

# Human Trafficking: The Commercial Sexual Exploitation of Children (CSEC)

**Jennifer Tscholl, MD**

October 27, 2023



# Objectives

- At the conclusion of this presentation, you will:
  - Understand the global and local scope of child sex trafficking
  - Be able to identify patient risk factors for sexual exploitation

# Patients in Central Ohio

- 14-year old girl brought to Child Advocacy Center (CAC) by FBI after a hotel room raid
- 14-year old girl in foster care who “does what [she has] to do” to have a place to stay when she AWOLs
- 15-year old girl with numerous NCH encounters over the preceding 3 years
  - 26 ED visits, 5 UC visits, 6 hospitalizations (5 psychiatric)
  - 1 pregnancy and live birth
  - Tested for Gonorrhea & Chlamydia x 18
  - AWOL TNTC
- 15-year old girl in the ED for PSANE exam for suspected sexual assault, accompanied by a mother figure, who months later was identified as one of the patient’s traffickers
- 15-year old girl brought to CAC after a “John” called police when the girl’s trafficker took his money but denied him access to the hotel room because he did not have condoms

# What is Human Trafficking?

- Occurs when a trafficker uses *force, fraud, fear, intimidation, or coercion* to compel involuntary labor or a commercial sex act
  - **Labor trafficking:** compelled to work or provide services
  - **Sex trafficking:** compelled to engage in commercial sex acts
    - When victim is <18-years old (or has developmental disability), *compulsion is not a necessary component*
      - Commercial Sexual Exploitation of Children (**CSEC**)
      - Child Sex Trafficking (**CST**)
      - Domestic Minor Sex Trafficking (**DMST**)



ORC Section 2905.32  
(Trafficking in Persons)

# What is Human Trafficking?

- A federal crime in the United States
  - Trafficking Victims Protection Act of 2000 (TVPA)
    - Last reauthorized in 2018
- A human rights violation
- A global problem
- Based in economic principles of **supply and demand**
- Highly profitable for traffickers, as their victims are a renewable resource
  - Can be *sold* repeatedly

# HUMAN TRAFFICKING

THE COMPLEX GLOBAL PROBLEM  
SPARES NO GENDER,  
NO ETHNICITY,  
NO GEOGRAPHIC REGION,  
NO SOCIOECONOMIC  
STATUS.

**SCOPE OF THE PROBLEM**

**OHIO IS NOT  
IMMUNE.**



# Globally



- Estimated 40.3 million victims of Human Trafficking globally (International Labour Organization, 2017)
  - 25% are children (>10 million)
  - 4.8 million are trapped in forced sexual exploitation
    - 99% of victims in commercial sex industry are women and girls



# Globally



- The economics of Human Trafficking

- \$150 billion profit annually →

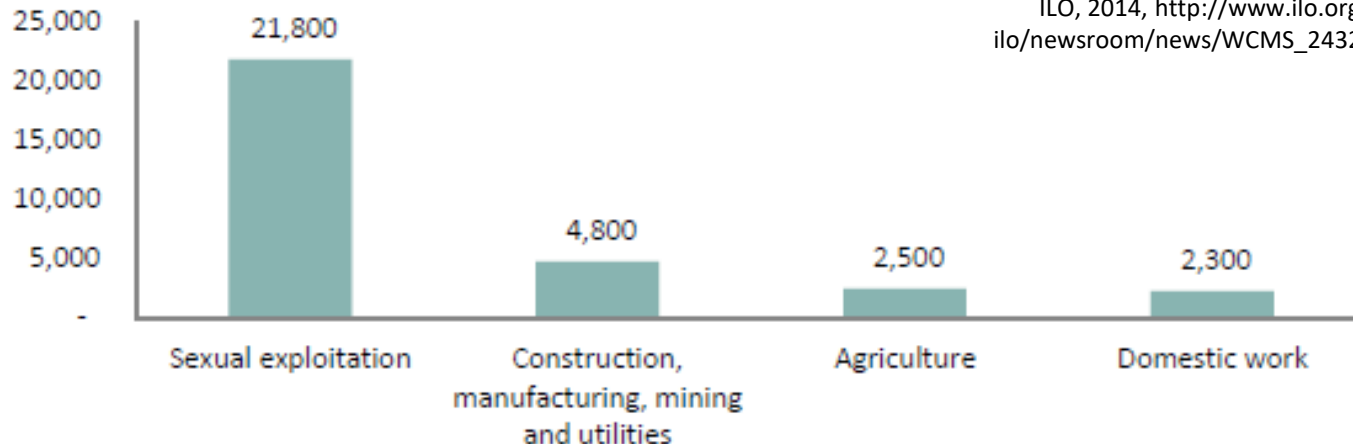
- \$99 billion from sexual exploitation

- Does NOT include profits from child pornography

More than combined annual profit of:

- Starbucks
- Disney
- Walmart
- Verizon
- Tesla
- Meta

**Annual profits per victim per sector of exploitation (US \$)**



ILO, 2014, [http://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS\\_243201/lang--en/index.htm](http://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_243201/lang--en/index.htm)



