Preteens and teenagers are targeted for recruitment into labor and sex trafficking. Their youth makes them especially vulnerable to the ploys and tactics of traffickers. These adolescents often seek medical care, but physicians and other health professionals are missing the cues, not realizing their patient is a victim of human trafficking.

“Physicians don’t really acknowledge that they are probably seeing victims and survivors of human trafficking in their clinics,” said AMA member Kanani Titchen, MD, an adolescent medicine physician and pediatrician at the University of California, San Diego School of Medicine and Rady Children's Hospital. Doctors, she said, “are in a prime position to help these patients and to identify them as well.”

The AMA has policy that acknowledges the unique and critical role physicians have in preventing human trafficking.

Understand the pandemic’s impact

Human trafficking does not disappear with a pandemic. Rather, pandemics may lead to “increased human trafficking,” said Dr. Titchen, who leads the American Medical Women’s Association Physicians Against the Trafficking of Humans project, which offers resources to physicians and other health professionals to improve care in this area.

“Pandemics can be viewed as a push factor for human trafficking” because they create desperation, which may place people in increasingly vulnerable and dangerous situations “in order to support their families because they create desperation,” she added. “In my talks with law enforcement and the FBI, the evidence is starting to roll in that there is a rise in human trafficking, specifically related to the COVID-19 pandemic.”
“Apart from that, when we talk about survivors of human trafficking, they become increasingly isolated,” said Dr. Titchen. “These are vulnerable people and now they’re further isolated, and perhaps find it harder to find that emotional support that they’re used to finding in person in a group scenario.”

The AMA encourages the education of physicians about human trafficking, including how to identify and report cases of suspected human trafficking to appropriate authorities, and how to address the victim’s medical, legal and social needs. These topics are also covered in the textbook, “Medical Perspectives of Human Trafficking in Adolescents: A Case-Based Guide,” of which Dr. Titchen is a lead editor.

Use motivational interviewing

Human trafficking can take on different forms, including illicit activity. For example, at her pediatric clinic, Dr. Titchen encountered a young patient who was in a juvenile detention center for transporting drugs across the border.

“When I asked more questions about that situation, it came to light that this actually may be labor trafficking because the person had been coerced to participate in illicit activity,” explained Dr. Titchen. “We label people as addicts or criminals when, in fact, maybe we need to start taking a different lens and understanding they may be victims of exploitation.”

Read about how Catherine Coughlin, MD, is righting human wrongs and helping physicians identify human trafficking victims.

Be curious, not judgmental

Physicians must “look through a trauma-informed lens and ask why,” said Dr. Titchen, noting that during medical training she had a patient with almost a dozen intensive care unit (ICU) stays for diabetic ketoacidosis in one year. Several years later, she found out the patient was deliberately causing the diabetic ketoacidosis to force trips to the ICU in order to escape sexual abuse at home.

“If I had thought to ask why and to really show my patient and family I care, perhaps we could have helped my patient earlier rather than having them suffer for several years at home,” said Dr. Titchen. “That trauma-informed lens—and taking a curious, rather than judgmental view, about our patients—is really important as a starting point.”

Learn more from the AMA about how physicians can identify and assist human trafficking victims.
Show you care

When a patient has been traumatized, they “really want to know that somebody is asking because they care and not asking because they're checking off a box on some screening tool,” said Dr. Titchen. “Screening tools are fine, but in terms of actually engaging our patients, that's going to require a little more time and nuance and at least the ability to make eye contact.

“We're not going to save the patient in one visit, so oftentimes these abuse scenarios go on for years,” she added, noting that “we can't fix that in the 15 or 30 minutes that we might have with the patient, but what we can do is convey over and over again: I care about you. I want to know what's hurting you. I want to know how I can help you and be a really good doctor for you.”

Partner with victims, survivors

Physicians and other health professionals should also “avoid the rescue fantasy with these patients,” said Dr. Titchen. “A lot of people talk about rescuing victims of human trafficking.”

But “what we're trying to do, instead, is to partner with victims and survivors,” she said. “As much as we can, avoid the rescue fantasy.”

The AMA Code of Medical Ethics offers physicians guidance on their obligation to take appropriate action to help patients avert harms that violence and abuse cause.