Human Sex Trafficking
Clinical Pathway Synopsis

Human Sex Trafficking: Screening Algorithm

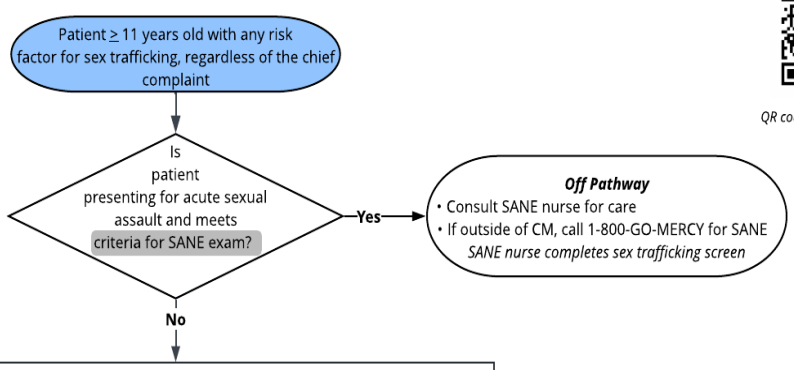
Exclusion Criteria:
- Children younger than 11 years
- Adolescents with significant cognitive impairments

Note: *These Individuals may be at risk; however, the current screening tool is not validated for these populations. If there is any concern of sex trafficking in these patients, consult Social Work and, if appropriate, SCAN*

Risk Factors for Sex Trafficking:
- Sexual health concern
- Sexual abuse or assault concern
- Request for pregnancy testing
- Under the influence of alcohol/drugs
- Patient Health Questionnaire-2 (PHQ-2) score of > 4
- Suicide attempt and/or positive Suicide Screening Questions (ASQ)
- In foster care/CPS custody
- Injury suspicious for abuse
- History of running away
- Any team member has concerns

SANE Exam Criteria:
Any of the following
- Last skin to skin genital contact within
  - 5 days (post-pubertal females)
  - 3 days (all other patients)
- Genital pain/bleeding
- Genital discharge in pre-pubertal child
- State specific perpetrator criteria

Additional Patient/Family Resources:
- Online safety
- Healthy Relationships
- National Center for Missing and Exploited Children resources



QR code for mobile view

Universal Education and Confidentiality

Provide Universal Education on Healthy Relationships
- Suggested script for Universal Education ***-or-***
- Link to video for talking points on Universal Education
- Hanging Out/Hooking Up - pocket card *(link to order cards in several languages)*

Discuss Confidentiality

Confidentiality is essential to maintain patient safety
- Screening must be completed privately, ***not*** in the presence of the person accompanying the patient (*trafficker might pose as family or friend*)
- Limitations of confidentiality must also be provided
  Refer to Confidentiality Tips
- If concerned, but unable to speak to patient alone, contact Social Work for assistance
  Only contact Security if there is an immediate or urgent concern for safety

Administer the Child Sex Trafficking Screening Tool (English) | (Spanish)
Suggested script for introducing tool is at the top of the tool
Specific screening processes will vary by clinical site
- ***Verbal***: May be done by clinician, nurse, or social worker, using Language Services if needed

Guidance for confidential documentation in Cerner

Proceed to scoring and follow-up

Abbreviations:
- SANE: Sexual Assault Nurse Examiner
- SCAN: Safety Care and Nurturing (clinic)
- STI: Sexually Transmitted Infection

Human Sex Trafficking: Scoring and Follow-up Algorithm

Exclusion Criteria:
- Children younger than 11 years
- Adolescents with significant cognitive impairments

Note: *These Individuals may be at risk; however, the current screening tool is not validated for these populations. If there is any concern of sex trafficking in these patients, consult Social Work and, if appropriate, SCAN*

Additional Guidance
- Call SCAN if concern for other type of assault or abuse (Child Physical Abuse Clinical Pathway or Child Abuse Tool Kit)
- If other risk factors for STI, complete screening for STI (STI Clinical Pathway)
- ***Specifically report to Social Work if:***
  - Any photos/videos of the minor have been created or distributed
  - Minor reports exchanging sex for the promise of money or something of monetary value

Additional Patient/Family Resources:
- Online safety
- Healthy Relationships
- National Center for Missing and Exploited Children resources

