

**CSIBER**

ISSN 0974-763X

UGC-CARE Listed Journal

# **SOUTH ASIAN JOURNAL OF MANAGEMENT RESEARCH (SAJMR)**

**Listed in UGC-CARE Journals Under Group I**

**Volume 14, No. 3**

**July, 2024**



**Chhatrapati Shahu Institute of Business  
Education & Research (CSIBER)**

(An Autonomous Institute)

University Road, Kolhapur - 416004, Maharashtra State, India.

website : [www.siberindia.edu.in](http://www.siberindia.edu.in)

E-mail : [editorsajmr@siberindia.edu.in](mailto:editorsajmr@siberindia.edu.in)

# **SOUTH ASIAN JOURNAL OF MANAGEMENT RESEARCH (SAJMR)**

ISSN 0974-763X

(An International Peer Reviewed, Referred Research Journal)



Published by  
CSIBER Press, Central Library Building

**Chhatrapati Shahu Institute of Business Education & Research (CSIBER)**

(An Autonomous Institute)

University Road, Kolhapur - 416004, Maharashtra State, India

Phone : 0231-2535706 / 2535707

website : [www.siberindia.edu.in](http://www.siberindia.edu.in)

E-mail : [editorsajmr@siberindia.edu.in](mailto:editorsajmr@siberindia.edu.in)



## **Chief Patron**

Late Dr. A. D. Shinde



## **Patrons**

Dr. R. A. Shinde

President & Managing Trustee, CSIBER, Kolhapur, India



C.A. H. R. Shinde

Secretary & Trustee, CSIBER, Kolhapur, India



## **Editor**

Dr. Pooja M. Patil

CSIBER, Kolhapur, India



## **Editorial Board Members**

Dr. S. P. Rath

Director, CSIBER, Kolhapur, India



Dr. Deribe Assefa Aga

Ethiopian Civil Service University,

Addis Ababa, Ethiopia



Dr. Biswajit Das

KSOM, KIIT, Bhubaneshwar, India



Dr. Yashwant Singh Rawal

Parul University, Vadodara, India



Dr. Yuvraj Sunecher

University of Technology, Mauritius



Dr. Ravinthirakumaran Navaratnam

University of Vavuniya, Sri Lanka



Dr. Nyo Nyo Lwin

Yangon University of Education, Myanmar



Dr. Needesh Ramphul

University of Technology, Mauritius



Dr. K. Arjunan

University of Vavuniya, Sri Lanka



Dr. Amitabye Luximon-Ramma

University of Technology, Mauritius



## **Superintendent**

Mrs. Maithili Santosh

CSIBER, Kolhapur, India



## **Type Setting & Formatting**

Mrs. Vidya Ingawale

CSIBER, Kolhapur, India

**C O N T E N T S**

**Editorial Note**

**Glass Ceiling: A study of women in Senior Management roles within the Mauritian Banking Sector**

**GUNNOO Leenshya**

*University of Technology Mauritius*

**MUNGRAH Kooshali**

*University of Technology Mauritius*

**01-16**

**The Status of Inter-Sectorial Physical Infrastructural Integration in Selected Sectors in Addis Ababa City, Ethiopia**

**Misiker Negash Bitew**

*Ethiopian Civil Service University, College of Finance, Management and Development, Ethiopia*

**Admassu Tesso Huluka**

*Associate Professor in Ethiopian Civil Service University, College of Finance, Management and Development, Ethiopia*

