

# Child Sex Trafficking: A Fact Sheet for Medical Professionals



Child Sex Trafficking (CST) is a severe form of child abuse and trauma that may significantly impact physical and mental health. Youth who are at risk, or have experienced trafficking, often seek help from medical professionals. Many times the experiences of trafficking, and associated needs, go unrecognized. Medical professionals play a pivotal role in identifying youth and responding effectively to ensure their safety and support.

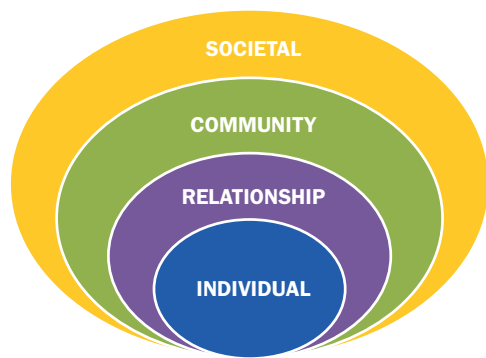
## What is Child Sex Trafficking?

CST involves the giving or receiving of anything of value (money, shelter, food, clothing, drugs, etc.) to any person in exchange for sexual activity with someone under age 18. Force, fraud, or coercion is not necessarily involved, nor is it required that a third party facilitates or benefits from the exchange, although these elements are often present. Examples include:

- A 6-year-old boy's parents allow adult men to engage in sex acts with him in return for money to buy drugs.
- A 13-year-old transgender youth is forced out of her home and engages in sex acts for a place to stay, food, and money for hormone treatment.
- A 15-year-old girl who is undocumented goes to live with her older boyfriend when her parents are deported and performs sexual acts online to "contribute to the household income."

## Who is at Risk of Child Sex Trafficking?

CST occurs among youth from all socioeconomic classes, races, ethnicities, and gender identities, in urban, suburban, and rural communities, across the U.S. However, some youth may be at increased risk due to a complex interplay of factors that include the following:



**Societal:** Sexualization of children, gender-based violence, strict gender roles, homophobia and transphobia, tolerance of the marginalization of others, lack of awareness of child trafficking, lack of resources for youth who have been exploited, social injustice, structural racism, and tolerance of community and relationship violence.

**Community:** Under-resourced schools and neighborhoods, community violence, community social norms, gang presence, commercial sex in the area, transient male populations in the area, poverty and lack of employment opportunities.

**Relationship:** Friends/family involved in commercial sex, family dysfunction, intimate partner violence, caregiver loss or separation, poverty, and unemployment.

**Individual:** Abuse/neglect, systems involvement (child protection, juvenile justice), experiencing homelessness/having run away, LGBTQ+ identity, intellectual and/or developmental disability, truancy, unmonitored/risky internet and social media use, behavioral or mental health concerns, substance use, unaccompanied migration.

## Trauma and Child Sex Trafficking

Many youth who have experienced CST have extensive trauma histories, with events occurring prior to and/or during the period of trafficking. As a result, many have significant trauma-related symptoms including difficulties with attention and concentration, controlling emotions and behaviors, developing healthy relationships, and building self-esteem.

## What Medical Professionals Need to Know

Children who have experienced CST often seek medical attention while being trafficked, usually at emergency departments or clinics. Providers should be knowledgeable about potential "red flags" concerning CST. These are nonspecific and may be absent, but when present should prompt additional screening and assessment for possible exploitation.

- Symptoms of sexually transmitted infection (STI) (often with a history of multiple STIs);
- Injury inconsistent with the explanation offered or that appears to be inflicted (e.g., has a patterned shape or is located in a protected area of the body)
- Intoxication; signs of substance use (i.e., may present as dental or malnourishment concerns)
- Suicide attempt; indicators of non-lethal self-harm, signs/symptoms of PTSD; behavioral dysregulation

- Acute sexual assault or physical assault
- Pregnancy, pregnancy-related issues, other OB/GYN concerns
- Youth is in the company of someone aggressive, intimidating, and controlling
- Youth is reluctant to provide full or accurate information (this may be out of concern for their own safety or to protect the exploiter and other relationships seen as critical to survival)

See also: <http://www.missingkids.org/theissues/trafficking#redflags>

### **CST Risk Assessment Using a Trauma-Informed Approach:**

Prioritize physical and psychological safety; build rapport and trust before asking sensitive questions.