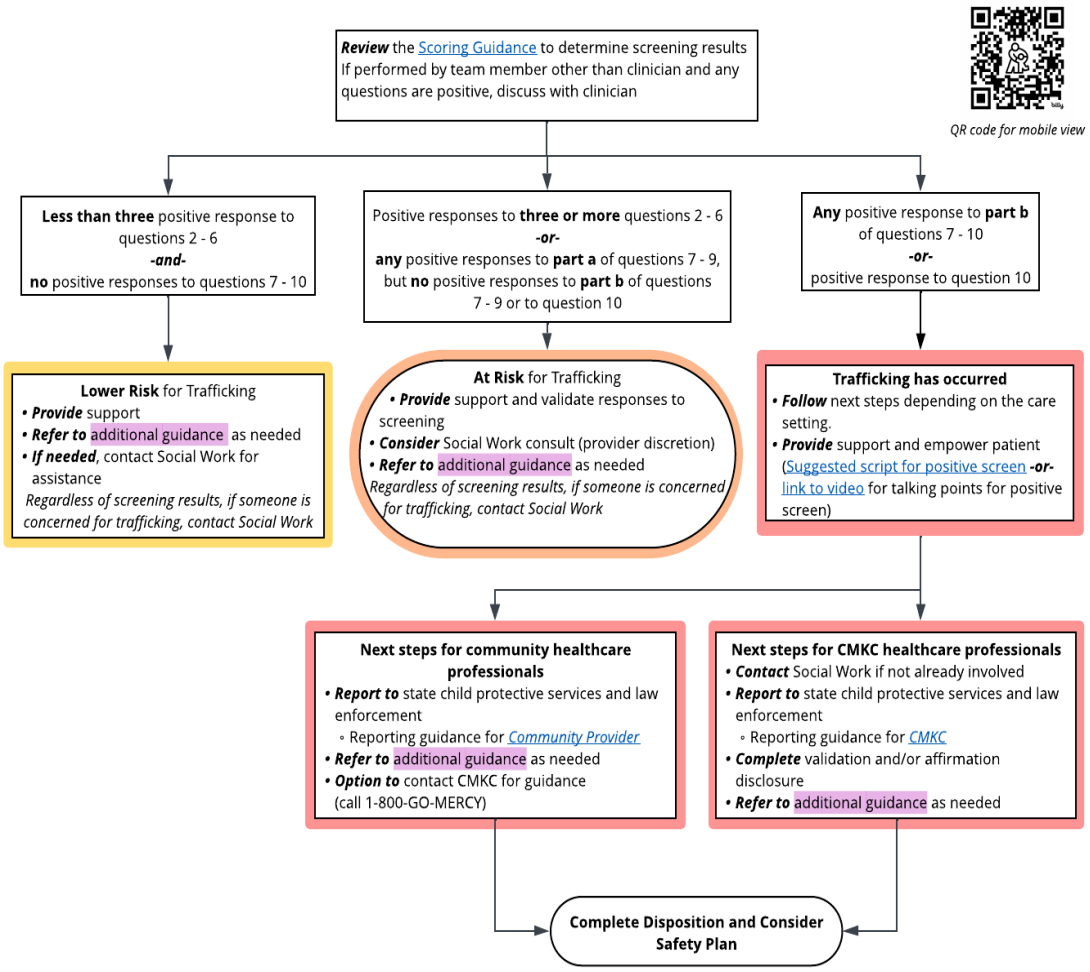


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Table of Contents

Objective of Clinical Pathway

To provide care standards for the patient suspected of being trafficked for sex, including standards for the screening process, maintaining confidentiality, and follow-up care.

Background

Child sex trafficking (CST) represents a significant public health crisis. Children and adolescents subjected to trafficking and exploitation—whether for labor or sexual purposes—are routinely denied access to fundamental human rights, including healthcare, dignity, respect, and protection from violence and abuse. These rights are enshrined in the United Nations Convention on the Rights of the Child (United Nations Convention on the Rights of the Child, 1989).

