

# Commercial Sexual Exploitation of Children and State Child Welfare Systems

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## Abstract

In several states, commercial sexual exploitation of children (CSEC) is now a reportable child abuse offense. Illinois has taken the lead in tackling the issue and the Illinois experience illuminates valuable lessons. This article delineates the protection, practice, and policy implications that evolve when CSEC falls under a state child welfare system. The specific aims are to (a) discuss CSEC, its victims, risks, harms, and challenges inherent in providing effective care; (b) use Illinois as an exemplar to explicate the consequences and implementation challenges of establishing a state reporting system that frames CSEC as a child welfare issue; (c) recommend strategies for developing effective state reporting models, and (d) demonstrate how nurses are well poised to advocate for victims of human trafficking on both state and national levels. Recommendations for improving the identification of CSEC victims and overcoming challenges to state implementation are offered.

## Keywords

prostitution, child welfare, sexual abuse, policy

The United States has the second largest sex trafficking market in the world (Sabella, 2011). Commercial sexual exploitation of children (CSEC) in the United States, also referred to as domestic minor sex trafficking, is a severe form of child maltreatment defined as any sexual act performed by a minor (under the age of 18 in most states) for an adult in exchange for anything of value (Albanese, 2007). Victims of domestic minor sex trafficking have been forced, coerced, or manipulated to engage in prostitution, exotic dancing, or pornography (Estes, n.d.; Logan, Walker, & Hunt, 2009; Mitchell, Jones, Finkelhor, & Wolak, 2011). Contrary to popular national sentiment that sex trafficking is predominantly an international issue, this grave child welfare problem is prevalent in the United States. Specifically, between 2008 and 2010, 83% of confirmed U.S. sex trafficking incidents were U.S. citizens and 40% were CSEC cases (Banks & Kyckelhahn, 2011).

The federal Trafficking Victims Protection Act of 2000 (Pub. L. No. 106-386, 114 Stat. 1464) defines sex trafficking as “a commercial sex act induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age” (p. 8). Research suggests that up to 200,000 children

annually are at risk for commercial sexual exploitation (Estes & Weiner, 2002). Nonetheless, actual numbers of victims have been difficult to estimate due to the covert nature of the phenomenon. Because CSEC falls under the umbrella of sexual abuse, data on sexual abuse provide some information on the extent of the problem; however, availability of sexual abuse data varies by state.

In federal fiscal year 2013, approximately 60,956 (9%) of child abuse victims in the United States were sexually abused (U.S. Department of Health and Human Services [DHHS], 2014). Sexual abuse may include sexual penetration, sexual exploitation, sexual molestation, substantial risk of sexual injury, or human trafficking of children. Unfortunately, these data lack differentiation between types of sexual abuse such as data indicating the abuse involved sexual penetration, molestation, exploitation, or human trafficking. Data differentiation

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among types of sexual abuse could be helpful as data on sexual exploitation and human trafficking have been difficult to obtain. We do know, however, that biological parents were the most frequent (88.6%) perpetrators of abuse and neglect committed against children (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2014). Approximately 11% of child abuse victims were abused by nonbiological parents. More information is needed on the nature of these sexual abuse encounters, and Illinois is one of the first states that added an additional abuse category making CSEC reportable to the Illinois Department of Child and Family Services (DCFS).

The purposes of this article are to (a) discuss CSEC, its victims, risks, harms, and challenges inherent in providing effective care; (b) use Illinois as an exemplar to explicate the consequences and implementation challenges of establishing a state reporting system that frames CSEC as a child welfare issue; (c) recommend strategies for developing effective state reporting models; and (d) demonstrate how nurses are well poised to advocate for victims of human trafficking on both state and national levels. Dealing with undocumented children who have been victims of CSEC is of great importance; nevertheless, it is beyond the scope of this article and will not be discussed. This article refers solely to domestic minor sex trafficking or CSEC victims who are U.S. citizens.

