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## Understanding and Responding to the Needs of Commercially Sexually Exploited Youth:

### Recommendations for the Mental Health Provider

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## INTRODUCTION

Commercial sexual exploitation of children (CSEC) is a critical human rights and public health issue that child psychiatrists and other mental health providers can play an important role in addressing. Although commercially sexually exploited youth often go unidentified by health providers, these youth may have frequent contact with health care, juvenile delinquency, and foster care systems, and therefore, likely interact with mental health providers who work in these settings. Although the data on commercially sexually exploited youth are limited, studies show that these youth are at high risk for medical and psychiatric problems and have challenging psychosocial histories, including having experienced childhood abuse, homelessness, and foster care placement.<sup>1–4</sup> The exact numbers of commercially sexually exploited youth are unknown given the clandestine nature of the exploitation and underreporting. Experts suggest that the number of sexually exploited children in the United States may be growing.<sup>1</sup> Understanding the risk factors for

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commercial sexual exploitation, the health and mental health implications, and treatment options can help improve detection and care for this underserved population.

## DEFINING COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN

To better understand CSEC, it is helpful to review the definition of human trafficking in its various forms, both internationally and in the United States. Trafficking in persons (also referred to as human trafficking) is defined by the United Nations Palermo Protocol as “the recruitment, transportation, transfer, harbouring or receipt of persons, by means of threat or use of force or other forms of coercion, of abduction, of fraud, of deception, or the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person for the purpose of exploitation.”<sup>5</sup> Related to this, exploitation includes but is not limited to sexual exploitation, prostitution, forced labor, slavery, and servitude or the removal of organs.<sup>5</sup> Under the Palermo protocol, the trafficking of a child refers to all youth less than 18 years old.

In the United States, the Trafficking Victims Protection Act (TVPA) of 2000 provided a similar definition for victims of trafficking. The TVPA defined sex trafficking as the “recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act.”<sup>6</sup> The TVPA defined severe trafficking as sex trafficking through the use of force, fraud, or coercion, or if the victim is less than 18 years of age.<sup>6</sup> This definition means that a sex-trafficked child (less than 18 years old) is considered a victim of severe trafficking under the federal law due to age, without the requirement of the trafficker using force, fraud, or coercion. Under the law, physical transportation of a victim need not occur for a crime to be considered trafficking.

The term “commercial sexual exploitation of children” is defined by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) as “crimes of a sexual nature committed against juvenile victims for financial or other economic reasons.”<sup>7</sup> Sexual exploitation includes prostitution, pornography, sex tourism, mail order bride, adolescent marriage (generally to older men), performance in sexual venues such as strip clubs, survival sex, private parties, massage parlors, gang-based prostitution, and Internet-based exploitation.<sup>7-9</sup> Although not included in the legal definition by OJJDP, many experts also include youth who engage in sex for desirable items, perceived excitement, or social status, as well as those who in engage in “survival sex” (eg, engaging in sex acts in exchange for money, food, shelter, or other basic necessities) under the rubric of CSEC.<sup>7,10</sup> The terminology CSEC reflects an important shift in the paradigm of how these youth are perceived by the general public, by law enforcement, and by lawmakers, as well as by the legislative trends of decriminalization and diversion of trafficked victims.

### The Trafficking Victims Protection Act of 2000 and “Safe Harbor” Protections for Commercially Sexually Exploited Youth

The TVPA of 2000, the first comprehensive federal human trafficking bill, addressed the prevention of human trafficking, provided a definition for victims of trafficking, authorized protections and assistance for victims, and increased penalties for traffickers.<sup>6</sup>

Although the passage of the TVPA signified a reorientation of federal policy toward trafficking victims, laws in all 50 states still classified commercially sexually exploited youth as criminals who could be incarcerated for prostitution.<sup>7,11</sup> In response, several states enacted “Safe Harbor” laws designed to reclassify youth as victims and ensure access to services and legal protections. These laws function to decriminalize juvenile prostitution such that victims can no longer be convicted for their exploitation or establish diversion pathways that redirect victims from the justice system into child welfare or specialized services.<sup>11</sup> New York enacted the Safe Harbor law in 2008.<sup>12</sup> By 2014, 22 states had enacted antitrafficking legislation that included various Safe Harbor protections.<sup>13</sup> In addition, Congress is again considering legislation that would incentivize all states to adopt Safe Harbor laws.<sup>13</sup>

