



Review of the Literature on the Intersection of LGBTQ Youth and CSEC: More Than a Monolith

Emily Georges^{1,2,3}

Accepted: 26 September 2023 / Published online: 12 October 2023

© The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature 2023

Abstract

Purpose of Review This review article delves into the critical issue of commercial sexual exploitation of children (CSEC), focusing on the intersection of CSEC with LGBTQ youth. It aims to shed light on the unique vulnerabilities faced by sexual minorities (SM) and transgender/gender diverse youth (TGD), challenging the tendency to homogenize the experiences of all sexual and gender minorities.

Recent Findings The review reveals that LGBTQ youth, especially TGD individuals, are disproportionately affected by CSEC and have unique risk factors, including the causes homelessness, polyvictimization based on sexual and gender identities, and barriers to utilizing shelters and gaining employment. The review also highlights unique areas for potential prevention and resilience that is also unique within subsets of the LGBTQ community, including living authentically, accessing GAC with gender-affirming providers, and finding families of other LGBTQ peers who accept them.

Summary This comprehensive review underscores the complexity of the intersection between LGBTQ youth and CSEC. By highlighting the unique vulnerabilities of sexual minorities and transgender/gender diverse youth, the review emphasizes the need to move beyond a broad understanding of the LGBTQ experience. It points out the gaps in current literature and the urgent need for targeted research to better comprehend the intricacies of CSEC risk factors and resilience mechanisms within these populations. Ultimately, the review urges for inclusive and targeted interventions to safeguard LGBTQ youth from the devastating impacts of commercial sexual exploitation.

Keywords CSEC · Survival sex · LGBTQ · TGD · Resilience

Abbreviations

CSE	Commercial sexual exploitation
CSEC	Commercial sexual exploitation of children
DMST	Domestic minor sex trafficking
GAC	Gender-affirming care
GM	Gender minority
GMY	Gender minority youth
GNC	Gender nonconforming
LGBTQ	Lesbian, gay, bisexual, transgender, queer, or questioning
MSM	Men who have sex with men
SM	Sexual minority

SMY	Sexual minority youth
TGD	Transgender and gender diverse
WHO	World Health Organization
WPATH	World Professional Association for Transgender Health
WSW	Women who have sex with women

Introduction

Commercial sexual exploitation of children (CSEC) is a serious and pervasive issue within the USA and globally. It involves the exploitation of minors in various forms of sexual abuse, including sex work or child pornography. All children are vulnerable to CSEC. Youth with multiple marginalized identities, including sexual and gender minority youth, are at particularly high risk. This review article aims to explore the existing literature on the intersection of LGBTQ youth and CSEC, shedding light on the unique experiences of sexual minorities (SM) and youth

✉ Emily Georges
emily.georges@seattlechildrens.org

¹ Seattle Children's Hospital, Seattle, WA, USA

² University of Washington, Seattle, WA, USA

³ Department of Pediatrics, 4500 Sand Point Way, Suite 240, NE, Seattle, WA 98105, USA

identifying as transgender and gender diverse (TGD). This article will discuss the shortcomings of research and discourse that collapse the experiences of all sexual and gender minorities into the blanket “LGBTQ experience.” However, because of limitations in existing research and an understanding of some overlapping shared experiences, this article will at times also cite research on the larger LGBTQ youth community.

CSEC refers to the sexual abuse and exploitation of children for monetary or other gains. According to the Office of Juvenile Justice and Delinquency, CSEC consists of “crimes of a sexual nature committed against juvenile victims for financial or other economic reasons... These crimes include trafficking for sexual purposes, prostitution, sex tourism, mail-order-bride trade, early marriage, pornography, stripping and performing in sexual venues” [18]. This definition has grown to also include “survival sex” or the exchange of sexual activity for basic need [18].

CSE youth are an understudied population. While there is literature that aims to determine the prevalence of youth at risk for and involved in trafficking [18, 19, 20, 21, 23, 52], it is largely understood that given the hidden nature of this problem, the existing literature that does exist is largely an underrepresentation of the issue. There is even more limited information on gender distribution and background characteristics of trafficked youth, including information on sexual and gender identities [38].

When children lack basic social and economic support, they are at highest risk for exploitation. This includes youth who are homeless, either because they have run away or because they have been forced out by caregivers. Studies on the relationship between homelessness and sex trafficking suggest that between 19 and 41% of youth who experience homelessness also experience sex trafficking [28]. In one study done in California, researchers found that over half of the youth who have been abandoned or thrown out of their homes by their caregivers were involved in sex trafficking due to a lack of basic needs [4]. Additionally, children who have experienced maltreatment are at increased risk for CSEC as are those who have been involved with child protective services [16,29]. Several studies have also looked at mental health and found an association with poor mental health and later victimization in CSEC [10,16,44]. Other risk factors that have been less well studied but warrant mentioning include conflict with parents prior to engagement in CSEC and difficulty in school [9].

