Child Abuse & Neglect 44 (2015) 98–105

Contents lists available at ScienceDirect

Child Abuse & Neglect

Research article

Characteristics of child commercial sexual exploitation and sex trafficking victims presenting for medical care in the United States☆

Selina Varma[a], Scott Gillespie[b], Courtney McCracken[b], V. Jordan Greenbaum[c,*]

[a] Emory University School of Medicine, Emory Woodruff Memorial Research Building, 1648 Pierce Dr. NE, Atlanta, GA 30322, USA
[b] Emory University School of Medicine, Health Sciences Research Building, 1760 Haygood Dr., Atlanta, GA 30322, USA
[c] Stephanie V. Blank Center for Safe and Healthy Children, Children's Healthcare of Atlanta, 975 Johnson Ferry Rd, NE, Suite 350, Atlanta, GA 30342, USA

ARTICLE INFO

Article history:
Received 3 February 2015
Received in revised form 28 March 2015
Accepted 6 April 2015
Available online 18 April 2015

Keywords:
Child sex trafficking
Commercial sexual exploitation of children
Human trafficking
Child prostitution

ABSTRACT

The objective of the study is to describe distinguishing characteristics of commercial sexual exploitation of children/child sex trafficking victims (CSEC) who present for health care in the pediatric setting.

This is a retrospective study of patients aged 12–18 years who presented to any of three pediatric emergency departments or one child protection clinic, and who were identified as suspected victims of CSEC. The sample was compared with gender and age-matched patients with allegations of child sexual abuse/sexual assault (CSA) without evidence of CSEC on variables related to demographics, medical and reproductive history, high-risk behavior, injury history and exam findings.

There were 84 study participants, 27 in the CSEC group and 57 in the CSA group. Average age was 15.7 years for CSEC patients and 15.2 years for CSA patients; 100% of the CSEC and 94.6% of the CSA patients were female. The two groups significantly differed in 11 evaluated areas with the CSEC patients more likely to have had experiences with violence, substance use, running away from home, and involvement with child protective services and/or law enforcement. CSEC patients also had a longer history of sexual activity.

Adolescent CSEC victims differ from sexual abuse victims without evidence of CSEC in their reproductive history, high risk behavior, involvement with authorities, and history of violence.

Introduction

While the true prevalence of human trafficking is unknown, the International Labour Organization estimates that 20.9 million people are victims of forced labor around the world. This estimate includes victims of labor and sex trafficking. Of this enormous group, approximately 4.5 million people are victims of forced sexual exploitation, including approximately 945,000 children (International Labor Organization, 2012). The Institute of Medicine defines the commercial sexual

Abbreviations: CSA, child sexual abuse/sexual assault; ASA, acute sexual assault; AUC, area under curve; AUROC, area under the receiver operating curve; CSEC, commercial sexual exploitation of children; ED, emergency department; NP, nurse practitioner; STI, sexually transmitted infection.

☆ This study was funded by the Arthur Blank Family Foundation.

* Corresponding author.

http://dx.doi.org/10.1016/j.chiabu.2015.04.004
0145-2134/

exploitation of minors and sex trafficking of minors as "a range of crimes of a sexual nature committed against children and adolescents, including (1) recruiting, enticing, harboring, transporting, providing, obtaining, and/or maintaining (acts that constitute trafficking) a minor for the purpose of sexual exploitation; (2) exploiting a minor through prostitution; (3) exploiting a minor through survival sex (exchanging sex/sexual acts for money or something of value, such as shelter, food or drugs); (4) using a minor in pornography; (5) exploiting a minor through sex tourism, mail order bride trade and early marriage; and (6) exploiting a minor by having her/him perform in sexual venues (e.g., peep shows or strip clubs) (Institute of Medicine and National Research Council, 2013). For the purposes of this report, this definition will be labeled "commercial sexual exploitation of children", or CSEC.

Given the difficulty in identifying victims and those at risk, accurate statistics for incidence and prevalence are not available (Stansky & Finkelhor, 2008). Estes and colleagues suggest that as many as 326,000 U.S. children are *at risk* for CSEC each year (Estes & Weiner, 2002).

