

This is a text version of a podcast from [PedsCases.com](http://PedsCases.com) on “**Human Trafficking in the Pediatric Population in Canada.**” These podcasts are designed to give medical students an overview of key topics in pediatrics. The audio versions are accessible on iTunes or at [www.pedcases.com/podcasts](http://www.pedcases.com/podcasts).

## **HUMAN TRAFFICKING IN THE PEDIATRIC POPULATION IN CANADA**

Developed by Julianna Deutscher, Stephen Miazga, Dr. Melanie Lewis, Dr. Helly Goez, and Emma Herrington for PedsCases.com.  
October 29<sup>th</sup>, 2017.

### **Introduction**

Hello everyone, my name is Julianna Deutscher – and my name is Stephen Miazga – and we’re medical students at the University of Alberta.

This podcast was developed with the help of Dr. Mel Lewis and Dr. Helly Goez from the Faculty of Medicine at the University of Alberta and Emma Herrington, a medical student from McMaster University.

Today’s podcast is on human trafficking. This is a very difficult subject that many people do not realize is present here in Canada (1). However, human trafficking is a multifaceted problem that is sadly thriving and growing in Canada (1). It is difficult to get accurate statistics on human trafficking as many cases are unreported or traffickers are charged with other crimes (2). A study that interviewed victims of human trafficking in the United States found that up to 88% had come into contact with a healthcare provider during their exploitation and were not recognized as needing assistance for exploitation (3). Another source estimated that 28% of female trafficking victims and 20% of minor sex trafficking victims come into contact with healthcare professionals while in captivity (4; 5; 6). Regardless of the exact prevalence, it is important that we as medical professionals do our part to become educated, so we can identify and help our patients that are victims of trafficking.

### **Learning Objectives**

The learning objectives for today’s podcast are:

1. Define human trafficking
2. Understand the scope and impact of human trafficking in Canada
3. Recognize red flags for children at risk
4. Distinguish high risk demographics
5. Discuss approaches to intervention

Developed by Julianna Deutscher, Stephen Miazga, Dr. Melanie Lewis, Dr. Helly Goez, and Emma Herrington for PedsCases.com.  
October 29<sup>th</sup>, 2017.

## **Defining Human Trafficking**

Human trafficking is defined by the United Nations as the recruitment, transfer, harbouring or receipt of a person for the purpose of exploitation (7). Essentially what this comes down to is the deception used to manipulate victims into partaking in actions that they would otherwise not participate in for the benefit of the trafficker. ACT Alberta, a group that does both education and provides assistance to victims of trafficking, breaks the definition down into Action, Means, and Purpose (8). Action involves the recruitment, transportation, harbouring or receipt of an individual. This is through the Means of abduction, force, threat, coercion, or deception (8). And this is done for the purpose of servitude, forced labour, sexual exploitation, or the removal of organs (8).

A common misconception, even amongst health care providers, is that human trafficking doesn't happen in Canada. It is often associated with places like Eastern Europe or Southeast Asia, but it is in fact happening at an increasing rate across all of Canada.

The most commonly thought of type of human trafficking is sexual exploitation, but it is important to realize that there are many different forms, one of which is labour trafficking (8). This form of trafficking involves individuals being forced, coerced, or deceived into working for an unfair wage and often in unsafe working conditions (8). ACT Alberta provides some statistics based on the referrals they receive. Although the majority of victims continue to be sexually exploited, over forty percent of reported cases are actually labour trafficking (8). Additionally, there have now been reports of organ trafficking in Canada (8). In terms of pediatric patients, the most recent Statistics Canada report compiled from data in 2014, found that around a quarter of human trafficking victims in Canada are minors (2). It is also important to recognize that there have been multiple cases where the trafficker is a minor (2).

Now that you've had a bit of an introduction to the definition of trafficking and its prevalence in Canada, let's take a look at an example of one of the more common presentations for a pediatric human trafficking case.

