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Abstract

As trusted health professionals in the school setting, school nurses are well positioned to identify students who may be victims of commercial sexual exploitation of children (CSEC). However, until recently this issue has been clouded by lack of awareness, stigma, and/or denial. Since nationally the average age of entry for girls into the commercial sex industry (specifically prostitution) is 12–15 years old, many of these young people continue to attend school although attendance may be sporadic. Additional continuing education is needed to increase school nurses' awareness that these young victims might be in their practices, whether they are located in urban, rural, or suburban communities. As primary sources of health care for children throughout the United States, school nurses have a pivotal role in helping an exploited girl move beyond invisibility to a path of safety and support—and a new life.

Keywords

abuse, family life/sexuality, violence, safety/injury prevention

Introduction

Until recently, the issue of commercial sexual exploitation of children (CSEC) has been clouded by lack of awareness, stigma, and/or denial. (CSEC is widely used as an abbreviation for commercial sexual exploitation of children and will be used periodically within this article.) Nationally the average age of entry for girls into the commercial sex industry (specifically prostitution) is age 12–15 years (Lloyd, 2005; Silbert & Pines, 1981; Smith, Vardman, & Snow, 2009; Spangenberg, 2001). Many of these young people continue to attend school. Several years ago, the Massachusetts General Hospital Department of Global Health and Human Rights (MGH-DGHHR) conducted focus groups on CSEC with critical community stakeholders in eight international metropolitan areas. Respondents from both London and Los Angeles stated that school nurses, as trusted health professionals, are one of the groups most likely to identify youth involved in sexual exploitation (Burke, 2009).

Pursuant to discussions with the MGH investigators, the Massachusetts Department of Public Health (MDPH), the School Health Unit organized statewide presentations for school nurses on this important topic. Speakers included the MGH researchers and detectives assigned to the Boston Police Department Human Trafficking Unit. The MDPH staff also

consulted with experts, such as the Executive Director of My Life My Choice, a program offering a continuum of services aimed at CSEC. As Massachusetts school nurses increased their understanding of CSEC and its concomitant warning signs, they began to raise questions about individuals within their practices. Few had previously considered the issue of sexual exploitation as underlying certain student behaviors. See the case studies in Tables 1 and 2 as examples of the “red flags” identified by the Commonwealth's school nurses.

The Massachusetts experience strongly suggests that school nurses across the country may need to increase their awareness and education about sexual exploitation of children. School nurses' open door policies, opportunities to observe students across grade levels, and extensive experience in child abuse reporting place them in a unique position

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Table 1. Massachusetts Public Schools: Case Study A

Sixteen-year-old S_____, who lived with her aunt and younger brother, was often traveling to visit her mother who resided out of state and had a history of substance abuse. S_____ felt responsible for caring for her younger brother. She was an A student, but often came into the school nurse's office because of tardiness, various somatic issues, tiredness, and fatigue. She reported many different part-time jobs, always had the newest cell phones, occasionally wore a new wig, and dressed in the latest fashions. She frequently talked about her "man," and boyfriends would pick her up at school. S_____ was a great student but sometimes needed assistance to make up work due to repeated tardiness; however, she still was able to maintain grades because her schoolwork was important to her.

Red Flags

She always had a new cell phone (which is costly).

She had increased visits to the health office.

She was often fatigued.

She was frequently tardy, had challenges maintaining academic performance, including the need for staff to intervene because of missing assignments and classes.

She changed clothing and accessories often and used suggestive language.

Outcome

S_____ had graduated before the school nurse attended CSEC training. However, when the school nurse did participate in a training, it suddenly "clicked" that S_____ had met some of the criteria for sexual exploitation, especially sexualized comments (in addition to the other red flags). This case study illustrates the importance of increasing the awareness of all school nurses about teen sexual exploitation and how to identify and address it.