# Nationally

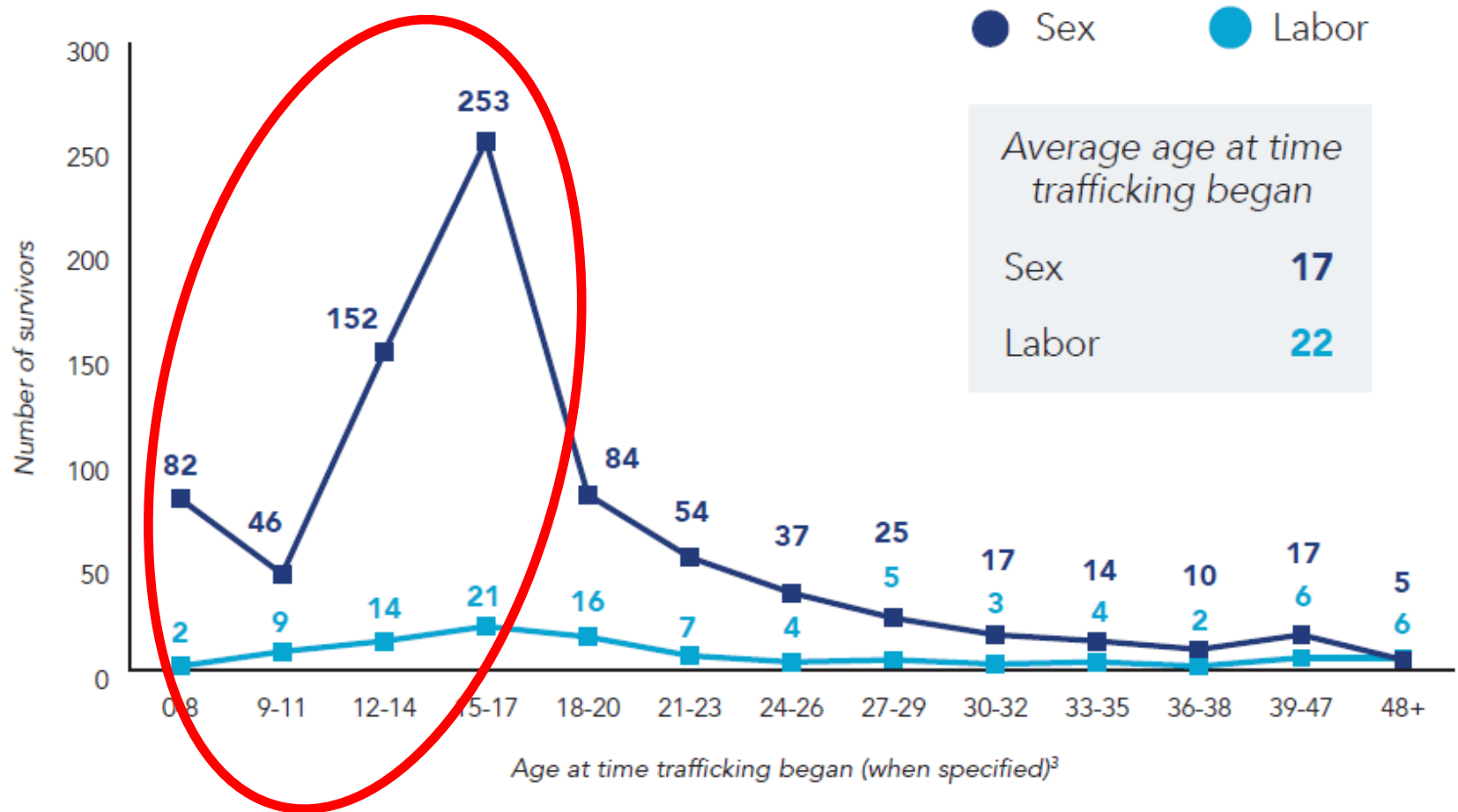


NATIONAL CENTER FOR  
**MISSING &  
EXPLOITED**  
CHILDREN®

- Reported in all 50 states
- Estimated 100,000-300,000 U.S. children are at high risk of sex trafficking each year
- Estimated that ~20% of all internet **sexual abuse imagery** (aka “child pornography”) involves children who are HT victims



# Age at Time Sex or Labor Trafficking Began



<sup>3</sup>Exact age at the time the trafficking began is known for only 4% of the trafficking victims and survivors in this data set.

<https://polarisproject.org/2018statistics>

2018 Stats from NHTH



# 1 in 6

of the children who ran away and were reported missing to NCMEC in 2022 were likely **child sex trafficking** victims.



 **END CHILD SEX TRAFFICKING**



# 15

is the average age of  
child sex trafficking  
victims reported missing  
to NCMEC.





Of the **1 in 7** endangered runaways reported to NCMEC in 2017 who were likely sex trafficking victims, **88%** were in the care of social services or foster care when they went missing.

# Nationally

- The economics of Human Trafficking
  - Average profit per victim: \$80,000/year
  - 2007 study: sex trade economy in 8 US cities
    - 73 convicted traffickers/pimps interviewed
      - Weekly income \$5k-\$32,833

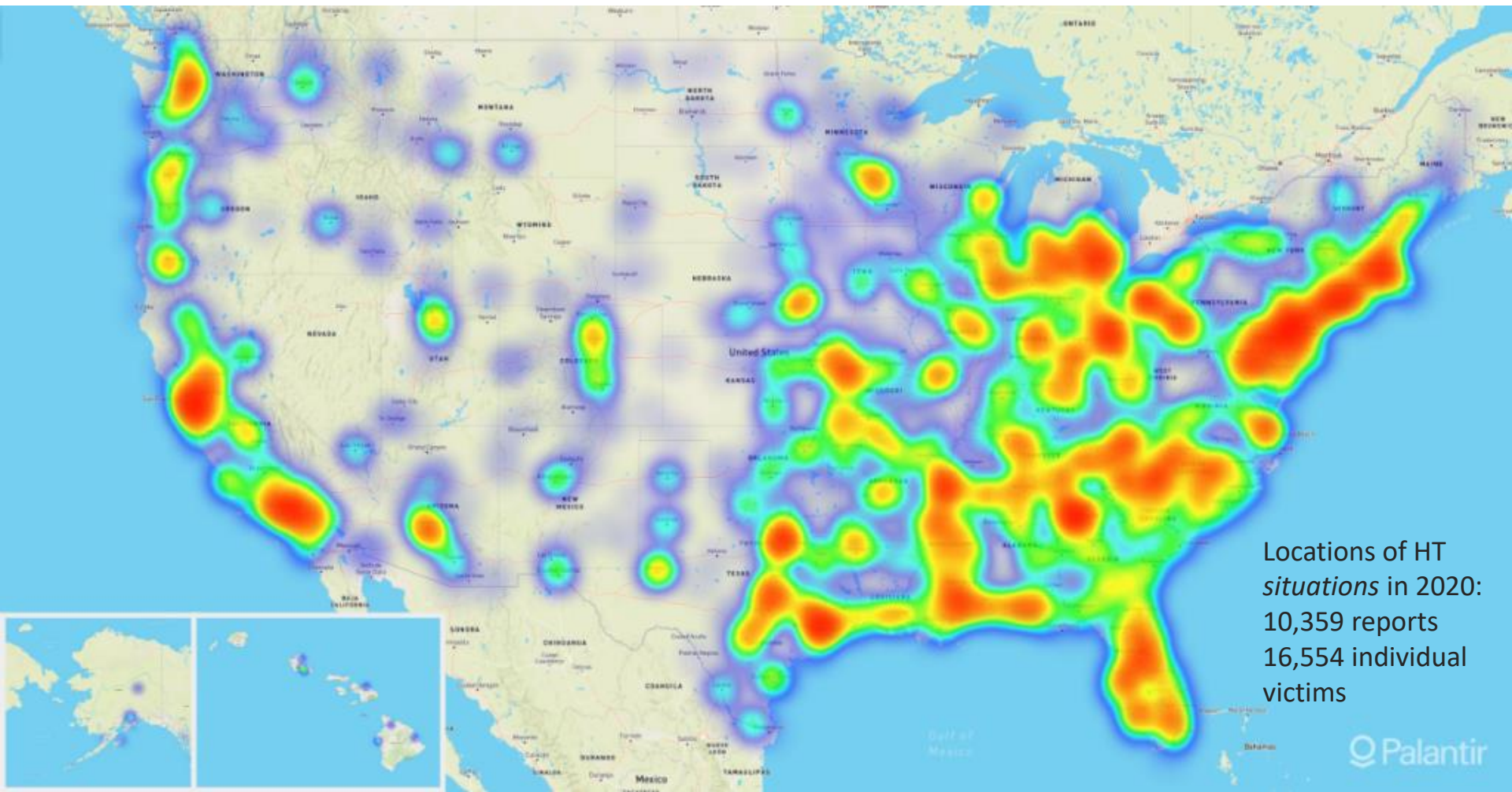
Table 2.8. Annual profits from forced sexual exploitation (US\$)

Region	Number of victims	Monthly earnings per victim (Kara, 2009)	Annual profits	Annual profit per victim
Asia-Pacific	2 500 000	1 485	31 700 000 000	12 000
Latin America and the Caribbean	400 000	3 200	10 400 000 000	27 000
Africa	800 000	1 300	8 900 000 000	11 000
Middle East	100 000	6 510	7 500 000 000	55 000
Central and South-Eastern Europe and CIS	300 000	5 040	14 300 000 000	42 000
Developed Economies and EU	300 000	9 540	26 200 000 000	80 000
Total	4 500 000		99 000 000 000	22 000

