

# Caring for Domestic Minor Sex Trafficking Patients: Recommendations for Identification, Interventions, and Resources

JESSICA L. MOORE, BA; MEAGAN FITZGERALD, MS, CCLS; ANISH RAJ, MD

## ABSTRACT

Domestic minor sex trafficking has increasingly gained awareness as a social phenomenon that affects adolescent health and safety. Healthcare providers are uniquely positioned to identify and facilitate supportive interventions for adolescents at high risk or involved in trafficking. A growing literature base and clinical experience provide recommendations on how to identify, engage trafficked youth, and provide beneficial linkages with community resources. A coordinated, multidisciplinary, and trauma-informed response that fosters therapeutic alliances promoting agency, safety, and trust are key components of successful care for this vulnerable adolescent population.

**KEYWORDS:** human trafficking, child abuse, adolescent health

## BACKGROUND

Domestic minor sex trafficking (DMST) is the “recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act” within domestic borders, in which the person is a United States citizen or lawful permanent resident <18 years of age.<sup>1,2</sup> Increased awareness and research of DMST across the country has identified that sex trafficking is a national problem that occurs in every state.<sup>1</sup> Victimization related to DMST involvement has been linked to negative health consequences, such as recurrent sexually transmitted infections (STIs), unintended pregnancies, and untreated chronic medical conditions.<sup>1-5</sup> It is estimated that up to 88% of youth involved in sex trafficking interface with a medical provider during their period of involvement, giving healthcare workers the opportunity to identify victims in a timely manner and provide appropriate care.<sup>4</sup> Trafficked youth commonly suffer from mental health morbidities including, but not limited to, post-trauma sequelae, anxiety, depression, and substance use disorders.<sup>3-5</sup> Goldberg and colleagues found that most patients (66%) had a previously documented psychiatric diagnosis, and 46% required a psychiatric admission in the year before referral for DMST evaluation.<sup>4</sup> Similarly, Lindahl and colleagues combined a population of DMST-involved youth with a general adolescent population and

then created two categories of subjects based on their overall psychosocial risk.<sup>6</sup> They found that subjects with higher psychiatric complexity scores were more likely to have DMST involvement as compared to subjects with lower psychiatric complexity scores even when considering other psychosocial risk factors. These data confirm the strong role of psychiatric complexity as a risk factor for DMST.

## RISK FACTORS FOR DMST INVOLVEMENT AND SCREENING

Based on their age and neurodevelopmental stage, all adolescents share vulnerabilities that increase their susceptibility to the exploitative strategies employed by traffickers. These can include efforts to gain independence from caretakers, growing desires for a romantic partner, and risk-taking behaviors associated with an incompletely formed prefrontal cortex.<sup>7</sup> Although sex trafficking is more commonly reported among females than males, research has shown that males are also victimized in significant numbers; this subset of victims is often underreported.<sup>8-11</sup> Social-ecological research has determined that involvement in trafficking is intrinsically difficult to separate from other childhood adversities including poverty, household dysfunction, and systemic inequities based on race, gender identity, and sexual orientation.<sup>3,10</sup> Studies have shown that while youth who are homeless or experience housing instability are at increased risk, youth who live at home with their families and attend school are also involved in sex trafficking.<sup>4</sup> Therefore, providers should maintain a level of suspicion for adolescents of all genders and socioeconomic backgrounds.

In addition to the developmental vulnerabilities of adolescents, the following have been identified as factors for DMST involvement that increase risk for certain youth. Child maltreatment, especially sexual abuse, is a well-established risk factor for DMST.<sup>4,10</sup> Sixty- eighty percent of children involved in DMST have a history of child sexual abuse.<sup>4, 9-13</sup> Adolescents who experience housing instability (e.g., youth who run away or are forced to leave their homes; youth living in and leaving congregate care settings) can be at increased risk of DMST in that sex may be exchanged to meet basic needs, such as for money, shelter and food.<sup>10,11</sup> Moreover, youth who identify as lesbian, gay, bisexual, transgender, queer (LGBTQ) often experience family rejection, run away

