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HUMAN TRAFFICKING: ROLE OF ORAL HEALTH CARE PROVIDERS

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ABSTRACT

Trafficking in human beings is a modern form of slavery and is a well-known phenomenon throughout the European Union and beyond. After drug dealing and the weapons industry, human trafficking is the second largest criminal activity in the world today and it is a growing crime. The aim of governmental and non-governmental agencies, which are either directly or indirectly involved in combating trafficking in human beings, is the identification and referral of victims of trafficking and also to encourage self-referrals. Identification is the most important step to provide protection and assistance to victims of trafficking. Victims often have a variety of physical and mental health needs, including psychological trauma, injuries from violence, head and neck trauma, sexually transmitted infections and other gynaecological problems, dental/oral problems and have poor nutrition.

The author's experience in the field of community dentistry is presented within. Volunteer dental services are offered to non-European Union patients held in a centre for asylum seekers in Bari (Italy). Dental professionals can, in fact, contribute to the identification, assistance and protection of trafficked persons, as well as offering forensic services to assist the police investigation in order to identify crimes and find the criminal organizations behind them.

As for domestic violence and child abuse cases, there are ethical concerns involved in the identification and protection of the trafficked persons, as well as the need for interdisciplinary work and awareness. Adequate training in behavioural science and intercultural learning is paramount in order to avoid misunderstandings and increase sensitivity.

KEYWORDS: : Human trafficking; community dentistry; dental ethics; human rights

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INTRODUCTION

Trafficking in human beings (THB) is a modern form of slavery and is a well-known phenomenon throughout the European Union and beyond. After drug dealing and weapon industry, human trafficking is the third largest criminal activity in the world today^{1,2} and it is a growing crime. Victims of THB can be adults and young children, who are subjected to force, fraud or coercion for the purpose of sexual exploitation or forced labour. UNICEF estimates that more than 1.2 million children are trafficked annually.³

It is not possible to make a global estimate of the numbers involved as it is a hidden crime.⁴ Additionally, internal trafficking is often excluded from statistical data, while human smuggling is at times included.⁵ Anti-trafficking legislation and protocols are in place at a national level in almost all European countries. The aim of both governmental and non-governmental agencies (NGAs) which are either directly or indirectly involved in combating trafficking in human beings is the identification and referral of victims of trafficking and also to encourage self referrals. Identification is the most important step to provide protection and assistance to victims of trafficking.

A variety of identification and legal procedures have been proposed and developed to assist and support victims. Nevertheless, there are differences in national legislation and the legal definitions of human trafficking, and also in the processes used to identify trafficked persons. Standard procedures cannot be yet proposed for the identification and referral of victims of THB as the phenomena is complex and requires a multidisciplinary approach with the involvement of various agencies and interdisciplinary work between law enforcement officers, social care providers, humanitarian and human

rights organizations, health services and forensic professionals.

The identification of victims requires a police investigation in order to establish if a crime has occurred and to try and find the criminal organizations behind it. In addition to this, victims of THB need medical and psychological assistance which is tailored to their specific needs if they are to regain trust, feel safe and begin a healthier life. The protection given by medical professionals is fundamental in supporting and/or victims if they are to be persuaded to become witnesses in trials against traffickers and to co-operate in the collection of evidence against them.⁶

The focus of this paper is to raise awareness and develop an understanding in the dental community, to introduce the crime of human trafficking and its correlations with human rights, ethical and health issues. In 2012 O'Callaghan⁷ was the first US dentist to emphasize the importance of raising awareness of this phenomena among dental professionals, highlighting the need to be aware of the legal and ethical obligations when treating patients in their routine work. Health care⁸ and dental settings⁷ can offer opportunities for the identification and referral of trafficked victims, providing assistance to potential victims and support to law enforcement agencies. Oral health professionals can in fact contribute to the identification and protection of trafficked persons, as well as offer forensic services related to evidence, collection of signs of abuse, patient medical history and background, age estimation of adults and minors with no birth certificate.^{9,10}

The author's experience in the field of community and forensic dentistry is presented within volunteer dental services delivered to migrants held in a centre for asylum seekers in Bari (Italy) (Centro Accoglienza Richiedenti Asilo), and the importance of a medical interview to

retrieve any relevant evidence of potential trafficking, torture, abuse and data related to the international criminal organizations behind. All healthcare professionals need to be educated on THB,¹¹ on their specific healthcare needs^{12,13} and on the ethical and forensic concerns. Many of the indicators of THB that the dentist will encounter are similar to those raised in domestic violence and child abuse cases with which the dentist is familiar.¹⁴ However, it is timely to draw dentists' attention to THB victims and note that due to difficulty in accessing health care, their conditions may be severe.