Table 2. Massachusetts Public Schools: Case Study B

Three 12-year-old girls attending middle school were brought to the school nurse after numerous physical and verbal altercations. All the girls struggled with low self-esteem. The school nurse was informed that each girl was dating the same "boyfriend," but they were not angry with the "boyfriend" but fighting with each other. The "boyfriend" was a 19-year-old student in one of the district's high schools. These girls were flattered by his attention and monetary "gifts." School staff also expressed concern about all three girls' attendance, noting fatigue, changes in behavior, and decline in academics.

Red Flags

Students were involved in frequent altercations.

Staff expressed concerns about their attendance, fatigue, behavior changes, and decline in academics.

Students were dating the same "boyfriend."

The "boyfriend" was significantly older than the 12-year-old girls.

Students who were involved have self-esteem issues.

Students were fighting over expensive "gifts."

Outcome

The school nurse, having been to a training on CSEC, called the Sergeant Detective in the Boston Police Human Trafficking Unit for advice. Thereafter, the school district police served a "no trespass" order on the 19-year-old who still attended high school. He was mandated to stay away from the girls or he would be arrested. The school nurse discovered that the boy also worked at a local community center where the girls went after school. The school notified the parents and the community center. It also provided counseling for the girls. This was a teaching moment for the rest of the school staff when they realized what could have happened.

to identify students at risk and intervene appropriately. Because this issue crosses socioeconomic boundaries, *all* communities must be on the alert. However, school nurses cannot address this complex issue alone. It demands increased awareness by all school personnel, as well as collaboration with child protective services, law enforcement, social services and a range of supportive agencies.

What is the CSEC?

CSEC is first and foremost child sexual abuse. The National Association of School Nurses (NASN) position statement reinforces that all school nurses "must be familiar with and comply with applicable laws that identify them as mandated reporters of child abuse and neglect . . ." (NASN, 2011). This includes

child sexual abuse; however, unlike other forms, CSEC is sexual abuse of a minor for economic gain (Mukasey, Daley, & Hagy, 2007). As a result of the abuse, money, goods, or services are exchanged or are promised to a child. CSEC occurs within the context of the commercial sex industry, with an element of organization and intent (Lloyd, 2005). Put plainly, CSEC is the buying and selling of children.

Adolescent girls are deceived, manipulated, forced, or coerced into prostitution every day. National prevalence numbers have been difficult to obtain. The most in-depth study to date estimates that between 244,000 and 325,000 American youth are considered at risk for sexual exploitation, while 199,000 incidents of sexual exploitation of minors occur each year (Estes & Weiner, 2001). In 2005, the SEEN Coalition (Support to End Exploitation Now) launched a database to

track cases in the Boston area. By January 2011, more than 450 sexually exploited youth (predominantly girls) had been identified in Suffolk County alone (K. O'Connell, personal communication, 2008). The complex nature of CSEC renders this figure an undercount; however, it begins to give a picture of child sexual exploitation in the Boston metropolitan area.

While girls, boys, and transgender youth are all at risk of CSEC, this article will focus on the unique circumstances of girls in this country. However, being commercially sexually exploited is traumatic regardless of gender or geography and worthy of equal study.

Who is Most Vulnerable to Exploitation?

School nurses need to understand that all teenage girls may be at risk of being recruited into the commercial sex industry, simply by virtue of the normal developmental tasks of adolescence. Wanting to take risks, feeling misunderstood by their parents, and seeking romantic relationships make girls susceptible to the recruitment tactics of sex traffickers (commonly called pimps). However, some girls are disproportionately at risk, such as those with histories of childhood sexual abuse. A variety of studies estimate that between 33% and 90% of girls and adult women (who began being prostituted during their teen years) had experienced this form of abuse (Harlan, Rodgers, & Slatery, 1981; Raphael, 2004). For example, a study of 106 Boston adult women who were incarcerated or arrested for prostitution-related offenses found that 68% reported having been sexually abused, with almost half being raped before the age of 10 (Norton-Hawk, 2002). This finding is repeated in many smaller studies and appears regardless of other factors, such as running away and substance abuse (Tyler, Hoyt, Whitbeck, & Cauce, 2001). The Letot Center, a juvenile justice facility in Dallas, Texas, working with commercially sexually exploited children, found that 93–95% had been previously physically and sexually abused (Smith et al., 2009).

