Sex Trafficking and the Exploitation of Adolescents

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ABSTRACT

Human trafficking affects a surprisingly large number of adolescents around the globe. Women and girls make up the majority of sex trafficking victims. Nurses must be aware of sex trafficking as a form of sexual violence in the adolescent population. Nurses can play a role in identifying, intervening, and advocating for victims of human trafficking as they currently do for patients that are the victims of other types of violent crimes. JOGNN, 40, 243-252; 2011. DOI: 10.1111/j.1552-6909.2011.01221.x

Accepted May 2010

The belief that slavery was a human rights exploitation of the past is a misconception. Human trafficking, a form of modern-day slavery, occurs every day around the globe and within the borders of the United States. The covert nature of this crime makes it difficult to provide accurate estimates of the incidence of human trafficking. The numbers reported in the literature are inconsistent and are likely gross underestimates. Victims of human trafficking are forced into many different types of labor with commercial sexual exploitation being the largest subset. Young women and adolescents are a particularly vulnerable group for international and domestic sex trafficking (Logan, Walker, & Hunt, 2009). This criminal human rights violation has profound health implications for the victims who are trafficked. Due to the hidden and secret nature of the crime, raising nurses’ awareness of the incidence and implications of sex trafficking for adolescents, along with ways to identify, interact with, and access services for adolescent victims is essential.

Background

Human trafficking, also called trafficking in persons, is a crime typically hidden within communities. Human trafficking involves the recruitment, transporting, supplying, and/or obtaining persons for involuntary labor or repayment of debt by the use of coercion, force, or fraud (U.S. Department of State, 2009). Human trafficking can include a wide variety of forced labor including commercial sex work (prostitution, exotic dancing, and pornography), personal service (domestic or sexual servitude), forced labor in sweatshops, manual labor at agricultural or construction sites, various jobs within the hotel and food service industries, and forced employment in nail salons (Logan et al., 2009). Although human trafficking can involve moving persons across international borders, the majority of victims are domestically trafficked—meaning they are forced into labor for another’s profit within their own countries by persons of the same nationality (U.S. Department of State, 2009). No community is immune to sex trafficking of minors. In the 2009 Trafficking in Persons report, the researchers identified cases of human trafficking in all 50 U.S. states (U.S. Department of State, 2009) with Williamson and Prior (2009) reporting an increase in the recruitment of minors by sex traffickers in the Midwest.

Law enforcement and advocacy groups attribute the increase in recruitment in the Midwest, in particular, Toledo, Ohio, to traffickers taking advantage of vulnerabilities in these communities and potential victims. Traffickers often recruit in communities where victims are most vulnerable such as cities with higher rates of poverty, homelessness, drug
Young women and adolescents are particularly vulnerable to becoming victims of sex trafficking.

use, and lower literacy rates (Davis, 2006). Recruitment cities usually have easy access to highway systems or waterways that facilitate moving victims to destination cities where the demand is greatest. Destination cities frequently comprise areas where demand is greatest including cities near military bases, truck stops, conventions, and tourist areas (Davis; Williamson & Prior, 2009).

Victims of human trafficking are virtually invisible to mainstream culture and frequently law enforcement, making determination of accurate rates of victimization nearly impossible. Consequently, identifying and assisting victims is one of the greatest challenges. Several state, national, and international organizations have attempted to quantify the number of victims across the globe. Despite these efforts, accurate numbers don’t exist leading to a wide range of victimization rates, with estimates extending from 4 to 27 million (U.S. Department of State, 2008). Human beings, whose services can be repeatedly sold and resold, are the contraband of human trafficking. This criminal endeavor, globally the fastest growing source of income for organized crime, annually produces an estimated revenue of US$7 to 10 billion worldwide (Cole, 2009; Logan et al., 2009; Overbaugh, 2009; U.S. Department of State, 2008).