### **Risk Factors Contributing to Vulnerability to Commercial Sexual Exploitation of Children**

When addressing the legal protections and services these youth need, it is helpful to conceptualize CSEC within an ecological framework (Fig. 1). The ecological perspective acknowledges the distinct connection between the youth and the physical and sociocultural environment in which the youth interacts. The contact between and the interdependence of these risk outcomes are inextricably tied to interactions between each level: individual risk factors, family factors/dynamics, neighborhood/community living conditions, institutions and systems of care, social and legal policies.<sup>14</sup> Applying these principles is useful to understanding commercially sexually exploited youth as well as guiding treatment and community interventions. Although the factors that place youth at increased risk for commercial sexual exploitation are numerous, there are several psychosocial risks factors that have been frequently documented in youth who are commercially sexually exploited. These include, but are not limited to, childhood abuse, neglect, foster care placement, and homelessness.<sup>1,15–18</sup>

It is important for mental health clinicians to be aware of sexually exploited youth within the child welfare and juvenile justice system. Foster youth are at high risk for becoming exploited because they may have underlying histories of abuse that make them more vulnerable, and they may be in settings where they are at greater risk of victimization (eg, group homes, foster homes) and more accessible to potential traffickers or peers involved in trafficking.<sup>1</sup> Commercially sexually exploited youth also frequently present in the juvenile delinquency system. Although there has been a shift in many jurisdictions toward diverting commercially sexually exploited youth out of the juvenile delinquency system, youth are often first identified within the delinquency system after getting arrested for trafficking or non-trafficking-related offenses. Practitioners who work in the child welfare or juvenile justice settings are likely aware of the bidirectional flow of youth (commercially sexually exploited or otherwise) between these settings; this highlights an important point of contact for early detection by practitioners in both the child welfare and the juvenile justice settings.

Mental health providers should also be aware of the association between childhood abuse and being trafficked. One study reported the prevalence of emotional, physical, and sexual abuse in childhood among sexually exploited youth to be between 32% and 93%.<sup>19</sup> Researchers have documented the association between experiencing childhood sexual abuse

and CSEC.<sup>1,19</sup> Experiencing childhood emotional abuse is also significantly associated with being trafficked<sup>19</sup> and with younger ages of entry into the commercial sex industry.<sup>17</sup> Experts hypothesize that the psychologically damaging effects of childhood abuse may affect one's sense of self-efficacy and coping in dangerous, high-risk situations; this in turn may place one at increased susceptibility to sexual victimization and commercial sexual exploitation.<sup>17,19</sup>

Another significant risk factor for commercial sexual exploitation is being homeless, including being a runaway or "thrown away" youth.<sup>20,21</sup> Many homeless youth who have fled situations of abuse and neglect must develop means of financial support in often-dangerous environments. Homeless youth often lack trusted social connections and thus are especially vulnerable to the exploitative techniques used by traffickers.<sup>1</sup> Indeed, among youth who entered the sex industry, a history of running away in childhood is associated with youth entering the sex industry under the age of 18 compared with women who enter over the age of 18.<sup>17</sup> It is estimated that 70% of youth living on the street engage in commercial sex to meet basic needs.<sup>1</sup>

Although historically undetected by outreach organizations that may focus efforts on heterosexual women, LGBTQ (lesbian, gay, bisexual, transgender, and queer) youth are at risk for commercial sexual exploitation due to their high risk for social marginalization, vulnerability to victimization, and homelessness.<sup>22</sup> One study examining risk factors among homeless youth for initiation into the street economy (including sexual exploitation) found that male-to-female transgender youth were especially vulnerable to exploitation given the barriers of stigma and discrimination to obtaining jobs in the formal economy.<sup>23</sup>

## RECRUITMENT AND ENTRAPMENT TECHNIQUES USED BY TRAFFICKERS

The psychosocial context and the aforementioned risk factors place these youth at heightened vulnerability to the tactics used to recruit and maintain youth in commercial sexual exploitation. These techniques are important for mental health clinicians to understand, because they have the potential to affect the therapeutic relationship, the assessment, and the treatment of trafficked youth.