Source: ILO

Components may not add up to the total because of rounding

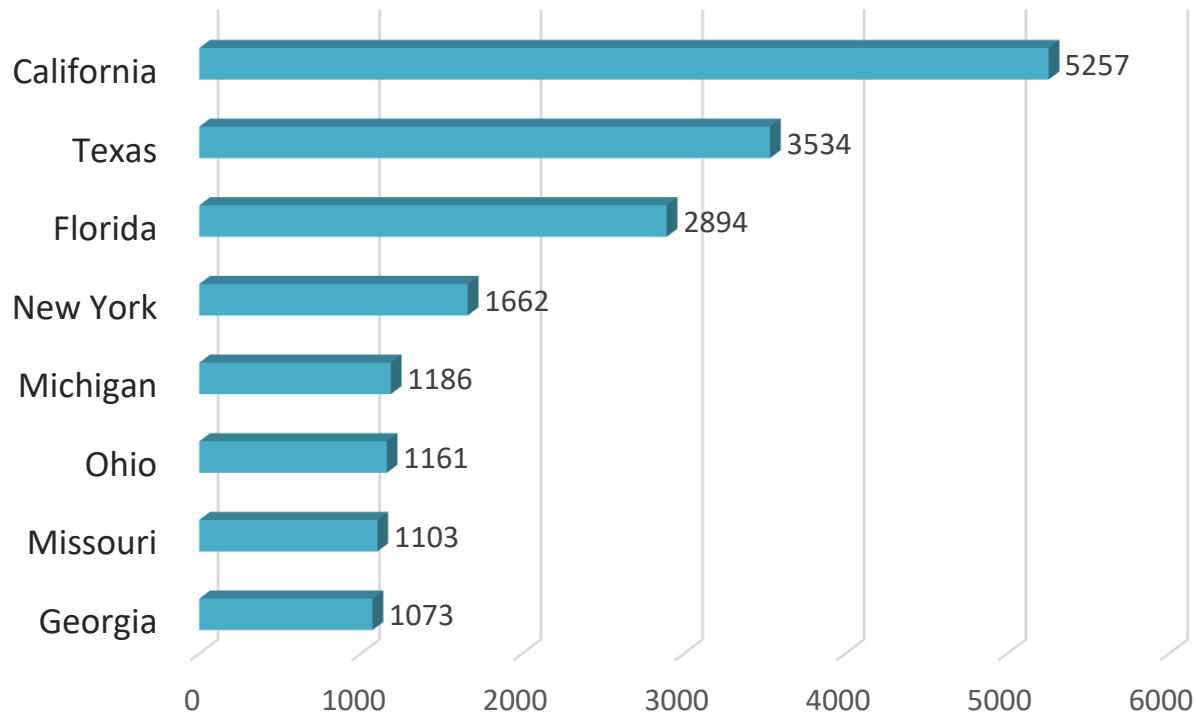
# 2020 US National Human Trafficking Hotline





# National Statistics

- National Human Trafficking Hotline:
  - 2021: Ohio ranks #6 in cases reported
    - 2018-2019 OH was #5, 2015-2017 OH was #4



# The Cities with the Most (and Least) Human Trafficking Cases

Cumulative reported cases 100,000 people from 2007- 2016

## Most

Rank	City	Cases Per Capita
1	Washington, DC	87
2	Atlanta, Georgia	84
3	Orlando, Florida	83
4	Miami, Florida	80
5	Las Vegas, Nevada	79
6	Sacramento, California	59
7	Houston, Texas	44
8	Tampa, Florida	44
9	Columbus, Ohio	41
10	Baton Rouge, Louisiana	41
11	Oakland, California	40
12	Baltimore, Maryland	39
13	New Orleans, Louisiana	39
14	St. Louis, Missouri	35
15	San Francisco, California	35
16	Detroit, Michigan	33
17	Cincinnati, Ohio	31
18	Toledo, Ohio	30
19	Fresno, California	30
20	San Bernardino, California	30
21	Portland, Oregon	29
22	Cleveland, Ohio	29
23	Dallas, Texas	28
24	Richmond, Virginia	27
25	Seattle, Washington	26

## Least

Rank	City	Cases Per Capita
1	Gilbert, Arizona	3
2	Hialeah, Florida	3
3	Plano, Texas	3
4	Chandler, Arizona	3
5	Chula Vista, California	3
6	Winston-Salem, North Car	6
7	Irving, Texas	6
8	Chesapeake, Virginia	6
9	Scottsdale, Arizona	6
10	Boise City, Idaho	6
11	Anchorage, Alaska	6
12	Mesa, Arizona	6
13	Fort Wayne, Indiana	6
14	Fremont, California	6
15	El Paso, Texas	7
16	Aurora, Colorado	7
17	Lincoln, Nebraska	7
18	Lubbock, Texas	8
19	Glendale, Arizona	8
20	Arlington, Texas	8
21	Garland, Texas	8
22	New York, New York	9
23	Laredo, Texas	9
24	Tucson, Arizona	9
25	Madison, Wisconsin	10

Data source: National Human Trafficking Hotline. Among top 100 largest cities in the United States.

# Why Ohio?

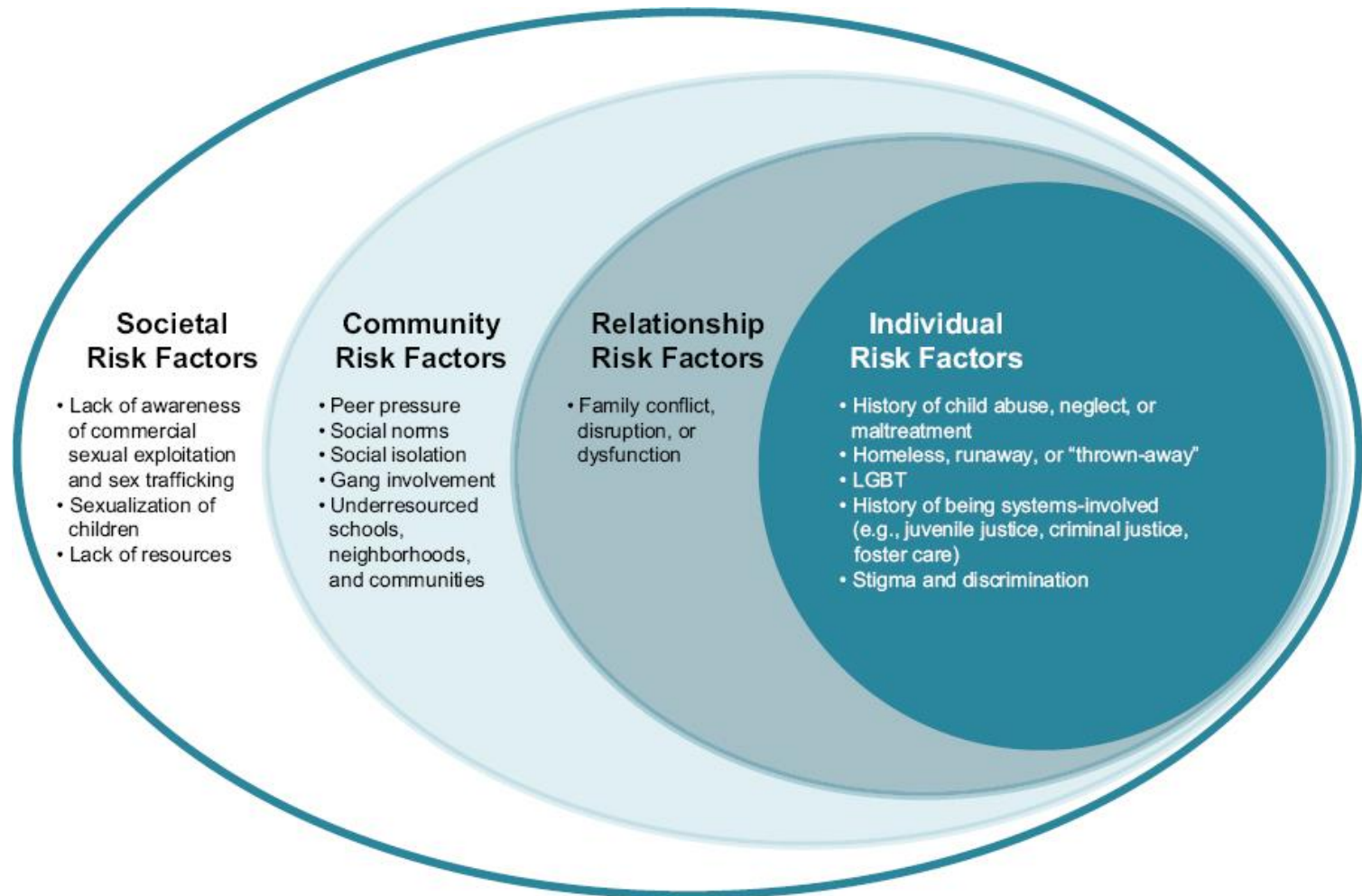


- Ohio is prime field for exploitation
  - Extensive highway system
  - Can reach *most* major cities in eastern US in around 6 hours
  - Large number of truck stops and adult strip clubs
  - Close proximity to an international border
  - Large transient/migrant population
  - 1 in 5 children and young adults (18-24 years old) live in poverty in Ohio