Most exploited girls have survived a childhood of chronic physical, emotional, and sexual trauma inflicted by multiple perpetrators (Farley & Kelly, 2000; Williams & Frederick, 2009). Specifically, they are likely to be victims of incest (Silbert & Pines, 1982), leading Dworkin (1997) to describe incest as “boot camp” for prostitution. Children who were sexually abused are 28 times more likely to be arrested for prostitution at some point in their lives than those who were not (Widom, 1995). The younger a girl is when she first becomes commercially sexually exploited, the greater the likelihood that she has a history of child sexual abuse, and the greater the extent of the abuse history (Council for Prostitution Alternatives, 1991; Lloyd, 2011).

In addition to a history of childhood abuse, commercially sexually exploited girls are likely to have experienced other forms of family disruption and loss (Clawson, Dutch, Solomon, & Goldblatt Grace, 2009). Multiple studies have found that girls who have been exploited frequently come from

homes where one or more caregiver was actively addicted to alcohol or other drugs (Raphael, 2004). One study of 222 prostituted women in Chicago found that 83% were raised in a home where one or both parents struggled with addiction (O'Leary & Howard, 2001). Prostituted girls are also likely to have witnessed their mother being beaten by an intimate partner (Raphael, 2004). Many girls have experienced the loss of a parent through death, divorce, or abandonment (Norton-Hawk, 2002; Raphael & Shapiro, 2002).

Of particular note to nurses working in the school setting is that research has also shown a correlation between commercial exploitation of children and school-related problems, including learning disabilities (Clawson et al., 2009; Williams & Frederick, 2009). These findings suggest that when girls experience school failure, it is often accompanied by low self-esteem. This lack of self-worth makes girls more vulnerable to recruitment by a pimp (Harway & Liss, 1999; Lloyd, 2011).

Trauma, disruption, and abandonment are central to the narratives of girls who later become victims of exploitation. This history increases their likelihood of being involved with the child protection system, including placement in foster care or group homes. Exploiters—commonly referred to as pimps—often target these programs and homes, putting these youth at very high risk of being victimized. As an illustration, one study in Canada of 47 women in prostitution found that 64% had been involved in the child welfare system, and, of these, 77.8% were in foster care or group homes (Nixon, Tutty, Downe, Gorkoff, & Ursel, 2002).

How do Pimps/Exploiters/Traffickers Recruit the Girls?

In order to understand commercial exploitation and the girls most vulnerable, school nurses need to learn how these victims are recruited. The vast majority of girls in the commercial sex industry were recruited and controlled by pimps (Finkelhor & Ormrod, 2004; Giobbe, 1993; D. Gavin, Personal Communication, 2009). While pimps can be male or female, the majority are male. They systematically target vulnerable girls by frequenting locations where they congregate—malls, schools, bus and train stations, and group homes. As previously noted, they specifically target child protective service programs, as well as locations where they might find runaways, believing that girls without a stable support system are their easiest prey. Of the first 40 girls living in group homes served by The My Life My Choice Project in Boston, 38 had been approached by an exploiter at some time (Smith et al., 2009). With the advent of social media, traffickers are now recruiting through Facebook and other Internet sites.