## Overview of CSEC

Who are the children that become victims of CSEC? Children with little to absent adult supervision (i.e., run-aways, children in foster care, and homeless youth) are possible prey of traffickers (Trafficking in Persons Report, 2011). But as discussed in the following paragraphs, these children's risk factors are more complex than merely lack of adequate adult supervision and engagement. Mounting an appropriate state policy response to CSEC victims is equally complex. Despite many CSEC victims having multiple contacts with state social service agencies, these agencies often lack staff preparation, policies, and infrastructure to meet these children's needs; consequently, those in crisis often go unnoticed by an overburdened child welfare system (Williams & Frederick, 2009). Unfortunately, child victims of CSEC are inappropriately placed in settings such as juvenile detention centers or returned to the homes they ran away from, placing them at increased risk for revictimization (Kotrla, 2010).

Identification of victims has also been challenging due to the social messages around sexuality. With a glamorized pimp culture bombarding many youth through

multiple media outlets (i.e., social media, music videos, and television shows), children may be more vulnerable to the romantic advances of traffickers during the grooming process (Shared Hope International, n.d.). During the grooming process, which is when traffickers befriend the victims and often exploit them, youth rarely consider themselves as victims making self-reports to the child welfare system even more complicated. The following discussion elaborates the multiple factors that place particular children at risk for CSEC.

## Risk Factors Associated With CSEC

Several risk factors have been identified and connected to CSEC. The most commonly identified risk factor is a history of childhood sexual abuse (Coy, 2009; Mosack et al., 2010). The relationship between sexual abuse and CSEC risk is a complex interplay of factors that operate across several domains. The *first* domain of risk for child sexual abuse is involvement in the child welfare system. Entering the child welfare system adds risks that may contribute to CSEC; that is, multiple placements and further abuse. Such circumstances may also contribute to a child's sense of instability which has been associated with the inability to develop healthy relationships with peers. In turn, youth are more vulnerable to associating with predatory men or women involved in prostitution (Coy, 2009). If the child welfare system does not become involved or if placement within the child welfare system is unbearable, chronic running away often begins. Youth who run away are often at high risk for CSEC because they may become prey to sexual exploiters or they may resort to prostitution out of sheer desperation to survive on the streets.

The *second* domain of risk for becoming a victim of CSEC includes variables such as extreme poverty, poverty associated with immigration, lack of education, lack of knowledge about legal rights, and illicit substance use (Logan et al., 2009; Reid, 2010; Valandra, 2007). Living near international borders, adult markets of prostitution, impoverished areas, and areas with large proportions of transient men also places children at risk for CSEC (Estes & Weiner, 2002). Although substance abuse and prostitution are connected (McClanahan, McClelland, Abram, & Teplin, 1999; Reid, 2010; Valandra, 2007), it is uncertain which factor is the antecedent (Brawn & Roe-Sepowitz, 2008; Martin, Hearst, & Widome, 2010). However, Brawn and Roe-Sepowitz (2008) found that the longer a female was involved in prostitution, the more likely it was that she also abused substances.

The *third* domain of risk for CSEC is being a young female runaway (Fong & Berger Cardoso, 2010; Logan et al., 2009; Mitchell, Finkelhor, & Wolak, 2010; Reid, 2010). According to Reid (2010), no age is too young to become involved in sexual exploitation as younger girls often meet the demand for female virgins. Family

dysfunction and abuse can prompt adolescent females to run away from home, thereby increasing their risk for victimization (Brawn & Roe-Sepowitz, 2008; Reid, 2010; Twill, Green, & Traylor, 2010; Valandra, 2007). Finally, the presence of mental health disorders including post-traumatic stress disorder (Macy & Johns, 2011), low intelligence quotient scores, and juvenile delinquency contributes to increased risk for CSEC (Brawn & Roe-Sepowitz, 2008; Martin, Hearst, & Widome, 2010; Twill et al., 2010).

### Harm Associated With CSEC

By definition, victims of sex trafficking are subjected to force, coercion, and manipulation (Reid, 2010). Victims are also kept entrapped by fear of violence and arrest (Logan et al., 2009). More than half of the victims of domestic minor sex trafficking are under a sex trafficker's complete control (Estes & Weiner, 2002). Traffickers use threats, isolation, and confinement to instill fear in their young victims (Martin, Hearst, & Widome, 2010; Logan et al., 2009; Valandra, 2007). Other tactics used to control victims include severe violence (Fong & Berger Cardoso, 2010; Smith & Vardaman, 2010–2011), gang rapes, food deprivation, isolation, and forced drugs (Hyland, 2001). In addition to psychological trauma, denial of medical attention, forced and unsafe abortions, and unprotected sex contribute to multiple physical health consequences. Consequently, the combined impact of developmental stage-related vulnerability and the methods used to force, coerce, and manipulate adolescents into domestic minor sex trafficking can lead to profound enduring psychological and physical effects.

