Domestic Minor Sex Trafficking: What the PNP Needs to Know CE

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ABSTRACT

Human trafficking is a major global public health problem and represents a substantial human rights violation. Human trafficking has been receiving attention in both the lay media and professional literature. Human trafficking can include commercial sex, forced labor, child soldiers, and stealing of human organs. One form of human trafficking represents a significant American pediatric health problem: domestic minor sex trafficking (DMST). DMST is the commercial sexual abuse of children by selling, buying, or trading their sexual service. This continuing education article will define DMST and discuss it in terms of prevalence, risk factors, and practice implications for the pediatric nurse practitioner. J Pediatr Health Care. (2015) *29*, 88-94.

KEY WORDS

Domestic minor sex trafficking, human trafficking

OBJECTIVES

1. Identify push/pull factors related to domestic minor sex trafficking (DMST).
2. Identify common physical and mental health conditions found in victims of DMST.
3. Describe when the pediatric nurse practitioner should be concerned regarding possible DMST and how to screen patients for possible DMST.
4. Understand the relationship between child maltreatment (especially sexual abuse) and DMST.
5. Recognize recruitment techniques used by traffickers.
6. Identify DMST prevention strategies the pediatric nurse practitioner can incorporate into practice.

Human trafficking can be defined as any form of extreme exploitation of one human being by another for financial gain via commercial sex, labor, human organs, and child soldiers (Clause & Lawler, 2013). Force, fraud, or coercion can be used to enslave victims. Human trafficking has been receiving attention in both the lay media and professional literature. Human trafficking represents a substantial human rights violation and is an emerging global public health issue (Ahn et al., 2013). It is estimated that human trafficking involves more than 2 million global victims each year (International Labour Organization, 2012). Worldwide, 80% of trafficking victims are women or girls, and 50% are minors (Deshpande & Nour, 2013). This continuing education article will focus on one aspect of human trafficking that is also an American pediatric problem: domestic minor sex trafficking (DMST). DMST will be defined and discussed in terms of prevalence, risk factors, and practice implications for the pediatric nurse practitioner (PNP).

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DEFINITION AND LEGISLATION

DMST is defined as the commercial sexual abuse of children through buying, selling, or trading their sexual service (Kotrla, 2010). DMST can involve engaging a U.S. citizen or legal resident younger than 18 years in prostitution, pornography, stripping, escort services, or other sexual services. Historically, the Trafficking and Violence Protection Act (TVPA) of 2000 legally solidified the connection between human trafficking and prostitution of minors. The TVPA (2000) defines human trafficking 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. The TVPA also includes the broader definition of human trafficking to include involuntary servitude, peonage, debt bondage, or slavery. By definition of the TVPA, any U.S. citizen younger than 18 years who is used in a commercial sex act is a trafficking victim and anyone who "pimps" a child or youth is a trafficker (Hughes, 2008). A pimp is someone who prostitutes minors with force, fraud, or coercion for purposes of personal gain. A DMST victim need not cross international borders or state lines to meet the definition of a trafficking victim (Betz, 2012). The TVPA has become a crucial piece of legislation in both the protection of DMST victims and the prosecution of traffickers.

The TVPA is federal legislation. Although federal legislation is recognized as the supreme law of the land, certain limitations exist. State legislation can grant citizens broader rights, sometimes resulting in conflict between state and federal legislation. This phenomenon has occurred regarding DMST legislation. For instance, Ohio law does not recognize fraud as a legally prohibited means of inducing a minor into sex trafficking, yet federal legislation does (Ohio Human Trafficking Task Force, 2014). Federal legislation (TVPA) defines all minors as victims of DMST, but in the state of Ohio prosecution must prove compulsion for a minor to be defined as a victim (Ohio Human Trafficking Task Force, 2014).

The Polaris Project, founded in 2002 by two Brown University graduates, is committed to combating human trafficking and to strengthening the anti-trafficking movement through political advocacy, client services, and provision of training and technical assistance (Polaris Project, 2014). The Polaris Project has rated state human trafficking laws and has evaluated states by a tiered system, with tier 1 being most supportive of human trafficking victims (32 states) and tier 4 being the least supportive (1 state, South Dakota; Polaris Project, 2014). The Polaris Project (2014) has evaluated the states of New Jersey and Washington as having a perfect score (i.e., most supportive of victims) and Arkansas, Mississippi, New Jersey, and Wyoming as being the most improved in 2013.

PREVALENCE

Human trafficking is not only a major international problem; it is an American problem. More U.S. citizens are victims of sex trafficking within U.S. borders than are foreign nationals, and American teens are most at risk of becoming victims of DMST (Hughes, 2007). Human trafficking generates an enormous amount of money. It is estimated that between 12 to 31 billion dollars per year are generated from human trafficking (United Nations Global Initiative to Fight Human Trafficking, 2012). Almost half of these dollars are generated in industrialized nations (Betz, 2012). Sex trafficking is a big business. It is the fastest growing arm of organized crime and the third largest criminal enterprise in the world (Walker-Rodriguez & Hill, 2011).

The Federal Bureau of Investigation estimates that 293,000 American youths are at risk of becoming victims of DMST (Walker-Rodriquez & Hill, 2011). The average age of entry into prostitution for American girls is 12 to 14 years (Walker-Rodriquez & Hill, 2011). Boys and transgender youth also enter into prostitution, typically between the ages of 11 and 13 years (Walker-Rodriquez & Hill, 2011). Research suggests the number of boys entering into prostitution is equivalent to that of girls (Rivers & Saewyc, 2012). In a study of 762 Canadian youth living on the streets, it was found that one in three girls and boys traded sex for money, drugs, shelter, or food (Saewyc, McKay, Drozda, & Anderson, 2008). Both boys and girls are at risk for DMST. Prosecution of traffickers is difficult, with only about 1 in 800 cases ever being prosecuted (Stop Child Trafficking Now, 2012).

RISK FACTORS

Although all American teens are at risk to be victims of DMST, certain factors increase vulnerability. Experiencing child maltreatment and living on the streets are both strongly associated with DMST (Deshpande & Nour, 2013). Therefore, it makes sense that psychosocial factors that place a child at risk for experiencing child maltreatment also place them at risk for experiencing DMST (Box 1). Living in a household with family dysfunction such as parental drug/alcohol abuse, parental mental illness, societal isolation, or interpersonal violence places a child at increased risk of experiencing both child maltreatment and DMST (Deshpande & Nour, 2013; Hornor, 2011). Preexisting mental health/behavioral concerns also place youth at increased risk for DMST (Wells, Mitchell, & Ji, 2012). Up to 30% of DMST victims had a pre-existing diagnosis of major depression (Wells et al., 2012).

American teens who have run away from home or have been "thrown away" from home are particularly vulnerable to DMST (Fong & Cardoso, 2010; Kotrla, 2010). Children living in out-of-home placements such as foster care, group homes, or youth shelters are at increased risk for recruitment into DMST (Rafferty, 2013). It is estimated that between 450,000 and 2.8 million American children and teens run away or are thrown away each year (Hammer, Finkelhor, & Sedlak, 2002). According to the U.S. Department of Justice (2011), involvement in prostitution is at epidemic proportions among teens on the streets. It typically takes a teen entering life on the streets only 3 days to be contacted by a potential trafficker (Walker-Rodriquez & Hill, 2011). Consider the vulnerability of these teens. How will they live? How will they eat? These runaway teens are often forced into DMST merely to survive and to have money for their basic needs (Saewyc et al., 2008).