

Raising Sex Trafficking Awareness Among School Nurses

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### Abstract

Sex trafficking, a type of human trafficking, has become a public health concern. Sex trafficking is taking place on a large scale in the United States. Children in the United States are at greatest risk. Raising the awareness of healthcare providers about sex trafficking is imperative. An unsung hero that may hold the keys to this awareness in the healthcare profession is the school nurse. The school nurse is trained in many areas, and upholds practice standards, but sex trafficking is not currently included in their repertoire. As nurses, they already hold a trusted position. With education, proper resources, and updated practice standards, the school nurse could be at the forefront of eliminating the untoward effects of sex trafficking among children in the United States.

### Raising Sex Trafficking Awareness Among School Nurses

Sex trafficking, a form of human trafficking, has become a pressing public health concern over the last several years. Impacting people of all ages, there is a particular concern regarding the sex trafficking of children. There are a number of people in pivotal positions to support raising awareness of this inhumane act. Healthcare workers are among those people. There is an opportunity for health care providers to learn more about this public health concern, especially nurses. Nurses are often on the forefront of care provision, yet they lack specific training in sex trafficking. One group of nurses that may hold the key to a better understanding of sex trafficking in children is school nurses. School age children often fall prey to this insult, making the school nurse a logical advocate to reduce the devastating impact of sex trafficking in this population. Given the nature of their job, they may also have the greatest impact on decreasing sex trafficking. In support of their role, this thesis will serve to provide information regarding sex trafficking, commercial sexual exploitation of children, legislation, and interventions specific to this public health concern.

### **Background**

Sex trafficking is a form of slavery in present day society. It is a worldwide concern. Prostitution, especially child prostitution, was a prominent concern in the late 1800s (Cree, 2008). In 1904, the *International Agreement for the Suppression of the White Slave Traffic* was drafted (United Nations, 1904). The agreement was to protect women and girls from being immorally used. Twelve countries, including the United Kingdom and France, ratified it. Nine more countries acceded to it, including the United

States. The Mann Act of 1910 passed by the United States made transporting any women over state borders for prostitution illegal (Weiner, 2008). In New York of 1949, the United Nations implemented a protocol that amended the *International Agreement for the Suppression of the White Slave Traffic*. The protocol was signed by 12 parties and 33 parties total took part in the document (United Nations, 1949). However, sex trafficking has continued to grow, and individuals are still being kidnapped to be sold in the sex market. Legislation is currently in place to provide some safety for victims of the trade. However, interventions are still needed to raise awareness of those affected by sex trafficking. There is a particular need for raised awareness among healthcare professionals. Sex trafficked persons are a vulnerable people who remain unprotected and are in need of an advocate.

### **Human Trafficking**

Sex trafficking is part of a much broader issue, human trafficking. Human trafficking could be described as 21<sup>st</sup> Century slavery (Orme & Ross-Sheriff, 2015). It is a very lucrative business, bringing in more than \$31 billion around the globe (Alvarez & Alessi, 2012). As of 2014, the United States government estimates that 20 million people were victims of human trafficking across the world (Crawford, 2017). At any time, somewhere between four million and 27 million people are victims of sex trafficking or forced labor (Alvarez & Alessi, 2012).

Human trafficking has a much wider scope that includes the social, economic, and political consequences of globalization. For example, the majority of people brought into the United States for trafficking purposes are disadvantaged immigrants. Because of the

impoverished state they live in, they are susceptible to exploitation. Unless these immigrants are taken in by an agency because of illness or received by a victims' protection program, they will often return to their previous impoverished state (Alvarez & Alessi, 2012).

Human trafficking has been responsible, even though these effects are marginal, for providing illegal immigrants with jobs. So the trafficked community may not be simply the victims of a sweat shop or brothel, but an ordinary individual. Trafficked individuals are used for prostitution, as well as to produce the grains, coffee, cocoa, sugar, cotton, and gems that are sold and consumed around the world. Men and women are both susceptible to being trafficked. Children are especially vulnerable and may be sexually exploited or forced into begging, organ harvesting, or domestic servitude (Alvarez & Alessi, 2012).

