The Quarterly Update
A Publication of the Ray E. Helfer Society
reviews of current child abuse medical research

special supplement

Commercial Sexual Exploitation of Children

*The **commercial sexual exploitation of children (CSEC)** is a very old problem, but quite a recent focus of interest for society and for child abuse pediatrics. I had chosen a few articles on CSEC for review in past issues of the Quarterly. When preparing the October 2020 issue, however, I found myself faced with a large number of articles. Wishing to give this growing body of scholarly work and this important and developing area of pediatric practice the exposure it deserves, I thought of doing a special single topic supplement. Bob Reece, the Quarterly founder, had done such a special issue on abusive head trauma many years ago, so the idea had precedent. I turned for help to Dr. Jordan Greenbaum, the guest editor of this special issue. Dr. Greenbaum worked with the Helfer Society committee on child sexual exploitation to identify the articles, and prepare the reviews contained in this special supplement to Volume XXVII of the Quarterly. I want to thank Jordan and the committee for their work on this publication ,their insight into this body of research, and their dedication to children impacted by CSEC.*

Stephen C. Boos, MD, Executive Editor

Commercial Sexual Exploitation of Children

A review and critique of the U.S. responses to the commercial sexual exploitation of children. Hounmenou C, O'Grady C. *Children and Youth Services Review.* 2019; 98: 188-198. https://doi.org/10.1016/j.childyouth.2019.01.005...*p. 123*

Assessing risk of commercial sexual exploitation among children involved in the child welfare system. Panlilio CP, Miyamoto S, Font SA, Schreier HMC. Child Abuse Negl. 2019; 87: 88–99. http://doi.org/10.1016/j.chiabu.2018.07.021...*p. 123*

Baseline characteristics of dependent youth who have been commercially sexually exploited: findings from a specialized treatment program. Landers M, McGrath K, Johnson MH, Armstrong MI, Dollard N. *J Child Sexual Abuse.* 2017; 26: 692-709. http://doi.org/10.1080/10538712.2017.1323814...*p. 124*

Continued on inside cover

published for professionals who confront the issues related to child abuse diagnosis, treatment, prevention, and outcomes

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Can mandatory reporting laws help child survivors of human trafficking? Todres J. *Wisconsin L Rev Forward*. 2016: 69-78. https://www.researchgate.net/publication/301564376...*p. 125*

Commercially sexually exploited youths' health care experiences, barriers, and recommendations: A qualitative analysis. Ijadi-Maghdoodi R, Bath E, Cook M, Textor L and Barnert E. *Child Abuse Negl*. 2018; 76: 334-341: http://doi.org/10.1016/j.chiabu.2017.11.002...*p. 125*

Educating youth about commercial sexual exploitation of children: a systematic review. Fraga Rizo C. *Global Social Welfare*. 2019; 6:29–39 https://doi.org/10.1007/s40609-018-0119-7...*p. 126*

Evaluation of a multi-session group designed to prevent commercial sexual exploitation of minors: The "My Life My Choice" curriculum. Rothman EF, Farrell A, Paruk J, et al. *Journal of Interpersonal Violence*. 2019. 1-24. http://doi.org/10.1177/0886260519865972...*p. 127*

Evidence-based care of the human trafficking patient. Costa CB, McCoy KT, Early GJ, Deckers CM. *Nurs Clin N Am*. 2019; 54: 569-584. http://doi.org/10.1016/j.cnur.2019.08.007...*p. 128*

Helping survivors of human trafficking: a systemic review of exit and postexit interventions. Nathaniel AD, Brandy RM, Kara RB, EW, BA, and WH. *Trauma, Violence, Abuse*. 2019; 20: 183-196. http://doi.org/10.1177/1524838017692553...*p. 128*

Human trafficking victim identification, assessment, and intervention strategies in South Texas emergency departments. Dols JD, Beckmann-Mendez D, McDow J, Walker K, Moon M. *Journal of Emergency Nursing*. 2019; 45: 622-633. https://doi.org/10.1016/j.jen.2019.07.002...*p. 128*

Identifying sexual and labor exploitation among sheltered youth experiencing homelessness: A comparison of screening methods. Mostajabian, S, Santa Maria, D, Wiemann,C, Newlin, E, Bocchini, C. *International Journal of Environmental Research and Public Health*. 2019: 16: 363-78. http://doi.org/10.3390/ijerph16030363...*p. 129*

Overcoming disclosure reluctance in youth victims of sex trafficking: new directions for research, policy, and practice. Lavoie J, Dickerson KL, Redlich AD, Quas JA. *Psychol Public Policy Law*. 2019; 25: 225-238. http://doi.org/10.1037/law0000205...*p. 130*

Post-implementation of a Safe Harbor law in the US: Review of state administrative data. Cole J, Sprang G. *Child Abuse Negl*. 2020; 101: 104320 http://doi.org/10.1016/j.chiabu.2019.104320...*p. 130*

Review of published curriculum on sex trafficking for undergraduate medical trainees. Talbott JMV, Dutcher JS, Pougnier CA, et al. *Am J Prev Med*. 2020; 58:604-611. http://doi.org/10.1016/j.amepre.2019.11.013...*p. 131*

Sex trafficking of minors in metropolitan, micropolitan, and rural communities. Cole J, Sprang G. *Child Abuse Negl*. 2015; 40: 113-123. http://doi.org/10.1016/j.chiabu.2014.07.015...*p. 132*

The voices of survivors: an exploration of the contributing factors that assisted with exiting from commercial sexual exploitation in childhood. Corbett A. *Children Youth Serv Rev*. 2018; 85: 91-98. https://doi.org/10.1016/j.childyouth.2017.12.009...*p. 132*

Training US health care professionals on human trafficking: where do we go from here? Powell C, Dickins K, Stoklosa H. *Medical Education Online*. 2017; 22: 1267980. https://doi.org/10.1080/10872981.2017.1267980...*p. 133*

U.S. state laws addressing human trafficking: education of and mandatory reporting by health care providers and other professionals. Holly G. Atkinson, Kevin J. Curnin, Nicole C. Hanson. Journal of Human Trafficking. 2016; 2: 111-138. http://doi.org//10.1080/23322705.2016.1175885...*p. 134*

Uncharted waters: developing mental health services for survivors of domestic human sex trafficking. Judge AM. *Harvard Rev Psychiatry*. 2018; 26: 287-297. http://doi.org/10.1097/hrp.0000000000000196...*p. 135*

Using a clinic-based screening tool for primary care providers to Identify commercially sexually exploited children. Chang K, Lee K, Park T, Sy E, Quach T. *J Applied Res Children: Informing Policy for Children at Risk*. 2015; Vol. 6:Iss.1, Article 6. https://digitalcommons.library.tmc.edu/childrenatrisk/vol6/iss1/6...*p. 136*

Vulnerabilities relevant for commercial sexual exploitation of children/domestic minor sex trafficking: A systematic review of risk factors. Franchino-Olsen H. *Trauma Violence Abuse*. 2019; http://doi.org/10.1177/1524838018821956...*p. 136*

A review and critique of the U.S. responses to the commercial sexual exploitation of children. Hounmenou C, O'Grady C. *Children and Youth Services Review*. 2019; 98: 188-198. https://doi.org/10.1016/j.childyouth.2019.01.005

The paper traces the growth in awareness, detection, and legislative action focused on sex trafficking. After pointing out the methodologic challenges in scoping the size of the problem in the United States, they provide data on risk factors: poverty, homelessness, LGBTQ youth, prior CPS or foster care involvement. Contrary to popular belief, their review indicates most youth have agency and are not under the control of pimps. Methodologic pitfalls include lumping children < 18 with young adults 18-24 and underestimates of male victims.

The initial legislative response in 2000, The ***Trafficking Victims Assessment Act***, focused on prevention and protection of international victims as well as prosecution. The three re-authorizations along with the ***Violence Against Women Protection Act of 2013*** expanded the provisions. These included extending the statute of limitations for bringing civil action due to violence that occurred as a minor. The ***Providing Resources, Officers and Technology to Eradicate Cyber Threats to our Children Act*** requires the Department of Justice to develop a national strategy and report to congress every other year.