# ENTRANCE INTO TRAFFICKING

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# Global Human Trafficking and Child Victimization

Jordan Greenbaum, MD,<sup>a,b</sup> Nia Bodrick, MD, MPH, FAAP,<sup>c</sup> COMMITTEE ON CHILD ABUSE AND NEGLECT, SECTION ON INTERNATIONAL CHILD HEALTH

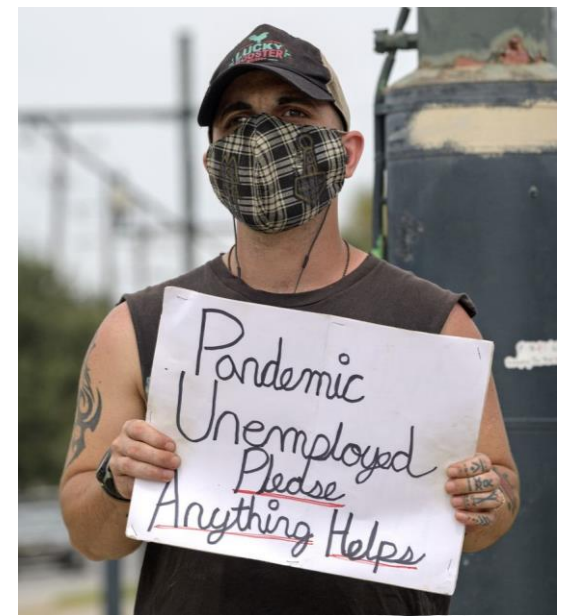
# Risk Factors

- Individual
  - Substance abuse\*
  - Mental illness\*
  - Homelessness\*
  - Runaway youth or throwaway youth\*
  - LGBTQ
  - History of abuse/neglect
  - Involvement with Child Protection or Legal systems
  - Undocumented or unaccompanied immigration status\*
  - History of prior exploitation



# Risk Factors

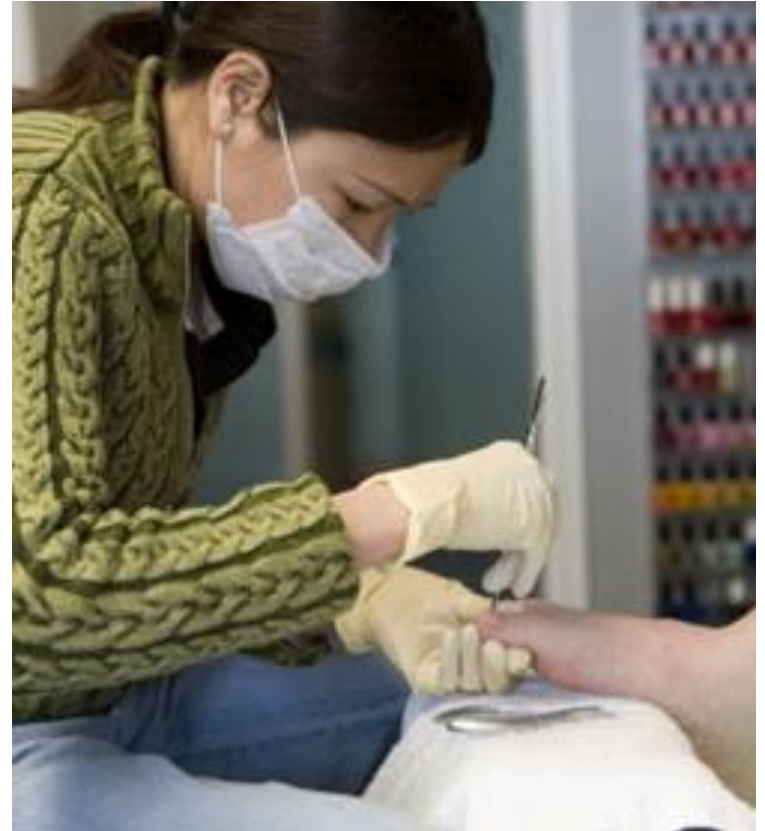
- Relationship/Familial
  - Poverty
  - Family disruption/conflict
  - Unemployment
  - Intra-familial violence
  - Forced migration





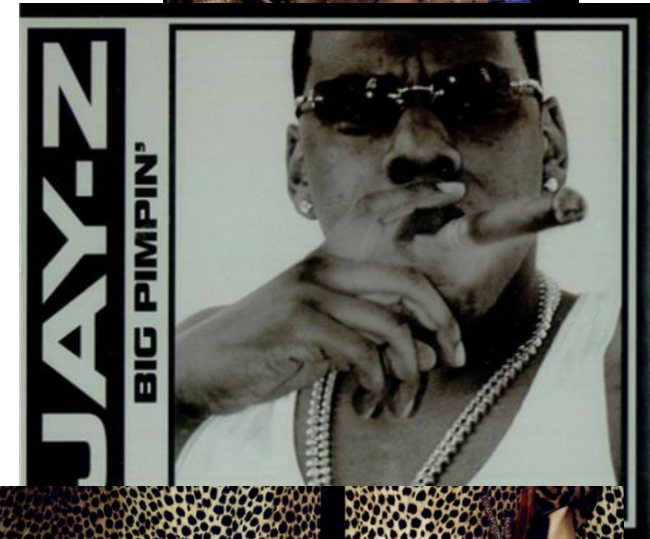
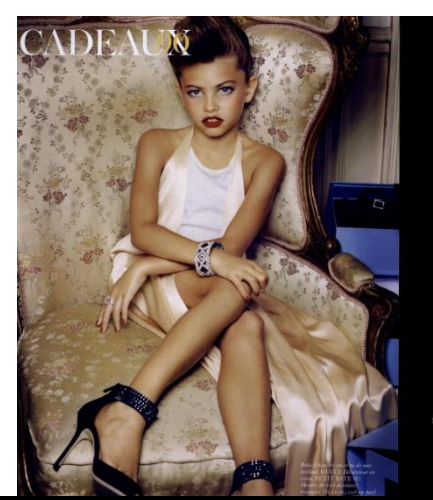
# Risk Factors

- Community
  - Tolerance of exploitation—demand for cheap labor
  - Lack of awareness of trafficking practices
  - Lack of community resources/support
  - Natural disaster/community upheaval



# Risk Factors

- Societal
  - Gender-based violence and discrimination
  - Cultural beliefs or stigma
    - *males cannot be victims*
    - *children must support a family in crisis*
  - Lack of recognition of children's rights
  - Political/social upheaval
  - Sexualization/objectification of children
  - Glamorization of "pimp" culture
  - Lack of systemic safety nets
    - Children aging out of foster care, juvenile justice system, affordable housing, etc.