### **Sex Trafficking**

While human trafficking covers the broad spectrum of modern slavery, sex trafficking is specifically the business of forcing people against their will to perform sexual acts for a profit (Polaris, 2017). The sex trafficking industry brings in about \$5 billion worldwide of the total human trafficking profits (Avila, 2016). Of all the countries around the world, the United States is responsible for the second largest sex trafficking market (Bounds, Julion & Delaney, 2016). Across the world, about one million children are sex trafficked every year (Avila, 2016). About 5,000-6,000 children are trafficked in the United States alone every year, according to a non-profit organization End Child Prostitution and Trafficking in the United States of America (ECPAT-USA) (Avila,

2016). However, because the extent of the crime is hidden and cannot be fully appreciated, the United States Department of Justice estimates that closer to 200,000 children are trafficked in the United States every year (Avila, 2016).

**Commercial sexual exploitation of children.** Sex trafficking is seen in all ages; however, children are the most vulnerable. Commercial sexual exploitation of children (CSEC) is when a child under the age of 18 performs a sexual act for an adult and is given something of value in return. The act can be prostitution, exotic dancing, or pornography, and is considered exploitation if the child is forced, coerced, or manipulated into performing it (Bounds, Julion & Delaney, 2016). Of the cases of sex trafficking between 2008 and 2010, 83% were United States citizens. Of those 83%, 40% were children (Bounds, Julion & Delaney, 2016). Children are being taken into the sex industry as early as 12-15 years of age. These children often remain in school (Grace et al., 2012). Children are no longer of use after they reach their 20s (Avila, 2016).

**Contributing factors: history of abuse.** The majority of CSEC victims, between 78% and 91%, were either physically or sexually abused in the past (Avila, 2016). In 2013, around 60,956 children were sexually abused. In 88.6% of the cases, the perpetrators were the children's biological parents. Another 11% were abused by their non-biological parents (Bounds, Julion & Delaney, 2016). Because they were sexually abused by their parents and caretakers, it raises the risk of being taken advantage of by sex traffickers.

**Contributing factors: immigration.** One particular group of children in the United States that are at a great risk of sex trafficking are refugees. Of the refugees

around the world about 19.5 million are children (Johnson, Beard & Evans, 2017).

According to the *Global Trends* report in 2016, over 51% of refugees are under the age of 18. About 35-40% of the refugees in the United States are children (Johnson, Beard & Evans, 2017).

Children are deceived into sex trafficking in places all over the world. The following is a list of countries that are known to traffick children: the Ukraine, Israel, South Africa, Mexico, Columbia, China, Thailand, Cambodia, Viet Nam, Nepal, and Eastern Europe (Crawford, 2017; Avila, 2016). Two studies, one in 2004 and one in 2008, showed that 50% or more survivors of sex trafficking were deceived by job offers (Crawford, 2017). Children who have no immigration papers may be enticed into sex trafficking by the allure of jobs, education, or marriage (Avila, 2016). Source countries, where people are often trafficked from, are relatively poor compared to the wealthy destination countries to which they are taken.

Some teenagers leave their home countries to work as maids in a wealthy family's home and find that their responsibilities also include providing sex for the male members of the household. This is often commonplace in international sex trafficking. The promise of prosperous employment, such as working in hotel in a bigger city or another country, is appealing to lower economic status, uneducated families with little to offer in their own small villages (Crawford, 2017). This puts young girls with big dreams at great risk. Instead of ending up in a good job, they find themselves in brothels (Crawford, 2017).

Poverty is a factor that could persuade parents in other countries to give up their children (Orme & Ross-Sheriff, 2015). The sacrifice of one child could ease the financial

stress on the family and provide for the siblings of the unfortunate child. Poverty becomes a master stronger than the ideals once held by the family. The risk is increased if the child lives near an international border, a prostitution market, or an impoverished community (Bounds, Julion & Delaney, 2016). War and civil unrest in countries also put children at greater risk for trafficking as they are often separated from their families (Crawford, 2017). In the United States, these children are introduced to a whole new culture and language, making them very vulnerable. Their parents are also unable to adequately prepare them for all the new experiences, since they themselves are experiencing everything for the first time.