The International Labor Organization estimates that across the globe 12.3 million people are being forced into labor with a modest estimate of 1.39 million victims being forced into sexual servitude (U.S. Department of State, 2009). In the United States, it is estimated that between 14,500 and 17,500 individuals are trafficked annually, and of those victims very few are known to be males of any age (U.S. Department of State, 2006). More than one half of all victims of forced labor are women and girls with an estimated 79% being trafficked for sexual exploitation (U.S. Department of State, 2006). In a national study of juvenile prostitution in the United States, adolescents 14 to 17 years old represented the largest proportion of victims, with 11% of the juveniles prostituting younger than age 14 (Mitchell, Finkelhor, & Wolak, 2010).

What is fueling the growing industry of sex trafficking and particularly, the sex trafficking of adolescents? Experts and government agencies familiar with sex trafficking cite the large numbers of women and children living in poverty around the globe, the acceptance of a hierarchical “pimping” culture, and the demand by customers or “johns,” the men willing to pay for illicit sex (Kotrla, 2010; Logan et al., 2009; Overbaugh, 2009; Shared Hope International, 2009). Although sex trafficking victimization is not limited by gender, the demand for adolescent females is greater than that of males (Shared Hope International). Of particular concern is the easy availability of very young girls who are highly sought after by “johns” through popular, legitimate web-based sales-for-services sites and social networking websites (D. Gavin, personal communication, April 22, 2010; Kotrla; Shared Hope International).

Internet websites commonly used to sell household items and other services include advertisements for adult services and one time encounters. The Advanced Interactive Media Group (AIM) reports the projected 2010 revenue from adult services revenue from one of the many web-based sales-for-services sites will be US$36.3 million dollars; this represents an estimated threefold increase over 2009 (Stone, 2010). Law enforcement and child protection organizations realize that these legitimate websites sites are being used for the commercial sexual exploitation of minors (McCabe, 2007; Shared Hope International, 2009). Law enforcement agencies have noted an increase in the number of ads placed for “adult services” in which code words are used to market sexual services by underaged girls (D. Gavin, personal communication, April 22, 2010; Shared Hope International).

Sex Trafficking of Adolescents

At first glance, adolescents selling sex and working in the commercial sex industry may be identified as prostitutes. As prostitution is illegal in most of the United States, the adolescents may initially be labeled as criminals; yet, this label is not legally accurate and the distinction between prostitution and sex trafficking is significant. Sex trafficking and prostitution involve the sale of sex/sexual acts. Adolescent girls and young women meet the legal criteria of being the victims of sex trafficking in one of two distinct ways. Individuals forced into commercial sex acts through the use of coercion, fraud, or threats, regardless of their age, are considered victims of sex trafficking. Secondly, any person younger than age 18 involved in any form of commercial sexual exploitation (prostitution, pornography, sex tourism, stripping, etc.) meets the legal criteria for minor sex trafficking. These legal criteria or definitions, which provide additional legal protection to victims, are part of the Trafficking
Adolescents younger than age 18 involved in commercial sexual exploitation (prostitution, pornography, sex tourism, stripping, etc.) are legally considered victims of minor sex trafficking.

Adolescents from any socioeconomic background, ethnic or racial group, or family can become a victim of sex trafficking; however, traffickers or pimps target and recruit potential victims who are vulnerable. Poverty, isolation, drug addiction, violence in the family, school failures, a history of child sexual abuse, family dysfunction, and a history of criminal behavior make adolescents emotionally and economically vulnerable (Logan et al., 2009; Urban Institute Justice Policy Center, 2008; Williamson & Prior, 2009). For internationally trafficked adolescents, the promise of a better life in another country is frequently enough for girls or for their families to give them over to traffickers (Hodge & Lietz, 2007). These adolescents or their families may be promised legitimate opportunities such as marriage, modeling careers, or jobs such as an au pair or nanny but arrive in the foreign country only to be forced into sexual slavery.

