

Human Trafficking

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ABBREVIATIONS

CSEC	commercial sexual exploitation of children
DMST	domestic minor sex trafficking
STI	sexually transmitted infection

Human trafficking is an increasingly recognized global health crisis affecting individuals in every country and in every region of the world. Victims have been identified from more than 152 countries. The overwhelming majority of those victims are women and children. Recent reports suggest that one-third of all human trafficking victims are children. Thus, it is imperative for health-care providers to understand the very real and ever-burgeoning tragedy of modern-day slavery and how to identify children who may be at risk.

Human trafficking is defined as the “recruiting, harboring, transporting, providing, or obtaining a person for compelled labor or commercial sex acts through the use of force, fraud, or coercion” (US Department of State). Although most trafficking victims are subjected to sexual exploitation, other forms of exploitation (including forced labor, debt bondage, domestic servitude, forced child labor, and the use of child soldiers) are increasingly acknowledged.

The commercial sexual exploitation of children (CSEC) is engaging minors (<18 years of age) in sexual acts for items of value (such as food, shelter, drugs, money) that may or may not include force, fraud, or coercion.

Historically, CSEC was thought to occur primarily in other countries, and sex trafficking in the United States was thought to be solely transnational trafficking of minors from other countries into the United States. More recently domestic minor sex trafficking (DMST) has been identified; DMST is a subset of CSEC that refers to the commercial sexual exploitation of children, preadolescents, and adolescents who live in the United States. The International Labour Organization estimates that 2.5 million adults and children are at risk for trafficking worldwide, and 244,000 to 325,000 children remain at risk each year in the United States alone. This estimate is imperfect because these crimes often go undetected and victims are reluctant to self-identify for many reasons (fear of trafficker, loyalty to trafficker, lack of knowledge that they are victims, distrust of authorities, fear of arrest). Nonetheless, it is important to note that there are more children living in the United States who are sexually exploited than children who are trafficked into the United States.

Perpetrators of CSEC prey on normal developmental vulnerabilities of adolescents and include female, male, and transgender youth. Several additional factors increase the risk of involvement, including youth with a history of childhood maltreatment, running away, homelessness, substance abuse, mental health disorders, and developmental or learning disabilities. In addition, parental history of mental health disorders, intimate partner violence, and substance abuse are notable risk factors. Many victims will enter exploitation through the use of social media sites, unsupervised social settings, and the guise of romance by a trafficker.

All CSEC should be considered child sexual abuse. The victims are at risk for considerable immediate and long-term physical and mental health sequela

Child Sex Trafficking and Commercial Sexual Exploitation: Health Care Needs of Victims. Greenbaum J, Crawford-Jakubiak JE. *Pediatrics*. 2015;135(3):566–574

The Commercial Sexual Exploitation of Children: The Medical Provider's Role in Identification, Assessment, and Treatment: APSAC Practice Guidelines. Greenbaum J, Kellogg N, Isaac R, et al. Chicago, IL: American Professional Society on the Abuse of Children; 2013

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Trafficking in Persons Report. Washington, DC: US Department of State; July 2015. Available at: <https://www.state.gov/documents/organization/245365.pdf>. Accessed July 20, 2016

(injuries from violence, sexually transmitted infections [STIs] and other reproductive health issues, poorly controlled chronic health conditions, substance abuse, depression, anxiety, posttraumatic stress disorder). Because many victims seek medical care for various reasons during their exploitation, health-care providers are uniquely positioned to identify potential victims and provide comprehensive physical and mental health assessment and support. Although there are no current standard screening tools, physicians should include DMST in their differential diagnosis and recognize possible indicators (tattoos, injuries, STIs). Physicians should be familiar with mandatory reporting laws, federal and state laws to protect victims of human trafficking, and local advocacy organizations. Physicians should stress that the child is a victim in need of services. The National Human Trafficking Resource Center Hotline is always available to provide information on local resources.

In 2000, the United States authorized the Victims of Trafficking and Violence Protection Act. As arguably one of the most important laws in the battle against human trafficking, it aided in defining severe forms of sex and labor trafficking. That same year, the United Nations adopted an international agreement to address the crime of human trafficking on a transnational level. This agreement, the Palermo Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children, has now been ratified by 169 party states.

Efforts to combat human trafficking have improved. Millions of children, however, continue to be at risk for exploitation worldwide. We need continued research and

clinical work to improve the prevention, identification, and intervention of this population.

COMMENT: I found this *In Brief* on human trafficking very informative. I am amazed at the number of children who may be involved and think about countless past “missed opportunities” when I may have evaluated children and adolescents who met the risk factors but did not even consider human trafficking as a possibility. This is a critically important part of the differential diagnosis of children we evaluate who may have STIs at a young age or repetitively, in patients in whom we may suspect prostitution, in patients who are homeless, may have run away, or are suffering from mental illness. A focus on safety is a useful approach. Some questions to consider that are from the American Academy of Pediatrics Clinical Report on Child Sex Trafficking include the following:

- Has anyone ever asked you to have sex in exchange for something you wanted or needed (money, food, shelter)?
- Has anyone ever asked you to have sex with another person?
- Has anyone ever taken sexual pictures of you or posted such pictures on the Internet?

Remember that the child or adolescent is a victim, and this is a critically important area in which to be informed in our role as advocates for our patients and to identify and break the cycle of this type of maltreatment.

– Janet R. Serwint, MD
Associate Editor, *In Brief*

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