



Maine Chapter

LD 1092 - An Act to Prevent the Commercial Sexual Exploitation of Children in the State – testimony in support of the bill as amended by the sponsor

Senator Baldacci, Representative Meyer and distinguished members of the Committee on Health and Human Services, my name is Dr. Julia Oppenheimer and I live in Portland, Maine. I am a resident physician training in pediatrics. I represent the Maine Chapter of the American Academy of Pediatrics, and thus, represent a large network of pediatricians across the state of Maine. We stand in support of LD 1092 as amended as we feel passionate that provision of a coordinated, multidisciplinary, and trauma-informed approach to youth victims of sexual abuse and exploitation is necessary to reduce trauma, foster trust, and facilitate recovery.

Many youth experience commercial sexual exploitation, and children in Maine are no exception. The Maine Sex Trafficking and Exploitation Network has estimated that 300-400 people experience sex trafficking or exploitation each year in Maine. Some of these victims are children, and many adult victims report that the exploitation started when they were younger than 18¹. The Maine Coalition Against Sexual Assault reports that in 2019, approximately 50% of calls to Maine's sexual assault crisis and support line involved child sexual abuse². LGBTQ+ youth, youth of color (particularly black girls), youth with unmet basic physical or emotional needs, and survivors of child abuse or neglect are particularly vulnerable^{3,4}. Victims of sexual exploitation are at high risk for drug use and dependence as well as incarceration¹.

Child and adolescent victims of sexual abuse and exploitation are seen in our health clinics and emergency rooms, although they may not readily disclose this history. I recently met an adolescent who had just immigrated from a country with political unrest. She arrived in Maine without family and was staying in a homeless shelter. She had presented to the emergency department multiple times with different symptoms before disclosing that she had been a victim of trafficking. As healthcare providers and mandated reporters, we have a responsibility to ensure that child and adolescent victims of sexual abuse and exploitation receive appropriate health care, community services and legal protections/actions. We also know that delivering care and services in a nonjudgmental, trauma-informed approach is crucial for building trust. Early involvement of a specialized, multidisciplinary team to provide such services and coordination is essential.

Child advocacy centers offer a multidisciplinary approach and critical wrap around services to connect victims of commercial sexual exploitation in children (CSEC) with health care, mental health care, case management, and other services to support recovery². For example, the Cumberland County Children's Advocacy Center (CCCAC), housed at Spurwink's Center for Safe and Healthy Families, provides coordination with medical

¹ Maine Sex Trafficking & Exploitation Network, www.mainesten.org

² Maine Coalition Against Sexual Assault, www.mecasa.org

³ Maine Coalition Against Sexual Assault. (2022, Nov 15). *Addressing the Adulthood of Girls of Color and LGBTQ+ Youth*. <https://youtu.be/1CJIPi7VyuU>

⁴ Jordan Greenbaum, James E. Crawford-Jakubiak, COMMITTEE ON CHILD ABUSE AND NEGLECT, Cindy W. Christian, James E. Crawford-Jakubiak, Emalee G. Flaherty, John M. Leventhal, James L. Lukefahr, Robert D. Sege; Child Sex Trafficking and Commercial Sexual Exploitation: Health Care Needs of Victims. *Pediatrics* March 2015; 135 (3): 566–574. 10.1542/peds.2014-4138

providers, the Department of Health and Human Services (DHHS), law enforcement, juvenile prosecution, school teachers and staff, and advocacy members to perform a risk assessment and connect the child to the appropriate services⁵.

As pediatricians, we know that childhood abuse and trauma can have detrimental effects on mental and physical health throughout an individual's lifetime. There is robust evidence that adverse childhood experiences (ACEs), which includes abuse, neglect, and household dysfunction, not only increases the risk for developing posttraumatic stress disorder, anxiety, and depression, but also increases risk of poor adult health outcomes, including heart and lung disease and cancers. The more ACEs a child or adolescent is exposed to, the higher their risk. Many victims of sexual exploitation have already been exposed to multiple ACEs, compounding the effects of past trauma. We recognize that asking victims to tell their story, often multiple times, also compounds this trauma. That is why it is so important that child advocacy centers have adequate funding and staffing to provide services, as well as a team of case managers who have expertise in working with commercially exploited children.

We urge you to stand with us to ensure that Maine's child advocacy centers and community agencies are adequately funded and staffed to provide youth victims of sexual abuse or exploitation with appropriate trauma-informed care and wrap-around services. A vote for LD 1092 is a vote for Maine's children.

Thank you.

⁵ Spurwink Center for Safe & Healthy Families, <https://spurwink.org>