## **Case Presentation**

You're working a busy shift in the peds emerg when the triage nurse asks you to go see Jenny, a 15-year-old girl who has come in with her boyfriend for a respiratory infection. As you walk into the room, you find an exhausted young girl accompanied by her boyfriend who appears to be several years older than her. Before you can introduce yourself, the boyfriend initiates the conversation and states how Jenny gets scared when she is seeing doctors and how he needs to be in the room to help her. As you begin taking the history, you notice that the boyfriend is answering a lot of the questions. He says that Jenny got sick with a cough a couple weeks ago and just hasn't been getting better.

As you take the history, it sounds like a fairly typical lower respiratory tract infection. When you start to dive into her social history however you discover that she recently moved away from her parents in a rural community to come to the city and live with her boyfriend. When asked how she supports herself, her boyfriend answers that he is providing for her and taking care of her while she looks for work.

As you listen to the start of this case, there may be some features that seem off to you. Let's talk about some of the red flags for human trafficking. The ones we just saw in the case include:

1. The patient is accompanied by someone who is not the legal guardian (1)
2. When the accompanying person is the patient's partner, there may be a large age difference (1)
3. The accompanier does not allow them to answer questions (1)
4. The accompanying person does not want to leave the patient alone with the health care team (1)
5. And finally, prioritizing work over school (1)

There is a long list of red flags and human trafficking should not be excluded based on the absence or presence of what we have covered here (1). If you feel like something is off, don't be afraid to get help and investigate further. One way to think about red flags is to set them into the following three categories: lack of control, poor mental health, and poor physical health (1). Some examples not in our case that could fall under lack of control include: lacking their personal identification documents, unable to speak English, not allowed to take breaks from work, not allowed to come and go as they please (1). For poor mental health, you might notice that the patient appears to be in shock, depressed, anxious, tearful, and often scared (1). Again this list does not necessarily fit every case of trafficking. Finally, for physical health, this one is of particular importance in pediatric patients. There may be signs of malnourishment, exhaustion, or delayed growth (1). There may also be signs of abuse which are detailed more in another PedsCases podcast presented by Dr. Lewis.

## **Risk Factors**

Now that we have a list of what to keep an eye out for when taking the history, let's talk about what populations may be at increased risk for human trafficking. Remember, anyone regardless of age, gender, or ethnicity can be trafficked. This list simply highlights that certain groups of patients may be more vulnerable for a variety of reasons. In terms of Canadian pediatric patients these include: homeless youth, LGBTQ patients, and Indigenous patients (1; 8). There is also a common misconception that the majority of trafficking victims are immigrants. While immigrants may be at increased risk of being trafficked, the majority of victims in Canada are Canadians (2).

## **Screening for Human Trafficking**

Ok, so now after taking the social history with Jenny, your spidey senses are tingling. Let's talk about what would be your next steps when you are suspecting that your patient is a victim of human trafficking.

First, notify your team that you suspect your patient is at risk for trafficking. If the situation becomes unsafe or if the patient tries to leave, it is important to have the support of your team to keep everyone safe. Don't hesitate to contact Child Protective Services if you are concerned your patient is at risk.

Next, the most important step is to talk to the patient alone, without the accompanier. Getting the patient alone can be a very difficult step, but it is critical to give your patient an opportunity to speak honestly. This can become complicated if there is a language barrier and the suspected accompanier is translating for the potential victim. Using hospital based translation services rather than the individual accompanying your patient can be helpful in this scenario.

The Vera Institute of Justice has created an extensive evidence based screening tool (9). This tool can be condensed into 8 important questions that you can use as part of your introductory screen for trafficking.

Have you ever worked without getting the payment that you thought you would receive?

Have you ever worked in a place where the work was different from what you thought it would be?

Does anyone at work make you feel scared or unsafe?

Has anyone at work ever harmed or threatened you?

Have you ever felt that you could not leave where you work or live?

