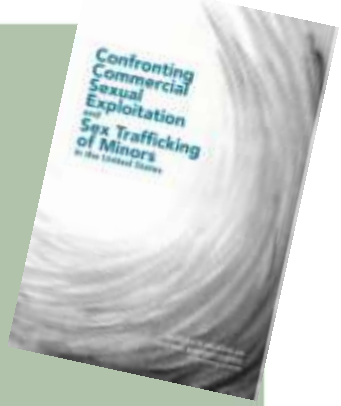


BOX 10-1
Components of a Multisector Response to Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States

- Local law enforcement
- State law enforcement
- Federal law enforcement
- State social service agencies
- Nongovernmental social service agencies
- Nongovernmental advocacy organizations
- Local prosecutors
- State and county prosecutors
- Federal prosecutors
- Defense attorneys
- Judges
- Victims/survivors
- Media
- Private sector
- Researchers and academics
- Child welfare
- Juvenile justice
- Health care providers, including mental health care providers
- Faith-based groups
- Public officials
- Social activists
- Homeless advocates
- Lesbian, gay, bisexual, and transgender (LGBT) advocates
- Educators

SOURCES: Clawson et al., 2006; Gonzales et al., 2011; Nair, 2011; OVC and BJA, 2011; Piening and Cross, 2012; Polaris Project, 2012.

Part II: **Multi-sector and Interagency Collaboration**



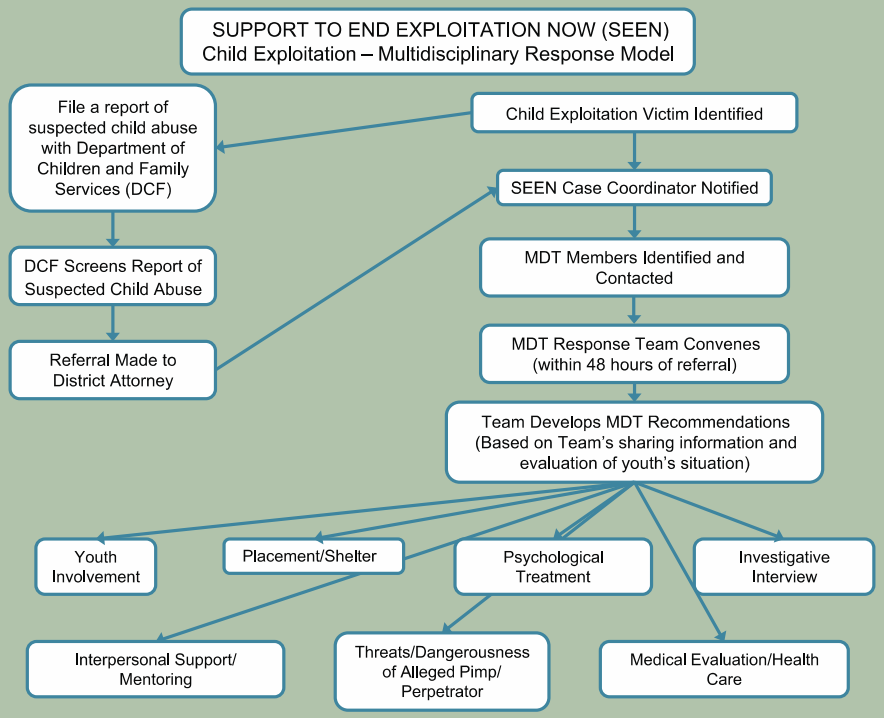
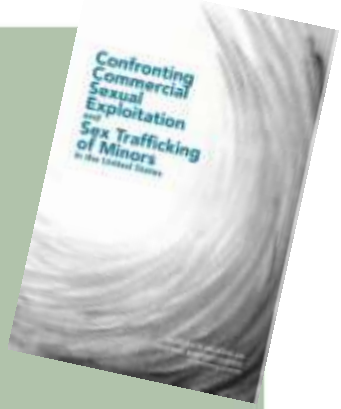


FIGURE 10-2 A multidisciplinary response model for addressing child exploitation in Suffolk County, Massachusetts.
NOTE: MDT = multidisciplinary team.