Understanding how the CSEC system operates in the community—and the particular tactics of the traffickers—will greatly facilitate the school nurse's ability to identify potential victims. Once the pimp has made a connection with

a girl, he may use a variety of tactics to recruit, including force, coercion, or befriending. The most common tactic, however, is seduction (Flowers, 2001; Lloyd, 2011; National Center for Missing and Exploited Children, 2002; Raphael, 2004). Pimps traditionally spend time “grooming” or “seasoning” a girl, slowly isolating her and increasing her dependence on him for both material items and emotional sustenance. Within a year, the exploiter will begin the process of “turning her out”—bringing her into the commercial sex industry. This process, and the violence, degradation, and brainwashing that follows, renders an adolescent girl in a state similar to a battered woman—both terrified of her perpetrator and willing to lay down her life, and her body, for his needs (Goldblatt Grace, 2008/2009; Lloyd, 2005; Raphael, 2004; Spangenberg, 2001). Approximately 20% of exploited youth—both girls and boys—are trafficked nationally by organized criminal networks, crossing the United States through well-established prostitution tracks (Estes & Weiner, 2001).

School nurses who are just learning about the current state of CSEC need to understand that the picture of commercial sexual exploitation has changed dramatically from 10 years ago, when the vast majority of prostitution of juveniles occurred on the streets, in plain sight of law enforcement and the community. Today, in Boston and communities across the country, the exploitation of minors has gone indoors. Traffickers are easily able to sell girls on Internet sites such as Backpage.com. Girls are required to stay in a motel room or apartment and service a steady stream of men (commonly referred to as tricks or johns), usually 10–20 per night to meet their exploiter’s quota. In a widely cited study, Estes and Weiner (2001) found that most pimps manage one to three girls at a time. The great majority operate either at the local level (not part of a larger criminal network) or are tied to citywide rings, often engaged in drug sales as well as prostitution (Goldblatt Grace, 2008/2009; Smith et al., 2009). In 2008, there were approximately 90 traffickers identified by Boston Police in the Boston area (K. O’Connell, personal communication, 2008).

Understanding the Impact of CSEC on the Victims

School nursing practice often includes student disclosures of violence such as domestic violence, sex abuse, child abuse, and a host of other traumatic events. However, for the student who is being prostituted, violence is a day-to-day reality including beatings and rapes by pimps and johns (Nixon et al., 2002). Most of this violence goes unreported due to fear of retaliation, concerns that law enforcement may arrest the girl, or return her to an abusive home (Flowers, 2001). In addition to violence, reproductive health issues, including exposure to sexually transmitted diseases such as HIV, are an omnipresent hazard (Farley & Kelly, 2000). As a result

of the chronic violence, fear, and degradation, victims of commercial sexual exploitation find ways to cope. Girls quickly learn that using alcohol, marijuana, or other drugs to numb themselves is an effective way of surviving each night. Conversely, exploiters sometimes use substances to ensure compliance, which then may lead to addiction, often by young adulthood. Many adult women find themselves trapped in the commercial sex industry as a result of their addiction (Lloyd, 2011). Girls also learn to dissociate while having sex with the men who purchase them (Raphael, 2004). This strategy can lead to dissociative disorders in which girls struggle over a lifetime with feeling whole. Other coping mechanisms include self-destructive behaviors (such as cutting). Further, suicide attempts and clinical depression have been documented among this population of girls (Farley & Kelly, 2000; Giobbe, 1993; Lloyd, 2011; Nixon et al., 2002). Often girls who experience the violence and degradation of CSEC develop symptoms congruent with posttraumatic stress disorder (PTSD). One international study of prostituted people in five countries found that almost three fourths met the diagnostic criteria for PTSD (Farley, Baral, Kiremire, & Sezgin, 1998). The powerlessness felt by girls in “the Life” is reinforced by social isolation, captivity, verbal abuse, threats, intimidation, sexual assaults, and physical abuse—all of which are common practice for traffickers (Dworkin, 1997; Silbert & Pines, 1981).