### Existing Challenges

Promising public and private programs and approaches to preventing CSEC exist and interventions to rescuing, rehabilitating, and reintegrating victims back into society are emerging. Yet, the multiple systems of care that are involved in addressing victims of CSEC face several challenges. As noted in a recent report on the current system's approach, "the challenge of incorporating modern anti-trafficking concepts into these existing institutions has resulted in misidentification and referrals to juvenile justice... rather than protective services" (Trafficking in Persons Report, 2011, p. 375). Moreover, the child welfare, juvenile justice, and mental health systems often overlap, which means that victims of CSEC may be involved with these systems simultaneously or at discrete periods in time. In one study, high-risk youth involved in all three systems of care had more unmet needs than their peers who had been in contact with just one system (Dauber & Hogue, 2011). The situation is also complicated by confusion in the child welfare, health care, and

juvenile justice systems as to which specific instances of abuse fall under the purview of the child welfare system. Although CSEC is considered as sexual abuse, it does not necessarily mean child welfare will intervene. In cases where the abuser is not a caretaker, which is often the situation in CSEC, child welfare agencies may not become involved (Fong & Berger Cardoso, 2010; Smith & Vardaman, 2010–2011).

Yet victims of CSEC might need support from professionals from state welfare systems. Williams and Frederick's (2009) interviews with 61 adolescent (ages 14–19) victims of CSEC identified a lack of social support (i.e., social services, supportive adults, or family members). They noted that some youth hid themselves from intervention to avoid repercussions, while others tried to alert child welfare services to no avail. Youth interviewed by Williams and Frederick (2009) identified helpful adults as important to their survival. Nonetheless, these helpful adults were often inaccessible because the child victims often lived highly mobile transient lives, at times living across several states or jurisdictions. On the other hand, some victims of CSEC noted child welfare personnel to be insensitive, intrusive, and misguided. As youth got closer to aging out of the state child welfare system in the Boston and District of Columbia areas, they sensed that less help was available than when they were younger. Serial placements of youth often added to the instability of these traumatized youth (Coy, 2009; Williams & Frederick, 2009).

### Consequences and Implementation Challenges

In Illinois, the Safe Children's Act of 2010 (Public Act 96-1464) eradicated the practice of charging minors with prostitution and called for them to be treated as victims. Illinois is the first state in the country that precludes all children under the age of 18 from being prosecuted for juvenile prostitution (Polaris Project, 2010). As a result of regulations pursuant to the law, the Illinois child welfare system has been relegated with identifying and serving victims of CSEC. But the system's limited capacity to do so is of significant concern. The *Building a Child Welfare Response to Human Trafficking Handbook* identifies challenges the Illinois DCFS must address to adequately identify and serve victims of CSEC. The challenges include (a) building capacity to identify, track, and respond; (b) working within a limited scope; and (c) juggling conflicting priorities (Kaufka Walts, French, Moore, & Ashai, 2011).

### Capacity to Identify, Track, and Respond

According to the Illinois DCFS Report on Child Abuse Statistics (2014), 9,225 cases of sexual abuse were

reported in the state in 2013. Although 29.6% of the cases were designated as *indicated* which means that there was reason to suspect maltreatment, the allegation was unable to be substantiated under state law or policy (Illinois DCFS, 2014a). An indicated disposition triggers intervention in Illinois. Interventions include but are not limited to ongoing computerized documentation of further investigation, criminal investigation, and protective custody when the child is at imminent risk or follow-up services to help stabilize the family (Illinois DCFS, 2014b).

