Human Sex Trafficking: Recognition, Treatment, and Referral of Pediatric Victims
Charrita Ernewein, DNP, ARNP, and Rose Nieves, PhD, ARNP

ABSTRACT
Defined as the exploitation of human beings, human trafficking includes sexual exploitation, forced labor, or servitude through threats or force. Estimated to involve more than 2 million victims worldwide, human trafficking is recognized as a human rights violation. Approximately 1.2 million children are trafficked for sexual exploitation worldwide and over 200,000 American minors are at risk for being trafficked. Health care providers may be the only professionals to interact with trafficking victims while they are still in captivity. Nurse practitioners fulfill a unique role in the ongoing screening, treatment, and referral of individuals at risk for human trafficking.

Keywords: child sex workers, child sexual exploitation, health risk, human rights violation, human sex trafficking
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Human trafficking, also known as modern-day slavery, is a worldwide problem that includes the United States. This human rights maltreatment includes forced labor, sexual exploitation, and servitude through threats or the use of force. Affecting over 200 million people worldwide it is estimated that 17,500-20,000 victims are trafficked into the US annually. The US is considered to be a primary country of destination, based on the high profits available to traffickers. Despite efforts focusing on increasing community awareness of human sex trafficking, many people remain unaware that more US citizens are victims of sex trafficking within the country than are foreign nationals.

Human Sex Trafficking (HST) is defined as sex trafficking in which a commercial sex act is induced by force, fraud or coercion, or in which the person induced to perform such an act has not attained 18 years of age. Sex trafficking victims include people of all ages and both sexes. The majority of the victims trafficked into the US annually are women and girls, and more than half of all victims trafficked in the US from other countries are children. Statistics regarding trafficking of boys are limited. Research indicates that boys victimized in sex trafficking are unwilling to self-identify; this unwillingness may be due to the shame and stigma associated with exploitation. United Nations Children’s Fund statistics reveal that approximately 1.2 million children are trafficked for sexual exploitation worldwide and over 200,000 American minors are at risk for being trafficked. Research estimates that 199,000 youth enter trafficking each year. The average age of entry into HST is 12-14 years old.

Many victims arrive in the US through 3 main trafficking hubs: Los Angeles, New York City, and Miami. The states of Georgia, Florida, and North Carolina have been identified as transit points along destination routes for traffickers, with Florida being identified as a trafficking hotspot. Victims of HST are most likely to be from poor or underserved areas, but trafficking has no boundaries. This profitable endeavor is believed to be one of the fastest growing industries in the world, is closely tied to illegal arms dealing, and is becoming the second largest criminal industry. Many traffickers are drawn by the profits of
this industry, estimated to be in the $25-30 billion range. The complex nature of HST renders the documented statistics as undercounted; however, these statistics provide a picture of the prevalence of child exploitation within the US.

Perpetrators of HST prey on children and adolescents who suffer from low self-esteem and who have minimal support systems. This vulnerable population often includes runaways, homeless youths, kidnapped children, or children living within foster care. A common precursor to sexual exploitation is physical or sexual abuse during childhood. Trafficking of women and girls for forced prostitution is among the most well-recognized forms of human trafficking. Due to the illicit nature of HST, data regarding the full extent of the problem is challenging to obtain. Difficulty in victim identification is directly related to victim isolation, threats of violence, exposure to violence, and debt bondage that many trafficked victims experience. Feelings of worthlessness and low self-esteem reinforce the victim’s perception that traffickers care for them and have their best interests at heart. Through manipulation, the trafficker responds to the emotional needs of victims, recognizing their need for love, protection, and family. Once the victim is drawn in by manipulative tactics, more direct forms of coercion and manipulation are used, such as force and beatings.

In many situations, victims create a trauma bond (Stockholm syndrome) with their captors; through this bond, the victim may feel compelled to protect the person who has inflicted trauma. This attachment can result in the victims supporting the trafficker, thereby perpetrating the hidden nature of HST as the victims fail to see themselves as victims of trafficking. Domestic trafficking occurs frequently within the US, leaving vulnerable children at risk for sexual exploitation.