Some exploited girls may display symptoms of the Stockholm syndrome, otherwise most frequently seen among prisoners of war (Graham & Wish, 1994). As a means of emotional and physical survival, the captive (the girl) identifies with her captor (the pimp). She expresses extreme gratefulness over the smallest acts of kindness or mercy (i.e., he does not beat her today), denial over the extent of violence and injury, hypervigilance regarding her pimp’s needs, and the perception that anyone trying to prosecute him or help her escape is the enemy. She may lash out at service providers or anyone else attempting to help her exit, insisting that she is fine and happy in her current situation (Lloyd, 2011).

Girls who are victims of commercial sexual exploitation recount a profound sense of being alone, without resources. They are taught by traffickers that no one will believe them, that they have chosen this life and that there is no way out (Lloyd, 2011; Rabinovitch, 2003). For the school nurse and others in the health and social services fields, this sense of isolation and being without resources is a key challenge in connecting sexually exploited girls to victim service resources. The manifestations of her trauma may make the victim reticent to trust anyone outside “the Life,” who states they are trying to help her (Friedman, 2005; Raphael, 2004).

The young victims of commercial sexual exploitation are hidden in plain sight—in our schools, group homes, juvenile justice facilities, and probation departments. As a provider

who may see these victims daily, weekly, or monthly, the school nurse has a paramount role in identifying and referring this invisible and marginalized population.

Identification: Where/How/What Would a School Nurse See?

Responsiveness to CSEC means taking the first and most important step by identifying exploited girls within the school. This can prove to be difficult for a variety of reasons: (1) the stigma associated with prostitution, (2) the adolescent's reluctance to disclose due to her own sense of shame and fear of the provider's response (Lloyd, 2011; Raphael, 2004), and (3) the power of the trafficker's seduction and manipulation. This may result in an increased protectiveness of the perpetrator at all costs and decreased likelihood to call herself a victim (Lloyd, 2011; Raphael, 2004). The best way to identify a victim is through her disclosure. However, in lieu of a disclosure, school nurses should be in tune to common red flags that indicate a young woman is being exploited. The following indicators are very broad and may apply to a range of issues; however, it is the confluence of several that raises concern that a student may be a potential CSEC victim. (*Please note: These indicators have been identified by staff in My Life My Choice, as well as many other service agencies addressing exploited youth, including law enforcement.*)

- Visible signs of abuse, including unexplained bruises, black eyes, cuts, or marks. Often marks or bruising are in discreet areas (i.e., not on face) in order to preserve appearance for marketability.
- Behaviors consistent with PTSD, such as fear, anxiety, or hypervigilance.
- A history of childhood sexual abuse/incest, physical abuse/neglect, and/or sexual assault.
- A history of running away and/or multiple unexplained absences from school.
- Changes in the girl's physical appearance, including but not limited to:
 - new expensive clothes or accessories;
 - expensive hair dos and nails;
 - sexually suggestive clothes or makeup; and/or
 - frequent changes in the color or style of her hair.
- A tattoo which she is reluctant to explain.
- A facial scar which, like tattoos, is used to brand her as property of a particular owner and make her easily detectable, should she run away.
- Exhaustion.
- Multiple pagers and/or cell phones.
- Language from "the Life," such as referring to her boyfriend as "daddy" or using her own street name.
- Involvement with a male who has one or more of the following characteristics:

- He is older than she.
- He goes by a street name (i.e., Zeus, Too Sweet, etc.) and she is not aware of his real name.
- He always has a lot of money but she does not know how he makes a living.
- He is violent and controlling toward her.
- He buys her a pager and/or cell phone.
- A history of multiple sexually transmitted infections and/or pregnancies. She may seek regular testing for HIV
- An inordinate amount of time spent online, including the following behaviors:
 - She has a sexually explicit online profile on Black Planet, MySpace, or other Internet sites.
 - She frequents Internet chat rooms or classified sites, such as Craigslist.
- An interest in pornography or other aspects of the sex industry.
- New friends, including females who are much older than she.
- Disconnection from her family or other caregivers.
- Complaints by teachers of inappropriate behaviors in the classroom, including passing of notes with sexually explicit statements and an inability to focus on academics while often appearing confused.
- Expression of suicidal ideation or use of cutting as a coping skill.
- Exchange of money with other students while passing in the corridor.
- Talk among other students, some becoming fearful of her while others are disgusted.
- Poor supervision at home, failure to go home after school, and lack of parent awareness of where she is or with whom after school.
- Frequent sleepovers with so-called "friends."