It has been well documented that many of the risk factors for CSEC are disproportionately prevalent in the LGBTQ youth community. Some estimates find that while LGBTQ youth make up less than 10% of the population, they make up 40% of the homeless youth population and are at 120% higher risk of experiencing homelessness than their heterosexual, cisgender peers [8, 11, 34, 41]. While more

research is needed, in the studies that have looked at homeless LGBTQ youth, factors that result in homelessness include structural and interpersonal discrimination, family rejection, abuse, and marginalization by social services [11, 34]. In one study, 40% of LGBTQ homeless youth have been forced out of their homes due to prejudice, lack of understanding, or homophobic attitudes [49].

When turning to the literature on abuse, the trends are similar. LGBTQ youth are at higher risk of experiencing both physical and sexual abuse. Literature on TGD youth highlights how nearly 50% of TGD youth have experienced sexual abuse in their lifetime, and similar rates exist for annual experiences with emotional abuse [32, 39].

For a multitude of reasons, which are outside the scope of this article to explore, LGBTQ youth experience poor mental health at alarmingly high rates. Rates of suicide attempts or suicidal ideation are 4 times higher in LGBTQ populations compared to their heterosexual, cisgender peers [48]. When turning to the research on transgender individuals, studies have found as many as 40% of TGD individuals have attempted suicide in their lives [32, 45, 49].

This understanding of the risk factors for CSEC in combination with the increased prevalence of these factors among LGBTQ youth generated the aim of this review: to explore the existing literature on the intersection of LGBTQ youth and CSEC.

Methods

A comprehensive literature search with narrative methods was used to identify relevant articles that addressed the intersection of CSEC and LGBTQ youth populations. A narrative review was conducted with a goal to identify gaps in current literature to inform future research.

The following databases were searched in July 2023: PubMed, MEDLINE, EMBASE, Web of Science, and ProQuest. The following terms were searched within each database: *lgbtq* OR *gay* OR *bisexual* OR *transgender* OR *lesbian* OR “men who have sex with men” OR *msm* OR “women who have sex with women” OR *wsw* OR “sexual minority” OR “gender non-conforming” OR “gender diversity” OR “gender nonbinary” OR “gender expansive” OR “two-spirit” AND “sexual exploitation of children” OR “child sexual exploitation” OR *dmst* OR “human trafficking” OR “sex trafficking” OR *prostitution* OR “sex work” OR “survival sex” OR “transactional sex” AND *child* OR *adolescents* OR *youth* OR *teen* OR *juvenile* OR *girls* OR *boys*.

Eligibility criteria included articles published in English, studies published between January 2018 and July 2023, articles that focused on youth under age 18 years old, and articles focused on sexual exploitation. Exclusion criteria

included articles that did not collect gender and sexuality data or did not include subanalysis based on participant sexual or gender identities.

All abstracts meeting inclusion criteria were evaluated by the study author for relevance. Abstracts were deemed relevant if they addressed the intersection of CSEC and LGBTQ identities. Full-text articles were then reviewed by the study author to ensure they met inclusion criteria. If studies did not meet the criteria, they were removed.

Results

A total of 370 studies were captured across databases using the search terms above. Three hundred twenty-three of these studies were excluded after review of the title and abstracts. A total of 10 of these studies were excluded because they were duplicates. A total of 36 full texts were screened. Of these texts, 15 studies were excluded as they did not capture information on sexual or gender identity or they focused on cisgender heterosexual females and did not complete any subanalysis based of sexual or gender identity [3, 5, 6, 7, 12•, 14, 17, 30, 31, 35, 36•, 37, 40•, 42, 43]. Five studies were excluded as they did not focus on CSEC [13, 24–27]. Six studies were excluded as they served more as an overview of CSEC and therefore only dedicated a small portion of their discussion LGBTQ groups [19•, 20•, 21,

23, 33, 47•, 54]. One study was excluded because while it did capture sexual and gender identities, it did not include a discussion based on various sexual or gender identities [37]. See Fig. 1.

A total of 8 studies were included in the final review as they focused on the intersection of CSEC and LGBTQ youth. Of these, 2 studies focused on TGD youth [22, 50], and the remaining 6 studies focused most broadly on LGBTQ youth [1••, 2••, 8••, 51••, 53••]. See Table 1.

Discussion

This review adds to a very small area of research that focuses on LGBTQ youth and CSEC. The research available highlights how an intersectional approach to this topic yields nuanced and practical insights both in addressing risk factors and potential future interventions and preventative programs.