Not until the 2015 ***Justice for Victims of Trafficking Act*** was domestic trafficking of US born minors specifically addressed and funding provided for victim services. While federal grant programs exist targeting both justice and welfare, they are limited

On a state level, state harbor laws divert sex trafficked children from the criminal justice to the child welfare system. However, many states still treat children as young as 14 as criminals. The paper calls for a unified national approach to treating sex trafficked children as victims, providing child welfare systems adequate funding, and developing an appropriate mental health strategy.

Reviewed by Robert H. Pantell, MD

Reviewer's Note:

This review article provides a nice framework for where we have been and where we need to go. While there has been steady progress in passing legislation, many of the failures in funding and implementation are documented. Also described are the variations of state statutes in criminalizing child exploitation and in providing services. Based on scattered successes, the authors also make a case for long term treatment facilities. In the interim, I recommend that we can all pitch in by providing local educational sessions to improve recognition of trafficked youth.

Assessing risk of commercial sexual exploitation among children involved in the child welfare system. Panlilio CP, Miyamoto S, Font SA, Schreier HMC. Child Abuse Negl. 2019; 87: 88–99. http://doi.org/10.1016/j.chiabu.2018.07.021

This study sought to identify factors identifying risk and severity of risk for Commercial Sexual Exploitation of Children (CSEC) in both male and female youth involved in the child welfare system (CWS). The authors reviewed three cohorts from National Survey of Child and Adolescent Well Being (NSCAW) from two different time periods. Cohorts were chosen to include children from cases closed by Child Protection Services (CPS) and children in Long Term Foster Care (LTFC). Each used the same general sampling procedures with few exceptions that are discussed in the article. The authors note that substance use was measured differently in NASCAW I and II but there were enough similarities to be used.

Researchers extracted what they considered indicators of risk for child sexual exploitation such as running away, hitchhiking, recent serious injury, early sexual initiation, future expectations, suicidality, exposure to violence, substance use, parental monitoring, and child's unhappiness with current caregiver. They then tried to identify how these observed items are theoretically linked to an underlying unobserved construct that is conceptualized as risk for CSEC. Their analyses indicated that, even among a high-risk sample of adolescents, meaningful gradations of risk for CSEC existed and were differentiated by their predictors. Seven indicators were used in the final model and included: youth self-report of having run away from home, use of drugs /alcohol, receiving any serious injury, sexual activity before age 14, suicidal ideation, having experienced or exposure to severe violence, and having hitchhiked. Four of the items stood out as being particularly strong indicators for severe risk of CSEC: having run away from home, use of drugs/alcohol, sexual activity before age 14, and having hitchhiked. All four of the final predictors fall into the behavioral, rather than socioemotional domain. A screening measure that included these 4 items would be able to identify adolescents at high risk for CSEC.

The study also found differences in response between males and females to the top four predictors. In line with a previous study which found gender differences in pre-trafficking violence and level of control of movement while trafficked, being male increased the probability of endorsing a positive response at a higher severity of risk level.

Strengths of the study included: a geographically diverse population, evaluating both males and females, and using two points of observation as opposed to crossectional data. Limitations included the lack of a non-CWS youth comparison group, the exclusion of pornography and coerced sex without payment, and data from a short time frame. And as with any self-reporting survey there is also the potentional for respondents to underreport experienes.

Reviewed by Sarah Passmore, DO

Reviewer's Note:

The authors of the study aim to do the difficult task of predicting risk for CSEC using national surveys. Although the surveys don't capture all CSEC activities, the authors do predict four specific behaviors associated with CSEC. There are several limitations to using the NSCAW, which the authors address in the article alongside of their strengths. This is an important first step to building a foundation of knowledge for this area and is a worthwhile read, especially for those interested in further detailed study or development of screening tools.

Baseline characteristics of dependent youth who have been commercially sexually exploited: findings from a specialized treatment program. Landers M, McGrath K, Johnson MH, Armstrong MI, Dollard N. *J Child Sexual Abuse*. 2017; 26: 692-709. http://doi.org/10.1080/10538712.2017.1323814

The purpose of this study was to describe demographic and clinical profiles of commercially sexually exploited (CSE), systems involved youth in the Miami/Dade metro area. Eligible participants were clients treated at the Citrus Helping Adolescents Negatively Impacted by Commercial Exploitation (CHANCE) program. Study data were collected between Oct 2013 through Aug 2015 and included youth that were 1) age 9-18 years; 2) in the child welfare system; 3) determined by a qualified professional to be a survivor of CSE; 4) living in Miami-Dade county and 5) determined to have "serious mental or behavioral health problems" warranting therapeutic intervention. Study data were obtained from the Florida version of the Child and Adolescent Needs and Strengths-Commercially Sexually Exploited (CANS-CSE) assessment tool,[1] within the domains of trauma, exploitation, life domain functioning, education, health, youth behavioral/ emotional needs, youth risk behaviors and youth strengths. Information was gathered from the client and others knowledgeable about the youth, within 30 days of program intake. Data was subjected to descriptive analysis. The methods section provided no specific information regarding definitions of variables, questions used to assess them, or criteria for assigning a severity level to a condition. Data for most variables was categorized using one of two grading systems: 1) "no evidence," "by history," "causing problems," or "causing severe problems," and 2) "no evidence," "watch or prevent," "moderate needs," or "serious or severe". How data was assigned to each of these categories was vague.

The study included 87 youth, (94.3% female; 59.3% Black/African American, 38.4% Hispanic/Latino), with a mean age of 16.1 years (range 12-18). More than two-thirds were in out-of-home placement at the time of admission (67.8%). Nearly 87% of youth had experienced sexual abuse, and the authors reported "fairly high rates of physical abuse, neglect and emotional abuse." For 22.1% of youth, CSE began prior to the age of 12, while for 69.1% it began between 12 and 16 years. Nearly half (49.2%) did not perceive their situation as exploitative. The majority of youth showed "moderate to severe needs" related to family (88.3%), living situation (69.1%), social functioning (77.6%) and job functioning (68.8%). Significant educational issues were documented: 31.3% of participants were failing some subjects; and 32.8% had been out of school for greater than 2 academic years. Moderate (32%) or severe (3.47%) behavior problems were frequently noted.

The authors reported that "most youth were healthy with no physical limitations" although about 20% had a "severe physical limitation" or a condition interfering with normal activities. While the method for determining mental health needs was not specified, many youth had "moderate or severe needs" related to oppositional behavior (77.7%), depression (62.3%), conduct disorder (54.8%) and substance misuse (46.9%).

The authors described characteristics of high-risk behavior noted in the study sample, focusing especially on running away from home/residence. Finally, youth strengths were identified, including spiritual or religious beliefs (37.6%), resiliency (38.9%) and resourcefulness (47%).

Reviewed by Jordan Greenbaum, MD

Reviewer's Note:

This study has potentially useful information pertaining to a group of youth at very high risk for commercial sexual exploitation. However, it would have benefitted greatly from a more complete description of the methods used to define variables, categorize them and to determine condition severity.

References

1. Lyons, J. L., Fernando, A., & Dollard, N. (2013). Child and adolescent needs and strengths (CANS) commercially sexually exploited assessment, Florida version. Available at https://www.myflfamilies.com/service-programs/samh/docs/CANSFLDCF5andoldermanual.pdf; Accessed on 8/1/20.

Can mandatory reporting laws help child survivors of human trafficking? Todres J. *Wisconsin L Rev Forward*. 2016: 69-78. https://www.researchgate.net/publication/301564376

This is a thoughtful review article on the role of mandated reporting in the recognition of child sex and labor trafficking to support of such victims. The author is a Professor of Law at the Center for Law Health and Society at Georgia State University. The article primarily discusses the theoretical implications of states where the mandated reporting statute was expanded to include sex trafficking, and in some states labor trafficking, of minor children. The author opines that expanding the mandated reporting statute to include trafficking would not really do much to support victims of sex and labor trafficking in general, as the abuse of such children is already covered by such statutes. Rather, what is most important to accompany the expansion of mandated reporting statutes to support victims of trafficking is training of mandated reporters to recognize sex and labor trafficking, and appropriate funding to accomplish this goal. Moreover, without also addressing barriers to reporting in the first place, such as beliefs that reporting suspected abuse cases to CPS won't really help victims, any expansion of mandated reporting statutes may not be useful to support child victims of sex and labor trafficking.