**EFFECTS AND CLINICAL PRESENTATION OF HST AND HEALTH**

It is imperative that nurse practitioners (NPs) increase their capacity to identify and refer victims in trafficking situations while providing sensitive and safe services to victims after trafficking. Although HST poses serious health risks for the victims both mentally and physically, the health of trafficked persons has been a neglected topic. Health risks and consequences for people who are trafficked may begin upon being recruited into the trafficking process and last well beyond the period of release. The number of minor sex trafficking cases being identified annually is growing and these individuals have an increased need for health care, dental care, mental health services, continued education, and training programs. Communities must learn to identify victims through health care, criminal justice, and social service systems, focusing on victim identification, trauma treatment, and medication management.

**Health Risk**

Children trafficked for sexual exploitation often experience mental health problems, suffer physical and sexual assaults, have low self-esteem issues, and are at risk for HIV/AIDS and other sexually transmitted infections, and have poor access to health care. Victims often face some of the worst health outcomes in society. Miller et al. indicated that 69% of HST victims reported homelessness; they also found that “homeless youth have higher rates of infectious diseases, such as hepatitis B, HCV, and HIV, as well as increased risk for pregnancy and violence.” Studies also indicated that victims reported a high incidence of health problems after trafficking (Table 1).

Common physical health problems of HST victims include headache 82.3%, fatigue 81.3%, dizziness 70.3%, back pain 68.8%, and memory problems 62.0%. An investigation of risk factors associated

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**Table 1. Red Flags or Potential Indicators of Trafficking (Polaris, 2010)**

- Discrepancies in behavior and reported age
- Evidence of sexual trauma
- Multiple or frequent sexually transmitted infections
- Excessively large number of pregnancies
- Tattoos or other types of branding
- Use of slang relating to involvement in prostitution
- Evidence of controlling or dominant relationship
- Malnourishment or generally poor health

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with HIV infection among trafficked women revealed a significant increase in women who had been trafficked at age 14 or younger when compared with women who had been trafficked at age 18 or older. Women and girls in the sex industry have a disproportionately high risk of HIV infection. A study of 31 sex workers who reported a history of sexual exploitation or youth sex work was aimed at gathering recommendations for ways to reduce susceptibility to sexual exploitation and HIV infection. Research within this study focused on ways to reduce susceptibility to sexual exploitation by providing social support and peer-based education. The study also identified ways to mitigate harm to HST victims by providing NP's with training regarding access to: HIV prevention resources; psychological support; and exit opportunities from the sex industry. The findings have collectively and effectively offered insight into youth vulnerability to recruitment and initiation into HST.

"Poor mental health is a dominant and persistent adverse health effect associated with human trafficking." Common psychological problems of trafficking include depression, anxiety, suicidal ideation, posttraumatic stress disorder, and addiction. Restricted freedom and sexual violence during trafficking has been associated with increased probability of anxiety and posttraumatic stress disorder. Other identifiable risk factors of mental disorders include education status, socioeconomic status, emotional abuse in childhood, physical and sexual abuse, and duration of the trafficking situation. Despite literature indicating the high incidence of mental disorders in victims of HST, uncertainties persist regarding the best ways to address their mental health needs.

**Diagnostics and Identification**

Trafficked individuals rarely identify themselves as trafficking victims. Due to the effects of isolation, threats of violence, exposure to violence, and debt bondage that many trafficked victims experience, victim identification is difficult. Given the hidden and illegal nature of this activity, the number of US victims of the child sex trade remains elusive. The difficulty in victim identification reinforces the critical role of the NP in the identification and treatment of HST victims. Misidentification is a major barrier to the rescue and provision of services to trafficked individuals. The ability to identify red flags or potential indicators of trafficking (Table 2) is a crucial part of the NP's assessment of potential victims. NPs also need to be aware of mental and physical health consequences of HST; however, data are limited regarding the effectiveness of health care interventions and the role of the NP in the identification of victims of HST.