**17-29**

**An Examination of the Application of Corporate Governance Principles in the Global Business Sector of Mauritius**

**Bhavna MAHADEW**

*Lecturer in Law*

*University of Technology, Mauritius*

**30-37**

**Legal Awareness on Child Trafficking: A Critical Assessment of the Role of Physicians.**

**Bhavna MAHADEW**

*Lecturer in Law*

*University of Technology, Mauritius*

**38-44**

**Analyzing the Dynamics of Trade in Services of India**

**Arnob Paul**

*Department of Economics,*

*Rajiv Gandhi University, Arunachal Pradesh, India*

**Sushanta Kumar Nayak**

*Professor and Head, Department of Economics,*

*Rajiv Gandhi University, Arunachal Pradesh, India*

**45-59**

**An Empirical Study into the Influence of Brand Image on Smartphone Purchases in Raipur, Chhattisgarh**

**Jayant Isaac**

*Associate Professor, Faculty of Management Studies,*

*The ICFAI University Raipur, India*

**Rahul Singh**

*MBA Student, Faculty of Management Studies,*

*The ICFAI University Raipur, India*

**60-69**

<b>A Comparative Journey into Luxury Sportswear Online Buying Trends: With A Special Focus on Pune City.</b> <b>Harshi Garg</b> Research scholar, School of commerce and management, IIMT University, Meerut, Uttar Pradesh, India. <b>Priyank Sharma</b> Associate professor, school of commerce and management, IIMT University, Meerut, Uttar Pradesh, India.	<b>70-77</b>
<b>Factors Affecting Adoption Intention of AI: A Comprehensive Review with Bibliometric Analysis</b> <b>Purva Kansal</b> Professor, University Business School, Panjab University, Chandigarh, India <b>Apoorva Dawara</b> Research Scholar, University Business School, Panjab University, Chandigarh, India	<b>78-92</b>
<b>Does Perceived Service Quality of Airlines Influence Passenger Satisfaction? An Empirical Investigation</b> <b>Ranjit Roy</b> Research Scholar, Department of Commerce, Assam University, Silchar, Assam, India <b>Kingshuk Adhikari</b> Associate Professor, Department of Commerce, Assam University, Silchar, Assam, India	<b>93-102</b>
<b>Identification of Factors Influencing Retail Investors Perception for Investment in Mutual Funds</b> <b>Smarajit Sen Gupta</b> Assistant Professor, Eastern Institute for Integrated Learning In Management, Kolkata, India <b>Sarmistha Biswas</b> Associate Professor, Eastern Institute for Integrated Learning In Management, Kolkata, India	<b>103-115</b>
<b>Impact of Workplace Ostracism on Organizational Culture among Academicians in ED Tech Startups: A Comprehensive Analysis</b> <b>Surbhi Jain</b> PhD Scholar, Amity Institute of Psychology and Social Sciences, Amity University, Noida, Uttar Pradesh, India. <b>Mamata Mahapatra</b> Professor & PhD Supervisor, Amity Institute of Psychology and Social Sciences, Amity University, Noida, Uttar Pradesh, India.	<b>116-124</b>
<b>Empowering Rural Women through ORMAS and Transformation by Mission Shakti in Odisha</b> <b>Kailash Chandra Dash</b> PhD. Research Scholar Department of Business Administration, Sambalpur University, Burla, Odisha, India <b>Tushar Kanti Das</b> Professor and Head, Department of Business Administration, Sambalpur University, Burla, Odisha, India	<b>125-133</b>

**Social Sell: How Retail Merchants wield Social Media to persuade the Customers** 134-144  
**Shobin Mathew**

*Research Scholar, Dept of Journalism and Science Communication, Madurai Kamaraj University, Madurai, Tamil Nadu, India.*

**S. Jeneffa**

*Professor and Head, Department of Journalism and Science Communication, School of Linguistics and Communication, Madurai Kamaraj University, Madurai, Tamil Nadu, India*

**Short Term Impact of Acquisition on Stock Returns- A Study Based on BSE Listed Select Companies In India**

**Subhajit Bhadra**

*Ph.D. Research Scholar, Department of Management and Marketing, West Bengal State University, West Bengal, India.*

145-154

**Ashoke Mondal**

*Ph.D. Research Scholar, Department of Management and Marketing, West Bengal State University, West Bengal, India.*



# Legal Awareness on Child Trafficking: A Critical Assessment of the Role of Physicians.

**Bhavna MAHADEW**

Lecturer in Law

University of Technology, Mauritius

---

## Abstract

Health care physicians such as pediatricians are in a unique and excellent position to identify the risk factors and experiences of child labor and sex trafficking. The fundamental factors that lead to and support trafficking are inadequately addressed among healthcare practitioners, despite the fact that clinical and social therapies are frequently discussed in the literature. A "color blind" or generally "apolitical" approach to fighting human trafficking is unsuccessful and could harm the patient-physician bond. To enhance the health of pediatric populations, pediatricians must be cognizant of the historic-social situations in which they work. This article focuses on a few "ism"-schisms (racism, sexism, capitalism, cis-heteronormativity, nativism, and classism) that make pediatric populations vulnerable to trafficking and discusses the appropriate legal terms for trafficking that most pediatricians may not be familiar with. While it is crucial that healthcare professionals grasp the larger settings of exploitation, it is equally important for them to be aware that human trafficking is a crime with health consequences that may harm their patients. The capacity to understand exploitation's underlying causes and environments of susceptibility would help healthcare professionals prevent harm to patients' health and manage any resulting problems.

