



Human Trafficking and Exploitation of Children and Adolescents: Policy Statement

Jordan Greenbaum, MD,¹ Dana Kaplan, MD,² Nia Bodrick, MD, MPH,³ the Council on Child Abuse and Neglect; and the Section on Global Health

Trafficking of children and adolescents for labor and sexual exploitation is associated with significant adverse physical and mental health implications. Pediatricians and other health care professionals may encounter affected patients who present with infections, injuries, posttraumatic stress disorder, suicidality, or a variety of other health and mental health conditions. The health sector response requires a public health approach based on scientific research using an equity and social justice lens, community participatory strategies, and rigorous study designs, including implementation science, which build a solid evidence base. It should include training for pediatric clinicians (eg, pediatricians, other physicians, and nonphysician clinicians treating children and adolescents) to recognize possible signs of exploitation and to intervene using a culturally responsive, community-centered, sensitive, trauma-informed, rights-based, and patient-centered approach. The health sector response should include a multidisciplinary approach to the provision of service, with clinicians working with a diverse group of professionals in the community to assist children and adolescents at risk for trafficking and exploitation. Advocacy is needed for legislation and policies that promote child rights and victim/survivor services for all children and adolescents, regardless of immigration status. The health sector should support policies that address the social drivers of health, which influence the vulnerability to human trafficking. This policy statement outlines major issues regarding public policy, medical education, research, and collaboration in the area of child labor and sex trafficking/exploitation and provides recommendations for future work.

INTRODUCTION

Children and adolescents experiencing trafficking in human beings and exploitation (THB/E) for labor and/or sex routinely are deprived of their

abstract

¹International Centre for Missing and Exploited Children, Alexandria, Virginia; ²Division of Child Abuse and Neglect, Department of Pediatrics, Staten Island University Hospital, Staten Island, New York; and ³Division of General and Community Pediatrics, Children's National Hospital, Washington, District of Columbia

Address correspondence to: Jordan Greenbaum, MD.
Email: vg5893@hotmail.com

All authors contributed to the writing and editing of the document.

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To cite: Greenbaum J, Kaplan D, and Bodrick N; American Academy of Pediatrics, the Council on Child Abuse and Neglect; Section on Global Health. Human Trafficking and Exploitation of Children and Adolescents: Policy Statement. *Pediatrics*. 2025;156(1):e2025072214

rights to basic needs, including health, dignity, respect, and safety from violence and exploitation, as outlined in the United Nations Convention on the Rights of the Child.¹ In this policy statement, the term “children and adolescents” is used to describe individuals younger than 18 years, although many national and international terms refer to this age group as “child/children” (eg, “child trafficking”). Although laws and conventions^{2,3} may restrict the definition of “child” to those younger than 18 years, many issues and recommendations outlined in this statement also apply to young adults.

Child labor exploitation occurs when a child is treated unfairly in the context of work⁴; labor trafficking occurs when a person uses force, fraud, or coercion to compel the minor to work.³ Child labor THB/E in the United States (US) occurs in various industries,^{5,6} including domestic servitude, construction, forced peddling settings (eg, door-to-door magazine sales), illicit activities, agriculture, health and beauty services, and hotel and restaurant businesses.^{7–15} Common settings outside the US include begging, fishing, domestic work, manufacturing, and armed conflict.^{16–19}

According to US federal law, child sex trafficking involves commercial sex acts (sexual activity for which there is an exchange of something of value) with individuals younger than 18 years.^{3,20} Demonstration of force, fraud, or coercion is unnecessary, as is the movement of trafficked persons across borders. The commercial sexual exploitation of children (CSEC) is closely related, involving “crimes of a sexual nature committed against juvenile victims for financial or other economic reasons...”²¹ CSEC may occur online/offline, may involve transactional sex, may include monetary enticement, and may occur in the context of business travel and tourism. It also includes cases of mail-order-bride trade/early forced marriage, production of child sexual abuse material (CSAM, formerly called “child pornography”), live-stream sexual acts (wherein an online buyer directs the child to engage in sexual activities in real time, in front of a webcam), and performing in sexual venues.²¹ Image-based sexual abuse and exploitation of children (IBSEAC)²² includes production of sexual images by adults, peers, and victims with nonconsensual or consensual (but illegal) distribution. It includes “sextortion” (inducing an individual to send sexual images/videos, then blackmailing them for money or other items of value).²³

Major methodologic challenges hinder child THB/E prevalence estimates, as do the relative scarcity of robust antitrafficking ecosystems that can identify impacted individuals, and the paucity of validated screening tools for special populations.^{7,21,24,25} The International Labour Organization estimated that more than 3.3 million children and adolescents were involved in forced labor globally in 2021 (including 1.9 million in CSEC).¹⁷ Accurate statistics on the US prevalence of child THB/E are similarly

challenging.²⁶ Four recent studies of runaway and homeless youth suggest that rates of sex trafficking range from 6.5% to 25.8%, whereas labor trafficking ranges from 4.6% to 54.2%.^{27–30} In 2021, the National Human Trafficking Resource Center (NHTRC) hotline received reports of 10 360 unique cases (incidents) of potential THB/E, including 136 possible child labor trafficking cases and 2078 possible sex trafficking cases.³¹ This likely represents a small portion of US THB/E. In a nationally representative sample of young adults (18–28 years), prevalence rates of online commercial sexual exploitation and sextortion were 1.7% and 3.5%, respectively.³² Girls, transgender and gender-fluid youth had higher rates than cisgender males; 13- to 17-year-olds were at highest risk.

The United States is a “destination” country for THB/E, and statistics from 2021 indicate that the leading “origin” countries for federally identified victims (all ages, all types of trafficking) were the United States, Mexico, and Honduras.³³ The production of CSAM is a vast global phenomenon: the internet Watch Foundation identified 255 588 URLs (webpages) containing CSAM or links to images in 2022, originating from countries worldwide.³⁴

Factors at the individual, community, and societal levels contribute to THB/E vulnerability globally¹⁷ (see Table 1). Children in the custody of government child welfare agencies, notably in the United States, are at increased risk, which may be partially related to co-existence of other risk factors such as a history of sexual abuse, and family dysfunction.^{9,53} Attitudes and practices that marginalize populations (eg, systemic racism, colonialization, and xenophobia) limit economic and social opportunities, restrict health care access, condone persecution, and increase the risk of THB/E.^{17,33,35,36,54–61}

Massive population displacement often involves children and adolescents, including unaccompanied minors (UMs).^{59,60,62} Individuals and families may flee war, community or familial violence, persecution, poverty, natural disasters, or other major crises. UMs are at significant risk for THB/E,^{17,61,63} given their age, absence of adult supervision, lack of knowledge pertaining to host language/culture, need to repay debt or support family, and precarious legal status.^{6,15,64}

Global pandemics, as observed during the COVID-19 pandemic of 2020, increase the risk for THB/E, especially involving those already at risk for exploitation.^{37,38,65–68} Increases in unemployment, poverty, homelessness, and illness or death of caregivers contribute to THB/E vulnerability.^{33,64,69–75}

Access to the internet continues to expand. As of 2019, 95% of US children 3 to 18 years old had home internet access.⁷⁶ COVID-19 led to increased use in response to social isolation requirements.⁷⁷ Concurrently, exploiters use the internet to recruit, groom, sexually abuse^{78–80} and extort,^{81,82} produce/distribute CSAM,⁷² manage THB/E

TABLE 1. Factors Contributing to Vulnerability to Child Trafficking ^{5–9,19,30,35–52}			
Individual	Family	Community	Societal
2SLGBTQIA+ identifying	Poverty	Tolerance of sexual/labor exploitation	Gender-based violence and discrimination
Abuse/neglect	Unemployment	Weather-related and geophysical disasters	Cultural beliefs/stigma that facilitate marginalization, systemic discrimination
Sexual exploitation	Intrafamilial violence and dysfunction	Community violence	Weak recognition of child rights, labor rights, weak labor governance
Substance misuse	Forced migration	Community upheaval	Political/social upheaval
Homeless/runaway/thrown out of home	Intolerance of 2SLGBTQIA+ identifying	Lack of community resources/support	Pandemics
Untreated mental health conditions	Family health needs	Lack of awareness of trafficking practices	Global climate change
Behavioral problems	Undocumented immigration status		Attitudes that condone labor exploitation/trafficking (eg, focus on cheap material goods and cheap labor)
Involvement with legal system			Glorification of child commercial sexual exploitation
Involvement with child protective services system (especially foster care)			
Lack of documentation (immigration, birth certificate, etc)			
Unaccompanied status, including immigrant and refugee children and adolescents			
Member of group facing discrimination (eg, AI/AN/I, 2SLGBTQIA+, BIPOC)			
Presence of disability			
2SLGBTQIA+ indicates two-spirit, lesbian, gay, bisexual, transgender, queer and/or questioning, intersex, asexual, or other; AI/AN/I, American Indian/Alaska Native/Indigenous; BIPOC, Black, Indigenous, and people of color.			

financial transactions,³³ and arrange live-stream sex acts for global buyers.⁸³ Resources on internet safety, including legal protections, are widely available (AAP's Center of Excellence on Social Media and Youth Mental Health),^{84,85} although outcome/impact studies are needed.^{84,85}