Adolescent girls are very susceptible to the tricks of traffickers with the average age of entry into minor sex trafficking being age 13 (Shared Hope International, 2009). Victims of minor domestic sex trafficking are approached at bus stops, train stations, malls, homeless shelters, juvenile justice centers (while waiting to meet with probation officers), schools, and at their own homes (Shared Hope International; Williamson & Prior, 2009). Girls are recruited by finesse pimping or guerilla pimping (Williamson & Prior). Finesse pimping involves using kindness and psychological games to lure adolescents into the lifestyle of the sex trade industry. Victims may be incited through promises of cash, clothing, shelter, food, and drugs; often the “gifts” are in small amounts but grand enough that the adolescent feels obligated or indebted to the pimp. In contrast, guerilla pimping involves using violence, threats, intimidation, or aggression to recruit and enslave the victim (Shared Hope International; Williamson & Prior). Pimps use a hierarchical structure to facilitate recruitment, grooming, and maintaining the girls in the sex trafficking ring. This type of structure allows the pimp to run the business yet remain somewhat protected from the actual criminal activity, thereby preventing the victims from identifying the person who is heading up the trafficking ring.

Once involved in the sex trafficking ring, these adolescents face numerous barriers to escaping. For internationally trafficked adolescents, the traffickers confiscate and hold all legitimate passports and/or immigration documents upon arrival in the United States, while the girls work to pay back any debt that was incurred by the trafficker to bring the victims to this country. Language barriers, limited knowledge of their rights as victims, and fear of the complicated legal system greatly hinder victims capability to seek help or attempt to escape (Bales & Lize, 2005; Clawson, Dutch, & Cummings, 2006; Logan et al., 2009; Overbaugh, 2009; U.S. Department of Justice, 2007). In situations of domestic trafficking, throwaways, or adolescents who are runaways, “delinquents,” or labeled as “troubled” are more vulnerable to sex trafficking recruitment (Mitchell et al., 2010; Shared Hope International, 2009; Williamson & Prior, 2009). Traffickers may attempt to entice new girls with drugs and facilitate an addiction, rape them, or have them arrested for petty crimes. These tactics intimidate the victims into feeling vulnerable and fearful, and less likely to attempt to escape, seek help, or return to their families.

Clinical Implications

The Nurse’s Role

In 2008 The American Nurses Association (ANA) House of Delegates approved a measure to address human trafficking. The resolution highlights the important role nurses play in ending human trafficking through identification of, intervention with, and advocacy for victims (Trossman, 2008). Identifying victims of sexual trafficking is the first step in providing assistance and advocacy. Human trafficking victims are at increased risks of developing health problems due to the physical, sexual, and emotional trauma they experience along with the substandard living conditions in which they exist during their servitude and the deprivation of basic human needs that they endure.

Identification of Victims

Nurses are uniquely poised to assist in victim identification and possibly ending the sexual slavery if they are allowed to seek health care by their trafficker. The nurse can be alert to cues or indicators that would identify possible victimization. Recognizing the adolescent victims of sexual trafficking is not easy as the victim may present like just “another” adolescent in need of health care services.
Nurses working in the emergency department may see an adolescent patient that presents with trauma or injuries that are not consistent with the history given. School nurses may encounter a trafficked minor who is frequently at the school clinic not feeling well and wanting to leave school. Women's health nurses or nurse practitioners may meet an adolescent in need of contraception or seeking treatment for a sexually transmitted disease. Warning signs have been identified that should alert the nurse to the possibility that an adolescent may be a victim of sex trafficking (see Table 1).

Nurses should be cognizant to the high rate of minor sex trafficking victims within the throwaway adolescent population. Often throwaway adolescents have been kicked out by family or have runaway from their home, including foster homes or shelters. As a result, throwaway and homeless adolescents are at increased risk of being trafficked in exchange for food, shelter, or money (Shared Hope International, 2009). Of particular concern is the disproportionate number of lesbian, gay, bisexual, or transgender (LGBT) minors that are homeless. It is estimated that 20% to 40% of all homeless minors identify themselves as LGBT (Ray, 2006). For many of the homeless LGBT adolescents coming-out produces family conflict that results in the adolescent running away from home or being asked by family to leave (Walsh & Donaldson, 2010). Therefore, all homeless youth including LGBT adolescents should be considered at risk for sex trafficking and screened.