### Domestic Recruitment

In the United States, youth may enter into the commercial sex industry through 4 main routes: by peer networks, by recruitment by sex traffickers directly (in-person or online), by abduction, or by being sold by family members.<sup>1,10,18</sup>

Research on recruitment through peer networks shows that this experience is more common than often realized. A study of commercially sexually exploited youth from New York revealed that 46% of the female youths and 44% of the male youths in the sample reported initiation by friends.<sup>18</sup> This recruitment process may occur through "friends" who are actually surrogate recruiters for pimps, through peers who help directly introduce youth to prostitution, or through social networks, where prostitution is normalized and glamorized and youth may be pressured to join.<sup>18,23</sup> Youth may be recruited in foster care homes, group facilities, or while homeless.

Another described path into sex trafficking is through exploitation by sex traffickers, commonly referred to by commercially sexually exploited youth as “pimp,” “boyfriend,” “sugar daddy,” or “daddy.”<sup>16,24</sup> Youth report that pimps may be men or women, known acquaintances, a “boyfriend” with likely ulterior motives from the beginning, or strangers.<sup>16,18</sup> Many traffickers use social media sites, such as Facebook and Twitter, to recruit youth.

It is known that traffickers target vulnerable adolescent girls using a variety of sophisticated coercive techniques, often dubbed “grooming techniques.” These grooming techniques include romancing young adolescent girls; building trust, such as helping take care of vulnerable adolescents or helping them out of difficult situations; glamorizing and normalizing prostitution, through the use of jokes and luring them via female friends; isolating youth from their loved ones and home; abducting youth; and coercing youth via drugs and by debt bondage.<sup>15</sup> Reports also describe recruitment within gangs and recruitment of youth with intellectual disabilities.<sup>15</sup> One study of trafficked youth described that younger pimps tend to use violence or threats against girls, while older, likely more experienced pimps were known to manipulate youth through “smooth talking,” promises of romance, and emotional control.<sup>16</sup> In many cases, a vulnerable youth is enticed into a relationship with a “boyfriend” through gifts, dates, and attention. A “trauma bond” is then formed with the exploiter, in which the youth is willing to do what the exploiter asks, including sex acts with others, to preserve the relationship. Frequently, the relationship descends into intimidation and violence.<sup>10</sup>

Enmeshment techniques used by sex traffickers include blackmailing, shaming, financial control, isolation, and using children and pregnancy, including threatening abortion or adoption of one’s child, to control victims. Trafficked youth also report intimidation and threats of injury or death and physical violence.<sup>15</sup> Believing that the relationship is consensual and special, many sexually exploited youth develop feelings of obligation to their trafficker, unaware that they are being exploited.<sup>2,15,16</sup>

### **International Recruitment**

Human traffickers involved in international trafficking may use similar manipulative mechanisms as pimps to recruit victims, including the use of fraud or force. International studies reveal that women and children often enter trafficking through collusion by a parent or friend.<sup>4,25</sup> Youth may also be pressured by family members to find work abroad, may be seeking a better life or financial opportunity, or may attempt migrating to escape political or domestic violence at home or in their country of origin. Youth migrating as unaccompanied minors are inherently vulnerable to exploitation through the migration process or may become victims of commercial sexual exploitation on arriving at their destination through being forced to pay back debt to traffickers.<sup>1</sup> Internationally trafficked youth often fear reprisals against their families in their country of origin and fear contacting service agencies and law enforcement in the United States, which heightens their vulnerability. Thus, traffickers often exert a higher level of control over these victims. As a result, the exploitation of internationally trafficked youth can be less visible.<sup>1,25</sup>

## THE PSYCHIATRIC INTERVIEW AND POTENTIAL CHALLENGES

Given the complex psychological factors involved in the recruitment, entrapment, and enmeshment of commercially sexually exploited youth, obtaining an accurate history and assessment of trafficked youth may be difficult. Sexually exploited youth may distrust the interviewer, may have a desire to protect the perpetrator, and may fear retribution from their exploiter.<sup>25,26</sup> They may not realize they are being exploited and can be hesitant or unable to describe their traumatic experiences.<sup>2,25</sup> Shame and stigma have been described as major barriers to victims seeking mental health services.<sup>26</sup>

Because of these factors, providers must interview the youth alone, keeping in mind that they may be accompanied to health visits by an exploiter. Providers need to discuss confidentiality with the adolescent in the beginning, including what information must be reported under mandatory reporting laws; these laws differ by state and locality.<sup>10</sup> Given the traumatic and coercive situations many of these youth have endured, allowing the youth to feel empowered and in control of the situation and avoiding discussions and actions that could potentially revictimize the youth or make them feel threatened are vital.<sup>26</sup>