When a school nurse suspects sexual exploitation, similar to sexual assault, she should try to learn the minimal facts to confirm victimization, provide support, and seek appropriate resources. Service providers working with vulnerable youth have found that the clearest way to determine whether a student has been exploited through prostitution is to directly ask the student. This communicates to the student that the school nurse can handle this type of disclosure and is open to providing support. Potential questions include the following:

- Have you ever had to exchange sex for money, food, or shelter?
- Have you ever taken your clothes off for a photograph? Or for an audience?
- Has someone else made money off of you doing these things?
- How old is your "boyfriend"?
- Where does he go to school?

Though most victims will not readily disclose their experiences, asking the question communicates to victims that the school nurse is someone who could handle the information without judgment. Most victims believe that adults would be unable to deal with the intensity of the trauma and therefore do not want to know. Traffickers tell their girls that adults will be repulsed by “what they’ve done.”

What Should the School Nurse Do When a Youth Discloses to Her?

When a youth discloses to the school nurse that she has been commercially sexually exploited, it is of paramount importance that the school nurse suspend judgment and listen. The nurse should validate to the student that the student has been through a difficult experience and thank her for sharing the information. The nurse’s first responsibility is to assess any immediate safety concerns, understanding that this information cannot be kept in confidence. The school nurse should also explain that she will not talk about this with other students but will share the information only with appropriate staff to protect and assist the victim. School nurses should follow the same protocol as with other forms of child abuse or sexual assault, being mindful that exploitation carries additional stigma and should be handled with great care and discretion. As in all cases of suspected child abuse, the school nursing role is to take the information given in confidence and pass it to trained experts.

CSEC is child abuse and as such requires that the school nurse, as a mandated reporter, document the conversation/conversations and file a report to the child protective services per school policy. (Some states specifically document “sexual exploitation” as a reportable condition. In other states, a school nurse must infer that, as CSEC is a form of child abuse, it fits within mandated reporter guidelines.) If the identity of the alleged perpetrator is not known, the report may indicate the alleged perpetrator as “unknown.” Any additional information should be included such as partial names, nicknames, addresses, last known contact, vehicle information, and so on.

Some professionals may have difficulty reporting the exploitation of a student to the local child protective services department out of fear of losing her trust and damaging their relationship. For those who have some discomfort with reporting, it is helpful to talk to the student about the report and involve her in the process (e.g., have the student present when the report is filed). It may also be helpful to explain the possible outcomes of the report—including the involvement of a multidisciplinary team of providers to help her. Any questions related to filing a report with child protective services should be directed to the legal counsel of the school district.

Once the report is sent, the public school district should act promptly to notify the appropriate authorities of the alleged incident, per the school district policy. Reporting

of any such incident will be conducted in such a way as to maintain confidentiality *to the extent practicable* under the circumstances.

What are the Policy and Protocol Implications for Schools?

As the issue of sexual exploitation of children becomes more visible and widespread, schools have several responsibilities: (a) increasing staff awareness, (b) increasing parent and student awareness of the risks and realities of CSEC through comprehensive health education, and (c) developing policies should a disclosure occur. Education about which children are disproportionately vulnerable, the signs and symptoms that might indicate exploitation, and the need to remain nonjudgmental are important for all staff working with students. In order to be ready to assist a child victim, the school district needs to have a procedure in place similar to that of sexual assault and child abuse reporting. Because CSEC is child abuse, this protocol may be an addendum to the existing child abuse reporting protocol. (Of note is that no distinction should be made between victims of CSEC who are born in a foreign country or in the United States. However, children born outside the United States, who have been trafficked or victimized during transit may be entitled to additional services and assistance.) The school policy should include assessment for safety concerns, documentation of the conversations, and filing of a report to the child protective services. It should indicate the administrators and/or authorities to be notified immediately while maintaining confidentiality, to the extent practicable under the circumstances. In some school districts, school policy requires that the school police also make a confidential report. Once a child/victim is identified, it is imperative that all responding providers communicate with one another to ensure a coordinated child-focused and successful intervention.

