

An Introduction to Health Professionals' Role in Addressing Human Trafficking

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abstract

It is estimated that 2.4 million individuals around the world are trafficked each year. Human trafficking continues to be a complex issue mostly affecting those who are female, socioeconomically disadvantaged, and from marginalized ethnicities. Despite 28 % to 50 % of trafficked individuals presenting to health providers, health professionals are not well equipped to clinically assist these individuals. This paper discusses current approaches of supporting trafficked victims in Canada, and proposes improvements necessary for health providers to more effectively address this issue.

introduction

With approximately 2.4 million humans trafficked around the world annually, the United Nations General Assembly has adopted the Convention Against Transnational Organized Crime to tackle this profitable, illicit venture.¹ Canada itself continues to be an origin, destination, and transit point for international and domestic human trafficking despite ongoing legislative efforts.^{2,3} Between 2012 and 2013 alone, 30 offenders were convicted in Canada, with many offences committed against children.⁴ However, these figures may drastically underestimate the impact of this issue due to relaxed legal standards and poor general public awareness.³

Human trafficking is very complex and is closely linked to the life circumstances of trafficked individuals. Being recruited into human trafficking is often tied to predisposing social determinants of health; those trafficked are frequently females, from disadvantaged socioeconomic backgrounds, marginalized ethnicities, and rural areas.^{5,6} The UN defines human trafficking as an act related to kidnapping, forcible confinement, debt bondage, forced labour, cross-border exploitation, and the recruitment and harbouring of persons.^{7,8} While some trafficked individuals may fall under this definition, its narrow scope does not account

for the circumstances surrounding other marginalized populations such as Aboriginal women, youth and children, migrants, new

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immigrants, and teenaged runaways who also constitute a significant portion of trafficked individuals in Canada.⁹ More appropriately, therefore, human trafficking is more likely to occur when life circumstances predispose an individual to exploitation by another, such that they are unable to refuse work in the context of a hostile environment.⁷

Trafficked individuals are often subjected to physical, sexual, and psychological abuse during their exploitation.^{10,11} It is estimated that 28 % to 50 %^{12,13} of these individuals access health services during captivity, posing an urgent and unique opportunity for health professionals to identify, support, and refer them.^{13,14} Experts have called for incorporating relevant training for physicians, nurses, residents, and other health service providers.^{2,15,16,17}

outline of current interventional strategies

Current interventions in Canada are three-pronged. The legal aspect focuses on policy advocacy and prosecution of perpetrators, mainly relying on legislators and police.⁹ Second, clinical support includes identification of trafficked persons through in-person and telephone counselling or medical interviews. Such services may be provided by community organizations, primary care providers, and forensic specialists.¹⁸ Finally, social support offers shelter and rehabilitative services, focusing on basic life skill development. Relevant organizations include government agencies, health services, and community organizations.

Not all organizations tackling this issue share the same definition or approach to human trafficking. For example, Supporting Women's Alternative Network (SWAN), an organization dedicated to the safety and rights of sex workers, recently published an article outlining the harm of the current mainstream description of human trafficking.¹⁹ They assert that categorizing female immigrant sex workers as trafficked persons too hastily has only brought harm to women assumed to be victims. They have shown that law enforcement agencies

have mistakenly conducted raids into settings stereotyped to hold trafficked persons, such as massage parlours employing migrant sex workers. SWAN asserts that this may psychologically traumatize those affected by the raids and discourage their future usage of government services.

It is therefore important to distinguish sex work from human trafficking. When a sex worker presents for medical care, physicians should not assume that the individual is trafficked without appropriate evidence. This is important as intensive forensic measures for presumed trafficked individuals may undermine the autonomy of and rapport with a voluntary sex worker. On the other hand, it is equally important not to miss opportunities to correctly identify and support a trafficked individual. One approach that balances these considerations is for health professionals to consider trafficking as a 'differential diagnosis' that may be actively ruled in or out. This is similar to how health care providers consider cancer amongst the differential diagnosis for fever and rule it out based on further history, physical exam, and possibly investigations.