*Contributing factors: welfare system.* Entering the child welfare system can also contribute to the risk of being trafficked. The instability of moving from family to family can also make it harder for children to build healthy relationships with other children their age, further contributing to their risk. Children may find it easier to associate with women involved in prostitution or predatory individuals, as a result. They may start running away from home to find support. If these children are stuck out on the streets, desperation often leads to prostitution (Bounds, Julion & Delaney, 2016).

One of the challenges in intervening in CSEC cases is that sometimes the child welfare, juvenile justice, and mental health systems overlap each other. Sometimes children are sent to juvenile justice rather than a protective service. At other times, the child welfare system will choose not to get involved if the abuser is not the child's caretaker (Bounds, Julion & Delaney, 2016).

Interviews with CSEC victims often reveal a lack of support from family members, supportive adults, or social services (Bounds, Julion & Delaney, 2016). Some youth choose to avoid social services in order to prevent the associated repercussions; others call in for help without results. CSEC victims also note that the closer they get to turning 18 years old, when they would leave the system, the less likely they are to receive help. Some CSEC victims even consider the child welfare agents to be “insensitive, intrusive, and misguided,” making further challenges for the children and making them more at risk for predatory environments (Bounds, Julion & Delaney, 2016, p. 19).

*Other contributing factors.* Research supports other contributing factors to sex trafficking. Coerced prostitution is significant in lesbian, gay, bisexual, and transgender (LGBT) communities. About 20-40% of homeless children are LGBT (Orme & Ross-Sheriff, 2015). Children identifying as lesbian, gay, bisexual, or transgender are considered easy targets (Avila, 2016). Disabled children are also at a higher risk for sex trafficking. They are three to four times as likely to be abused physically or sexually (Avila, 2016). Several other contributing factors to CSEC are being a runaway, having low intelligent quotient scores, any mental disorders, and juvenile delinquency (Bounds, Julion & Delaney, 2016).

### **Legislation**

Currently there is little existing legislation to protect the victims of sex trafficking from their traffickers and from being criminalized by the government. The United States has helped to establish some international policies related to sex trafficking and a few of the states in the United States have accepted laws to protect CSEC victims. However, the

sex trafficking victim is not always protected and the perpetrator often goes unpunished. In cases of rape, genocide, violence in the home, or slave labor, the victim is always protected and the perpetrator is charged with the crime (Burkhalter, 2012). Police and prosecutors often spend more time and effort targeting the prostitutes, instead of those who are actually reaping the profits of the industry (Dempsey, 2015).

### **Underage Prostitution**

Using the term “child prostitute” denotes them as perpetrators rather than victims (Avila, 2016, p. 36). If they were forced into the act, whether or not they were tricked, manipulated, or threatened, they should be recognized as “victims” (Avila, 2016, p. 36). The first state to recognize this was Illinois with the Safe Children’s Act of 2010. This law held that children under the age of 18 would no longer be charged and convicted for the act of prostitution. These children would not face juvenile detention, but would be seen as the victims of sex trafficking that they were (Bounds, Julion & Delaney, 2016).

Underage prostitution is considered sex trafficking, whether or not the children may see themselves as victims (Dempsey, 2015). Interestingly, the United States’ attitude about whether or not prostitution should be legalized has changed. In the early 1980s, just over 65% of the nation viewed it as “never justifiable” (Weitzer, 2015, p. 88). The age of the prostitute was not specified, and whether or not child prostitution was also considered justifiable. In 2006, the number dropped to 43%. In *Researching Prostitution and Sex Trafficking Comparatively*, Ronald Weitzer (2015) suggests that legalized prostitution is in actuality safer because laws would be in place to safeguard the rights of the prostitutes against rape and other unwanted abuse.

The question remains as to how that would affect child prostitutes. Children under the age of 18 are not considered independent. They may be more likely to be taken advantage of, if child prostitution is legalized. Once children turn 18, they are considered adults and legally independent. At that point, the issues to be addressed would be related to adult, not child prostitution. If the prostitution industry is legalized, child prostitutes will most likely remain unprotected. Children will be at more risk as their perpetrators can hide behind adult prostitution. Instead of having to hide all previously illegal sexual activities, the traffickers will only have to cover up one area of the industry behind the legalized cover of prostitution (Weitzer, 2015).