Reviewed by Kirsten Bechtel, MD

Reviewer's Note:

While it is important to address these theoretical implications, it should be remembered that they are, in fact, theoretical. In fact, at present at least 38 states and the District of Columbia have enacted laws that require training on child sex trafficking for mandated reporters that include law enforcement, juvenile justice, and child welfare professionals.[1] Additionally, there has been some objective evaluation as to the impact of implementing laws that require suspected cases of trafficking be reported to CPS. For example, Cole et.al evaluated the effectiveness of the Safe Harbor law, which prevents charging of a juvenile with prostitution offenses and reporting to CPS instead. After its implementation in Kentucky, juvenile justice and juvenile court personnel were screening for trafficking at a higher rate and making more referrals to CPS as mandated by law. However, the authors found that few cases were substantiated by CPS, and there were few criminal charges to the trafficker.[2] One might then surmise that financial support would be better directed towards the CPS and law enforcement missions of substantiating abuse and charging suspected traffickers as opposed to increased screening by mandated reporters. Nevertheless, the aim of this thoughtful review article to remind policy makers that the intended effect of any legislation should also be accompanied by funding commensurate to its implementation is still a very appropriate one.

References

1. Gibbs DA, Feinberg RK, Dolan M., et al. Report to Congress: The Child Welfare System Response to Sex Trafficking of Children. U.S. Department of Health and Human Services, Administration for Children and Families. 2018.
2. Cole J, Sprang G. Post-implementation of a Safe Harbor law in the U.S.: Review of state administrative data. *Child Abuse Negl*. 2020; 101: 104320.

Commercially sexually exploited youths' health care experiences, barriers, and recommendations: A qualitative analysis. Ijadi-Maghdoodi R, Bath E, Cook M, Textor L and Barnert E. *Child Abuse Negl*. 2018; 76: 334-341: http://doi.org/10.1016/j.chiabu.2017.11.002

The purpose of this study was to better understand commercially sexually exploited (CSE) youths' health care

The Ray E. Helfer Society is an honorary international society of physicians dedicated to the prevention, diagnosis, and treatment of child abuse and neglect. The Quarterly Update is published by the Society. Information on the Ray E. Helfer Society is available at www.helfersociety.org.

experiences, barriers to care, and recommendations for improving health care services. To do this, the authors conducted focus groups with CSE youth in Southern California, including Los Angeles County, an FBI designated high-intensity area for CSEC.

Five focus groups were conducted with a total of 18 CSE youth residing in group homes, from February 2015-May 2016, at two programs serving CSE youth. All participants were female, as the two programs served exclusively females. They were age 12-19 and mean age was 16 years old. 69% identified as Black, 39% as Hispanic, 23% White and 8% other. A history of homelessness was reported in 38%. Focus groups ranged between two to five participants and lasted an average of 60 minutes.

Three themes emerged that described youths' experiences to accessing health services: 1) facilitators to care; 2) barriers to care; and 3) recommendations for improving health services. Theme 1 had three sub-themes: 1) perceived availability of services; 2) general knowledge of STIs and 3) motivation to stay healthy. For theme 1, participants generally had a good knowledge of STIs and a desire to stay healthy. Notably, they expressed that availability of health care was not a limiting factor, as they often utilized Planned Parenthood clinics, which are "everywhere." However, they noted barriers when using health care, such as a sense of feeling judged by providers for their lifestyles or a fear of being caught by police while in the hospital. For mental health services, participants voiced a perception that there was a low-quality of care available to them, and this formed a barrier to accessing needed services. The youths had several recommendations for improving health care, including increasing access to mentors such as Court Appointed Special Advocates and CSEC survivor mentors. They also suggested raising awareness about CSEC and available health care resources through billboards and posters, including education on healthy reproductive practices and STIs early within schools.

The authors concluded that providers and community agencies can play an essential role in raising awareness of the needs of CSE youth, and that providers must work to create a non-judgmental environment in health care settings to validate the experiences of these youth. The study was limited in that it only included youth from two group home settings and did not include any males or youth who were currently homeless.

Reviewed by Jamie Kondis, MD

Reviewer's Note:

A well-thought out focus group study with many direct quotes from the CSE youth themselves included; it gave an excellent snapshot of the issues that these youth face when accessing health care. This should be required reading for healthcare providers working on the front lines interacting with CSE youth.

Educating youth about commercial sexual exploitation of children: a systematic review. Fraga Rizo C. *Global Social Welfare*. 2019; 6:29–39 https://doi.org/10.1007/s40609-018-0119-7

These authors used a systematic review of peer-reviewed literature to look at education programs for youth about Commercial Sexual Exploitation of Children (CSEC). The impetus was a 2015 report from the U.S. Department of Education recommending school-based CSEC prevention/intervention, and a North Carolina Bill requiring schools to provide education about 'sex trafficking prevention and awareness' and a referral protocol for high-risk pupils. Schools can be an obvious choice for this education since students interact over time with teachers and youth are often recruited into CSEC situations from school settings. The authors sought to determine whether there are evidence-based practices for teaching youth about CSEC and what strategies can increase youth knowledge of the topic. They evaluated whether existing literature describes or recommends particular educational efforts, strategies, and content.

The authors searched 15 databases, using no time restrictions, for articles published in English that mentioned teaching youth about CSEC, whether or not that was the primary aim of the article. They looked at "think pieces" (conceptual articles providing background information,) empirical articles, and literature reviews. From an initial two thousand articles, 13 were selected after most were excluded for being inaccessable, not relevant or being about biology cell trafficking. Information on key content, educational strategies, program facilitation, target audience, setting, article type, research design, key findings and implications was extracted.

The 13 identified articles had varied foci that included highlighting promising practices/policies for prevention, describing CSEC-related issues and discussing CSEC in various parts of the world. One article reviewed literature

on CSEC in the US and focused on defining the problem, related laws, as well as providing practice recommendations. Almost half of their identified articles were "think pieces." These and the literature review articles described efforts to teach youth using examples of current efforts and initiatives. The rest of the articles were empirical, with three presenting formative research and only one examining outcomes following participation in a program. The authors highlighted educational strategies and recommendations, including information on modality, content, target audience, content facilitator and setting.

Some of their final points included:

- despite small number of articles, they identified practices for teaching which can help future development of programs
- existing articles provided limited details concerning educating youth about CSEC
- youth should receive education about CSEC, and schools are an appropriate venue
- future intervention research needs to assess for potential distressing, triggering, and traumatizing effects
- research on CSEC education is still in its infancy, as is research on CSEC
- content-delivery formats, which do not require a facilitator (e.g., videos, leaflets, booklets, posters, online screening quizzes) were more successful

The authors note that their investigation found few peer-reviewed articles and that this is one of the first efforts to critically synthesize information on educating youth in this area. They also noted a "dearth" of published information and that the articles they found varied in the level of specificity provided in their descriptions; few articles provided comprehensive details. The authors emphasized that more research is needed to determine how best to educate youth about CSEC.

Reviewed by Sarah Passmore, DO

Reviewer's Note:

This article highlights the difficulties with reviewing education programs on CSEC and their effectiveness. It also demonstrated how difficult it is to compare such different types of articles to get a meaningful outcome. Despite the small number of articles reviewed, the authors described them well and showed that some programs seemed to be effective. The published tables and charts made their results easier to understand. The obvious conclusion from all of this analysis is that we need more research on CSEC and on education as a form of prevention. This is a good read for anyone looking to develop such a program.