It is also important for the provider to establish an environment of safety and trust. Developing a therapeutic alliance may take time and repeated visits. Providing an empathic, partnered, nonjudgmental approach as well as avoiding the use of medical or legal jargon is also helpful. In one qualitative study examining how outreach workers could best engage trafficked youth, youth specifically reported that they wanted outreach workers to use milder words expressed in the youth's own language to describe sexual exploitation, including terms such as "working" or engaging in "the game." In this study, the youth also described wanting outreach workers to listen and care.<sup>24</sup>

## IDENTIFICATION OF COMMERCIALY SEXUALLY EXPLOITED YOUTH

Although trafficked youth likely will not self-identify as victims of sexual exploitation, these youth present for medical treatment, including in emergency rooms, reproductive health clinics, and community health centers. Psychiatrists and mental health providers may be asked to consult on these youth in hospitals and after they present to emergency departments. As described earlier, mental health providers may also encounter sexually exploited youth in the child welfare and justice systems.

Many organizations and agencies have identified physical and psychological signs as well as psychosocial history indicators that suggest a youth may be trafficked (Box 1). For example, the exploiter may accompany the youth to the medical visit. The youth may appear to be controlled or submissive to this person and may give false or changing information.<sup>27</sup> Although not all youth will display these signs, and having these characteristics does not mean that a youth is being sexually exploited, understanding the indicators and risk factors associated with commercially sexually exploited youth may improve identification and guide further assessment. Increasing detection of trafficked youth among health and mental health providers is essential for improving care for this population. In one study of female adult and adolescent trafficking survivors, 28% of survivors came into contact with a medical provider without being detected as a victim of trafficking.<sup>25</sup>



## MENTAL HEALTH IMPLICATIONS OF COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN

High rates of childhood maltreatment, exposure to violence, threats of death, coercion, isolation, and poor living situations create an environment where commercially sexually exploited youth are at elevated risk for severe mental health issues. These diagnoses include posttraumatic stress disorder (PTSD), depression, substance abuse, anxiety, and suicidality.<sup>2-4</sup>

One study of sexually exploited youth engaged in care in Northern California revealed high levels of depression, anxiety, anger problems, and attachment problems. In addition, more than 30% of the youth engaged in moderate to severe self-harming behavior.<sup>2</sup> Seventy-seven percent of trafficked women and adolescents receiving posttrafficking care in Europe met criteria for probable PTSD.<sup>3</sup> Cognitive impairment may also be encountered among sexually exploited youth, which could be secondary to traumatic brain injury and physical violence, or associated with mental health symptoms. In one study, almost two-thirds of the trafficked women reported memory problems.<sup>4</sup>

Substance use may also present with mental health problems and may exacerbate both mental health and physical health issues of trafficked youth. Youth may be forced to use, carry, or sell substances by exploiters, or may use substances to cope. Interviews with sexually exploited youth in New York City revealed that drug use was common, with more than 50% of the sample reporting regular marijuana use as well as the use of cocaine and alcohol.<sup>18</sup>

## PHYSICAL HEALTH IMPLICATIONS OF COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN

Along with the adverse effects on mental health, CSEC has profound immediate and long-term detrimental effects on physical health with important implications for the psychiatrist (Box 2). Understanding these potential health needs may facilitate needed medical referrals and improve the overall quality of care for this high-risk, medically underserved group.

Commercially sexually exploited youth have high rates of violence-related injuries and unmet reproductive health needs.<sup>10</sup> A report on trafficked women and adolescents receiving services in Europe described that 76% of the women reported physical violence during trafficking, and 90% reported sexual violence.<sup>4</sup> Similarly, a cross-sectional study of female domestic sex trafficking victims found that 89% reported experiencing physical violence; 59% reported having a sexually transmitted infection, and 58% became pregnant while trafficked.<sup>28</sup>

High rates of injection drug use and unsafe sex make sexually exploited youth especially vulnerable to infectious diseases, such as HIV and hepatitis C.<sup>10</sup> In addition, despite the fact that more than three-quarters of sexually exploited youth report having seen a medical provider within the past 6 months, these youth also have higher rates of malnutrition, general infections, and untreated chronic medical conditions, such as asthma, diabetes, and



sickle-cell anemia.<sup>10,18</sup> Psychiatrists can serve an important role in directing commercially sexually exploited youth to needed medical care and should also take into consideration the potential psychological trauma and needs that may result from the medical conditions experienced by these youth.