#### **“Safe Harbor” Laws**

While the United States agrees that victims of sex trafficking should be decriminalized, there are still 32 states who do not treat children trapped in the sex trade as victims. The 18 states that do protect children in juvenile prostitution from being criminalized have what are called “safe harbor” laws in place. These laws grant full immunity and provide services to the children found in prostitution. Because 18 states have “safe harbor” laws and 32 do not, this presents an issue of discontinuity between states. Children may be protected from criminalization in their home state, but not the state in which they are prostituted. In addition, “safe harbor” laws no longer apply to victims who were trafficked as children but are still exploited after their eighteenth birthday (Dempsey, 2015).

**The Constitution**

One of the oldest documents in the history of the United States, the Constitution, also outlaws sex trafficking. It was signed on September 17, 1787 and was the basis on which the federal government was established two years later in 1789. The first 10 amendments were added to the Constitution as the Bill of Rights in 1791 (The Library of Congress, 2017a). In the wake of the Civil War, a thirteenth amendment was added in December 6, 1865. The amendment states that “neither slavery nor involuntary servitude, except as a punishment for crime whereof the party shall have been duly convicted, shall exist within the United States, or any place subject to their jurisdiction” (The Library of Congress, 2017b). As sex trafficking is a form of modern slavery, the Constitution makes this inhumane act illegal.

**International Legislation**

The United States is supportive of international laws protecting victims of sex trafficking. The United States government has given itself the role of worldwide sheriff in this area of law enforcement (Dempsey, 2015). The United States sets forth a yearly “Trafficking in Persons Report” (TIP) that ranks other countries’ government involvement in fighting sex trafficking (Dempsey, 2015). According to the TIP, other countries are to make certain “that victims are not inappropriately incarcerated, fined, or otherwise penalized solely for unlawful acts as a direct result of being trafficked” (U.S. Department of State, 2000, n.p.). This report lays an even greater responsibility on the United States to lead by example.

The United States has also agreed to the Palermo Protocol and the International Covenant on Civil and Political Rights (ICCPR). The Palermo Protocol, or *The Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children*, was established in 2000 by the United Nations General Assembly. The three priorities of this act are to prosecute traffickers, provide prevention programs, and protect the victims. Implementation has been challenging and controversial, however (Orme & Ross-Sheriff, 2015). Under the International Covenant on Civil and Political Rights (ICCPR), Article II specifies its purpose is to “protect and assist the victims of such trafficking, with full respect for their human rights” (Dempsey, 2015, p. 216). If the United States is treating children and adults as criminals, it is not respecting their human rights according to the Palermo Protocol and the ICCPR (Dempsey, 2015).

Although national and international laws exist, there is opportunity to police sex trafficking. Specifically, healthcare workers should be considered key community advocates to protect persons at greatest risks for sex trafficking. Specifically, nurses are in pivotal positions to make a difference in communities, plagued by sex trafficking.

### **Nursing**

Over 11 million people are currently employed in healthcare (Bureau of Labor Statistics, 2015). The largest occupation in the healthcare workforce is nurses, 2.7 million according to the Bureau of Labor Statistics (2017). Nursing has been ranked as the “most trusted profession” for the last 15 years according to annual Gallup polling (American Nurses Association, 2016, p. 1). In 2016, the United States had 2,955,200 Registered Nurses (RNs) and 724,500 Licensed Practical Nurses (LPNs) (Bureau of

Labor Statistics, 2017). The American Nurses Association lists 41 nursing specialties including: neonatal nursing, nursing anesthesiology, forensic nursing, and school nursing (American Nurses Association, n.d.).

### **School Nurse**

A school nurse is defined by the National Association of School Nurses as “a specialized practice of nursing that advances the well-being, academic success, and lifelong achievement and health of students” (National Association of School Nurses, 2017). The United States only has about 50,000 school nurses (National Education Association, 2017). The Center for Disease Control and Prevention suggest that the ratio of students to school nurses should be 750 to one (National Education Association, 2017). Instead, 59% of schools in the United States are above that ratio (National Education Association, 2017). School nurses are pivotal to the school system and offer great insight to the health and well-being of all students. Their roles and responsibilities are numerous.

