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## What are the Human Trafficking Policies of Professional Medical Organizations?

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### ABSTRACT

**Introduction:** Human trafficking is an international public health concern in which healthcare professionals are in a unique position to intervene. It is unclear how professional medical organizations have responded to the need to identify and assist trafficked patients.

**Methods:** Using key phrases “human trafficking,” “medical organization,” and “policy,” search engines and databases including Google Scholar, PubMed, and Google were utilized to identify medical organizations that had policies regarding human trafficking. The HEAL (Health, Education, Advocacy and Linkage) Trafficking website was also cross-referenced to identify additional medical organizations.

**Results:** Overall, eight out of 265 national medical organizations had policies regarding human trafficking. These were the American Medical Association, American Medical Women’s Association, American Academy of Family Physicians, Christian Medical and Dental Association, American Academy of Pediatrics, American College of Emergency Physicians, American College of Obstetrics and Gynecology, and American Psychiatric Association. Policy statements varied in their content, recommendations, and victim populations addressed.

**Conclusions:** Opportunities exist for national medical organizations to develop their policy statements on human trafficking. While medical organizations’ policies do not ensure compliance or meaningful impacts of changes in practice behaviors, they can bring attention to this public health concern and encourage training and higher standards of care.

### KEYWORDS

Medical; association; human trafficking; policy

Human trafficking is an important public health issue (Chisolm-Straker & Stoklosa, 2017) and egregious human rights violation. It is estimated that over 40 million persons are trafficked globally and that profits exceed 150 billion annually (Global estimates of modern slavery: Forced labour and forced marriage, 2017; Wheaton, Schauer, & Galli, 2010). Human trafficking is defined by the United Nations as “the recruitment, transportation, transfer, harboring or receipt of persons by improper means such as force, abduction, fraud or coercion for an improper purpose including forced labor or sexual exploitation” (What is Human Trafficking? United Nations on Drugs and Crime). In the United States, every state has trafficking victims; and in Texas alone, it is estimated that there are more than 300,000 victims of labor and sex trafficking (Busch-Armendariz et al., 2016; The Facts). Healthcare professionals are in a unique position to identify and manage victims of human trafficking (Bespalova, Morgan, & Coverdale, 2016; Gordon, Salami, Coverdale, & Nguyen, 2018; Macias-Konstantopoulos, 2016). It is estimated that up to 88% of patients who are impacted by human trafficking encounter a healthcare provider at least once while they are being trafficked (Lederer & Wetzel, 2014). This suggests that the large majority of trafficking victims may have at least one

opportunity to receive assistance in improving their trafficking situation if they are identified by healthcare providers.

In 2000, President Bill Clinton signed the Victims of Trafficking and Violence Prevention Act (TVPA) into law after its passage by Congress. Over a decade later in 2014, the United States Department of Health and Human Services developed the SOAR (Stop, Observe, Ask and Respond) training program for healthcare professionals. However, despite strides made in training healthcare professionals at large on trafficking, the absence of standardized national, state, or local policy requiring training of medical trainees and physicians in trafficking has contributed to a clear gap in the curriculum of medical schools and residency programs (Grace, Ahn, & Macias Konstantopoulos, 2014; Stoklosa, Grace, & Littenberg, 2015). Physicians may currently elect to complete free, module-based education on human trafficking for continuing medical education credit although this is not mandated and therefore not widely utilized (Atkinson et al., 2016). Comparatively, physicians as a group have been slow to integrate trafficking knowledge into their training. While the American Hospital Association has recently begun to take a more active role in educating member healthcare organizations about trafficking with its Hospitals Against Violence Initiative, hospital administrations have similarly not uniformly mandated human trafficking training for physicians or trainees nationwide. Instead, individual medical organizations, healthcare institutions, and local governments have begun to champion trafficking in the form of mandated education and training for physicians. In the absence of oversight from other national bodies, national medical societies and professional healthcare associations have thus become responsible for bringing awareness of trafficking to their constituents. It is well-known that professional societies often establish leadership and professional roles and set overarching goals and missions on behalf of their constituents. Thus, policies regarding human trafficking can help to establish a standard of care for this vulnerable patient population.

There is a need, therefore, to evaluate the existence, accuracy and thoroughness, and any notable omissions or shortcomings of physician organization policy statements regarding human trafficking. Attention to human trafficking by such organizations may promote the training and education of physicians, and support outreach, clinical care to victims, research, and policy. Because of these needs, we set out to review the policy statements of professional physician organizations on human trafficking. This information should inform physicians and other healthcare workers about the relative priority various physician organizations give to this major public health problem.