In Illinois, of the 9,225 children who were reported to have been sexually abused in 2013, 1,330 cases of sexual exploitation were recorded as a subcategory of sexual abuse and 25.4% of the sexual exploitation cases reported were *indicated*, meaning that there was reason to suspect maltreatment, but the allegation was unable to be substantiated under state law or policy. Illinois DCFS's policy defines sexual exploitation as "sexual use of a child for sexual arousal, gratification, advantage, or profit" (Illinois DCFS, 2011). Most of the children with indicated reports of sexual abuse were female (80.8%) and either between the ages of 10 and 13 (30.2%) or 14 and 17 (30.1%). Male perpetrators accounted for the majority of the sexual abuse cases (1,629). The top three categories of perpetrators were paramour (454), "other" (275), and parents (244). Of the male perpetrators, 416 were between the ages of 30 and 39 and 389 were under age 20. Demographic data were lacking for sexual exploitation as a subcategory but were available for sexual abuse cases as a whole. Human trafficking of children reports were categorized as 83 physical abuse reports (22.9% indicated) and 24 neglect reports (i.e. blatant disregard; 12.5% indicated; Illinois DCFS, 2014a).

With these data in hand, it is reasonable to question why it is so difficult for child welfare agencies to track cases of sexual exploitation. According to Estes (2002), the usual pattern of CSEC begins with physical abuse by a family member or someone close to the family, progresses to sexual abuse by friends, boyfriends, or acquaintances, and then escalates after desensitization, to commercial sex with strangers. This grooming process often occurs behind closed doors in secret, making it challenging to track the escalating abuse and exploitation. Tracking victims of CSEC is also difficult because youth can be dually involved in the child welfare and juvenile justice systems. For example, following trauma, the child may respond with delinquent behaviors, such as running away, fighting, gang affiliation, sexualized attachments, and self-medication with alcohol and illicit substances. Thus, the trauma, often unaddressed by the child welfare system, can serve as a gateway to the juvenile justice system (Watson & Edelman, 2012).

Finally, several factors complicate appropriate referral of these youth to the child welfare system. In 2013, 25.4% of all Illinois child abuse and neglect reports came from nonmandated reporters, 24.6% from law enforcement officials, 21.1% from school personnel, 14.7% from medical providers, and 13.2% from social service workers. Of the indicated dispositions related to child sexual abuse, the highest percentages of reports came from law enforcement personnel (41.1%) and medical providers (18.7%; Illinois DCFS 2014a). These data point to a flaw in the referral system because one of the major sources of referrals is also the agency that arrests victims. If law enforcement agencies were to shift their responses to victims of CSEC beyond arrest and detainment, it is highly likely that child welfare would receive an increase in referrals.

The above data points to the need for consistent mechanisms to identify victims upon referral or assessment; but best practices for reaching out to victims and reintegrating them into society are lacking (Logan et al., 2009). According to Illinois DCFS, sexual abuse investigations are more complex than physical abuse investigations due to a lack of physical evidence and witnesses. The investigation relies heavily on determining the credibility of the victim's testimony which might subject the victim to repeated questioning (Illinois DCFS, 2014b). This is in stark contrast to the Child Victims' and Child Witnesses' Rights Act (18 U.S.C. § 3509) that protects children from retraumatization by not requiring them to cooperate with law enforcement. Law enforcement and child welfare must balance the rights of the accused against the importance of protecting the child from further victimization during the investigation and prosecution.

### *Working Within a Limited Scope*

In 2011, Illinois DCFS added the new child sexual abuse allegation, human trafficking of children, to its list of reportable child abuse and neglect allegations. Congruent with the Trafficking Victims Protection Act of 2000 (Pub. L. NO. 106-386, 114 Stat. 1464), Illinois considers allegations of child abuse in the form of commercial sexual exploitation (i.e., prostitution) as reportable to the child welfare system. However, according to Illinois Policy Guide 2013.05: Allegation of Harm #40/90 Human Trafficking of Children, evidence must be secured that "a person responsible for the child's welfare has created a real and significant danger of harm" (Illinois DCFS, 2013, p. 3). Illinois DCFS's current practice of only investigating child abuse by an adult in a caretaker role limits the state's capacity to fully investigate allegations of CSEC in which the caretaker is not involved. Illinois DCFS has stipulated that one of the criteria needed for a child abuse investigation is that

the alleged perpetrator must be a parent, guardian, caretaker, or individual residing in the same household, responsible for the child's welfare, or in a position of trust (Illinois DCFS, 2014b). If this condition is not met, Illinois DCFS lacks jurisdiction to investigate. While it is laudable that human trafficking has been added to the purview of the Illinois DCFS, without commensurate expansion of the criteria required for investigation to include adults other than caregivers, many child victims of sexual trafficking will be overlooked.