# CSEC Recruitment



OW

# How does a child become a victim?

According to the U.S. National Human Trafficking Hotline, of the *sex trafficking* victims reported in 2020

**42%**

recruited by a family member or caregiver

**39%**

recruited by an intimate partner

# How does a child become a victim?

**Recruitment tactics are remarkably similar across cultures and nationalities**

- False romance
- Significant other convincing youth to sell sex as a way of support/showing love
- Fraudulent job offers
- Opportunity for a “better life” —glamor or excitement, or just better than what they are experiencing at home
- Sense of family and belonging
- Online manipulation
- Sold by family facing poverty, in exchange for promises of employment, education, or other resources
- Exploitation of pre-existing substance addiction
- Direct force, drugging, and/or abduction

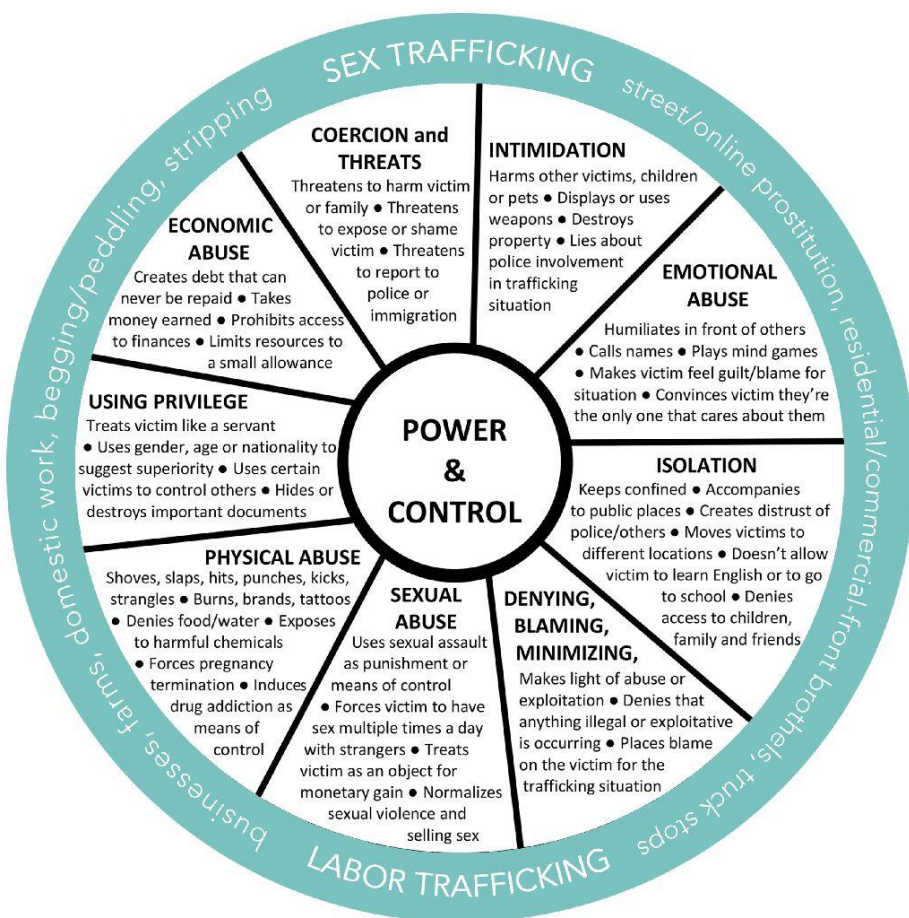
# CSEC Recruitment

**ANY** child may be vulnerable to a trafficker promising to meet the child's emotional or physical needs



# How does a child *remain* a victim?

Same methodology used to recruit is effective in establishing and maintaining control



- Violence, emotional abuse
  - Induce helplessness, dependency
  - Victim hopelessness, stigma, shame
- Encourage criminal activity of victim (blackmail)
- Economic manipulation (youth owes them a debt)
- Threaten deportation
- Build strong trauma bonds (alternating violence with loving gestures, gifts, or praise)
  - Trust, dependency, “love,” false sense of safety or independence
- Social isolation
- Victim does not perceive themselves as being exploited
  - Perception of independence



# HEALTHCARE-SETTING: IDENTIFYING CSEC VICTIMS AND THOSE AT RISK OF VICTIMIZATION

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# 2017 Policy Statement: Global Human Trafficking and Child Victimization

The AAP resolved to “advocate that the subject of human trafficking should be a component of medical education and pediatric training for medical students, residents, fellows, and all who provide healthcare for children and adolescents, to include information about recognition, management, and linkages to community resources.”

American Academy  
of Pediatrics



# 2017 Policy Statement: Global Human Trafficking and Child Victimization

- The AAP also advocates for a “human-rights based framework” when training healthcare professionals on HT
  - “...the medical education of healthcare professionals should be grounded in a **victim-centered, culturally-relevant, evidence based, gender-sensitive, trauma-informed** perspective and include the essential components of prevention and identification of trafficking, and treatment of trafficking-related health conditions.”

# Adverse Outcomes

- Physically related to exploitation
  - STIs, pregnancy, substance use, traumatic injuries
  - Malnutrition, untreated (undertreated) chronic medical conditions, non-sexually transmitted infections
- Mental health consequences
  - PTSD, depression, self-harm, SI, anxiety, sleep problems, dissociative disorders, anger/rage control problems
    - 78% survivors met DSM-IV criteria for PTSD
    - 50% disclosed a suicide attempt within the past year  
[Edinburgh 2015]

# Opportunities to Intervene

- CSEC victims regularly come into contact with healthcare professionals during their period of exploitation
  - **80%** within the last 12 months (Goldberg 2016)
  - **75%** within the last 6 months (Curtis 2008)
    - 42% of healthcare visits were for general check-ups
  - **43%** within the last 2 months (Varma 2015)
  - **88% at some time during their period of exploitation** (Lederer 2014)

# Guidance for Medical Providers

CLINICAL REPORT Guidance for the Clinician in Rendering Pediatric Care

American Academy  
of Pediatrics



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## Child Sex Trafficking and Commercial Sexual Exploitation: Health Care Needs of Victims

Jordan Greenbaum, MD, James E. Crawford-Jakubiak, MD, FAAP, COMMITTEE ON CHILD ABUSE AND NEGLECT



# Red Flags

## On presentation

- Child presents with person who is
  - Domineering/frightening to child
  - Speaks for child or insists on being translator
  - Reluctant to answer provider Q's
  - Impatient for discharge
  - Reluctant to leave child alone with provider
  - Not a legal guardian
- Child presents with multiple peers, requesting similar treatment
- Child cannot provide demographic data, seems unfamiliar with the city
- Possession of large amount of cash, expensive items, hotel keys

## Historical Factors

- Homelessness, runaway
- History of physical/sexual abuse
- Substance use
- LGBTQ+
- Prior STIs or pregnancy
- Prior CPS or juvenile justice involvement
- Immigrant status, without control of any official documents
- Relatives/peers involved in commercial sex
- *Circumstances of presentation may prompt concern (i.e. arrest, truck stop, hotel)*



# Red Flags on Exam

- Suspicious injuries
  - Anogenital trauma
- Tattoos (“brands”) →
- Child who is withdrawn or fearful
  - Of not returning home on time, of losing job, of caregiver, of significant other
- Signs of malnutrition



# Trauma-Informed Approach

**“It’s not what you say, it’s how you say it”**

- Recognize how experienced trauma may impact a patient’s responses and behavior
  - Feeling threatened, vulnerable, shame, lack of control
- Provide a safe space, privacy if able
- Nonjudgmental inquiries and education
- Provide choice to the patient
- Respect patient’s wishes
  - Your patient may not be ready to disclose, but you will always be there to address their concerns, keep them as healthy as possible, and help them when they are ready

# Trauma-Informed Approach

Describe the types of trafficking and common risk factors.

Identify individual and environmental indicators of trafficking.



Address individual needs by coordinating across multidisciplinary partners to deliver appropriate services.