Under U.S. federal law, CST refers to the involvement of anyone under 18 in commercial sexual activity—such as prostitution, production of sexual content, or participation in sexually oriented businesses—in exchange for something of perceived value, such as money, drugs, food, luxury items, or shelter (Trafficking Victims Protection Act, 2019). The International Labor Organization (2022) categorizes CST as a subset of forced labor, estimating that in 2021, approximately 3.3 million children and adolescents worldwide were victims of forced labor, with about 1.7 million subjected to commercial sexual exploitation. Marginalized groups-such as Black girls, immigrants, and Native American girls- are up to 40% more likely to experience trafficking than white girls, due to socioeconomic disadvantages, childhood trauma, systemic racism, and historical maltreatment (Human Trafficking Search, 2018; Hatcher, 2022).

Children and adolescents who are trafficked often endure severe violence and psychological manipulation. These experiences place them at heightened risk for a range of health issues, including physical injuries, sexual assault, infectious diseases, substance use disorders, untreated chronic conditions, pregnancy and unsafe abortions, malnutrition, toxic exposures, and mental health disorders such as post-traumatic stress disorder (PTSD) and complex PTSD (Greenbaum et al., 2023; Oram et al., 2012; Abas et al., 2013; Lederer & Wetzel, 2014).

Evidence indicates that trafficked youth do access healthcare services across various settings, underscoring the critical need for pediatric providers to be equipped to identify and respond to potential cases of trafficking and exploitation (Hornor & Sherfield, 2018; Hornor et al., 2022; Lederer & Wetzel, 2014). However, identification of these patients remains a significant challenge due to factors such as fear of traffickers, distrust of authorities, shame, hopelessness, trauma bonds, and other psychological barriers that inhibit self-disclosure (Chisolm-Straker et al., 2017; Baldwin et al., 2011; Zimmerman, 2006; Zimmerman & Borland, 2009).

To address these challenges, the Short Screen for Child Sex Trafficking (SSCT), a validated screening tool in U.S. healthcare settings, was developed for use in diverse healthcare environments to aid in the identification of CST victims (Armstrong, S., 2017; Greenbaum et al., 2018). Recognizing the importance of early identification and intervention, the Human Sex Trafficking Clinical Pathway Committee endorsed the use of this screening tool as a critical component of care. The committee also established standardized recommendations across the healthcare system to ensure a coordinated and trauma-informed response that meets the unique and urgent needs of trafficked children and adolescents.

Target Users

- Physicians (Emergency Medicine, Urgent Care, Ambulatory, Inpatient, and community physicians who care for patients ≥ 11 years of age)
- Advanced Practice Nurses
- Sexual Assault Nurse Examiners (SANE)
- Social Workers
- Interpreters

Target Population

Inclusion Criteria

- Patients ≥ 11 years of age with one or more risk factors for human sex trafficking

Exclusion Criteria

- Pre-adolescent children < 11 years of age
- Adolescents with significant cognitive disabilities

For any concerns of sex trafficking of the above patients, contact Social Work, and if needed, SCAN

Practice Recommendations

Please refer to the Children's Healthcare of Atlanta (Greenbaum et al., 2015) Clinical Practice Guideline for full practice recommendations, evaluation, and treatment recommendations.

Additional Questions Posed by the Clinical Pathway Committee

No additional clinical questions were posed for this review.

Recommendation Specific to Children's Mercy

No deviations were made from the Children's Healthcare of Atlanta guidelines regarding practice recommendations; however, logistical processes specific to Children's Mercy were added.

Measures

- Use of the Child Sex Trafficking screening tool

Value Implications

- Increased identification of and care for victims of CST
- Increased provision of resources to patients who could be undisclosed victims or future victims of CST

Organizational Barriers and Facilitators

Potential Barriers

- Clinicians and social workers have varying experiences and comfort levels with discussing CST.
- The adult accompanying the patient may be directing or allowing the trafficking.
- Screening must be done confidentially to maintain the safety of the patient.
- Victims of CST may face challenges with access to healthcare and reliable follow-up

Potential Facilitators

- Collaborative engagement across the continuum of clinical care settings and healthcare disciplines during clinical pathway development
- Collaboration with Social Work and Language Services

Bias Awareness

Our goal is to recognize the social determinants of health and minimize healthcare disparities, while acknowledging that our unconscious biases can contribute to these disparities.