Global climate change may increase THB/E vulnerability.^{39,40,86–88} Drought, sudden storms, flooding, and slow-onset coastline erosion may drive agriculturally dependent families to migrate, exposing children and adolescents to the risk of THB/E as described earlier.^{17,60} In 2020, weather events displaced 30 million individuals.⁴⁰ Massive individual losses and demand for cheap labor accompany severe weather events and lay a foundation for THB/E.^{40,89,90}

Although evidence suggests that legal residents experiencing sex THB/E in the United States are likely to seek medical attention during their period of exploitation,^{91,92} those without legal documentation and individuals trafficked in foreign countries around the world (US citizens and others) may have limited access to health care.^{93,94} It is important for pediatric clinicians in any country to appropriately recognize and respond to THB/E (see AAP clinical report on labor and sex trafficking).⁴¹

Increasingly, THB/E is being viewed through a public health lens focusing on, raising public awareness,⁹⁵ prevention, identification of risk and protective factors, resilience and recovery, rigorous scientific research, and development of a multidisciplinary response.^{54,75,96–104} Pediatric

clinicians play a critical role in advocating for public health efforts to combat and prevent THB/E.¹⁰⁵

EXISTING FRAMEWORK

Current Legislation

In the United States, THB/E involves the criminal justice and child protective systems at federal and state levels. The Trafficking Victims Protection Act (TVPA) of 2000,³ recognizes THB/E as a federal crime and offers protection; multiple reauthorizations have expanded its scope.^{106–108} In the 2008 William Wilberforce Trafficking Victims Protection Reauthorization Act (TVPRA),¹⁰⁶ special provisions were added to protect unaccompanied minor migrant children. These include mandatory screening for possible THB/E and persecution in the home country. To date, all 50 states and the District of Columbia have passed legislation making THB/E a felony offense. Information on these and related laws is available from the AAP Committee on State Government Affairs as well as Shared Hope International.

Foreign national children and adolescents in the United States who are identified as having experienced THB/E may be eligible for various special visas that allow them to remain temporarily in the United States and receive federal assistance. Health professionals may refer patients who they suspect have experienced THB/E to the Office

of Trafficking in Persons (<https://www.acf.hhs.gov/otip/victim-assistance/child-eligibility-letters/request-assistance>). Referrals to pro-bono immigration attorneys or organizations providing immigration legal assistance are also helpful.

The 2014 Preventing Sex Trafficking and Strengthening Families Act (Pub L No. 113–183) requires that state child welfare agencies develop procedures to identify and serve individuals under their care or supervision who may have experienced THB/E. The Justice for Victims of Trafficking Act of 2015²⁰ requires that states include sex THB/E in their definitions of child abuse, although not all states have laws requiring mandatory reporting when the alleged perpetrator of sex THB/E is not the parent/caregiver. Criminal sanctions were additionally expanded to include persons who patronize/solicit individuals younger than 18 years for commercial sex acts. The Act provides federal grant incentives for states to pass comprehensive Safe Harbor Laws to eliminate a punitive approach to individuals who engaged in illegal activity related to their exploitation, and to instead provide immunity, diversion, and/or mandatory referral for services.¹⁰⁹

The United Nations Convention on the Rights of the Child (UNCRC) safeguards children from violence, exploitation, and abuse. Although the United States signed the agreement in 1995, it is the only nation not to ratify it, endorsing the principles without legal commitment.¹ Opponents of ratification assert that the Convention conflicts with some US laws regarding privacy and family rights, that it is an ineffective mechanism for protecting child rights, and that it undermines US sovereignty.¹¹⁰ The AAP commits to advocate for policies that conform to the principles of the United Nations Convention on the Rights of the Child and supports US ratification.

HEALTH SECTOR ROLE IN COMBATting THB/E

Research continues to demonstrate the need for clinician training for recognition and care of patients who experience THB/E.^{111–113} In a study of pediatric clinicians at an academic children's hospital, 62.8% of participants reported they had never received education on THB/E.¹¹⁴ Multiple training curricula are available^{115–120} however, outcomes research is needed.^{118,121–123}

An AAP clinical report on child THB/E provides detailed information on the trauma-informed health care response,⁴¹ and online training is available.¹²⁴ A set of core competencies for a THB/E response in health care/behavioral health systems provides further guidance to professionals, health care organizations, and training programs.¹²⁵ Of critical importance is the need to protect patient privacy and safety when documenting sensitive information in the medical record. Individuals who have experienced THB/E have valid concerns regarding potential access to the record by traffickers, caregivers and others

who may harm the patient, and they may also fear staff bias and discrimination by those discovering stigmatizing data such as substance misuse, commercial sexual exploitation and undocumented immigration status. Strategies to protect patient privacy and promote safety include granular metadata and segmentation that is incorporated into all facets of the EHR, and clinician transparency with patients regarding information to be included in the record. A thorough discussion of the privacy and confidentiality issues associated with THB/E and guidance regarding documentation of sensitive patient information is available.^{126–128} Comprehensive clinical guidelines on pediatric THB/E are critical^{41,125} and resources exist to help clinicians and health administrators design tailored clinical protocols for their organizations.^{129–131}

Pediatric THB/E screening tools specifically designed for health settings are limited, especially for young children, and lack validation for individuals with significant intellectual disabilities, migrant populations, or American Indian/Alaska Native/Indigenous (AI/AN/I) patients. Most do not screen for labor THB/E.^{132–135} Universal education and resource strategies tend to focus on sexual and domestic violence.^{136,137} The development of validated, brief, trauma-informed screening tools and universal education resources addressing all forms of THB/E are needed across diverse at-risk populations.

Prevention initiatives for THB/E can encompass various strategies including promoting healthy and safe relationships, child sexual abuse prevention, internet safety, and providing information on THB/E, labor rights, and risk reduction.^{103–105,137–140} The AAP *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* includes anticipatory guidance recommendations for patients from newborn infants to 21 years of age.¹⁴¹ However, these recommendations do not provide specific guidance on THB/E. There is relatively limited evaluation of THB/E prevention efforts,¹⁴² and outcomes research is needed. Consideration should be given to integrating THB/E prevention into existing, evidence-based child sexual abuse prevention programs.¹³⁹

RESEARCH

Evidence-based research on THB/E remains relatively limited¹⁴³ with an overall low level of rigor.¹⁴⁴ Large gaps exist, particularly regarding special subpopulations; the impact of cultural beliefs/practices; biases/systemic racism and colonialism as they impact individuals of color; exploitation of child migrants; and child labor trafficking. Evaluation studies of treatment models are also lacking.^{101,144,145}

The vast majority of THB/E research is focused on cisgender female individuals and on people experiencing sex trafficking.¹⁴⁶ Many studies on THB/E publish aggregate results for adults and children/adolescents,^{147–149} male and female individuals,¹⁵⁰ or individuals from multiple

countries of origin.⁷¹ Some merge individuals victimized by various forms of THB/E.⁹¹ Aggregated data may preclude identification of findings specific to children and adolescents or subpopulations.

The limited^{42,151–154} research on male individuals experiencing THB/E may indirectly reinforce societal beliefs that boys cannot be victimized, exacerbate the under recognition of exploitation and restricted services for this population,¹⁵⁵ and fuel the tendency to treat males as offenders rather than as individuals needing services.¹⁵⁶

Research remains limited regarding the THB/E experiences of individuals identifying as 2SLGBTQIA+, although their increased risk of abuse, violence, homelessness, and exploitation has been documented.^{28,67,157,158} Research exploring similarities and differences in the experiences and health needs of specific populations of 2SLGBTQIA+ individuals is needed.

Our knowledge of the prevalence of THB/E, risk factors, experiences and related needs of affected AI/AN/I children and adolescents is minimal.^{35,159,160} Sexual exploitation is associated with oil rigging sites, uranium mines and with casinos on AI/AN/I tribal territory.^{159,161,162} A national inquiry into missing and murdered Indigenous women and girls in Canada emphasizes the need to focus on vulnerabilities and needs of AI/AN/I children and adolescents as well as protective factors that are critical in designing culturally relevant prevention and intervention efforts.¹⁶³

Labor THB/E has not received the same public attention as sex THB/E¹⁶⁴ and there is a dearth of research in the United States.^{6,10} Researching child employment, child labor, hazardous child labor, forced child labor, and trafficking is challenging due to subtleties of identifying and differentiating between these phenomena.¹⁶⁵

Systemic racism, deeply held implicit biases, the effects of colonialism, and widespread social and health inequities increase risk for THB/E in BIPOC populations and hinder access to assistance for those experiencing THB/E.^{35,54,166} Research is needed to elucidate conditions that condone and promote continued discrimination and to facilitate positive cultural change.

Burgeoning research of online child sexual exploitation includes studies on risk, prevalence, offender characteristics, and prevention.^{22,32,81,167,168} Studies published by nongovernmental organizations (eg, “gray literature”) supplement research published in peer-reviewed journals.^{158,169,170}

EXTERNAL COLLABORATION

Multidisciplinary collaboration in the investigation and treatment of child abuse has become the standard in the United States,^{171–173} and similar collaborations are evolving globally.^{174,175} These collaborations involve work with other health professionals as well as professionals from legal,

child welfare, education, law enforcement, immigration, and victim/survivor services. However, pediatric clinicians seeking to report cases and obtain services for patients often lack knowledge of available community partners or The National Human Trafficking Resource Center (1–888–373–7888),^{112,176,177} and education is needed.¹⁷⁸

CONCLUSIONS

Major issues exist regarding public policy, medical education, research, and collaboration in the areas of child THB/E. There are needs for victim/survivor advocacy; increased victim/survivor services; training for health professionals; and research on THB/E.