Screen and identify individuals who have experienced trafficking or who have increased risk factors for trafficking using a trauma-informed and person-centered approach.

**SOAR** = an accredited training program delivered by the National Human Trafficking Training and Technical Assistance Center on behalf of the US Dept of Health and Human Services

- Many other educational resources available
  - TraumaPolicy.org
  - Harvard Health Blog
  - Sparks Training (free, short, through UM Adolescent Health Initiative)

# Trauma-Informed Approach

- CSEC victims:
  - Can be deliberately misleading
  - Often refuse portions of the work-up
  - Frequently deny involvement of another party in their sexual encounters

# Identifying Risk Factors

- Victims rarely identify themselves as such
  - Fear of retaliation by trafficker
  - Perceived love of trafficker
  - Shame/stigma
  - Guilt, embarrassment, hopelessness
  - Distrust of authorities
  - Language or cultural barriers
  - **Do not view themselves as a victim**
  - May present WITH their trafficker
    - Important to obtain history with patients alone

# Medical Evaluation

- **Asking questions**
  - Standard adolescent questions about reproductive health
    - What is “consensual sex”?
    - Age of partners?
    - Number of partners?
    - Age at sexual debut?
  - Basic CSEC screening questions
    - Has anyone ever asked you to do something sexual with another person?
    - Has anyone ever asked you to have sex in exchange for something you wanted or needed (money, food, shelter)?
    - Has anyone ever taken sexual pictures of you or posted such pictures on the internet?



# Consent in Ohio

- Ohio Law
  - ≤12 years old: can not consent to ANY sexual activity
  - 13-15 years old: can not consent to any sexual activity with someone 18+ years old, nor in any of the circumstances listed below
  - 16+ years old can consent, UNLESS:
    - Partner is in a position of authority
    - Presence of force/coercion
    - Intoxicated,
    - Cognitive abilities prohibit ability to provide consent
  - No need to prove “compulsion” to be considered a trafficked minor **IF** ≤ 18-y/o
    - Federal Law (Trafficking Victims Protection Act of 2000)

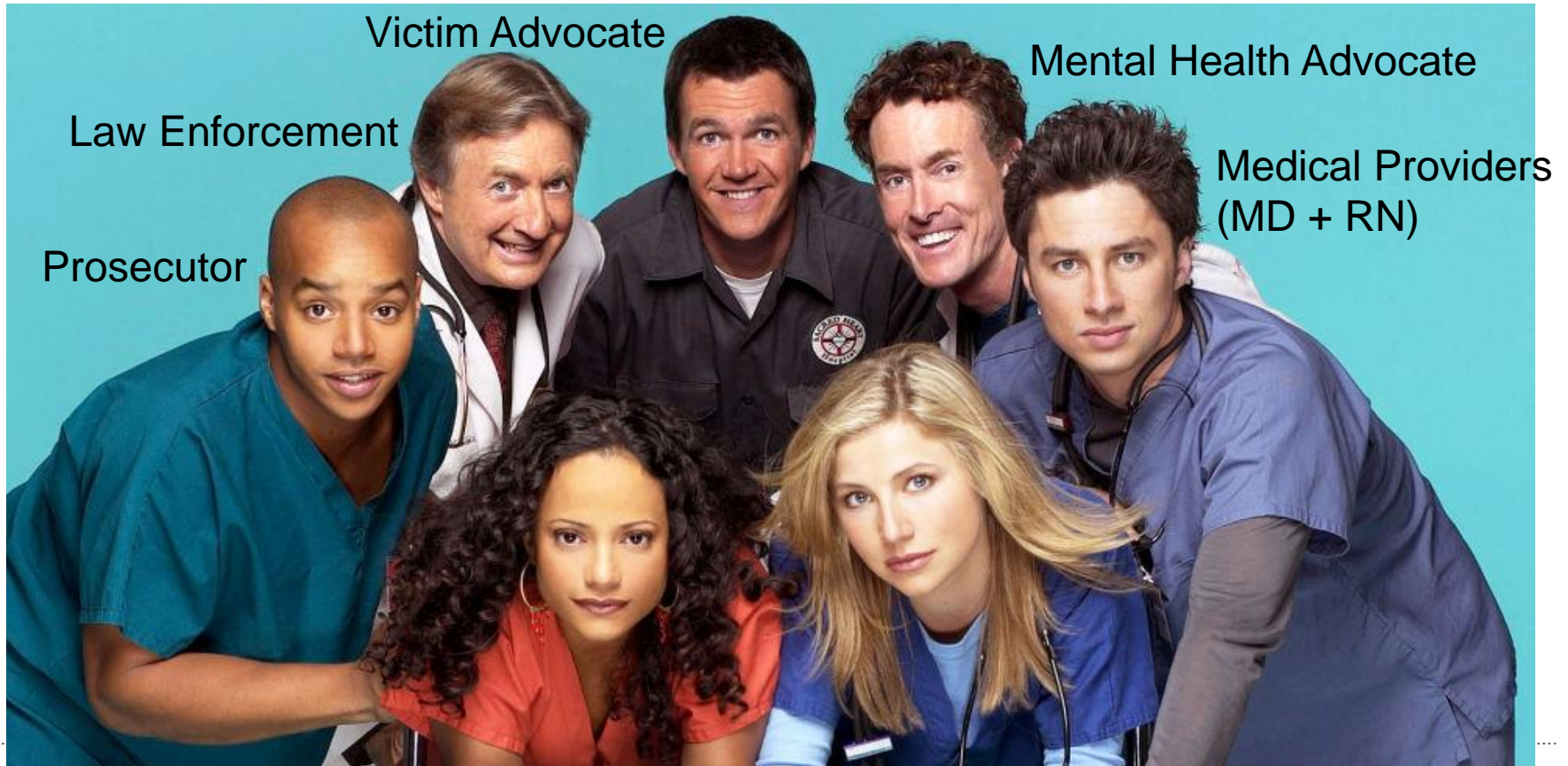
# Next Steps: Patient Management Considerations

- STI & pregnancy testing +/- prophylaxis
- HPV & Hep B vaccination series
- Drug & alcohol screening
- +/- Forensic evidence collection
  - Consult with local Law Enforcement

# Next Steps: Patient Management Considerations

- Involve Social Work
- Provision of other resources
  - Homeless shelters, food banks, crisis hotlines
  - Medical referrals: contraception counseling, acute/chronic medical needs
- Referrals for case management and mental health services
  - Efficacy largely dependent on victim's willingness to participate/attend
- Mandated reporting
  - Children Services
  - Law Enforcement
- Consider contacting Child Advocacy Center for referral

# Child Advocacy Center (CAC) Multidisciplinary Approach



Children Services



Forensic Interviewer





# WHAT IS NATIONWIDE CHILDREN'S HOSPITAL DOING ABOUT CSEC?



# CSEC Risk Screening at Nationwide Children's Hospital

- Standard of care for
  - CAC patients
  - Foster Care Clinic patients
  - NCH ED patients seen for acute sexual assault



# CSEC Risk Screening: Identifying Risk Factors

- Initiated in CAC & ED in 2015

## Evaluation of a Tool to Identify Child Sex Trafficking Victims in Multiple Healthcare Settings

V. Jordan Greenbaum, M.D.<sup>a,\*</sup>, Michelle S. Livings, M.P.H.<sup>b</sup>, Betty S. Lai, Ph.D.<sup>b</sup>, Laurel Edinburgh, M.S.N., A.P.R.N.<sup>c</sup>, Peggy Baikie, D.N.P., R.N.<sup>d</sup>, Sophia R. Grant, M.D.<sup>e</sup>, Jamie Kondis, M.D.<sup>f</sup>, Hillary W. Petska, M.D., M.P.H.<sup>g,h</sup>, Mary Jo Bowman, M.D.<sup>i</sup>, Lori Legano, M.D.<sup>j</sup>, Oriaku Kas-Osoka, M.D.<sup>k</sup>, and Shannon Self-Brown, Ph.D.<sup>b</sup>

