Centering Youth in a New Interdisciplinary Clinic for Victims of Sex Trafficking

Adolescent Health & Well-Being

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Many people think of child sex trafficking as an international problem, but the majority of youth trafficking in the United States is domestic. Children in all 50 states and of all races, ethnicities and socioeconomic backgrounds are victims of domestic minor sex trafficking (DMST), also known as commercial sexual exploitation of children (CSEC).

The Trafficking Victims Protection Act defines sex trafficking as:

- The recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act,
- in which the commercial sex act is induced by force, fraud, or coercion,
- or in which the person induced to perform such act has not attained 18 years of age.

When a child under the age of 18 is involved in any commercial sex act, that child is a victim of sex trafficking regardless of whether that act was forced.

Many of these children go unrecognized or face prolonged periods of abuse before being identified. Youth involved in the child welfare system or juvenile justice system, Black, Latino or LGBTQ youth, and homeless or runaway youth are at the highest risk of experiencing sex trafficking, augmenting their existing experiences of trauma and structural racism.

Role of Healthcare Providers

As healthcare providers, we have a critical opportunity to intervene. An estimated 37-50% of youth victims of trafficking interfaced with the medical system while being exploited. Researchers at CHOP, led by Dr. Cynthia Mollen, recently published a study to shed light on the healthcare experiences of 17 youth victims and to identify areas of potential improvements in care. In this study, youth victims disclosed that:

- Their traffickers would prevent them from receiving needed medical care and would direct youth to lie to medical providers.
- Healthcare providers rarely asked about trafficking or separated youths from the adults accompanying them. For example, one participant stated: "They [healthcare providers] didn't ask me. They just was like,

look. You've got to come in here. That's what it is. We're going to give you this antibiotic, and you should be fine, but you can't have sex for like a week."
- Logistical barriers to seeking care included difficulties obtaining identification and therefore health insurance.
- The demeanor of healthcare providers influenced their willingness to disclose abuse. "I've definitely been in trouble and wanted to talk to someone, and [the healthcare provider was] just burned out or struggling from some difficult person. And they were just a little bit sharp, and that was just enough to keep me from talking to them."

The Adolescent Protection Collaborative

The findings of youth-centered research and the direct input of survivors of sex trafficking have informed our development of a new interdisciplinary clinic at CHOP for victims of commercial sexual exploitation. The Adolescent Protection Collaborative (APC) is a novel partnership between Primary Care, Adolescent Medicine and SafePlace, funded by the Mayer Foundation and supported by stakeholders across CHOP, the University of Pennsylvania, and the Philadelphia region. Here are some of the key ways we are aiming to implement these best practices:

- **Youth-Directed:** We ask youth what they want to talk about during their visit and focus the visit on their goals, rather than ours. We ensure visits are confidential within the limits of mandatory disclosure and talk to the patient alone.
- **Interdisciplinary:** We strive to meet our patients' needs as best as possible in one visit. Some of the services we provide are same day sexual and reproductive healthcare (including long acting reversible contraception), primary care, child abuse care, and social work support.
- **Barrier-Free:** Through the support of our donors and the Karabots Care Center, we are able to care for all youth, regardless of insurance status. We can help youth to obtain identification, navigate health insurance, assist with transportation, and facilitate scheduling.
- **Strength-Based:** We follow strength-based communication strategies pioneered by CHOP's Dr. Ken Ginsburg. We do not ask youth to share details of their victimization and focus on an adolescent's resilience rather than their traumas.

We hope the APC becomes a key part of CHOP's larger effort to improve the prevention, identification and long-term outcomes of youth who have suffered exploitation.

Resources

- Join us for the CHOP Symposium "Addressing the Biopsychosocial Needs of Sex-Trafficked Youth", taking place on September 30, 2021.
- For an e-learning resource to learn about the SOAR framework, a trauma-informed, culturally and linguistically appropriate response to human trafficking, check out the Reproductive Health National Training Center.
- If you or someone you know is a victim of trafficking, please consider calling The National Human Trafficking Hotline, 24/7, a confidential service for victims in crisis that assists in safety planning, emotional support, and providing connections to local resources.
  - Call: 1-888-373-7888
  - Text: HELP to BEFREE (233733)
  - Email: help@humantraffickinghotline.org

If you are interested in participating in or starting these initiatives, please contact Polina Krass, Anish Raj or Kali Hackett.

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