RECOMMENDATIONS

The following recommendations apply to AAP chapters and to all individual health care professionals serving children and adolescents, including but not limited to physicians, nurses, advanced practice clinicians, dentists, behavioral health professionals, social workers, and trainees in these fields.

Public Policy

1. The AAP advocates for prevention of THB/E and respect for fundamental children’s rights.
2. Support relevant state, federal, and global anti-trafficking policies that address the following

Access to Services, Including Health Care

- Increase equitable access to direct services for all children and adolescents impacted by THB/E (online and offline), regardless of immigration status, race/ethnicity, abilities, gender identity, etc.
- Increase interagency collaboration.
- Improve THB/E screening and universal education in health care settings.
- Provide continuous financial coverage for physical and mental health expenses for individuals impacted by THB/E regardless of immigration status.¹⁷⁹
- Increase availability of pediatric examiners trained in THB/E and trauma-informed care, especially in rural areas.
- Ensure access to family planning and reproductive health services irrespective of immigration status, promoting harm reduction strategies for those experiencing THB/E.
- Advocate for 2SLGBTQIA+ children, adolescents, and adults who experience THB/E, ensuring access to physical and psychosocial health services to all.
- Increase protection and assistance to migrant children and adolescents during^{164,180} and after migration; increase access to free/low-cost medical homes; expand post-release services for unaccompanied minors (UMs),

facilitate screening, and improve access to immigration legal services.¹⁸¹

Child Labor

- Combat child labor THB/E globally.¹⁷ This includes legislation, international treaties, memoranda of understanding, and other agreements to:
 - protect children and adolescents in all occupational sectors;
 - ensure monitoring and enforcement of child labor laws;
 - train labor inspectors to detect and respond to labor violations that may represent THB/E;
 - promote fair and ethical recruitment of adults and children for employment;
 - ensure respect for the rights of all migrants regardless of immigration status;
 - incorporate THB/E prevention, recognition, and response measures into all levels of humanitarian crisis responses and disaster risk reduction strategies¹⁸²;
 - require industries to take appropriate measures to ensure that all workers are protected from adverse health and safety consequences;
 - improve data collection regarding national and global child labor THB/E.

Risk and Prevention

- Support efforts to address social drivers of health and economic factors linked to vulnerability factors for THB/E.
- Support legislation addressing systemic racism and bias/discrimination against populations.³⁶
- Address climate change and its impact on children's vulnerability to THB/E.
- Facilitate primary prevention of child THB/E through education of children and adolescents, caregivers, child welfare professionals, and clinicians. These efforts should be informed by rigorous research incorporating the views of young people.^{183,184} Include school programs and extend efforts to reach nonattenders. Explore opportunities to integrate internet safety and THB/E prevention into evidence-based programs on healthy relationships.^{32,139}

Legal Protection

- Protect individuals <18 years who have experienced any type of THB/E from prosecution for related offenses, emphasizing treatment and services.
- Prevent detention of migrant children and adolescents and separation from their families, as this increases the vulnerability to THB/E.
- Increase legal access to cross-border migration so UMs and families do not need to rely on smugglers.

3. Facilitate a public health approach to THB/E¹⁰² that embraces culturally responsive, rights-based, trauma-informed, and child-centered care.⁴¹

Medical Education

1. Advocate for:
 - A. Standardized pediatric clinician training on THB/E, including:
 - Prevention, recognition, assessment, treatment, follow-up and referral for community services.¹²⁵
 - A trauma-informed, culturally responsive, and rights-based approach⁴¹;
 - Awareness of THB/E involving caregivers, young adults, and specific high-risk populations.
 - Guidance on identifying referral pathways to immigration attorneys and organizations that assist foreign-born patients with obtaining visas and benefits.
 - Use of strategies to address social drivers of health and connecting patients to community resources.
 - Advocate for patient-informed and appropriate documentation of sensitive health information and use of THB/E ICD-10 codes in the health record in ways that protect the safety and privacy of patients.^{126,127,185} This includes granular metadata and segmentation that is incorporated into all facets of the record, and age-appropriate transparency with patients regarding who may have access to sensitive information. Patients should be empowered to make decisions regarding data documentation, while ensuring safe and appropriate ongoing care, and adherence to existing laws and policies.¹²⁸
 - Education mitigating implicit/explicit bias and discrimination at individual and systemic levels.^{186,187}
 - B. Provide timely medical education on THB/E at the trainee level.
 - C. Promote financial support, development, and global dissemination of culturally appropriate, trauma-informed curricula and clinical management guidance for pediatric clinicians addressing THB/E.

Research

1. Advocate for research addressing:
 - THB/E prevalence;
 - Protective and resilience factors;
 - The intersection of THB/E with specific populations (eg, males, 2SLGBTQIA+ individuals, individuals with disabilities, those in the custody of the state, etc);
 - Effective implementation of trauma-informed care into a busy health care setting¹⁸⁸;
 - Effectiveness of telehealth encounters in identifying/screening for THB/E;

- Impact of:
 - telehealth resources on service provision;
 - prevention initiatives, screening tools and universal education resources, and harm reduction strategies;
 - integration/reintegration services.
- 2. Facilitate research using an equity lens, rigorous designs including implementation science, and community-based strategies informed by individuals with lived experience.^{143,144}
- 3. Advocate for centralized surveillance and data collection on THB/E using clearly operationalized definitions.

Collaboration

1. Advocate for pediatric clinicians to join community multidisciplinary teams combating THB/E, educating team members about survivors' health needs and facilitating services to enhance the well-being of trafficked persons.
2. Encourage pediatric clinicians to promote public awareness of THB/E and advocate for increased service provision. This may involve supporting education initiatives, advocating for anti-trafficking legislation, and working with the media to counteract inaccurate representations that sensationalize and stereotype human trafficking.
3. Advocate for pediatric clinicians to identify local service providers and establish "warm hand-off" referral mechanisms, aiding patients in contacting referral organizations before leaving the health facility. Pediatric clinicians in small practices may collaborate with local/state task forces, the National Human Trafficking Resource Center (1-888-3737-888), or nongovernmental organizations (eg, International Organization for Migration) in areas where there is an absence of community partnerships.
4. Advocate for trauma-informed, patient-centered, and culturally responsive health care to recognize and respond to suspected THB/E.

LEAD AUTHORS

Jordan Greenbaum, MD
Dana Kaplan, MD, FAAP
Nia Bodrick, MD, MPH, FAAP

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STAFF

Naji Hattar, MHA

ACKNOWLEDGMENTS

The authors would like to thank Hanni Stoklosa, MD, MPH, HEAL Trafficking, Harvard Medical School, for her input and review of the policy statement.

ABBREVIATIONS

THB/E: trafficking in human beings and exploitation
CSAM: child sexual abuse materials
AAP: American Academy of Pediatrics
ACE: adverse childhood experience
BIPOC: Black, Indigenous, and other people of color
AI/AN/I: American Indian/Alaska Native/Indigenous
HEAL (Trafficking): Health, Education, Advocacy & Linkage
IBCSAE: image-based child sexual abuse/exploitation
ICD: International Classification of Diseases

2SLGBTQIA+: two-spirit, lesbian, gay, bisexual, transgender, queer and/or questioning, intersex, asexual, or other

PATH: Physicians Against the Trafficking of Humans
TVPA: Trafficking Victims Protection Act

FUNDING: No external funding.