Researchers have investigated victims of HST to identify the individual risk patterns and structural barriers among young female sex workers. The recruitment of victims into child sex trafficking was found to take place on streets, at corner stores and in malls while hanging out with friends, outside of juvenile justice centers, and even in their own homes. Youth were commonly approached by someone who knew them closely, knew them through other friends, or someone they vaguely knew from around the neighborhood. Some girls were trafficked and sold in exchange for food, shelter, or transportation, or to accommodate a drug habit, allowing the victim or the victim’s family to meet basic needs for survival. Risk factors contributing to the vulnerability of trafficked victims include: reports of neglect or physical and sexual abuse; foster care; runaway, giveaway, or throwaway behavior; parental drug use; and an overall lack of a positive role model. Victims of HST also reported high levels of physical and sexual violence both before and during the trafficking experience. Once involved in trafficking, these victims faced numerous barriers, making escape nearly impossible. Identifying

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<thead>
<tr>
<th>Table 2. Screening Questions for Minor Sex Trafficking (Polaris, 2010)</th>
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<tr>
<td>Where do you sleep?</td>
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<tr>
<td>What are your working/living conditions like?</td>
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<tr>
<td>Are you able to come and go as you please?</td>
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<tr>
<td>Has anyone physically harmed or threatened you?</td>
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<tr>
<td>Are you required to ask permission for physical necessities?</td>
</tr>
<tr>
<td>Have you/are you forced to have sex or perform sex acts?</td>
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victims of HST is the first step in assistance and advocacy.  

Management

There is critical need for resources devoted to the training of NPs in the setting of this growing problem of HST. A report issued by the Institute of Medicine focused on the sexual exploitation and sex trafficking of minors within the US. The report addressed public awareness of HST, recognizing that many professionals and individuals who interact with youth are unaware that crimes such as HST occur and are therefore ill-equipped with how to recognize or respond to victims, survivors, and those at risk. Professionals and individuals would include health care providers, child welfare professionals, law enforcement officers, and teachers. This report recommended that the "Office of Juvenile Justice and Delinquency Prevention (OJJDP) in partnership with the Department of Education (DOE) engage relevant sectors in developing, implementing, and evaluating training activities for professionals and other individuals who routinely interact with children and adolescents on how to identify and assist victims and survivors."  

NPs have an instrumental role to play in both preventive care and treatment of trafficked victims. Social service needs of trafficked victims include long-term medical, emotional, and psychological health and victim safety. More focus is required to research, identify, and develop services to address the long-term needs of HST survivors.  

Although NPs are in a position to identify and assist victims of trafficking, these opportunities are often missed. NPs and other health care practitioners have opportunities to alert individuals to the risk of human trafficking, identify and refer people who are in exploitative circumstances, and provide care as part of the post-trafficking referral system. Research indicates that victims sometimes receive medical treatment while under the traffickers' control. Encounters in the healthcare setting present opportunities for identification of trafficked victims. Survivors specified that barriers to open communication or disclosure of their trafficking situation were due to feelings of hopelessness, helplessness, and fear for their own safety. All survivors within the study who had received health care denied that they had been asked about their personal safety or history of abuse, indicating a further need for training NPs in recognizing of victims of HST.  

Recommendations from the US Department of Health and Human Services included training of NPs on the issue of human trafficking to improve identification of, and service delivery to victims. Appropriate education and training enables the NP to become an active partner in HST identification, intervention, and prevention. Development and dissemination of high-quality, evidence-based, evolvable education and training is crucial as the NP's awareness of HST evolves. Mandated annual training of NPs provides knowledge to assist with the identification and treatment of victims. Dedication of resources to training NPs about HST and the provision of necessary resources enables NPs to become effective advocates for this vulnerable population.  