An Intersectional Understanding of Risk Factors

While youth independent of their sexual and gender identities may experience homelessness, LGBTQ youth are over-represented; 40% of homeless youth identify as LGBTQ compared to ~10% of the general population [8]. From the

Fig. 1 Identification of studies via databases

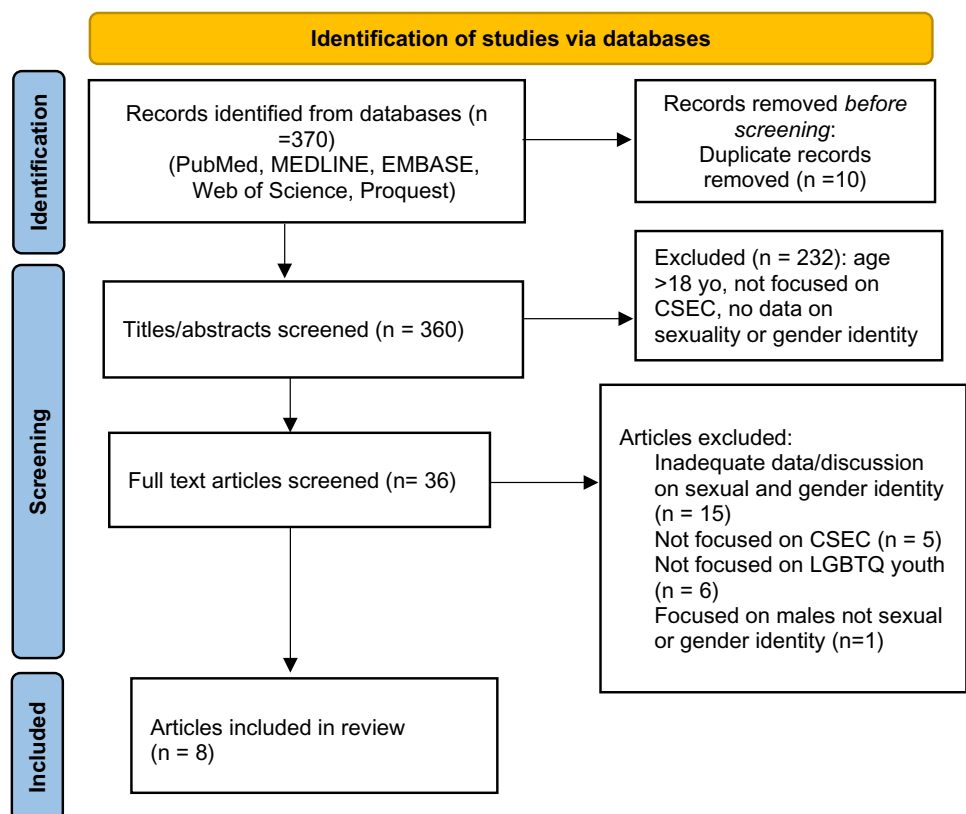


Table 1 Final review article summaries

Author(s)/title	Study design	Time period	Population sample size	Gender/sexuality demographics	Findings
Alessi EJ, Greenfield B, Manning D, Dank M. Victimization and Resilience Among Sexual and Gender Minority Homeless Youth Engaging in Survival Sex [1••]	Mixed method survey with semi-structured interviews	2011	283 youth between 15 and 26 years old ($M = 19.6$)	Gender: 47% male, 36% female, 15% transgender, 3% queer, questioning, or other Sexuality: 37% bi, 23% gay, 15% lesbian, 13% hetero, 13% queer, questioning, or other	4 themes emerged: (1) unsafe and unsupported at home—this included experiences unique to their identities as LGBTQ. (2) Barriers to housing and employment stability related to their expression of gender identity and sexuality—because they differentiated between sexual and gender identity, it was possible to capture even with a shared theme; there was variation in ways this played out depending on the youth's sexual or gender identity. (3) Ongoing victimization and lack of protection. This included being victimized by police because of their identity as part of the LGBTQ community though appears particularly salient for TGD youth. (4) Opportunities for resilience including living as authentic selves, access to gender-affirming care, finding “gay mothers” and other chosen family that support them, and empowerment through resistance of hetero-cisnormativity

Table 1 (continued)