Evaluation of a multi-session group designed to prevent commercial sexual exploitation of minors: The "My Life My Choice" curriculum. Rothman EF, Farrell A, Paruk J, et al. *Journal of Interpersonal Violence*. 2019. 1-24. http://doi.org/10.1177/0886260519865972

This was a multisite study that evaluated the effectiveness of the My Life My Choice (MLMC) curriculum, a secondary prevention strategy that provides psychoeducation to girls "at-disproportionate-risk" of commercial sexual exploitation (CSE). MLMC is intended to help them recognize and avoid the recruitment tactics of exploiters. The curriculum consists of 10 sessions delivered in a group format to youth in diverse settings (e.g., residential facilities, schools) by trained professionals (e.g., social workers, counselors) and often co-facilitated by survivors. The objective of this study was to evaluate changes in knowledge, attitudes, and behaviors among youth receiving the MLMC curriculum.

This single-arm longitudinal study recruited youth > 11 years old and fluent in English who received the curriculum through 4 organizations in Massachusetts, New Jersey, Florida, and Connecticut. Survey data were collected from participants at baseline (pre-curriculum), follow-up 1 (upon curriculum completion), and follow-up 2 (3 months after curriculum completion). Surveys assessed: knowledge and attitudes about CSE; CSE and sexually explicit behavior, dating abuse victimization, help-giving behavior, alcohol and marijuana use, and trust in police.

The baseline sample included 354 participants who were 11-20 years old; 95% self-identified female and 5% as non-binary/other. The group was diverse in race/ethnicity (26% White, 28% Black, 25% Hispanic, 22% other) and sexual identity (62% heterosexual, 28% bisexual, 10% lesbian/asexual/pansexual/other). Most participants (89%) attended at least half of the sessions and 37% attended all sessions. Among participants who completed surveys at all time-points (n=213), there were significant changes at follow-up 1 and/or 2 of: knowledge and attitudes about CSE (increased), sexually explicit behavior (decreased), dating abuse victimization (decreased), help-giving behavior (increased), and willingness to ask the police for help (increased). These persisted in multivariate analysis, with the exception of willingness to ask the police for help. There were no significant changes in CSE behavior and alcohol or marijuana use. Given these findings, the authors suggest that the MLMC curriculum may be effective in reducing the risk of CSE among at-risk youth.

Reviewed by Danielle Turpin, RN, MSN, CPNP and Hiu-fai Fong, MD, MSHP

Reviewers' Note

This study provides preliminary evidence of the effectiveness of the MLMC curriculum (a novel secondary prevention strategy for CSE) for changing knowledge, attitudes, and behaviors in youth at risk of CSE. It represents a strong contribution to the sparse literature on preventive interventions for CSE. There are multiple strengths including the diverse sample, multisite design, relatively high retention rates (especially considering the challenges recruiting and retaining this population), and examination of a broad range of clinically relevant outcomes up to 3 months after curriculum completion. Findings should be considered in the context of key sample characteristics (mostly self-identified female; English fluent only; low rate (4%) of reported CSE at baseline) and study design limitations (non-experimental study with no control group). However, this study highlights a promising prevention strategy that could serve as an innovative, scalable model for CSE prevention, particularly with further evaluation in a larger scale randomized controlled trial.

Evidence-based care of the human trafficking patient. Costa CB, McCoy KT, Early GJ, Deckers CM. *Nurs Clin N Am*. 2019; 54: 569-584. http://doi.org/10.1016/j.cnur.2019.08.007

This is an extensive review article that focuses on the evaluation and treatment of human trafficking victims. The authors provide health care professionals with detailed physical and psychological signs manifested by victims and guiding principles for comprehensive medical evaluation and ensuring patient safety. The use of psychological screening instruments, especially in children, is strongly recommended. Finally, they provide numerous evidence-based pharmacologic and psychotherapeutic treatment options, mostly geared to older children and adults.

Reviewed by Debra Esernio-Jenssen, MD

Reviewer's Note:

This article is a wonderful resource for child abuse pediatricians who evaluate trafficked victims. Especially valuable is the information the authors provided in their "boxes," for example Box 2, "Signs of trafficked individuals," Box 5, "Possible physical health injuries," and Box 7, "Major components of a trauma biopsychosocial examination."

Helping survivors of human trafficking: a systemic review of exit and postexit interventions. Nathaniel AD, Brandy RM, Kara RB, EW, BA, and WH. *Trauma, Violence, Abuse*. 2019; 20: 183-196. http://doi.org/10.1177/1524838017692553

The authors utilized standard systemic review methods to search eight databases. They obtained data from published and unpublished studies (authored between 2005 and 2015) that looked at the effects of exit or post-exit interventions on victims of human trafficking, both labor and sex. Six eligible studies were found which included 155 female and 6 male survivors from three continents: North America, Asia, and Africa. Interventions included a trauma-focused framework, mentoring programs, skills training, visits with family members, and forming support systems. Via self-reports measurement tools, they looked at outcomes such as mental health, social network, community reintegration, employment, social network, and legal/vocational outcomes. In general, the paper showed there is a significant gap in well-designed research on this subject that can be applied to clinical practice.

Reviewed by Adebimpe Adewusi, MD

Reviewer's Note:

This article continues to shed a light on the difficulty of data collection or research design with this population. Difficulties stem from finding appropriate control groups for comparison, the uniqueness of survivor needs, and the transient nature of survivors causing them to frequently become lost to follow up.

Human trafficking victim identification, assessment, and intervention strategies in South Texas emergency departments. Dols JD, Beckmann-Mendez D, McDow J, Walker K, Moon M. *Journal of Emergency Nursing*. 2019; 45: 622-633. https:///doi.org/10.1016/j.jen.2019.07.002

This survey of 99 emergency department nurse leaders in South Texas explores whether a standard protocol is being used in emergency departments to identify human-trafficking victims. Nurse leaders from 47 different southern Texas counties were contacted by researchers using a sequential set of strategies. This study population is particularly interesting because of south Texas' proximity to Mexico and known major interstates connections making it a hot spot for human trafficking.

Researchers developed 23 questions based on expertise and literature review, stating that health care lacks a standardized, validated human trafficking tool. Surveys were administered online, via e-mail, or by phone interview. Of the 99 EDs contacted, 27 responded for a response rate of 27.3%. Nursing leaders reported that 40.7% of responding EDs screened adults and 37% screened children to identify human trafficking victims. ED screening included a variety of methods, most commonly one or more questions at triage about feelings of safety. Only one emergency department had identified a child or adult human trafficking victim in 2017.

In summary, the data show that, despite being in a high traffic area, few EDs in south Texas are identifying human trafficking victims. Additionally, screening processes are inconsistent as no standard tool was perceived to exist. The authors concluded that failure to identify victims may be attributed to lack of provider and staff education as well as failure to use tools specifically designed to identify trafficking. The authors propose that forensic nurses, clinical nurse specialists, and chaplains can provide key impetus for change and assist in identifying victims.

Reviewed by Suzanne Dakil, MD and Elizabeth Peeler, DO

Reviewers' Note:

This study offers insight into emergency room human trafficking screening practices and methods in south Texas, a high human trafficking area bordering Mexico. This study highlights the lack of a standardized validated screening tool and process to help identify and provide resource to trafficking victims in a health care setting. Limitations of this study include low response rate and convenience sampling. While the take home message is valuable, the authors make mention of interventions and patient education that are not addressed in study results. I am not convinced there is evidence to suggest that key change agents such as the use of chaplains will help in the identification of this population.

Identifying sexual and labor exploitation among sheltered youth experiencing homelessness: A comparison of screening methods. Mostajabian, S, Santa Maria, D, Wiemann,C, Newlin, E, Bocchini, C. *International Journal of Environmental Research and Public Health*. 2019: 16: 363-78. http://doi.org/10.3390/ijerph16030363

The study used multiple methods to evaluate youth, aged 18-21 years, at risk for sexual and labor exploitation at a shelter for homeless youth. The authors reported the results of that assessment, and the comparative return of their various assessment tools: routine psychosocial assessment (performed by physicians), a human trafficking screening tool questionnaire which included questions on socio-demographic items (race, education level, family relationships, financial, legal, and others), and focus groups (with cash card incentive). Results included: the prevalence of sexual and labor exploitation, trafficking related risks and experiences, gaps in victim knowledge of human trafficking and resources, as well as barriers to disclosing (trafficking) and seeking help.

