

1 **Child trafficking in Europe: what is the paediatrician's role?**

2 **A statement by the European Academy of Paediatrics**

3 **Abstract**

4 Child trafficking is among the most lucrative criminal activities in the world and growing
5 rapidly. Poverty, natural disasters, armed conflicts and in particular migration put
6 vulnerable children at high risk of trafficking. Accurate statistics on child trafficking are
7 not available due to its illegal nature. Moreover, trafficking may not be consistently
8 recorded and reported by European countries, mainly because of different perceptions as
9 to who is considered a victim of trafficking. Around 4,000-5,000 children were identified
10 as presumed victims of trafficking in European Union countries from 2013 to 2014; this
11 is an underestimate of the problem since many victims go unrecognized. Trafficking is
12 linked with issues such as forced marriage, begging, labour or domestic servitude, slavery
13 and prostitution as well as other forms of sexual abuse such as child pornography. It may
14 also involve the use of children as soldiers, or for criminal activities such as theft and
15 drug smuggling, removal of organs or selling neonates, infants or children for adoption.
16 Child victims of trafficking should be promptly identified in order to provide them with
17 the necessary care as well as to prosecute the traffickers and stop their illegal activity.
18 Healthcare professionals should be appropriately trained to keep a careful eye out for any
19 hidden signs of trafficking in children. The European Academy of Paediatrics calls on our
20 governments, intergovernmental organisations, paediatricians and healthcare
21 professionals to collaborate so as to improve the identification and healthcare of victims
22 and to contribute to the disbanding and prosecution of child traffickers by reporting such
23 situations.

24
25 **Keywords:** European Academy of Paediatrics; trafficking; child trafficking; migration;
26 health care; advocacy

27 **Definitions and context**

28 The United Nations Convention on the Rights of the Child (CRC)¹ (a child is defined
29 here as a person below the age of eighteen) guarantees to “consider in all actions the best
30 interests of the child” (Art. 3). In particular, signatory states and parties undertake to
31 “protect the child from all forms of sexual exploitation and sexual abuse... including
32 unlawful sexual practises” (Art. 34) and to “take all appropriate national, bilateral and
33 multilateral measures to prevent the abduction of, the sale of or traffic in children for any
34 purpose or in any form” (Art. 35). Among several definitions of child trafficking, the
35 Council of Europe Convention on Action against Trafficking and the United Nations
36 define child trafficking as the “recruitment, transfer, harbouring, and/or receipt of a child,
37 including the exchange or transfer of control over the child, for the purpose of
38 exploitation”.^{2,3} There are no clear boundaries in the definitions of trafficking; in some
39 cases they include forced labour, gender-based violence and sexual exploitation, while in
40 others they do not. This explains the complexity of gathering uniformly accepted and
41 valid statistical data. However, as far as health providers are concerned, such distinctions
42 should not impact on the quality of care they provide.

43

44 Child trafficking is a growing and lucrative criminal activity in many parts of the world.
45 Several circumstances foster trafficking, such as armed conflicts, natural disasters and
46 above all, at least within the European community, migration.^{4,5} Unaccompanied migrant
47 children who cross international borders are particularly defenceless while *en route* to, or
48 upon arrival at, their destination.^{6,7} Depending on the circumstances, trafficking is linked
49 with issues such as forced marriage, begging, labour or domestic servitude, slavery,
50 prostitution, child pornography and other forms of sexual abuse; it may also involve
51 using children as soldiers, or for criminal activities such as theft and drug smuggling,
52 removal of organs, or selling neonates, infants or children for adoption.

53

54 The objective of this statement is to draw the attention of paediatricians to harmful
55 situations which are still not well recognized, deeply violate the CRC and cause suffering
56 as well as short and long-term harmful consequences.^{8 9}

57

58 **The extent of child trafficking**

59 Accurate statistics on child trafficking are not available because of its illegal nature.
60 Moreover, trafficking may be inconsistently recorded and reported by European
61 countries, mainly because of different perceptions as to who is considered a victim of
62 trafficking.^{10 11} Children are trafficked across borders, but they are also trafficked within
63 European countries for labour or domestic activities, for criminal activities and for sexual
64 exploitation.^{12 13} In 2012, the United Nations Office on Drugs and Crime (UNODC)
65 reported that the overall number of trafficking victims may currently be as high as 20.9
66 million worldwide, and that the annual number of new victims was in the range of 2 to 4
67 million, 50% of victims being children aged from zero to eighteen. It is estimated that
68 76% of sexual transactions with underage girls start on the Internet, and that two million
69 children are subjected to prostitution in the global sex trade.