**Keywords:** Child Trafficking, Exploitation, Legal Training, Pediatricians

---

## Introduction

With recorded victims in at least 152 countries, human trafficking is a serious issue for global health and human rights. Although projections go into the millions, the exact number of casualties is unknown. The majority of victims are women and children; in one international survey, up to 49% of victims were women and 33% were children. Victims are more likely to experience physical harm, sexual assault, infectious diseases, substance abuse, untreated chronic medical conditions, malnutrition, post-traumatic stress disorder (PTSD), major depression, and other mental health disorders, as well as homicide and suicide. Violence and psychological manipulation are also frequently present. Medical professionals are in a unique position to aid potential victims because of the significant involvement of children and youth as well as the multiple negative impacts on the victims' physical and mental health.

Force, deceit, or other measures are not always necessary when dealing with youngsters or youth (under the age of 18). Inextricably linked to sex trafficking, commercial sexual exploitation of children (CSEC) entails "crimes of a sexual character committed against juvenile victims for cash or other economic purposes. These offences include prostitution, sex tourism, mail-order bride trade, and early marriage, pornography, stripping, and acting in clubs or peep shows that cater to the sex industry. Many also include "survival sex" in this description, which refers to the practice of trading sexual activity for needs like food, shelter, or money and is quite popular among homeless or runaway youth.

Both male and female victims of CSEC and sex trafficking may seek medical attention due to trauma, infection, reproductive problems, and mental health issues. They need many referrals and a thorough assessment. Most CSEC victims remain anonymous; however, some may have a history of truancy, child maltreatment, interaction with child protective services or the juvenile court system, pregnancy, substance misuse, or running away from home. Evaluations might be difficult; getting a thorough background with a nonjudgmental open attitude might provide crucial information. By training professionals and families and providing parents and kids with proactive counsel, providers can act as an advocate for victims. In states where this is seen as a form of child abuse and neglect, pediatricians are required to report any suspicions of this, including CSEC/sex trafficking. This paper critically engages with the role that pediatricians are supposed to play in combating child trafficking and exploitation.

It is argued that pediatricians should be educated about child trafficking and trained in how to identify it, assess the situation, provide care, take legal factors into account, and connect victims to the right agencies. Physicians with training are much more likely to recognise and refer a potential victim. For instance, a recent study found

that emergency department staff members' self-reported detection of victims of trafficking rose after receiving brief training. Recognising trafficking, medical professionals should see to it that victims receive the care and support they need, and they should also be aware of their responsibility to act as advocates for the rights of these defenceless children.

### **The Scope of the Problem**

According to the International Labour Organisation (ILO) estimates, the annual revenue from human trafficking is \$32 billion. There are twice as many individuals in slavery now as there were during the African slave trade, and human trafficking is the third biggest source of funding for organized crime (King, 2009). Forced labor, bonded labor, debt bondage among migrant workers, child soldiers, forced child labor, involuntary domestic servitude, and sex trafficking are all examples of human trafficking (US Department of State, 2009). Although each victim has a unique set of medical and psychological issues, human trafficking jeopardizes the security, safety, and well-being of every country it enters. Global labor demand has decreased since the start of the financial crisis, but the number of workers prepared to take on more risk in exchange for a job has increased. The number of people that are trafficked is probably going to rise in the upcoming year due to these tendencies. Although victims also originate from South Asia, Central America, Africa, and Europe, Mexico and East Asia are the two main source nations for people trafficked into the United States.

