



### Short Screen for Child Sex Trafficking (CST) for the Healthcare Setting

**This screen was developed and validated on English-speaking adolescents (majority females) seeking healthcare in the United States. It has not been validated for patients who are non-English-speaking, or living in countries outside of the US.**

Prior validation research has included screening of patients ranging in age from 11 through 17 years of age, presenting:

- To a teen clinic with any chief complaint
- To a child advocacy center with a chief complaint related to physical or sexual abuse or neglect
- To a pediatric emergency department with a chief complaint related to sexual violence (e.g. sexual abuse/assault, suspected CST)
- To a pediatric emergency department with one of the following high-risk chief complaints, which are a priori defined as potentially associated with CST:
  - vaginal/penile discharge,
  - pelvic/genital pain,
  - request for STI testing,
  - request for pregnancy testing,
  - intoxication/ingestion,
  - suicide attempt,
  - suicidal ideation,
  - homicidal ideation,
  - acute sexual assault,
  - traumatic assault,
  - clearance examination for social services,
  - behavioral complaints
  - any patient for whom the attending physician was concerned about high-risk sexual or social behavior regardless of the chief complaint.

### Short Screen for Child Sex Trafficking (CST) for the Healthcare Setting

**Suggested introduction:** “Hello. We often ask teens some questions to find out a little more about what is going on in their lives. It helps us understand more about how we might be able to offer help. Some of the questions are sensitive and may make you feel uncomfortable so it is important to know that *you do not have to answer the questions if you don't want to*. If you decide to answer them, it will help us with your evaluation. Answers to some of the questions may be included in your general medical record. I am generally able to keep what you tell me private (or confidential). There are two exceptions to this. The first is if you tell me there is a threat to your safety or the safety of someone else. The second is if we are required by law to share information in our medical record. Do you understand these exceptions? If not, please ask us and we are happy to explain.”

Give child the questionnaire, or ask the questions outside the presence of the person(s) accompanying the child if at all possible.

#### **Screening Questions:**

- 1) Have you ever broken any bones, had any cuts that required stitches, or been knocked unconscious? \*\* ☐ No  
☐ Yes
- 2) Some kids have a hard time living at home and feel that they need to run away. Have you ever run away from home? ☐ No ☐ Yes
- 3) Kids often use drugs or drink alcohol, and different kids use different drugs. Have you used drugs or alcohol in the last 12 months? ☐ No ☐ Yes
- 4) Sometimes kids have been involved with the police. Maybe for running away, for breaking curfew, for shoplifting. There can be lots of different reasons. Have you ever had any problems with the police? ☐ No  
☐ Yes
- 5) If you have had sex before, how many sexual partners have you had?  
☐ 0 partners ☐ 1-5 partners ☐ 6-10 partners ☐ >10 partners
- 6) Have you ever had a sexually transmitted disease (STD), like herpes or gonorrhea or chlamydia or trichomonas?  
☐ No ☐ Yes

#### **Scoring the Questionnaire**

**Question 5 is considered ‘positive’ if child reports >5 sexual partners.**

**Positive answers to 2 or more questions is considered a ‘positive screen’ (e.g. high risk). However, further information will be needed to determine whether or not a child is actually being trafficked.** Additional information may be obtained by the provider or by a designated staff member with trauma training. Keep in mind that the ultimate goal of the healthcare provider is not to obtain a disclosure of trafficking, but to determine level of risk and patient needs so that appropriate resources can be offered, based on the information available to you. A trauma-informed approach and careful monitoring of the patient (including body language) is necessary so that signs of discomfort can be identified and addressed promptly if they should occur. Below is a sample of questions to consider in assessing level of risk, although other questions may be used. For example, asking if the patient would feel comfortable telling you about the experience leading to a positive survey response may open the door to further discussion of risk factors, or to

reassurance that the risk is relatively low. (Ex. If child endorsed running away from home, the provider could ask, “Do you feel comfortable telling me a bit about the last time you ran?”) Additional information about risk may be available from other sources (patient record, other staff). It is important to use the information obtained from your questions to determine potential resources and referrals that may benefit the patient, improve safety and lower risk of exploitation (for example, homeless shelters, LGBTQ resources, food pantries, mental health services). Depending on your level of concern for trafficking, and whether or not you are a mandated reporter, you may need to contact authorities in addition to offering resources. Mandatory reporting laws do NOT require the provider to be certain the child is being trafficked, but typically require a ‘reasonable’ degree of suspicion. This is why assessment of risk level is important whereas a disclosure of trafficking is not necessary. Know your mandatory reporting laws. Again, all interactions with the patient should be trauma-informed, victim-centered and culturally sensitive.

**Sample follow-up questions to help assess level of risk:**

Follow up on any screening question that was answered in the affirmative. When possible, use open-ended questions such as, “Do you feel comfortable telling me about it?”

Has a boyfriend, a girlfriend or anyone else ever asked you to do something sexual with **another** person (including oral sex, vaginal sex or anal sex with someone else)?

☐ No ☐ Yes

Do you feel comfortable telling me about it? \_\_\_\_\_

Has anyone ever asked you to do some sexual act in public, like dance at a bar or a strip club?

☐ No ☐ Yes

Do you feel comfortable telling me about it? \_\_\_\_\_

Sometimes kids are in a position where they really need food, clothing, a place to stay, or they want to buy something for themselves or someone else. But they don’t have money so they have to exchange sex for what they need. Have you ever been faced with a situation like that?

☐ No ☐ Yes

Do you feel comfortable telling me about it? \_\_\_\_\_

Has anyone ever asked you to pose in a sexy way for a photo or a video?

☐ No ☐ Yes

Do you feel comfortable telling me about it? \_\_\_\_\_

---

Note:

\*\* Data from a recent study suggested that altering Question 1 improved specificity by nearly 10%, while sensitivity remained stable. The altered form of the question is:

“Have you ever been knocked unconscious?” (that is, eliminate mention of fractures and cuts)

1. Greenbaum VJ, Livings MS, Lai BS, Edinburgh L, Baikie P, Grant SR, Kondis J, Petska HW, Bowman MJ, Legano L, Kas-Osoka O, Self-Brown S. Evaluation of a tool to identify child sex trafficking victims in multiple healthcare settings J Adolescent Health, 2018 (in press).