Sensitivity of NPs to the widespread presence of trafficking and victims' vulnerabilities and critical needs is crucial to facilitate identification and provision of victim assistance. This assistance consists of a voluntary return to the victim's country of origin (if desired), accommodation in shelters, medical assistance, educational and vocational training, and financial assistance. Despite deplorable living conditions and the mental/physical abuses victims are exposed to during trafficking, once rescued many remain at risk due to having been removed from their sole source of shelter, income, clothing, and transportation. Universally safe housing has been identified as one of the victims' greatest needs after trafficking. Unfortunately, the social support structure to provide housing and other resources is limited and underfunded. A holistic understanding of HST supports NPs in working collaboratively with social services and other community resources regarding evaluation of the victims' needs and the availability of assistance. NPs and other health care professionals (particularly emergency department personnel) are in ideal positions to recognize and intervene in cases of HST. The brutal nature of HST frequently leaves victims with life-threatening injuries, and health care professionals are often the
first medical professionals to interact with victims. As frontline caregivers, NPs also have a history of identifying and assessing victims of partner violence.\(^2\)

NPs must be familiar with their state laws regarding mandatory reporting in cases of rape, trafficking, and abuse. All health care providers who encounter suspected victims of human trafficking are urged to contact the emergency response local 911 or the National Human Trafficking Resource Center at 1-888-373-788 (Table 3).\(^8\) This hotline makes contacts with local agencies and law enforcement to assist in removal of victims from trafficking situations as well as provision of housing, health care, legal assistance, and referral for community help.\(^8\)

**ROLE OF THE NP**

It is essential that all NPs learn about HST and are trained to identify signs of HST, such as suspicious behavior or coercion.\(^6,8\) NPs must be sensitive to the widespread presence of trafficking and to the understanding of victim vulnerabilities and critical needs. Acknowledgment by the NP that HST knows no boundaries and that it take place in all communities is essential to avoid misidentification of victims. Greater awareness regarding HST among NPs allows providers to assess and recognize risk among vulnerable patients, leading to improved victim identification and decreased negative outcomes for victims.\(^5\) Awareness is the crucial step toward eliminating HST.

HST must be considered as a differential diagnosis when a patient presents with certain indicators or red flags (Table 2). Victim identification by the NP is critical in the provision of victim assistance, education, and advocacy.\(^10\) Literature regarding the NP's role in identifying victims of HST has recognized common trafficking indicators that can be used in the assessment of potential HST victims (Table 2).\(^8\) Due to fear, the victim may be reluctant to provide personal information. If trafficking is suspected, it becomes imperative that the NP ask several key questions (Table 4).\(^8\)

Interviewing HST victims may be difficult; this process involves a separation of the victims from the trafficker if possible.\(^23\) It is also imperative that the NP use culturally sensitive protocols and age-appropriate language during the interview process.\(^8\) Despite detailed interviewing, the HST victim may fail to identify themselves as such. Individual cues such as repeated unexplained injuries, signs of physical abuse, inadequate documentation, and

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**Table 3. Resources for Reporting Human Trafficking (Polaris, 2010)**

<table>
<thead>
<tr>
<th><strong>Non-law enforcement referrals</strong></th>
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<tbody>
<tr>
<td>US Department of Justice Office for Victims of Crime: (800)-627-6872</td>
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<tr>
<th><strong>Services for runaway and missing children</strong></th>
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<tr>
<td>National runaway switchboard: (800) RUNAWAY</td>
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<tr>
<th><strong>Child abuse and neglect</strong></th>
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<tr>
<td>The Childhelp National Child Abuse Hotline: (800)-4ACHILD</td>
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<tr>
<th><strong>State abuse hotline/local agencies</strong></th>
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**Table 4. Short- and Long-term Effects of Human Trafficking (Polaris, 2010)**

<table>
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<tr>
<th><strong>Short term</strong></th>
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<tbody>
<tr>
<td>Higher risk behaviors (i.e., drug and alcohol abuse)</td>
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<tr>
<td>Impaired judgment</td>
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<tr>
<td>Emotional exhaustion</td>
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<tr>
<td>Depersonalization</td>
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<tr>
<td>Fear, anxiety, and nervousness</td>
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<td>Muscle tension</td>
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<tr>
<th><strong>Long term</strong></th>
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<tbody>
<tr>
<td>Posttraumatic stress disorder</td>
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<tr>
<td>Trauma bonding</td>
</tr>
<tr>
<td>Severe depression</td>
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<tr>
<td>Suicidal ideation</td>
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<tr>
<td>Spiritual questions</td>
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<tr>
<td>Feelings of being mentally broken</td>
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<tr>
<td>Sexual dysfunction</td>
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<tr>
<td>Difficulty establishing/maintaining relationships</td>
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</tbody>
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restricted communication are significant and can aid in victim identification. Treatment of victims by NPs involves attending to their immediate needs followed by referral to agencies capable of caring for their long-term physical and mental needs (Table 3). Immediate needs of victims may include sexually transmitted infection testing and treatment, as well as treatment for laceration and tears or other acute injuries.

