

CFMS Position Paper on Human Trafficking in Canada



Riley Golby, UBC Medicine Class of 2017
Alisha Zacharias, UBC Medicine Class of 2017
Lily Chiu, UBC Medicine Class of 2017
Sian Tsuei, UBC Medicine Class of 2015
Amy Tsai, UBC Medicine Class of 2015
Lawrence Woo, UBC Medicine Class of 2015
Alvis Yu, UBC Medicine Class of 2015

Human Trafficking in Canada

Human trafficking continually affects millions of people worldwide. Health care providers may be the only point of contact to provide care, social support and legal resources for current trafficked individuals and at-risk individuals, which provides a unique opportunity for physicians to intervene. However, there continues to be a lack of awareness and training in Canadian medical curriculum. This paper aims to shed light on the issues surrounding human trafficking while proposing recommendations to tackle this problem more effectively.

Preamble

An estimated 2.4 million humans are trafficked throughout the world every year (1). This illegal activity allegedly earns 32 USD billion annually, ranking it the third most profitable illicit venture after the trade of drugs and arms (1). With the rise of globalization, humans and goods can be easily transported anywhere in the world (2). In response to human trafficking, the United Nations (UN) General Assembly adopted the *Convention against Transnational Organized Crime* in 2000 (3). However, this convention, along with other high-level anti-human trafficking strategies, has largely advocated for tackling this issue from a legal perspective, rather than pursuing preventative or rehabilitative measures.

The UN defines human trafficking as an act related to kidnapping, forcible confinement, debt-bondage, forced labor, cross-border exploitation, and the recruitment and harboring of persons (4, 5). Human trafficking is a very complex issue; it is intrinsically linked to an individual's life circumstances. Predisposition to being recruited is strongly tied to social determinants of health, and more often affects females, those from disadvantaged socio-economic backgrounds, marginalized ethnicities, and rural areas. In order to capture the vast array of risk factors that predisposes and individual to being trafficked, the UN definition on human trafficking can be expanded upon and thought of as:

Where the conditions of someone's history have created a situation that another individual is able to exploit them by requiring that they perform labour (including sexual services) such that they cannot refuse, or such that they have no control over the conditions of their work (adapted from Sikka's *Trafficking of Aboriginal Women and Girls in Canada*) (5).

By appreciating the broader conditions affecting trafficked individuals, policies can better prevent and tackle the root causes of human trafficking.

The Canadian Context

Canada continues to be an origin, destination, and transit point for international and domestic human trafficking. Of those domestically trafficked, the majority are women and girls "who are socially or economically disadvantaged, such as [...]"

Aboriginal women, youth and children, migrants and new immigrants, [and] teenaged runaways” (6). Overrepresentation of Aboriginal women and girls who are sexual exploited and trafficked in Canada is well documented (7). For example, it has been documented that Aboriginal girls as young as ten have been actively recruited from elementary schools for the sex trade (4). Root causes are largely related to the impact of colonialism, homelessness, poverty, substance addictions and childhood abuse (7).

Trafficked individuals may be exposed to conditions and circumstances that can compound prior health issues, including: physical, sexual and psychological abuse; forced, coerced use of drugs and alcohol; social restrictions and manipulation; exploitation and debt bondage; abusive working and living conditions; and risks associated with marginalization. These result in a multitude of destructive physical, sexual, reproductive and mental health outcomes (8).

Problem Defined

Since individuals predisposed to being trafficked are often subjugated to violent and abusive conditions, they may present to health care providers (6). Health professionals therefore have a unique role in identifying and supporting both currently trafficked individuals and at-risk individuals (9). Over the past few years, educational tools and protocols focusing on identifying, assessing, and referring trafficked patients have been developed within some medical communities (10). However, most health professionals have limited awareness of human trafficking, and need specific training for this issue (11). A study conducted by Wong et al. (12) demonstrated that Canadian medical students are unfamiliar with the clinical signs of trafficked individuals and potential support available after identifying such individuals, thus highlighting the urgent need to raise awareness and develop capacity to address human trafficking in the healthcare setting.

CFMS Principles

In order to better address issues surrounding human trafficking, the Canadian Federation of Medical Students believes that:

- 1) Human trafficking violates an individual’s human right to achieve an ideal state of health. This is based on the WHO’s definition of health which defines health as being able to enjoy complete physical, mental and social well-being (13). Human trafficking clearly violates an individual’s human right to achieve an ideal state of health.
- 2) Human trafficking is a healthcare issue. Trafficked persons often experience a multitude of destructive physical, sexual, reproductive and mental health outcomes (8). Since trafficked persons will often present to a healthcare setting, healthcare providers are in a unique position to identify and provide care to patients who are trafficking victims, or are at risk.

- 3) The health and public health aspects of trafficking, especially the social inequity factors are important aspects contributing to the propagation of human trafficking.

Therefore, recommendations are made below to tackle this issue through a holistic, multi-sectorial, multi-level approach that simultaneously address the medical needs to prevent and treat the victims, while advocating to improve the circumstances that predispose individuals to being trafficked. The following recommendations are made in hopes that medical students and physicians can become effective advocates for promoting social change and capable clinicians who can identify and aid trafficked individuals.

