


Human Trafficking

Section editor's note

As the lead instructor for BCIT's FSCT 7810 Introduction to Forensic Health Science three-credit course, I have a variety of student assignments within the course. One such assignment is for students to develop a brochure or pamphlet, as a teaching tool on a topic related to forensic nursing, present the material to a group and evaluate the effectiveness of their tool. One group in a 2013 course developed a brochure on Human Trafficking that went beyond my expectations as an educator. I asked them to refine it for publication in this journal. 

Sheila Early

About the authors



Erica Wong graduated from Douglas College in British Columbia in 2014, and is currently employed in the Emergency Department of Delta Hospital, Delta, B.C. She has taken electives from BCIT such

as High Acuity Specialty Nursing Theory Level 1 and Introduction to Forensic Health Science. While receiving her nursing education, Erica was the co-coordinator of the BSN Peer Mentorship Program and received awards such as a BSN Leadership Award in 2014 and Douglas College Health Sciences Innovative Teaching Award in 2014.



Malory Vojtko is a 2014 graduate from the Bachelor of Science in Nursing program at Douglas College. Malory was part of the leadership program at Douglas College, where she obtained a BSN leadership certificate. In December of 2012, Malory and some of her peers decided to organize a clothing drive so as to provide individuals of the Downtown Eastside with warm clothes and food during the cold winter months. Malory first became exposed to Forensic Nursing upon taking the Introduction to Forensic Health Sciences course at BCIT. She immediately became interested in this area of nursing. Malory currently works at Royal Columbian Hospital, New Westminster, BC, on 3 North, Vascular Surgery.

DEFINING HUMAN TRAFFICKING

United Nations Trafficking in Persons Protocol, defines human trafficking as:

"The act of recruitment, transportation, transfer, harbouring or receipt of persons... by means of threat or use of force or other forms of coercion, of abduction, fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person ... for the purpose of exploitation."

(United Nations Human Rights, 2000)

RESOURCES FOR HEALTHCARE PROVIDERS

Office to Combat Trafficking in Persons –
<http://www.pssg.gov.bc.ca/octip/>

Caring for Trafficked Persons –
http://publications.iom.int/bookstore/free/CT_Handbook.pdf

Canadian National Action Plan to Combat Trafficking –
<http://www.publicsafety.gc.ca/cnt/rsrccs/pblctns/ntnl-ctn-pln-cmbt/index-eng.aspx>

Chrysalis Anti-Human Trafficking Network –
<http://www.chrysalisnetwork.org/>

Fraser Health Forensic Nursing Service Program -
http://thpulse/clinical_programs/emergency/resources/forensic_nursing_services/Pages/Default.aspx

The Polaris Project –
<http://www.polarisproject.org/>


Domestic Sex Trafficking of Aboriginal Women and Girls in Canada: Issues and Implications –
http://www.incaringsociety.com/sites/default/files/online-journal/vol3num3/Sethi_57.pdf

The Assembly of Manitoba Chiefs booklet Stand Strong: Prevent Human Trafficking; Stop the Sexual Exploitation of First Nations People –
http://www.pssg.gov.bc.ca/octiptraining/media/pdf/stand_strong_against_human_trafficking.pdf

RCMP National Coordination Centre –
<http://www.rcmp-grc.gc.ca/ht-tp/index-eng.htm>

HUMAN TRAFFICKING IN CANADA

Happens here.
Happening now.



FACTS

- There is no single profile identifying a trafficker. Often trafficked persons know their trafficker; he/she may be a family member, a boyfriend/spouse or acquaintance. Traffickers may be of any race, ethnicity or sex. (International Organization of Migration [IOM], 2009)
- Trafficked persons may feel that they have no choice but to remain in their current situation due to the control the trafficker may have over them. (IOM, 2009)
- Mechanisms of control may include: physical, sexual and/or psychological violence, debt-bondage, threats against family members, lies and deceit, withholding documents and emotional manipulation (IOM, 2009)

WHO IS AT RISK?

Women
Children, youth - all genders
Aboriginal women and girls
Migrant men and women
New immigrants
Refugees

Socially and economically disadvantaged

(The People's Law School, 2014; Office to Combat Trafficked in Persons [OCTIP], n.d.)

THE RED FLAGS

- Has limited contact with friends or relatives.
- Is fearful of positions of authority.
- Has another person who speaks on their behalf even when directly addressed. Speaks like they have been coached or rehearsed.
- Is bonded by debt to their trafficker.
- Incurs injuries and illness as result of abuse, neglect and/or poor living/working conditions.
- Monitored by another person or through electronic devices (GPS or phone).
- Works for little to no pay.
- Has no access to money or is not in control of own money.
- Involved in commercial sex trade or employed in domestic service, restaurants/hotel/tourist industry workers, farm work or sweat shop.
- Not in control of own money, or access to legal documents.
- Unable to provide home address/ "no-fixed address" (just visiting, homeless, running away).

(OCTIP, n.d.)

WHAT YOU CAN DO AS A HEALTH CARE PROVIDER

Consider the red flags

Assess the healthcare environment, the patient, and the health care provider

- Do no harm
- Know your subject and assess the risk
- Prepare referral information – do not make promises you cannot fulfil
- Adequately select and prepare interpreters and co-workers
- Ensure anonymity and confidentiality
- Listen and respect each person's assessment of their situation and risks to their safety
- Do not retraumatize patient
- Be prepared for emergency intervention
- Put information collected to use

Respond by initiating the referral to services and organizations that can provide assistance such as Chrysalis Anti-Human Trafficking Network or a Forensic/Sexual Assault Nursing Service Program

Evaluate the response

Things to keep in mind as we assess this population:

- Treat all contact with trafficked persons a potential step towards improving their health
- Prioritize safety of yourself and the patient
- Respect and maintain confidentiality and privacy
- Employ empathetic and reflective listening
- Provide information that is understandable to the patient
- Ensure informed consent
- Get familiar with services and organizations available to trafficked persons.

(IOM, 2009; World Health Organization [WHO], 2003; Fraserhealth Forensic Nursing Service [FFNS], n.d.)

It happens all the time...



While little is known about trafficked persons encounters and experiences with health care professions, one United States study on trafficked children, adolescents and adults found that 28% reported that they had encountered a health care professional while still in captivity. This study found that none of these encounters resulted in the trafficked persons being freed due to the health care professional's failure to recognize the situation as trafficking (Family Violence Prevention Fund, 2005)

"We have predators actually grooming people online, recruiting them, advertising them online once they have them in their control" says Diane Sowden of the Children of the Street Society.

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