Have you ever been tricked or pressured into doing something that you didn't want to?

Has anyone ever pressured you into physical or sexual contact with another person?

Did you ever have sex for money, housing, food, drugs, or favors?

Depending on the age of your patient you might want to make the questions more simple. Has anyone ever made you do something you didn't want to? Do you think you are doing things that will get you in trouble?

## **Case Resolution**

Ok, now let's return to the case. You notify your staff that you would like to talk with Jenny without her boyfriend present to do a screen for human trafficking. After entering the room you let the boyfriend know that it is your standard practice to speak with each patient alone for a couple minutes. After some frustration and discussion the boyfriend agrees to leave the room for a couple minutes and wait outside.

When you are able to talk with Jenny alone, you find out that she started dating Jeff shortly after she decided to leave home. He was there for her when she felt deserted by her family and friends and she is so grateful for him. He is letting her live with him for free and taking care of everything she needs. When asking her if she has ever been guilted into doing something she doesn't want to, she said that one day when he came home from work, he told her that he owes a guy a lot of money. Jeff asked her if she would sleep with this guy to help repay the debt. Since that first time, he has asked her to help him out a few times a week. She doesn't really want to, but since he's helped her out so much with a place to live, she feels like she owes it to him. She really cares about him and wants to help him.

From Jenny's story, there is evidence that she is being trafficked by her boyfriend Jeff. It is critical to find help for a victim while they are with you as you will likely not see this patient again. In an adult setting, the next steps can be confusing as you need consent of a patient in order to get help, however, in the pediatric population the decision is made for you. You must get child protective services involved. In addition to treating the chief complaint for their visit to the hospital or clinic, there will be a multitude of steps in providing care for a victim of trafficking. Some of this may include STI testing, blood work and any other investigations that may aid in screening for complications from malnourishment and abuse. Please refer to Dr. Lewis' previous podcast on pediatric sexual abuse for more information on how to handle cases of this nature. It is also critical to involve the mental health team.

Always remember, you are not alone. There are regional or local organizations designed to help victims of human trafficking. Here in Alberta some of these include ACT Alberta, Magdalene House Society, and many of the local women's shelters. You should take some time to familiarize yourself with your own local support organizations and the services they provide. A list of some of the Canadian organizations has been provided in the notes of this Pedscase.

## **Review of Objectives**

So let's review our objectives.

We have defined human trafficking as the exploitation of individuals through the means of coercion, deception, or force. We recognize that trafficking is very prevalent in Canada, taking place in the forms of sexual exploitation, labour trafficking, and organ trafficking. And around one quarter of victims are minors.

We met Jenny in the emerge, a 15 year old female who presented with a respiratory infection, but on further questioning revealed that her boyfriend has been asking her to sleep with his friends in order to help pay off his debt. You learned to recognize some key red flags including: accompanying person will not leave patient alone, accompanier answers the questions, and a significant age discrepancy between your patient and her partner. We discussed some of the higher risk populations for peds including: homeless youth, LGBTQ, and Indigenous patients. And finally we talked about the steps you

should take when you suspect there may be human trafficking. First, notify your team. Next, get the patient alone. Finally, if you suspect the patient is at risk for trafficking or any form of abuse, contact Child protective services and local organizations with specialized training in assisting victims.

We hope this will help you in screening for pediatric victims of human trafficking. If this is a topic of interest to you, be sure to check out the Canadian Alliance of Medical Students Against Human Trafficking to find out how you can get involved in increasing awareness.