"Why do they stay?" is one of the most frequently asked concerns concerning victims of human trafficking. While there are undoubtedly cases where victims are forced into captivity by traffickers, most of the time victims seem to be free to go at any moment. Traffickers frequently use debt bondage, financial control over their victims, and the seizure of identification documents such as passports and visas to keep control. For instance, a woman might agree to pay a coyote to help her sneak from Mexico into the United States. She will have thousands of dollars in debt when she gets to the country, and she will have to "work off" her debt by working in housekeeping, hospitality, agriculture, or other jobs. For at least a year after arriving in the country, a sizeable chunk of her earnings most likely will go to the trafficker. She might be subjected to violent threats against her and her family, sexual harassment and abuse, filthy housing, movement restrictions, and threats of deportation if she tries to flee until she has the money. It may be impossible for her to ever pay off her debt due to the astronomical interest and fees that traffickers impose. It is doubtful that she will disclose any exploitation by her employer and/or trafficker because she is in the country illegally and fears being deported (Guest worker programs in the United States, 2009).

To keep their victims in captivity, traffickers frequently utilize isolating their victims from friends and relatives. The victim won't be able to establish any social support networks in the community if interactions with outsiders are kept to a minimum and are only superficial. Furthermore, it is less likely that victims who are moved around may establish relationships and/or be recognized. To keep the victims subservient, severe psychological and physical abuse—including several rapes—is nearly invariably inflicted against them (Raymond J. G and Hughes D. M, 2001). One study found that victims of human trafficking typically only saw three routes out of their predicament: 1) becoming unprofitable due to trauma, emotional breakdown, or advanced pregnancy; 2) receiving assistance from a client; or 3) dying (Hughes D, 2001).

### **Literature Review**

Because of their "relative lack of power, social marginalisation, and [their] overall status as compared to men," according to some research, women and children are more likely to become victims of labor trafficking than men. Lesbian, gay, bisexual, transgender, questioning, intersex, and asexual (LGBTQIA) adolescent runaways, homeless kids, and populations in child welfare are among groups that are susceptible to labor trafficking. This is in line with studies showing that those who engage in human trafficking seek out "youth with low self-esteem and minimal social support" (ACYF 2013, 4), traits that are frequently present in foster adolescents, homeless youth, and runaway youth (Clawson et al. 2009).

Young people who have emotional vulnerabilities, those from disadvantaged homes, and those who have experienced abuse are more likely to become victims of trafficking, claims the Office for Victims of Crime. Growing evidence suggests that Native American youngsters are particularly vulnerable to becoming victims of human trafficking because they are more likely to have suffered trauma. The risk of labor trafficking is also present for children who are subjected to child labor abuses or labor exploitation. Both legal industries like construction and illicit ones like the arms trade have victims of child labor trafficking. Agriculture, domestic work, health and beauty, restaurants and small enterprises, gang-related drug and weapon sales, traveling sales teams (such as magazine sales), and peddling/begging rings are the industries where child labor trafficking happens most frequently (Gibbs et al. 2018). This can make it challenging to identify victims of labor

trafficking, especially if a youngster doesn't seem to be subjected to any kind of physical or psychological coercion.

Child trafficking is a problem in the UK, despite the fact that it is rarely discussed. Many children are brought into the country illegally from other countries, and many children who are already in the UK are transported around it. Approximately 2,000 children were trafficked in the UK in 2021 just for the purpose of crossing county borders. Through the national referral mechanism of the government, more than 4,500 children were reported to have been victims of child trafficking between 2020 and 2021. According to the Palermo Protocol (2000), child trafficking is a kind of human trafficking that involves the unlawful acquisition, relocation, and forced exploitation of minors, typically for sexual or labor purposes. A party to child trafficking is anyone who engages in the unlawful recruitment, movement, containment, reception, forced labor, or exploitation of minors. In addition, children are trafficked for forced marriage, servitude, and criminal activity, as well as to pretend to be minors in order to assist benefit fraud. According to the Palermo Protocol, a kid has not provided consent since they are too young, even if they understood why they were being transported and gave their consent.

Traffickers frequently prey on defenseless kids by providing them something they might desire, such food, cash, company, and clothing. Since there are many possible explanations for why vulnerable children disappear, traffickers can more easily rely on the possibility that their absence is linked to something related to their socioeconomic situation. Youngsters may also be the target of fraudulent job advertisements due to their desperate need for cash. Social media is now a highly focused weapon for child traffickers, who use it to groom youngsters online or exert control over them. Social networking is a common tool used to entice teenage girls into sex slavery.

