

Identifying the Trafficking “Prodrome”: Early Identification of Adolescents involved in Sex Trafficking

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Background

- Definition of sex trafficking: the “recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act.”¹
- In 2021, 7,499 cases of potential sex trafficking were reported to the U.S. National Human Trafficking Hotline, 28% of which involved minors⁵.
- Risk factors include homelessness or runaway behaviors, low socioeconomic status, involvement in the youth justice system, sexual and gender minority status, and presence of psychiatric or substance use disorders among others^{3,4}.
- Recruitment is most often “relational” in which traffickers enter into romantic relationships or close friendships with victims and provide them with gifts or money which they later weaponize to coerce youth to sell sex⁴.

Patient Presentation

A 13-year-old girl with history of depressive symptoms and suicidal ideation presented to the Emergency Department due to parental concern for risky behaviors. She endorsed depressed mood and anhedonia in the context of interpersonal stressors but denied suicidal ideation. She admitted to running away three times for days to weeks at a time and mentioned receiving free clothes, food, and shelter from friends. Her mother reported that the patient had recently become increasingly angry and started acting out: skipping school and getting into fights. The patient also reported being sexually active with multiple partners and wanting to become pregnant. She denied being forced to have sex and became defensive when questions about sexual partners were raised.

Mental Status Exam

General: Adolescent girl in no apparent distress. Fair eye contact and engagement with examiner.

Speech: Normal rate, low volume, normal tone.

Mood: Depressed.

Affect: Restricted Affect, mood congruent.

Thought Content: Denies SI/HI, no delusions evident.

Thought Process: Linear and goal-directed, no associations.

Sensorium: Denies AH /VH, not appearing to be responding to internal stimuli.

Next Steps

- Assessed safety given depressive symptoms and history of SI and determined patient did not meet criteria for inpatient admission
- Provided referral for outpatient therapy
- bHCG and gonorrhea/chlamydia testing negative
- Discussed concerns about sex trafficking with patient and mother
- Provided local resources for youth survivors of sex trafficking
- Filed Child Protective Services report

Potential Indicators of Trafficking



Frequent unexplained school absences



Running away from home or staying with someone who is not a parent or guardian



Receiving frequent gifts and money from new friends or romantic partners or possession of material items out of the ordinary for a child



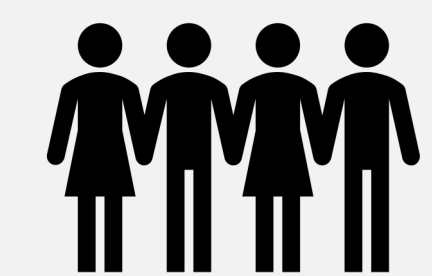
New romantic relationships which are fast-moving and asymmetric with large differences in age or financial status



Changes in mental health or behaviors



References to frequent travel or other cities



Early age at onset of sexual activity and multiple sexual partners or history of STIs

Health Impacts of Sex Trafficking

- Children who have been trafficked may present with various psychiatric symptoms including hypervigilance, symptoms of depression or anxiety, suicidal ideation, or without obvious symptoms at presentation².
- Children who have been sex trafficked suffer from higher rates of psychiatric disorders including depression, PTSD, ADHD, bipolar disorder, and psychosis³.
- Physical health concerns associated with trafficking include sexually transmitted infections, history of unsafe abortions, chronic pain, malnutrition, sleep deprivation, headaches, memory concerns, dizziness, gynecologic concerns, and substance use².

Post-identification Plan

- Discuss concerns about sex trafficking and vulnerability to sex trafficking with patients and caregivers
- Assess patients for underlying psychiatric disorders and physical health concerns and provide treatment as necessary
- Provide patients with local resources that support at risk youth and survivors of sex trafficking
- File a Child Protective Services Report regarding trafficking concerns
- National Trafficking Hotline: **1-888-373-7888**

Take Home Points

- The recruitment or “grooming” stage of sex trafficking prior to forced sexual contact can be difficult for patients and providers to easily identify
- Psychiatrists and other healthcare providers must work to identify patients involved in sex trafficking given the profound mental and physical health consequences
- Providers should be aware of local and national resources related to sex trafficking

References

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