BACKGROUND INFORMATION

The United Nations defined THB as the *recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of detection, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation (The Palermo Protocol)*.¹⁵

THB is a complex transnational phenomenon, rooted in vulnerability to poverty, an absence of a democratic culture, gender inequality and violence against women, and in conflict and post conflict situations. The situation is exacerbated by a lack of social integration and of opportunities for employment, by poor access to education, and issues such as child labor and discrimination.¹⁶ Traffickers also use isolation from family and friends, and society in general in order to control their victims and keep them in captivity, limiting contact with outsiders, thus ensuring that the victim does not begin to form social support networks within the community.¹⁷

Italy is a destination or transit country for both legal and illegal migrants and for people subjected to forced labour or sexual exploitation, especially from those countries where poverty as well as the legal and social structures place children at risk.¹⁸ Italy prohibits all forms of trafficking in persons through a law introduced in 2003 - Measures against trafficking in persons - which prescribes penalties of 8 to 20 years imprisonment. Nevertheless, Italy has not yet established an autonomous national *Rapporteur* to enhance anti-trafficking efforts and share best practices with other countries on victim protection and identification and as of today there is no national action plan on THB.¹⁹

Trafficking and smuggling are different phenomena which often tend to be confused because the distinction between the two can be unclear and also because the phenomena are often interrelated. In Italy, for example, human trafficking is carried out mostly through the same channels used for illegal immigration.¹⁹ The basic difference is that smuggling is the illegal access to a country by a migrant through the payment of fees to an international criminal organization. On the other hand trafficking is the exploitation of human beings, most often women and children, who are kidnapped in their country of origin and then traded against their will to another country by international criminal organizations. This is why trafficked persons must be considered victims and should not be considered illegal migrants, even when they don't possess regular identification documents or transit permit.

Health care providers are one of the few professions likely to come into contact with trafficked women and girls while they are still in captivity.¹⁸ Migrants²⁰ and victims of human trafficking²¹ often have a wide variety of physical and mental health

needs, including psychological trauma, injuries from violence and substance misuse, head and neck trauma, infectious diseases, sexually transmitted infections and other gynaecological problems.²¹ AIDS, dental problems, respiratory illness and weight loss due to poor nutrition also pregnancy, pelvic inflammatory disease are all conditions which have been found in victims. Because some victims do not have adequate access to health care, it is likely that health problems are well advanced. Physical abuse and torture often occur, which can result in broken bones, loss of teeth or cigarette burns on the skin.¹⁸

In dental clinics, especially when treating patients of different nationalities who are being held in temporary migration hosting centers and have no official identity, dental professionals should be aware of certain behavioral indicators which could raise suspicions of potential trafficking^{21,22} for example non-Italian patients or English speaking patients coming from extremely poor countries who are in possession of a mobile phone which receives frequent incoming calls, or persons showing fear or agitation as if they may be under threat or control. A person may give the impression of being unable to move about at will, or exhibit strong cultural and ritual forms of control (such as Voodoo or Black magic in Nigerian women).²³ In cases of forced labor trafficked victims the International Labor Organization (ILO),²⁴ highlighted the following conditions and indicators which should raise suspicions: in the work place the patient is isolated; their documents are kept by employer or another person; they may have signs of physical abuse; their relatives may receive threats of violence in the country of origin; they must endure long working hours at derisory levels of pay; the patient shows clear signs of personal neglect and frequently has inadequate access to personal protection equipment in the workplace.

Another form of forced labor is domestic 'slavery'. These cases are characterized by a direct personal relationship with the employer, which often includes the cohabitation.¹⁸ Patients can appear particularly vulnerable and consider themselves a component of the hosting family. However, the patient may report the absence of any rest period or rest day and having no holiday entitlement, and the obligation to be permanently available to fulfill the needs of the family. Some women may show or report signs of physical and sexual abuse. All of these indicators should be considered as potential clues, and in cases of child abuse or domestic violence, suggest the need for further investigation by the health care provider.¹⁵

DENTAL CARE SETTING

Dentists may visit and treat possible victims of THB in their practice and especially in humanitarian settings with multinational and multiethnic communities. In 2010 the author founded a non-profit solidarity association involved in community dentistry and human rights (Solidarietà Odontoiatrica per l'Handicap e l'Infanzia - SOPHI). In May 2010 the association SOPHI entered into a partnership with the committee of UNICEF in Bari, and in June 2012 an agreed a protocol with the local health administration (ASL – Azienda Sanitaria Locale) of the national health care system, with the scope of providing, together with other volunteer dentists and dental hygienists, free dental screening and care to minors and adults hosted in the Centre for Asylum Seekers (Centro Accoglienza Richiedenti Asilo – CARA) in Bari. A proper dental clinic was also set up in the centre with the support of the association SOPHI. In 2012 alone the center hosted 2,192 people, divided into 1,951 men, 125 women and 116 children. These persons came from 41 different countries, mainly

Afghanistan, Pakistan, Eritrea and Somalia.²⁵ A temporary stay in this centre is necessary to carry out all the investigations required for the evaluation of refugee status. In 2012 the dental volunteers treated 54 minors and 41 adults at the dental clinic belonging to the National Health System.