Study results supported prior knowledge that trafficking victims (both sexual and labor) continue to have exposure to medical care but are not being recognized by medical providers, and that identified youth often do not respond by accepting care. The data also demonstrated that a significant number of trafficking victims are exploited for labor or a combination of sex and labor. Importantly, the structured questionnaire tool was more effective in identifying these victims. A combination of a structured tool and the psychosocial screening appeared to be the best method of identifying at risk youth. Limits to the study included: study size, age limit, single shelter, multiple MD provider types doing testing, and inclusion of a limited ethnic population.

Reviewed by Arne Graff, MD

Reviewer's Note

The strengths of this study include the identification of significant labor and combination (labor and sexual) trafficking and the need to expand screening methods to identify these victims. Another important finding was the comments made by the youth in the focus groups on barriers and a lack of knowledge of resources. Barriers included fear of mental health services, lack of trust in and slow process of the justice system, the embarrassment of admitting their situation, and a general loss of being able to trust others. The study supports known data regarding previous home dysfunction and abuse risks for many of the victims. I agree with the study's authors that more work is still needed to develop the right combination of questions for screening. I additionally think that more work is needed on how to effectively build trust and knowledge (resources, safety) in victims.

Overcoming disclosure reluctance in youth victims of sex trafficking: new directions for research, policy, and practice. Lavoie J, Dickerson KL, Redlich AD, Quas JA. *Psychol Public Policy Law*. 2019; 25: 225-238. http://doi.org/10.1037/law0000205

This systemic review describes research on youth (mainly adolescent) human trafficking victims' histories, their encounters with the legal system and best practice forensic interviewing approaches to elicit disclosures from these victims. The authors highlight the potential for high disclosure reluctance. This may result from normal adolescent developmental processes in addition to prior unique experiences these victims have had; their personal history, abuse experiences, and relationship to the perpetrator may each make involved youth skeptical and untrusting of adults. Importantly, the way trafficking victims come to the attention of the authorities is strikingly different from many other victims of sexual abuse. Rarely is it via the trafficking victim's own disclosure; instead, these adolescent human trafficking victims often are suspected of delinquency or crime. Thus, instead of being treated as victims of sexual abuse, many are questioned using interviewing tactics common to interrogations of criminal suspects. Such approaches can undermine disclosure accuracy and credibility and foster mistrust and hostility. The authors go on to recommend a comprehensive analysis of the extent to which these victims are questioned like suspects and the consequences of doing so, along with an analysis of questioning approaches and their effects on victim disclosures in jurisdictions with and without specialized trafficking units.

The article also reviews the little research that exists regarding forensic interviewing of victims of sex trafficking. This work shows that evasiveness is especially high when open ended questions probe for details about the trafficking activities or about violence experienced at the hands of the trafficker or clients. The authors make future research recommendations which include: 1) systemic research documenting current approaches to forensic interviewing the victims of sex trafficking 2) rigorous and creative experimental designs to identify mechanisms underlying adolescents' degree of willingness to disclose personal experiences to adults 3) testing the effects of variants of rapport and support activities on adolescents' disclosures, comfort, and cooperation 4) testing the effects of different questioning approaches on adolescents' perceived credibility and trafficking cases.

Reviewed by Sally Henin, MD

Reviewer's Note:

This article, although geared towards the legal system/law enforcement interaction with youth victims of sex trafficking, is also very valuable reading for healthcare professionals. Especially important are the developmental processes that could also carry over to these victims' reluctance in providing histories to healthcare professionals. In addition, health care professionals' understanding of how these victims may initially come in contact with law enforcement and being treated as suspects instead of victims may help in the way we approach these victims and how we go about providing care to them.

Post-implementation of a Safe Harbor law in the US: Review of state administrative data. Cole J, Sprang G. *Child Abuse Negl*. 2020; 101: 104320 http://doi.org/10.1016/j.chiabu.2019.104320

Drs. Cole and Sprang describe how Kentucky's 2013 safe harbor law, which mandated a shift in the state's response to children who have been sexually trafficked from punishment to protection, effected change in the child welfare and juvenile justice systems. The authors analyzed data from the state's court and child protection systems and found that screening for child sex trafficking by juvenile justice and juvenile court personnel increased. Characteristics of children who screened positive were described. More children were referred to the child welfare system although some children continued to be charged with prostitution in violation of this new state law. The authors note that a discouragingly low number of child sex trafficking cases were substantiated or resulted in the trafficker being criminally charged. The authors correctly observe that data on the outcomes following enactment of safe harbor laws are sparse and that further studies are badly needed so that states will know how this kind of legislation can help achieve "the full promise of rehabilitation."

Reviewed by Wendy Gladstone, MD

Reviewer's Note:

As anyone who has worked to enact legislation protecting children knows, the road from concept to law can feel like a mere step on a longer and more difficult journey continuing long after the bill is signed. After some time analyzing the outcomes of a new statute, it may become clear that the initial child-

centered goal will not be reached without a number of additional interventions. Personnel who are expected to comply with a new law may need to be educated about the underlying issues. In the case of safe harbor laws, negative attitudes about children in sex work (whose chronic school absenteeism may be seen as "truancy", unstable housing interpreted as a sign they are "runaways", and difficult behaviors taken as evidence they are "beyond control") may hamper effective interventions until a reframing of such characteristics as the consequences of forced working conditions. When a new law sets forth specific actions to be followed, training will likely be required to ensure uniformity of implementation. This is especially true when screening children who are typically wary of state agencies and likely to conceal their behaviors in an interview. If compliance with the dictates of a new law is erratic, new policies and procedures may be needed to help assure that children are receiving a consistent response to their needs. Additional supporting legislation may be indicated to bridge gaps inadvertently resulting from limitations in the original bill.

Review of published curriculum on sex trafficking for undergraduate medical trainees. Talbott JMV, Dutcher JS, Pougnier CA, et al. *Am J Prev Med.* 2020; 58:604-611. http://doi.org/10.1016/j.amepre.2019.11.013

The purpose of this article was to discover and define the characteristics and content of published educational resources, specifically for medical students, on the topic of sex trafficking in the United States to inform future educational intervention. A literature review was performed from December 2018 to January 2019 for both scholarly articles (via MEDLINE, PubmED, Embase, and MedEdPORTAL) as well as non-published curricula (via Google and Google Scholar). Although the focus was on sex trafficking, given the paucity of literature, human trafficking broadly was included in the search. Inclusion criteria incorporated English language educational materials and materials aimed to inform, educate or guide medial students on human trafficking. Empirical research, resources on other sexual health topics, resources for non -medical students and editorial pieces were excluded from this study.

The search generated a total of 11 educational resources that met inclusion criteria. Each article that met inclusion criteria was evaluated for the presence of several content themes including trafficking definition and scope, identification, health consequences, treatment, referral, legal, security and prevention. The authors stated that they found some consistency with these themes across these 11 resources however significant variability existed regarding the content, scope and length. The majority of the articles incorporated trafficking definition and scope, identification, health consequences, treatment and referral in their content. However, legal issues, safety concerns and prevention of human trafficking were discussed in less than half of the articles.

The authors emphasized the limited published educational resources that exist for medical students exclusively for sex trafficking. The authors offer their solution to build on what exists and suggest a best practice model such as case-based discussions or a standardized patient encounter after completing web-based learning modules. They referred to several articles that state short (<60 minute) didactics may be sufficient to teach physicians about human trafficking, and therefore may be appropriate for medical students. They also highlighted one particular curriculum, M-SIGHT, that is gaining traction in medical schools and uses both standardized patients and web-based learning. The limitation of this paper was that it was restricted only to resources that have been published. This provides a future direction of finding sex trafficking medical school curriculum that may not be readily and openly available.

Reviewed by Natasha Jouk MD and Dana Kaplan MD

Reviewer's Note

Child abuse pediatricians are well positioned to inform and educate future physicians on topics with medical-legal overlap, such as human trafficking. The authors suggest that a short targeted didactic for medical students would be sufficient to identify and intervene on behalf of patients who may be involved in human trafficking. While we agree that a short didactic may help with raising awareness on this particular population for medical students, identification and intervention requires longitudinal, geographically focused, and consistent exposure for this medically complex population, especially in the pediatric sphere. Oversimplification, given time restrictions, may lead to poor patient outcomes. Given the limitations on time for medical student education, concise curricula may need to focus primarily on defining the problem and recognition to be most effective.

