



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

A statement by the European Academy of Paediatrics

Adamos Hadjipanayis^{1,2,3} · Francis P. Crawley^{3,4} · Tom Stiris^{3,5,6} · David Neubauer^{3,7} · Pierre-André Michaud^{3,8}

Received: 2 April 2018 / Revised: 1 June 2018 / Accepted: 6 June 2018
© Springer-Verlag GmbH Germany, part of Springer Nature 2018

Abstract

Child trafficking is among the most lucrative criminal activities in the world and growing rapidly. Poverty, natural disasters, armed conflicts and, in particular, migration put vulnerable children at high risk of trafficking. Accurate statistics on child trafficking are not available due to its illegal nature. Moreover, trafficking may not be consistently recorded and reported by European countries, mainly because of different perceptions as to who is considered a victim of trafficking. Around 4000–5000 children were identified as presumed victims of trafficking in European Union countries from 2013 to 2014; this is an underestimate of the problem because many victims go unrecognised. Trafficking is linked with issues, such as forced marriage, begging, labour or domestic servitude, slavery and prostitution as well as sexual abuse and child pornography. It may also involve the use of children as soldiers or for criminal activities, such as theft and drug smuggling. Child trafficking also involves the removal of organs and the selling neonates, infants, and children for adoption. Child victims of trafficking should be promptly identified in order to provide them with the necessary care as well as to prosecute the traffickers and stop their illegal activity. Healthcare professionals should be appropriately trained to keep a careful eye out for any signs of trafficking in children.

Conclusion: The European Academy of Paediatrics calls on our governments, intergovernmental organisations, paediatricians, and healthcare professionals to collaborate so as to improve the identification and healthcare of victims and to contribute to the disbanding and prosecution of child traffickers by reporting such situations.

What is Known:

- Child trafficking is a fast growing and among the most lucrative criminal activities in the world.
- Poverty, natural disasters, armed conflicts and in particular migration put vulnerable children at high risk of trafficking.

What is New:

- Child trafficking is an underestimated and often ignored issue, with around 4000–5000 children identified as presumed victims in European Union countries from 2013 to 2014.
- The European Academy of Paediatrics strongly encourages Paediatricians to identify victims as well as provide them with adequate health care and support; it calls on governments, intergovernmental organisations, and fellow compatriots to act within the full extent of the law to identify, disband, and prosecute child traffickers.

Communicated by Peter de Winter

✉ Adamos Hadjipanayis
adamos@paidiatros.com

Francis P. Crawley
fpc@gcpalliance.org

Tom Stiris
tom.stiris@medisin.uio.no

David Neubauer
david.neubauer@mf.uni-lj.si

Pierre-André Michaud
pierre-andre.michaud@chuv.ch

¹ Department of Paediatrics, Larnaca General Hospital, Larnaca, Cyprus

² Medical School, European University of Cyprus, Nicosia, Cyprus

³ European Academy of Paediatrics, Brussels, Belgium

⁴ Good Clinical Practice Alliance - Europe (GCPA), Brussels, Belgium

⁵ Department of Neonatology, Oslo University Hospital, Oslo, Norway

⁶ Faculty of Medicine, University of Oslo, Oslo, Norway

⁷ Department of Child, Adolescent & Developmental Neurology, University Children's Hospital, Ljubljana, Slovenia

⁸ Faculty of Biology & Medicine, University of Lausanne, Lausanne, Switzerland

Keywords European Academy of Paediatrics · Trafficking · Child trafficking · Migration · Health care · Advocacy

Definitions and context

The United Nations Convention on the Rights of the Child (CRC) [25] (a child is defined here as a person below the age of 18) guarantees to “consider in all actions the best interests of the child” (Art. 3). In particular, signatories state and parties undertake to “protect the child from all forms of sexual exploitation and sexual abuse... including unlawful sexual practises” (Art. 34) and to “take all appropriate national, bilateral and multilateral measures to prevent the abduction of, the sale of or traffic in children for any purpose or in any form” (Art. 35). Among several definitions of child trafficking, the Council of Europe’s Convention on Action against Trafficking and the United Nations define child trafficking as the “recruitment, transfer, harbouring, and/or receipt of a child, including the exchange or transfer of control over the child, for the purpose of exploitation” [8, 9]. There are no clear boundaries in the definitions of trafficking; in some cases, they include forced labour, gender-based violence and sexual exploitation, while in others they do not. This explains the complexity of gathering uniformly accepted and valid statistical data. However, as far as health providers are concerned, all forms of child exploitation need to be addressed and should not impact on the quality of care they provide to the children who are victims of such exploitation.