**Roles and responsibilities.** School nurses see thousands of students annually, supporting the care of children from age five to 18. School nurses provide the teachers with techniques to meet disabled children’s needs (Libbus et al., 2003). They, also, can provide immunizations, hearing and vision testing, tubing feeding, encourage prevention of the spread of disease, and provide breakfast for disadvantaged students (National Education Association, 2017).

School nurses do not focus on one area of care, as is more common in the hospital. Day in and day out, they are faced with many issues and care for a large number

of students. The school nurse is also responsible for staff health concerns and sports related activities. They provide medical support for seasonal sports and address injuries related to other various school activities, as well (Libbus et al., 2003). The roles and responsibilities of the school nurse are many. They seek to ensure the safety and well-being of school-age children; and do so very autonomously. School nursing is a recognized nursing specialty. They are governed in practice by the School Nurse Practice Act.

**School nurse practice act.** School nurses have certain regulations they have to practice by which are enacted by their state legislature. These are known as the “nurse practice acts” (NPAs) (National Council of State Boards of Nursing, 2017, n.p.). NPAs are established by the state board of nursing (BON). NPAs regulations carry the full weight of law when they are enacted. In addition to being established by the BON, the NPAs handle education program standards, standards of nursing practice, titles, licenses, and disciplinary action (National Council of State Boards of Nursing, 2017). The standards of practice deal with assessment, diagnosis, consultation, education, and environmental health (National Association of School Nurses & American Nurses Association, 2011).

### **School Nurses and Sex Trafficking**

Nurses are trained to complete initial assessments on their patients; school nurses also have keen assessment skills. They are already trained to recognize signs of sexual abuse. In fact, they are legally required to report sexual abuse issues. However, research suggests that school nurses should be better educated on sex trafficking (Grace, Starck,

Potenza, Kenney, & Sheetz, 2012). Nurses in general are not well informed about sex trafficking, how to recognize signs and symptoms, and how to intervene (Sabella, 2011). Special training is needed to support the school nurse and advance their understanding of the impact of sex trafficking. The school nurses need to know what they are looking for before they can intervene on behalf of the trafficked student. Then, when they notice the signs and symptoms, they can intervene in the situation and advocate for the trafficked child.

**Signs and symptoms: key indicators.** Some identifying factors for trafficked adolescents include: having unreasonable sums of cash, hotel keys, costly jewelry, and false identification (Avila, 2016). They may experience sudden changes in appearance, such as in expensive clothes, hair style, or nails (Grace et al., 2012). They may have a tattoo or facial scar that they try to hide. Often times children are physically branded by their owners (Grace et al., 2012). Physical marks might include: cuts, bruises, bites, injuries with patterns, marks made by ropes, a tattoo of a pimp's name, genital trauma, traumatic loss of hair, or signs of self harm (Avila, 2016). A teenager may have a history of multiple pregnancies, seek HIV testing frequently, and have had multiple sexually transmitted infections (STIs) (Grace et al., 2012).

Other signs of trafficked adolescents may include: not knowing their home address, having no identification, providing information that does not make sense, and being dressed inappropriately (ED Management, 2011). They may be continually exhausted, have an online site that is sexually explicit, or show interest in pornography. The teachers may complain of inappropriate behaviors such as passing sexually explicit

notes during class. Trafficked students may be seen exchanging money with other students (Grace et al., 2012).

The trafficked students may have new friends who are much older than they are. If it is a girl, the nurse should pay attention if she makes a reference to her boyfriend as “daddy” or uses her own street name. If she is involved with a male in the sex trafficking world, he is usually older than she is, goes by a street name so that she will not know his real one, has a lot of money with no clearly specified living, is violent and controlling, and is the one who buys pagers or cellphones for her (Grace et al., 2012).

Younger children in elementary school can also be affected. They do not understand abuse; this makes abuse easier to identify. These children will not attempt to mask the signs and symptoms like older children often do. A school nurse may see blood in the child’s underwear or repeatedly see children for yeast infections. For example, one day a seven year old in class was having trouble sitting comfortably and seemed to be in pain (Newby, 2012). When the school nurse assessed him, she found blood in his underwear and suspected abuse. Child welfare investigators found out that he and his thirteen year old sister had been sex trafficked by their mother for drugs. They were immediately placed in foster care (Newby, 2012).