### *Juggling Conflicting Interests*

Illinois DCFS (2014b) is by law obligated to stabilize and preserve families. For children who are taken into protective custody, imminent danger must be apparent. The agency's goal is for the child to return home when it is deemed safe to do so. A conflict of interest begins to emerge in the case of sexual exploitation because a focus on family reunification may not be in the best interest of the CSEC victim. Dealing with this inherent conflict will require dialogue in how the agency is to come to terms with the circumstances that provide safety and stability for CSEC victims. This might stand in contrast to providing safety and stability for abuse victims (Busch-Armendariz, Nsonwu, & Heffron, 2011). It is unclear where this needed dialogue will occur because of an absence of child protection agencies' participation on human trafficking task forces. This lack of cooperation between parts of the same agency is another example of how competing agency and administrative priorities can impede the child welfare response to CSEC. Given the many legal regulations, in consort with limited capacity, scope, outdated regulations and protocols, Illinois DCFS faces formidable challenges in adequately protecting victims of CSEC and responding to threats to their safety.

### **Improving Illinois' Child Welfare System**

Preliminary recommendations for improving the Illinois child welfare system include identifying CSEC victims, improving service delivery, building awareness, addressing legislative and regulatory gaps, and developing specialized training.

#### *Identifying CSEC Victims*

Important measures for increasing identification of CSEC victims include using consistent terminology, increasing public awareness, and developing uniform assessment tools. Regarding terminology, victims of CSEC are often referred to as juvenile delinquents, prostitutes, victims of human trafficking, victims of sex trafficking, and victims of sexual abuse. Disconnects in

terminology contribute to lack of cooperation among the multiple agencies and disciplines involved, therefore consistent terminology is warranted. Greater awareness of federal legislation (Trafficking Victims Protection Act of 2000) will also facilitate the implementation of multi-disciplinary training (Fong & Berger Cardoso, 2010; Reid 2010), public awareness campaigns (Fong & Berger Cardoso, 2010), and prevention programs in schools (Trafficking in Persons Report, 2011). The Trafficking Victims Protection Act of 2000 states that all youth who have been commercially sexually exploited are victims of trafficking. Increased awareness and understanding of this Act may combat the hidden nature of the phenomenon by encouraging victim identification and qualification for services (Fong & Berger Cardoso, 2010). Finally, assessment tools employed by staff in child welfare, juvenile justice, and mental and emergency health care settings should be appropriate for children, youth, and teens and include questions on CSEC and trauma (Trafficking in Persons Report, 2011).

Improving the identification of CSEC victims is the first step in actualizing child welfare's role in combating sex trafficking. Three ways to improve identification are to (a) establish consistent language among service providers, advocates, law enforcement officers and prosecutors, and government; (b) amend state laws and regulations; and (c) educate first responders and the public (Albanese, 2007). Service providers include social service, medical and mental health providers. Advocates are inclusive of survivors, special interest groups, and researchers. Law enforcement encompasses state and federal law enforcement officers, prosecutors, and judges. Legislative entities include state policy makers (i.e., Illinois General Assembly Committees such as the House's Youth and Young Adult and Juvenile Justice and System-Involved Youth Committees) and the executive branch (U.S. Department of State, U.S. Department of Defense, and the Council on Women and Girls). Consistent language by all involved parties is needed so that those involved in domestic minor sex trafficking are appropriately classified as victims. Finally, state laws need to be amended to match the language of federal legislation (i.e., Trafficking Victims Protection Act of 2000) pertaining to treating minors as victims instead of perpetrators. These amendments would thereby eliminate the arrest of prostituted children.

#### *Improving Service Delivery*

The lack of state funding allocated for victims of domestic sex trafficking has led to a vacuum in services (Reid, 2010). The majority of state and federal funding has been allocated for international victims while monies to assure the secure placement for domestic victims have been

lacking. Although standards of practice for the treatment of child sexual abuse victims exist, evidence-based practice for the treatment of sexually exploited youth has not been established (Fong & Berger Cardoso, 2010). The predominant utilization of detention centers as secure placement for victims speaks to the lack of appropriate services (Reid, 2010; Shared Hope International, n.d.). Once appropriately identified, victims of CSEC require specialized services in secure settings (Fong & Berger Cardoso, 2010).