Power Plans

- There are no associated power plans with this clinical pathway

Associated Policies

- There are no associated policies with this clinical pathway

Education Materials

- Hanging Out/Hooking Up pocket card
  - Intended for any patient identified as having risk factors for sex trafficking
  - Found in a hyperlink through the clinical pathway algorithm
  - Available in English and Spanish from the Futures Without Violence website
- Online Safety webpage
  - Intended for all patients
  - Provides guidance for staying safe when online
  - Available via the Children's Mercy Kansas City website
- The Healthy Relationship Wheel
  - Intended for all pre-adolescent and adolescent patients
  - Provides guidance for identifying healthy and unhealthy behaviors in relationships
  - Available via a link to the Reproductive Health National Training Center website
  - Available in English

- Multiple videos on online safety, including internet, phone, cyberbullying, sexting, and gaming
  - Intended for children and adolescents (K -12), parents, and educators
  - Available via hyperlink to the Missing Kids website
  - Available in English and Spanish

Clinical Pathway Preparation

This pathway was prepared by the Evidence Based Practice (EBP) Department in collaboration with the Human Sex Trafficking Clinical Pathway Committee, composed of content experts at Children's Mercy Kansas City. If a conflict of interest is identified, the conflict will be disclosed next to the committee member's name.

Human Sex Trafficking Clinical Pathway Committee Members and Representation

- Rachel Whitfield, MSN, APRN, FNP-C | Adolescent Medicine | Committee Co-Chair
- Danielle Horton, MD | SCAN – Child Adversity and Resilience | Committee Co-Chair
- Kimberly Randall, MD | Pediatric Emergency Medicine – Adele Hall | Committee Member
- Sarah Lee, LCSW, LSCSW | Social Work | Committee Member
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Patient/Family Committee Member

- Tracy Gay | Patient Family Advocate | Committee Member
- Sarah Steenblik | Patient Family Advocate | Committee Member

EBP Committee Members

- Kathleen Berg, MD, FAAP | Evidence Based Practice
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Contributors

- Teen Advisory Board | Children's Mercy
- Bianca Cherestal, MD | Heart Center, Equity and Diversity

Clinical Pathway Development Funding

The development of this clinical pathway was underwritten by the following departments/divisions: Adolescent Medicine, SCAN—Child Adversity and Resilience, Pediatric Emergency Medicine, Social Work, Language and Accessibility Services, SANE—Sexual Assault Nurse Examiner, and Evidence Based Practice.

Conflict of Interest

The contributors to the Human Sex Trafficking Clinical Pathway have no conflicts of interest to disclose related to the subject matter or materials discussed.

Approval Process

- This pathway was reviewed and approved by the Human Sex Trafficking Committee, content expert Departments/Divisions, and the EBP Department, after which the Medical Executive Committee approved it.
- Pathways are reviewed and updated as necessary every 3 years within the EBP Department at CMKC. Content expert teams are involved with every review and update.

Review Requested

Department/Unit	Date Obtained
Adolescent Medicine	December 2025
SCAN	December 2025
Pediatric Emergency Medicine	December 2025
Social Work	December 2025
Language and Accessibility	December 2025

SANE	December 2025
Evidence Based Practice	December 2025

Version History

Date	Comments
December 2025	Version one – (creation of algorithms, synopsis, and educational resources)

Date for Next Review

- 2028

Implementation & Follow-Up

- Once approved, the pathway was presented to appropriate care teams and implemented. Care measurements may be assessed and shared with the appropriate care teams to determine if changes are needed.
- Utilized education tools from national websites – Futures without Violence, Reproductive Health National Training Center, and the National Center for Missing and Exploited Children.
- Education was provided to all stakeholders:
    - Department of Adolescent Medicine, Child Adversity and Resilience, Pediatric Emergency Medicine, Social Work, Language and Accessibility, Sexual Abuse Nurse Examiners
    - Providers from Adolescent Medicine, Child Adversity and Resilience, and Pediatric Emergency Medicine
    - Resident physicians
- Additional institution-wide announcements were made via email, the hospital website, and relevant huddles.

Disclaimer

When evidence is lacking or inconclusive, options in care are provided in the supporting documents and the power plan(s) that accompany the clinical pathway.

These clinical pathways do not establish a standard of care to be followed in every case. It is recognized that each case is different, and those individuals involved in providing health care are expected to use their judgment to determine what is in the best interests of the patient based on the circumstances existing at the time.

It is impossible to anticipate all possible situations that may exist and to prepare clinical pathways for each. Accordingly, these clinical pathways should guide care with the understanding that departures from them may be required at times.

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