**Signs and symptoms: mental inhibitions.** Sex trafficked children may hold back information to protect themselves (Schwecke, 2011). They do not know who to trust or turn to, and one wrong word to the wrong person could cause them more pain than they are already experiencing. School nurses should know how to recognize and address this

fear so that the child can be honest with them, enabling the nurse to call for the necessary help.

Victims of sex trafficking often try to hide the fact and feel ashamed of it (ED Management, 2011). The danger to the victim may be disclosing information and not being identified or rescued (Moynihan, 2006). They may not be immediately willing to open up, and may not know whom they can and cannot trust. Perhaps they are afraid that their trafficker has connections that they do not know of and the person they turn to for help may turn them in instead. These children feel very alone and have often been told by their traffickers that no one will help them. They are told that no one will believe what they say and that there is no way out (Grace et al., 2012).

Sex trafficking victims often have a lot of fear for themselves and their family. One silencing strategy is to threaten to hurt their family or siblings if they share anything about their experiences. They also may be threatened with death or even worse abuse than they are already undergoing (Schwecke, 2011). Over half of those being sex trafficked are under the complete control of the trafficker. Fear is the main tool used to control them as well as violence, gang rapes, depriving them of food, isolation, and forcing them to take drugs. Psychological trauma, unprotected sex, and unsafe abortions can lead to further mental and physical harm and effects (Bounds, Julion & Delaney, 2016).

The school nurse should be aware of subtle cues that the individual is “a victim of forced servitude” (ED Management, 2011, p. 94). For example, a nurse should be concerned if a capable patient is accompanied by someone who answers most of the

questions (ED Management, 2011). If they are being escorted by their trafficker or another involved individual, they may be unable to make eye contact with them (Avila, 2016).

An alternative response is that because of how glamorized sexuality has become over social media, children may see the grooming process of a trafficker as romantic rather than identifying the danger of abuse. This may make it difficult for the child to give a self-report if they do not consider themselves as victims (Bounds, Julion & Delaney, 2016). Mental inhibitions are commonly seen in female runaways. Young, female runaways are in a rebellious state and so any alternative to living with their parents is appealing. For example, one fifteen-year-old girl ran away from home because she was being sexually abused by her mother's boyfriend, and her mother did not believe her (Newby, 2012). The girl decided to steal money from her mother's purse and run away. She met a nice man who was only a little older than she was. He offered to let her have a place to stay while she looked for work, and bought her food and clothes. He told her he would marry her when she turned 18. After only two weeks, though, he told her they did not have any more money. She loved him, so she sold herself sexually to support them, dreaming of the future life they would have together (Newby, 2012).

These children may also choose to cope by putting on a self-sufficient air of confidence pretending to be professional. Also, they are susceptible to the Stockholm syndrome. Children who have succumbed to Stockholm syndrome, also known as "trauma bonding," have been brainwashed by their captors (Avila, 2016, p. 37). These children may become passive and then begin to actively identify with their captors, even

refusing help from rescuers. This often arises out of a state of desperation where no escape appears possible (Avila, 2016).

Sex trafficked children may also have a disconnection from family members or other caregivers (Grace et al., 2012). As a result, parents may know little about where their child is at any given time. The tendency to run away from home, a history of unexplained school absences, or frequent sleepovers at a “friend’s” house are all signs pointing to sex trafficking (Grace et al., 2012). Interestingly, girls who appeared to be involved in sex trafficking most often skipped school on Thursdays, Fridays, and at the beginnings and ends of the school terms (Ogunfowokan & Fajemilehin, 2012).

They may have signs of post-traumatic stress syndrome (PTSD) including: anxiety, depression, hypervigilance, defensiveness, or paranoia (Avila, 2016, p. 37). As a result of the abuse, victims themselves may be violent and cruel to other people or animals, and often show impulsive, uncontrolled anger. Because of the symptoms these victims display, there may be a misguided tendency to diagnose them with borderline personality disorder (BPD) or conduct disorder, instead of the appropriate PTSD diagnosis (Schwecke, 2011). Because the brain can only handle so much of the trauma and abuse the person is experiencing, these disorders and poor coping skills are not uncommon.

