



WESTCOAST CHILDREN'S CLINIC

Universal Screening Makes Exploitation Visible

David T. Perry

Danna Basson, Ph.D.

Hannah Haley

Despite a growing awareness of the problem, commercial sexual exploitation of children remains poorly understood and difficult to recognize. In response, researchers and organizations have developed tools to screen children and youth for signs of sex trafficking.¹ Child-serving agencies across the country use these tools to help identify exploitation. However, many agencies only screen when there is a suspicion that a child is being trafficked, which limits the effectiveness of screening. Requiring suspicion of trafficking overlooks youth whose exploitation is not obvious, prolonging the abuse and hampering prevention efforts. Consequently, the key to identifying children who are being trafficked or are vulnerable to trafficking is **universal screening**.

What is universal screening? Universal screening means systematically looking for the signs and symptoms of a problem before they are obvious, among all members of a group who meet pre-determined criteria, and without regard to presentation. This approach is proactive as opposed to reactive, helping practitioners recognize problems early, before the signs are obvious.

Screening universally is used in a wide range of settings to identify the existence of a problem, facilitate early intervention, and prevent complications. One common example is in medical settings where clinicians check every patient's blood pressure, pulse, and body temperature to identify

WestCoast Children's Clinic

*Building relationships from
the inside out.*

3301 E. 12th Street
Suite 259
Oakland, CA 94601
westcoastcc.org
research@westcoastcc.org

health concerns and detect early signs of disease. Providers in medical settings also screen universally for social determinants of health. For example, the American Academy of Family Physicians (AAFP) recommends screening all women of reproductive age for indicators of intimate partner violence.² Universal screening is also used in schools to identify learning challenges that can have lifelong impacts on a child's academic and social development.

In these examples, predetermined criteria are used to screen without waiting for signs of disease, abuse, or learning disabilities. Waiting for clear symptoms risks complications (e.g., advanced stage disease, lifelong learning challenges) and inhibits early identification, which is when intervention has the largest impact.^{3,4}

Universal screening leads to further assessment.

Universal screening helps providers recognize the presence of a problem; it does not provide a diagnosis, describe a problem's etiology, nor prescribe interventions or specific solutions. Instead, a positive screen – that is, one where a potential problem is indicated – should lead to further information gathering, such as additional health testing or an in-depth assessment. In different settings, that may include tests of physical functioning, a biopsy, or a comprehensive assessment of a person's learning challenges or social service needs. When screening suggests victimization through commercial sexual exploitation, appropriate follow-up may include a full assessment of the youth's needs and strengths, safety planning, crisis support, or a forensic investigation. The goal of screening is not to arrive at an unambiguous determination of a child's trafficking status, but to prompt an in-depth assessment of the child's needs.

Why is universal screening important for identifying commercial sexual exploitation?

Without clear criteria and systematic decision-making processes for screening, providers miss signs of commercial sexual exploitation. One WestCoast study showed that children tend to suffer exploitation for two or more years before anyone notices, even when

The Commercial Sexual Exploitation Identification Tool is a validated

screening tool to identify children

and youth with signs of sex

trafficking. It is recommended for

universal screening of youth ages 10-24, in settings where vulnerable

youth are served, including

child welfare, juvenile justice,

schools, homeless youth shelters,

healthcare, and mental health.

WestCoast has also developed two

specialized versions of the tool: the

CSE-IT: Child Abuse Hotline and the

CSE-IT: Healthcare versions.

In order to ensure fidelity, the CSE-

IT is copyrighted and training is

required prior to use.

For more information about the

CSE-IT, including requirements for

use,

visit www.westcoastcc.org/cse-it

or contact [screening@](mailto:screening@westcoastcc.org)

westcoastcc.org.

children regularly interacted with child-serving systems.⁵ Failure to recognize the early signs of exploitation leaves youth without access to help and subject to multiple traumatic experiences. Screening universally allows providers to recognize the abuse and intervene early to ameliorate or prevent ongoing trauma.

No single profile of trafficked youth exists, meaning that youth of all gender identities, sexual orientations, and ethnic, racial, and socioeconomic backgrounds can be trafficked. Without the consistent use of a validated screening tool, providers may rely on inaccurate perceptions of trafficked children to determine who to screen. For example, the mistaken belief that only girls, but not boys or transgender youth, are survivors of sexual exploitation,^{6,7} or that certain youth choose to be trafficked and therefore cannot be victims,^{8,9,10} hinders some providers' ability to help youth in need. Screening universally allows providers to bypass common misperceptions and uncertainties about trafficking and provides access to services for all trafficked youth, regardless of their characteristics.

