New project recommends doctors play a bigger role in combating human trafficking

By Elisa Van Ruiten, HRWF (10.09.2015) - Doctors are not often thought of as major players in the fight against trafficking in human beings (THB). This is bound to change according to a recent initiative and research, carried out by the NGO Payoke and the Faculty of Medicine and Health Sciences of the University of Antwerp, which advocates that doctors become major players in combating THB, as they are frequently the first to come into contact with victims even if they have not been aware of it up to this point.

The 'EU Guidelines' ISEC Project and its results were presented at the conference, 'Combating Trafficking in Human Beings through the Medical Field', hosted by the Belgian Ministry of Justice and organised by Payoke and the University of Antwerp on Tuesday, 8 September 2015. The results highlighted the valuable role that doctors can play in helping to identify victims of trafficking, getting them the medical attention they need, while also aiding authorities in collecting data that may be beneficial for later prosecution efforts.

The study used the Delphi method to collect a consensus from doctors across Europe (each EU member state was represented) on their experience with victims of human trafficking. They found that 82% of doctors claim they have never been in contact with a victim of human trafficking, however 66% are not actually familiar with complaints related to THB. Therefore, doctors may not know they have a trafficked person in front of them because they are unaware of what to look for.

The crime of trafficking is a phenomenon that still remains much hidden and appears in many different forms; from forced labour and prostitution to child and forced marriage to begging and debt bondage. Trafficking victims are exposed to physical violence, sexual exploitation, psychologic abuse, poor living conditions and a wide range of diseases. Common symptoms of trafficking include headaches, dizzy spells, sexual health problems, difficulty with memory, back pain and fatigue. Although the likelihood of a trafficked person being able to readily seek out treatment in a doctor's office is low, the bottom line for traffickers is money. Therefore, if a trafficker has someone on their hands who is sick and cannot work, they will weigh the financial viability of the situation. If the person must go to the doctor they may be allowed to go to the general practitioner's office that is well subsidized and therefore less expensive, or they may be dropped in front of an emergency room where they can enter a fake address and never be responsible for the bill.

Thus, doctors come across men, women, or children who have been trafficked and are in the unique position to see them while they are still in captivity. As first point of contact, they have the opportunity to attempt the difficult task of establishing a relationship of trust with the person, collect evidence and data, and refer them on for further emotional, legal, or physical help. Therefore, it is crucial that doctors be able to identify their patients as victims of human trafficking in these situations.

Closing this gap between the possibility of detection and lack of know-how from doctors is what the project's partners are hoping address. Doctors already see many patients from vulnerable situations and are already on the lookout for child abuse, domestic violence and sexual assault. Adding victims of human trafficking to the list is not a big leap. By implementing education and training for doctors and medical students on signs

of trafficking and establishing a focal point for doctors to contact with clear protocol when they suspect their patient is a trafficked person, the project organizers hope to promote a sense of duty in doctors to play a greater role in combating THB.

More information on this project may be found here.