## Methods

Using the keywords “human trafficking,” “medical organization,” and “policy,” and the general phrase “human trafficking medical organization policy,” we searched databases including Google Scholar, PubMed, and Google through January 2019 to discover medical organizations that had policies regarding human trafficking. The HEAL (Health, Education, Advocacy and Linkage) Trafficking website (Health Societies) was also cross-referenced to identify additional medical organizations. The Journal of Human Trafficking archives were also hand-searched for any policies released by U.S. medical organizations. Furthermore, we asked several experts in varying medical specialties whether they knew of any policies in their national organizations on human trafficking. Any national organization of medical physicians whose websites were discovered by these search strategies were then internally searched using their website’s search functions for formal policies and positions regarding human trafficking. Any policies and position statements were analyzed for commonly recommended actions that were repetitively suggested by multiple different organizations. These included whether they addressed the importance of recognizing trafficking as a public health issue and whether they mentioned education, research, policymaking, prevention, or collaboration with law enforcement or other related professions. Inclusion criteria included any medical organization of physicians within the United States. Exclusion criteria were state and local medical societies and medical societies comprised primarily of non-physician providers

## Results

Of the 265 physician organizations identified (Category: Medical associations based in the United States) we found eight national medical organizations – the American Medical Association (AMA), the American Medical Women’s Association (AMWA), the American Academy of Family Physicians (AAFP), Christian Medical and Dental Association (CMDA), the American Academy of Pediatrics (AAP), the American College of Emergency Physicians (ACEP), the American College of Obstetrics and Gynecology (ACOG), and the American Psychiatric Association (APA) – which had established policies regarding human trafficking. All 8 organizations called for an increased recognition and intervention of human trafficking persons by clinical providers. There was a wide variation in the nature of the policy between organizations. We present the key details of the eight organizational policies in Table 1.

### **American Medical Association (*Commercial exploitation and human trafficking of minors H-60.912; Human Trafficking/Slavery Awareness D-170.992; Physicians Response To Victims of Human Trafficking H-65.966*)**

The American Medical Association has three distinct policies which are intended to guide providers in caring for patients who are or were trafficked. The main policy, which was authored in 2015, was entitled “Physician Response to Victims of Human Trafficking H-65.966.” It addressed three needs: the need for there to be increased *awareness* on behalf of providers about human trafficking, *education* on how to identify victims, and *resources* for victims. The other two policies extended to developing laws and policies intended to assist pediatric victims of trafficking and called for needs to study the efficacy of medical education on human trafficking.

### **American Medical Women’s Association (*Position Paper on the Sex Trafficking of Women and Girls in the United States*)**

The American Medical Women’s Association’s 2014 position paper addressed various identifying factors, medical sequelae, and psychological consequences of trafficking. They provided a table of anti-trafficking recommendations. They also succinctly outlined specific directions for future research, continuing medical education, inter-professional collaboration with law enforcement and schools, and needs for advocacy to further enact policies which protect and provide services for survivors and victims of trafficking. This position paper was limited to sex trafficking alone.

**Table 1.** Medical societies’ policy content.

Organization*	Discrete Policy for Trafficking	Recognition and Intervention	Education	Research	Policymaking	Prevention	Interprofessional Collaboration
AAP	x	x	x	x	x	x	x
AAFP	x	x	x	x		x	x
ACEP	x	x	x	x	x		x
ACOG		x	x		x	x	x
AMA	x	x	x				
AMWA	x	x	x	x	x		
APA	x	x	x	x	x	x	x
CMDA	x	x				x	

*Caption: Each of the medical organization’s policy statements are variable in their scope and recommendations regarding how to best approach the care of trafficking victims.*

\*AAP indicates American Academy of Pediatrics, AAFP – American Academy of Family Physicians, ACEP – American College of Emergency Physicians, ACOG – American College of Obstetrics and Gynecology, AMA – American Medical Association, AMWA – American Medical Women’s Association, APA – American Psychiatric Association, CMDA – Christian Medical and Dental Association.

### **American Academy of Family Physicians (*Human Trafficking*)**

The 2016 policy statement from the American Academy of Family Physicians recognized human trafficking as a major problem affecting millions of individuals and recognized the role of family physicians in becoming advocates of those victim-patients. Along with urging their members to seek opportunities to become informed on human trafficking, they called for integration of trafficking education with other violence topics (such as domestic violence) at all levels of medical education from medical school through graduate medical training and into continuing medical education. The organization also supported collaboration with local law enforcement and support organizations as well as called for increased funding for research on the health consequences of trafficking. Notably, the AAFP also affirms the role of family physicians to identify, manage, and prevent human trafficking.