Accepted for Publication Date: April 25, 2025

<https://doi.org/10.1542/peds.2025-072214>

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REFERENCES

1. United Nations. Human Rights, Office of the High Commissioner for Human Rights. Convention on the Rights of the Child. 1990. Accessed April 14, 2024. <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>
2. United Nations. Protocol to prevent, suppress and punish trafficking in persons especially women and children, supplementing the United Nations convention against transnational organized crime. 2000. Accessed April 14, 2024. <https://www.ohchr.org/en/instruments-mechanisms/instruments/protocol-prevent-suppress-and-punish-trafficking-persons>
3. Trafficking Victims Protection Act. Pub L No 106–386 (2000). 22 USC 78. Accessed December 30, 2019. <https://uscode.house.gov/view.xhtml?path=/prelim@title22/chapter78&edition=prelim>
4. Oxford Languages and Google. Definition of 'exploitation'. Accessed October 12, 2022. https://www.google.com/search?q=definition+of+exploitation&rlz=1C1CHBF_enUS978US978&oq=definition+of+exploitation&aqs=chrome.69i57j0i512i6j0i22i30i2j0i15i22i30.4i28j1j7&sourceid=chrome&ie=UTF-8
5. Kaufka Walts K. Child labor trafficking in the United States: a hidden crime. *Soc Incl (Lisboa)*. 2017;5(2):59–68. doi: 10.17645/si.v5i2.914.
6. Farrell A, Dank M, Kaufka Walts K, Hansson C, Hughes A, Neal C. Understanding the trafficking of children for the purposes of labor in the United States. 2024. Accessed May 4, 2024. <https://www.ojp.gov/pdffiles1/nij/grants/308903.pdf>
7. Letsie NC, Lul B, Roe-Sepowitz D. An eight-year analysis of child labor trafficking cases in the United States: Exploring characteristics, and patterns of child labor trafficking. *Child Abuse Negl*. 2021;121(1):105265. PubMed doi: 10.1016/j.chiabu.2021.105265
8. Gibbs DA, Aboul-Hosn S, Kluckman MN. Child labor trafficking within the US: a first look at allegations investigated by Florida's child welfare agency. *J Hum Traffick*. 2020;6(4):435–449. doi: 10.1080/23322705.2019.1594551.
9. Gibbs DA, Henninger AM, Tueller SJ, Kluckman MN. Human trafficking and the child welfare population in Florida. *Child Youth Serv Rev*. 2018;88:1–10. doi: 10.1016/j.childyouth.2018.02.045.
10. Greenbaum J, Sprang G, Recknor F, Harper NS, Titchen K. Labor trafficking of children and youth in the United States: A scoping review. *Child Abuse Negl*. 2022;131:105694. PubMed doi: 10.1016/j.chiabu.2022.105694
11. Hopper EK, Gonzalez LD. A comparison of psychological symptoms in survivors of sex and labor trafficking. *Behav Med*. 2018;44(3):177–188. PubMed doi: 10.1080/08964289.2018.1432551
12. Koegler E, Howland W, Gibbons P, Teti M, Stoklosa H. "When her visa expired, the family refused to renew it," intersections of human trafficking and domestic violence: qualitative document analysis of case examples from a major Midwest city. *J Interpers Violence*. 2022;37(7–8):NP4133–NP4159. PubMed doi: 10.1177/0886260520957978
13. Koegler E, Mohl A, Preble K, Teti M. Reports and victims of sex and labor trafficking in a major Midwest metropolitan area, 2008–2017. *Public Health Rep*. 2019;134(4):432–440. PubMed doi: 10.1177/0033354919854479
14. Márquez YI, Deblinger E, Dovi AT. The value of trauma-focused cognitive behavioral therapy (TF-CBT) in addressing the therapeutic needs of trafficked youth: a case study. *Cogn Behav Pract*. 2020;27(3):253–269. doi: 10.1016/j.cbpra.2019.10.001.
15. National Human Trafficking Resource Center. Child Labor Trafficking in the United States. 2015. Accessed April 23, 2025. https://cwlibrary.childwelfare.gov/permalink/01CWIG_INST/10a03se/alma991000865979707651
16. Cockbain E, Bowers K. Human trafficking for sex, labour and domestic servitude: how do key trafficking types compare and what are their predictors? *Crime Law Soc Change*. 2019;72(1):9–34. doi: 10.1007/s10611-019-09836-7.
17. International Labour Organization, Walk Free, International Organization for Migration. *Global Estimates of Modern Slavery: Forced Labour and Forced Marriage*. International Labour Organization; 2022.
18. Polaris. Landscape Analysis: Human Trafficking for the Purpose of Labor Exploitation in Mexico. 2018. Accessed October 13, 2022. <https://polarisproject.org/resources/landscape-analysis-human-trafficking-for-the-purpose-of-labor-exploitation-in-mexico/>
19. UNICEF. Children recruited by armed forces or armed groups. 2021. Accessed October 13, 2022. <https://www.unicef.org/protection/children-recruited-by-armed-forces>

20. US Government. Justice for Victims of Trafficking Act of 2015. Pub L No. 114–22. Accessed on July 15, 2023. <https://www.congress.gov/114/plaws/publ22/PLAW-114publ22.pdf>
21. Institute of Medicine, National Research Council. *Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States*. National Academies Press; 2013.
22. Finkelhor D, Turner H, Colburn D, Mitchell K, Mathews B. Child sexual abuse images and youth produced images: The varieties of Image-based Sexual Exploitation and Abuse of Children. *Child Abuse Negl*. 2023;143:106269. PubMed doi: 10.1016/j.chiabu.2023.106269
23. Patchin JW, Hinduja S. Sextortion among adolescents: results from a national survey of U.S. youth. *Sex Abuse*. 2020;32(1):30–54. PubMed doi: 10.1177/1079063218800469
24. Stransky M, Finkelhor D. *How Many Juveniles are Involved in Prostitution in the U.S.?* Crimes Against Children Research Center, University of New Hampshire; 2008.
25. Schroeder E, Edgemon TG, Aletraris L, Kagotho N, Clay-Warner J, Okech D. A review of prevalence estimation methods with human trafficking populations. *Public Health Rep*. 2022;137(1_suppl)(suppl):46S–52S. PubMed doi: 10.1177/00333549211044010
26. Franchino-Olsen H, Chesworth BR, Boyle C, et al. The prevalence of sex trafficking of children and adolescents in the United States: a scoping review. *Trauma Violence Abuse*. 2022;23(1):182–195. PubMed doi: 10.1177/1524838020933873
27. Chisolm-Straker M, Singer E, Rothman EF, et al. Building RAFT: trafficking screening tool derivation and validation methods. *Acad Emerg Med*. 2020;27(4):297–304. PubMed doi: 10.1111/acem.13888
28. Greeson JKP, Treglia D, Wolfe DS, Wasch S. Prevalence and correlates of sex trafficking among homeless and runaway youths presenting for shelter services. *Soc Work Res*. 2019;43(2):91–100. doi: 10.1093/swr/svz001.
29. 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. *Int J Environ Res Public Health*. 2019;16(3):363–378. PubMed doi: 10.3390/ijerph16030363
30. Wright ER, LaBoy A, Tsukerman K, et al. The prevalence and correlates of labor and sex trafficking in a community sample of youth experiencing homelessness in Metro-Atlanta. *Soc Sci*. 2021;10(2):32. doi: 10.3390/socsci10020032.
31. National Human Trafficking Hotline Data Report: 1/1/2021–12/31/2021. Accessed April 10, 2024. <https://polarisproject.org/wp-content/uploads/2020/07/Polaris-Analysis-of-2021-Data-from-the-National-Human-Trafficking-Hotline.pdf>
32. Finkelhor D, Turner H, Colburn D. Prevalence of online sexual offenses against children in the US. *JAMA Netw Open*. 2022;5(10):e2234471. PubMed doi: 10.1001/jamanetworkopen.2022.34471
33. US Department of State. Trafficking in Persons Report: July 2022. 2022. Accessed July 22, 2022. <https://www.state.gov/reports/2022-trafficking-in-persons-report/>
34. Internet Watch Foundation. Annual Report: 2022. Accessed on April 10, 2024. <https://annualreport2022.iwf.org.uk/>
35. Farley M, Deer S, Golding JM, et al. The prostitution and trafficking of American Indian/Alaska Native women in Minnesota. *Am Indian Alsk Native Ment Health Res*. 2016;23(1):65–104. PubMed doi: 10.5820/aian.2301.2016.65
36. Chang KSG, Tsang S, Chisolm-Straker M. Child trafficking and exploitation: Historical roots, preventive policies, and the Pediatrician's role. *Curr Probl Pediatr Adolesc Health Care*. 2022;52(3):101167. PubMed doi: 10.1016/j.cppeds.2022.101167
37. United Nations Office on Drugs and Crime. Impact of the Covid-19 pandemic on trafficking in persons: Preliminary findings and messaging based on rapid stocktaking. 2020. Accessed December 21, 2020. <https://www.un.org/ruleoflaw/wp-content/uploads/2020/05/Thematic-Brief-on-COVID-19-EN-ver.21.pdf>
38. Peterman A, Potts A, O'Donnell M, et al. Pandemics and violence against women and children: Working paper 528. 2020. Accessed December 21, 2020. Available at: <https://www.cgdev.org/publication/pandemics-and-violence-against-women-and-children>
39. Sheu JC, Torres MIM, Gordon MR, Nguyen PT, Coverdale JH. Potential impact of climate change on human trafficking: a narrative review. *J Nerv Ment Dis*. 2021;209(5):324–329. PubMed doi: 10.1097/nmd.0000000000001312
40. Internal Displacement Monitoring Centre. Global report on internal displacement; Grid 2021: Internal displacement in a changing climate. 2021. Accessed October 15, 2022. <https://www.internal-displacement.org/global-report/grid2021/>
41. Greenbaum J, Kaplan D, Young J; COUNCIL ON CHILD ABUSE AND NEGLECT; COUNCIL ON IMMIGRANT CHILD AND FAMILY HEALTH. Clinical report: Exploitation, labor and sex trafficking of children and adolescents: health care needs of patients. *Pediatrics*. 2023; 151(1):e2022060416. PubMed doi: 10.1542/peds.2022-060416
42. Saewyc EM, Shankar S, Pearce LA, Smith A. Challenging the stereotypes: unexpected features of sexual exploitation among homeless and street-involved boys in western Canada. *Int J Environ Res Public Health*. 2021;18(11):5898. PubMed doi: 10.3390/ijerph18115898
43. Hornor G, Hollar J, Landers T, Sherfield J. Healthcare use and case characteristics of commercial sexual exploitation of children: teen victims versus high-risk teens. *J Forensic Nurs*. 2023;19(3):160–169. PubMed doi: 10.1097/jfn.0000000000000402
44. Kafafian M, de Vries I, Farrell A, Goldfarb S, Bouchard E. Understanding factors associated with re-referral of youth for commercial sexual exploitation. *Child Abuse Negl*. 2021;117:105092. PubMed doi: 10.1016/j.chiabu.2021.105092
45. Gezie LD, Yalew AW, Gete YK, Samkange-Zeeb F. Exploring factors that contribute to human trafficking in Ethiopia: a socio-ecological perspective. *Global Health*. 2021;17(1):76. PubMed doi: 10.1186/s12992-021-00725-0
46. Wood LCN. Child modern slavery, trafficking and health: a practical review of factors contributing to children's vulnerability and the potential impacts of severe exploitation on health. *BMJ Paediatr Open*. 2020;4(1):e000327. PubMed doi: 10.1136/bmjpo-2018-000327