from home and are at increased risk of trafficking. Overall, LGBTQ youth are 7.4 times more likely to experience sexual violence than their heterosexual counterparts,<sup>14</sup> and are 3–7 times more likely to engage in survival sex to meet basic needs.<sup>11,15</sup> Additional risk factors include household domestic violence, parental substance abuse, and caretaker mental illness.<sup>9</sup> Minors with previous interface with the justice system (especially if it resulted in incarceration) are also considered more likely to be trafficked.<sup>9</sup> Studies have shown a high prevalence of substance use among DMST-involved youth, including illicit substances, tobacco, and alcohol. Substance use may increase high-risk behaviors and may also be used by traffickers to entice youth to exchange sex to obtain drugs or alcohol.<sup>16</sup>

To identify and care for involved youth, healthcare providers who treat children and adolescents should familiarize themselves with associations of DMST to recognize patients at-risk for or involved in sex trafficking in their practice. If an adolescent is identified to have some of the aforementioned risk factors, providers should consider integrating the topic of DMST into a universal adolescent risk-screening tool (e.g., HEADSS, the home, education, employment, activities, drugs, sexuality, and suicide psychosocial assessment).<sup>17</sup> A provider may lead the conversation with, “I have patients who are involved in selling or trading sex for things like (blank).” The blank can be filled in with factors that the clinician deems potentially relevant to each youth based on circumstances of presentation or topics raised during the medical interview (e.g., a place to stay if evaluating a patient who has run away, money for a minor who expresses financial concern). The patient should then be asked if he or she is aware of or familiar with such exchanges involving sex and something of value (i.e., sex trafficking).<sup>18</sup> If the child acknowledges knowledge about trafficking, the evaluator might then ask a follow-up question that is more proximal to the patient, such as whether the patient knows an acquaintance or a friend who has been involved in trafficking. Engaging in an open, compassionate conversation with the youth pertaining to specific issues relevant to the patient as opposed to using a list of screening questions is recommended, especially within a longitudinal healthcare setting.<sup>18</sup>

## RECOMMENDATIONS FOR PROVIDERS

### A. Trauma informed care

Adolescents involved in trafficking often have experienced complex and multiple traumas including physical, psychological, and sexual that preceded or are concurrent to their involvement in trafficking.<sup>10-12,19</sup> Key aspects of trauma-informed care include providing a safe, compassionate environment, investing the time to build trust, ensuring reliability and consistency, displaying a non-judgmental attitude, and asking open-ended questions. In addition, a

patient-centered response requires restoring as much control of the healthcare encounter and treatment plan to the adolescent.<sup>19</sup> Transparent communication includes explaining why specific elements of the medical workup are suggested, which reinforces that the clinical setting will be predictable and supportive.<sup>21,22</sup> Based on clinical experience and the available literature, clarifying adolescent privacy and confidentiality, especially as it relates to mandated reporting, is recommended so that patients know what to expect if involvement with state agencies becomes necessary.

### B. Nonjudgmental approach

Youth involved in trafficking may not self-identify as a victims. Their perceptions of their own experience may not align with the provider’s concerns and assessment. Youth involved in trafficking may not be actively trying to leave their situation and, in fact, may view their trafficker as a source of stability, love, and support.<sup>10,11</sup> Additionally, DMST-involved youth may exit and re-enter trafficking many times throughout their adolescence and young adulthood. Providing clear and consistent access to care when an adolescent is involved or even re-involved in trafficking can promote the adolescent feeling accepted and being more likely to seek care and assistance in the future.