Child trafficking is a growing and lucrative criminal activity in many parts of the world. Several circumstances foster trafficking, such as armed conflicts, natural disasters and, above all, at least within the European community, migration [17, 21]. Unaccompanied migrant children who cross international borders are particularly defenceless while *en route* to, or upon arrival at, their destination [23, 27]. Depending on the circumstances, trafficking is linked with issues, such as forced marriage, begging, labour or domestic servitude, slavery, prostitution, child pornography and other forms of sexual abuse. It may also involve using children as soldiers or for criminal activities, such as theft and drug smuggling, removal of organs, or selling neonates, infants or children for adoption.

The objective of this statement is to draw the attention of paediatricians to harmful situations, which are still not well recognised, yet deeply violate the CRC and cause suffering as well as short- and long-term harmful consequences [26, 31].

The extent of child trafficking

Accurate statistics on child trafficking are not available because of its illegal nature. Moreover, trafficking may be inconsistently recorded and reported by European countries, mainly because

of different perceptions as to who is considered a victim of trafficking [11, 16]. Children are trafficked across borders, but they are also trafficked within European countries for labour or domestic activities, for criminal activities and for sexual exploitation [7, 24]. In 2012, the United Nations Office on Drugs and Crime (UNODC) reported that the overall number of trafficking victims may currently be as high as 20.9 million worldwide, and that the annual number of new victims was in the range of 2 to 4 million, with 50% of victims being children aged from 0 to 18. It is estimated that 76% of sexual transactions with underage girls start on the Internet, and that 2 million children are subjected to prostitution in the global sex trade.

According to a recent report by the European Commission [11], for the period 2013–2014, there was a total of 15,846 ‘registered victims’ (both identified and presumed) of trafficking within the EU, of whom at least 15% were children. The top five EU countries of citizenship for registered victims in 2013–2014 were Romania, Bulgaria, the Netherlands, Hungary, and Poland. According to other sources [5, 15], more than 5000 children were identified as presumed victims of trafficking in EU countries between 2010 and 2012 [5]. They were mainly victims who were forced to carry out criminal activities, including begging, drug production, and benefit fraud.

Migrant children are at particular risk of becoming victims of trafficking if they are separated from their parents or if the accompanying adult is not the real parent or guardian. Unaccompanied migrating adolescents are particularly vulnerable to all forms of violence, especially sexual exploitation and rape, as they are often heavily dependent on the assistance of adults whom they meet while escaping from their country or from a life-threatening environment [2, 3]. Child and human trafficking in general have been proven to increase after a surge of migration [21]. In 2015, more than 400,000 children applied for asylum in Europe, of whom two thirds were younger than 14 years of age. In addition, a quarter of these children were unaccompanied at the time of registration [7]. During the same year, 250,000 children were reported as missing; 2% of these were unaccompanied migrant children who had disappeared from institutional care. For example, a survey conducted in Italy in 2016 showed that 78% of children experienced trafficking conditions during their migration journey, mainly in transit countries [22].

Identifying victimised children and providing health care

Child victims of trafficking need to be identified promptly for two reasons. The first and most important is to protect them

and to provide them with necessary care. The second reason is to enable effective prosecution of the traffickers, and thus put a stop to their illegal activities. The primary task of any healthcare provider, especially a paediatrician who suspects trafficking, is to ensure the safety of the child and initiate a thorough evaluation of the situation.

There are no conclusive symptoms that make it possible to identify children who have been trafficked. Healthcare professionals should be alerted by ‘red flag’ situations. Some recent publications propose short screening instruments (developed in the USA) [1, 20], but these tend to focus on sexual exploitation and as such may be inappropriate in certain situations or cultural contexts. Global warning signs include post-traumatic stress syndrome reactions and other mental symptoms, such as extreme anxiety or depression. Denial may also occur, especially among children who are still under the control of criminals. Young children without identification papers and accompanied by an adult, unwillingness or hesitation to answer questions, possible signs of abuse, and poor personal hygiene are other red flags, which should raise suspicion [29]. If forced to participate in adult activities, children and adolescents may also have adopted behaviours or language unusual for their age. In addition, hypervigilance while being examined, caution or mistrust towards healthcare professionals, anxiety about sitting in a waiting room full of other people and apprehension of medical procedures may all be signs of abuse experienced while being trafficked.

