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Health workers are in a unique position to help identify human trafficking

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Human trafficking is a lucrative crime and a serious human rights violation. Conflicts increase the number of people exploited in trafficking within and outside crises areas. The war in Ukraine is likely to have considerably heightened the risk of trafficking for thousands of vulnerable people, according to the latest global report on trafficking in persons published by the United Nations Office on Drugs and Crime in January 2023.¹

Against this backdrop, a scoping review from the WHO Regional Office for Europe² calls for substantial investment to increase health systems' capacities and help sensitise health workers to trafficking. Health systems and health workers are in many ways uniquely situated to identify, treat, and protect trafficked persons and those at risk of being trafficked.

Front line health workers are often the only public sector employees to meet trafficked persons during their ordeal. Data on how many trafficked persons remain unidentified when seeking health services is lacking for the WHO European Region, but a study from the US found that it is more than half.³

A safe space

The primary goals of identifying trafficked persons are to provide quality care, empowerment, and a safe space—not disclosure. Survivors cite health workers' lack of knowledge as a barrier to achieving these aims, as well as the shame that trafficked individuals often feel and their distrust in health systems.⁴

Shandra Woworuntu, chair of the International Survivors of Trafficking Advisory Council (Organization for Security and Cooperation in Europe-Office for Democratic Institutions and Human Rights), described to us the importance of health workers being non-judgmental in their treatment of people who have been trafficked, affording them dignity and respect. She shared a situation in which she felt let down after she opened up to health workers about her dire situation. She explains how nurses were talking about her behind a curtain and how a psychiatrist laughed and told her that she wasn't telling the truth and questioned her experience.

Minority and marginalised populations, including women trafficked for sexual exploitation, people who identify as LGBTQIA+, ethnic minorities, and migrants may face multiple discriminations from health providers based on their identities.

In response to these barriers, we need to increase health professionals' training in survivor centred, trauma informed care. Doctors should recognise

biases, stay vigilant, and act when they see patients vulnerable to trafficking—especially if they see signs that indicate the person is at high risk. The current lack of training leaves health systems unprepared to respond to trafficking. But having standardised protocols to apply when signs are recognised can help health workers to identify it and provide appropriate care.⁵

“There is no colour, there is no country of origin that is not a possible trafficked person,” says Charlotte Møller, senior consultant at Aarhus University Hospital in Denmark, who has treated trafficked individuals for years.⁶

Instead of universal screening of all patients, health systems should consider structured interview approaches. Health workers need to recognise that many people trapped in trafficking experience trauma. All healthcare should therefore be trauma informed, promoting the values of autonomy, nonmaleficence, beneficence, and justice, and be centred around patient needs.

Many WHO member states in the WHO European Region have yet to implement national referral mechanisms that create state wide protocols for human trafficking, ensuring trafficked individuals receive care. Such mechanisms should be part of multi-sector healthcare protocols specifically designed to be trauma informed.

Universal and affordable access to healthcare

People who have been trafficked need universal, affordable access to healthcare—regardless of their status or resources. Structural barriers to healthcare for trafficked individuals include understaffing and underfinancing. Access to affordable healthcare, including mental and dental care, mitigates the risk of re-trafficking by decreasing out-of-pocket healthcare expenses that lead to debt and impoverishment, and is critical for trafficking survivors' long term wellbeing.⁷

Health systems' role in preventing trafficking

In addition to removing barriers to and providing quality healthcare, public health responses should support the prevention of trafficking. This means closing off avenues into trafficking by tackling the social determinants of health that place people at higher risk, such as racism, gender inequalities, and gender based discrimination, poverty, food insecurity, homelessness, socioeconomic marginalisation, forced migration, lack of access to healthcare, economic and social rights, and inadequate education.

Human trafficking is a serious human rights violation that cannot be ignored. Trafficking requires a multisectoral response. No country or sector can do it alone, but health systems can play a vital role.

If we step up and grasp the unique opportunity we have—at the intersection of health and human trafficking—our health systems and healthcare workers could play a key role in identifying, treating, and protecting trafficked persons.

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