Clinical presentation of victims of sex trafficking most often results from the acts of sexual exploitation. Sex trafficking victims may present with sexually transmitted diseases, pregnancy, physical injuries (broken bones, burns, concussions), psychological complaints (depression, anxiety, posttraumatic stress disorder), and poor hygiene or nutritional status (Logan et al., 2009; U.S. Department of Health and Human Services, 2009; Zimmerman et al., 2008) (see Table 2). Trafficked adolescents may have unexplained school absences, physical signs of abuse such as wounds in various stages of healing or unexplainable bruises, or exhibit fear and mistrust of adults or people in positions of authority. References may be made by suspected victims to sexual situations or sexual knowledge beyond that expected of adolescents at their ages.

Adolescents who present with warning signs and/or a concerning clinical presentation should be screened to determine if they are victims of sex trafficking. As with all patients, nurses must work to earn the trust of these adolescents. Ensuring privacy and creating an environment in which an adolescent who is victimized would potentially feel safe disclosing victimization is of equal importance. For non-English speaking adolescents, another staff member or other source for translation is preferred rather than the person who accompanied the adolescent, as this person may be involved in the trafficking.

Screening should begin with general health questions and include questions about housing, work, school, and family. Specifically, nurses should ask adolescents questions to determine if they are missing school, truant, or missing from home. Nurses should be aware that laws vary from state to state on reporting of adolescent truancy and running away and should seek guidance on such status offenses from local law enforcement or child protection services. Screening questions should be asked that address issues of personal safety,
Nurses need to be familiar with their state laws regarding mandatory reporting in cases of rape or physical violence, sex trafficking, and statutory rape. State laws defining statutory rape vary, but all states include some basic provisions on age of consent, the age at which an individual can consent to sex, and age differential (the maximum age difference between two individuals engaged in sexual activity). For further information on state laws and reporting requirements refer to The U.S. Department of Health and Human Services A Guide to Current State Laws and Reporting Requirements (n.d.).

If the adolescent is younger than age 18 and involved in sex trafficking or commercial sex work, the laws for reporting child abuse, neglect, and sexual abuse are applicable. Because nurses are considered mandatory reporters, they must report to either local child protective services or police departments if they are suspicious that an adolescent younger than age 18 is a victim. This mandatory reporting law applies to minors who are trafficked internationally. If nurses are unsure how to make a report, the Childhelp National Child Abuse Hotline (1-800-4-A-CHILD) is available 24 hours a day, 7 days a week, and can provide agency contact information for reporting, local emergency, and support services (see Table 4 for resources). Once a nurse files a report of a minor victim of sex trafficking, a number of laws may be applicable specifically addressing the protection of victims of trafficking.

In the United States the TVPA, first drafted in 2000 and amended most recently in 2008, is the law established to prevent trafficking, protect victims, and punish traffickers. To date, only Florida, California, and Texas have successfully enacted legislation criminalizing human trafficking with limited success, whereas the federal government continues to successfully prosecute cases in these jurisdictions (Overbaugh, 2009). Trafficking investigation and prosecution are best handled at the federal level, due to greater financial resources, enhanced expertise of federal law enforcement agents, and more stringent penalties under the federal statutes.