Sex trafficking of minors in metropolitan, micropolitan, and rural communities. Cole J, Sprang G. *Child Abuse Negl.* 2015; 40: 113-123. http://doi.org/10.1016/j.chiabu.2014.07.015

This was a county-wide telephone survey of 289 professionals working with at-risk youth and/or crime victims in a single southern state. Its intent was to 1) assess their awareness, knowledge and experience working with youth victims of sex trafficking, and 2) compare the influence of the type of community the professional worked in – metropolitan, micropolitan, rural, or those working in all three types – on the above variables. More than 50% of the respondents worked in the juvenile court or justice system, about 25% worked in victims services or other agencies that serve at-risk youth, 8% were behavioral health providers, and the remainder worked in schools, health care, law enforcement or as public defenders. Respondents were asked a series of closed- and open-ended questions related to the community they worked in, their awareness of commercial sexual exploitation of children (CSEC) as a problem in different community types, their understanding of statutes and laws on human trafficking, and their experiences working with victims who had been trafficked as minors for commercial sex (STM). The survey questions were developed by two experts in human trafficking. Data analysis consisted of coding and thematic development of a random sample using NVivo, and then line-by-line coding of the entire dataset by a research assistant with reliability assessed on a random sample of 20%. Statistical association was measured using Chi square tests and ANOVA.

Respondents from all 4 community types perceived CSEC as a serious problem in metropolitan areas but compared to those working in rural and micropolitan areas, more metropolitan professionals perceived CSEC as a serious problem in the entire state. Conversely, professionals working in rural and micropolitan areas were more likely to perceive CSEC to be a serious problem in their two communities than respondents who only worked in metropolitan areas. Respondents from metropolitan communities were also more familiar with state and federal statutes on human trafficking and more had received training on human trafficking compared to professionals living in rural and micropolitan areas. Fewer professionals working in micropolitan areas had experience working with victims of STM compared to those working in rural and metropolitan areas. No significant differences were found by community type worked in for respondents' answers regarding vulnerability factors for being trafficked, trafficker-victim relationship, methods of control used by traffickers, methods of transport of victims, and use of the Internet to facilitate trafficking.

In the discussion section the authors point out that, although STM occurs in all types of communities, the research literature has largely been confined to studies done in metropolitan areas, a deficiency which their study helps to address. They also point out that while STM is less common in non-metropolitan areas, it does occur in them yet professionals working in these communities likely have less training and experience with STM. The main take home messages in the article are that 1) more training and system resources around the issue of CSEC/STM need to be invested in non-metropolitan communities, and 2) that many of the various risk factors and other aspects of CSEC/STM impacting at-risk youth are probably more similar than different across rural, suburban and urban communities.

Reviewed by Chris Derauf, MD

Reviewer's Note:

Overall this article seemed to have little pragmatic relevance to health care providers, but its findings help to fill in some gaps in the understanding of attitudes, knowledge and experience around CSEC/STM among professionals who work with at-risk youth in non-metropolitan communities.

The voices of survivors: an exploration of the contributing factors that assisted with exiting from commercial sexual exploitation in childhood. Corbett A. *Children Youth Serv Rev.* 2018; 85: 91-98. https://doi.org/10.1016/j.childyouth.2017.12.009

This qualitative study sought to understand the experience of women who successfully exited childhood commercial sexual exploitation (CSE) and provide recommendations for professionals working with such children. The method was semi-structured interviews of 13 females from the San Francisco Bay Area who identified as survivors of childhood CSE, had exited "the Life" for at least two years, were mostly minorities, and 21 to 26 years old.

Three main categories of responses and 20 themes emerged through the interviews. (1) *Self-Defined Wellness*: participants credited current family connections for helping them function well, embraced the word "survivor," positively self-identified, and expressed desire to "break the cycle" to be better parents than their own, which they believe contributed to their entry into "the

Life." (2) *Describing the Life:* participants discussed how they were recruited into "the Life," their family dynamic when entering "the Life," the powerlessness and pimp control that they experienced, and their reasons for survival. (3) *The Exiting Process:* participants identified both internal and external variables that influenced their exit. Some variables included (a) family as sources of emotional and tangible support and the primary motivator for their successful exit, (b) thinking about leaving "the Life" and desiring to be free of trauma and violence, (c) dependency of others, (d) how challenging it was to obtain legal employment due to their history of CSE, (e) exiting "the Life" due to pregnancy and (f) maintaining their exit. Corbett found that many participants reported that there was nothing that someone could have said or done when they were in "the Life" to help them avoid being recruited or exit. Additionally, when asked what would have been helpful from professionals, participants reported active listening, encouragement, non-judgement, and not abandoning them despite walls and barriers they create. Notably, many participants lacked contact with professionals; while eight participants had a singular interaction with law enforcement, none of these participants cited therapy, social services, or educational counseling as assisting in their exit.

Reviewed by Jacqueline Saltarelli, BS and Nina Agrawal, MD

Reviewer's Note:

The information revealed by these interviews is informative, especially considering that some of the participants did not interact with the social service system, which Corbett highlights as an under-researched population. While the participants' recommendations for professionals were helpful, it would be valuable to know more about their specific experiences with different agencies, in order to better influence future practice and policy. Corbett's finding that 11 out of the 13 participants believed nothing could have been said or done to avoid being recruited into or help exit "the Life" is critical. While professionals should be better informed on serving childhood CSE victims, there should be greater emphasis on prevention. Corbett discusses family's great influence on both entering and exiting childhood CSE. Examining these factors more thoroughly may prove to be helpful in preventing future cases of childhood CSE. Further research examining the male experience of exiting "the Life" is also recommended.

Training US health care professionals on human trafficking: where do we go from here?
Powell C, Dickins K, Stoklosa H. *Medical Education Online*. 2017; 22: 1267980. https://doi.org/10.1080/10872981.2017.1267980

The authors' stated aim was to assess the gaps and strengths in Human Trafficking (HT) education of US healthcare providers (HCP). The study had 2 components: structured interviews of those who provide HT education to HCPs and analysis of data from HCP calls to the National Human Trafficking Resource Center (NHTRC) as a proxy for HCP awareness of HT.

They identified 24 experts currently conducting HT training for HCPs via the HEAL (Health, Education, Advocacy, and Linkage) Trafficking national network, which was co-founded by one of the authors. A total of 11 of these experts voluntarily participated in telephone

The Quarterly Update collects and reviews current research studies relevant to the medical diagnosis of child abuse and neglect. Articles to be reviewed are chosen by the Editorial staff from hundreds of medical and related journals worldwide; abstracts and editorial comments are offered by the Editor and by Reviewers who are chosen for their expertise and experience in medicine, the law, or other appropriate specialties. Material included in *The Quarterly Update* aids professionals in achieving a more comprehensive understanding of the varied manifestations of child abuse and neglect.

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interviews May-June 2015, consisting of open-ended questions related to the HT training they conduct. Data were analyzed for trends. Notable findings from the interviews included:

1. Similar core teaching content
2. Most material was developed individually (91%)
3. HCP time available for training was a barrier to delivery
4. Number of experts does not meet the HCP demand for HT training
5. 63% of experts had access to funding to cover cost of HT training
6. Paucity of evaluation of training impact
7. Potential improvements—standardized training, metrics for training impact, funding support, incentives for HCPs for HT training

In the study's second component, there were 1826 HCP calls to the NHTRC hotline Jan 2008-May 2015, out of more than 108,000 total calls. Between 2014-2018, there was a statistically significant rise in both general and HCP calls, but there was not a statistically significant difference between the rise in the two groups compared to each other. Nearly half of HCP calls were for general information or referrals. In the three months following federal SOAR (Stop, Observe, Ask, and Respond) pilot training in certain states, there were fewer calls/month to NHTRC than in the preceding eight months.