70

71 According to a recent report by the European Commission,¹⁰ for the period 2013-2014,
72 there was a total of 15 846 ‘registered victims’ (both identified and presumed) of
73 trafficking within the EU, of whom at least 15% were children. The top five EU countries
74 of citizenship for registered victims in 2013-2014 were Romania, Bulgaria, the
75 Netherlands, Hungary, and Poland. According to other sources,^{14 15} more than 5,000
76 children were identified as presumed victims of trafficking in EU countries between 2010
77 and 2012.¹⁴ They were mainly victims who were forced to carry out criminal activities,
78 begging, drug production and benefit fraud.

79

80 Migrant children are at particular risk of becoming victims of trafficking if they are
81 separated from their parents or if the accompanying adult is not the real parent or
82 guardian. Unaccompanied migrating adolescents are particularly vulnerable to all forms
83 of violence, especially sexual exploitation and rape, as they are often heavily dependent
84 on the assistance of adults whom they meet while escaping from their country or from a
85 life-threatening environment.^{16 17} Child and human trafficking in general have been
86 proven to increase after a surge of migration.⁴ In 2015, more than 400,000 children
87 applied for asylum in Europe, of whom two-thirds were younger than 14 years of age. In
88 addition, a quarter of these children were unaccompanied at the time of registration.⁷
89 During the same year, 250 000 children were reported as missing; 2% of these were
90 unaccompanied migrant children who had disappeared from institutional care. For
91 example, a survey conducted in Italy in 2016 showed that 78% of children experienced
92 trafficking conditions during their migration journey, mainly in transit countries.¹⁸

93

94 **Identifying victimized children and providing health care**

95 Child victims of trafficking need to be identified promptly for two reasons. The first and
96 most important is to protect them and to provide them with necessary care. The second
97 reason is to enable effective prosecution of the traffickers, and thus put a stop to their
98 illegal activities. The primary task of any healthcare provider, especially a paediatrician
99 who suspects trafficking, is to ensure the safety of the child and initiate a thorough
100 evaluation of the situation.

101

102 There are no conclusive symptoms that make it possible to identify children who have
103 been trafficked. Healthcare professionals should be alerted by 'red flag' situations. Some
104 recent publications propose short screening instruments (developed in the United

105 States),^{19,20} but these tend to focus on sexual exploitation and as such may be
106 inappropriate in certain situations or cultural contexts. Global warning signs include post-
107 traumatic stress syndrome reactions and other mental symptoms, such as extreme anxiety
108 or depression. Denial may also occur, especially among children who are still under the
109 control of criminals. Young children without identification papers and accompanied by
110 an adult, unwillingness or hesitation to answer questions, possible signs of abuse, and
111 poor personal hygiene are other red flags which should raise suspicion.²¹ If forced to
112 participate in adult activities, children and adolescents may also have adopted behaviours
113 or language unusual for their age. In addition, hypervigilance while being examined,
114 caution or mistrust towards healthcare professionals, anxiety about sitting in a waiting
115 room full of other people, and apprehension of medical procedures may all be signs of
116 abuse experienced while being trafficked.

117

118 Some communication techniques may improve the trust of a child suspected of
119 trafficking, such as sitting down with them at eye level, maintaining eye contact, and
120 meeting immediate physical needs. In every circumstance involving adults who are not
121 the child's parents, the child should be separated from the accompanying person when
122 interviewed and explicitly granted privacy and confidentiality. One important issue is that
123 of interpreting:⁹ the support of a person fluent in both languages and with a good
124 knowledge of the child's culture of origin is very helpful.

125

126 Victims of trafficking often present with somatic and mental health problems.²² These
127 may include issues such as nutritional deficiencies, infections brought from their country
128 of origin or contracted during a migration journey (tuberculosis, worms, etc.),
129 dermatological problems linked with poor hygiene, sexually transmitted infections often
130 linked with sexual abuse by people smugglers, as well as chronic headaches, sleep

131 dysfunction and functional disorders. Mental health conditions or sequelae such as post-
132 traumatic stress syndrome should be evaluated and treated as well.

