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Empowering Medical Professionals to Help Victims of Trafficking

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Medical professionals receive very little training in how to help victims of every form of maltreatment; thus, the articles “Health Care Providers’ Training Needs Related to Human Trafficking: Maximizing the Opportunity to Effectively Screen and Intervene” by Isaac, Solak, and Giardino, and “Human Trafficking: What is the Role of the Health Care Provider?” by Crane and Moreno face the daunting challenge of serving as review articles on the medical issues in human trafficking, versus becoming in-depth, “how-to” instruction manuals. Both articles provide a good introduction and explanation of the psychosocial and medical issues faced by many trafficking victims; however, they succeed only to varying degrees in describing all the gaps in the medical system and the vital next steps forward.

The breadth and depth of any effort to improve medical care for victims of trafficking depends, in part, on the severity of the trafficking problem and how it relates to other types of maltreatment. Estimating the incidence of trafficking in the United States has been difficult: Crane and Moreno quote 20,000 per year¹ and Isaac, Solak, and Giardino quote 17,500 per year,² but the challenges in obtaining accurate estimates has been so great that the Department of State no longer includes estimates of trafficking in the U.S. in its annual report.^{3,4} Even if the rate were ten times higher, it would still pale in comparison to the 2.9 million children who are abused and neglected each year in the U.S.,⁵ and the 2.1 million adults who are victims of intimate partner violence each year.⁶

The greatest challenge in all of these forms of maltreatment is to encourage the victim to open up and share what happened, and both articles address this issue. Crane and Moreno provide some details on the importance of approaching the topic of trafficking indirectly, and both articles provide the helpful list of screening questions put forth on the Administration for Children and Families’ (ACF) website for medical professionals to ask a patient while alone.⁷ Except in a small percentage of medical centers that have doctors specialized in maltreatment, the overwhelming majority of medical professionals in the U.S. do not receive best practices training in how to interview patients about abuse and neglect. As a pediatrician who is board-certified in child abuse pediatrics and is director of a hospital-based children’s advocacy center, the 40-hour forensic interviewing training I took from the American Professional Society on the Abuse of Children has been one of the most valuable learning experiences for my career in child protection. Both articles leave the reader wanting more information and advice on how to interview someone they suspect of being trafficked; however, it was beyond the scope of these papers to go much further with such a complex issue.

For patients who have been trafficked, the authors provide a helpful description of medical concerns—from infections and malnutrition to mental health issues like acute stress disorder and post-traumatic stress disorder. During the patient visit, it is extremely important for medical professionals to work closely with social workers, who are very good at asking important questions, bringing to light key psychosocial issues, and helping the patient to connect to outside services. One of the key barriers not mentioned in either article is that physicians do not receive adequate training on how to perform the medical exam in cases of suspected abuse. Studies have demonstrated that many pediatricians in offices and emergency departments are inexperienced in examining children's genitalia⁸ and vary significantly in how they interpret exam findings compared to experts in child sexual abuse.⁹⁻¹¹

Both articles state that medical professionals should report trafficking to law enforcement; however, neither article addresses whether a medical professional can or should contact law enforcement when a victim does not want the case reported. If the victim is under age 18 and the trafficker is a caretaker, then all medical professionals are mandated to report the case to child protective services, who could then contact police. However, in the large number of trafficking cases where a teenager is being prostituted by a non-cohabitating pimp, many state confidentiality laws in fact prohibit medical professionals from contacting police without patient consent. Furthermore, many teenagers who have been prostituted are hesitant to speak to police because they know that the criminal justice system too often treats them as criminals and threatens to prosecute them, rather than treat them as victims.¹²

If a medical professional has a patient who has shown enough strength to disclose trafficking by a non-caretaker, but not enough strength to accept services or to report it to police, the medical professional should schedule the patient for a follow-up visit in 1-2 weeks when they can further assess the patient's health and discuss options for their safety. Motivational interviewing is a specific technique that would be helpful for victims to find a path forward, but again, the vast majority of medical professionals are not trained in this valuable technique.

Whether a child is being prostituted by a pimp or being neglected by a parent, all forms of child maltreatment face similar challenges in engaging the patient to open up and to accept our help. The key next steps in the fight against human trafficking include:

- Multidisciplinary teams need to improve coordination on all forms of human maltreatment. Medical professionals need to be at meetings with

police and social services to explain why every victim needs to be examined—even the ones who were “only touched” and those who still have feelings for their abuser. And police and prosecutors need to explain to medical professionals important issues about how to help patients in ways that do not create problems for prosecution.

- Schools for all medical professions and social work need to significantly strengthen their curriculum on diagnosing and treating human maltreatment. Curricula should not just provide awareness and basic knowledge on maltreatment, but focus on providing practical skills. Isaac, Solak, and Giardino conclude their article by providing a good example of a skills-focused training for people who are already in the workforce, *Health Professionals and Human Trafficking*.

- Groups that provide training on human trafficking should partner with other agencies and organizations that provide training on child maltreatment and domestic violence. These new partnerships would create many benefits, from breaking down the silos that too often exist with various groups doing similar work unbeknownst to each other, to strengthening the web of protection to help ensure that every victim is given the support they need.

With an ever-growing body of research that demonstrates the specific, long-term consequences and costs of adverse childhood experiences, the medical, legal and social service communities will be joined by more public health departments and the private sector to truly appreciate the value in funding programs that prevent and provide interventions for all forms of human maltreatment.

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