STUDENT ARTICLE

Human Trafficking of Children and Adolescents: A Literature Review and Call to Action for Florida Pediatricians

Ali E. Wells, MD[1]; Chelsea R. Schmitt, MD, MPH[2]; Antoinette C. Spoto-Cannons, MD[3]
[1]University of South Florida Morsani College of Medicine, Department of Obstetrics and Gynecology
[2]University of South Florida Morsani College of Medicine, Department of Internal Medicine
[3]University of South Florida Morsani College of Medicine, Department of Pediatrics

HUMAN TRAFFICKING AND OUR COMMUNITIES

Every year between 100,000 and 300,000 children in United States fall victim to sex trafficking.[1] Fewer estimates exist regarding labor trafficking children, but the National Human Trafficking Resource Center recorded nearly 150 reports of child forced labor in the United States in 2014.[2] Reports of both forms of human trafficking are greatest in heavily populated states, in cities with multiple modes of travel access, and tourist destinations. Florida ranks third in the nation among states with the greatest prevalence of human trafficking.[3] These rankings probably shifted last winter when Tampa hosted Super Bowl LV in February 2021, although the effect of the global pandemic remains to be seen. Event attendance will be limited, but COVID-19 has amplified trafficking risk factors with economic stress and loss of contact with mandatory reporters in schools, As the largest yearly sporting event in the country, the Super Bowl has been dubbed "the single largest magnet for sex trafficking and child sex work in the U.S. and possibly the world".[4] There was a 136% increase in the number of "adult" classified advertisements on the internet advertising site, Backpage, at the time of the Dallas, TX, Super Bowl in 2010.[5] This could serve as a proportional approximation of the increase in sex trafficking associated with the event. The human trafficking industry has grown in the last decade since this Texas Super Bowl, with estimated net profit of $32 billion in 2011 to $150.2 billion in 2018, making it the fastest-growing form of international crime and third-most profitable illegal trade.[6] Although there are only approximate measures of increase in human trafficking around the Super Bowl, this singular event represents an opportunity to raise awareness about a crime covertly thriving in our community year-round. Since its seizure by the United States Department of Justice in April 2018 for facilitation of sex trafficking, Backpage has been taken down but supplanted by many smaller sites less familiar to law enforcement. Despite the victory over Backpage, the demand for victims remains. It is vital that pediatricians and other healthcare providers become aware of this issue and learn to recognize red flags in every patient's history and physical exam.

DEFINITION

Human trafficking is defined by the United Nations Office on Drugs & Crime as:

…the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.[7]

Note that this definition does not require that a victim be transported from one place to another in order to be trafficked.[8] A child may be trafficked domestically, even within their own home. The two most common types of human trafficking are sale of a person for sex and sale for labor. Sex trafficking can include escort services, pornography, illicit massage businesses, brothels, and outdoor solicitation. The most common age of recruitment for girls falls between 12 and 14 years, and the most common age for boys between 11 and 13 years.[9] Industries in which labor trafficking may commonly occur include agriculture, domestic work, restaurants, and cleaning services.[10] Reports of forced child labor in each of these industries have been filed, and children are frequently used in traveling sales crews and in peddling or begging rings.[10]

HEALTHCARE PROVIDER ROLE

Over 50% of labor and sex trafficking survivors reported that they had accessed health care at least once during the course of being trafficked.[11] Given this important statistic, it can be reasoned that nearly every provider in the hotbed trafficking state of Florida has encountered a victim, however nearly 97% of those survivors stated that during their encounters with healthcare providers, they had never been provided with information or resources about human trafficking.[11] Despite the widespread nature of this problem and the fact that healthcare professionals are in a unique position to provide assistance to victims of trafficking, less than 10% of 1,000 physicians surveyed in 2014 reported that they were trained to identify the signs of human trafficking, and more than 70% said they would not know what to do if they encountered a victim of sex trafficking.[12] This represents an unacceptably low rate of training amongst healthcare professionals in recognizing and engaging with victims of human trafficking. Acknowledging this lack of awareness and education, Human Trafficking Bill, Chapter 2019-152 was passed by the Florida legislature in June of 2019. Among other stipulations, the law requires all healthcare professionals to complete one hour of continuing medical education on human trafficking by January 1, 2021, as part of licensure requirements. Any medical professionals who may come into contact with a victim of trafficking are advised to participate in this training, especially as office staff members may be able to observe suspicious behaviors before the clinical encounter begins and can offer valuable insight to the physician.