**Intervention.** Because these children have endured traumatic experiences, the school nurse should approach them with caution and care. The school nurse should include specific assessments of the students to best provide for their safety, correct documentation of the nurse and student’s discussions, and notifying child protective

services. School nurses should listen without judging. The nurses should assure the children that the information will not be shared; unless it is deemed necessary for their safety and well-being. The school nurse also needs to document the conversation and send a report to child protective services. The nurses should keep track of any names, addresses, or vehicle characteristics (Grace et al., 2012).

If school nurses suspect that students may be sex trafficked, they should arrange to speak to the students alone. The nurse should remain calm and not act surprised if the students do open up. They need to understand that they are in a safe place with a safe person (ED Management, 2011). If school nurses suspect that a person might be a victim of sex trafficking, they should ask if they are employed and what type of work they are engaged in (Moynihan, 2006).

The biggest obstacle to helping these children is enabling them to share about their experiences, so that they can receive needed help. They need to feel that they are in a safe environment and will not be endangering themselves or others by telling about their owners, boyfriend, or husband who is trafficking them (Schwecke, 2011). If a faculty member or school nurse takes the time to ask a student about their home life, the student will often open up to the individual. These children need to know that their story is believed and will only be shared on a need-to-know basis with qualified personnel who can offer help. They need to feel supported and understood (Schwecke, 2011). The secure environment will foster trust and a continued openness about their experiences as they seek help.

*Advocacy.* The school nurses' role as an advocate is a notable intervention. The school nurses have two major purposes as they serve as advocates for students. The first is sharing knowledge, enabling students to make informed choices about their own health choices and care. The second is networking, which allows parents, teachers, and other healthcare providers to work with the school nurses. This network facilitates access to resources and opportunities that the student needs so that he or she can be cared for well (Harkness & DeMarco, 2012).

School nurses are in a prime position to advocate for children. They need to be vigilant when seeing children for minor medical issues which may be cumulatively pointing to signs of abuse. Trafficked children may also make up reasons to visit the school nurse, hoping that one day someone will care enough to ask them why (Libbus et al., 2003).

### **Next Steps**

There is opportunity for school nurses to become more aware of sex trafficking. This would further facilitate their support in order to prevent and intervene on behalf of trafficked children. In order to do this, school nurses need to be better equipped with resources and support at the local, state, and national levels. Next steps, would include: advocating for an updated NPA, advances in education regarding this topic, and raising awareness among community members that sex trafficking is a pressing issue. School nurses need to be better equipped to do their job. School nurses need to be confident in their care provision and advocate for themselves. This will in turn position them well to support the pressing issue of sex trafficking.

**Considering the perspectives of the school nurse.** Studies have shown that school nurses were often dissatisfied with their jobs as they lacked empowerment (Broussard, 2007). School nurses feel like the anchors of the school system, responsible for the health services of the whole school; yet they felt under-appreciated by other administrative staff. While they operate with much autonomy, they do not feel they have support within the school. Time constraints and limitations related to the school environment further foster a sense of powerlessness for the school nurse (Broussard, 2007).

Examples of these perspectives are noted specifically, in the works of Broussard (2007) and Libbus et al. (2003). One nurse who had previously worked in a Neonatal Intensive Care Unit (NICU) said that one of the biggest adjustments was learning to play second fiddle. Up until that time, she had access to supplies and the control over what needed to happen to best care for her patients (Broussard, 2007). Another school nurse said that she wanted to be free from “Band-Aid duty” and use her nursing judgment skills instead (Libbus et al., 2003).

School nurses feel that while they may be needed because they are medical faculty, they are not treated with respect. They feel that they are put on the same level as janitors and cafeteria personnel with a salary that says much the same. They may be paid by the hour and rarely overtime (Libbus et al., 2003). The school nurses’ capabilities are not fully recognized. They are invested in the students and the school communities, but they, as a resource are stretched to the limit. They are in a key position to respond to sex trafficking victims, but do not have the time, energy, resources, and support to be able to

focus on anything other than the students' basic needs. It is imperative that their voices are heard in the profession and their roles better understood, those impacted by sex trafficking need their advocacy. Lives are depending on them.