Author(s)/title	Study design	Time period	Population sample size	Gender/sexuality demographics	Findings
Arrington-Sanders R, et al. Social Determinants of Transactional Sex in a Sample of Young Black and Latinx Sexual Minority Cisgender Men and Transgender Women [2●●]	Cross-sectional	August 2017–January 2021	454 all male participants ages 15–24 years old (<i>M</i> = 21.3), self-identified as Black or Hispanic, and had sex with a male in the past 12 months	Gender: 85.3% cisgender, 14.7% transgender, gender nonconforming, or queer Sexuality: 60.4% gay and 24.7% bisexual	Overall, 22.7% of participants reported lifetime transactional sex. Over half (52.3%) of TG, GNC, and queer youth reported transactional sex compared with 18.3% of cisgender youth Discussed intersection of racial and sexual identities with transactional sex. The idea of multiple identities potential compounding risk and violence and TGD individuals of color are at highest risk
Boswell K, Temples HS, Wright ME. LGBT Youth, Sex Trafficking, and the Nurse Practitioner's Role [8●●]	Literature Review	2014–2018	15 studies associated with LGBTQ youth, sex trafficking, and healthcare providers	Literature pertaining to LGBTQ youth	In exploration of why LGBT youth are more vulnerable, discussed polyvictimization and abuse experienced earlier in life than heterosexual peers, as well as overrepresentation within homeless populations. Discussed the literature on opportunities for system improvement: research supports provider's lack of education impacts their ability to meet the needs of CSE and LGBTQ patients, the importance of LGBTQ-friendly spaces, the need for more federal funding, and the need for improved data pertaining to LGBTQ communities

Table 1 (continued)

Author(s)/title	Study design	Time period	Population sample size	Gender/sexuality demographics	Findings
Greenfield B, Alessi EJ, Manning D, Dato C, Dank M. Learning to endure: A qualitative examination of the protective factors of homeless transgender and gender expansive youth engaged in survival sex [22●●]	Secondary analytical data	2011–2012	57 transgender and gender expansive (TGE) youth, age 17–26 years old ($M = 19.88$) who became homeless and engaged in survival sex during their youth	Gender: 53% transgender women, 16% transgender men, 32% other (gender-queer, gender fluid, etc.) Sexuality: 11% lesbian, 12% gay, 16% bisexual, 28% other, queer, or questioning, and 33% hetero	This article was unique in its focus on resilience. Participants self-identified areas of strength being their (1) ability to rely on oneself and others to avoid violence—this theme highlights youth have faith in their own physical abilities as well as anticipatory abilities when relying on friends; 2) ability to access gender-affirming care to live authentically; and (3) ability to maintain their own sexual health either by practicing safe sex with condoms or harm reduction strategies such as choosing low risk clients and getting tested frequently. The youth also identified finding medical providers who were gender-affirming and supportive to be a source of strength and resilience
Srivastava A et al. Exchange and Survival Sex, Dating Apps, Gender Identity, and Sexual Orientation Among Homeless Youth in Los Angeles [46●●]	Retrospective cohort study	2017	253 homeless youth, age 14–24 years old	Gender: 12.1% gender minority Sexuality: 43.6% sexual minority (gay, lesbian, bisexual, questioning)	Gender minority youth (GMY) more likely to have engaged in exchange and survival sex (66.7% vs 33.3% and 45.5% vs 23.3%, respectively) Sexual minority youth (SMY) only differed in being more likely to have engaged in exchange sex (46.9% vs 27.3%). There was no difference when looking at survival sex or the use of dating apps This study did not collapse GMY and SMY into a single group so could parse out nuances in risk

Table 1 (continued)

Author(s)/title	Study design	Time period	Population sample size	Gender/sexuality demographics	Findings
Trinidad AC. Double-Edged Sisterhoods: Transgender Identity, Peer Groups and the Commercial Sexual Exploitation of Transgender Girls [50]	Qualitative	Not stated	6 Filipino, trans girls, age 14–17 years old	All identified as transgender	Themes highlighted in this study included the importance for youth in accessing GAC. This included a shared culture within the community that CSE was a means of acquiring either hormone therapy or expensive surgeries. Two-thirds of the youth shared that they had been rejected by family due to their gender identity. All youth had experienced physical and verbal abuse from community and school members because of being transgender. The article introduced the idea of the “double-edged sisterhood” where older trans peers provided youth with support, guidance on GAC, and affirmation of their gender identities but played a central role in recruitment. They also reinforced gender stereotypes including sexual abuse for transwoman was a type of “validation of femininity.”

Table 1 (continued)

Author(s)/title	Study design	Time period	Population sample size	Gender/sexuality demographics	Findings
Van Ouytsel J, Walrave M, Ponnet K. An Exploratory Study of Transactional Sexting Among High School Students [51●●]	Survey study	Spring 2016	2626 high school students, age 14–21 years old (<i>M</i> = 16.14)	Gender: only provided data male vs female Sexuality: 85.2% heterosexual, 14.8% “other”	This study found that youth who engaged in transactional sexting were more likely to be male compared to female (1.5% vs 0.5%) and were more likely to be a sexual minority compared to heterosexual (2.2% vs 0.7%). When they stratified the sexual minority group by gender, they found 7.4% of SM boys and 2.2% of SM girls engaged in transactional sex via a webcam. While it was not statistically significant, they found overall SM boys were more likely to engage in transactional sexting
Whaling KM, der Sarkissian A, Sharkey J, Akoni LC [53●●]	Program implementation	Concept 2014, funding 2015, and staff hired 2017	Female and LGBT/GNC youth, age 10–24 years old	No data provided	This article described a program called Resiliency Interventions for Sexual Exploitation (RISE). RISE is a multidisciplinary trauma-focused, gender-specific, strength-based, and client-driven program to empower, restore, and reintegrate youth into the community through community partnership, therapy, yoga, writing and art, outreach, and case management. The study looked at engagement overtime. There was no differentiation by gender or sexual identity. However, this study did include specifically LGBT/GNC youth in the overall participant population

literature review, multiple studies highlight how LGBTQ youth are more likely to run away or be kicked out of their homes because of rejection of their gender or sexual identities [1••, 8••].