There is a lack of quantitative peer-reviewed research regarding risk factors and health consequences of CSEC (Barrows & Finger, 2008; Gozdziak & Bump, 2008; Macy & Graham, 2012). Oram, Stockl, Busza, Howard, and Zimmerman, (2012) conducted a systematic review of published research on the prevalence and risk of violence and health problems among human trafficking victims and found only 19 eligible studies, and these typically combined both women and girls in their samples of sexually exploited victims. Combining study participants of varying age precludes identifying factors specific to children and adolescents. Much of the available data on CSEC is qualitative (Baldwin, Eisenman, Sayles, Ryan, & Chuang, 2011; Raphael, Reichert, & Powers, 2010; Raymond & Hughes, 2001), involving interviews of survivors or professionals who work with them. Many studies include victims of different forms of trafficking (Baldwin et al., 2011) (labor and sexual) or victims with very diverse geographic backgrounds (Decker, McCauley, Phuengsamran, Janyam, & Silverman, 2011; Sarka et al., 2008; Silverman et al., 2007). A number of risk factors have been associated with CSEC, although studies documenting these have important limitations. Williamson interviewed 13 female victims and found high rates of abuse prior to exploitation (91%), high rates of parental substance abuse (64%) and frequent runaway behavior (described as 'common' although no percentage given). However, this study had a very small sample size and no comparison group (Williamson & Prior, 2009). There are several studies on homeless and runaway youth in the United States and Canada documenting a high prevalence of survival sex (Walls & Bell, 2011) (Bigelsen & Vuotto, 2013; Chettiar, Shannon, Wood, Zhang, & Kerr, 2010; Greene, Ennett, & Ringwalt, 1999), with surveys reporting a range of 10–50% of youth engaging in exchanging sexual acts for food, lodging, drugs, or money. Walls found a 9.4% prevalence of survival sex among 1,755 homeless youth and young adults. Increased risk was associated with (1) identifying as African-American or 'Other'; (2) identifying as gay, lesbian or bisexual; (3) prior use of inhalants or methamphetamines, (4) history of a suicide attempt and (5) history of parental substance abuse (Walls & Bell, 2011). However, this study and others (Chettiar et al., 2010; Greene et al., 1999) combined adolescents with young adults and included only homeless persons. Studies of CSEC risk factors and other characteristics identified at the time of presentation for health care are lacking.

Risk factors may or may not play a causal role in CSEC, and if they are causal, their role may be direct or indirect. Cochran, Stewart, Ginzler, and Cauce (2002) found that 14% of homeless young people identifying themselves as gay/lesbian/bisexual/transgender (GLBT) left home due to family conflict over their sexual orientation. Homeless and runaway youth have few options for accessing money for food, shelter and other necessities. Homelessness increases the risk of youth engaging in survival sex, especially for those living on the street rather than in shelters (Greene et al., 1999). Sexual abuse has been associated with subsequent CSEC and possible mediating factors include increased risk-taking behavior in victims of childhood sexual abuse, or altered emotional development in abused children that later renders them more vulnerable to CSEC (Stoltz et al., 2007). Substance abuse may increase the risk of CSEC because addicted youth need a constant supply of drugs which may outstrip their ability to secure money. Additionally, drugs and alcohol may decrease inhibitions and impair judgment, which may then lead to risk-taking behavior, or a failure to recognize dangerous situations. Young age renders a youth at risk because of limited life experience and immature brain development that favors risk-taking behavior and impulsivity. The adolescent brain has limited capacity to think critically, weigh the pro's and con's of a situation, and analyze risks. As is clear, only some risk factors are modifiable, but recognition of risk factors is important for prevention and early intervention.

Available information suggests that victims of human trafficking experience significant adverse behavioral and physical health consequences. In a study of health consequences of sex trafficking, Lederer conducted a mixed-methods approach, using qualitative data from focus groups and interviews of 107 female sex trafficking survivors in the United States, and quantitative data from a health survey (Lederer & Wetzel, 2014). They obtained detailed information documenting extensive physical and emotional adverse effects of trafficking, including significant weight loss in 43%, injuries sustained by 70%, signs/symptoms of depression in 89% and of post-traumatic stress disorder in 55%. Eighty-four percent reported substance abuse and 67% reported having an STI during their period of exploitation. However, this study combined adolescent and adult females and the number of participants under age 18 years is not listed. In addition, the study included no comparison group.

Results of the Lederer study indicated that frequently victims of sex trafficking seek medical care. In that study, 88% of victims had visited a medical provider during their period of exploitation (Lederer & Wetzel, 2014). Victims may present with signs/symptoms of a sexually transmitted infection, injuries related to physical or sexual assault, exacerbation of an untreated chronic disease, suicide attempt, drug ingestion, assistance with contraception, abortion or complications of pregnancy (Institute of Medicine and National Research Council, 2013; Lederer & Wetzel, 2014). Over 75% of a sample of