**School nurse support.** In order to support sex trafficked children, the school nurse needs support from the school and surrounding community. To advocate for the children who are being trafficked, school nurses need to build relationships with teachers, principals, and the local community. This will support raising awareness of the subject matter and will further give credence to their vital position in the school system (Broussard, 2007). The relationships with the surrounding community also provides support for the nurses as their presence is acknowledged and strengthens their presence. The school nurses can raise awareness of themselves and their job by increasing visibility in the community. This can be done by living, shopping, and interacting in the local activities (Broussard, 2007).

Coordination is essential between school faculty and the local police and child services to provide the child with the best protection and support (Grace et al., 2012). In order for children or adults to be helped, they need to actually tell a local authority or neighbor or school nurse (Segrave, Milivojevic & Pickering, 2010). The police and child protective services are unable to work, unless trafficked children have the courage to tell their stories and ask for help.

The need for support could also be provided by the presence of an additional healthcare provider at the school or who is shared between the county schools. Perhaps a second nurse or an assistant be hired. Another possibility is to hire one nurse for the

entire district with a title that specifies his or her role as a resource for cases of sexual abuse or exploitation. In this way, the schools of a district could partner together to hire this nurse to teach the students about sex trafficking and be a tangible contact for them if they chose to seek help. School nurses are a vital part of the school community. In order to address the impact of sex trafficking and CSEC among school-aged children, the school nurses' roles and responsibilities need to be fully understood and recognized at multiple levels.

### **Raising awareness**

Raising awareness of school nurses' role in sex trafficking is critical. This is especially important regarding children. Nursing, as the most trusted profession, will be essential to raising the awareness for sex trafficking and for advocating on behalf of children. The school nurse should remain non-judgmental and seek to raise awareness among teachers, parents, and ensure that school policies address the issue of sex trafficking in school-aged children.

**Education.** School nurses have an opportunity to play a large part in protecting children from sex trafficking. School nurses need to be educated concerning sex trafficking, specifically as this will better support redefining their roles to respond better to this pressing concern. With the acquired knowledge, they would also then be in a position to educate students, parents, school administration, and communities about this public health concern.

The more training school nurses have for identifying sex trafficking victims, the more they could be actively involved in identifying and rescuing these children.

Whenever investigating, however, great care should be taken to not put the child in any further danger (Todres & Clayton, 2014). Education is essential. If school nurses and children are equipped with an understanding of sex trafficking, they can better protect themselves from potential “employers” (Crawford, 2017).

Anti-trafficking coalitions, local universities, and human rights organizations provide trainings and information in this field. These efforts could help school nurses to be better equipped to not only educate, but advocate for the children at their schools, and not just with children but with community stakeholders (ED Management, 2011). The United States has several educational programs that teach various age groups about abuse and how to protect themselves. Some of these include *Stop, Tell Someone, Own your body, Protect yourself (STOP)*; *Talking about Touch*; *TRUST*; and *Children Need to Know Personal Safety and Training Programme* (Ogunfowokan & Fajemilehin, 2012). These programs and educational offerings are ideal to better equip the school nurse.

Many community stakeholders are coming on board to advocate for sex trafficking awareness, as well as to devise community educational programs. Among these stakeholders are pediatricians and higher education venues. This community support will be integral for school nurses and will be pivotal as they increase their roles and responsibilities to be more aware of this deplorable act.

### **Conclusion**

Sex trafficking is a global public health concern. It is present in the United States, and its effects are staggering, especially in children. Contributing factors for sex trafficking, include: poverty, sexual abuse, and the child welfare system. While these

children are in need of protection, they are not currently receiving it. Legislation does exist, but is lacking. Children are not receiving protection and are even being criminalized for being forced into prostitution. However, sex trafficked children already have a key advocate in place who could begin to intervene on their behalf, given greater support and education, the school nurse. School nurses are in a pivotal position to advocate for children who are impacted by sex trafficking. It is imperative that their roles and responsibilities are understood and better supported to ensure an advocate for the sex trafficked population. Raising awareness of sex trafficking among school nurses is integral to protecting tomorrow's future, children of the United States.

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