When we turn to services aimed at getting youth off the streets, we see in the literature one area where this intersectional approach focused on LGBTQ youth is key. Multiple studies discussed how LGBTQ youth experience discrimination from staff or other youth in shelters because of their sexual or gender identities [1••, 18]. This results in more LGBTQ youth being on the streets compared to being unhoused but in a shelter [12•]. However, even within the LGBTQ community, there are vastly different experiences with discrimination. In Alessi et al. [1••], they interviewed individuals with varied sexual and gender identities. One gay, Black male articulated how “the homeless shelter is not gay friendly.” A solution to this experience might be the creation of LGBTQ shelters. However, these still may cater to the majority, minority group (gay and lesbians) as is highlighted by the narrative of a bisexual, West Indian woman who reflected on an LGBTQ shelter, stating “They only accept gay and lesbian. That’s what pissed me off, because I was like... if it supposed to be LGBTQ then, why is it that [no bisexual women] can come in, because they do like girls, as well.” When we turn to insights gained by research focused on TGD youth, we see discrimination on both the individual and policy levels. Transgender participants in the Alessi et al. [1••] study highlight how TGD youth have to contend with cisgender normative policies with restrictions on what units in shelters they can be a part of that are not gender-affirming. A transgender female may be forced to live among males, which can be unsafe. Furthermore, TGD youth who potentially left homes because of rejection of their gender identity are again not given a viable housing option if they cannot live their authentic selves in all shelters.

Discrimination is not limited to housing, especially for TGD youth. Alessi et al. [1••] capture this in the narrative of a transgender male, “I just don’t want to quit being trans and like... it’s the only thing that’s holding me like from getting a real job.” This compounding effect of discrimination leaves many TGD youth with no option other than CSE to meet their basic needs. Additionally, as is documented in both literature on youth and adult TGD individuals, there is an added basic need of accessing GAC [1••, 8••, 15, 22••, 50]. Lack of employment options with health insurance in combination with cost for GAC has been documented to be a motivating factor in exchange sex for adult and youth TGD. Even when individuals are able to secure other employment, these jobs may not pay well enough for TGD individuals to pay for their necessary and lifesaving GAC [15], an added risk factor not experienced by cisgender peers.

Prevention, Education, and Resilience

While there is a dearth of research on prevention of CSEC, the literature is significantly lacking on prevention and education focused specifically on sexual and/or gender minority youth. While the study done by Van Ouytsel and colleagues [51••] was not specifically focused on prevention strategies, their findings are relevant to a discussion of education and prevention. They looked at transactional sexting in youth and found that sexual minority boys are at the highest risk of transactional sexting, especially transactional sexting that involved the use of a webcam. While safe Internet practices and education on CSE risks would benefit all youth, this study demonstrates that if we parse out variations within LGBTQ youth, it may be possible to provide more targeted education as a form of secondary prevention.

Greenfield and colleagues [22••] explored areas of resilience within TGD youth who had a history of sexual exploitation. They found that youth identified access to gender-affirming providers and healthcare as a source of strength. One transgender male expressed in reference to gender-affirming care with a supportive provider that “It’s awesome, I love it, I feel free. I feel like I can be me, like I don’t have to fake I’m something I’m not.” This offers the possibility that increasing access to LGBTQ friendly providers who offer GAC may be a way for society to help LGBTQ build resilience, which may combat vulnerability to CSEC. While this study offered great insights into the perspectives of TGD youth and young adults, more research on prevention and resiliency is needed for this subset of youth that the literature shows are at increased risk for CSE.

Conclusion

Despite the commercial exploitation of children being a pervasive human rights violation, it is a largely under research issue. Not only is there an overall need for more funding and research related to CSEC; there also needs to be an expansion of research on LGBTQ youth. While this review highlights a handful of studies that attempt to gain insight into the characteristics, including sources of resilience, for subsets of the larger LGBTQ population, most of the population-based research of LGBTQ youth combines sexual and gender minorities together in analysis. This is in part due to a myriad of practical reasons (e.g., small sample sizes and aggregated data in available population-based data sources). But in some cases, this is also partially due to the fact that the LGBTQ community is often regarded by researchers and the broader society as a monolith. While at times this may be appropriate, in research, it is important for us to think critically and be intentional when we collapse all sexual and gender minority individuals into a single group. As is highlighted by the literature that does exist, with additional, more granular knowledge, we can better serve these vulnerable and uniquely resilient youth.