RISK FACTORS

Many risk factors may contribute to domestic youth becoming involved in trafficking. Some of the most commonly cited are listed in Table 1.[13] COVID-19 quarantine conditions have likely exacerbated several of these.

RISK FACTORS FOR DOMESTIC TRAFFICKING OF YOUTH	
Poverty	Housing insecurity/homelessness
Lack of education	History of running away
Difficulty in school/Bullying	History of foster care
English language limitations	Juvenile delinquency
LGBTQ status	Behavioral health concerns
Female gender	Missing or absent parent
Substance abuse	Adverse childhood experiences (ACEs)
Family members/friends already involved in commercial sex	Early childhood trauma/abuse
Lack of supervision (including on the Internet)	History of dating violence, sexual abuse, physical abuse

Table 1. Risk Factors for Domestic Trafficking of Youth

RECRUITMENT

Although some child victims are physically held by their trafficker, it is a public misconception that this represents the predominant form of control. Psychological manipulation, frequently capitalizing on one or more of the risk factors in Table 1, is a much more common method of control used by traffickers. This is termed recruitment. Traffickers may assume the role of "boyfriend" and use seduction and emotional attachment to influence their victims and isolate them from friends and family. They may pretend to serve as "helper" and provide shelter, money, even an illicit substance to which the victim may become addicted.[14] Finally, a trafficker may pose as a "talent scout," offering opportunities for children to make money singing or modeling with the intent to slowly normalize sexually explicit behaviors. Traffickers use these tactics to lure in victims and then groom the children to behave in a way that is pleasing to the perpetrators and may even force the children to become complicit in a crime, such as grand theft, or in gang involvement. Children may also serve as recruiters of their peers, either because they seek reward from their trafficker or because they truly believe their trafficker cares for them. Not uncommonly, a child may be trafficked by their own family member.

RED FLAGS

Common ailments of trafficked pediatric victims presenting to their healthcare provider include sexually transmitted infections (STIs), malnourishment, and mutilations.[15] It is especially telling if this is not the first encounter in which the patient presented with such complaints. Other common primary problems include undesired pregnancy, work injury, substance abuse, and psychiatric needs including acute suicidality. The latter two and STI represent the most common problems seen in trafficked pediatric patients prior to their identification as victims.[16] Red flags can be identified during the visit in the history, physical exam (including appearance), and behavior (Table 2).

RED FLAGS FOR HUMAN TRAFFICKING				
History	Appearance	Behavior	Force & Abuse	Coercion & Control
Scripted or inconsistent history	Tattoos or branding	Resistant to assistance	Hematoma	Inability to keep appointments/ follow care instructions
Discrepancy between history & presentation	Not appropriately dressed for weather	Demonstrates hostile behavior	Laceration or scarring	Unable to present ID, false/ multiple IDs
Unwilling/resistant to answer questions	Appears younger than stated age	Appears to be in a hurry	Burns	Not in possession of own ID
Unable to provide address	Appears sleep-deprived		Missing or broken teeth	Inaccurate or changing demographic info
Not aware location, date, time	Bald spots	Fear/Submissiveness	Injuries to the head/ neck	Addictive behaviors
Unusually high # of sexual partners, STIs or miscarriages	Burns	Traumatic stress response	Black eyes	Accompanied by person who does not let the patient speak
Tried many inappropriate OTC remedies	Malnourished	Avoids eye contact	Limbs dislocation/ fracture	Large age discrepancy between patient and partner
Trading sex for valuable item, food, shelter, drugs, money	Poor dentition/Oral trauma	Hyper-vigilance	Pelvic pain	Is not being paid or wages are withheld
Sexual vocabulary/ knowledge not age appropriate	Delayed/inadequate medical care	Subordinate demeanor, especially to accompanying person	Rectal trauma	Is being isolated from family/ friends
				Hypervigilance, fear, paranoia, anxiety, depression