Another barrier to identification is that many trafficked children do not report their trafficking experiences.^{11,12} Research suggests that children and youth are less likely to identify abuse at younger ages or when the abuse is particularly severe.^{13,14,15} Exploited children may also be reluctant to divulge abuse because of distrust of providers,¹⁶ social stigma,¹⁷ fear of reprisals from exploiters, attachment to exploiters,¹⁸ physical or financial dependence,²⁰ the fact that the child does not recognize that they are being exploited,^{21,22} or fear of criminalization by authorities.²³ In some cases, a child may actively protect their exploiter, seeing them as someone who is looking out for their best interest.^{24,25}

In short, **universal screening makes visible exploited children who would otherwise remain unseen by even the most experienced providers.** It gives providers a systematic process for quickly evaluating the possibility of exploitation, empowering them to help their trafficked clients.

Universal screening creates reliable data and enables prevention. Universal screening with a tool that collects quantitative information provides systematic data from the entire population being screened, including children ultimately found not to be exploited. These data create opportunities for researchers to investigate how to prevent or curb child trafficking through predictive risk modeling, studies of prevention strategies and their efficacy, and research on disparate prevalence rates by youth characteristics, among many others. Such studies can help decision-makers craft more effective intervention and preventative policies.

Such data also address the lack of reliable prevalence estimates. Because universal screening enables providers to identify individuals without obvious symptoms, the resulting prevalence estimates are more accurate. Screening only highly symptomatic cases results in an undercount of the true prevalence.²⁶ In one large urban county, only 30 trafficked youth were identified each year when the protocol was to screen those who

Universal screening makes visible exploited children who would otherwise remain unseen by even the most experienced providers.

were suspected to be exploited. Once the child welfare agency implemented universal screening at all stages of a child's case (intake, emergency response, permanency, etc.), the number of youth identified with signs of trafficking increased 10-fold, to nearly 300 youth per year. These data show that universal screening greatly expands our understanding of the number of youth and children who are vulnerable to sex trafficking.

Is universal screening feasible? Many providers and agency leaders expect universal screening to be burdensome and cite the effort it takes to train staff, monitor staff compliance, and troubleshoot implementation difficulties. However, our experience with universal screening demonstrates that it is feasible in agencies of all sizes. WestCoast Children's Clinic's Commercial Sexual Exploitation Identification Tool (CSE-IT, pronounced "see-it") has successfully been used for universal screening in dozens of child-serving agencies and organizations across 20 states. These agencies range in size from small community-based organizations to large child welfare agencies.

Screening for commercial sexual exploitation using the CSE-IT takes 3-5 minutes to complete, making it feasible for providers to screen every youth they serve who is 10 years or older. As a result, our data show that between April 2015 and January 2022, nearly 134,000 youth were screened for exploitation by child-serving agencies, helping providers identify 15,197 youth with clear signs of trafficking. The experience of these agencies proves that implementing universal screening to identify trafficked children using a validated screening tool is possible.

Without universal screening, many children will continue to be trafficked. We know that many exploited youth fall through the cracks and that their trafficking-related trauma continues despite interactions with child-serving providers.²⁷ Screening universally for signs of commercial sexual exploitation among children and youth is one of the simplest and best ways to identify this hidden population. This practice is consistent with preventative practices in other fields that serve children, such as medicine and education. It helps sidestep the barriers that prevent providers from identifying exploitation, such as lack of self-disclosure or bias. It creates a reliable foundation of data from which researchers and policy-makers can understand and address the problem of trafficking as a whole. And, with the right screening tools and protocols, universal screening is feasible to implement without adding undue burden to the work providers already do.

Most importantly, screening every child that meets simple eligibility criteria helps providers identify vulnerable children before they suffer years of trauma in order to provide care. Screening universally is therefore a critical practice for reducing child sex trafficking.

WestCoast Children's Clinic, located in Oakland, California, is a non-profit community psychology clinic that has provided mental health services to Bay Area children since 1979. Our mission is threefold: to provide mental health services to vulnerable children, adolescents, and their families regardless of their ability to pay; to train the next generation of mental health professionals; and to conduct research to inform clinical practice and public policy.

WestCoast Children's Clinic addresses child sex trafficking by providing specialized mental health services to over 100 sexually exploited youth each year. We also improve the systems that support all victims of sexual exploitation through policy advocacy, community education, research, and training.