Child trafficking is an umbrella phrase that covers a variety of various sorts of trafficking, even though it specifically refers to the transfer of children for the purpose of exploitation. Child traffickers' primary goal is to compel minors to work. When children are forced to undertake physically demanding tasks in extremely risky circumstances, such carrying products, it might be difficult manual labor. They might frequently be required to operate potentially fatal apparatus, putting them in grave risk of injury. They might be made to labor for businesses that take cash in hand for little or no remuneration in industries or retail. Around the world, a large number of minors are coerced into fighting as armed troops. Boys and girls are enlisted in the military illegally in order to fight on the front lines, serve as lookouts, or even just to be thrown into situations in which they have little chance of survival. While many kids who end up as child soldiers are abducted, there are also instances where kids choose to enlist voluntarily out of concern that this might be their only opportunity to survive. Although it is not a frequently reported form of child trafficking in the UK, it is incredibly widespread in nations that have experienced conflict.

Although boys are not immune, girls are the primary victims of sex trafficking, accounting for up to 94% of cases. Girls—especially young girls—are highly sought after in the sex trade, which is why female victims are preferred. Because traffickers view young girls as inert products with a long shelf life, they are obtained. They are resalable after being sold. Girls from marginalized neighborhoods, immigrants, and the homeless are the most susceptible to child sex trafficking. Child pornography and forced sexual actions are examples of sexual exploitation. Children are frequently abducted and forced to perform manual labor and household chores, much like slave labor. This covers cooking, cleaning, and serving others in a servant-like manner. Numerous children live in substandard conditions with little resources and amenities, and they are frequently beaten. They frequently go without food, are denied an education, and are prohibited from speaking with their relatives. There are instances where families sell their own children into slavery because they can no longer sustain them and think the youngsters would have a better life in slavery.

This happens when an adult plays on a child's guilt or shame by telling them they have a debt with them that they need to pay back. The adult has typically made up or exaggerated the debt. Then, in order to "make up" for that obligation, they are forced to commit crimes and other behaviors, even if the real aim of the offender is never to pay off the debt. The phrase "county lines" refers to how gangs in the UK coerce children into engaging in drug trafficking; youngsters may vanish for a few days, weeks, months, or even forever while moving between counties to smuggle drugs. Over 3,000 "lines" were in use in 2019. In the UK, this is currently one of the most common ways that children are exploited. Children are occasionally coerced into carrying both firearms and narcotics. An extremely lucrative but illicit commerce exists in organs. It is possible for people and children to be trafficked and killed so that their organs can be transplanted into a wealthy client who is in need of a functioning organ. Although this subject is rarely mentioned as much as other causes of human trafficking, it is nonetheless a developing criminal market.



Numerous factors contribute to child trafficking, leaving youngsters open to being misled, manipulated, and even willingly leaving their homes. One of the main reasons children are trafficked is poverty. Vulnerable children who could be coerced into the human trafficking trade are the target of child traffickers. People who have fled natural disasters, persecution, or conflict are typically among the severely impoverished. These people are more susceptible to human trafficking since they might not have the money to support their families or themselves. The child's purpose for being trafficked is mostly determined by their gender. Women are significantly more likely than men to be trafficked into the sex trade because of different but comparable cultural views on women. A girl's birth isn't even recorded in certain nations, and if she doesn't get married young, her family may view her as a burden. Boys are more prone to be abducted for child soldiers, forced labor, and criminal activity.

Even though it is prohibited in 158 countries worldwide, child trafficking is nevertheless very rewarding for those who assist in its planning. Because child labor is more easily manipulated, it may be assumed that labor is either free or extremely inexpensive in the case of human trafficking. While children from any background can become victims of human trafficking, children from low-income homes are far more likely to be victims. This could be because it is easier for them to be tricked about their rights. In addition, a lack of knowledge makes one less employable, which effectively makes one more susceptible to homelessness and poverty. Furthermore, the child and their family are more susceptible to deception if they don't speak the language of the nation they are visiting well.