## TREATMENT OPTIONS AND APPROACHES

Despite a growing interest among providers, policymakers, and researchers in understanding the needs and providing services to sexually exploited youth, evidence-based research studies and program evaluations are still needed to determine the best treatment options. To date, very little empirical research has been conducted to assess the effectiveness of therapeutic modalities for trafficked youth. There are several psychotherapeutic approaches identified for the treatment of sexual abuse in children and adolescents that may also be appropriate for commercially sexually exploited youth. In fact, many of the treatment recommendations for trafficked youth come from programs used to treat other victimized groups, including victims of sexual abuse, domestic violence, and torture, and from organizations who work with sexually exploited youth. More research is needed to determine the most efficacious mental health treatment. Overall, however, there is general consensus that a multidisciplinary, trauma-informed approach embedded within a system of care model is needed.

### General Principles Include Using a Multidisciplinary Approach and Trauma-Informed Care

Given the complex legal, social, and medical/mental health needs of commercially sexually exploited youth, a coordinated multiagency approach is important to fully address the needs of this population. A systematic review of the literature addressing the needs of international survivors of sex traffickers summarized 4 key components of care: starting with a comprehensive needs assessment of survivors, assuring safety and confidentiality, delivering trauma-informed care, and providing comprehensive case coordination.<sup>29</sup> Other experts also highlight the need to effectively educate and train all staff on the complex needs of trafficked youth.<sup>30</sup>

Trauma-informed services have been recognized as a promising approach to providing care in systems such as homeless shelters, the juvenile justice system, and medical settings where sexually exploited youth may present for services. A trauma-informed approach recognizes the symptoms of trauma, understands the impact of past trauma on an individual's life and coping, and incorporates this understanding into practices to empower and avoid retraumatizing the individual.<sup>31</sup> Implementing a trauma-informed model of care can improve identification, diminish harm, and enhance care of youth who have been sexually exploited and victimized.<sup>26,29</sup>

### Evidence-based Treatment of Symptoms Associated with Commercial Sexual Exploitation of Children

Although there are not specific evidence-based treatments for youth who have been commercially sexually exploited, mental health treatment of these youth should focus on treating the mental health symptoms with current evidence-based modalities. For youth with

PTSD, the most studied treatment is cognitive behavioral therapy (CBT), shown to effectively treat trauma, including exposure to community violence and exposure to trauma among immigrant youth.<sup>32–34</sup> CBT focuses on the interconnectedness of thoughts, behaviors, emotions, and physiologic responses.<sup>35</sup> One promising randomized controlled trial of trauma-focused CBT (TF-CBT), delivered to sexually exploited girls in the Democratic Republic of Congo, demonstrated a reduction in trauma symptoms, decreased anxiety and depression, and improved prosocial behavior. This treatment was culturally adapted, group-based, and delivered by trained facilitators without a mental health background. The authors of this study suggested that part of the positive findings arose from the peer support provided by those with similar experiences.<sup>36</sup> Although this study took place in the Congo with war-affected youth, it has important implications for culturally adapting TF-CBT for populations other than the original intended population, such as for commercially sexually exploited youth in the United States.

There are several other potential evidence-based modalities that could be potentially adapted for trafficked youth. One is multisystemic therapy (MST), a model that takes an ecological approach to treatment and includes the client, the client's family, school, friends, and social services advocates. Originally designed to treat antisocial behavior, MST engages multiple systems to facilitate care of the patient.<sup>35</sup> Dialectical behavioral therapy (DBT), which has been used to treat victims of domestic violence and childhood sexual abuse, may also be beneficial for sexually exploited youth.<sup>37</sup> The cornerstone of DBT involves learning skills of distress tolerance, mindfulness, and emotion regulation, all of which may be especially helpful for youth struggling with self-harming behaviors and maladaptive coping mechanisms.

As there are no current guidelines for the treatment of commercially sexually exploited youth, both pharmacologic and psychotherapeutic treatment of sexually exploited youth should be tailored to the patient and based on the patient's primary and secondary mental health needs, including substance abuse treatment.