# Table 2: Health Issues Seen in Sex Trafficking Victims

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<thead>
<tr>
<th>Health Issue</th>
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<tr>
<td>Sexually transmitted diseases, HIV/AIDS, pelvic pain, rectal trauma and urinary difficulties from working in the sex industry</td>
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<tr>
<td>Pregnancy, resulting from rape or prostitution</td>
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<td>Infertility from chronic untreated sexually transmitted infections or botched or unsafe abortions</td>
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<td>Infections or mutilations caused by unsanitary and dangerous medical procedures performed by the trafficker’s so-called doctor</td>
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<tr>
<td>Malnourishment and serious dental problems</td>
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<td>Infectious diseases like tuberculosis</td>
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<td>Undetected or untreated diseases, such as diabetes or cancer</td>
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<td>Bruises, scars, and other signs of physical abuse and torture.</td>
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<td>Substance abuse problems or addictions either from being coerced into drug use by their traffickers or by turning to substance abuse to help cope with or mentally escape their desperate situations</td>
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<tr>
<td>Psychological trauma from daily mental abuse and torture, including depression, stress-related disorders, disorientation, confusion, phobias, and panic attacks</td>
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<td>Feelings of helplessness, shame, humiliation, shock, denial, or disbelief</td>
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# Table 3: Screening Questions for Minor Sex Trafficking

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<th>Screening Question</th>
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<tr>
<td>Where do you sleep and eat?</td>
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<tr>
<td>What are your working and/or living conditions like?</td>
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<td>Are you able to come and go as you please?</td>
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<tr>
<td>Has anyone ever physically harmed you or threatened you?</td>
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<tr>
<td>Are you required to ask permission for physical necessities? (food, water, sleep, health care/medications, etc.)</td>
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<tr>
<td>Are you allowed to talk to people outside of your home/job?</td>
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<tr>
<td>Is anyone forcing you to do anything that you don’t want to do?</td>
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<tr>
<td>Have you/Are you forced to have sex or perform sex acts?</td>
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<tr>
<td>Have you ever received threats against you or your family if you do not perform sex acts?</td>
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For example, the TVPA of 2008 provided that traffickers who use force, coercion, or exploit children younger than age 14 for commercial sex, are subject to a term of up to life imprisonment, and traffickers in other cases are subject to a term of imprisonment up to 40 years. Additionally, when human trafficking cases are prosecuted at the federal level, victims qualify for additional benefits that aide their recovery in the form of restitution from their traffickers based on the Mandatory Restitution Act of 1996. This act provides for the monetary re-payment of victims by defendants in an amount commensurate with the servitude into which they were forced (Overbaugh). See Table 5 for an overview of federal statutes. For victims of international minor sex trafficking, the U.S. Department of Health and Human Services Office of Refugee Resettlement (ORR) has child protection specialists who respond and can provide assistance. Foreign victims can receive assistance including provisions of food and shelter, health care, foster care, or reunification with their families.

**Impact on Victims’ Health and Applicable Interventions**

Victims of human trafficking experience physical, emotional, and sexual abuse and frequently are unaware of alternatives to their suffering or their rights as victims (Logan et al., 2009). Yet despite the deplorable living conditions and physical maltreatment victims are exposed to while being exploited...
for another human’s earnings, once rescued, they have effectively been removed from their sole source of shelter, income, clothing, and transportation. Victims do not always perceive a need to be rescued, and they may initially resent interference or intervention (Clawson, Small, Go, & Myles, 2003; M. Morgan-Kelly, personal communication, April 22, 2010). Victims who are trafficked have often been removed from their families, introduced to drugs and alcohol, and shamed into believing they are not worthy of returning to their families of origin because of the lifestyle they have led (Logan et al.). Additionally, the pimps may have intentionally placed the adolescents in criminal situations by their pimps, resulting in the adolescents acquiring criminal records. Thus, the adolescents appear

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Table 5: Overview of Federal Statutes/Charges Used for Prosecution of Human Trafficking

