

Globally Harmonized ICD Codes Would Help in Struggle Against Human Trafficking

By Scott Baltic

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NEW YORK (Reuters Health) - Although the U.S. Centers for Disease Control and Prevention added diagnostic codes for forced labor and sexual exploitation to the International Classification of Diseases (ICD) version 10-U.S. in June 2018, the World Health Organization's ICD version 11, also released in 2018, does not include similar codes.

ICD-11 does include codes for various types of child maltreatment and for sexual assault and intimate partner violence. But a Perspective piece online May 2 in PLOS Medicine contends that the lack of specific codes for human trafficking hampers efforts to monitor the phenomenon.

The addition of trafficking-specific diagnostic codes at the WHO level "is critical to harmonizing international public health efforts to end trafficking," write Dr. Jordan Greenbaum of the International Centre for Missing and Exploited Children in Alexandria, Virginia, and Dr. Hanni Stoklosa of Brigham and Women's Hospital, Harvard Medical School, in Boston.

As things now stand, they note, a healthcare provider practicing outside of the United States must use generic "sexual abuse" or "sexual assault" codes in cases of sexual exploitation and "has no explicit ability to code for labor exploitation."

This is problematic in two ways, they write. "First, not all trafficking involves sexual violence. Second, critical information is lost or inaccessible because it is buried within general data on sexual abuse and assault - conditions that do not share many of the characteristics of labor and sex trafficking."

ICD-10 codes related to human trafficking include T74.51, T74.52, T74.61, T74.62, T76.51, T76.52, T76.61, and T76.62 and cover confirmed or suspected adult or child sexual or labor exploitation.

Dr. Greenbaum, who is also at the Stephanie V. Blank Center for Safe and Healthy Children at Children's Healthcare of Atlanta, told Reuters Health by e-mail, "Trafficked persons may seek medical or mental health care for a variety of reasons," including trauma-related injury, sexually transmitted infections, pregnancy and its associated complications, behavioral issues such as aggression or disruptive behavior, depression and suicidality, post-traumatic stress disorder, and substance abuse disorders.

As a result, she explained, although trafficked individuals often seek care at hospital emergency departments, they also do so at outpatient clinics, such as public health or STI clinics, teen clinics, or Planned Parenthood, or from private providers, including pediatricians, internists or gynecologists.

"So, really any healthcare professional needs to be aware of human trafficking and how to recognize and respond to suspected sex and labor exploitation," Dr. Jordan said.

In an email to Reuters Health, Dr. Dana Kaplan, site director of the Child Abuse Pediatrics Fellowship Training Program at Maimonides Medical Center, in New York City, noted that discussing abuse of children used to be hampered by social taboos and that "Today, we find ourselves fighting a similar battle with regard to human trafficking."

She said "common coding standards will allow open discussion about persons in human trafficking and inform future research opportunities to better prevent, identify and care for these patients."

"While the issue of human trafficking is thought to be a hidden one, the patients are not hidden," she concluded. "They are sitting in our waiting rooms."

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