### **Programmatic Interventions**

Along with the need for both medical and mental health treatment, many sexually exploited youth are also in need of supportive services and life-skills training. Often youth become involved in commercial sexual exploitation before completing educational training; this can result in a lack of financial, educational, leadership, and self-efficacy skills, and for some, the inability to develop meaningful activities and hobbies. Several programs that provide services to sexually exploited youth have attempted to deliver a more extensive, holistic approach to treatment by teaching these types of skills to commercially sexually exploited youth. In 2007, Clawson and Grace<sup>38</sup> evaluated 4 residential facilities dedicated to serving trafficked youth in the United States, including Girls Educational and Mentoring Services, Transition to Independent Living Program, Standing Against Global Exploitation, Children of the Night, and Angela's House. Although the programs were not formally evaluated with a set of quality metrics, the researchers interviewed key providers delivering services to trafficked youth and identified common elements recommended for residential facilities. These common elements included hiring staffers with specific expertise serving trafficked

youth (with some providers advocating prioritizing hiring of survivors), providing intensive case management, life skills, and job training, youth development, family reunification, and education, among others. More formal evaluation of the programs and associated outcomes are needed to determine the best ways to deliver services to these youth and to help guide future development of programs in a trauma-informed, strengths-based framework.

## ADDITIONAL RESOURCES FOR PROVIDERS

Commercially sexually exploited youth may have extensive financial, social, legal, immigration, and even basic necessities that often extend beyond a clinician's clinical repertoire. Nevertheless, despite what many trafficked youth have endured, many are resilient and can thrive with appropriate, comprehensive care. Therefore, it is important for psychiatrists and other mental health providers to work in a multidisciplinary, team-based environment in conjunction with service agencies to provide the most thorough care for these youth. In addition, mental health professionals must comply with state child abuse mandatory reporting laws. If a provider does not think that there are adequate resources and support available in their practice or agency, it may be helpful to contact local child protection agencies, or the National Human Trafficking Resource Center, which has a 24-hour hotline available for assistance (Table 1). Additional resources, including helpful phone numbers and Web sites, are included in Table 1.

Finally, there is a role for psychiatrists and other clinicians to advocate for the rights and needs of their commercially sexually exploited patients, which begins with referring to these youth as victims/survivors when communicating with authorities, laypeople, and agencies. Despite Safe Harbor laws and the recognition of trafficked youth as victims under the TVPA, many professionals and members of the general public may still refer to youth as delinquents and may not understand the victim-centered, trauma-informed needs of this population. By raising awareness and educating others, psychiatrists and other mental health providers can contribute greatly to changing policies and treatment practices for this still marginalized group.

## SUMMARY

Youth who have been commercially sexually exploited are at high risk for mental health problems, including depression, PTSD, and substance use, given their potential exposure to violence and trauma, as well as difficult and often dangerous living situations. Although youth often do not self-identify as trafficked victims, mental health providers may encounter these youth in various health care settings as well as in juvenile justice and child welfare settings. Child psychiatrists and other mental health providers can serve an important role in identifying, raising awareness, and providing needed mental health services to these youth. Despite the psychosocial adversities and associated mental health and physical health sequelae described in this article, many sexually exploited youth have successfully exited sex trafficking, with some becoming influential advocates who support other sexually exploited survivors. By partnering with advocacy organizations and agencies, and by providing excellent clinical care, child psychiatrists and other mental health providers can help improve the emotional well-being and lives of these youth.

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**Box 1 Psychiatric interview: potential associated signs, mental health symptoms, and red flags for detecting commercially sexually exploited youth**

**Appearance and behavior**

Youth is accompanied by an individual that appears controlling or does not want the youth to be interviewed alone

Youth displays a withdrawn, frightened, or guarded affect

Youth gives vague or changing demographic information

Youth appears intoxicated or impaired by substance use

Youth has evidence of branding or tattoos (including facial tattoos, gang-related tattoos)

Youth has evidence of physical injury (scars, burns, lacerations, fractures, traumatic brain injury)

Youth appears to be in poor physical health (evidence of skin infections, poor dentition, malnourishment)

Youth is carrying large amounts of money or expensive items that appear beyond the youth's means

**Social history**

Youth has a history of homelessness (includes running away, being abandoned, or forced to leave home)

Youth has an older boyfriend and/or history of multiple sexual partners

Youth has a history of juvenile justice system involvement

Youth has a history of involvement with child welfare services (including living in a group home/foster care home)

Youth does not attend school or is frequently truant

**Medical history**

Youth has a history of pregnancy, abortion, ectopic pregnancies

Youth has a history of multiple sexually transmitted diseases, pelvic inflammatory disease

Youth has frequent emergency room visits (including for physical injuries, reproductive concerns, or sexually transmitted diseases)

**Mental health symptoms**

Youth has symptoms of depression

Youth is suicidal

Youth has symptoms of posttraumatic stress disorder, traumatic stress, and/or anxiety symptoms



Youth has symptoms of a substance use disorder

Youth has problems with anger

Youth has self-harming behaviors

Having these signs does not mean that a child is being commercially sexually exploited, and lack of these signs does not rule out that a child is being commercially sexually exploited.