133

134 As with any situation involving child victims of abuse and neglect, the healthcare
135 providers or team should report the case to the relevant authorities. The meagre available
136 epidemiological data suggest that these situations often go unrecognized or are not
137 officially notified. Healthcare professionals are extremely well-placed to identify and
138 disclose cases of trafficking.

139

140 **Preventing and combating child trafficking: a role for paediatricians and healthcare**
141 **providers**

142 Child trafficking can be combated by implementing several global measures, such as
143 eliminating the root causes such as migration, armed conflicts, poverty and
144 socioeconomic demand, recognizing and caring for vulnerable children at risk of
145 trafficking and identifying the traffickers. This applies in particular to migrant children:
146 the European Commission's recommendations on the protection of migrant children,²³ as
147 well as other publications,⁶ highlight the need to protect migrant children against all
148 forms of trafficking at the various stages of their migration journey, including the need to
149 improve the identification of children after their arrival in Europe, to train personnel
150 involved in their reception and assessment, and to ensure that children receive adequate
151 treatment. A recent study revealed a lack of guidelines across Europe on how to handle
152 migrant children.²⁴ Moreover, the EU has published several documents that highlight the
153 importance of trafficking and offer a gender-specific and victim-centred legal and policy
154 framework for combating and preventing trafficking in human beings.^{25 26}

155

156

157 Healthcare professionals should be sensitized and trained in the recognition, assessment,
158 care, legal considerations, and referrals to appropriate services regarding child trafficking.
159 Trained physicians are significantly more likely to identify and refer a suspected victim.
160 For instance, a recent study showed that short-term training of emergency department
161 providers increased their self-reported recognition of trafficking victims.^{27 28} In addition
162 to being able to recognize trafficking, healthcare providers should ensure that victims
163 receive adequate care and support, and realize that they also have a role to play as
164 advocates of the rights of these vulnerable children.¹

165

166 The EU's strategy for the eradication of human trafficking²⁶ was developed to support
167 the implementation of its anti-trafficking directive. Five pillars of the strategy are:

- 168 1. Building effective information gathering and implementing new intelligence
169 sources in counter-trafficking measures and responses, including the creation of
170 EU-wide systems for data collection
- 171 2. Enhancing coordination and cooperation among key stakeholders, promoting
172 multi-sectorial and multidisciplinary approaches, and addressing the training
173 needs of professionals responsible for children (in addition to paediatricians,
174 psychologists, GPs, social workers, educators, etc.)
- 175 3. Identifying, protecting and assisting victims of trafficking, with particular
176 emphasis on protecting children who appear to be particularly liable to become
177 victims
- 178 4. Improving the prosecution of traffickers and prosecuting human trafficking as a
179 serious crime
- 180 5. Advocating for the prevention of human trafficking

181

182 Interdisciplinary collaboration is the cornerstone in combating child trafficking.
183 Healthcare professionals seeking to report cases of child trafficking often lack the
184 requisite knowledge of reporting procedures and relevant services available in their
185 community. Moreover, because child trafficking is a transnational crime, its elimination
186 requires transnational action, including effective coordination and communication
187 between sectors and across borders. Many countries in the EU have developed or are
188 developing policies and programmes that are directed specifically at human trafficking,²⁹
189 including legislative measures, coordinated anti-trafficking actions at a national level,
190 implementation of national reporting centres, national awareness campaigns, systems for
191 funding victims, awareness raising of professionals and so on. Some countries such as the
192 UK report regularly on the progress that has been made.³⁰

193

194 **A Call to Action**

195 Along the lines of the United Nations Convention on the Rights of the Child,¹ in
196 September 2015, the world adopted the 2030 Sustainable Development Agenda, which
197 includes a target for trafficking (Target 5.2).³¹ This goal calls for an end to trafficking and
198 violence against children as well as to all forms of violence and exploitation regarding
199 women and girls.