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<th>Charge</th>
<th>Description</th>
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<tr>
<td>Peonage, Obstruction Enforcement &amp; Trafficking in Persons—Debt Servitude</td>
<td>Prohibits the use of force or threat of force or to compel a person to work against his or her will, and the victims servitude is tied to repayment of debt (18 U.S.C. § 1581)</td>
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<tr>
<td>Bringing in and Harboring Aliens</td>
<td>Smuggling: An activity that aids an alien to enter and live in the United States without proper legal status. Harboring: The unlawful attempt to conceal, harbor, or shield from detection, such an alien (8 U.S.C. 1324)</td>
</tr>
<tr>
<td>Passport and Visa Violations</td>
<td>Multiple Federal offenses of illegally obtaining passports or providing falsified documents, or the sale or provision or transfer of legitimate visa’s for the participation in illegal activities such as narcotic and terrorist activities or smuggling operations (18 U.S.C. § 1544-1546)</td>
</tr>
<tr>
<td>Money laundering and conspiracy</td>
<td>The effort of to conceal the existence, illegal source, or illegal application of income, and disguising the income to make it appear legitimate (18 U.S.C. § 1956-1957)</td>
</tr>
<tr>
<td>TVPA—Trafficking Victims Protection Act (2000), Revised 2003, 2005, &amp; 2008</td>
<td>Provide prosecutors with definitions to describe coercion, commercial sex acts and fraud, provides protection and assistance for victims who cooperate with law enforcement. Used to increase public awareness of human trafficking, assist victims &gt;18 years of age willing to assist in the investigation of the crimes of trafficking in obtaining legal status in the United States via a T-visa and assist all victims &lt;18 years of age regardless of their level of cooperation in obtaining T-visas (18 U.S.C. § 1591)</td>
</tr>
<tr>
<td>The Mann Act—Formerly known as “The White Slave Traffic Act” of 1910</td>
<td>Previously the primary federal anti-trafficking tool, this applies to those engaged in commercial sexual exploitation of minors, or transporting a person in interstate or foreign commerce, with the intent of the individual engaging in sexual activity or prostitution (18 U.S.C. § 2421-2424)</td>
</tr>
<tr>
<td>The PROTECT Act of 2003—(Prosecutorial Remedies and Other Tools to end the Exploitation of Children Today)</td>
<td>Intended to prevent child abuse, can be used when prosecuting trafficking of minors, increased penalty for illegal transportation of minors for sexual activity to 30 years, utilized to prosecute U.S. citizens for their actions abroad, used in an effort to end sexual tourism (18 U.S.C. § 2252(B)(b))</td>
</tr>
<tr>
<td>RICO—Racketeer Influenced &amp; Corrupt Organizations Act</td>
<td>A charge that can be brought against organized criminal enterprises; need to demonstrate a pattern of criminal activity; may be used to dismantle large trafficking rings (18 U.S.C. §§ 1961-1963)</td>
</tr>
</tbody>
</table>

Sex Trafficking and the Exploitation of Adolescents

Immediate needs may include access to treatment for illnesses such as STDs including HIV/AIDS. The adolescents may have received very limited health care and require basic health screenings. The abusers often withhold routine care, so nurses should offer health screenings and treatments inclusive of age-appropriate testing, such as Pap-nicolau smears and standard immunizations as indicated by history and symptoms. Victims of sex trafficking are often forced to perform sexual acts without the use of contraception or protection from disease transmission. This lack of disease and pregnancy prevention places trafficked adolescents at higher risk for pregnancy, sexually transmitted infections, and HIV than their adolescent peers. Therefore, they require even more screening once they present for care and nurses elicit a detailed history of previous health care and identified risks. Practitioners should follow the Centers for Disease Control and Prevention guidelines for screening and treatment of STDs (2006).

Depression and suicide occur at higher rates among trafficked adolescents than the general population, which necessitates referrals to mental health counseling and services for overall improved health of those recently trafficked (Klain & Kloer, 2009). The vast majority of trafficked adolescents report experiences of violence and trauma during the course of their servitude (Hodge & Lietz, 2007; Logan et al., 2009; Shared Hope International, 2009; Williamson & Prior, 2009). Initial assessment of victims should include screening not only for injury and disease, but also for mental health disorders such as depression, anxiety, suicide risk, and posttraumatic stress disorder. Victims may have a history of substance abuse prior to entering the sex trafficking ring or may have developed an addiction during their victimization. Evaluations should include questions on prior and current substance. Nurses can then make referrals to appropriate agencies for mental health and substance abuse programs.