*Adapted from* Greenbaum VJ. Commercial sexual exploitation and sex trafficking of children in the United States. *Curr Probl Pediatr Adolesc Health Care* 2014;44(9):245–69; with permission. *Data from* Refs.<sup>2,4,18,27,39</sup>

## **Box 2 Physical health implications of commercial sexual exploitation of children for the mental health provider**

### **Violence-related injury**

- Commercially sexually exploited youth may be in immediate physical danger. Providers can assess current safety as a priority.
- Commercially sexually exploited youth may have acute injuries (eg, lacerations, fractures, traumatic brain injury, anogenital trauma) requiring immediate medical care or may be suffering from physical or mental health sequelae from previous violent-related injuries.
- Providers can assess the need for referral for acute medical care and address psychological trauma related to previous violent injuries.

### **Reproductive health needs**

- Most commercially sexually exploited youth practice unsafe sex at least some of the time. Providers can encourage youth to practice abstinence (if feasible) or safe sex practices.
- Rates of sexually transmitted infections, such as chlamydia, gonorrhea, HIV, and syphilis, are disproportionately high. Providers can administer testing or offer referrals for testing and treatment of sexually transmitted infections.
- Commercially sexually exploited youth have high rates of current pregnancy or abortions or have already had children (many of whom have been removed from their custody). Providers can offer pregnancy testing (or referral for testing) and explore psychological trauma related to pregnancies, parenthood, and/or abortions.

### **Infectious diseases**

- Infections, such as endocarditis, tuberculosis, and untreated dental caries, may be more common in commercially sexually exploited youth.
- By building trust with youth and providing necessary medical referrals, providers can play an important role in connecting commercially sexually exploited youth to needed medical care.

### **Chronic medical conditions**

- Commercially sexually exploited youth are more likely to have untreated chronic conditions, such as asthma, diabetes, and sickle-cell disease.
- Providers can help assess barriers to medical care and provide referrals to medical providers.

### **Substance use**

- Underlying substance use strongly affects the physical health of commercially sexually exploited youth. It contributes to conditions such as malnutrition, infections, and unsafe sexual practices.

- By addressing substance use and abuse, providers can fulfill a critical role in improving the physical health of commercially sexually exploited youth.

*Adapted from* Greenbaum VJ. Commercial sexual exploitation and sex trafficking of children in the United States. *Curr Probl Pediatr Adolesc Health Care* 2014;44(9):245–69; with permission. *Data from Refs.*<sup>18,28</sup>

**KEYWORDS**

- Commercially sexually exploited children
- Commercial sexual exploitation of children
- Sex trafficking
- Human trafficking
- Exploitation

