



Adolescent health brief

Prevalence of Trading Sex Among High School Students in Minnesota: Demographics, Relevant Adverse Experiences, and Health-Related Statuses

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A B S T R A C T

Purpose: Youth who trade sex for something of value experience enduring harm and risk of being trafficked. This study provides empirically-based prevalence estimates to guide policy and practice.**Methods:** This secondary analysis of 2019 population-level surveillance data from high school students in Minnesota (N = 71,007) uses descriptive statistics and chi-square tests to analyze self-reports of trading sex by demographics, relevant experiences, and health indicators.**Results:** The prevalence of trading sex among high school students in Minnesota was 1.4%. Cis-gender boys and girls had similar rates; transgender students were much higher (5.9%). Rates varied significantly across race/ethnicity (e.g., Native youth, 3.1%), school location, and economic indicators. Students indicating other relevant experiences, such as having been treated for alcohol or drug use (15.1%), reported elevated rates of trading sex.**Conclusions:** Trading sex is a public health issue that affects high school students. The results show disparate rates of trading sex based on race/ethnicity and gender, with elevated rates among youth who engage in other risky behaviors and experienced other adverse experiences.

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IMPLICATIONS AND
CONTRIBUTION

Prevalence estimates of high school students who trade sex and identification of disparate impacts address a gap in research and practice, with implications for school-based prevention of harm. Findings shed light on needed clinical and social service competencies.

Youth who trade sex for something of value, such as money, food, or drugs, can experience significant and enduring harm [1,2], including exploitation and trafficking [3]. Correlated harms include sexual violence, unwanted pregnancy, sexually transmitted infections/HIV, drug or alcohol use, and health and mental health problems [1,4,5]. These harms may exacerbate

already high adverse childhood experiences (e.g., emotional abuse or homelessness) among youth who trade sex [2,6].

Representative sampling is difficult because trading sex is illegal, dangerous, hidden, and stigmatized. Thus, most studies on this topic use nonprobability-based sampling or focus on specific populations (e.g., homeless youth, youth in child welfare, and juvenile detention) [1,4,7]. Notable exceptions are studies based on the National Longitudinal Study of Adolescent Health (Add Health; <https://www.cpc.unc.edu/projects/addhealth>) that identify risk and protective factors, correlates, and prevalence of sex exchange (referred to here as trading sex) [2,4,8]. For example, using Add Health data from 1996 to 2003, Ulloa et al.

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estimated that 4.9% of youth had traded sex between the ages of 11–27 years. Findings from Add Health data, however, are not geographically specific, encompass a wide age range, and are not recent. We lack *state-based* prevalence estimates of sex trading among youth currently in high school. This has implications for resource allocation and clinical practice to assure appropriate amounts and types of resources go to the right youth.

This study uses a new population-based sample to estimate the prevalence of trading sex among high school students in Minnesota with specific rates by demographic characteristics, relevant adverse experiences, and health indicators.

Methods

This is a secondary analysis of the Minnesota Student Survey (MSS), a triannual surveillance program coordinated by the Minnesota Departments of Education, Health, Human Services, and Public Safety. The MSS is collected anonymously, with passive parental consent. In 2019, 81% of

school districts participated, with 66% of ninth graders and 54% of 11th graders statewide completing the survey (N = 80,456).

The current analytic sample included 71,007 students who answered this new question: “Have you ever traded sex or sexual activity to receive money, food, drugs, alcohol, a place to stay, or anything else?” (yes/no). Variables include measures of birth-assigned sex, gender identity, race/ethnicity, school location, free/reduced-price lunch, homelessness/unstable housing, sexual violence, physical disability or long-term health problems, long-term mental health or behavioral problems, foster care, special education, and alcohol or drug treatment. Self-reports of trading sex by demographics, relevant experiences, and health indicators were assessed with percentages and frequencies. Chi-square tests were used to compare differences across students who reported trading sex versus not. The University of Minnesota Institutional Review Board deemed this study exempt from review.

Table 1

Prevalence of trading sex across demographic characteristics, relevant experiences, and health indicators from the 2019 Minnesota Student Survey (n = 71,007)

	Yes, ever traded sex, n (%)	No, never traded sex, n (%)	Chi-square (df), p value
Overall prevalence	964 (1.4)	70,043 (98.6)	
Demographics			
Birth-assigned sex			.81 (1), .368
Male	451 (1.3)	33,876 (98.7)	
Female	509 (1.4)	36,057 (98.6)	
Gender identity ^a			208.27 (4), <.001
Cisgender boy	379 (1.2)	31,932 (98.8)	
Cisgender girl	443 (1.3)	33,970 (98.7)	
Transgender, genderqueer, or gender fluid	60 (5.9)	964 (94.1)	
I am not sure about my gender identity	33 (3.3)	954 (96.7)	
Not sure what this question means	48 (2.4)	1,987 (97.6)	
Grade			22.33 (1), <.001
9th	468 (1.2)	39,332 (98.8)	
11th	496 (1.6)	30,711 (98.4)	
Race and ethnicity			
American Indian/Native ^b	93 (3.1)	2,949 (96.9)	95.92 (5), <.001
Asian/Asian American	32 (0.7)	4,416 (99.3)	
Black, African, or African American	73 (1.7)	4,120 (98.3)	
Hispanic/Latinx	60 (1.5)	4,014 (98.5)	
White	630 (1.2)	50,513 (98.2)	
Multiple races	67 (1.8)	3,663 (98.2)	
School location			9.96 (1), .002
Twin cities metropolitan area	448 (1.2)	36,134 (98.8)	
Greater Minnesota	516 (1.5)	33,909 (98.5)	
Relevant experiences and health indicators			
Receive free/reduced-price lunch	287 (1.8)	15,252 (98.2)	43.85 (1), <.001
Experienced unstable housing in the past year	194 (6.4)	2,853 (93.6)	629.41 (1), <.001
Receive special education services as part of an Individual Education Plan or IEP	191 (2.8)	6,662 (97.2)	121.15 (1), <.001
Ever been in foster care	158 (8.1)	1,801 (91.9)	701.29 (1), <.001
Ever experienced sexual violence ^c	592 (7.7)	7,141 (92.3)	2,624.14 (1), <.001
Have any physical disabilities or long-term health problems (such as asthma, cancer, diabetes, epilepsy or something else)	264 (2.5)	10,382 (97.5)	122.06 (1), <.001
Have any long-term mental health, emotional, or behavioral problems	558 (3.2)	16,869 (96.8)	599.80 (1), <.001
Ever been treated for a mental health, emotional, or behavioral problem	514 (3.0)	16,591 (97.0)	482.70 (1), <.001
Ever been treated for an alcohol or drug problem	217 (15.1)	1,221 (84.9)	2,121.65 (1), <.001