Summary

With increasing public awareness about CSEC, school nurses have a unique role in preventing CSEC as well as identifying and supporting these victims. As the health professionals in the school setting, they need to recognize that students in their schools—urban, suburban, or rural—may be at risk for or involved in CSEC. They must be knowledgeable about the signs and symptoms of CSEC, ways to support disclosure, and the steps to take should it occur. This means educating their administrators and support staff about the need for policies so that procedures are in place for the student’s safety and care should a disclosure occur. It means nonjudgmental approaches to victims. And it means reassurance of the victims that the school nurse will continue to support her as she moves forward in her life and education. Recognizing the important role of school nurses in addressing CSEC, the MDPH and

Northeastern University School Health Institute are providing online continuing education modules for school nurses in the Commonwealth—and other states. The modules are a first step in increasing awareness and may be found on the School Health Institute website, <https://www.neushi.org/>. Additional direct training will be needed to better understand this complex issue and the steps needed to assist young victims. As primary sources of health care for children throughout the United States, school nurses have a pivotal role in helping an exploited girl move beyond invisibility to a path of safety and support—and a new life.

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References

- Burke, Thomas. (2009). *Sex trafficking of women and girls in eight metropolitan areas around the world: case studies viewed through a public-health lens* (Unpublished document). Boston, MA: Massachusetts General Hospital Department of Global Health and Human Rights.
- Clawson, H. J., Dutch, N., Solomon, A., & Goldblatt Grace, L. (2009). *Human trafficking into and within the United States: A review of the literature*. Washington, DC: U.S. Department of Health and Human Services. Retrieved from <http://aspe.hhs.gov/hsp/07/HumanTrafficking/LitRev/>
- Council for Prostitution Alternatives. (1991). Characteristics of 800 CPA participants. In R. Weitzer (Ed.), *Sex for sale: Prostitution, pornography, and the sex industry* (pp. 139–155). New York, NY: Routledge.
- Dworkin, A. (1997). Prostitution and male supremacy. In A. Dworkin, (Ed.), *Life and death: Unapologetic writings of the continuing war against women* (pp. 139–151). New York, NY: Free Press.
- Estes, R., & Weiner, N. (2001). The commercial sexual exploitation of children in the U.S., Canada, and Mexico. Philadelphia: University of Pennsylvania.
- Farley, M., Baral, I., Kiremire, M., & Sezgin, U. (1998). Prostitution in five countries: Violence and post-traumatic stress disorder. *Feminism & Psychology*, 8, 405–426.
- Farley, M., & Kelly, V. (2000). Prostitution: A critical review of the medical and social sciences literature. *Women & Criminal Justice*, 11, 29–64.
- Finkelhor, D., & Ormrod, R. (2004). Prostitution of juveniles: Patterns from NIBRS. *Juvenile Justice Bulletin* (NCJ203946). Washington, DC: US Government Printing Office.
- Flowers, R. B. (2001). *Runaway kids and teenage prostitution*. Westport, CT: Praeger.
- Friedman, S. (2005). Who is there to help us: How the system fails sexually exploited girls in the United States. New York, NY: ECPAT-USA.
- Giobbe, E. (1993). An analysis of individual, institutional, and cultural pimping. *Michigan Journal of Gender Law*, 1, 33–57.
- Goldblatt Grace, L. (2008/2009). Understanding the commercial exploitation of children. *The Link: Connecting Juvenile Justice and Child Welfare*, 7, 1–13.
