Letters to the Editor

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This series is coordinated by Kenny Lin, MD, MPH, Associate Deputy Editor for *AFP* Online.

Physicians Must Be Vigilant for Sex Trafficking in Unaccompanied Minors

Original article: Caring for Unaccompanied Minors from Central America [Curbside Consultation]

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TO THE EDITOR: We read with great interest the commentary describing challenges associated with caring for unaccompanied minors from Central America. The considerations also inform the care of minors involved in human trafficking, specifically domestic minor sex trafficking (DMST), who may also seek care from family physicians.

According to the Office of Refugee Resettlement, unaccompanied minors are especially vulnerable to sexual violence, exploitation, and trafficking.[1] Defined by the Victims of Trafficking and Violence Protection Act of 2000 as a "severe form of trafficking in persons,"[2] DMST, in which minors are forced to participate in prostitution, pornography, or erotic entertainment, is one of the most common forms of human trafficking in the United States.[3] A significant difference between the care of these patients and other unaccompanied minors is that the former requires an additional, crucial step: identification.

Minors who are exploited by DMST are not likely to disclose their status, especially while still being trafficked, which makes it difficult for clinicians to identify these patients when they present for care. Two studies found that 28% to 50% of trafficking survivors reported health care system encounters while they were being exploited.[4] The National Center for Missing and Exploited Children conservatively estimates at least 100,000 children are exploited by DMST each year.[5] Such numbers represent many missed opportunities to identify, care for, and potentially assist in freeing minors from this form of slavery. ▶

Table 1. Resources for the Care of Victims of Domestic Minor Sex Trafficking

Source	*Sponsors*	*Website*
Caring for Trafficked Persons: Guidance for Health Providers	International Organization for Migration, London School of Hygiene and Tropical Medicine, United Nations Global Initiative to Fight Human Trafficking	http://publications.iom.int/bookstore/free/CT_Handbook.pdf
Child Sex Trafficking Webinar Series	Children's Healthcare of Atlanta	http://www.choa.org/csecwebinars
Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States: A Guide for the Health Care Sector	Institute of Medicine, National Research Council	http://www.iom.edu/~/media/Files/Resources/SexTrafficking/guideforhealthcaresector.pdf
Human Trafficking Continuing Education	Christian Medical and Dental Associations	http://cmda.org/resources/publication/human-trafficking-continuing-education
National Human Trafficking Resource Center	Polaris Project	http://traffickingresourcecenter.org/
Rescue and Restore Campaign	Office of Refugee Resettlement	http://www.acf.hhs.gov/programs/orr/resource/about-rescue-restore

Family physicians can prepare to recognize and care for this vulnerable, neglected population by utilizing suggested resources for general information and continuing education in *Table 1*. In doing so, to echo Drs. Bishop and Ramirez, we can help bring these patients "out of the shadows."

THEODORE R. BROWN, DO, MPH, FAAFP
CLYDETTE POWELL, MD, MPH, FAAP
Washington, DC

ALLEN L. PELLETIER, MD, FAAFP
Augusta, Ga.
E-mail: theodore.brown@ndu.edu

The views expressed in this article are those of the authors and do not necessarily reflect the official policy or position of the Department of the Army, Department of Defense, nor the U.S. government.

Author disclosure: No relevant financial affiliations.

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3. National Human Trafficking Resource Center. Hotline statistics. Updated September 20, 2014. http://www.traffickingresourcecenter.org/states. Accessed January 26, 2015.
4. Ahn R, Alpert EJ, Purcell G, et al. Human trafficking: review of educational resources for health professionals. *Am J Prev Med.* 2013;44(3):283-289.
5. Testimony before the U.S. House of Representatives Subcommittee on Crime, Terrorism and Homeland Security, 111th Cong, 2nd Sess (2010) (testimony of Ernie Allen, President & CEO, National Center for Missing & Exploited Children).

Corrections

Clarification on preferred site for central line insertion. The article "Prevention of Health Care–Associated Infections," (September 15, 2014, p. 377) contained incomplete information about the preferred insertion site for temporary catheters. The last sentence of the second paragraph of the section titled "Central Line–Associated Bloodstream Infections" (page 379) should have read: "For temporary catheters, the subclavian vein is the preferred insertion site to minimize the risk of infection; the femoral vein should be avoided, if possible." The online version of this article has been corrected.

Incorrect statistics. The article "Dog and Cat Bites" (August 15, 2014, p. 239) contained multiple errors in the first two sentences of the text and in the first sentence of the abstract (page 239). Dog bites account for 1% of injury-related emergency department visits in the United States, not 1% of all emergency department visits. Inpatient costs related to dog bites are estimated to be $53.9 million, but this figure does not include the cost of emergency department visits, as implied in the article. There are approximately 4.5 million persons bitten by dogs in the United States each year, not 4.7 million emergency department visits as stated in the article. The first sentence of the abstract should have read "Dog bites account for 1% of all injury-related emergency department visits in the United States and more than $50 million in inpatient costs per year." The first two sentences of the article should have read "Dog bites account for 1% of all injury-related emergency department visits in the United States and an estimated $53.9 million in inpatient costs per year. Of the approximately 4.5 million persons who are bitten by dogs each year, approximately 316,000 are treated in the emergency department, and 9,500 are hospitalized." The online version of this article has been corrected. ■