Despite the lack of a statistically significant difference, the authors suggest that the relative increase in HCP calls to NHTRC may indicate increasing HT awareness and some level of behavior change by HCPs, though they do not attribute this to HT training efforts. The authors cite the limitations of utilizing snowball recruitment to identify experts for the interview component, preventing generalizability, and the NHTRC dataset only indicating trends.

Reviewed by Jennifer Tscholl, MD

Reviewer's Note:

The authors conclude with several recommendations about HT education that are sensible, however, they are not necessarily supported by the study they conducted. Amongst other recommendations, they include a push for standardization of HT training to ensure content is correct, consistent, relevant to HCPs, and effective in practice. They also recommend having better metrics for training efficacy.

U.S. state laws addressing human trafficking: education of and mandatory reporting by health care providers and other professionals. Holly G. Atkinson, Kevin J. Curnin, Nicole C. Hanson. Journal of Human Trafficking. 2016; 2: 111-138. http://doi.org//10.1080/23322705.2016.1175885

The purpose of this article is to provide a systematic review of U.S. state legislation involving educational initiatives and mandated reporting of human trafficking with a focus on the health care field. Authors identified commonly used search terms and identifiers by conducting internet searches for background information, news reports, and articles. State legislation was identified by searching for the terms in federal and state law databases. Searches were conducted from October 2014 through November 2015.

At the time of the review 17 states had enacted legislation that either specifically addressed the education of professionals about human trafficking (13 states), required mandatory reporting of trafficking in minors (7 states), or compelled both education and mandatory reporting (3 states). No statutes included funding to support these initiatives. Tables describe variations in requirements for education, mandatory reporting, and data collection among the 17 states. Salient discussion points include 1) the importance of educating health care providers on best practices for the recognition and response to human trafficking, 2) the need for more research to identify those best practice responses, 3) recommended revisions in mandatory reporting laws to include human trafficking in the definition of child maltreatment, and 4) the importance of funding for victim centered procedures and services. In summary, the authors conclude that additional research on evidence-based responses to human trafficking and funding to carry out those practices is needed if mandatory reporting is to have a positive impact on victims.

Reviewed by Angela Rabbitt, DO

Reviewer's Note:

This article outlines the conflict many health care professionals feel when they are mandated to report child maltreatment to the potential detriment of the victim. This conflict will remain a barrier to reporting until professionals perceive an improved capacity to provide competent care and confidence in the system response. Several resources for education and best practice

responses within health care settings have been developed since this article's publication[1-4], but there is much more work to be done. In addition to education and research, improved relationships between health care providers and community agencies is integral to an improved response to human trafficking. Efforts to integrate best practice responses into health care settings must occur on the local level in partnership with survivors and community agencies that serve victims.

References

1. National Human Trafficking Training and Technical Assistance Center. "Toolkit for Building Survivor-Informed Organizations." *Administration for Children and Families, Office on Trafficking in Persons*, 2018, https://www.acf.hhs.gov/otip/resource/nhttacorgtoolkit. Accessed 8/6/2020
2. Health, Education, Advocacy, Linkage (*HEAL*) "Protocol Assistance." *HEAL*, 2020, https://healtrafficking.org/protocols-committee/. Accessed 8/6/2020.
3. Ohio Human Trafficking Commission on Victim Services. "Ohio Service Standards for Service to Trafficked Persons." https://www.ohioattorneygeneral.gov/Files/Publications-Files/Publications-for-Victims/Standards-of-Service-for-Trafficked-Persons. Accessed 8/6/2020.
4. "SOAR to Health and Wellness Training." Office on Trafficking in Persons, September 24, 2019, https://www.acf.hhs.gov/otip/training/soar-to-health-and-wellness-training. Accessed 8/6/2020.

Uncharted waters: developing mental health services for survivors of domestic human sex trafficking. Judge AM. *Harvard Rev Psychiatry*. 2018; 26: 287-297. http://doi.org/10.1097/hrp.0000000000000196

Despite the significant and long-term mental health consequences of human sex trafficking (HST), no standard of care exists to help survivors exit and recover. Despite research validating a need for multidisciplinary and interagency response to HST, the author sees the current state of available services as fragmented, comparing them to "the disjointed social response to intimate partner violence before the women's movement helped develop a system." With psychology and psychiatry as the service foci, the article aims to identify "six principles to help avoid a fragmented and potentially retraumatizing clinical and systemic response." These principles are said to be derived from examples of efficacious interventions that include interdisciplinary collaboration to mitigate the current siloed approach.

The author reports on a literature review, done between January and October 2017, using PubMed and PsycINFO to identify publications on mental health services for domestic human sex trafficking victims. Criteria for inclusion and exclusion were not clear, other than the exclusion of unpublished dissertations. Studies included were not grouped by any age parameters and, where referenced, the age of the cohort appeared to be ≥18 years. The author further notes, "I review the relevant literature on HST, note limitations in the current evidence base, and highlight the complexity of interventions…. Mindful of these limitations, I take into account research on related populations and my own clinical experience to present six principles relevant to mental health services for HST." Based on her experience developing a mental health clinic for adult women survivors of commercial HST, the following 6 principles were described, with case studies for context:

1. Take into account stages of change and harm reduction. Approach for exiting the commercial sex trade given this process is nonlinear.
2. Adjust treatment to meet actual needs of survivors
3. Consider work as a form of psychological intervention as there are links between mental health and desired employment
4. Combine integrated services, case management, and advocacy
5. Partner with survivor professionals who have moved the topic from one that marginalized to one where it has a place in mainstream discourse
6. Addressing HST in the context of a social ecology and family system to support the survivor once they return home.

Reviewed by Ingrid Walker-Descartes, MD, MPH, MBA

Reviewer's Note:

These are important principles for the care of adult HST, but did not always seem to apply seamlessly to the child victims of HST. As a result, it was difficult to envision their direct applicability to child abuse medicine. The principles assume a level of self-advocacy as the victim exits and recovers from HST. Child abuse was specifically referred to as a "developmental adversity" experienced by many of these survivors. This information, though important to our specialty, would not be considered "breaking news."

Using a clinic-based screening tool for primary care providers to Identify commercially sexually exploited children. Chang K, Lee K, Park T, Sy E, Quach T. *J Applied Res Children: Informing Policy for Children at Risk*. 2015; Vol. 6:Iss.1, Article 6. https://digitalcommons.library.tmc.edu/childrenatrisk/vol6/iss1/6

This exploratory study aimed to determine the proportion of patients screened for CSEC and to assess the prevalence of CSEC within a population health-based clinic in Oakland, CA. A cohort was identified through retrospective chart review of female patients, aged 13-23, receiving sexual and reproductive medical services at the Asian Health Services Clinic between 2008 and 2011. The clinic's protocol for CSEC screening was previously developed and based on information gathered from focus groups consisting of CSEC patients, service providers, DV experts, and community health advocates. Indicators to screen females 11-18 years of age included: frequent STI testing requests and diagnoses, multiple sexual partners, ongoing truancy issues, prior history of sexual abuse, and greater than 10 lifetime partners. The identification of two or more indicators prompted the use of the screening tool, which consisted of two scripted leading questions to address possible CSEC involvement in addition to the clinician taking a standard sexual history. Descriptive statistics and univariate logistic regression were used in data analysis.

Results based on abstraction from 621 patient charts fitting the above criteria revealed that 177 (28.5%) were screened for CSEC. Of those, 13 (7.3%) self-reported experiencing CSEC. Univariate logistic regression against predictor variables indicated that certain risk factors were more likely to be associated with CSEC. These characteristics included: diagnosis with STI, currently being sexually active with more than two partners, and having more than 10 lifetime partners.

The authors note several limitations to this study, including underscreening and underreporting of CSEC among teen patients. The retrospective nature of this study also created some challenges in interpreting provider documentation and how the risk factors may be associated with the risk of CSEC. Furthermore, only female patients were included in the study design, limiting the applicability of the results.