- Graham, M., & Wish, E. (1994). Drug use among female arrestees: Onset, patterns, and relationships to prostitution. *Journal of Drug Issues*, 24, 315–329.
- Harlan, S., Rodgers, L., & Slattery, B. (1981). *Male and female adolescent prostitution: Huckleberry House Sexual Minority Youth Services Project*. Washington, DC: U.S. Department of Health and Human Services.
- Harway, M., & Liss, M. (1999). Dating violence and teen prostitution: Adolescent girls in the justice system. In N. G. Johnson, M. C. Roberts, & J. P. Worell (Eds.), *Beyond appearance: A new look at adolescent girls* (pp. 277–300). Washington, DC: American Psychological Association.
- Lloyd, R. (2005). Acceptable victims? Sexually exploited youth in the U.S. *Encounter: Education for Meaning and Social Justice*, 18, 6–18.
- Lloyd, R. (2011). Girls like us: Fighting for a world where girls are not for sale, an activist finds her calling and heals herself. New York, NY: HarperCollins.
- Mukasey, M. B., Daley, C. K., & Hagy, D. W. (2007). *Commercial sexual exploitation of children: What do we know and what do we do about it?* Washington, DC: U.S. Department of Justice.
- National Association of School Nurses. (2011). *Position statement: child abuse and neglect*. Washington, DC: Author.
- National Center for Missing and Exploited Children. (2002). *Female juvenile prostitution: Problem and response*. Washington, DC: U.S. Department of Justice.
- Nixon, K., Tutty, L., Downe, P., Gorkoff, K., & Ursel, J. (2002). The everyday occurrence: Violence in the lives of girls exploited through prostitution. *Violence Against Women*, 8, 1016–1043.
- Norton-Hawk, M. (2002). The life course of prostitution. *Women, Girls & Criminal Justice*, 3, 7–9.
- O'Leary, C., & Howard, O. (2001). The prostitution of women and girls in metropolitan Chicago: A preliminary prevalence report. Chicago, IL: Center for Impact Research.
- Rabinovitch, J. (2003). PEERS: The Prostitutes' Empowerment, Education, and Resource Society. In M. Farley (Ed.), *Prostitution, trafficking, and traumatic stress* (pp. 239–253). New York, NY: Haworth Maltreatment and Trauma Press.
- Raphael, J. (2004). *Listening to Olivia: Violence, poverty, and prostitution*. Boston, MA: Northeastern University Press.
- Raphael, J., & Shapiro, D. (2002). *Sisters speak out: The lives and needs of prostituted women in Chicago: A research study*. Chicago, IL: Center for Impact Research.
- Silbert, M., & Pines, A. (1981). Occupational hazards of street prostitutes. *Criminal Justice and Behavior*, 8, 395–399.
- Silbert, M., & Pines, A. (1982). Entrance into prostitution. *Youth & Society*, 13, 471–500.
- Smith, L. A., Vardaman, S. H., & Snow, M. A. (2009). *The national report on domestic minor sex trafficking: America's prostituted children*. Vancouver, WA: Shared Hope International.

- Spangenberg, M. (2001). *Prostituted youth in New York City: An overview*. New York, NY: ECPAT-USA.
- Tyler, K., Hoyt, D., Whitbeck, L., & Cauce, A. (2001). The impact of childhood sexual abuse on later sexual victimization among run-away youth. *Journal of Research on Adolescents, 11*, 151–176.
- Widom, C. Z. (1995). Victims of childhood sexual abuse: Later criminal consequences. National Institute of Justice. *Research in Brief* (NIJ, 1995, NCJ 151525). Washington, DC: U.S. Department of Justice.
- Williams, L. M., & Frederick, M. E. (2009). *Pathways into and out of commercial sexual victimization of children: Understanding and responding to sexually exploited teens*. Lowell, MA: University of Massachusetts Lowell.

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