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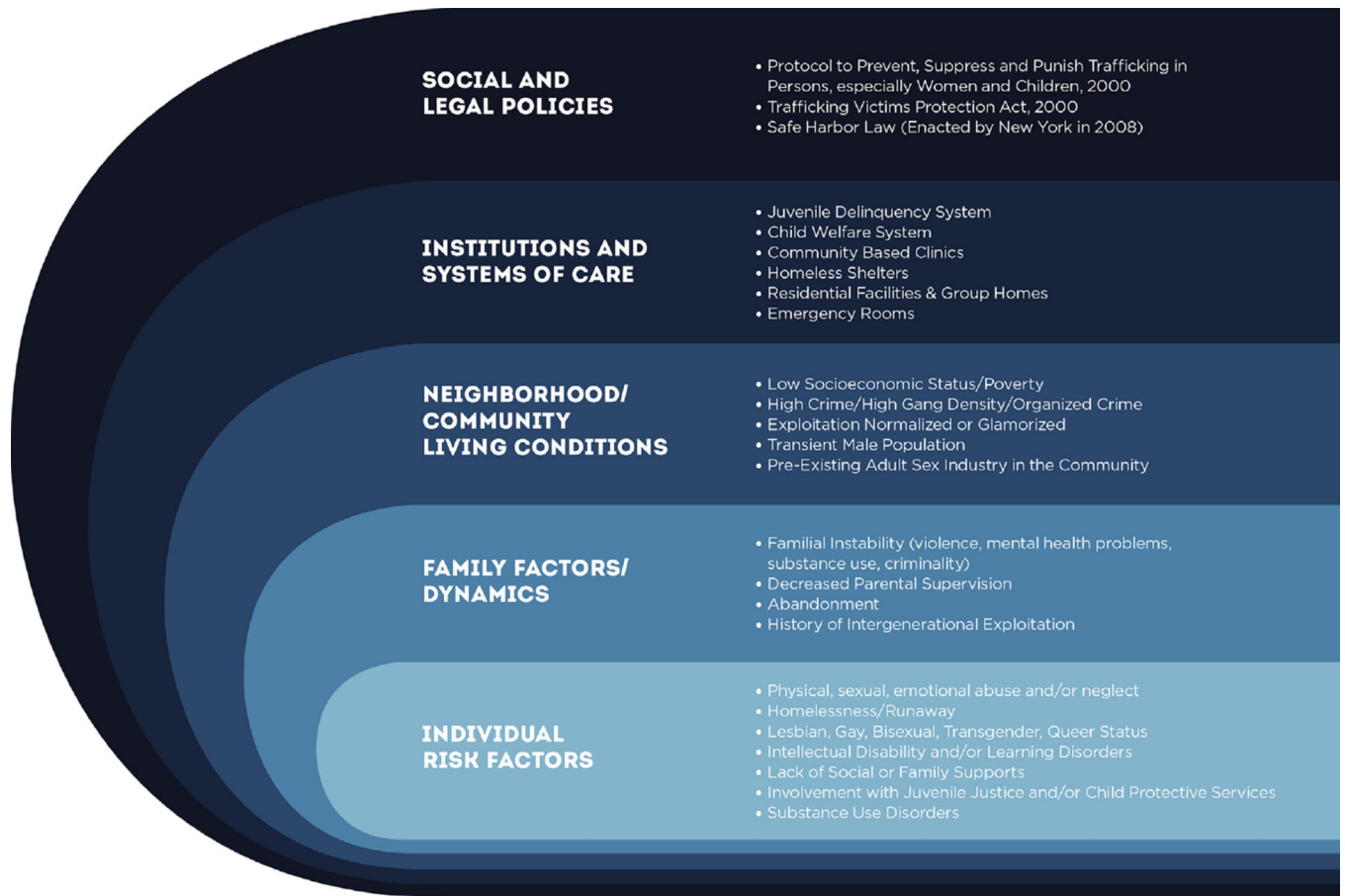
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**KEY POINTS**

- Mental health providers may encounter commercially sexually exploited youth in various health care settings, emergency rooms, the juvenile justice system, and child welfare system.
- Commercially sexually exploited youth are at risk for a variety of health and mental health issues, including posttraumatic stress disorder, depression, substance abuse, anxiety, and suicidality.
- Psychosocial risk factors contributing to identifying commercially sexually exploited youth include histories of abuse/neglect, foster care placement, running away, and homelessness.
- A trauma-informed, multidisciplinary approach incorporating evidenced-based practice and comprehensive case coordination is necessary to effectively address the needs of commercially sexually exploited youth.
- Techniques providers should use with these youth include establishing a safe environment by interviewing youth alone, providing an empathetic, nonjudgmental approach, and avoiding discussions that could revictimize youth.



**Fig. 1.**  
Ecological Framework for Contextualizing and Conceptualizing Commercial Sexual Exploitation of Children.

**Table 1**

## Trafficking resources

Resources	Web Site	Hotline
National Human Trafficking Resource Center Hotline	<a href="http://www.traffickingresourcecenter.org/">http://www.traffickingresourcecenter.org/</a>	1-888-373-7888
National Center for Missing and Exploited Children	<a href="http://www.cybertipline.com/">http://www.cybertipline.com/</a>	1-800-THE-LOST
<b>Additional information and resources</b>		
Polaris Project	<a href="http://www.polarisproject.org/">http://www.polarisproject.org/</a>	
Resources for Emergency Healthcare Providers	<a href="http://www.humantraffickinged.com/">http://www.humantraffickinged.com/</a>	
Shared Hope International	<a href="http://sharedhope.org/">http://sharedhope.org/</a>	

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