200

201 Given the paucity of valid data on the trafficking of children, the virtual absence of
202 European scientific publications in the field and the lack of specific skills of
203 paediatricians and healthcare professionals, the European Academy of Paediatrics (EAP)
204 suggests, on the basis of available documents, several ways of improving the situation.^{8,9}

205 ²³ First of all, all national and local governments should put in place a valid system for
206 recording the name, origin and age of child victims of trafficking, and work together to
207 create a valid database. For instance, the EU's Schengen Information System (a cross-

208 border database) could be especially useful as a tool for tracking down child victims. It
209 currently contains more than 30,000 alerts on missing adults and almost 60,000 alerts on
210 missing minors. Secondly, healthcare professionals, in particular paediatricians engaged
211 in epidemiological and clinical research, should develop projects in the field of
212 trafficking that tackle issues such as how to address cultural barriers and biases, how to
213 facilitate the integration of victims into their new environment, how to address mental
214 health sequelae of exploitation, etc. Further, large cities and paediatric hospitals should
215 develop identification and intervention protocols in interprofessional teams, which would
216 contribute to the acquisition of specific skills by physicians and nurses as well as
217 psychologists, interpreters, social workers and lawyers with cross-cultural expertise.
218 Academic centres and training institutions should include sessions in their curricula
219 sessions that deal specifically with the issue: all paediatricians should at the very least
220 learn how to recognize potential trafficking and how to react. In addition to their role as
221 practitioners dealing with individual situations, paediatricians in Europe have an
222 important role to play on a more systemic level. The EAP urges paediatric societies and
223 national bodies as well as policy makers to put the prevention of trafficking high on their
224 agenda.

225

226

227 **Conflict of interest:** Nothing to declare

228

229 **References**

- 230 1. UNICEF. Convention on the rights of the child. [United Nations; Human Rights,
231 Office of the High Commissioner for Human Rights] 1990.
232 <http://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf>
233
- 234 2. Comditioner UNOotH. Protocol to Prevent, Suppress and Punish Trafficking in
235 Persons Especially Women and Children, supplementing the United Nations
236 Convention against Transnational Organized Crime. 2000. New-York,
237 <http://www.ohchr.org/Documents/ProfessionalInterest/ProtocolonTrafficking.pdf>
238
- 239 3. Council of Europe. Council of Europe Convention on Action against Trafficking in
240 Human Beings. s [Council of Europe] 2005:19 pp.: Council of Europe,
241 <https://rm.coe.int/168008371d>
242
- 243 4. International Organization for Migration. Addressing human trafficking and
244 exploitation in times of crisis. Evidence and recommendations for further action to
245 protect vulnerable and mobile populations. [International Organization for Migration
246 (IOM)] 2015:51 pp. Geneva: International Organization for Migration,
247 [https://publications.iom.int/books/addressing-human-trafficking-and-exploitation-](https://publications.iom.int/books/addressing-human-trafficking-and-exploitation-times-crisis-evidence-and-recommendations-0)
248 [times-crisis-evidence-and-recommendations-0](https://publications.iom.int/books/addressing-human-trafficking-and-exploitation-times-crisis-evidence-and-recommendations-0)
249
- 250 5. Goldhagen J, Kadir A, Fouad M, et al. The Budapest declaration for children and youth
251 on the move. *Lancet Child & Adol Health* 2018;**2**(March):164-65.
252
- 253 6. McLeigh JD. Protecting Children in the Context of International Migration: children in
254 migration require greater protection from violence, exploitation, and discrimination.
255 *Child Abuse Negl* 2013;**37**(12):1056-68.
256
- 257 7. Union E. Asylum and migration into the EU in 2015. Publications Office of the
258 European Union, Luxembourg. [European Agency for Fundamental Rights (FRA)]
259 2016:44 pp. Luxembourg: European Union, file:///C:/Users/pmichaud/Downloads/fra-
260 2016-fundamental-rights-report-2016-focus-0_en.pdf
261
- 262 8. UNICEF Innocenti Research Center. Child Traficking in Europe, A Broad Vision to
263 Put Children First. 2008:68 pp.: UNICEF Innocenti Research Center,,
264 https://www.unicef-irc.org/publications/pdf/ct_in_europe_full.pdf
265
- 266 9. Zimmerman C, Centre GVH, Borland R. Caring for Trafficked Persons. Guidance for
267 Health Providers, IOM/UN.GIFT/London School of Hygiene and Tropical Medicine,
268 Geneva. Geneva: London School of Hygiene & Tropical Medicine,
269 http://publications.iom.int/system/files/pdf/ct_handbook.pdf
270
- 271 10. European Commission. Report on the progress made in the fight against trafficking in
272 human beings. [European Commission] 09.05.2018. 2016. Brussels: European
273 Commission, [https://ec.europa.eu/anti-](https://ec.europa.eu/anti-trafficking/sites/antitrafficking/files/report_on_the_progress_made_in_the_fight_against_trafficking_in_human_beings_2016.pdf)
274 [trafficking/sites/antitrafficking/files/report_on_the_progress_made_in_the_fight_against_](https://ec.europa.eu/anti-trafficking/sites/antitrafficking/files/report_on_the_progress_made_in_the_fight_against_trafficking_in_human_beings_2016.pdf)
275 [st_trafficking_in_human_beings_2016.pdf](https://ec.europa.eu/anti-trafficking/sites/antitrafficking/files/report_on_the_progress_made_in_the_fight_against_trafficking_in_human_beings_2016.pdf)
276
- 277 11. Europol. Situation Report. Trafficking in human beings in the EU, Europol, .
278 Secondary Situation Report. Trafficking in human beings in the EU, Europol, 2016.
279 <https://ec.europa.eu/anti->