Some communication techniques may improve the trust of a child suspected of trafficking, such as sitting down with them at eye level, maintaining eye contact and meeting immediate physical needs. In every circumstance involving adults who are not the child’s parents, the child should be separated from the accompanying person when interviewed and explicitly granted privacy and confidentiality. One important issue is that of interpreting [31]: the support of a person fluent in both languages and with a good knowledge of the child’s culture of origin is very helpful.

Victims of trafficking often present with somatic and mental health problems [30]. These may include issues, such as nutritional deficiencies, infections brought from their country of origin or contracted during a migration journey (tuberculosis, worms, etc.), dermatological problems linked with poor hygiene, sexually transmitted infections often linked with sexual abuse by people smugglers, as well as chronic headaches, sleep dysfunction and functional disorders. Mental health conditions or sequelae, such as post-traumatic stress syndrome should be evaluated and treated as well.

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

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

Child trafficking can be combated by implementing several global measures, such as eliminating the root causes, such as migration, armed conflicts, poverty and socioeconomic demand, recognising and caring for vulnerable children at risk of trafficking and identifying the traffickers. This applies in particular to migrant children: the European Commission’s recommendations on the protection of migrant children [12], as well as other publications [23], highlight the need to protect migrant children against all forms of trafficking at the various stages of their migration journey, including the need to improve the identification of children after their arrival in Europe, to train personnel involved in their reception and assessment, and to ensure that children receive adequate treatment. A recent study revealed a lack of guidelines across Europe on how to handle migrant children [6]. Moreover, the EU has published several documents that highlight the importance of trafficking and offer a gender-specific and victim-centred legal and policy framework for combating and preventing trafficking in human beings [10, 24].

Healthcare professionals should be sensitised and trained in the recognition, assessment, care, legal considerations and referrals to appropriate services regarding child trafficking. Trained physicians are significantly more likely to identify and refer a suspected victim. For instance, a recent study showed that short-term training of emergency department providers increased their self-reported recognition of trafficking victims [14, 18] recognise trafficking, healthcare providers should ensure that victims receive adequate care and support, and realise that they also have a role to play as advocates of the rights of these vulnerable children [25].

The EU’s strategy for the eradication of human trafficking [10] was developed to support the implementation of its anti-trafficking directive. Five pillars of the strategy are as follows:

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

5. Advocating for the prevention of human trafficking.

Interdisciplinary collaboration is the cornerstone in combating child trafficking. Healthcare professionals seeking to report cases of child trafficking often lack the requisite knowledge of reporting procedures and relevant services available in their community. Moreover, because child trafficking is a transnational crime, its elimination requires transnational action, including effective coordination and communication between sectors and across borders. Many countries in the EU have developed or are developing policies and programmes that are directed specifically at human trafficking [13], including legislative measures, coordinated anti-trafficking actions at a national level, implementation of national reporting centres, national awareness campaigns, systems for funding victims, awareness raising of professionals and so on. Some countries, such as the UK report regularly on the progress that has been made [19].

A call to action

Along the lines of the United Nations Convention on the Rights of the Child [25], in September 2015, the world adopted the 2030 Sustainable Development Agenda, which includes a target for trafficking (Target 5.2) [28]. This goal calls for an end to trafficking and violence against children as well as to all forms of violence and exploitation regarding women and girls.

Given the paucity of valid data on the trafficking of children, the virtual absence of European scientific publications in the field and the lack of specific skills of paediatricians and healthcare professionals, the European Academy of Paediatrics (EAP) suggests, on the basis of available documents, several ways of improving the situation [12, 26, 31]. First of all, all national and local governments should put in place a valid system for recording the name, origin, and age of child victims of trafficking, and work together to create a valid database. For instance, this system should include the EU's Schengen Information System (a cross-border database) that could be especially useful as a tool for finding and tracking child victims. It currently contains more than 30,000 alerts on missing adults and almost 60,000 alerts on missing minors. Secondly, healthcare professionals, in particular paediatricians engaged in epidemiological and clinical research, should develop projects in the field of trafficking that tackle issues, such as how to address cultural barriers and biases, how to facilitate the integration of victims into their new environment, and how to address mental health sequelae of exploitation. Further, large cities and paediatric hospitals should develop identification and intervention protocols with interprofessional teams, which would contribute to the acquisition of specific skills by physicians and nurses as well as psychologists, interpreters,