### **Christian Medical and Dental Association (*Human Trafficking*)**

The Christian Medical and Dental Association's policy published in 2013 condemned human trafficking of all types. Their statement outlined the types of human trafficking and some potential medical findings which might help in screening for victims. They also recommended that members become well-informed about the needs and resources available to trafficking victims and encouraged members to practice proactive prevention in their communities.

### **American Academy of Pediatrics (*Greenbaum & Bodrick, 2017*)**

The American Academy of Pediatrics' (AAP) established a policy on human trafficking in 2017. It provided an in-depth exposition of the status of human trafficking in general, delved deeply into current law regarding trafficking, and reported medical and psychiatric consequences of victimization. It also reviewed available research and current medical education on the topic. They encouraged member support and advocacy in a multitude of domains including policymaking, inter-professional collaboration, expansion of social services for victims, and more.

### **American College of Emergency Physicians (*Policy statement human trafficking*)**

The American College of Emergency Physicians approved a policy on Human Trafficking in 2016. This began by recommending that its members become familiar with the stigmata and pathology associated with trafficking and to utilize this knowledge while maintaining a high level of suspicion in the acute-care setting. The policy expressed support for interdisciplinary collaboration between medical professionals, hospital administration, and emergency medical services in order to better assist victims through hospital protocols. They also acknowledged the need for more epidemiological research on trafficking in addition to further development of best-practices for assisting victims.

### **American College of Obstetricians and Gynecologists (*Global women health and rights*)**

The American College of Obstetrics and Gynecologists (ACOG) claimed the oldest policy to mention human trafficking published in 2012. The ACOG only briefly mentions sex trafficking as one of the challenges facing global women's right to governing their own sexual activity within the right to decide when and if to have sex, including choosing one's partner, and freedom from coerced marriage and sex trafficking. There was no organizational policy which addressed human trafficking.

Of note, while not an organizational policy, the Committee on Health Care for Underserved Women did publish Committee Opinion 507 in 2011. Though lacking the consensus of an organizational stance, given that committee statements are by definition authored and published by a subsection of the whole organization, this committee opinion did give a comprehensive overview;

it described means of identifying and assisting trafficking victims in clinical practice, called for interprofessional collaboration to assist survivors, and encouraged constituents of ACOG to become well-versed in recognizing and intervening on behalf of trafficking victims. Additionally, ACOG Committee Opinion 507 encouraged further progress on combatting issues that lead to trafficking, such as warfare and poverty (Committee on health care for underserved women. Committee opinion No. 507 human trafficking).

### **American Psychiatric Association (*Position Statement On Human Trafficking*)**

The American Psychiatric Association (APA) most recently published a policy on human trafficking in late 2018. In addition to advocating for increased education of mental health physicians on how to identify and establish resources and follow-up for victimized patients, it also stressed the need to increase research specifically regarding the mental health needs of trafficked patients. The APA further calls for the creation and implementation of legislation to prevent initial victimization, improved access to mental health care, and increased protection for positively identified trafficking victims.

### **Discussion**

We found eight professional medical organizations in the U.S. that had policy statements regarding human trafficking. Several of the major specialties within the practice of medicine were found to have policies. The most likely interface reported between a human trafficking patient and healthcare provider is in the emergency room, while obstetricians and gynecologists, primary care physicians, dentists and behavioral health specialists also assist trafficked patients (Chisolm-Straker et al., 2016; Westwood et al., 2016). Human trafficking victims may seek care across a wide variety of specialties, and therefore, all clinicians should be comfortable assisting human trafficking patients and obtaining necessary help in addition to treating their medical conditions (Lederer & Wetzel, 2014). The absence of human trafficking policies in major medical organizations is notable, given the frequency with which victims seek services from certain specialties. This shortcoming perhaps reflects a lack of awareness of the pervasiveness or clinical implications of human trafficking by these organizations or its members which could potentially result in missed opportunities to identify and treat victims of trafficking.

The organizations differed in the content of their policies, likely reflecting in part their different patient populations. Some were narrowly focused on women at the exclusion of men and patients belonging to gender minorities (2017 hotline statistics). Race, religion and ethnicity was not a notable topic of inclusion within policies. Sex trafficking was more often mentioned than other forms of trafficking. Labor trafficking was often mentioned secondarily to sex trafficking when mentioned at all, mirroring perhaps the larger societal narrative of a primary focus on sex trafficking. The most inclusive statement was provided by the American Academy of Pediatrics and was understandably focused on children, while highlighting the considerable vulnerability of children and relevant reporting laws among other issues.