### **The Role of Medical Officers in Combatting Child Trafficking and Exploitation**

Teens and preteens are the target demographic for sex trafficking and labor recruitment. They are particularly susceptible to the tricks and strategies used by traffickers because of their youth. These teenagers frequently seek medical attention, but doctors and other medical personnel are failing to recognize the signs that indicate their patient is a victim of human trafficking. Physicians often fail to recognize that they are likely treating victims and survivors of human trafficking in their clinics, according to AMA member Kanani Titchen, MD, a pediatrician and adolescent medicine specialist at Rady Children's Hospital and the University of California, San Diego School of Medicine. Physicians "are in a prime position to help these patients and to identify them as well," the speaker stated. A policy of the American Medical Association recognizes the special and vital role that doctors play in stopping human trafficking.

The Covid 19 pandemic has had an impact on child trafficking and exploitation as per the American Medical Association. A pandemic does not mean that human trafficking ends. Instead, according to Dr. Titchen, head of the American Medical Women's Association Physicians against the Trafficking of Humans project, which provides tools to doctors and other healthcare providers to enhance treatment in this area, pandemics may result in "increased human trafficking." Because they produce desperation, which may lead people to put themselves in increasingly risky positions "in order to support their families," epidemics "can be viewed as a push factor for human trafficking," the speaker continued. "The evidence is beginning to come in that there is a rise in human trafficking, specifically linked to the COVID-19 pandemic, based on my conversations with law enforcement and the FBI." In addition, Dr. Titchen stated, "survivors of human trafficking become increasingly isolated when we talk about them." "These are vulnerable individuals who are now even more alone, and it may be more difficult for them to find the emotional support they're accustomed to receiving in person in a group setting".

The American Medical Association (AMA) promotes medical professionals' education on human trafficking, including how to recognize suspected cases, report them to the relevant authorities, and attend to the victim's social, legal, and medical requirements. Human trafficking can take many different forms, such as illicit activity. At her pediatric clinic, for instance, Dr. Titchen met a young patient who was being held for drug trafficking illegally and when she questioned the situation further, she discovered that the patient may have been the victim of labor trafficking because they had been forced to engage in illegal activity. "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," Dr. Titchen said.

Doctor Titchen stressed that during her medical school, she had a patient who required over twelve intensive care unit (ICU) visits for diabetic ketoacidosis in a single year. She advised physicians to "look through a trauma-informed lens and ask why." Years later, she learned that the patient was purposefully inducing diabetic ketoacidosis to compel ICU visits in order to get away from domestic abuse that involved sexual assault. Dr. Titchen stated, "Perhaps we could have helped my patient earlier rather than having them suffer for several years at home if I had thought to ask why and to really show my patient and family I care." "That trauma-informed lens—and approaching our patients with curiosity, rather than judgment—is really important as a starting point."

Many reasons contribute to the health issues that trafficking victim's experience. These include excessive stress, lack of food and sleep, travel hazards, physical and sexual violence, and dangerous jobs. By the time victims see a doctor, their health issues have probably progressed as most do not have timely access to care (Barrows J, 2008). These women are particularly vulnerable to developing multiple STDs as well as the aftereffects of numerous unsafe and coerced abortions (Cwikel J et al. 2004). Physical abuse and torture are commonplace and can lead to burns from cigarettes, fractured bones, contusions, and dental issues like missing teeth.

There is a strong correlation between psychological violence and despair, anxiety, drug addiction, suicidal thoughts, high rates of PTSD, and several physical symptoms (Raymond JG, 2001). In one study, when healthcare professionals were asked about their experiences dealing with victims of human trafficking, they stated that compared to other crime victims, victims of human trafficking are less stable, more isolated, fearful, have experienced more severe trauma, and require more mental health care. Twenty victims of domestic violence can require the same amount of time from the provider as one victim of trafficking (Clawson H et al. 2003).

### **Preventing and Combating Child Trafficking: A Role for Pediatricians**

Providing services and information to stop child exploitation and trafficking is a crucial part of a pediatrician's job. Informational posters, films, or pamphlets in the waiting area are some examples of patient and caregiver education. Other forms of education include short anticipatory guidance including the child and/or caregiver, screening for vulnerabilities at the individual, relationship, or community levels, and more. Brief, general education on healthy relationships, family and dating violence, internet safety, worker rights, labor exploitation, and human trafficking may be given by a medical professional or other staff member. A trauma-informed, empowered approach should be used while providing preventive measures and the healthcare provider should aggressively seek out the patient's and caregiver's suggestions.