- 280 trafficking/sites/antitrafficking/files/situational_report_trafficking_in_human_beings-
281 _europol.pdf.
282
- 283 12. Chung RJ, English A. Commercial sexual exploitation and sex trafficking of
284 adolescents. *Curr Opin Pediatr* 2015;**27**(4):427-33.
285
- 286 13. Moore JL, Kaplan DM, Barron CE. Sex Trafficking of Minors. *Pediatr Clin North*
287 *Am* 2017;**64**(2):413-21.
288
- 289 14. Cancedda A, De Micheli B, Dimitrova D, et al. Study on high-risk groups for
290 trafficking in human being. [European Commission] 2015:90 pp. Luxembourg:
291 European Commission, [https://ec.europa.eu/anti-](https://ec.europa.eu/anti-trafficking/sites/antitrafficking/files/study_on_children_as_high_risk_groups_of_trafficking_in_human_beings_0.pdf)
292 [trafficking/sites/antitrafficking/files/study_on_children_as_high_risk_groups_of_traffi](https://ec.europa.eu/anti-trafficking/sites/antitrafficking/files/study_on_children_as_high_risk_groups_of_trafficking_in_human_beings_0.pdf)
293 [cking_in_human_beings_0.pdf](https://ec.europa.eu/anti-trafficking/sites/antitrafficking/files/study_on_children_as_high_risk_groups_of_trafficking_in_human_beings_0.pdf)
294
- 295 15. European Union. Trafficking in human beings.2015:142. Luxembourg: European
296 Union, [https://ec.europa.eu/anti-](https://ec.europa.eu/anti-trafficking/sites/antitrafficking/files/eurostat_report_on_trafficking_in_human_beings_-_2015_edition.pdf)
297 [trafficking/sites/antitrafficking/files/eurostat_report_on_trafficking_in_human_beings](https://ec.europa.eu/anti-trafficking/sites/antitrafficking/files/eurostat_report_on_trafficking_in_human_beings_-_2015_edition.pdf)
298 [_-_2015_edition.pdf](https://ec.europa.eu/anti-trafficking/sites/antitrafficking/files/eurostat_report_on_trafficking_in_human_beings_-_2015_edition.pdf)
299
- 300 16. Baauw A, Ritz N. Towards better healthcare for migrant and refugee children in
301 Europe. *Eur J Pediatr* 2018;**177**(2):161-62.
302
- 303 17. Baauw A, Rosiek S, Slattery B, et al. Pediatrician-experienced barriers in the medical
304 care for refugee children in the Netherlands. *Eur J Pediatr* 2018.
305
- 306 18. International Organization for Migration. ‘Mixed Migration Flows in the
307 Mediterranean and Beyond – Analysis: Flow monitoring surveys – The human
308 trafficking and other exploitative practices prevalence indication survey’, IOM,
309 Geneva. [International Organization for Migration (IOM)] 2017:15 pp. Geneva,
310 [http://migration.iom.int/docs/Analysis_Flow_Monitoring_and_Human_Trafficking_S](http://migration.iom.int/docs/Analysis_Flow_Monitoring_and_Human_Trafficking_Surveys_in_the_Mediterranean_and_Beyond_26_April_2017.pdf)
311 [urveys_in_the_Mediterranean_and_Beyond_26_April_2017.pdf](http://migration.iom.int/docs/Analysis_Flow_Monitoring_and_Human_Trafficking_Surveys_in_the_Mediterranean_and_Beyond_26_April_2017.pdf)
312
- 313 19. Armstrong S. Instruments to Identify Commercially Sexually Exploited Children:
314 Feasibility of Use in an Emergency Department Setting. *Pediatr Emerg Care*
315 2017;**33**(12):794-99.
316
- 317 20. Greenbaum VJ, Dodd M, McCracken C. A Short Screening Tool to Identify Victims
318 of Child Sex Trafficking in the Health Care Setting. *Pediatr Emerg Care*
319 2018;**34**(1):33-37.
320
- 321 21. Shandro J, Chisolm-Straker M, Duber HC, et al. Human Trafficking: A Guide to
322 Identification and Approach for the Emergency Physician. *Ann Emerg Med*
323 2016;**68**(4):501-08 e1.
324
- 325 22. Stanley N, Oram S, Jakobowitz S, et al. The health needs and healthcare experiences
326 of young people trafficked into the UK. *Child Abuse Negl* 2016;**59**:100-10.
327
- 328 23. European commission. The protection of children in migration. Secondary The
329 protection of children in migration 2017:17 pp. Brussels: European commission,
330 [https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-](https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/european-agenda-)
331