47. Dank M, Yahner J, Madden K, et al. *Surviving the Streets of New York: Experiences of LGBTQ Youth, YMSM, YWSW Engaged in Survival Sex*. Urban Institute; 2015.
48. Greenbaum J. Child labor and sex trafficking. *Pediatr Rev*. 2021; 42(12):639–654. PubMed doi: 10.1542/pir.2020-001396
49. Franchino-Olsen H, Martin SL, Halpern CT, Preisser JS, Zimmer C, Shanahan M. Adolescent experiences of violence victimizations among minors who exchange sex/experience minor sex trafficking. *J Interpers Violence*. 2022;37(17–18):NP16277–NP16301. PubMed doi: 10.1177/08862605211021967
50. Reid JA. Sex Trafficking of girls with intellectual disabilities: an exploratory mixed methods study. *Sex Abuse*. 2018;30(2): 107–131. PubMed doi: 10.1177/1079063216630981
51. Kiss L, Fotheringham D, Kyegombe N, et al. Paper: violence, abuse and exploitation among trafficked women and girls: a mixed-methods study in Nigeria and Uganda. *BMC Public Health*. 2022; 22(1):794. PubMed doi: 10.1186/s12889-022-13021-2
52. Fortuna LR, Porche MV. Upholding the human rights and well-being of refugee children through effective clinical care. *Child Adolesc Psychiatr Clin N Am*. 2024;33(2):111–124. a International Centre for Missing and Exploited Children, Alexandria, Virginia b Division of Child Abuse and Neglect, Department of Pediatrics, Staten Island University Hospital, Staten Island, New York c Division of General and Community Pediatrics, Children's National Hospital, Washington, District of Columbia. PubMed doi: 10.1016/j.chc.2023.09.003
53. Greeson JKP, Treglia D, Wolfe DS, Wasch S, Gelles RJ. Child welfare characteristics in a sample of youth involved in commercial sex: An exploratory study. *Child Abuse Negl*. 2019;94:104038. PubMed doi: 10.1016/j.chiabu.2019.104038
54. Cook MC, Le PD, García JJ. Addressing racism in the domestic minor sex trafficking of black girls: the role of public health critical race praxis. *Public Health Rep*. 2022;137(1_suppl)(suppl):10S–16S. PubMed doi: 10.1177/00333549211058735
55. Stepanikova I, Oates GR. Perceived discrimination and privilege in health care: the role of socioeconomic status and race. *Am J Prev Med*. 2017;52(1S1)(suppl 1):S86–S94. PubMed doi: 10.1016/j.amepre.2016.09.024
56. Pierce AS. Shattered hearts (full report): The commercial sexual exploitation of American Indian women and girls in Minnesota. *First Annual Interdisciplinary Conference on Human Trafficking*. 2009. Accessed February 25, 2020. <https://digitalcommons.unl.edu/humtraffconf/26/>
57. Buller AM, Pichon M, McAlpine A, Cislighi B, Heise L, Meiksin R. Systematic review of social norms, attitudes, and factual beliefs linked to the sexual exploitation of children and adolescents. *Child Abuse Negl*. 2020;104:104471. PubMed doi: 10.1016/j.chiabu.2020.104471
58. Fehrenbacker AE, Musto J, Hoefinger H, et al. Transgender people and human trafficking: intersectional exclusion of transgender migrants and people of color from anti-trafficking protection in the United States. *J Hum Traffick*. 2020;6(4):182–194. doi: <http://dx.doi.org/10.1080/23322705.2020.1690116>.
59. United Nations High Commissioner for Refugees. Children on the run: Unaccompanied children leaving Central America and Mexico and the need for international protection. 2014. Accessed April 14, 2024. <https://www.unhcr.org/us/children-run#:~:text=UNHCR's%20latest%20report%2C%20Children%20on,recommendations%20for%20a%20way%20forward>
60. Garin E, Beise J, Hug L, You D. UNICEF. Uprooted: The growing crisis for refugee and migrant children. Accessed April 14, 2024. <https://data.unicef.org/resources/uprooted-growing-crisis-refugee-migrant-children/>
61. US Senate, Permanent Subcommittee on Investigations, Committee on Homeland Security and Government Affairs. Protecting Unaccompanied Alien Children from Trafficking and Other Abuses: The Role of the Office of Refugee Resettlement. 2016. Accessed May 17, 2021. <https://www.hsgac.senate.gov/imo/media/doc/Majority%20&%20Minority%20Staff%20Report%20-%20Protecting%20Unaccompanied%20Alien%20Children%20from%20Trafficking%20and%20Other%20Abuses%202016-01-282.pdf>
62. International Centre for Migration Policy Development. Targeting vulnerabilities: the impact of the Syrian war and refugee situation on trafficking in persons: A study of Syria, Turkey, Lebanon, Jordan and Iraq. 2015. Accessed March 17, 2022. <https://respect.international/wp-content/uploads/2021/07/Targeting-Vulnerabilities-The-Impact-of-the-Syrian-War-and-Refugee-Situation-on-Trafficking-in-Persons-Briefing-Paper.pdf>
63. Chester H, Lummert N, Mullooly A. Child victims of human trafficking: Outcomes and service adaptation within the U.S. Unaccompanied Refugee Minor programs. 2015. Accessed April 23, 2025. <https://www.usccb.org/offices/anti-trafficking-program/child-victims-human-trafficking>
64. International Labour Organization, United Nations Children's Fund. COVID-19 and Child Labour: A Time of Crisis, A Time to Act. 2020. Accessed April 23, 2025. <https://www.ilo.org/publications/covid-19-and-child-labour-time-crisis-time-act>
65. Ratzan SC, Kimball S, Rauh L, Sommariva S. *CUNY New York City Covid-19 Survey Week 2*. 2020. Accessed April 23, 2025. <https://sph.cuny.edu/life-at-sph/news/2020/03/23/covid-19-survey-week-2/>
66. Tai DBG, Shah A, Doubeni CA, Sia IG, Wieland ML. The disproportionate impact of COVID-19 on racial and ethnic minorities in the United States. *Clin Infect Dis*. 2021;72(4):703–706. PubMed doi: 10.1093/cid/ciaa815
67. Hogan KA, Roe-Sepowitz D. LGBTQ+ homeless young adults and sex trafficking vulnerability. *J Hum Traffick*. 2023;9:63–78. doi: 10.1080/23322705.2020.1841985.
68. Human Rights Campaign Foundation. The lives and livelihoods of many in the LGBTQ+ community are at risk amidst Covid-19 crisis. 2020. Accessed October 14, 2022. <https://www.hrc.org/resources/the-lives-and-livelihoods-of-many-in-the-lgbtq-community-are-at-risk-amidst-covid-19-crisis>
69. Todres J, Diaz A. COVID-19 and Human trafficking-the amplified impact on vulnerable populations. *JAMA Pediatr*. 2021;175(2): 123–124. PubMed doi: 10.1001/jamapediatrics.2020.3610
70. UNICEF. WePROTECT Global Alliance, World Health Organization, United Nations Office on Drugs and Crime, World Childhood