We noticed a period of over ten years from the time the Trafficking Victims Prevention Act of 2000 was passed to when any of the organizations addressed human trafficking in their policy. This is despite increased public recognition of the medical and psychiatric sequelae resulting from human trafficking. There are opportunities for developing policy content including providing suggestions for healthcare professionals' role in responding to trafficking. While policies do not ensure compliance, meaningful impact, and changes in clinical practice, they do bring attention to the healthcare concern of human trafficking.

Due to the relative frequency of interfacing with trafficked individuals, it is crucial that clinicians become more knowledgeable about human trafficking and this populations' specific needs (Lederer & Wetzel, 2014; Stoklosa et al., 2015). Medical organizations have an obligation to educate their

constituents and should support careful screening, administrative support to ensure education and training of their workforce, and work toward establishing practice guidelines in their particular fields. Currently, there is a heavy reliance on nongovernmental organizations to assist trafficked persons and often these have only limited connection to medical facilities (Konstantopoulos et al., 2013). Our findings suggest there remains work to be done to achieve these goals in order to optimally serve this especially vulnerable population of patients. Physician awareness and training spurred by medical organizations and their policy statements have the potential to help them identify and assist patients. Subsequently, they may work to integrate and coordinate services across medical, legal, and community resources in order to achieve a more effective health care response (Konstantopoulos et al., 2013). These areas for improvement are especially true for labor trafficking, which in our review was often under-discussed in policies. Greater focus should be put on improving the relative dearth of knowledge in needs for patients who are trafficked for labor or sexual purposes.

Medical organizations that do not have policies addressing human trafficking could start by creating policies outlining the necessity of the field to improve identification of trafficking victims and basic education in trafficking; they also could aim to encourage research and collaboration with other healthcare, social work, and law enforcement professionals. Medical organizations might also consider working with local and national government, in addition to medical societies and boards, to mandate member training in human trafficking to improve recognition and intervention on behalf of victims and survivors. A relatively basic training can have profound impacts on clinician knowledge and can improve a clinician's ability to assist trafficked patients (Stoklosa et al., 2015). Furthermore, preliminary research has showed promise in the implementation of simple protocols in improving providers' comfort and self-reported competence in working with trafficked patients (Stoklosa, Showalter, Melnick, & Rothman, 2017).

### **Limitations**

In this research, only official policies or position statements self-designated by the national physician organizations were reviewed. It is important, however, to note that some of the organizations may have subcommittees that are more specific in their opinion statements and publications on this topic area. These are not included in this analysis because they lack the consensus of the entire medical organization, given that they are authored and published by select portions of the organization rather than the whole. Furthermore, it is important to recognize that standalone policy statements by physician organizations are largely aspirational and lack meaningful action. Mandating training would require the partnership of medical organizations with state medical societies, governing medical boards, or local, state, or federal governments. Regional or geographically-based medical societies were also excluded from this analysis, as we felt that these societies likely act more according to local attitudes toward trafficking and have more limited impact compared to national organizations. While state and local medical societies do indeed play a substantive role in provider education, they are outside the scope of this particular analysis. We also cannot be sure that our search methods identified all official policies or position statements. We also did not search for the policies of nursing organizations and other advanced practice providers although these important organizations also consist of those who do much of the screening and care for trafficked persons. Another limitation is that we did not breakdown the total number of national medical organizations by specialty; therefore, we were not able to make meaningful comparisons between the frequency of human trafficking victims identified and relevant policies. Future studies should look to see if a relationship exists between these variables.

### **Conclusion**

Medical organizations must unite in their commitment to assisting victims and survivors of all types of trafficking so that their member physicians can effectively care for this vulnerable patient

population through advocacy and incorporation of mandatory provider training through partnerships with other medical and political governing bodies. Currently, trafficked patients' healthcare can be fragmented and may be inadequate without guidance on the clinical treatment for this unique population. Many trafficked patients may be undertreated or at risk of risk of recidivism, which may impair prognosis of psychological and medical sequelae. As medical organizations adopt policies on human trafficking, they bring attention and awareness to this profound public health issue, which may inspire their members to create research projects, become involved in advocacy, and spur partnerships with medical boards and government to improve standards of care for trafficking victims over time. Our findings suggest that there exist opportunities to continue to develop the standards of care for trafficking victims which may be enhanced by the downstream effects of the adoption of human trafficking policies by physician organizations.

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