Specialized services for victims of CSEC include a focus on reduction of mental health symptoms as a result of the trauma endured, legal advocacy, meeting basic health and safety needs, and reintegration back into society. A network of services is needed to establish and implement culturally competent and developmentally appropriate care of victims of CSEC (Fong & Berger Cardoso, 2010; Trafficking in Persons Report, 2011). Services also need to include initiatives that prepare victims to face their traffickers and exploiters because the impact of courtroom testimony can be extremely daunting. Victims are fragile witnesses based upon their history of chronic victimization and this frailty often makes it difficult to garner victim testimony that will contribute to effective prosecution of traffickers (Reid, 2010).

**Trauma informed services.** One emerging approach to caring for victims of CSEC is based upon the trauma-informed care (TIC) framework. TIC is an approach to caring for those who have been victimized that is rooted in an understanding of how trauma impacts individuals and how their experience as victims may shape future needs (Harner & Burgess, 2011). According to the Substance Abuse and Mental Health Services Administration (n.d.) website, the essential elements of TIC include: “trauma-informed organizations, programs, and services (that) are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.” According to Harner and Burgess (2011), the TIC framework seeks to understand the following: (a) nature and scope of the trauma, (b) individual/personal characteristics of the survivor, (c) type and scope of needed services, and (d) the service relationship between survivor and services. Those who operate from a TIC framework collaborate to build resilience, focusing on positive coping mechanisms while rebuilding personal control (Hopper, Bassuk, & Olivet, 2009). At the same time, TIC approach calls for examination of services and relationships to assure they do not mimic traumatic and exploitative circumstances that can potentially retraumatize the survivor (Harner & Burgess, 2011). Programs that do not operate from a

TIC perspective may potentially increase feelings of exploitation, repelling victims of CSEC from their programs. Operating from a TIC framework has great potential for decreasing feelings related to loss of control experienced by those who have been victimized by domestic minor sex trafficking. Utilizing this approach may also be the key to combating difficulties in engaging and retaining victims of CSEC and reintegrating CSEC survivors into mainstream society.

### ***Building Awareness and Addressing Legislative and Regulatory Gaps***

Once local laws recognize these youth as victims the public, particularly parents, teachers, and both male and female youth need to be educated about the ramifications of the issue of CSEC. Several campaigns have already been launched such as *End Demand* and *Not for Sale*. As awareness grows, first-line responders and knowledgeable members of the public can take an active role in educating their peers.

Policies for addressing state legislative gaps are focused primarily on two primary purposes: (a) eliminating demand by deterring buyers from buying sex and (b) enhancing the ability to prosecute sex traffickers and facilitators with strong sentences that match federal guidelines (Smith & Vardaman, 2010–2011). Enforcing these laws consistently and universally at the local level is essential to creating an environment that protects children.

Adoption of a child rights framework will move us toward effective protection of all children, especially our most vulnerable. Establishing and enforcing basic standards for protecting the human rights of children such as their right to protection from harm offers a way to ensure that children grow up in an environment that allows them to grow into healthy adults. This approach may assist with interrupting the cycle of child maltreatment as healthy adults are less likely to perpetuate similar violations of others’ human rights in the future.

### ***Developing Specialized Training***

Child welfare, medical professionals, law enforcement, and other social service providers require specialized training (Kaufka Walts & Lee, 2011). Specialized training for all first responders would be designed to improve their ability to (a) identify victims of CSEC, (b) assess and case manage victims, (c) educate parents of high-risk children on the need for increased parental supervision, (d) educate potential victims on the risks associated with CSEC, and (e) refer to appropriate specialized services (Albanese, 2007). Rigorous data collection and reporting from the child welfare system is warranted in an effort to

improve prevalence data and so that those who have absconded from the child welfare system are not lost to follow-up. Special child welfare units with smaller case-loads are needed in order to handle chronic runners from care who are at increased risk of CSEC. Similarly, standardized and systematized training for those expected to enforce and carry out laws and policy is needed.

