

## Asking and Trusting – How Do We Get There?

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In this recently released article in *Pediatrics*, Dr. Carmelle Wallace and colleagues ([10.1542/peds.2020-0772](https://doi.org/10.1542/peds.2020-0772)) take a survivor-led approach to addressing trafficking of minors in the pediatric emergency department (ED).

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In this recently released article in *Pediatrics*, Dr. Carmelle Wallace and colleagues ([10.1542/peds.2020-0772](https://doi.org/10.1542/peds.2020-0772)) take a survivor-led approach to addressing trafficking of minors in the pediatric emergency department (ED). The authors conducted semi-structured interviews with young adult survivors of child trafficking to explore two main study questions: (1) Should Pediatric Emergency Medicine (PEM) providers ask patients about trafficking, and (2) What barriers exist to disclosure, and

how can these be mitigated? The authors used a unique interview technique – in addition to an interview guide with relevant open-ended probes, the authors used a “video-elicitation method” during the interview, in which participants (the young adult survivors) viewed a video depiction of a routine ED visit from start to finish, with ability to pause the video and discuss. The interviewers asked participants to imagine themselves as the patient, with the goal of facilitating the most relevant comments about an ED experience.

This is an article for every practicing pediatrician. It is definitely a key read for PEM attendings and fellows but has high value for all of us. Children and teens who are trafficked may be more likely to access care in the ED, but certainly many will present to our offices. The unique and authentic advice and approaches articulated by the study participants, all survivors of child trafficking, are unsettling and revealing. The fear of disclosure is palpable (“I’m telling you, there is never any time you are 100% safe...”), the desire to be asked is clear (“I feel like the doctor should be the first person [to ask] ...”), and the need to both maintain and explain privacy and confidentiality is emphasized (“I was terrified... They should say, “this is a safe space.””). I found Table 2, with “Advice and wording suggestions from trafficking survivors on how to discuss trafficking,” incredibly useful, with down-to-earth and affirming scripting that can readily be incorporated into one’s own practice.

Key questions in my own mind after reading related to (1) what might be red flags that would alert me to the possibility of trafficking, especially for younger children, so that it is not missed in the office, and then, (2) how to safely and seamlessly separate the child or teen from their accompanying adult (who is likely the trafficker) long enough to permit the confidential moment that is needed. The participants in the study

emphasized the need for a private interview in a safe space, so facilitation of this is key. The authors' approach to this challenging topic, ie eliciting the views and thoughts of survivors, is especially informative, and I hope more work in this vein will follow. This article gives so much excellent information and food for thought – it's a must read in my view and I hope you will agree. Please share your thoughts with us about this article and topic at Twitter.

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