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Introduction to the special issue of Child Abuse and Neglect: Global child trafficking and health

The United Nations Palermo protocol defines child trafficking as involving the recruitment, transportation, transfer, harbouring, or receipt of a person less than 18 years of age for the purpose of exploitation. This includes sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude, and/or the removal of organs (United Nations, 2000). While estimates of prevalence are notoriously difficult to obtain and verify (Stansky & Finkelhor, 2008), the numbers of involved persons are believed to be very high: the International Labour Organization estimated that in 2016 approximately 4.5 million children worldwide were involved in forced labour, 5.7 million were victims of forced marriage, and approximately 1 million experienced other types of commercial sexual exploitation (International Labour Organization, 2017). These estimates highlight the degree and severity of this global crisis. The United Nations has called specific attention to the issue by including the eradication of human trafficking and forced labour in the 2030 Sustainable Development Goals (SDG 5.2, 5.3 and 8.7) (United Nations, 2018).

While research on human trafficking is relatively limited, there is abundant evidence that forced labour and commercial sexual exploitation are associated with significant adverse physical and mental health effects. These have been demonstrated in populations around the world, and studies show remarkable similarity across geographic regions (Kiss, Yun, Pocock, & Zimmerman, 2015; Silverman et al., 2007; Zimmerman et al., 2008). High rates of violence-related injury, work-related injury, sexually and non-sexually transmitted infections, unwanted pregnancy and associated complications, post-traumatic stress disorder symptoms, and major depression with suicidality have been documented in those trafficked for sex and/or labour (Greenbaum, Dodd, & McCracken, 2015; Horner & Sheffield, 2017; Le, Ryan, Rosenstock, & Goldmann, 2018; Ottisova et al., 2018; Pocock, Kiss, Oram, & Zimmerman, 2016; Pocock, Nguyen, Lucer-Prisno, Zimmerman, & Oram, 2018; Varma, Gillespie, McCracken, & Greenbaum, 2015).

Given the widespread prevalence and the significant health impacts of child trafficking, it is imperative that professionals working with children be aware of human trafficking and the necessity of addressing the physical and mental health needs of trafficked persons. *Child Abuse and Neglect* provides an international platform for discussions regarding child protection and an ideal venue for a global discussion of child trafficking and health. The articles in this special issue examine the physical and mental health needs of trafficked children, barriers to delivering quality care to this population, and innovative programs designed to meet health needs. The intent of the special issue is to facilitate scientific research in this area, contribute to the steadily growing evidence base, and focus attention on trafficked children as a special population. The issue is also intended to highlight novel and thoughtful practices being implemented around the world that strive to address the multidisciplinary needs of trafficked children.

To meet these goals, we have organized the issue into two distinct but complementary sections. The first section is comprised of a series of rigorous scientific research studies addressing child trafficking and health. These articles span a wide range of topics, but each advances our knowledge about factors that impact the well-being of survivors before, during, and after treatment. For example, Nodzinski et al. examined the concerns and hopes for the future of children and adolescents receiving post-trafficking services in the Greater Mekong Sub-region. They found that concerns regarding social ostracism and maltreatment at the hands of others in the home community were associated with depression in females, and with depression, anxiety and post-traumatic stress disorder in males (Nodzinski et al., 2020). In a 12-month longitudinal study of commercially sexually exploited (CSE) youth and youth at high risk of CSE, Rothman et al. reported that participation in a survivor-mentor program was associated with decreased CSE activity, delinquent behavior, and arrests/detention episodes by law enforcement.

The second section is comprised of short articles describing specific programs serving trafficked children. These articles are denoted by the heading, "Featured Counter-Trafficking Program." A variety of thoughtful, innovative programs are included here. One such featured program is a nurse practitioner-led, community-based program for runaway youth who have experienced sexual violence and exploitation. They employ a strengths-based approach focusing on promoting health, improving family relationships and school connectedness, building self-esteem and developing life skills (O'Brien, Moynihan, Saewyc, & Edinburgh, 2020). Another program provides a culturally contextualized model of Dance Movement Therapy (DMT) known as *Sampoornata*, for the recovery of

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survivors of sexual violence, abuse, and exploitation, including sex trafficking (Chakraborty, 2020). Others include examples of ‘medical homes’ providing primary care to sexually exploited/trafficked youth (Diaz et al., 2020; Kappel, Lemke, Tuchman, & Deye, 2020; Leach, 2020) and a program training behavioral health clinicians to use trauma-focused cognitive behavioral therapy (TF-CBT) to help trafficked youth in the U.S. (Kinnish et al., 2020).

These ‘featured programs’ are not formal studies and most do not provide rigorous scientific evidence of impact or efficacy through outcomes data. Nonetheless, we showcase these programs because we believe it is valuable for professionals working with exploited children to share innovative ideas and program successes and challenges. We encourage potential partnerships that may lead to new initiatives, improved services, and further research. Each program description contains basic information about the services provided and the target population, then describes successes and challenges encountered in the design and implementation process. It is through these “lessons learned” that the professionals in our field may help each other build effective programs that optimally address the myriad health needs of trafficked children. We encourage readers to analyze each article and program description, mull over its implications, reach out to authors and others in the field, and begin to build a creative and collaborative community that will work together to markedly improve the health and well-being of exploited children.

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