



Editorials

Meeting the health needs of trafficked persons

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International guidance provides advice on safe and appropriate treatment

In April 2009, the Council of Europe Convention on Action against Trafficking in Human Beings came into force in the United Kingdom.¹ The convention requires the state to provide minimum standards of care, including medical services, to all people identified as “trafficked.” Meeting the needs and protecting the safety of such people can be a challenge for doctors.

Human trafficking involves the movement of people by force, coercion, or deception into situations of exploitation.² Trafficked persons are often subjected to physical violence, sexual abuse, psychological violence, and severe deprivation. Trafficking of women and girls for sexual exploitation receives the greatest attention, but men, women, and children are also trafficked and exploited in, for example, agriculture, construction, contract cleaning, and domestic service.³ Usually, trafficked persons agree to a job opportunity and are misled about their pay, work, conditions, or repayment obligations, and they find themselves in situations akin to “slavery.”⁴

Globally, about 2.5 million people are estimated to be in situations of forced labour as a result of trafficking,³ although statistics on trafficking are notoriously unreliable.⁵ The UK anticipates identifying about 860 trafficked persons each year,⁶ but the actual number is thought to be much higher.⁷ As the UK augments its law enforcement efforts to tackle human trafficking, health practitioners may see an increasing number of trafficked persons.

Women who are trafficked into the sex industry may face physical and psychological abuse, confinement, and rape. Many have suffered traumatic events similar to those experienced by survivors of torture.^{8 9} Yet, abuse related to trafficking is best viewed as a continuum, because some people will experience inhuman cruelty and deprivation, whereas others will be controlled through various levels of coercion, threat, or intimidation. Existing research on health focuses on women trafficked for forced

prostitution.^{9 10} A survey of 192 women in post-trafficking service settings in Europe found that 78% had been physically assaulted while trafficked, and that 57% reported symptoms suggestive of post-traumatic stress disorder.⁹ Similar research on the health of people trafficked for various forms of labour exploitation has not yet been conducted.

Providing medical services for people who are still being trafficked or who have escaped can pose many ethical, safety, and medical challenges. For example, trafficked persons may be sought by traffickers and may be at risk of retribution. They are also likely to present with complex physical and psychological symptoms resulting from a history of repetitive abuse, deprivation, or hazards related to their forced labour. Legal circumstances (for example, participation in a criminal prosecution) or problems related to the provision of care (for example, insecure immigration status) may affect their health. Other complexities include language differences and diverse cultural expressions of ill health.

The UK has recently taken steps to establish a system of identification, care, and referral of trafficked persons, known as a “national referral mechanism.” However, to date, actions have focused mainly on law enforcement and have neglected to define the role of the medical sector or provide guidance for health practitioners.¹¹ Recently, international guidance, *Caring for Trafficked Persons: Guidance for Health Providers*, was developed by the International Organization for Migration and the London School of Hygiene and Tropical Medicine. This guidance offers non-clinical advice on safe and appropriate treatment approaches for trafficked persons (box).¹²

Guiding principles when caring for trafficked persons

Adhere to recommendations in the World Health Organization’s ethical and safety recommendations for interviewing trafficked women

Treat all contact with trafficked persons as a potential step towards improving their health.

Prioritise the safety of trafficked persons, yourself, and other staff

Provide respectful, equitable, non-discriminatory care

Be prepared with referral information and contact details for trusted individuals and organisations who can provide support

Collaborate with other support services

Ensure the confidentiality and privacy of trafficked persons and their families

Provide information in a way that each trafficked person can understand

Obtain informed consent before sharing information about patients or beginning procedures to diagnose, treat, or make referrals

Respect the rights, choices, and dignity of each person by encouraging independent decision making

Avoid calling authorities, such as police or immigration services, unless given the explicit consent of the trafficked person

Maintain all information about trafficked persons in secure facilities

One of the first recommendations is for providers to take account of the security risks to the patient, themselves, and other medical staff, especially in relation to organised criminal gangs. Providers are encouraged to keep an up to date contact list of trustworthy referral options, including shelters, psychological support services, and legal aid.

Providers are also urged to learn about and apply “trauma-informed” care practices, which include acknowledging that violent or life threatening experiences may affect people’s health and their responses to medical care, especially physical examinations and invasive procedures.

Doctors will become more involved as more trafficked persons are identified. Practitioners should draw on existing guidance for similarly vulnerable populations, including migrants, refugees, and victims of sexual abuse and other forms of violence, while also recognising the unique characteristics of human trafficking. Representatives from the Department of Health, NHS, and primary care trusts should work with the Home Office, UK Human Trafficking Centre, and state and non-governmental support services to ensure that the role of the health sector is clearly defined and providers are adequately trained and resourced to care for victims.

Notes

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Footnotes

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