Obtain medical history in a private, developmentally appropriate environment.

Maximize efforts to respect patient confidentiality in medical documentation; discuss with patient the information to be included in the record.

Maintain an open, respectful, nonjudgmental demeanor, with active listening.

Discuss limits to confidentiality early in the conversation.

Focus questions on physical and mental health, safety and well-being; do not ask about nonessential details of traumatic events.

Maintain transparency throughout the evaluation. Inform youth of reasons for each component of evaluation: history, general exam, genitourinary exam, testing, and treatment. Obtain permission to proceed; respect patient's right to refuse (unless medical emergency).

Avoid multiple providers asking the same questions repeatedly.

Recognize that maladaptive coping behavior may be related to prior trauma, fear, and anxiety.

Offer choices when possible and engage youth in referral and treatment options.

Use a trained interpreter, if needed.

## **Screening**

Professionals may use a validated screening tool created for use in the healthcare or other setting. When validated tools are not available (e.g., for children <11 years), the provider may consider asking the child and/or caregiver about risk factors for CST.

For more information on screening visit:

[www.nctsn.org/what-child-trauma/trauma-types/sex-trafficking/screening-identification-assessment](http://www.nctsn.org/what-child-trauma/trauma-types/sex-trafficking/screening-identification-assessment)

The goal for medical professionals is to assess risk of CST, not to obtain a full disclosure. In states with relevant mandatory reporting laws, the medical professional must respond to known and suspected CST, the same as to other known and suspected typologies of abuses: report to authorities, create a safety plan, and offer services.

## **Universal Education and Referrals**

- In addition to, or in lieu of specific screening, the professional may offer the child and caregiver brief (~5 min) education on healthy relationships and the links between violence and health (<https://www.futureswithoutviolence.org>), then offer a brochure with resources such as <http://ipvhealth.org/resources/#child-health>.
- Consider referrals to vetted CST service providers (e.g., shelters, refugee organizations, child advocacy centers); engage youth in this conversation and encourage their input.
- Provide health-related referrals for:
  - Exams by a provider trained in sexual assault if second opinion desired
  - Mental health assessment and trauma-focused treatment by a trained provider
  - OB/GYN visits, if indicated for pregnancy or long-acting contraceptives
  - Substance use assessment, rehabilitation if indicated
  - Primary care clinic (easily accessible, free, or sliding scale)
- The National Human Trafficking Resource hotline is available 24/7 and provides advice, crisis assistance, and referrals; interpreters available for 200+ languages.  
Phone: 1-888-3737-888 Text: 233733 (“HELP” or “INFO”),  
Chat: <https://humantraffickinghotline.org/chat> TTY: 711

*“Be present and mindful of the language and engagement strategies being used... We don’t want to feel like a science experiment. We do want to feel loved and accepted by another human being”*

– a CST survivor

### **Suggested Citation:**

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The Child Sex Trafficking Collaborative Group would like to extend a special thanks to the survivor advocates who helped develop this fact sheet. Your contributions are greatly appreciated and instrumental in educating others about the experiences and needs of youth who have been trafficked.

According to the Trafficking Victims Protection Act (TVPA), child sex trafficking is the recruitment, harboring, transportation, provision, obtaining, patronizing, or solicitation of a person under the age of 18 for the purpose of a commercial sex act (22 U.S.C. §7102 (9)(a) (4) (10) (2013). Commercial sexual exploitation of children (CSEC) is a commonly used related term.