Table 2: Red Flags for Human Trafficking

HISTORY

A patient presenting with one of the above chief complaints may present with a history interspersed with or plagued with inconsistencies.[17] The account of their problem's cause and timeline may even seem scripted.[18] Their demographic information may be inconsistent with what is previously listed in their charts or on their forms of identification, or may change throughout or between encounters.[17] Key factors to consider are discrepancies between the history and the patient's presentation, such as a wound in a later stage of healing or infection.[17] Sexual histories may be more challenging to compare to the patient's physical exam, but if the pediatric patient offers a history of several sexually transmitted infections, pregnancies, or sexual partners, this should be considered a red flag.[19] In such cases, asking if the patient has traded sex for money, food, shelter, drugs, or other valuable items is warranted.[20] The patient may say that they are not in control over their finances or receive only a small proportion of the cost for services rendered in which they participated.[21]

Trafficked patients may be kept deliberately ignorant of their situation and surroundings, such that the patient does not seem oriented to location, date, and time and is unable to provide a home address.[17] It is worth asking the patient whether they have had recent contact with close friends and family members, since isolation from loved ones reinforces the trafficker's control over the victim.[17] Pay heed to what actions the patient has already tried to remedy the chief complaint; trafficked patients may try inappropriate over-the-counter remedies in order not to ask their trafficker to facilitate medical attention.

An advanced sexual vocabulary or sexual knowledge inappropriate for the patient's age is an additional cause for concern in a pediatric patient. Also, an adolescent patient's lack of responses should not be written off as normal, sullen behavior. They may well be deliberately hiding information to protect their trafficker.[19]

PHYSICAL EXAM

Appearance:

It may be challenging to distinguish the trafficked adolescent from the rebellious adolescent. While both may appear sleep deprived, be dressed inappropriately for the weather, and have tattoos, the trafficked adolescent may provide poor explanations for these findings.[17] For example, some adolescents choose to wear looser clothing to minimize attention to their bodies, reasoning which might be elucidated in a HEADSS assessment. But a trafficked teen may be trying to hide burns, scars, or obvious brands.[17] The non-trafficked teen may be more likely to explain the significance of her tattoo. The same tattoo pattern on the same body part appearing on multiple patients may raise concern for the ink serving as a marker of victims controlled by a certain trafficker. Patients may show additional signs of stress and neglect, such as malnutrition, poor dentition, and hair loss inappropriate for their age.[18] The most obvious red flag may be that the patients presenting with a sexually related complaint appear younger than their stated age.[19]

Behavior:

The patient's behavior throughout the encounter may raise suspicions for abuse, even trafficking. The patient may exhibit resistance to elements of the history and physical or display outright hostile behavior,[18] or appear rushed or inattentive in order to avoid completion of some elements of the encounter.

The patient's use of a cellular device may be telling. Constant texting may represent a deliberate effort to avoid engagement with the provider or acquiescence to the trafficker's demands for updates. Regardless of cell phone use, it is important to pay attention to the patient's eye contact for clues to their submissiveness.[17] This is especially true if the patient is accompanied by a self-proclaimed relative who is reluctant to leave the room.[17] Be aware of signs of hypervigilance, such as exaggerated startle response and constant gaze toward the exit, as these may be signs of a traumatic stress response.[21]

Additional elements of the interaction between the patient and the individual accompanying them may reflect coercion and control in the relationship. A physician and staff members should be aware of who holds the patient's identification if the patient is age 15 years or older as this may be a sign that the patient has no control over personal documentation or money.[17] A clear red flag is when the accompanying individual provides the vast majority of the history and refuses to allow the patient to engage in the conversation.[17] There may be a large age discrepancy between the patient and the individual they introduce as their romantic partner. The patient may also display addictive behaviors or signs of drug withdrawal. Provision of drugs is a frequently used method of control employed by traffickers. [19]

Finally, the patient may display several behaviors that might initially be attributed to noncompliance, such as not returning for follow-up appointments, not filling necessary prescriptions, or returning to the clinic with a similar chief complaint. Such behaviors should be viewed with caution in a pediatric patient as they may indicate abuse or neglect.