NPs are considered mandatory reporters of abuse and are obligated to call child protective services if trafficking of a minor is suspected. The NP should also contact the National Human Trafficking Resource Center to assist in victim placement and with finding local resources post-trafficking. Due to the incidence of trafficking and the hidden nature of HST, NPs should be prepared to identify, treat, and refer victims as part of their regular practice. Enhancing, increasing, and continuing educational efforts expands the NP's awareness of local and national trafficking hotlines, which will serve as a first point of intervention in trafficking cases.

An enhanced training strategy will allow the integration of issues related to HST into the general education and continuing education of NPs, thereby optimizing their ability to identify, treat, and refer victims. Educational meetings and educational outreach are 2 behavioral change strategies currently being implemented in the HST arena to help increase awareness of HST among NPs. Increased awareness also allows NPs the opportunity to develop strategies to treat the long-term physical and mental health problems faced by HST victims. Providing a holistic understanding of HST will support NPs as they work collaboratively with social services and others to effectively aid victims.

As patient advocates it is essential that NPs become familiar with community resources and services available to these victims. Outreach services play a vital role in addressing HST. Direct involvement in community campaigns against human trafficking and awareness of nongovernmental organizations is crucial to increasing knowledge regarding this important topic. The Trafficking Victims Protection Act was initiated by the US in 2000, with areas of focus being prevention (public awareness and education), protection (legal assistance and interpretation), and prosecution (law enforcement tools and efforts). This legally enforceable initiative enables victims to obtain medical care and immigration status, and authorizes the prosecution and increased prison terms for all trafficking perpetrators. The legislative struggle for advocacy continues with the introduction of the Runaway and Homeless Youth and Trafficking Prevention Act. The Act is aimed toward research and improved services for this vulnerable population. It is imperative that NPs become actively involved at the legislative level. Joining a state or national organization involved in antitrafficking efforts is critical. Legislation involvement provides opportunities to promote health care policies and address legislation that impacts HST issues.

CONCLUSION

Recognized as a form of modern slavery, HST is taking place worldwide with a significant frequency within the US. The United Nations estimates that human trafficking is the third largest source of income for organized crime, after arms and drugs. United Nations Children’s Fund statistics suggest that approximately 1.2 million children are trafficked for sexual exploitation worldwide each year. An estimated 293,000 American youths are at risk of becoming victims of HST. This at-risk vulnerable population includes runaways, homeless children, kidnapped children, and children living within foster care. HST comes in various forms and effects people of all genders, ages, and nationalities.

For people who have been trafficked, physical and mental health risks may have been in place before they were recruited into the trafficking process, continued throughout the exploitation period, and persisted even after being released. Health indicators of being trafficked include sexually transmitted infections, vaginal and rectal trauma, unintentional pregnancies, burns and lacerations, addictions, and mental health trauma. These indicators bring victims into contact with NPs, thereby providing the potential for identification and intervention.

NPs are critical in connecting victims of HST with services that are needed to initiate recovery from their circumstances and trauma. Care of HST
victims requires a commitment between NPs, law enforcement, and community agencies to work collaboratively. This collaborative effort must revolve around the establishment of guidelines for patient identification, protocols for treatment and referral, and the development of consistent training calling for a multidisciplinary approach to addressing HST. NPs are in an optimal position to provide both frontline and key leadership when addressing HST among this vulnerable population and within the community. NPs are uniquely qualified and positioned to support ongoing initiatives to expand research and evidence-based strategies to combat this worldwide problem.

References


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