Characteristics, experiences, and health indicators are labeled as asked on the Minnesota Student Survey, with exceptions noted in the footnotes below. On the survey, “long-term” is defined as 6 months or longer. Numbers may not sum to sample size due to missing data.

df = degrees of freedom.

^a Gender identity categories were created using responses to questions about birth-assigned sex and whether students identify as transgender, genderqueer, or genderfluid or not.

^b This racial and ethnic category includes all students identifying as American Indian or Alaskan Native (AIAN) only or AIAN plus other races/ethnicities or Native Hawaiian or Other Pacific Islander (NHPI) only or NHPI plus other races/ethnicities. Native Hawaiians have long affirmed their identity as Indigenous peoples and sought recognition as such (e.g., Trask (1999). *From a Native Daughter: Colonialism and Sovereignty in Hawai'i*. University of Hawai'i Press).

^c This sexual violence category includes students who reported ever experiencing any sexual violence (i.e., pressured, tricked, or forced you to do something sexual or done something sexual to you) by (1) a relative/family member, (2) anyone who was not a relative/family member, or (3) an intimate partner.

Results

The results show 964 Minnesota students (1.4%) reported trading sex (Table 1). Prevalence was similar for cisgender boys (1.2%) and girls (1.3%). Rates were higher among students who identified as transgender (5.9%) or were unsure about their gender identity (3.3%). Prevalence varied by race/ethnicity, with American Indian/Native+ students reporting the highest rate (3.1%), followed by those identifying as multiple races (1.8%) and Black, African, or African American (1.7%). Students in Greater Minnesota (1.5%) and in the Twin Cities metropolitan area (1.2%) reported trading sex. More than 15% of students treated for alcohol or drug use reported trading sex. Compared with the base rate of 1.4%, elevated rates were reported by students who experienced unstable housing in the past year (6.4%), had ever been in foster care (8.1%), or experienced sexual violence (7.7%). The rates were also elevated among students with physical disabilities (2.5%) and long-term mental health or behavior problems (3.2%).

Discussion

Trading sex is a particularly vexing challenge for research and practice because representative sampling is difficult and population-based data are sparse. To our knowledge, this is the first study to estimate the statewide prevalence of youth involved in trading sex from a population-based, high school sample. At least 1.4% of Minnesota high school students indicated trading sex to receive something of value. Trading sex can include a wide range of experiences; unfortunately, the MSS does not ask about trafficking or whether respondents felt exploited.

This study likely underreports prevalence among youth in Minnesota. Students may have been reluctant to indicate trading sex because it is stigmatized. The survey question was new, and the term “trading sex” may have been unfamiliar. Those most impacted by trading sex (e.g., American Indian/Native+, transgender, and homeless/unstably housed youth) are also most likely to be out of school because of bullying, high rates of school absenteeism, and long-term school pushout and drop out [2,4,8,9]. Thus, these youth may not have been present on the MSS administration day.

Cisgender girls and boys have similar rates, with transgender youth being far more likely to trade sex. Students who identified as American Indian/Native+ had particularly high rates compared with other races/ethnicities, possibly linked to sexual violence, out-of-home placement, and housing instability among American Indian/Native+ people, as well as legacies of settler colonialism [10]. These findings about racial and gender disparities suggest sex trading should be seen within the context of intersectional experiences and structural inequalities at the population level. Students in the Twin Cities and Greater Minnesota reported trading sex with a small but statistically significantly higher rate in Greater Minnesota.

Youth who reported adverse experiences (e.g., poverty, sexual violence, foster care, and homelessness/unstable housing) were more likely than their peers to trade sex. Students who indicated

receiving alcohol or drug treatment had the highest rates of any subgroup in our analysis. Past research has identified these as correlated with sex trading within specific groups such as homeless youth [1,2,4]. Findings suggest that this trend is salient across the general population of youth who trade sex.

The number of youth, correlated harms, and disparate yet population-wide impact warrant treatment of trading sex among youth as a public health issue. These data highlight the need for school-based interventions to prevent sex trading, reduce harm, and increase access to resources. Future research with MSS data should explore prevalence, correlates, and disparate rates of sex trading among specific groups. General and group-specific interventions to prevent and reduce harm should be developed and evaluated.

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