



Improving Healthcare for Exploited and Trafficked Children and Teens: Questions Healthcare Providers Frequently Ask

Child sex trafficking, or the commercial sexual exploitation of children (CSEC), encompasses a broad range of coercive practices centered around exploiting minors for financial gain. As healthcare providers, we must recognize and serve this population through a child rights, trauma-informed lens. Because many individuals do not self-identify, we may recognize clinical features of a patient's presentation that raise concern but may not know how to proceed from that point.

The following questions address frequent concerns amongst healthcare providers in caring for minors who have features that are concerning for exploitation.

What is the best way to refer to this population?

The most inclusive term may be those with lived experiences of exposure to exploitation. The terms survivor and victim label the patient in a way that he/she/they may not see themselves. The terms prostitute or escort carry an implication of judgement and should never be used.

Are members of the LGBTQIA+ community also trafficked?

Yes, this is a population at risk. Although the majority of the data focuses on women, data on other populations is forthcoming.

Are there child trafficking screening tools healthcare providers can use?

Currently, there is one validated tool used for minors, Greenbaum's screening tool that looks at several high-risk behaviors.* There is no quick way to screen for trafficking – many people are not ready to disclose and others do not view their situation as exploitation. Labeling their experience can be traumatizing to the individual. Disclosure is a process, and we must meet the patient where he/she/they are. When asking questions, as with all sensitive information, there must first be an established rapport. In addition, these questions must be asked in a trauma-informed, patient-centered way. They cannot be a check box that the patient answers when they come for healthcare.

* Livings, Michelle; Greenbaum, Jordan; Lewis, Rayleen; Williams, Jeremiah D.; Self-Brown, Shannon; and Lai, Betty S. (2017) "A Screening tool for Identification of Victims of Commercial Sexual Exploitation of Children," Journal of the Georgia Public Health Association: Vol. 7: No. 1, Article 44. DOI: 10.21633/jgpha.7.145 Available at: <https://digitalcommons.georgiasouthern.edu/jgpha/vol7/iss1/44/>

What human trafficking resources are available?

First, does the patient view their situation as being involved in trafficking or see their situation as being interpersonal violence? Ask the patient what resources he/she/they need. Do not assume. Resources are often limited and are based on age, gender, international vs. domestic trafficking, and how ready the patient may be to exit their situation. The most important resource is follow-up healthcare.

What is the estimate of the number of children and teens being trafficked in the US?

Statistics are hard to collect. Like sexual abuse, patients may not disclose while the exploitation is occurring. Disclosure may not happen until years later.

How can I find a safe place for the patient to go?

Does he/she/they say they need somewhere safe? If by safe you mean locked, there are no locked facilities other than inpatient psych. If the patient is not in a place to change their behavior, even time in a locked unit will not change the behavior. The patient must be ready for change; we cannot force it.

What about notifying child protective services?

First, you must be familiar with the law and mandates specific to where you practice. Is the patient less than 18 years old? Is the perpetrator a parent or caregiver? In most states this would be a mandated call. Is the patient disclosing exploitation? If so, in most cases this is a mandatory report. However, we must consider the patient's disclosure when reporting.

Should I call the police?

If you are or the patient are in imminent danger, call 911. If the patient is ready to make a police report, the situation is like sexual assault to an adolescent. Before involving law enforcement, consider the patient's agency and decisions.

What if I am worried about the patient? I'm nearly certain they are being exploited.

The only way to truly know if something is happening is if the person discloses, otherwise it is simply clinical suspicion. If the patient is not disclosing and you have tried to see if something may be going on, there comes a time where you must stop asking the patient questions. Your questioning may cause more distress to a person not ready to disclose. We must respect the "no." For patients who are being abused and exploited, "no" is often not an option. Let "no" be an option when they are receiving healthcare. Let him/her/them take ownership of his/her/their body and empower the individual to have control over their healthcare experience.

If you continue to worry, that worry may be about you and a sign of secondary trauma. Speak to a colleague; seek help to unpack your worry so that you can continue to care for patients.