Funding No funding was secured for this study.

Compliance with Ethical Standards

Conflict of Interest The author has no conflicts of interest to disclose.

References

Papers of particular interest, published recently, have been highlighted as:

- Of importance
- Of major importance

- 1.●● Alessi EJ, Greenfield B, Manning D, Dank M. Victimization and resilience among sexual and gender minority homeless youth engaging in survival sex. *J Interpers Violence*. 2021;36(23-24):11236–59. **An interesting qualitative study of LGBTQ youth who have engaged in CSEC that explores both predisposing factors as well as self-identified sources of resilience.**
- 2.●● Arrington-Sanders R, Alvarenga A, Galai N, Arscott J, Wirtz A, Carr R, et al. Social determinants of transactional sex in a sample of young Black and Latinx sexual minority cisgender men and transgender women. *J Adolesc Health*. 2022;70(2):275–81. **An interesting study focused on gay men and transgender women who identify as Black and Latinx that highlights the intersection of race and LGBTQ communities engagement with sexual exploitation.**
3. Barral R, Kelley MA, Harrison ME, Svetaz MV, Efevbera Y, Bhave S, et al. Dismantling inequities in adolescent and young adult health through a sexual and reproductive health justice approach. *Semin Reprod Med*. 2022;40(01/02):131–45.
4. Basson D, Rosenblatt E, Haley H. Research to action: sexually exploited minors (SEM) needs and strengths. Oakland, CA: West-Coast Children's Clinic; 2012.
5. Bounds DT, Otwell CH, Melendez A, Karnik NS, Julion WA. Adapting a family intervention to reduce risk factors for sexual exploitation. *Child Adolesc Psychiatry Ment Health*. 2020;14:8.
6. Bounds DTPP-BC, Rodrigues SMBSNRN, Milburn NGP. Strengthening families to disrupt intergenerational health inequities with adolescents at risk for commercial sexual exploitation, substance use, and HIV. *Am J Public Health*. 2023;113(2):S124–8.
7. Busza J, Matambanadzo P, Phiri L, Meki B, Cowan FM. HIV prevention in individuals engaged in sex work. *Curr Opin Infect Dis*. 2023;36(1):1–8.
- 8.●● Boswell K, Temples HS, Wright ME. LGBT youth, sex trafficking, and the nurse practitioner's role. *J Pediatr Health Care*. 2019;33(5):555–60. **This article highlighted ways medical professionals could better support LGBTQ youth engaged in CSEC.**
9. Chohaney ML. Minor and adult domestic sex trafficking risk factors in Ohio. *J Soc Soc Work Res*. 2016;7(1):117–41.
10. Cole T. Mental health difficulties and children at risk of exclusion from schools in England. Report, 2015 Retrieved from <https://citeserx.ist.psu.edu/viewdoc/download>. Accessed July 2023
11. Deal C, Doshi RD, Gonzales G. Gender minority youth experiencing homelessness and corresponding health disparities. *J Adolesc Health*. 2023;72(5):763–9. <https://doi.org/10.1016/j.jadohealth.2022.11.229>.
- 12.● Diaz A, Arden M, Blaustein S, Nucci-Sack A, Sanders L, Steever J. Using school-based health programs to prevent human trafficking: the Mount Sinai experience. *Annals of Global Health*. 2021;87(1):1–7. **This article describes an innovative approach of using school-based health programs to increase adolescent access to healthcare including reproductive care.**
13. Eastwood EA, Nace AJ, Hirshfield S, Birnbaum JM. Young transgender women of color: homelessness, poverty, childhood sexual abuse and implications for HIV care. *AIDS Behav*. 2021;25(Suppl 1):96–106.