- 332 migration/20170412_communication_on_the_protection_of_children_in_migration_e
333 n.pdf
334
- 335 24. Carrasco-Sanz A, Leiva-Gea I, Martin-Alvarez L, et al. Migrant children's health
336 problems, care needs, and inequalities: European primary care paediatricians'
337 perspective. *Child Care Health Dev* 2017
338 .
- 339 25. European Union. Directive 2011/36/EU of the European Parliament and of the
340 Council of 5 April 2011 on preventing and combating trafficking in human beings and
341 protecting its victims, and replacing Council Framework Decision 2002/629/JHA.
342 Strasbourg: European Union, 2011:11 pp.
343
- 344 26. European Commission. The EU Strategy towards the Eradication of Trafficking in
345 Human Beings 2012–2016. Secondary The EU Strategy towards the Eradication of
346 Trafficking in Human Beings 2012–2016 [European Commission] 2012:20 pp.
347 Brussels: European Commission, [https://ec.europa.eu/anti-
350 icking_in_human_beings_2012-2016_1.pdf](https://ec.europa.eu/anti-
348 trafficking/sites/antitrafficking/files/the_eu_strategy_towards_the_eradication_of_traff
349 icking_in_human_beings_2012-2016_1.pdf)
- 351 27. Beck ME, Lineer MM, Melzer-Lange M, et al. Medical providers' understanding of
352 sex trafficking and their experience with at-risk patients. *Pediatrics* 2015;**135**(4):e895-
353 902.
354
- 355 28. Grace AM, Lippert S, Collins K, et al. Educating health care professionals on human
356 trafficking. *Pediatr Emerg Care* 2014;**30**(12):856-61.
357
- 358 29. European Commission. TOGETHER AGAINST TRAFFICKING IN HUMAN
359 Brussels: European Commission,, 2018.
360
- 361 30. Gravett B. Countering Human Trafficking: The UK's Efforts. Secondary Countering
362 Human Trafficking: The UK's Efforts 2015:44 pp.: Geneva Centre for the
363 Democratic Control of Armed Forces,
364 [https://www.dcaf.ch/sites/default/files/publications/documents/1511DCAF-MSS-
366 GravettTHB-UK.pdf](https://www.dcaf.ch/sites/default/files/publications/documents/1511DCAF-MSS-
365 GravettTHB-UK.pdf)
- 367 31. United Nations General Assembly. Transforming our world: the 2030 Agenda for
368 Sustainable Development. 25 09 2015 ed. New-York: United Nations General
369 Assembly, 2015:35 pp.
370