- Foundation, et al. Covid-19 and its implications for protecting children online. 2020. Accessed April 14, 2024. https://www.end-violence.org/sites/default/files/paragraphs/download/COVID-19%20and%20its%20implications%20for%20protecting%20children%20online_Final%20%28003%29.pdf
71. Europol. Exploiting isolation: Offenders and victims of online child sexual abuse during the Covid-19 pandemic: June 19, 2020. Accessed April 14, 2024. <https://www.europol.europa.eu/publications-events/publications/exploiting-isolation-offenders-and-victims-of-online-child-sexual-abuse-during-covid-19-pandemic>
72. Interpol. Threats and trends: Child sexual exploitation and abuse: Covid-19 impact. 2020. Accessed November 10, 2020. <https://www.interpol.int/content/download/15611/file/COVID19%20-%20Child%20Sexual%20Exploitation%20and%20Abuse%20threats%20and%20trends.pdf>
73. Office for Democratic Institutions and Human Rights. UN Women. Guidance: Addressing emerging human trafficking trends and consequences of the Covid-19 pandemic. Accessed August 28, 2020. https://www.osce.org/files/f/documents/2/a/458434_3.pdf
74. Rojanaworarit C, El Bouzaidi S. International labour trafficking: A neglected social origin of COVID-19. *Lancet Reg Health West Pac*. 2021;8:100121. PubMed doi: 10.1016/j.lanwpc.2021.100121
75. Greenbaum J, Stoklosa H, Murphy L. The public health impact of Coronavirus disease on human trafficking. *Front Public Health*. 2020;8:561184. PubMed doi: 10.3389/fpubh.2020.561184
76. National Center for Education Statistics. Children's internet access at home. U.S. Department of Education, Institute of Education Sciences. Accessed October 14, 2022. <https://nces.ed.gov/programs/coe/indicator/cch/home-internet-access>
77. McClain C, Vogels EA, Perrin A, Sechopoulos S, Rainie L; PEW Research Center. The internet and the pandemic. 2021. Accessed October 15, 2022. <https://www.pewresearch.org/internet/2021/09/01/the-internet-and-the-pandemic/>
78. Ly T, Murphy L, Fedoroff JP. Understanding online child sexual exploitation offenses. *Curr Psychiatry Rep*. 2016;18(8):74. PubMed doi: 10.1007/s11920-016-0707-0
79. Merdian HL, Moghaddam N, Boer DP, et al. Fantasy-driven versus contact-driven users of child sexual exploitation material: offender classification and implications for their risk assessment. *Sex Abuse*. 2018;30(3):230–253. PubMed doi: 10.1177/1079063216641109
80. Teixeira SA, Taquette SR. Violence and unsafe sexual practices in adolescents under 15 years of age. *Rev Assoc Med Bras*. 2010; 56(4):440–446. PubMed doi: 10.1590/s0104-42302010000400017
81. Wolak J, Finkelhor D, Walsh W, Treitman L. Sextortion of minors: characteristics and dynamics. *J Adolesc Health*. 2018;62(1):72–79. PubMed doi: 10.1016/j.jadohealth.2017.08.014
82. Hong S, Lu N, Wu D, Jimenez DE, Milanaik RL. Digital sextortion: Internet predators and pediatric interventions. *Curr Opin Pediatr*. 2020;32(1):192–197. PubMed doi: 10.1097/mop.0000000000000854
83. Child Rights Resource Centre. Webcam child sex tourism: Becoming Sweetie: A novel approach to stopping the global rise of webcam child sex tourism. Terre des hommes; 2013. Accessed April 14, 2024. <https://resourcecentre.savethechildren.net/document/webcam-child-sex-tourism-becoming-sweetie-novel-approach-stopping-global-rise-webcam-child/>
84. King G, Bui T, Dedeaux J, Ahlers-Schmidt CR, Harris K. Trends in internet safety education by healthcare providers. *Kans J Med*. 2021;14(3):273–276. PubMed doi: 10.17161/kjm.vol14.14805
85. American Academy of Pediatrics. Center of excellence on social media and youth mental health. 2024. Accessed April 10, 2024. Available at <https://www.aap.org/en/patient-care/media-and-children/center-of-excellence-on-social-media-and-youth-mental-health/>
86. Uddin R, Philipsborn R, Smith D, Mutic A, Thompson LM. A global child health perspective on climate change, migration and human rights. *Curr Probl Pediatr Adolesc Health Care*. 2021;51(6):101029. PubMed doi: 10.1016/j.cppeds.2021.101029
87. Coverdale J, Balon R, Beresin EV, et al. Climate change: a call to action for the psychiatric profession. *Acad Psychiatry*. 2018;42(3): 317–323. PubMed doi: 10.1007/s40596-018-0885-7
88. Intergovernmental Panel on Climate Change. Climate change 2022: Mitigation of climate change. Accessed October 17, 2022. <https://www.ipcc.ch/report/ar6/wg3/>
89. Geissler R. Hurricanes & human trafficking: Natural disasters highlight the vulnerability of America's farm workers. Human Trafficking Institute; 2022. Accessed October 14, 2022. <https://traffickinginstitute.org/hurricanes-human-trafficking-natural-disasters-highlight-the-vulnerability-of-americas-farm-workers/>
90. Hepburn S, Simon RJ. Hidden in plain sight: Human trafficking in the United States. *Gen Issues*. 2010;27:1–26. doi: 10.1007/s12147-010-9087-7.
91. Baldwin S, Eisenman D, Sayles J, Ryan G, Chang K. Identification of human trafficking victims in health care settings. *Health and Human Rights*. Harvard University; 2011. Accessed September 21, 2013. <https://www.hhrjournal.org/2013/08/20/identification-of-human-trafficking-victims-in-health-care-setting/>
92. Lederer L, Wetzel C. The health consequences of sex trafficking and their implications for identifying victims in healthcare facilities. *Ann Health Law*. 2014;23:61–91.
93. Albright K, Greenbaum J, Edwards SA, Tsai C. Systematic review of facilitators of, barriers to, and recommendations for healthcare services for child survivors of human trafficking globally. *Child Abuse Negl*. 2020;100:104289. PubMed doi: 10.1016/j.chiabu.2019.104289
94. Garg A, Panda P, Neudecker M, Lee S. Barriers to the access and utilization of healthcare for trafficked youth: A systematic review. *Child Abuse Negl*. 2020;100:104137. PubMed doi: 10.1016/j.chiabu.2019.104137
95. Houston-Kolnik JD, Soibatian C, Shattell MM. Advocates' experiences with media and the impact of media on human trafficking advocacy. *J Interpers Violence*. 2020;35(5–6):1108–1132. PubMed doi: 10.1177/0886260517692337
96. Robichaux K, Torres MIM. The role of social determinants in caring for trafficked patients: A public health perspective on human trafficking. *Bull Menninger Clin*. 2022;86(suppl A):8–17. PubMed doi: 10.1521/bumc.2022.86.supplA.8

97. Violence Prevention Alliance, World Health Organization. Violence Prevention Alliance. The VPA approach. Accessed April 14, 2024. <https://www.who.int/groups/violence-prevention-alliance/approach>
98. Greenbaum J. A public health approach to global child sex trafficking. *Annu Rev Public Health*. 2020;41(1):481–497. PubMed doi: 10.1146/annurev-publhealth-040119-094335
99. Forni G, Pietronigro A, Tiwana N, et al. Little red riding hood in the social forest. Online grooming as a public health issue: a narrative review. *Ann Ig*. 2020;32(3):305–318. PubMed doi: 10.7416/ai.2020.2353
100. Such E, Walton E, Bonvoisin T, Stoklosa H. Modern slavery: a global public health concern. *BMJ*. 2019;364:l838. PubMed doi: 10.1136/bmj.l838
101. Rothman EF, Stoklosa H, Baldwin SB, Chisolm-Straker M, Kato Price R, Atkinson HG; HEAL Trafficking. Public health research priorities to address US human trafficking. *Am J Public Health*. 2017;107(7):1045–1047. PubMed doi: 10.2105/ajph.2017.303858
102. Gallo M, Thinyane H. Sentinel surveillance and centring prevention in anti-trafficking policy and response. *J Modern Slavery*. 2029; 5(1):1–24.
103. Alpert EJ, Chin SE. Human trafficking: perspectives on prevention. In: Chisolm-Straker M, Stoklosa H, eds. *Human Trafficking is a Public Health Issue: A Paradigm Expansion in the United States*. Springer; 2017:379–400.
104. Duger A. Focusing on prevention: the social and economic rights of children vulnerable to sex trafficking. *Health Hum Rights*. 2015; 17(1):E114–E123. PubMed
105. Greenbaum VJ, Titchen K, Walker-Descartes I, Feifer A, Rood CJ, Fong HF. Multi-level prevention of human trafficking: The role of health care professionals. *Prev Med*. 2018;114:164–167. PubMed doi: 10.1016/j.ypmed.2018.07.006
106. US Government. William Wilberforce Trafficking Victims Protection Reauthorization Act. Pub L No. 110–457 (2008)
107. US Government. Trafficking Victims Protection Reauthorization Act. Pub L No. 109–164 (2005)
108. US Government. Trafficking Victims Protection Reauthorization Act. Pub L No. 108–193 (2003)
109. Green B, Gies SV, Healy EB, Bobnis A. Safe Harbor Laws: Changing the Legal Response to Minors Involved in Commercial Sex, Phase 3. The *Qualitative Analysis*. Development Services Group Inc; 2019.
110. Congressional Research Service, The United Nations Convention on the Rights of the Child. 2015. Accessed April 11, 2024. <https://crsreports.congress.gov/product/pdf/R/R40484/25#:~:text=Bush%20Administrations%20played%20significant%20roles,advice%20and%20consent%20to%20ratification>
111. Miller CL, Chisolm-Straker M, Duke G, Stoklosa H. A framework for the development of healthcare provider education programs on human trafficking part three: recommendations. *J Hum Traffick*. 2020;6(4):425–434. 10.1080/23322705.2019.1635342.
112. Bechtel K, Passmore S, Kondis J, Walker Descartes I, Adewusi A, Greenbaum V. Training experiences of emergency department providers in the recognition of child trafficking. *Pediatr Emerg Care*. 2022;38(2):e988–e992. PubMed doi: 10.1097/pec.0000000000002511
113. Nordstrom BM. Multidisciplinary human trafficking education: inpatient and outpatient healthcare settings. *J Hum Traffick*. 2022;8(2):184–194. 10.1080/23322705.2020.1775049.
114. Titchen KE, Kuelbs C, Rhee KE, You H. Physician understanding of youth labor and sex trafficking: a need for training. *J Pediatr Adolesc Gynecol*. 2023;36(2):226–227. 10.1016/j.jpaga.2023.01.080.
115. Ahn R, Alpert EJ, Purcell G, et al. Human trafficking: review of educational resources for health professionals. *Am J Prev Med*. 2013; 44(3):283–289. PubMed doi: 10.1016/j.amepre.2012.10.025
116. Talbott JMV, Dutcher JS, Pougner CA, Calvin SL, Roe-Sepowitz D, Kling JM. Review of published curriculum on sex trafficking for undergraduate medical trainees. *Am J Prev Med*. 2020;58(4): 604–611. PubMed doi: 10.1016/j.amepre.2019.11.013
117. Salami T, Boland G, Hari C, Hegarty I, Williams K. Digital training in the wake of a pandemic: Using technology to train health care professionals in the identification of human trafficking victims. *Bull Menninger Clin*. 2022;86(suppl A):18–33. PubMed doi: 10.1521/bumc.2022.86.suppa.18
118. Lee H, Geynisman-Tan J, Hofer S, Anderson E, Caravan S, Titchen K. The impact of human trafficking training on healthcare professionals' knowledge and attitudes. *J Med Educ Curric Dev*. 2021;8:23821205211016523. PubMed doi: 10.1177/23821205211016523
119. Trafficking HEAL; Laboratory to Combat Human Trafficking. Assessment tool for healthcare provider human trafficking training. 2018. Accessed September 4, 2020. <https://healtrafficking.org/2018/12/assessment-tool-for-health-care-provider-human-trafficking-training/>
120. HEAL Trafficking Education and Training Committee. Introductory training on human trafficking for U.S. health care professionals: Essential content. 2018. Accessed September 4, 2020. <https://healtrafficking.org/wp-content/uploads/2018/04/Essential-Components-for-a-Health-Professional-Trafficking-Training.pdf>
121. Powell C, Dickins K, Stoklosa H. Training US health care professionals on human trafficking: where do we go from here? *Med Educ Online*. 2017;22(1):1267980. PubMed doi: 10.1080/10872981.2017.1267980
122. Donahue S, Schwiens M, LaVallee D. Educating emergency department staff on the identification and treatment of human trafficking victims. *J Emerg Nurs*. 2019;45(1):16–23. PubMed doi: 10.1016/j.jen.2018.03.021
123. Fraley HE, Aronowitz T, Stoklosa HM. Systematic review of human trafficking educational interventions for health care providers. *West J Nurs Res*. 2020;42(2):131–142. PubMed doi: 10.1177/0193945919837366
124. National Human Trafficking Training and Technical Assistance Center. SOAR Online training. Administration for Children and Families, Office on Trafficking in Persons; 2023. Accessed July 22, 2023. <https://nhtta.acf.hhs.gov/soar/soar-for-individuals/soar-online>