A commitment to protecting children must supersede the importance of keeping families intact. Child welfare policy that prioritizes keeping families intact should only be enforced when it is in the best interest of the child. Funding is needed to support CSEC-specific initiatives such as interdisciplinary task forces and evidence-based, developmentally appropriate, trauma-informed specialized services (Kaufka Walts & Lee, 2011).

### Nursing at the Forefront

The American Nurses Association's (ANA, 2005) position statement on the nurse's role in ethics and human rights instructs nurses to engage in dialogue where human rights violations are of concern. The statement identifies human trafficking as a human rights violation that requires nurses to engage in discussion and public debate and to seek resolution. Nurses are identified as being perfectly positioned to intervene and advocate for victims of human trafficking because victims are typically encountered in health care settings where nurses are at the forefront of care.

As many as 30% of human trafficking victims have sought health care at some point during their victimization, creating an opportunity for intervention or escape from modern day slavery (Peters, 2013). The Institute of Medicine and National Research Council's (IOM and NRC, 2013) report on confronting CSEC noted that while victims of CSEC are presenting themselves for health care, frontline health-care providers in settings such as emergency departments, urgent care clinics, adolescent medicine clinics, school health centers, and shelters are not adequately identifying victims. Barriers to identification include a lack of understanding and misperceptions related to myths and stereotypes, lack of training and education, funding constraints for developing curricula, and competing priorities related to overburdened systems of mandatory trainings. Additional barriers include a lack of disclosure by victims, perceived risks and potential complications related to mandated reporting, and a lack of policies and procedures for intervening in health care settings on behalf of possible victims of CSEC.

The IOM and NRC's (2013) recommendations for improving identification of CSEC victims by health-care professionals include nurses at the forefront of these efforts. Models of care that include public health approaches to violence prevention, intimate partner

violence, and child maltreatment have already been spearheaded by nurses. Other innovative roles that capitalize on the strengths of nurses include telehealth, child advocacy centers, and sexual assault response teams.

An integrative review of educational resources for health-care professionals on human trafficking provides directions for nursing's efforts (Ahn et al., 2013). The report notes the profession needs guidance on the role of health-care providers; particularly efforts to create a coordinated, interprofessional approach (Ahn et al., 2013). Nurses, such as Mary De Chesnay (2013), have already begun educating nurses and other health-care providers. In her book, *Sex trafficking: A clinical guide for nurses*, De Chesnay (2013) connects theoretical and clinical perspectives to roles and interventions including a policy and procedure for emergency departments.

Finally, the role of the Sexual Assault Nurse Examiner (SANE) has the potential to be further developed to specialize in identifying and treating victims, training other health-care professionals to identify and treat victims, and creating interventions for prevention. SANEs' expertise in evidence collection make them invaluable to the legal team as the health care and criminal justice systems often overlap when confronting this phenomenon.

### Conclusion

The consequences of failing to prevent and appropriately respond to the victims impacted by CSEC are profound (Busch-Armendariz et al., 2011). As noted in Illinois, barriers to prevention and to effective responses to CSEC include the state system's limited capacity to respond along with lack of collaboration among the multiple disciplines and agencies involved with this multifaceted problem. A multidisciplinary approach is needed to improve identification of CSEC victims and service delivery, build awareness, address legislative and regulatory gaps, conduct specialized training of first responders, and create funding streams to support multidisciplinary interagency task forces and specialized services.

The relationship between risk for CSEC, the current child welfare system, and the barriers to an effective response all contribute to the need of the development of an U.S. agenda of prevention, early intervention, and recovery. While the United States has ratified the optional protocol outlawing sex trafficking of children (UNICEF, 2005) a full child rights framework has not been adopted. Our nation's commitment to protecting children from abuse, neglect, and exploitation has not been fully realized. In order for the child welfare system to fulfill its promise as the designee for protecting children via the new human trafficking category for child maltreatment, support for these efforts is needed on a local and national level. Policies, local laws, and funding

must all align with the need to protect, identify, track, and respond to the needs of all victims of CSEC. Illinois has the potential to serve as a national model for this important work as it navigates this uncharted territory. As natural coordinators of health care teams and advocacy efforts, nurses are urged to spearhead this important issue.

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