social workers and lawyers with cross-cultural expertise. Academic centres and training institutions should include sessions in their curricula sessions that deal specifically with the issue: all paediatricians should at the very least learn how to recognise potential signs of trafficking and learn how to react appropriately and professionally to them. In addition to their role as practitioners dealing with individual patients and situations, paediatricians in Europe have an important role to play on a more systemic level. The EAP urges paediatric societies and national bodies as well as policy makers to put the prevention of trafficking high on their agenda and develop systematic and coordinated approaches to address these serious violations of the rights and well-being of children.

Authors' Contributions Adamos Hadjipanayis: Study conception, reviewing the literature and drafting the article.

Francis P. Crawley: Study conception and contributed to the initial draft and review.

Tom Stiris: Reviewed the manuscript.

David Neubauer: Reviewed the manuscript.

Pierre-André Michaud: Reviewed and restructured substantially the manuscript and gave important comments.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

References

1. Armstrong S (2017) Instruments to identify commercially sexually exploited children: feasibility of use in an emergency department setting. *Pediatr Emerg Care* 33(12):794–799
2. Baauw A, Ritz N (2018) Towards better healthcare for migrant and refugee children in Europe. *Eur J Pediatr* 177(2):161–162
3. Baauw A, Rosiek S, Slattery B, Chinapaw M, van Hensbroek MB, van Goudoever JB, Kist-van Holthe J (2018) Pediatrician-experienced barriers in the medical care for refugee children in the Netherlands. *Eur J Pediatr*. <https://doi.org/10.1007/s00431-018-3141-y>
4. Beck ME, Lineer MM, Melzer-Lange M, Simpson P, Nugent M, Rabbitt A (2015) Medical providers' understanding of sex trafficking and their experience with at-risk patients. *Pediatrics* 135(4):e895–e902
5. Cancedda A, De Micheli B, Dimitrova D et al (2015) Study on high-risk groups for trafficking in human being. European Commission, Luxembourg, p 90. https://ec.europa.eu/anti-trafficking/sites/antitrafficking/files/study_on_children_as_high_risk_groups_of_trafficking_in_human_beings_0.pdf
6. Carrasco-Sanz A, Leiva-Gea I, Martin-Alvarez L et al (2017) Migrant children's health problems, care needs, and inequalities: European primary care paediatricians' perspective. *Child Care Health Dev*
7. Chung RJ, English A (2015) Commercial sexual exploitation and sex trafficking of adolescents. *Curr Opin Pediatr* 27(4):427–433
8. Commissioner UNOotH (2000) Protocol to prevent, suppress and punish trafficking in persons especially women and children, supplementing the United Nations Convention against