125. National Human Trafficking Training and Technical Assistance Center, US Department of Health and Human Services. HEAL Trafficking, International Centre for Missing and Exploited Children, National Association of Pediatric Nurse Practitioners. Core competencies for human trafficking response in health care and behavioral health systems. 2021. Accessed January 13, 2025. https://www.napnap.org/wp-content/uploads/CoreCompetencies_Infographic_FINAL-508-Complete.pdf
126. Greenbaum J, Garrett A, Chon K, Bishop M, Luke J, Stoklosa H. Principles for safe implementation of ICD codes for human trafficking. *J Law Med Ethics*. 2021;49(2):285–289. PubMed doi: 10.1017/jme.2021.40
127. Greenbaum J, McClure RC, Stare S, et al. Documenting ICD codes and other sensitive information in electronic health records: guidelines for healthcare professionals who encounter patients with a history of human trafficking or other forms of violence. 2021. Accessed March 27, 2021. <https://www.icmec.org/healthportal-resources/topic/research-and-resources-child-sexual-abuse-exploitation-and-trafficking/guidelines-protocols-for-child-sexual-abuse-exploitation-trafficking/>
128. Dufendach KR, Lehmann CU, Spooner SA; COUNCIL ON CLINICAL INFORMATION TECHNOLOGY. Special requirements of electronic health record systems in pediatrics: Clinical report. *Pediatrics*. 2024;154(4):e2024068509. PubMed doi: 10.1542/peds.2024-068509
129. International Centre for Missing and Exploited Children. Human Trafficking Toolkit. 2022. Accessed August 18, 2022. <https://www.icmec.org/healthportal-resources/topic/human-trafficking-toolkit/>
130. Trafficking HEAL. Hope for Justice. HEAL Trafficking and Hope for Justice's Protocol Toolkit for Developing a Response to Victims of Human Trafficking in Health Care Settings. Accessed March 8, 2022. <https://www.healtrafficking.org/resources/protocol-toolkit>
131. International Centre for Missing and Exploited Children. A 'how-to' guide to develop a healthcare protocol for responding to child trafficking/exploitation. Accessed April 14, 2024. <https://www.icmec.org/healthportal-resources/topic/research-and-resources-child-sexual-abuse-exploitation-and-trafficking/resources-to-accompany-the-e-learning-course-a-how-to-guide-to-develop-healthcare-protocol-for-responding-to-child-trafficking/>
132. Chang KSG, 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 Appl Res Child*. 2015;6(1):6. doi: 10.58464/2155-5834.1235.
133. Greenbaum VJ, Dodd M, McCracken C. A short screening tool to identify victims of child sex trafficking in the health care setting. *Pediatr Emerg Care*. 2018;34(1):33–37. PubMed doi: 10.1097/pec.0000000000000602
134. Hurst IA, Abdoo DC, Harpin S, Leonard J, Adelgais K. Confidential screening for sex trafficking among minors in a pediatric emergency department. *Pediatrics*. 2021;147(3):e2020013235. PubMed doi: 10.1542/peds.2020-013235
135. 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(11):1193–1203. PubMed doi: 10.1111/acem.13497
136. Bair-Merritt MH, Lewis-O'Connor A, Goel S, et al. Primary care-based interventions for intimate partner violence: a systematic review. *Am J Prev Med*. 2014;46(2):188–194. PubMed doi: 10.1016/j.amepre.2013.10.001
137. Futures Without Violence. *Prevent, Assess, and Respond: A Domestic Violence Toolkit for Health Centers and Domestic Violence Programs*. National Health Resource Center on Domestic Violence; 2017.
138. Quayle E. Prevention, disruption and deterrence of online child sexual exploitation and abuse. *ERA Forum*. 2020;21:429–447.
139. Finkelhor D, Walsh K, Jones L, Mitchell K, Collier A. Youth internet safety education: Aligning programs with the evidence base. *Trauma Violence Abuse*. 2021;22(5):1233–1247. PubMed doi: 10.1177/1524838020916257
140. Ybarra ML, Mitchell KJ, Finkelhor D, Wolak J. Internet prevention messages: targeting the right online behaviors. *Arch Pediatr Adolesc Med*. 2007;161(2):138–145. PubMed doi: 10.1001/archpedi.161.2.138
141. Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents (Pocket Guide)*. 4th ed. American Academy of Pediatrics; 2017.
142. Rothman EF, Farrell A, Paruk J, Bright K, Bair-Merritt M, Preis SR. Evaluation of a multi-session group designed to prevent commercial sexual exploitation of minors: the "My Life My Choice" curriculum. *J Interpers Violence*. 2021;36(19–20):9143–9166. PubMed doi: 10.1177/0886260519865972
143. Sprang G, Stoklosa H, Greenbaum J. The public health response to human trafficking: a look back and a step forward. *Public Health Rep*. 2022;137(1_suppl)(suppl):5S–9S. PubMed doi: 10.1177/00333549221085588
144. Kim BE, Dierkhising CB, De Leon J, Sandoval J, Brissett A, Bounds D. Evaluation of services for the commercial sexual exploitation of children and youth: a scoping review. *Trauma Violence Abuse*. 2023;24(5):3236–3250. PubMed doi: 10.1177/15248380221126185
145. Hainaut M, Thompson KJ, Ha CJ, Herzog HL, Roberts T, Ades V. Are screening tools for identifying human trafficking victims in healthcare settings validated? A scoping review. *Public Health Rep*. 2022;137(1_suppl)(suppl):63S–72S. PubMed doi: 10.1177/00333549211061774
146. Oram S, Stöckl H, Busza J, Howard LM, Zimmerman C. Prevalence and risk of violence and the physical, mental, and sexual health problems associated with human trafficking: systematic review. *PLoS Med*. 2012;9(5):e1001224. PubMed doi: 10.1017/s2045796016000135
147. Raymond JG, Hughes DM. Sex Trafficking of Women in the United States: International and Domestic Trends. US Department of Justice; 2001. Accessed April 23, 2025. <https://www.ncjrs.gov/pdffiles1/nij/grants/187774.pdf>
148. Raphael J, Reichert J, Powers M. Pimp control and violence: domestic sex trafficking of Chicago women and girls. *Women*

Crim Justice. 2010;20(1–2):89–104. doi: 10.1080/08974451003614065.