Recommendations

The CFMS calls upon Canadian medical students and medical professionals to:

- Become more educated and informed about clinical red flags associated with trafficking in order to aid in the identification of victims;
- Provide comprehensive and sustained, gender, age, and culturally appropriate health care to identified trafficked persons, which focuses on achieving overall physical, mental, and social well-being (14);
- Effectively partner with other healthcare disciplines to maximize support for restoring quality of life beyond victim identification; and
- Connect identified trafficked individuals with the medical, legal, and social resources that empower them to exit the cycle of human trafficking.

The CFMS calls upon Canadian medical schools and educators to:

- Work in tandem with the CFMS to develop and adopt a plan for addressing issues of human trafficking through medical education;
- Be committed to raising awareness regarding human rights issues and create an environment supporting human rights dialogue;
- Teach students to recognize clinical red flags associated with trafficking;
- Create a best practice health care protocol for trafficked victims by involving relevant stakeholders; and
- Create multi-disciplinary training, which sensitizes health care professionals to the needs of trafficked individuals (14).

The CFMS calls upon the federal and provincial governments to:

- To take on “increasing responsibility for prevention, as well as provision of security, legal rights, protection, and care to trafficked victims, especially children and adolescents, by ensuring access to national health structures and institutions” (14);
- Develop research programs focused on exploring the best practices for identifying, treating, and supporting trafficked persons; and
- Develop and fund exit resources for identified trafficked persons.

The CFMS calls upon the international community, including United Nations agencies, intergovernmental bodies, civil society, and the private sector to:

- Cooperate amongst different countries and across borders by coordinating and integrating the healthcare offered in destination, source, and transit countries (14);
- Address the root problems that precipitate the flourishing of this multidimensional issue; and
- Quantify the problem through research that is more comprehensive and collaborative, in order to more accurately provide governments with frameworks for what issues need to be addressed.

References

1. International Labour Organization. ILO Action Against Trafficking in Human Beings. ILO IPEC. Geneva, Switzerland; 2008.
2. Scholte JA. Globalization: a critical introduction. 2nd ed. New York: Palgrave MacMillan; 2005.
3. United Nations. United Nations Convention against Transnational Organized Crime and the Protocols Thereto. UNDOC. New York, USA; 2000.
4. Gosnell-Myers G. Far from home: Experiences of sexually exploited Aboriginal youth in Vancouver, B.C. Urban Aboriginal Youth Domestic Trafficking in Persons Policy Research Report. Prepared for the Office of the Federal Interlocutor for Métis and Non-Status Indians [Internet]. 2012 [cited 2016 Mar 16]. Available from:
[http://www.firstpeoplesgroup.com/mnsiurban/PDF/women_children_youth_families/Gosnell-Myers_G-Far_From_Home_SEY_\(2012\).pdf](http://www.firstpeoplesgroup.com/mnsiurban/PDF/women_children_youth_families/Gosnell-Myers_G-Far_From_Home_SEY_(2012).pdf)
5. Sikka A. Trafficking of Aboriginal Women and Girls in Canada. Aboriginal Policy Research Series: Institute On Governance [Internet]. 2009 [cited 2016 Mar 16]. Available from: http://iog.ca/wp-content/uploads/2012/12/May-2009_trafficking_of_aboriginal_women-1.pdf
6. Public Safety Canada. National Action Plan to Combat Human Trafficking [Internet]. 2012 [cited 2015 Mar 10]. Available from:
<http://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/ntnl-ctn-pln-cmbt/index-eng.aspx>
7. Native Women's Association of Canada. Sexual Exploitation and Trafficking of Aboriginal Women and Girls: Literature Review and Key Informant Interviews [Internet]. 2014 [cited 2016 Mar 16]. Available from:
http://canadianwomen.org/sites/canadianwomen.org/files/NWAC%20Sex%20Trafficking%20Literature%20Review_2.pdf
8. International Organization for Migration. Seminar on Health and Migration, 9-11 June 2004, Session II B – Public health and trafficking: when migration goes amok. International Dialogue on Migration IOM; 2004.
9. Ahn R, Alpert EJ, Purcell G, Konstantopoulos WM, McGahan A, Cafferty E, et al. Human Trafficking: Review of Educational Resources for Health Professionals. American Journal of Preventive Medicine. 2013 44(3): 283-289.
10. Yakushko O. Human Trafficking: A Review for Mental Health Professionals. International Journal for the Advancement of Counselling. 2009 31: 158-167.
11. Sabella D. The Role of the Nurse in Combating Human Trafficking [Internet]. 2011 [cited 2015 Feb 10]. Available from:
http://www.dcf.state.fl.us/programs/humantrafficking/docs/The_Role_of_the_Nurse_in_Combating_Human.25_1.pdf

12. Wong J, Hong J, Leung P, Yin P, Stewart D. Human Trafficking: An Evaluation of Canadian Medical Students' Awareness and Attitudes. *Education for Health*. 2011 24(1).
13. World Health Organization. Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100). Entered into force on 7 April 1948.
14. International Organization for Migration. Regional Conference on Public Health & Trafficking in Human Beings in Central, Eastern, and Southeast Europe, held on 19-21 March 2003, in Budapest, Hungary.