AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN

APSAC ALERT

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SPECIAL POINTS OF INTEREST:

- **Child victims of commercial sexual exploitation are regularly seen in the healthcare setting, but are not identified.**
- **Most child victims of commercial sexual exploitation will not self-identify if asked.**
- **Having a high index of suspicion for possible indicators could result in early identification of at-risk children.**

The Commercial Sexual Exploitation of Children

The commercial sexual exploitation of children (CSEC) is a major public health problem in the United States and worldwide. CSEC may take several forms:

- Trafficking for sexual purposes
- Prostitution
- Child pornography
- Child sex tourism
- Child marriage
- Mail-order bride trade
- Involving a child in a sexually-oriented business (IOM)

While force, fraud and coercion by others are common, these means are not necessary for a child to be considered a victim of CSEC. Similarly, children need not be transported from one place to another in order to be considered victims.

Many survivors of CSEC seek medical attention, *but most do not self-identify*. Thus, healthcare professionals (HCP) need to be aware of risk factors and possible indicators. See Table 1.

Table 1: Risk Factors and Possible Indicators of CSEC

(Clawson et al., 2009; Cusick, 2002; Estes & Weiner, 2002; Girls Education and Mentoring Services (GEMS), 2010; Gragg et al., 2007; Polaris Project; Williamson & Prior, 2009)

Risk Factors	Possible Indicators
History of child welfare involvement	Fearful, withdrawn, depressed or submissive affect of child
History of family dysfunction (abuse/neglect/ caregiver drug use/violence/criminal activity)	Accompanied by someone who is domineering, reluctant to leave child alone
Poverty, homelessness	Presenting complaint is acute sexual assault/ genitourinary complaint/request for STI* testing OR suicide attempt
Prior juvenile justice involvement	History of multiple STI's, or pregnancy/abortion
Frequent runaway behavior or thrown out of home	History of multiple sexual partners in short period
Lesbian/gay/bisexual/transgender (LGBT)	Child provides information that appears to be recited
Poor academic performance and/or attendance	Tattoos, evidence of branding, gang insignia
Gang membership (females)	Child has large amounts of cash, or expensive items (jewelry, electronics, clothing)
Pre-existing mental health problems	Signs of inflicted injury
History substance abuse	Child has hotel room keys or multiple cell phones
Member socially marginalized group	
Learning disabilities	
Adult prostitution in the home	
Refugee fleeing conflict	

Table 2. Adverse Physical and Emotional Effects of CSEC
(Silverman, 2011; Yates et al., 1991; Zimmerman, 2006) (Bortel et al., 2008; Burnette et al., 2008; Choi, Klein, Shin, & Lee, 2009; Deb et al., 2011; Elam& Ray, 1986)

Physical Effects	Emotional Effects
HIV/AIDS	Post traumatic stress disorder
Sexually transmitted infection (STI)*	Major depression
Other infections (TB**, urinary tract infections, wound infections, etc)	Anxiety disorder
Pelvic inflammatory disease, with infertility, ectopic pregnancy	Dissociation
Unwanted pregnancy, with /without complications	Anger Control
Complications from substandard abortion	Oppositional Behaviors
Complications from substance use/abuse	Attention Deficit Hyperactivity Disorder
Complications of poorly controlled chronic conditions (asthma, diabetes)	Attachment Disorder
Trauma from physical or sexual assault	Affect Regulation
Suicide	Somatization
Homicide	Eating Disturbance
Chronic pain and/or fatigue	Self-Injurious Behaviors
Dehydration, malnutrition	Suicidality
Dental problems (caries, trauma)	

*: STI = sexually transmitted infection ** TB = tuberculosis

A trauma-informed approach to patient interaction is important. As CSEC survivors may be reluctant to interact, hostile, depressed or display other self-protective and trauma-related behaviors, it is critical for the provider to maintain a respectful, open, nonjudgmental demeanor, and show empathy and a desire to help. Seeking patient assent for all aspects of the evaluation, maintaining privacy (including interviewing patient outside the presence of accompanying persons), and discussing the limits of confidentiality are important. **Further information on the medical evaluation may be found in the APSAC Guidelines on the Commercial Sexual Exploitation of Children**.

Healthcare providers must follow the mandatory reporting laws of their state. In addition, they need to consider appropriate referrals and resources. The more knowledge the medical provider has about local resources, the better they are able to help the child. This often requires collaboration with other local organizations and agencies. Common medical referrals include a follow-up exam with a child abuse expert, an easily accessible, affordable primary care provider (for family planning, HPV vaccine, periodic STI testing), mental health assessment and treatment (with a clinician experienced in complex trauma), obstetrician, and substance abuse assessment/treatment.

For more information:
National Human Trafficking Resource Center Hotline: 1-888-3737-888;
http://nhtrc.polarisproject.org

U.S. Immigration and Customs Enforcement (ICE) Victim Assistance Program: 1-866-872-4973

American Professional Society on the Abuse of Children

1706 E. Broad Street
Columbus, OH 43203
Phone: 877-402-7722
Fax: 614.251.6005
Email: apsac@apsac.org
www.apsac.org

Enhancing the ability of professionals to respond to children and their families affected by abuse and violence.

The American Professional Society on the Abuse of Children is the leading national organization supporting professionals who serve children and families affected by child maltreatment and violence. As a multidisciplinary group of professionals, APSAC achieves its mission in a number of ways, most notably through expert training and education activities, policy leadership and collaboration, and consultation that emphasizes theoretically sound, evidence-based principles. Details and information about joining APSAC are available on the web or by calling 1.877.402.7722.

About the Author

Dr. Jordan Greenbaum is a child abuse physician at the Stephanie V. Blank Center for Safe and Healthy Children at Children's Healthcare of Atlanta. She obtained her medical degree from Yale Medical School, and is board-certified in Anatomic and Forensic Pathology.

She has spent the majority of her career working as a child abuse physician, providing clinical evaluations for suspected victims, education and training for professionals, and engaging in program development. Dr. Greenbaum served on the board of the American Professional Society on the Abuse of Children, as secretary and as president. She co-chairs the Human Trafficking committee for the Helfer Society, and the Education/Training committee for HEAL Trafficking, an organization of medical professionals working on human trafficking issues. She is the medical consultant for the International Centre for Missing and Exploited Children.