Youth involved in sex trafficking may fear judgment and stigmatization due to the nature of their experiences and may have already faced blame from others when disclosing their involvement. Ravi and colleagues chronicled recommendations for those working in healthcare with trafficked adult survivors,<sup>20</sup> finding that the interviewed women emphasized asking questions about trafficking in a normalized manner with non-judgmental facial expressions and body language. An open-minded, non-judgmental attitude can help to validate their trauma, and affirm that the patient has been heard and believed, while also counteracting the isolation and self-blame he or she may feel.<sup>19,20-22</sup>

### C. Providing a medical home

The serious and far-reaching consequences associated with sex trafficking underscore the critical role of healthcare providers in offering a comprehensive and consistent medical home for involved youth.<sup>23</sup> To establish a medical home, there must be an investment in continuity of care. Youth often face significant disruptions in their lives, including relocations, limited access to healthcare, and unstable living conditions. By providing a consistent medical home, healthcare providers are ensuring a safe, reliable environment for youth to receive support, guidance, and medical care – even if intermittent.<sup>24</sup>

The physical examination can begin to address the patient’s potential concern about their body after experiencing physical and/or sexual trauma. A comprehensive examination with detailed documentation should include a thorough inspection for inflicted physical injury (e.g., injuries caused

by others, self-inflicted cutting, tattoos that may represent branding), acute and chronic anogenital trauma, malnutrition, and other neglect (e.g., dental and findings associated with chronic and untreated medical conditions).<sup>24</sup> Communicating the presence of absence of physical findings can help to dispel misconceptions and reassure the youth that their bodies are not damaged or abnormal, despite potentially needing treatment or intervention. If the last sexual encounter occurred within 72 hours of presentation, a forensic evidence kit should be offered. While medical documentation of injuries can become crucial evidence during future legal proceedings, a physical examination potentially serves a greater purpose for the youth in their healing process.

Providers should follow the 2021 Centers for Disease Control and Prevention (CDC) STI guidelines for sexual assault and abuse for adolescents and adults. Given the high probability of poor compliance with follow-up medical visits for those who have not established a medical home, it is generally advisable to provide empiric treatment for the possibility of chlamydia, gonorrhea, and trichomonas.<sup>25</sup> However, for those patients who have established a reliable medical home, treatment for STIs can be provided during the follow-up visit based on testing results. Emergency contraception should be offered based on the history provided, and the provision of HIV prophylaxis should be evaluated on a case-by-case basis, and with consultation of infectious disease and child abuse experts. Medical providers should complete a risk assessment and communicate openly with the patient about their likelihood of adherence to the medication and follow-up visits.<sup>23, 25</sup>

Ongoing conversations over the course of multiple visits within the context of a medical home can facilitate building trusting relationships between patients and providers. Integrating important topics such as mental health, education, safe relationships, and a youth's future goals gradually into medically-based discussions, fosters a holistic approach to promote the youth's overall health and safety. Establishing collaboration with mental health providers equipped to treat the complex needs of trafficked and vulnerable youth best serves these patients through consistent messaging and unified recommendations.

## TRAFFICKING-SPECIFIC RESOURCES AND PROGRAMS

The provision of services to adolescents at risk for or involved in trafficking requires a coordinated, multidisciplinary approach through the collaboration of child protective services, law enforcement (local, state, and federal), attorneys, social workers, advocates, case coordinators, educators, and mental health/medical providers. Many states have established specific DMST task forces to address trauma-informed identification and interventions, including legislative changes (e.g., Safe Harbor laws which provide

immunity from prosecution for DMST-involved youth) and coordination of responses (e.g., between law enforcement and mental health providers). National resources include the National Human Trafficking Resource Center (NHTRC), which offers a 24-hour, 7-day a week, toll-free hotline. Specialists connect victims with law enforcement and social service providers in their local area and can help DMST-involved youth gain safety from exploitative situations and connect them with services, such as emotional support, healthcare and legal services.<sup>10,11</sup>

My Life My Choice (MLMC) is a nationally recognized and widely utilized program that aims to prevent the commercial sexual exploitation of vulnerable youth. MLMC primarily focuses on adolescent girls who are at-risk or have already been exploited in the commercial sex industry.<sup>26</sup> The program offers a range of comprehensive services, including prevention education, survivor mentorship, and professional training. The MLMC prevention education curriculum is delivered in schools, residential programs, and community-based settings. MLMC also provides survivor mentoring, where survivors with lived experience of trafficking serve in a mentorship role. Additionally, MLMC offers training and consultation to a wide range of professionals working with vulnerable youth, including educators, healthcare providers, law enforcement, and social workers.<sup>26</sup>