## **References**

1. Fraser Health. *Human Trafficking: Help Don't Hinder*. [Online learning module] 2014.
2. Statistics Canada. Trafficking in persons in Canada, 2014. [Online] 2014. <http://www.statcan.gc.ca/pub/85-002-x/2016001/article/14641-eng.htm>.
3. *A Guide to Identification and Approach for the Emergency Physician*. J Shandro, M Chisolm-Straker, HC Duber, et al. 4, October 2016, *Annals of Emergency Medicine*, Vol. 68, pp. 501-508.
4. *Human trafficking and the healthcare professional*. Finger, J Barrows and R. 5, s.l. : Southern Medical Journal, 2008, Vol. 101, pp. 521-524.
5. *Human trafficking: what is the role of the health care provider?* Moreno, PA Crane and M. 1, Chicago : *Journal of Applied Research on Children: Informing Policy for Children at Risk*, 2011, Vol. 2, p. 7.
6. *Human trafficking: the role of the health care provider*. Dovydaitis, T. 5, 2010, *Journal of Midwifery and Women's Health*, Vol. 55, pp. 462-467.
7. United Nations Office on Drugs and Crime. Human Trafficking. [Online] 2017. <https://www.unodc.org/unodc/en/human-trafficking/what-is-human-trafficking.html>.
8. ACT Alberta. The Action Coalition on Human Trafficking Alberta. [Online] 2017. <http://www.actalberta.org>.
9. Vera Institute of Justice. *Screening for Human Trafficking: Guidelines for Administering the Trafficking Victim Identification Tool*. [Online resource] s.l. : <https://www.ncjrs.gov/pdffiles1/nij/grants/246713.pdf>, June 2014.

## **Organizations Aiding Victims of Human Trafficking:**

### *British Columbia*

- Deborah's Gate
- Fraser Health
- Battered Women Support Services Vancouver
- Children of the Street Society
- Office to Combat Trafficking in Persons
- Onyx Program
- Prince George and District Elizabeth Fry Society
- Prince George New Hope Society
- Servants Anonymous Society of Surrey
- Surrey Memorial Hospital Forensic Nursing Services Program

Developed by Julianna Deutscher, Stephen Miazga, Dr. Melanie Lewis, Dr. Helly Goez, and Emma Herrington for PedsCases.com.  
October 29<sup>th</sup>, 2017.



- Surrey Mobile Assault Response Team
- Vancouver Rape Relief and Women's Shelter
- West Coast Domestic Workers Association

#### *Alberta*

- ACT Alberta
- Magdalene House Society
- Centre to End All Sexual Exploitation

#### *Saskatchewan*

- Hope Restored Canada
- NASHI: Our Children

#### *Manitoba*

- Klinik Community Health: Dream Catchers Program
- MB Family Services and Labour Child Protection
- Salvation Army Prairie Division
- Sexual Assault Nurse Examiner Program
- Street Reach Teams
- Transition, Education, Resources for Females

#### *Ontario*

- Alliance Against Modern Slavery
- Ontario Coalition Against Trafficking
- Covenant House
- Aurora House
- East Metro Youth Services
- Bridge North
- FCJ Refugee Centre
- Spring Tide Resources
- Barbara Shliffer Commemorative Clinic
- Elizabeth Fry
- OCASI
- Love 146
- London Anti-Human Trafficking Committee
- Hope for the Sold
- Native Women's Association of Canada
- PACT Ottawa
- Men Against Sexual Trafficking

#### *Québec*

- Love 146
- La Sortie
- Disarm the Dark
- Comité d'action contre la traite humaine interne et internationale

-Fédération de ressources d'hébergement pour femmes violentées et en difficulté du Québec

-Les Affranchies

-PINAY Quebec

-Québec Coalition on Human Trafficking

*Newfoundland and Labrador*

-Newfoundland Coalition Against Human Trafficking

*New Brunswick*

-New Brunswick Working Group on Human Trafficking

*Prince Edward Island*

-PEI Human Trafficking Committee

*Nova Scotia*

-Nova Scotia Domestic Violence Resource Centre

-Halifax Regional Police Victim Services

-Nova Scotia Inter Agency Group on Human Trafficking

*Yukon*

-Government of Yukon Victim Services

*Northwest Territories*

-Northwest Territories Women's Advisory Office

*Nunavut*

-Pauktuutit Inuit Women of Canada