Endnotes

1. WestCoast Children's Clinic developed the Commercial Sexual Exploitation-Identification Tool (CSE-IT, pronounced "see it"). For more information about the CSE-IT, see:
Basson, D. (2017). Validation of the commercial sexual exploitation-identification tool (CSE-IT). Technical Report. Oakland, CA: WestCoast Children's Clinic;
Haley, H., Basson, D., & Langs, J. (2017). Screening to identify commercially sexually exploited children. Oakland, CA: WestCoast Children's Clinic.
2. Crawford, C. (2018, May 4). Screen all women of reproductive age for domestic violence. Retrieved March 23, 2020 from <https://www.aafp.org/news/health-of-the-public/20180504violence.html>
3. U.S. Department of Education. Improving practice: Four essential components of quality reading instruction. (2017, August 2). Retrieved from <https://www2.ed.gov/about/inits/ed/earlyliteracy/tools.html>
4. Hughes, C. & Dexter, D. (n.d.). Universal screening within a response-to-intervention model. Retrieved March 23, 2020 from <http://www.rtietwork.org/learn/research/universal-screening-within-a-rti-model>
5. Basson, D., Rosenblatt, E., & Haley, H. (2012). Research to Action: Sexually Exploited Minors (SEM) Needs and Strengths. Oakland, CA: WestCoast Children's Clinic.
6. Willis, B., Roberts, N., & Friedman, S. A. (2013). And Boys, Too. ECPAT-USA.
7. Hill, L., & Diaz, C. (2021). An exploration of how gender stereotypes influence how practitioners identify and respond to victims (or those at risk) of child sexual exploitation. *Child & Family Social Work*, 26(4), 642-651.
8. Fitzgerald, E., Patterson, S. E., Hickey, D., Biko, C., & Tobin, H. J. (2015). Meaningful work: Transgender experiences in the sex trade. National Center for Transgender Equality.
9. Bastedo, T. (2017). The commercial sexual exploitation of male minors in the United States. *Love146*.
10. Fox, C. (2016) 'It's Not on the Radar': The Hidden Diversity of Children and Young People at Risk of Sexual Exploitation in England, Barking: Barnardo's.
11. Basson, D., Rosenblatt, E., & Haley, H. (2012).
12. Greenbaum, J., Kellogg, N., Isaac, R., Cooper, S., Mary DeChesnay, D. S. N., Woodard, M., ... & Giardino, A. (2013). APSAC Practice Guidelines the Commercial Sexual Exploitation of Children: The Medical Provider's Role in Identification, Assessment and Treatment. American Professional Society on the Abuse of Children (APSAC).
13. Alaggia, R. (2010). An ecological analysis of child sexual abuse disclosure: Considerations for child and adolescent mental health. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 19(1), 32-39.
14. Bottoms, B. L., Rudnicki, A. G., & Epstein, M. A. (2007). A retrospective study of factors affecting the disclosure of childhood sexual and physical abuse. *Child Sexual Abuse: Disclosure, Delay, and Denial*, 175-194.
15. London, K., Bruck, M., Wright, D. B., & Ceci, S. J. (2008). Review of the contemporary literature on how children report sexual abuse to others: Findings, methodological issues, and implications for forensic interviewers. *Memory*, 16(1), 29-47.

16. Gragg, F., Petta, I., Bernstein, H., Eisen, K., & Quinn, L. (2007). New York prevalence study of commercially sexually exploited children. Rensselaer, NY: New York State Office of Children and Family Services.
17. Paine, M. L., & Hansen, D. J. (2002). Factors influencing children to self-disclose sexual abuse. *Clinical Psychology Review*, 22(2), 271-295.
18. Mostajabian, S., Santa Maria, D., Wiemann, C., Newlin, E., & Bocchini, C. (2019). Identifying sexual and labor exploitation among sheltered youth experiencing homelessness: a comparison of screening methods. *International Journal of Environmental Research and Public Health*, 16(3), 363.
19. Basson, D., Rosenblatt, E., & Haley, H. (2012).
20. Greene, J. M., Ennett, S. T., & Ringwalt, C. L. (1999). Prevalence and correlates of survival sex among runaway and homeless youth. *American Journal of Public Health*, 89(9), 1406-1409.
21. Basson, D., Rosenblatt, E., & Haley, H. (2012).
22. Goździak, E. M. (2016). Forced Victims or Willing Migrants? Contesting Assumptions About Child Trafficking. In *Contested Childhoods: Growing Up in Migrancy* (pp. 23-41). Springer, Cham.
23. Many states criminalize minor victims of exploitation under state prostitution laws. Shared Hope International publishes a survey of the states with laws protecting minors from criminalization for prostitution. However, even where state laws protect minors, some minors are not afforded victim status or local jurisdictions continue to arrest and criminalize youth. For example, see:
Shared Hope International. "National State Law Survey: Non-Criminalization of Child Sex Trafficking Victims," 2018. Retrieved March 23, 2020 from http://sharedhope.org/wp-content/uploads/2016/03/NSL_Survey_Non-Criminalization-of-Juvenile-Sex-Trafficking-Victims.pdf ;
- Phillips, J. (2015). Black girls and the (im) possibilities of a victim trope: The intersectional failures of legal and advocacy interventions in the commercial sexual exploitation of minors in the United States. *UCLA Law Review*, 62, 1642.
24. Basson, D., Rosenblatt, E., & Haley, H. (2012).
25. Smith, L., Vardaman, S. H., & Snow, M. (2009). The national report on domestic minor sex trafficking: America's prostituted children. Vancouver, WA: Shared Hope International (SHI)
26. Hopper, E. K. (2004). Underidentification of human trafficking victims in the United States. *Journal of Social Work Research and Evaluation*, 5(2), 125-136.
27. Basson, D., Rosenblatt, E., & Haley, H. (2012).