Hiding in Plain Sight: Myths About Sex Trafficking & How Providers Can Make an Impact

Adolescent Health & Well-Being

Date Posted:

Jan 26, 2021

In what was otherwise a routine shift for Clara, a nurse in Children's Hospital of Philadelphia's emergency department, her attention to detail made one particular patient encounter a life-changing one. While utilizing a BlueMaxx light to examine her patient's body during a Sexual Assault Response Team (SART) exam, Clara noticed a white ink tattoo—one that was not visible to the naked eye under normal lighting. She kindly asked her patient about the tattoo, and then spoke with social services about her finding. As it turned out, the tattoo was the brand of a local sex trafficking ring, and Clara's discovery led to connecting this patient with vital services and protection. This child was a sex trafficking survivor, and she was in hiding in plain sight in our emergency department.

In the last decade, the issue of sex trafficking has garnered increased attention in the mainstream media, as well as among academic and corporate sectors. According to the International Labour Organization, there are more modern slaves (including victims of forced labor and human trafficking) now than at any other time in human history.

Rightfully so, people are taking notice. As public awareness grows, it is important for those in health care to have an accurate understanding of child sex trafficking and its various forms, and to help clarify the myths surrounding the issue. Clara was aware of the possibility of sex trafficking during this patient encounter because of her awareness of trafficking as an issue affecting adolescents, and research we had recently completed in which we interviewed young adults who were trafficked as minors. Based on what we learned, we updated our emergency department approach to caring for victims of sexual assault to explicitly address the potential trafficking survivors.

Myth #1: Child trafficking survivors are kidnapped and locked up.

Owing to movies and media portrayals, public perception is often that trafficked children are under lock and key, kidnapped and sold across international borders, and never see the light of day. But this is only one form of child trafficking.

An equally insidious and arguably more pervasive form occurs daily. These children and adolescents are in our schools, social service systems and health care facilities. These are children who are engaging in all forms of transactional, commercial and even survival sex. They are not necessarily living under the physical roof of their trafficker, and may even be living at home. Nevertheless, they experience coercion and control that result in complex mental, emotional and physical trauma.

According to U.S. federal law, any person under the age of 18 involved in a commercial sex act is a victim of trafficking. This includes all transactional sex for food, shelter, and clothing, and even children that some may

consider “prostitutes.” The complexities of coercion and control by traffickers are convoluted. Victims may refer to their traffickers as romantic partners, and may not necessarily see or name what is occurring as exploitation or trafficking.

In some cases, children may even be trafficked by a family member. Survivors have shared that even their own parents have been the one to exploit them. When trafficking victims present to a health care setting, they may actually be with a family member (who may or may not be the trafficker), or with a trafficker pretending to be a family member.

Myth #2: Child sex trafficking survivors never present to health care facilities.

Actually, when surveyed, more than 80% of trafficking survivors report having seen a health care provider. Less is known about trafficked minors, but we can extrapolate that they are likewise being seen in pediatric emergency departments, primary care offices and dental offices.

Myth #3: Child sex trafficking survivors will be scared or traumatized if you talk to them about trafficking.

To gain some insight into this myth, we interviewed young adults who had been trafficked as minors about their experiences with the health care system and their thoughts around screening (Wallace et al). What we found surprised us. These young people told us over and over that they *do* want health care providers and professionals to speak with them about what is going on in their lives. They want to be spoken to compassionately but directly, and they told us it’s okay to ask if they’re trading sex for services, money or a place to stay. It is important to recognize that they may not always disclose truthfully, and that these patients may even be challenging to care for in a health care setting. However, it is crucial not to be deterred, to have a high index of suspicion for children who are at risk, and to show them that the health care system is a safe place where they can be open and honest and disclose when they feel ready.

What can pediatric health care providers, service workers and researchers do?

Based on our research, what we heard from these young adults, and available resources, we can share a few insights and tips for providers, researchers and other health care professionals who want to help.

1. If you’re a provider, talk to all of your adolescent patients about potential trafficking. Don’t be afraid to ask—just do it sensitively, privately and in a non-judgmental manner. Our recently published study provides some concrete language suggestions directly from trafficking survivors.
2. Report suspected trafficking. Every state has their own reporting mechanism for child abuse, and local authorities may have different mechanisms for handling human trafficking cases. Make sure to also report via the National Human Trafficking Hotline (1-888-373-7888) and local authorities to ensure reports reach the right people.
3. Check if your state has a “Safe Harbor” law that prohibits prosecution of minors for prostitution. If it does not, advocate with your legislators.
4. Continue research on how to identify trafficking survivors, how to best care for them and further characterization of the epidemiology of child trafficking.
5. Spread awareness of this issue among colleagues. While we continue to improve our evidence-based practices and understanding of how to care for trafficking survivors, simply understanding of the breadth of the issue can help anyone spot a potential trafficking victim. That could be all that is necessary to connect a child with the help they need.

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