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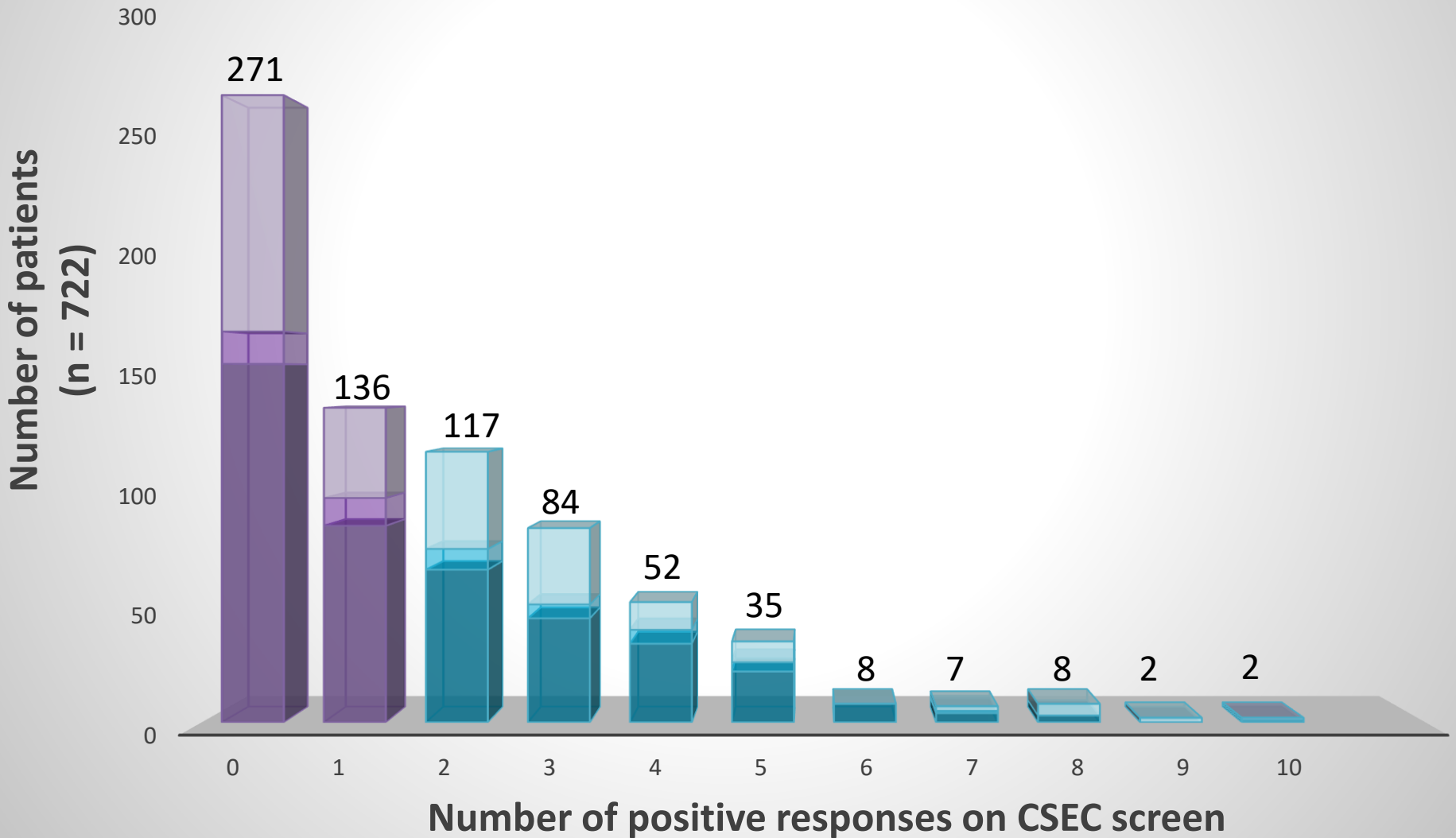
# CSEC Risk Screening

- Self administered via tablet
  - 9-item questionnaire related to risk factors:
    - Substance Use
    - Running away
    - Trouble with police (+ branching questions)
    - Sexually active (+ branching questions)
      - # of sexual partners
      - Any history of STIs *\*this counts as question #10*
    - Threats or physical violence in relationships
    - **Trading sex for money, shelter, goods**
    - **Asked/forced by SO to have sex with someone else**
    - **Asked/forced to do sexual acts in public**
    - **Asked/forced to pose sexually for photos**
-

# CSEC Risk Screening

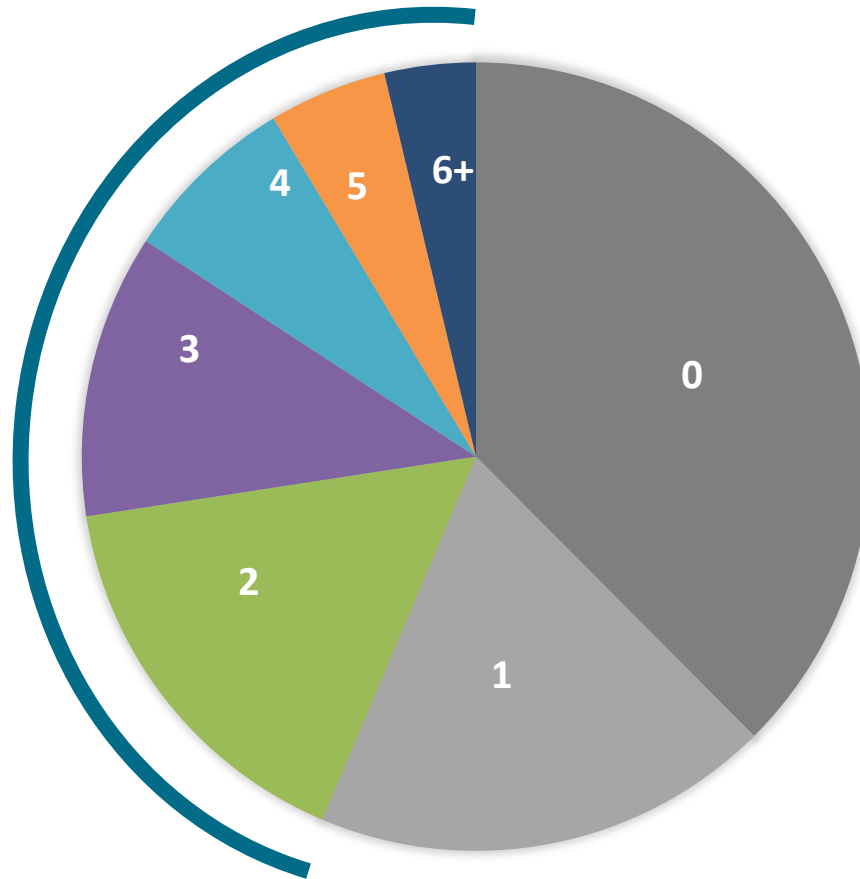
- Positive screen = 2+ affirmative responses
  - Sensitivity: **84.4%**
  - Specificity: 57.5%
  - Negative Predictive Value: **95.2-98.5%**
  - Positive Predictive Value: 15.9-28.7%

# CSEC Risk Screening CAC & ED & FCP in 2022



## # OF POSITIVE RESPONSES ON CSEC SCREEN

44% had a  
positive  
screen  
(n = 315)



