

**Testimony Before the House of Representatives Committee on Energy and Commerce
Subcommittee on Health**

Hearing

“Examining H.R. ____, the Trafficking Awareness Training for Health Care Act of 2014”

**Testimony
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Good afternoon, Mr. Chairman and Members of the Committee. Thank you for the invitation today to testify, and for calling this hearing to address the health effects of human trafficking and the need for training for the healthcare provider sector.

Over the last decade, we have looked at human trafficking as a human rights abuse and a criminal justice problem. In the past five years, it has become clear that human trafficking also has serious public and private health consequences, and that we need public policy and programmatic responses to train health care providers to identify trafficking victims and respond appropriately.

Today I want to share with you the preliminary findings from a series of focus groups we conducted with domestic survivors of sex trafficking around the country. These focus groups provide evidence that women and children who are trafficked into prostitution are physically, mentally, and emotionally devastated by this crime, and this devastation is lasting – with illnesses, injuries, and impairments starting during the trafficking, but lasting often years after.

The full set of findings, in charts and tables, is available in my written testimony. I will outline the basic findings in my testimony here.

Survivors suffer tremendously, virtually without exception. In our study, ***99.1% reported at least one physical health problem during trafficking, and the majority reported dozens of health issues, ranging from neurological, cardiovascular, respiratory, gastrointestinal, gynecological, dental and dermatological problems.***

Survivors were overwhelmingly traumatized not only physically, but also mentally. The brutal treatment they endured created ongoing psychological and mental conditions in many victims and exploited existing mental instability in others. ***98.1% reported at least one psychological issue during their captivity, with an average of more than a dozen psychological health problems indicated, including depression, flashbacks, post traumatic stress disorder, panic attacks, helplessness, hyper-alertness, dissociation, depersonalization, suicide ideation, and attempted suicide.***

Not surprisingly, ***survivors reported significant numbers of reproductive health problems. More than 2/3rds of survivors (67.3%) contracted some form of sexually transmitted disease or infection (STD/STI), including gonorrhea, syphilis, herpes, or Chlamydia.***

Many survivors reported issues around pregnancy. 71.2% of survivors reported at least one pregnancy while being trafficked; 21.2% reported five or more pregnancies. ***54.7% said they had at least one miscarriage and 29.7% had more than one. 55.2% reported at least one abortion, with almost 30% reporting multiple abortions during the time they were trafficked.***

The prevalence of forced abortion is an especially disturbing trend in sex trafficking. Prior research has noted the occurrence of forced abortions in victims of sex trafficking outside the U.S. The survivors in our study indicated that often they did not elect to have abortions. More than half of those who answered the question indicated that their abortions were forced on them. In addition many more said that they felt forced to choose abortion by the circumstance of being trafficked. “How can I take care of a baby when he [her pimp] forces me out on the street every night.” One victim noted that “in most of [my six abortions], I was under serious pressure from my pimp to abort the babies.” Notably, the phenomenon of forced abortion in sex trafficking transcends the political boundaries of the abortion debate, violating both the pro-life belief that abortion takes innocent life, and the pro-choice ideal of women’s freedom to make their own reproductive choices.

Survivors also were the victims of violence and abuse at the hands of their traffickers. ***95.1% in our study experienced some kind of violence or abuse, including being shot, strangled, burned, kicked, punched, beaten, stabbed, raped, or penetrated with a foreign object.*** Survivors also reported threats, intimidation, verbal abuse and humiliation. This violence was the rule rather than the exception. As one survivor said, “My pimp had his girls out on the street every night. It was either you many the [money] for him or you got beat.”

Many survivors reported being dependent upon drugs or alcohol while they were being trafficked, either because the substances were forced on them as a control mechanism by their traffickers, or because substance abuse was a means of coping with their dire circumstances.

84.3% reported use or abuse of drugs, alcohol or both during the time they were trafficked.

The most common substances were alcohol, marijuana, cocaine, crack cocaine, ecstasy, and heroin.

Perhaps the most shocking finding of our study was ***that 87.8% of survivors had sought medical treatment during the time they were trafficked.*** The most frequently reported treatment site was the hospital/emergency room, with 63.3% saying they sought health care there. Survivors also had significant contact with health care clinics (57.1%) including Planned Parenthoods, urgent care clinics, women’s clinics, and neighborhood clinics, in that order.

Clearly, health care providers are “first responders” and have a unique opportunity to communicate with and intervene on behalf of victims. For this reason, health care providers must be aware of the signs of trafficking in order to identify victims. An important part of this training will be to help health care providers understand the coercive dynamic of trafficking, especially the extreme degree of control exercised by the trafficker, and the prevalence of criminal exploitation of women and children. Specialized trainings, tailored for the health care sector, are a critical part of the solution. Setting up internal protocols, procedures, and regulations may also further assist medical care providers in identifying, treating, responding to, and reporting (where necessary) trafficking victims. Finally we need more research to help us understand the health care problems and needs of trafficking victims, as well as to identify best practices, and to create national, state, and local responses to the health consequences of trafficking. The medical community can play a vital role in the ongoing fight to eliminate modern day slavery, and HR _____, the Trafficking Awareness Training for Health Care Act of 2014” is an important step in helping equip them for this fight.

Thank you.