14. Ertl S, Bokor B, Tuchman L, Miller E, Kappel R, Deye K. Healthcare needs and utilization patterns of sex-trafficked youth: missed opportunities at a children's hospital. *Child Care Health Dev*. 2020;46(4):422–8.
15. Fisher MR, Turner C, McFarland W, Breslow AS, Wilson EC, Arayasirikul S. Through a different lens: occupational health of sex-working young trans women. *Transgend Health*. 2023;8(2):200–6.
16. Franchino-Olsen H. Vulnerabilities relevant for commercial sexual exploitation of children/domestic minor sex trafficking: a systematic review of risk factors. *Trauma Violence Abuse*. 2021;22(1):99–111.
17. Goldman S, Goyal D. Knowledge regarding child victims of commercial sexual exploitation and the feasibility of using a smartphone application: a pilot study. *J Forensic Nurs*. 2019;15(2):103–9.
18. Greenbaum VJ. Commercial sexual exploitation and sex trafficking of children in the United States. *Curr Probl Pediatr Adolesc Health Care*. 2014;44(9):245–69. <https://doi.org/10.1016/j.cpped.2014.07.001>.
- 19.● Greenbaum J. A public health approach to global child sex trafficking. In: Fielding JE, editor. *Annual Review of Public Health*, vol. 412020. p. 481–97. **This article offers a good overview of CSEC and CSEC prevention through a public health lens with attention both to the magnitude of the problem as well as suggested solutions.**
- 20.● Greenbaum J, Kaplan D, Young J. Council child abuse N, council immigrant child family H. Exploitation, labor and sex trafficking of children and adolescents: health care needs of patients. *Pediatrics*. 2023;151(1). **This article offers a useful overview of human trafficking of children with time dedicated to specific high risk groups including LGBTQ and migrant children.**
21. Greenbaum J, Stoklosa H, Murphy L. The public health impact of coronavirus disease on human trafficking. *Front Public Health*. 2020;29(8).
- 22.●● Greenfield B, Alessi EJ, Manning D, Dato C, Dank M. Learning to endure: a qualitative examination of the protective factors of homeless transgender and gender expansive youth engaged in survival sex. *Int J Transgend Health*. 2021;22(3):316–29. **This article offers interesting and important insights into areas of resilience for transgender and gender expansive youth engaged in CSEC.**
23. Hampton MD, Lieggi M. Commercial sexual exploitation of youth in the United States: a qualitative systematic review. *Trauma Violence Abuse*. 2020;21(1):57–70.
24. Hill BJ, Motley DN, Rosentel K, VandeVusse A, Fuller C, Bowers SME, et al. Employment as HIV prevention: an employment support intervention for adolescent men who have sex with men and adolescent transgender women of color. *J Acquir Immune Defic Syndr*. 2022;91(1):31–8.
25. Hill BJ, Motley DN, Rosentel K, VandeVusse A, Garofalo R, Kuhns LM, et al. Work2Prevent, an employment intervention program as HIV prevention for young men who have sex with men and transgender youth of color (phase 3): protocol for a single-arm community-based trial to assess feasibility and acceptability in a real-world setting. *JMIR Res Protoc*. 2020;9(9):e18051.
26. Hill BJ, Motley DN, Rosentel K, VandeVusse A, Garofalo R, Schneider JA, et al. An employment intervention program (Work2Prevent) for young men who have sex with men and transgender youth of color (phase 1): protocol for determining essential intervention components using qualitative interviews and focus groups. *JMIR Res Protoc*. 2020;9(8):e16384.