Many victims of human trafficking are not seeking rescue. They fear a greater uncertainty if they leave their traffickers, being without means of transportation, resources for food, clothing, or a place to live. Internationally trafficked victims have the added fears of navigating a foreign health care and social service system with their unique language and cultural barriers (Logan et al., 2009). These challenges are sometimes enough to send victims back to their traffickers to avoid homelessness and hunger. Adolescents who left the control of their pimps often begin independently prostituting themselves to survive (Williamson & Prior, 2009).

Universally, most victims lack access to basic resources such as a place to eat and sleep and have further limitations on their abilities to earn an income sufficient to provide for their basic needs once freed of their plight (Clawson et al., 2006). After being removed from a violent and dangerous trafficking situation, safe housing has been reported as one of victims' greatest needs (Clawson et al., 2003; Logan et al., 2009; Zimmerman et al., 2008). For LGBT adolescent victims of sex trafficking, safe housing may be even more difficult to find. Many youth shelters use group showering and sleeping facilities that are based on gender identification, male or female. Living conditions such as these can lead to discriminatory practices and put the LGBT adolescent at a great risk for violence while in the shelter (Hunter, 2008).

Despite efforts by health care professionals and law enforcement agencies to identify and assist victims of domestic minor sex trafficking, access to safe housing appears to be a major barrier to success for victims attempting to leave their traffickers (Mitchell et al., 2010; Shared Hope International, 2009). Therefore, adolescent victims need assistance in identifying safe housing that is appropriate for their gender and sexual orientation. Programs with success have created “protective shelters” by creating residential facilities that include providing physical distance from the common areas of trafficking/pimping, a large ratio of staff to minors to decrease the likelihood of repeat running away, and formal security measures to foster feelings of safety (Shared Hope International).

Advocating for Victims

Authors of the U.S. government Trafficking in Persons Report (2009) proposed a victim-centered approach to the handling of victims of trafficking that addresses rescue, rehabilitation, and reintegration of victims (U.S. Department of State, 2009). These expectations are noble and vast, as the challenges faced by law enforcement, legal advocates, social services, and health care workers who assist victims as they progress toward rehabilitation and reintegration after being trafficked are great. Trafficked victims, even with ideal legal support, need advocacy similarly to victims of domestic violence. These victims often need multiple sup-
ports and assistance to become reacclimated to a structured environment free of violence and restrictions. Based on a victim’s situation, necessary services include mental health counseling, social services support, continued medical care, drug and alcohol counseling, short- and long-term housing assistance, and job training (Logan et al., 2009; Zimmerman et al., 2008). Once established, victims may be resistant to use support services. Victims may be fearful of assistance out of concern that they are entering into another coercive relationship with strangers. Victims also fear that they will owe something to their rescuers or they simply may feel embarrassed or stigmatized by being labeled as victims (Brunovski & Surtees, 2007).

Conclusion

Sex trafficking of minors is a crime easily hidden within our communities. Adolescents can easily become prey to traffickers who use a host of techniques to draw the most vulnerable into their sex trafficking rings. Adolescent victims of sex trafficking universally experience a multitude of negative physical and mental consequences related to the acts they are forced to perform and the conditions of fear and coercion under which they are held. Nurses have the unique opportunity of potentially identifying adolescent victims of sex trafficking and providing them with the resources toward improving their health and well-being. Support services inclusive of shelter, health care, legal aid, substance counseling, and job training are necessary to improve outcomes for victims of human trafficking. Similar to victims of domestic violence, trafficked victims may become revictimized if they are not provided with adequate supports as they are extricated from their enslavement. The social support structure of housing and reintroducing victims to a normal life has lagged behind the available legal supports. Nurses can play an essential role in identifying victims, providing interventions to improve physical and psychological health, and advocating on behalf of the victims.

REFERENCES

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Sex Trafficking and the Exploitation of Adolescents