Best practice guidelines are not yet established for the screenings, interventions, and clinical considerations specific to assisting trafficked individuals. However, some guiding principles are noted periodically in the literature.^{20,21} One resource available is the guide "Caring for Trafficked Persons: Guidance for Health Providers" which is a good educational tool and one way to begin equipping primary health care providers.²² The guide can help physicians distinguish voluntary sex workers from trafficked persons and bring awareness to clinical 'red flags' associated with trafficked persons. For example, patients who demonstrate convoluted and inconsistent histories in addition to reporting little autonomy over daily activities (e.g. eating, sleeping, or showering) would require additional attention.²⁰ On inspection, they may appear withdrawn and anxious while exhibiting track marks and signs consistent with abuse and trauma.²¹ Additionally, mental status exams may be consistent with depression or post-traumatic stress disorder.²³ If red flags are detected in the family medicine setting, based on the guide's recommended referral features, the individual may be transported to the local hospital for more comprehensive assessment with forensic support.

moving forward to provide better care

Although experts are developing health care provider training and protocols, evidence-based approaches for assisting trafficked individuals are still lacking.²⁴ Health authorities currently use internal training modules to train health care providers to recognize and assist trafficked individuals.^{2,17} These modules aim to introduce possible management strategies for trafficking victims incorporating the aforementioned differential diagnosis framework. While the training modules are a useful starting point, their effectiveness has yet to be verified. Secondly, these modules are vulnerable to self-selection biases, as individuals who are primarily interested in the training may have explored clinical strategies around the issue already. Training modules will help these individuals advance their understanding of their roles but do not necessarily educate the population not previously exposed to the issue. Targeting those who are not yet exposed is a crucial step for health care providers to adequately address human trafficking.

Educating Canadian health care providers about the current landscape of trafficking in Canada will improve the recognition and assistance for trafficked individuals and influence clinical interventions. In addition, raising more awareness may generate more advocacy momentum for this often overlooked group of patients in the political, academic, and clinical arenas.

We believe that a multi-level approach including current health care students and physicians, medical faculties, and provincial and federal governments is required. We recommend that medical schools and educators: 1) dedicate plenary time to the complexity surrounding human trafficking; 2) create best practice health care protocols for trafficked individuals through appropriate partnerships with other health disciplines; and 3) ensure health care professionals are sensitized to trafficked individuals' needs through training.²⁵ We also recommend that federal and provincial governments: 1) address the health and public health issues surrounding trafficking; and 2) develop research programs to explore best practices for identifying, treating, and supporting

trafficked persons.

There are necessary improvements to be made in order to assist today's trafficked individuals, with medical students and physicians playing an essential role. Both can become effective advocates for promoting fundamental social change, while properly identifying and aiding current trafficked persons. However, the lack of evidence-based practices will continue to divide approaches for health care providers seeking to make positive interventions. Education and awareness of this complex issue is the crucial piece in confronting this global issue. Informing students, educators, and lawmakers about the issues concerning human trafficking is the first and essential step in creating an acceptable and appropriate standard of care for trafficked persons.

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Workplace Psychological Health among Canadian Nurses

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abstract

Due to the demanding nature of their work, nurses are at higher risk of developing work-related psychological distress and associated psychological illness when compared to the general Canadian workforce. Nurses experience high levels of physical and psychological injury, job burnout and depression, which are associated with increased levels of absenteeism, disability claims and compromised patient care. We advocate for improvements to workplace psychological health for Canadian nurses at an organizational level. This is an occupational health and safety matter that has the potential to enhance both nurse and patient health.

introduction

The risk of psychological distress is exceptionally high among nurses.¹ The 2005 National Survey of the Work and Health of Nurses (NSWHN) found that 9% of nurses (both women and men) experienced clinical depression within the previous year, compared to 7% of women and 4% of men in the general Canadian workforce.² Research shows that the high physical and psychological demands of the nursing profession are strongly associated with job burnout, job disengagement, job dissatisfaction, anxiety, and depression.^{3,4,5,6,7}

This results in an increased number of employee disability claims, turnover; and

absenteeism, which in turn imposes additional challenges to the already burdened health care system.^{8,13} Mental health claims account for 30% of short- and long-term disability claims and 70% of disability costs in Canada.⁹ Arguably, the most alarming concern is the impact that nurse psychological distress has on the quality of patient care that they are able to provide.¹⁰ Recent legislation requires health care organizations in British Columbia to enforce the Worker's Compensation Amendment Act (Bill 14), which emphasizes the protection of employee psychological health from the cumulative long-term effects of work-related stress.¹¹ The psychological health concerns of nurses are becoming increasingly evident, and it is therefore crucial

that they are recognized and addressed.

Nurses comprise the backbone of Canada's health care system, and as such, the prevalence of workplace-related psychological distress is an occupational matter that needs to be acknowledged and managed according to the Canadian Occupational Health and Safety standards. In this commentary, we will highlight factors with the potential for organizational level improvements: physical and psychological aggression and violence, excessive workload, and organizational support. These factors were chosen based on a literature review, which explores workplace psychological risk factors among health care workers, as well as the 2005 NSWHN.