Physical findings:

The remainder of the exam may reveal additional signs of abuse or physical force. Any injury to the head and neck or limb dislocation/fracture should be viewed as suspicious.[17] Hematomas and burns may appear on parts of the body aside from extensor surfaces, and the patient may have a black eye and missing or broken teeth.[21] The pairing of a chief complaint of pelvic pain and a pelvic exam causing adnexal tenderness is concerning for pelvic inflammatory disease regardless of the patient's potential denial of fever or discharge.[17] The sexually trafficked patient may also have obvious vaginal lacerations and/or rectal trauma.[17]

IMPORTANT QUESTIONS

If you are suspicious that a patient is a victim or imminently at risk, it is important to engage the patient in a discussion of their safety. At the very least, you should ask the patient if they feel safe. Additional useful questions for possible trafficked children and adolescents are included in Table 3.

IMPORTANT QUESTIONS TO ASSESS FOR RISK OF HUMAN TRAFFICKING
Do you feel safe?
Has anyone hit you or hurt you?
Do you have a place to stay? Where are you living?
Has anyone forced you to do anything you didn't want to?
Do you work, live, and sleep all in the same place?
Do you have any scars on your body due to someone harming you?
If you wanted, could you leave?
Has anyone threatened to hurt you or your family?
Tell me about this tattoo… Did you choose to get your tattoo(s)?
Do you have to ask for permission to use the restroom/to eat/ to sleep?
Are there pictures of you on the internet? Where?
Have you ever traded anything for sex? Food, money, shelter?
What made you leave your home country?[22]
Did you have any problems with persons working for the government, military, police, or any other authorities?[22]
In your home country, did you ever have problems because of religion, political beliefs, culture, or any other reason?[22]

Table 3: Important Questions to Assess for Risk of Human Trafficking

WHAT DO YOU DO IF YOU SUSPECT THAT SOMEONE IS BEING TRAFFICKED?

The safety of our patients is of primary importance. Pediatricians are mandatory reporters of suspected abuse and the Florida Department of Children and Families (DCF) must be contacted for suspected child victims. The situation becomes more nuanced for patients aged 18 years and older. The average age of recruitment is in early adolescence, and it is clear that the coercion and control these patients experience does not suddenly disappear when they reach the age of 18. However, at that point the pediatrician is no longer able to reach out without the patient's consent.

There are many factors that may dissuade a victim of trafficking from seeking assistance; provision of essential needs by their trafficker, threats of harm to their loved ones and substance dependence, to name just a few. Distrust of law enforcement and the judicial system is also common among these patients. It may be helpful to reassure patients that there are laws in Florida that can help them to expunge some arrests in their youth from their record and help with job placement. Providing reassurance that their communication is confidential, establishing a therapeutic relationship, and providing access to follow up are key steps in ensuring that help will be available once the patient decides they are ready to take that step.

The National Human Trafficking Hotline (1-888-373-7888) or their Be Free Textline (Text "Be Free" to 233733) are excellent

resources. It may help to provide the patient with safe time and space within your healthcare setting to contact these resources. If they are not ready to make these contacts yet, it is helpful to provide them with these numbers in a discrete way that will not be easily recognized by their trafficker. Options for this include palm-sized resource cards that may easily be hidden, small personal items such as toothbrushes with numbers printed on them, or placing numbers directly into patients' phone contacts under a false name so as to not attract suspicion.

Safehouses are available in Florida for both genders. Among the services that these organizations may provide are safe housing in an undisclosed location, comprehensive, trauma-informed care including telehealth/teletherapy, limiting of access to mobile devices/social media, online schooling, and court hearing assistance.

LOOKING FORWARD

The aim of this article is to encourage readers to know the risk factors and red flags within the pediatric population regarding human trafficking and to avail themselves of local resources to aid victims. It is our responsibility as healthcare providers to educate ourselves and our peers, engage in discussion with lawmakers as advocates for our patients, and combat human trafficking, both at the time of the 2021 Super Bowl and on a daily basis. We must dispel the myth that trafficking is a foreign crime and cannot impact our patients and children.