Providers should be familiar with the available local and regional resources for this vulnerable population. For example, in Rhode Island a prevention program uniquely aimed at males titled "Addressing Domestic Minor Sex Trafficking Involvement: Male-Focused Intervention Curriculum" (Male DMST Curriculum) has been established. This curriculum provides an educational program to address male-identifying youth as victims, perpetrators, or sex-buyers.<sup>27</sup> Multi-session group interventions are held at the Rhode Island juvenile detention center, recognizing that justice-involved youth are at a disproportionately high risk for exploitation or perpetration. Participants learn about risk factors, medical and psychological implications of victimization, engage in discussions about trafficking, and connect youth with community providers and resources.<sup>27</sup>

Another regional resource is the Girls Educational and Mentoring Services (GEMS), a well-established program based in New York, that is dedicated to empowering and supporting girls and young women who have been victims of commercial sexual exploitation and trafficking. This survivor-led organization provides a wide range of services to help individuals heal, reintegrate into their communities, and build brighter futures. The program offers a holistic approach that addresses the physical, mental, emotional, and social needs of the girls and young woman it serves. GEMS offers drop-in sites, community advocacy, policy change/reform, residential programs, mental health services, and education/training.<sup>28</sup>

## CONCLUSION

Healthcare providers are in a unique position to identify youth at-risk or involved in DMST, establish a medical home, and offer trauma informed care. While all youth are vulnerable to involvement given their age and neurodevelopmental stage, it is imperative that providers familiarize themselves with risk factors that place youth at increased risk; these include a history of child maltreatment, run-away behavior, poverty, identifying as LGBTQ, and substance use. Additionally, providing a medical home for youth can begin to address some of their physical and mental health comorbidities. This includes performing comprehensive physical exams, offering a forensic evidence kit (if appropriate), testing for STIs, and screening for mental health disorders (e.g., PTSD, depression, suicidal ideation). Using a non-judgmental and trauma-informed approach will help establish a trusting relationship between the youth and provider. Professionals should learn about the trauma-informed resources available in their local community and nationally, and work as a multidisciplinary team with other professionals who can offer necessary and supportive complementary services to patients.

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**Table 1.** National Resources for Trafficking Victims

National Human Trafficking Resource Center (NHTRC) hotline: 888-373-7888; <a href="http://traffickingresourcecenter.org">http://traffickingresourcecenter.org</a>
My Life My Choice: <a href="https://www.mylifemychoice.org/">https://www.mylifemychoice.org/</a>
Addressing Domestic Minor Sex Trafficking Involvement: Male-Focused Intervention Curriculum: <a href="https://www.lifespan.org/centers-services/lawrence-aubin-sr-child-protection-center">https://www.lifespan.org/centers-services/lawrence-aubin-sr-child-protection-center</a>
Girls Educational and Mentoring Services (GEMS): <a href="http://www.gems-girls.org">http://www.gems-girls.org</a>
Love 146: <a href="https://love146.org">https://love146.org</a>
HEAL Trafficking (organization addressing trafficking through a public health lens): <a href="http://www.healtrafficking.org">www.healtrafficking.org</a>
Polaris Project (national resource for human trafficking): <a href="https://polarisproject.org/">https://polarisproject.org/</a>
National Survivor Network: <a href="https://nationalsurvivornetwork.org/">https://nationalsurvivornetwork.org/</a>
The Switch: <a href="http://jointheswitch.org/">http://jointheswitch.org/</a>

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### Authors

Jessica L. Moore, BA, Warren Alpert Medical School of Brown University, Providence, RI.  
 Meagan Fitzgerald, MS, CCLS, Hasbro Children’s Hospital, Providence, RI.  
 Anish Raj, MD, WakeMed Children’s Hospital, Raleigh, North Carolina.

### Disclosures

The authors have no conflicts of interest to disclose.

### Correspondence

Jessica L. Moore  
 jessica\_moore2@brown.edu