Reviewed by Sasha Svendsen, MD and Cole Martens, MS4

Reviewer's Note:

This study attempts to address a gap in knowledge regarding screening for CSEC by healthcare professionals within a clinical setting. The patient population in this study was specific to an at-risk community-based comprehensive health care model that provides medical care along with resources, education, and community services to these patients. While this study adds to the growing knowledge of CSEC risk factors, it is limited in its generalizability. The screening tool does not seem to be particularly user friendly for use within the clinical setting, although perhaps technology and the use of the electronic medical record could help. The tool does provide a script for providers to directly address concerns of CSEC in conversation with patients. Furthermore, this study excludes all non-female genders, though they are known to also be at risk for CSEC involvement.

Vulnerabilities relevant for commercial sexual exploitation of children/domestic minor sex trafficking: A systematic review of risk factors. Franchino-Olsen H. *Trauma Violence Abuse*. 2019; http://doi.org/10.1177/1524838018821956

This is a systematic review of the demographic and social factors present in cases of commercial sexual exploitation of children (CSEC). Pub Med and Web of Science data bases were searched using predetermined search terms. Results of the search were then narrowed down to a set of 15 articles which were then systematically reviewed. Factors associated with CSEC included: racial and ethnic minorities; history of child abuse, especially sexual abuse; parental conflict; compromised parenting, including domestic violence and parental behavioral health concerns such as depression or substance use; economic instability; school difficulty; being thrown away or running away from home; engaging in survival sex; involvement with CPS or juvenile detention; earlier age of sexual activity or substance use. These factors counter somewhat the stereotype of CSEC victims: young women who are tricked and kidnapped into sexual exploitation. This stereotype likely has led to the fact that males and those who identify as LGBTQ+ may not be as often recognized as victims of CSEC by child welfare and health care professionals.

Reviewed by Kirsten Bechtel MD

Reviewer's Note:

This paper reviews some of the first studies to describe the socioeconomic and demographic factors that make a child or adolescent at risk for CSEC. While it reports many individual risk factors, the degree of risk conveyed by each factor is unknown and some cluster together (e.g. child abuse and running away from home). Many of these identified factors have been used to develop screening tools to recognize CSEC in health care settings.[1,2] Further use of these risk factors in screening tools to understand the true prevalence of CSEC in the health care setting, and the relative risk of CSEC for particular risk factors, is needed.

References

1. Greenbaum VJ, Livings MS, Lai BS, et al. Evaluation of a Tool to Identify Child Sex Trafficking Victims in Multiple Healthcare Settings. *J Adolesc Health*. 2018; 63: 745-752.

2. Kaltiso SO, Greenbaum VJ, Agarwal M, et al. Evaluation of a Screening Tool for Child Sex Trafficking Among Patients With High-Risk Chief Complaints in a Pediatric Emergency Department. *Acad Emerg Med*. 2018; 25: 1193-203.

Chang K, Lee K, Park T, Sy E, Quach T. Using a clinic-based screening tool for primary care providers to Identify commercially sexually exploited children. *J Applied Res Children: Informing Policy for Children at Risk*. 2015; Vol. 6:Iss.1, Article 6. https://digitalcommons.library.tmc.edu/childrenatrisk/vol6/iss1/6

Cole J, Sprang G. Sex trafficking of minors in metropolitan, micropolitan, and rural communities. *Child Abuse Negl.* 2015; 40: 113-123. http://doi.org/10.1016/j.chiabu.2014.07.015

Cole J, Sprang G. Post-implementation of a Safe Harbor law in the US: Review of state administrative data. *Child Abuse Negl.* 2020; 101: 104320 http://doi.org/10.1016/j.chiabu.2019.104320

Corbett A. The voices of survivors: an exploration of the contributing factors that assisted with exiting from commercial sexual exploitation in childhood. *Children Youth Serv Rev*. 2018; 85: 91-98. https://doi.org/10.1016/j.childyouth.2017.12.009

Costa CB, McCoy KT, Early GJ, Deckers CM. Evidence-based care of the human trafficking patient. *Nurs Clin N Am*. 2019; 54: 569-584. http://doi.org/10.1016/j.cnur.2019.08.007

Dols JD, Beckmann-Mendez D, McDow J, Walker K, Moon M. Human trafficking victim identification, assessment, and intervention strategies in South Texas emergency departments. *Journal of Emergency Nursing*. 2019; 45: 622-633. https:///doi.org/10.1016/j.jen.2019.07.002

Fraga Rizo C. Educating youth about commercial sexual exploitation of children: a systematic review. Global Social Welfare. 2019; 6:29–39 https://doi.org/10.1007/s40609-018-0119-7

Franchino-Olsen H. Vulnerabilities relevant for commercial sexual exploitation of children/domestic minor sex trafficking: A systematic review of risk factors. *Trauma Violence Abuse*. 2019; http://doi.org/10.1177/1524838018821956

Holly G. Atkinson, Kevin J. Curnin, Nicole C. Hanson. U.S. state laws addressing human trafficking: education of and mandatory reporting by health care providers and other professionals. Journal of Human Trafficking. 2016; 2: 111-138. http://doi.org//10.1080/23322705.2016.1175885

Hounmenou C, O'Grady C. A review and critique of the U.S. responses to the commercial sexual exploitation of children. *Children and Youth Services Review*. 2019; 98: 188-198. https://doi.org/10.1016/j.childyouth.2019.01.005

Ijadi-Maghdoodi R, Bath E, Cook M, Textor L and Barnert E. Commercially sexually exploited youths' health care experiences, barriers, and recommendations: A qualitative analysis. *Child Abuse Negl*. 2018; 76: 334-341: http://doi.org/10.1016/j.chiabu.2017.11.002

Judge AM. *Harvard Rev Psychiatry*. Uncharted waters: developing mental health services for survivors of domestic human sex trafficking. 2018; 26: 287-297. http://doi.org/10.1097/hrp.0000000000000196

Landers M, McGrath K, Johnson MH, Armstrong MI, Dollard N. Baseline characteristics of dependent youth who have been commercially sexually exploited: findings from a specialized treatment program. *J Child Sexual Abuse*. 2017; 26: 692-709. http://doi.org/10.1080/10538712.2017.1323814

Lavoie J, Dickerson KL, Redlich AD, Quas JA. Overcoming disclosure reluctance in youth victims of sex trafficking: new directions for research, policy, and practice. *Psychol Public Policy Law*. 2019; 25: 225-238. http://doi.org/10.1037/law0000205

Mostajabian, S, Santa Maria, D, Wiemann,C, Newlin, E, Bocchini, C. Identifying sexual and labor exploitation among sheltered youth experiencing homelessness: A comparison of screening methods. *International Journal of Environmental Research and Public Health*. 2019: 16: 363-78. http://doi.org/10.3390/ijerph16030363

Nathaniel AD, Brandy RM, Kara RB, EW, BA, and WH. Helping survivors of human trafficking: a systemic review of exit and postexit interventions. *Trauma, Violence, Abuse*. 2019; 20: 183-196. http://doi.org/10.1177/1524838017692553

Panlilio CP, Miyamoto S, Font SA, Schreier HMC. Child Abuse Negl. Assessing risk of commercial sexual exploitation among children involved in the child welfare system. 2019; 87: 88–99. http://doi.org/10.1016/j.chiabu.2018.07.021

Powell C, Dickins K, Stoklosa H. Training US health care professionals on human trafficking: where do we go from here? *Medical Education Online*. 2017; 22: 1267980. https://doi.org/10.1080/10872981.2017.1267980

Rothman EF, Farrell A, Paruk J, et al. Evaluation of a multi-session group designed to prevent commercial sexual exploitation of minors: The "My Life My Choice" curriculum. *Journal of Interpersonal Violence*. 2019. 1-24. http://doi.org/10.1177/0886260519865972

Talbott JMV, Dutcher JS, Pougnier CA, et al. Review of published curriculum on sex trafficking for undergraduate medical trainees. *Am J Prev Med*. 2020; 58:604-611. http://doi.org/10.1016/j.amepre.2019.11.013

Todres J. Can mandatory reporting laws help child survivors of human trafficking? *Wisconsin L Rev Forward*. 2016: 69-78. https://www.researchgate.net/publication/301564376

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