# 2022 CSEC Risk Screening at NCH

5 confirmed cases of CSEC

4 completed the screen

4 of those scored 4+

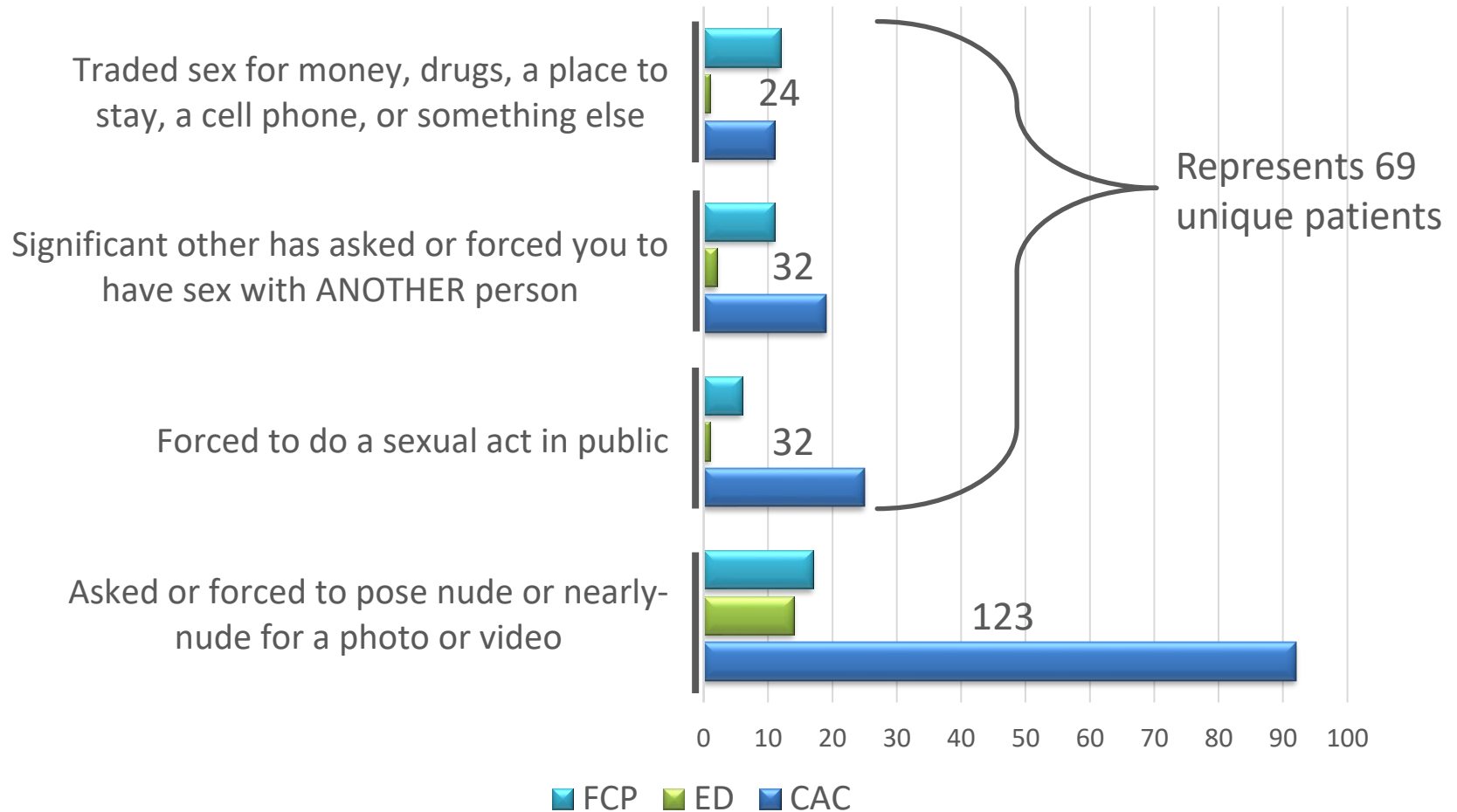
722 patients screened

114 screened positive with 4+ (315 scored 2+)

4 of those were confirmed CSEC



# Highest Risk Questions





Confirmed CSEC victims

Patients at high  
risk of CSEC and  
unidentified  
CSEC victims

# Our Response

- Trafficked and Exploited Youth Coordinator
    - Allocation of resources
      - Mental health linkage
        - Trauma-focused, addiction-focused, intensive in-home
      - Community resources
    - Case tracking
  - Education
  - Community collaboration
-

# Collaboration outside of NCH

It is impossible for any single agency/organization to respond to all the elements of human trafficking

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- Successful prevention → mitigating risk factors
  - Requires systemic change
    - Healthcare access and delivery, Education, Criminal justice, Child protection, etc.
    - Demand reduction
-

# Service Areas of Ohio Human Trafficking Coalitions



## Local Resources

<http://www.ohioattorneygeneral.gov/HumanTrafficking>

- Abolition Ohio The Rescue and Restore Coalition in the Miami Valley
- Athens County Human Trafficking Coalition
- Central Ohio Rescue and Restore Coalition
- Clark County Anti-Human Trafficking Coalition
- Defiance County Chapter, Northwest Ohio Rescue and Restore Coalition
- Delaware County Against Human Trafficking Coalition
- End Slavery Cincinnati
- Human Trafficking Collaborative of Lorain County
- Lucas County Human Trafficking Coalition, Toledo
- Medina County Coalition Against Human Trafficking
- Midwest Ohio Rescue and Restore Coalition
- Northeast Ohio Coalition Against Human Trafficking (Cleveland)
- Northeast Ohio Coalition Against Human Trafficking
- Northwest Ohio Rescue and Restore Coalition
- Partners Against Trafficking of Humans, Stark County (PATHS)
- Ross County Coalition to End Human Trafficking
- Shelby County Chapter, Northwest Ohio Rescue and Restore Coalition
- Southeast Ohio Human Trafficking Coalition
- Summit County Collaborative Against Human Trafficking
- Wayne County Anti-Human Trafficking Coalition





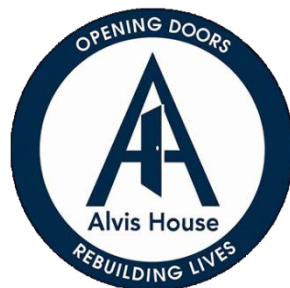
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S.O.A.P.

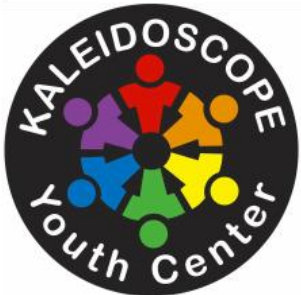


**CORRC**

central ohio rescue  
& restore coalition



Amethyst  
a community of recovery



STAR <sup>OSU</sup> HOUSE



<http://www.centralohiorescueandrestore.org/>



# Thank you!





# PLEASE EVALUATE THIS PRESENTATION

Use QR code above or go to  
<https://is.gd/ratethespeaker>

**Select: “Tscholl, Jennifer—Human Trafficking (for OOAPN)”**



# Additional Resources

- National Human Trafficking Hotline: 888-3737-888 <https://humantraffickinghotline.org/>
  - Polaris Project: <http://nhtrc.polarisproject.org>
  - National Center for Missing and Exploited Children <http://www.missingkids.org/>
  - USDHHS Office on Trafficking in Persons <https://www.acf.hhs.gov/otip>
  - Unicef <https://www.unicefusa.org/stories/child-trafficking-hits-close-home/36189>
  - Greenbaum. CST and Commercial Sexual Exploitation. Advances in Peds 2018.
  - AAP Policy Statement 2017. Global Human Trafficking and Child Victimization.
  - Varma et al. Characteristics of child commercial sexual exploitation and sex trafficking victims presenting for medical care in the US. Child Abuse and Neglect 2015.
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