149. Zimmerman C, Yun K, Shvab I, Watts C, Trappolin L. *Treppete Mea. The Health Risks and Consequences of Trafficking in Women and Adolescents: Findings from a European Study*. London School of Hygiene and Tropical Medicine; 2003.
150. Turner-Moss E, Zimmerman C, Howard LM, Oram S. Labour exploitation and health: a case series of men and women seeking post-trafficking services. *J Immigr Minor Health*. 2014;16(3):473–480. PubMed doi: 10.1007/s10903-013-9832-6
151. Moss C, Smith SJ, Kim K, et al. A global systematic scoping review of literature on the sexual exploitation of boys. *Child Abuse Negl*. 2023;142(Pt 2):106244. PubMed doi: 10.1016/j.chiabu.2023.106244
152. Moynihan M, Mitchell K, Pitcher C, Havaei F, Ferguson M, Saewyc E. A systematic review of the state of the literature on sexually exploited boys internationally. *Child Abuse Negl*. 2018;76:440–451. PubMed doi: 10.1016/j.chiabu.2017.12.003
153. Hohendorff JV, Habigzang LF, Koller SH. “A boy, being a victim, nobody really buys that, you know?”: Dynamics of sexual violence against boys. *Child Abuse Negl*. 2017;70:53–64. PubMed doi: 10.1016/j.chiabu.2017.05.008
154. Hounmenou C. An initial exploration of prostitution of boys in the West African region. *Child Abuse Negl*. 2017;69:188–200. PubMed doi: 10.1016/j.chiabu.2017.04.027
155. ECPAT USA. And Boys Too: An ECPAT-USA discussion paper about the lack of recognition of the commercial sexual exploitation of boys in the United States. 2013 Accessed April 14, 2024. https://www.wcsap.org/sites/default/files/uploads/webinars/Commercial_Sexual_Exploitation_Boys/And_Boys_Too.pdf
156. Finkelhor D, Ormrod R. Prostitution of juveniles: Patterns from NIBRS. *Juvenile Justice Bulletin*. US Department of Justice; 2004. Accessed March 13, 2021. https://www.researchgate.net/publication/237780561_Prostitution_of_Juveniles_Patterns_From_NIBRS
157. Corliss HL, Goodenow GS, Nichols L, Austin SB. High burden of homelessness among sexual-minority adolescents: findings from a representative Massachusetts high school sample. *Am J Public Health*. 2011;101(9):1683–1689. PubMed doi: 10.2105/ajph.2011.300155
158. THORN, Benenson Strategy Group. LGBTQ+ youth perspectives: How LGBTQ+ youth are navigating exploration and risks of sexual exploitation online: Findings from 2022 qualitative and quantitative research among 13–20-year-olds. THORN, Benenson Strategy Group; 2023. Accessed April 23, 2025. https://info.thorn.org/hubfs/Research/Thorn_LGBTQ+YouthPerspectives_June2023_FNL.pdf
159. Goodwin GL; US Government Accountability Office. Human Trafficking Investigations in Indian Country or Involving Native Americans and Actions Needed to Better Report on Victims Served. 2017. Accessed November 9, 2023. <https://www.gao.gov/assets/gao-17/762t.pdf>
160. Kingsley C, Mark M. Sacred Lives: Canadian aboriginal children and youth speak out about sexual exploitation. Human Resources Development Canada; 2013. Accessed April 14, 2024. <https://publications.gc.ca/site/eng/9.698389/publication.html>
161. Sethi A. Domestic sex trafficking of Aboriginal girls in Canada: issues and implications. *First Peoples Child Family Rev*. 2007;3(3): 57–71. Accessed April 23, 2025 <https://fpcfr.com/index.php/FPCFR/article/view/50>
162. National Indian Gaming Commission, Bureau of Indian Affairs, Department of Homeland Security, Department of Treasury. Human Trafficking Response Guide for the Tribal Gaming and Hospitality Industry. 2023. Accessed November 9, 2023. https://www.dhs.gov/sites/default/files/2024-06/240618_bc_tribal_gaming_hospitality_toolkit.pdf
163. Commission of the National Inquiry Into Missing and Murdered Indigenous Women and Girls. Reclaiming Power and Place: Volume 2: A Supplementary Report. 2019. Accessed November 9, 2023. <https://www.mmiwg-ffada.ca/final-report/>
164. Walker V. UC Committee for Refugees and Immigrants. Policy brief: Crossing for a future: Children migrating through the Darien Gap. August 8, 2023. Accessed August 9, 2023. <https://sway.office.com/jBjEJCKIbBbellVs?ref=email>
165. International Labour Office. *Making progress against child labour: Global estimates and trends 2000–2012*. International Programme on the Elimination of Child Labour/International Labour Office; 2013.
166. Chisolm-Straker M. Historical context matters: health research, health care and bodies of color in the United States. In: Chisolm-Straker M, Chon K, eds. *The Historical Roots of Human Trafficking: Informing Primary Prevention of Commercialized Violence*. Springer; 2021:257–278.
167. Greenbaum J, Rood GJ. Human trafficking and sexual exploitation via electronic media. In: Laskey A, Sirotiak A, eds. *Child Abuse: Medical Diagnosis and Management*. 4th ed. American Academy of Pediatrics; 2020:725–764.
168. Wolak J, Finkelhor D. Are crimes by online predators different from crimes by sex offenders who know youth in-person? *J Adolesc Health*. 2013;53(6):736–741. PubMed doi: 10.1016/j.jadohealth.2013.06.010
169. ECPAT. INTERPOL. Towards a Global Indicator on Unidentified Victims in Child Sexual Exploitation Material: Technical Report. 2018. Accessed March 13, 2021. <https://www.ecpat.org/wp-content/uploads/2018/02/Technical-Report-TOWARDS-A-GLOBAL-INDICATOR-ON-UNIDENTIFIED-VICTIMS-IN-CHILD-SEXUAL-EXPLOITATION-MATERIAL.pdf>
170. THORN. Sextortion: Summary of Findings from a 2017 Survey of 2,097 Survivors. 2019. Accessed June 22, 2023. https://www.thorn.org/wp-content/uploads/2019/12/Sextortion_Wave2Report_121919.pdf
171. Miller A, Rubin D. The contribution of children’s advocacy centers to felony prosecutions of child sexual abuse. *Child Abuse Negl*. 2009;33(1):12–18. PubMed doi: 10.1016/j.chiabu.2008.07.002
172. Wolfeich P, Loggins B. Evaluation of the children’s advocacy center model: Efficiency, legal and revictimization outcomes. *Child Adolesc Social Work J*. 2007;24:333–352. doi: 10.1007/s10560-007-0087-8.

173. National Children's Alliance website. Accessed April 14, 2024. <https://www.nationalchildrensalliance.org/>
174. Macias Konstantopoulos WL, Munroe D, Purcell G, Tester K, Burke TF. The commercial sexual exploitation and sex trafficking of minors in the Boston metropolitan area: experiences and challenges faced by front-line providers and other stakeholders. *J Appl Res Child*. 2015;6(1):4. doi: 10.58464/2155-5834.1242.
175. Isaac R, Solak J, Giardino A. Health care providers' training needs related to human trafficking: maximizing the opportunity to effectively screen and intervene. *J Appl Res Child*. 2011;2(1):8. doi: 10.58464/2155-5834.1029.
176. Polaris Project. National Human Trafficking Resource Center. Accessed April 23, 2025. <https://polarisproject.org/national-human-trafficking-hotline/>
177. Trafficking HEAL. Anti-trafficking nongovernmental organizations. Accessed April 14, 2024. <https://healtrafficking.org/non-governmental-organizations/>
178. Greenbaum J, Crawford-Jakubiak JE; Committee on Child Abuse and Neglect. Child sex trafficking and commercial sexual exploitation: health care needs of victims. *Pediatrics*. 2015;135(3):566–574. PubMed doi: 10.1542/peds.2014-4138
179. Kusma JD, Raphael JL, Perrin JM, Hudak ML; COMMITTEE ON CHILD HEALTH FINANCING. Medicaid and the Children's Health Insurance Program: optimization to promote equity in child and young adult health. *Pediatrics*. 2023;152(5):e2023064088. PubMed doi: 10.1542/peds.2023-064088
180. UNICEF. Harrowing journeys: Children and youth on the move across the Mediterranean Sea, at risk of trafficking and exploitation. Accessed April 14, 2024. <https://data.unicef.org/resources/harrowing-journeys/>
181. Linton JM, Green A; COUNCIL ON COMMUNITY PEDIATRICS. Providing care for children in immigrant families. *Pediatrics*. 2019;144(3):e20192077. PubMed doi: 10.1542/peds.2019-2077
182. Stoklosa H, Burns CJ, Karan A, et al. Mitigating trafficking of migrants and children through disaster risk reduction: insights from the Thailand flood. *Int J Disaster Risk Reduct*. 2021;60:102268. doi: 10.1016/j.ijdr.2021.102268.
183. Ojeda M, Dodaj A, Sesar K, Del Rey R. "Some voluntarily and some under pressure": Conceptualization, reasons, attitudes, and consequences of sexting among adolescents. *Telemat Inform*. 2022;75:101891. doi: 10.1016/j.tele.2022.101891.
184. Patchin JW, Hinduja S. It is time to teach safe sexting. *J Adolesc Health*. 2020;66(2):140–143. PubMed doi: 10.1016/j.jadohealth.2019.10.010
185. American Hospital Association. Factsheet: ICD-10-CM Coding for Human Trafficking. 2018. Accessed August 1, 2019. <https://www.aha.org/factsheet/2018-factsheet-icd-10-coding-human-trafficking>
186. Barnert E, Kelly M, Godoy S, Abrams LS, Bath E. Behavioral health treatment "Buy-in" among adolescent females with histories of commercial sexual exploitation. *Child Abuse Negl*. 2020;100:104042. PubMed doi: 10.1016/j.chiabu.2019.104042
187. Barnert E, Kelly M, Godoy S, Abrams LS, Rasch M, Bath E. Understanding commercially sexually exploited young women's access to, utilization of, and engagement in health care: "Work around what I need.". *Womens Health Issues*. 2019;29(4):315–324. PubMed doi: 10.1016/j.whi.2019.02.002
188. American Academy of Pediatrics. Professional tools and resources for trauma-informed care. Accessed April 14, 2024. <https://www.aap.org/en/patient-care/trauma-informed-care/professional-tools-resources/>