By educating others about child trafficking, pushing for greater funding for victim services and giving the media instructive material on child exploitation, pediatricians can also participate in primary prevention initiatives at the community and societal levels. Additionally, you can push for financing for programs that deal with risk factors for human trafficking, like homelessness, poverty, family and community violence, and drug abuse. Entire communities will be less vulnerable if we speak out against systematic racism, homophobia, transphobia, xenophobia, and ethnic prejudice. Lastly, think about actively participating in state and local anti-trafficking task forces and multidisciplinary committees. By doing so, you can help inform other professionals about the medical needs of children and youth who have been trafficked and foster vital connections that enable comprehensive interventions for those in need.

Pediatricians are in a unique and advantageous position to identify children's experiences with and risk factors for labor and sex trafficking. The literature extensively discusses clinical and social therapies, but healthcare professionals rarely explore the underlying mechanisms that give rise to and exacerbate human trafficking. An "apolitical" or "colorblind" strategy to preventing human trafficking is ineffectual and could be harmful to the doctor-patient bond. If pediatricians want to improve the health of pediatric populations, they must be mindful of the historical and social circumstances in which they practice.

### **The way forward: Research, Education and Policy Recommendations**

The authors propose the following recommendations as best-practice guidelines for clinician-educators to concentrate their efforts as they seek to educate Pediatricians about human trafficking, given the obvious intersection between health-care and human trafficking as well as the educational gaps in current Pediatricians trainings.

Thoroughly assess how Pediatricians who have participated in human trafficking training programs have changed in terms of knowledge, attitudes, and practices both immediately and over time.

For Pediatricians, there are many educational options, however the majority don't have official impact studies that have been published. When program assessments do take place, they usually record short-term shifts in knowledge and attitudes rather than long-term, clinically significant practice modifications. The best training programs will result in enduringly beneficial behavioral changes that are recorded at least six to twelve months following program enrolment (Powell C et al. 2017). Forty Successes in the ER can be gauged by keeping tabs on whether a screening protocol is being followed, how many patients are receiving social work consultations and how many patients who test positive are receiving resources.

Patient surveys measuring health care providers' (Pediatricians') use of trauma-informed techniques and patients' satisfaction with their care are useful in the outpatient context. Additionally, as a stand-in for a strong therapeutic relationship between the patient and Pediatricians, the number of follow-up appointments a human trafficking survivor makes to a primary care clinic could be used to gauge success. These are not ideal measures since numerous factors—many of which have nothing to do with the caliber of Pediatricians training—affect follow-up appointment attendance. On the other hand, clinical results that show improved outcomes for chronic health conditions, higher rates of STI screening, greater use of HIV PrEP, accurate diagnosis and treatment of work-related injuries, and so on may indicate that individuals trafficked are getting better care.

Remarkably, removing a patient from a trafficking environment and disclosing their status to an Pediatricians are not reliable indicators of a training that was effective because the patient's physical or mental health may not be best served by these actions. By building more patient-provider trust, training aims to empower healthcare professionals to effectively address the needs of patients who have been trafficked and promote greater continuity of care (Hemmings S et al. 2016).

### **Advocate for Human Trafficking Training for Pediatricians**

All healthcare professionals ought to have access to trainings that enable them to give victims of human trafficking the best care possible. Compared to those who had not received training, healthcare professionals who have received it are substantially more likely to report having contact with a victim of human trafficking (Hemmings S et al. 2016). Less content will need to be added to already intensive training programs if labor and sexual exploitation education is integrated into current Pediatricians trainee courses. For instance, modules on trauma-informed care, interpersonal violence, child abuse, socioeconomic determinants of health, and/or immigrant health may already include information on human trafficking. In the context of the COVID-19 pandemic, it may be possible to provide efficient trainings online, making training more accessible.

### **Give formerly trafficked patients and community partners the tools they need to participate in provider practice development and human trafficking education.**

Comprehensive care for victims of human trafficking goes beyond a medical facility; local resources are crucial to offering wraparound services like mental health treatment, education, housing, job/skills training, and legal assistance to these marginalized patients (Barnet E et al. 2017). A few programs have already begun to combine integration of local resources with Pediatricians training. Physicians against the Trafficking of Humans, an initiative of the American Medical Women's Association, for instance, produces the Learn to Identify and Fight Trafficking series. At the trainings, clinicians are connected to community partners, such as law enforcement victim specialists, through this initiative.