To attain a better perspective on the impact of human trafficking close to home, the authors recommend the PBS special "Close to Home: Human Trafficking" that gives a voice to many Tampa Bay Area neighbors who are now recovering survivors and advocates within our community.[23]

REFERENCES

1. Hotline NHT. 2014 *NHTRC Annual Report*. 2015.
2. Center NHTR. Child Labor Trafficking in the United States. *National Human Trafficking Resource Center*, 2015.
3. Hotline NHT. Hotline Statistics 2019 [cited 2020 March 22]. Available from: https://humantraffickinghotline.org/states.
4. Whitehead J. Sex Trafficking: There's More to the Super Bowl Than Sports2011. Available from: https://www.huffpost.com/entry/sex-trafficking-super-bowl_b_816618.
5. Latonero M BG, Hernandez A, Mohebi T, Movius L. Human trafficking online: the role of social networking sites and online classifieds. University of Southern California: *USC Annenberg Center on Communication Leadership & Policy*, 2011.
6. Human Trafficking Fact Sheet. United States Department of Health and Human Services, 2004.
7. (UNODC) UNOoDaC. Human Trafficking, *United Nations Office on Drugs and Crime (UNODC)* [cited 2020 March 13]. Available from: https://www.unodc.org/unodc/en/human-trafficking/what-is-human-trafficking.html.
8. State USoADo. 2016*Trafficking In Persons Report*.
9. (CTDC) TCTDC. Age of Victims: Children and Adults 2018 [cited 2020 March 13]. Available from: https://www.ctdatacollaborative.org/story/age-victims-children-and-adults.
10. (NHTRC) NHTRC. Child Labor Trafficking in the United States. *National Human Trafficking Resource Center*, 2015.
11. Lumpkin CT. Identification and Referral for Human Trafficking Survivors in Health Care Settings: Survey Report. 2017*Coalition to Abolish Slavery & Trafficking (CAST)*.
12. Titchen KIS. Domestic Child Trafficking: Assessment of Pediatric Residents' Knowledge and Educational Needs. *J Pediatr Adoles Gy*n. 2014;27(2):e45.
13. Fraley HE. Obtaining exposure and depth of field: school nurses "seeing" youth vulnerability to trafficking. *J Interperl Violence*. 2019. 36(15-16):7547-7573.
14. National Prevention Toolkit On Domestic Violence and Human Trafficking: Florida State University; [cited 2020 March 13]. Available from: https://nationaltoolkit.csw.fsu.edu/leo/part-2/sex-trafficking/.
15. Services DoHaH. Resources: *Common Health Issues Seen in Victims of Human Trafficking.* 2014.
16. Goldberg AP, Moore JL, Houck C Kaplan, DM, Barron CE. Domestic minor sex trafficking patients: A retrospective analysis of medical presentation. *J Pediatric Adoles Gyn*. 2017;30(1):109-15.

17. Becker HJ, & Bechtel, K. . Recognizing victims of human trafficking in the pediatric emergency department. *Pediatr Emer Care*. 2015;31(2):144-7.
18. Jablow M. Physicians Can Play Crucial Role in Identifying Human-Trafficking Victims.: Association of American Medical Colleges.; 2017 [cited 2020 March 22]. Available from: https://www.aamc.org/news-insights/physicians-can-play-crucial-role-identifying-human-trafficking-victims.
19. Henry T. How physicians can identify, assist human trafficking victims: American Medical Association; 2016. Available from: https://www.ama-assn.org/delivering-care/public-health/how-physicians-can-identify-assist-human-trafficking-victims.
20. Egyud A, Stephens K, Swanson-Bierman B, DiCuccio M, Whiteman, K. Implementation of human trafficking education and treatment algorithm in the emergency department. *J Emer Nurs*. 2017;43(6):526-31.
21. Byrne M. Human trafficking: Impact, identification, and intervention. *Nurs Manag*. 2019;50(8):18-24.
22. Chow Ahrenholz NH, M. Caring for refugee and asylee torture survivors in primary care. *SGIM Forum*. 2015;38(10).
23. Public Broadcasting System (PBS): Close To Home: Human Trafficking;2019. Available from: https://www.pbs.org/video/close-to-home-human-trafficking-fg4bhj/