- Transnational Organized Crime. New-York. <http://www.ohchr.org/Documents/ProfessionalInterest/ProtocolonTrafficking.pdf>
9. Council of Europe (2005) Council of Europe Convention on Action against trafficking in human beings. p 19. <https://rm.coe.int/168008371d>
 10. European Commission (2012) The EU Strategy towards the Eradication of Trafficking in Human Beings 2012–2016. Brussels, p 20. https://ec.europa.eu/anti-trafficking/sites/antitrafficking/files/the_eu_strategy_towards_the_eradication_of_trafficking_in_human_beings_2012-2016_1.pdf
 11. European Commission (2016) Report on the progress made in the fight against trafficking in human beings. European Commission [9 May 2018], Brussels. https://ec.europa.eu/anti-trafficking/sites/antitrafficking/files/report_on_the_progress_made_in_the_fight_against_trafficking_in_human_beings_2016.pdf
 12. European commission (2017). The protection of children in migration, p 17. https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/european-agenda-migration/20170412_communication_on_the_protection_of_children_in_migration_en.pdf
 13. European Commission (2018) Together against trafficking in human. European Commission, Brussels
 14. European Union (2011) Directive 2011/36/EU of the European Parliament and of the Council of 5 April 2011 on preventing and combating trafficking in human beings and protecting its victims, and replacing Council Framework Decision 2002/629/JHA. Strasbourg, p 11
 15. European Union (2015) Trafficking in human beings. European Union, Luxembourg, p 142. https://ec.europa.eu/anti-trafficking/sites/antitrafficking/files/eurostat_report_on_trafficking_in_human_beings_-_2015_edition.pdf
 16. Europol (2016) Situation report. Trafficking in human beings in the EU, Europol. https://ec.europa.eu/anti-trafficking/sites/antitrafficking/files/situational_report_trafficking_in_human_beings_-_europol.pdf
 17. Goldhagen J, Kadir A, Fouad M et al (2018) The Budapest declaration for children and youth on the move. *Lancet Child Adolesc Health* 2:164–165
 18. Grace AM, Lippert S, Collins K, Pineda N, Tolani A, Walker R, Jeong M, Trounce MB, Graham-Lamberts C, Bersamin M, Martinez J, Dotzler J, Vanek J, Storfer-Isser A, Chamberlain LJ, Horwitz SM (2014) Educating health care professionals on human trafficking. *Pediatr Emerg Care* 30(12):856–861
 19. Gravett B (2015) Countering human trafficking: The UK's efforts. Geneva Centre for the Democratic Control of Armed Forces, p 44. <https://www.dcaf.ch/sites/default/files/publications/documents/1511DCAF-MSS-GravettTHB-UK.pdf>
 20. Greenbaum VJ, Dodd M, McCracken C (2018) A short screening tool to identify victims of child sex trafficking in the health care setting. *Pediatr Emerg Care* 34(1):33–37
 21. International Organization for Migration (2015) Addressing human trafficking and exploitation in times of crisis. Evidence and recommendations for further action to protect vulnerable and mobile populations. Geneva, p 309. <https://publications.iom.int/books/addressing-human-trafficking-and-exploitation-times-crisis-evidence-and-recommendations-0>
 22. International Organization for Migration (2017) Mixed migration flows in the mediterranean and beyond – analysis: flow monitoring surveys – The human trafficking and other exploitative practices prevalence indication survey, IOM, Geneva. Mixed migration flows in the mediterranean and beyond – analysis: flow monitoring surveys – The human trafficking and other exploitative practices prevalence indication survey. IOM, Geneva, p 15. http://migration.iom.int/docs/Analysis_Flow_Monitoring_and_Human_Trafficking_Surveys_in_the_Mediterranean_and_Beyond_26_April_2017.pdf
 23. McLeigh JD (2013) Protecting children in the context of international migration: children in migration require greater protection from violence, exploitation, and discrimination. *Child Abuse Negl* 37(12):1056–1068
 24. Moore JL, Kaplan DM, Barron CE (2017) Sex trafficking of minors. *Pediatr Clin N Am* 64(2):413–421
 25. UNICEF (1990) Convention on the rights of the child. [United Nations; Human Rights, Office of the High Commissioner for Human Rights]. <http://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf>
 26. UNICEF Innocenti Research Center (2008) Child trafficking in Europe, a broad vision to put children UNICEF, p 68. https://www.unicef-irc.org/publications/pdf/ct_in_europe_full.pdf
 27. Union E (2016) Asylum and migration into the EU in 2015. Publications Office of the European Union, Luxembourg. European Agency for Fundamental Rights (FRA), p 44
 28. United Nations General Assembly (2015) Transforming our world: the 2030 agenda for Sustainable Resolution adopted by the General Assembly on 25 September 2015, New York, p 35
 29. Shandro J, Chisolm-Straker M, Duber HC, Findlay SL, Munoz J, Schmitz G, Stanzer M, Stoklosa H, Wiener DE, Wingkun N (2016) Human trafficking: a guide to identification and approach for the emergency physician. *Ann Emerg Med* 68(4):501–508.e1
 30. Stanley N, Oram S, Jakobowitz S, Westwood J, Borschmann R, Zimmerman C, Howard LM (2016) The health needs and healthcare experiences of young people trafficked into the UK. *Child Abuse Negl* 59:100–110
 31. Zimmerman C, Borland R (2009) Caring for trafficked persons: guidance for health providers. School of Hygiene and Tropical Medicine, Geneva. OM/UN.GIFT, London. http://publications.iom.int/system/files/pdf/ct_handbook.pdf