According to this, when creating empirical clinical procedures, we need to consider the perspectives of those who have been trafficked in the past. People who have been trafficked have suggested a number of tactics, such as protecting privacy (by interviewing the patient away from the person who is accompanying them, for example) and conducting a trauma-sensitive physical examination, giving access to qualified interpreters, maximizing safety for both staff and trafficked individuals, and guaranteeing appropriate confidentiality (Hemmings S et al. 2016).

### **Ensure that all forms of trafficking, such as forced labor and the economic exploitation of adults and children, US citizens and legal residents, and patients from other countries, are covered in Pediatricians training.**

Health care providers must be aware of the needs and vulnerabilities of all patients who are trafficked or at danger. In their work with patients, pediatricians may come across adult victims of human trafficking, particularly when these individuals are new moms. Intergenerational trauma can also have a negative impact on interactions between doctors and their families as well as patients (Uabsamai KJ and Taylor I, 2018). In summary, healthcare professionals (Pediatricians) in the health care system must adjust to properly care for these marginalized patients since trafficked patients—especially children—are under recognized and underserved. Although a lot of progress has been made in educating Pediatricians about human trafficking, more work has to be done. To guarantee long-lasting positive results, training initiatives must be carefully assessed.

In order to create plans to: (i) rigorously and meaningfully evaluate trainings for Pediatricians; (ii) advocate for high-quality training for all Pediatricians; (iii) partner with key stakeholders to inform training and practice; and (iv) ensure that Pediatricians training is comprehensive and acknowledges all forms of human trafficking and all populations involved, health-care educators can collaborate with their institutions, community organizations,

formerly trafficked individuals, and policymakers. These guiding concepts will enable medical personnel to treat victims of human trafficking and those who are at risk with thoroughness and competence.

## References

- Barnert, E., Iqbal, Z., Bruce, J., Anoshiravani, A., Kolhatkar, G. and Greenbaum, J., (2017).** Commercial sexual exploitation and sex trafficking of children and adolescents: A narrative review. *Academic pediatrics*, 17(8), pp.825-829.
- Barrows J, Finger R. (2008).** Human trafficking and the healthcare professional. *South Med J*. 101: pp. 521–4.
- Clawson, H.J., Small, K.M., Go, E.S. and Myles, B.W., (2003).** Needs assessment for service providers and trafficking victims. Fairfax, VA: Caliber.
- Cwikel, J., Chudakov, B., Paikin, M., Agmon, K. and Belmaker, R.H., (2004).** Trafficked female sex workers awaiting deportation: comparison with brothel workers. *Archives of Women's Mental Health*, 7, pp.243-249.
- Gibbs, D.A., Henninger, A.M., Tueller, S.J. and Kluckman, M.N., (2018).** Human trafficking and the child welfare population in Florida. *Children and Youth Services Review*, 88, pp.1-10.
- Hemmings, S., Jakobowitz, S., Abas, M., Bick, D., Howard, L.M., Stanley, N., Zimmerman, C. and Oram, S., (2016).** Responding to the health needs of survivors of human trafficking: a systematic review. *BMC health services research*, 16, pp.1-9.
- Hughes, D.M. and Denisova, T.A., (2017).** The transnational political criminal nexus of trafficking in women from Ukraine. In *The Prediction and Control of Organized Crime* (pp. 61-90). Routledge.
- Taylor, I., (2018).** Family separation, reunification, and intergenerational trauma in the aftermath of human trafficking in the United States. *Anti-trafficking review*, (10).
- King, G., (2004).** Woman, child for sale: The new slave trade in the 21st century.
- Powell, C., Dickins, K. and Stoklosa, H., (2017).** Training US health care professionals on human trafficking: where do we go from here? *Medical education online*, 22(1), pp.1267980.
- Hughes, D., Raymond, J. and Gomez, C., (2001).** Sex trafficking of women in the United States. *Coalition against trafficking in women*.
- Ross, C., Dimitrova, S., Howard, L.M., Dewey, M., Zimmerman, C. and Oram, S., (2015).** Human trafficking and health: a cross-sectional survey of NHS professionals' contact with victims of human trafficking. *BMJ open*, 5(8), pp.e008682.