27. Hill BJ, Motley DN, Rosentel K, VandeVusse A, Garofalo R, Schneider JA, et al. An employment intervention program (Work2Prevent) for young men who have sex with men and transgender youth of color (phase 2): protocol for a single-arm mixed methods pilot test to assess feasibility and acceptability. *JMIR Res Protoc*. 2020;9(8):e16401.
28. Hogan KA, Roe-Sepowitz D. LGBTQ+ homeless young adults and sex trafficking vulnerability. *J Human Traffick*. 2020; <https://doi.org/10.1080/23322705.2020.1841985>.
29. Hounmenou C, O'Grady C. A review and critique of the US responses to the commercial sexual exploitation of children. *Children Youth Services Rev*. 2019;98:188–98.
30. Hurst IA, Abdo DC, Harpin S, Leonard J, Adelgais K. Confidential screening for sex trafficking among minors in a pediatric emergency department. *Pediatrics*. 2021;147(3)
31. Hurst TE. Prevention of child sexual exploitation: insights from adult survivors. *J Interpersonal Violence*. 2021;36(13-14):NP7350–72.
32. James D, Khadr S. New challenges in child protection. The child protection practice manual: training practitioners how to safeguard children. 2016;14:11.
33. Martin L, Rider GN, Johnston-Goodstar K, Menanteau B, Palmer C, McMorris BJ. Prevalence of trading sex among high school students in Minnesota: demographics, relevant adverse experiences, and health-related statuses. *J Adolesc Health*. 2021;68(5):1011–3.
34. McCann E, Brown M. Homelessness among youth who identify as LGBTQ+: a systematic review. *J Clin Nurs*. 2019;28(11-12):2061–72.
35. Moore JL, Goldberg AP, Barron C. Substance use in a domestic minor sex trafficking patient population. *Pediatr Emerg Care*. 2021;37(4):E159–62.
- 36.● Moore JL, Houck C, Barron CE, Goldberg AP. Patients referred for domestic minor sex trafficking: a comparison of confirmed and suspected youth. *J Pediatr Adolesc Gynecol*. 2019;32(6):628–32. **This article focused on high risk male youth seen in a child abuse clinic to uncover shared characteristics among those engaged or suspected to be engaged in CSEC.**
37. Moore J, Fitzgerald M, Owens T, Slingsby B, Barron C, Goldberg A. Domestic minor sex trafficking: a case series of male pediatric patients. *J Interpers Violence*. 2021;36(23-24):11728–42.
38. Moynihan M, Mitchell K, Pitcher C, Havaei F, Ferguson M, Saewyc E. A systematic review of the state of the literature on sexually exploited boys internationally. *Child Abuse Negl*. 2018;76:440–51. <https://doi.org/10.1016/j.chiabu.2017.12.003>.
39. Newcomb ME, Hill R, Buehler K, Ryan DT, Whitton SW, Mustanski B. High burden of mental health problems, substance use, violence, and related psychosocial factors in transgender, non-binary, and gender diverse youth and young adults. *Arch Sex Behav*. 2020;49:645–59.
- 40.● Noor MN, Bryant J, de Wit J, Holt M. Resourcefulness of homeless young people who practise sex work in Pakistan: a qualitative study. *Sex Health*. 2021;18(5):378–84. **This article added to a small but important body of work focused on areas of resilience and strength among homeless youth and young adults engaged in sex work.**
41. Ormiston CK. LGBTQ youth homelessness: why we need to protect our LGBTQ youth. *LGBT Health*. 2022;9(4):217–21.
42. Panda P, Garg A. Modern-day slavery in our health care system: an advocacy journey. *Pediatrics*. 144. 2019;(4)
43. Panda P, Garg A, Lee S, Sehgal AR. Barriers to the access and utilization of healthcare for trafficked youth in the United States. *Child Abuse Negl*. 2021;121:105259.
44. Reid GM, Holt MK, Bowman CE, Espelage DL, Green JG. Perceived social support and mental health among first-year college students with histories of bullying victimization. *J Child Family Stud*. 2016;25:3331–41.
45. Rhoades H, Rusow JA, Bond D, Lanteigne A, Fulginiti A, Goldbach JT. Homelessness, mental health and suicidality among LGBTQ youth accessing crisis services. *Child Psychiatry Hum Dev*. 2018;49:643–51.
- 46.●● Srivastava A, Rusow JA, Holguin M, Semborski S, Onasch-Vera L, Wilson N, et al. Exchange and survival sex, dating apps, gender identity, and sexual orientation among homeless youth in Los Angeles. *J Prim Prev*. 2019;40(5):561–8. **This article explored online sexual exploitation trends among youth differentiated by gender and sexual identities.**
- 47.● Talbott JMV, Dutcher JS, Pougner CA, Calvin SL, Roe-Sepowitz D, Kling JM. Review of published curriculum on sex trafficking for undergraduate medical trainees. *Am J Prev Med*. 2020;58(4):604–11. **This review article explored literature supporting the importance of medical trainees education on CSEC as a means to better identify and serve these pediatric patients.**
48. Hottes TS, Bogaert L, Rhodes AE, Brennan DJ, Gesink D. Lifetime prevalence of suicide attempts among sexual minority adults by study sampling strategies: a systematic review and meta-analysis. *Am J Public Health*. 2016;2016:106.
49. Trevor Project. Homelessness and housing instability among LGBTQ youth. [Thetrevorproject.org](http://thetrevorproject.org). Published Feb 3, 2022. .
- 50.●● Trinidad AC. Double-edged sisterhoods: transgender identity, peer groups and the commercial sexual exploitation of transgender girls. *J Child Sex Abus*. 2022;31(8):948–66. **This article focused on transgender youth experiences with trafficking and the complicated role transgender mentors play in the lives of transgender youth engaged in CSE.**
- 51.●● Van Ouytsel J, Walrave M, Ponnet K. An exploratory study of transactional sexting among high school students. *J Adolesc Health*. 2020;66(4):510–3. **This article explored online sexual exploitation trends among youth differentiated by gender and sexual identity.**
52. Wallace C, Greenbaum J, Albright K. Global perspectives on the health and social impacts of child trafficking. *Pediatrics*. 2022;150(4)
- 53.●● Whaling KM, der Sarkissian A, Sharkey J, Akoni LC. Featured counter-trafficking program: resiliency interventions for sexual exploitation (RISE). *Child Abuse Negl*. 2020;100:104139. **This article described a program focused on female and LGB/TGN youth to support them through a multidisciplinary team approach.**
54. Wood LCN. Child modern slavery, trafficking and health: a practical review of factors contributing to children's vulnerability and the potential impacts of severe exploitation on health. *Bmj Paediatr Open*. 2020;4(1)

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Springer Nature or its licensor (e.g. a society or other partner) holds exclusive rights to this article under a publishing agreement with the author(s) or other rightsholder(s); author self-archiving of the accepted manuscript version of this article is solely governed by the terms of such publishing agreement and applicable law.