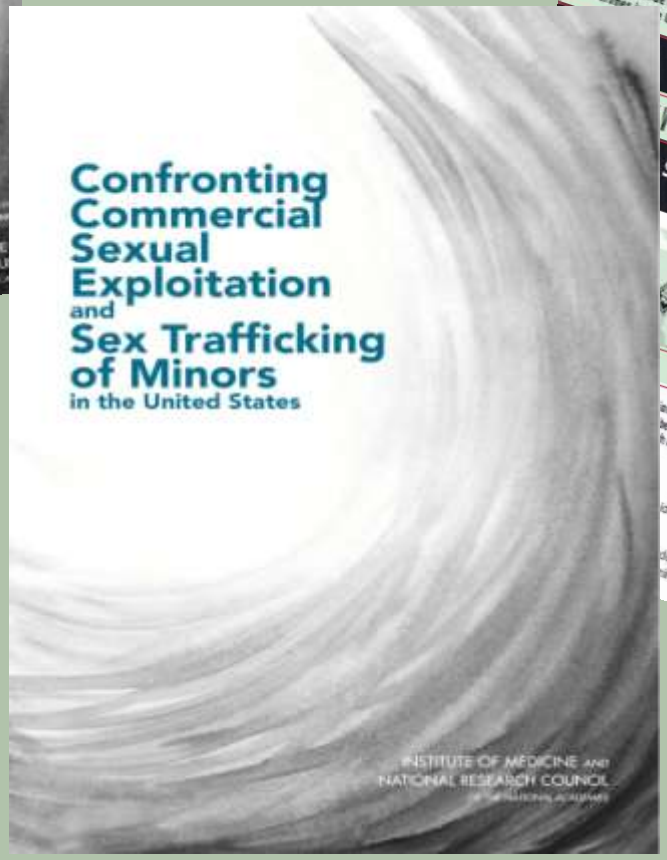


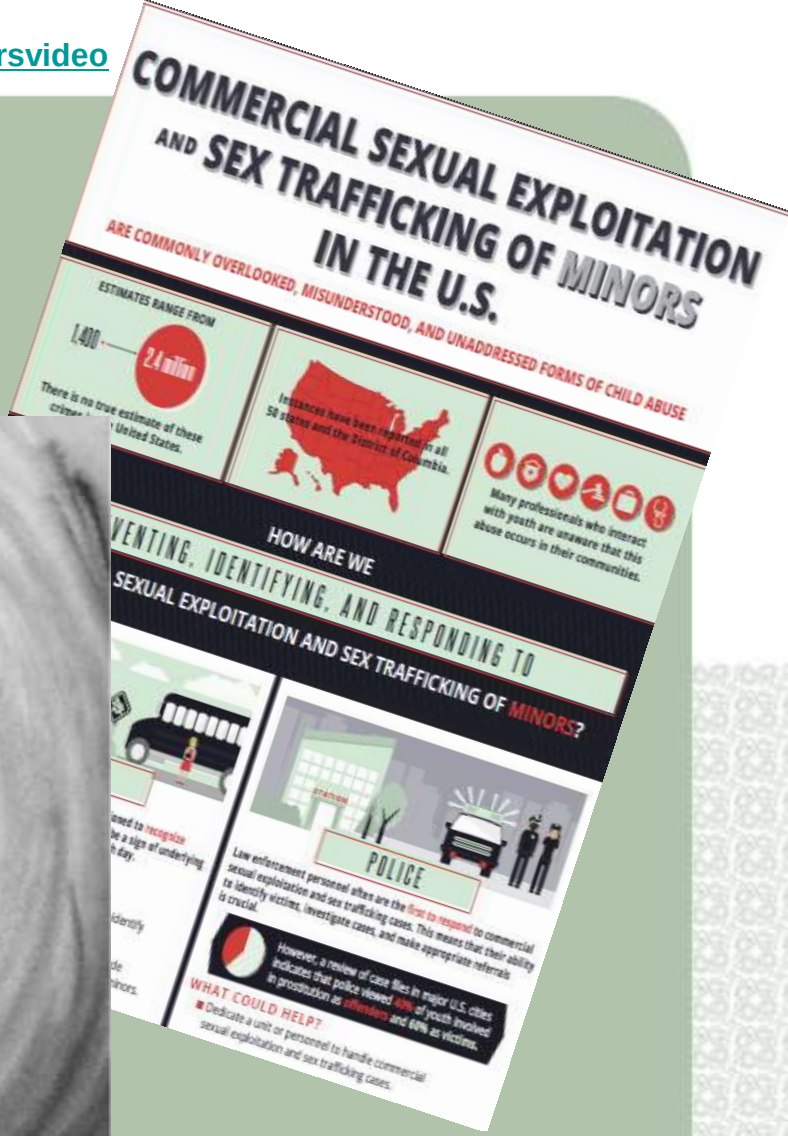
Part III: Recommendations

The committee makes recommendations in 5 key areas:

1. Increase awareness and understanding
2. Strengthen the law's response
3. Strengthen research on prevention and intervention
4. Support collaboration
5. Support information sharing

www.iom.edu/sextraffickingminorsvideo





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