Although there is a legal distinction between human trafficking and other high-risk situations afflicting migrants such as smuggling and exploitation for work, there are commonalities between the health needs of people in these different circumstances. For dental care providers, distinctions in a category of migrant should not affect the quality and level of care they provide, but may be important in determining which referral options they can use. All patients received health support and assistance based on human rights and humanitarian principles.²¹

The dental visits begin by verifying the language spoken and the country of origin of the patient. A translator or cultural mediator is always present, not only for linguistic purposes, but also to assist in identifying any cultural aspects or differences particular to the patient's background. It is difficult to know the religious and political background of the nationalities involved so some intercultural awareness is advised before treating these individuals as patients. All the patients seen have no regular or appropriate identification documents, but are not considered illegal migrants.

During the appointments, attention is paid to checking for certain behavioral and universal signs, similar to those recommended when visiting potential victims of child abuse or domestic violence.²⁶ These are: the patient is alone or is accompanied by a person who exhibits controlling behavior (spouse, friend or parent); where the accompanying

person insists on remaining during the visit even if this is not required; patient showing fear or anxiety when interacting with his accompanying person. The confidential interview of the patient should be performed only by the dentist and with the presence of the translator to allow for a more in depth investigation not only into the patient's medical history, but also into their social conditions. The interview is a fundamental tool to retrieve relevant data and to raise any concerns or suspicions of torture, abuse or exploitation, especially when there appears to be discrepancies between the medical history and the clinical findings. However, of all the patients observed and treated in the past 12 months, only one woman from Somalia was referred as a possible victim of trafficking.

DISCUSSION

The indicators of THB may prove useless if applied by untrained persons. Evidence suggests that when victims do not fit the stereotypical definition of THB as defined by law enforcement officials, they may not be identified as victims and may be labeled as criminals.^{27,28} In Italy, as in many other countries, dentists and dental hygienists are legally and ethically obliged to report any suspicions of child abuse and neglect. It is not mandatory to report patients likely to be a victim of human trafficking, unless the patient is under 18 years. Nevertheless, dentists could be the first health care providers to assist and identify possible victims of THB and for this reason they have an ethical obligation to share some of the confidential information and clinical findings with law enforcement agencies. The breaching of confidentiality in these cases (as may occur with other criminal activities) has two reasons: the need to protect victims of this crime and assist them to move on to a safer and healthier life, and the need to collaborate with law enforcement agencies in the investigation

which may lead to identifying the criminal organizations involved.

If a patient is suspected of being a victim of trafficking, the dentist must put together a plan of care and assistance which needs to be tailored to the patient's condition and location. The presence of either a translator or a cultural mediator does not guarantee a complete understanding of the patient's behavior. In child abuse cases,¹⁴ human trafficking requires a particular sensitivity, which cannot be gained without training and experience in the area of behavioral and forensic science. In addition, the different cultures and nationalities involved in international THB and migration require extra experience and training in community dentistry and intercultural knowledge and learning to understand both the differences and similarities in habits, attitudes and behavior and the cultural background of each patient.

The dental professionals involved could consider phoning the Italian National Human Trafficking Resource Center.²⁹ There is a free national referral line is active 24 hours a day and can assist both the victims in finding local resources (the service is provided in different languages: English, Albanian, Russian, French, Spanish, Romania, Arab, Hungarian and Chinese), and also aid law enforcement officials and social workers. A dentist and a dental hygienist must be aware that, although there is no mandatory obligation to report their suspicions, except, as previously stated in the case of a minor, it will be the dentist's decision whether to call the referral line anonymously without the patient's permission. Patient confidentiality must be respected at all times in order to improve or enhance the patient's trust, this will also assist in the aim of encouraging self-referral of THB victims and the recording of clear forensic evidence.⁶ In certain cases it can take

significant time for victims to perceive themselves as a victim of a crime and trust someone enough to disclose their situation to them.²⁷ This is one of the reasons why it is not advisable to report suspicions without the patient's consent and respect confidentiality. To combat human trafficking, the police investigation needs the maximum support of the victims to provide evidence against traffickers. In order to achieve this, the victim must feel safe and protected from the criminal organization, and not just secure from the health care point of view. The European Court of Human Rights has ruled that trafficking in human beings falls within the scope of Article 4 of the European Convention for the Protection of Human Rights and Fundamental Freedoms and that accordingly, *States had a positive obligation to put in place an appropriate legal and administrative framework against trafficking, to take measures to protect victims and to investigate acts of trafficking, including through effective co-operation with other States concerned on criminal matters.*³⁰ This now means that trafficking in human beings can be prosecuted as a violation of the European Convention on Human Rights.³⁰

Migration and asylum seeker centers can benefit from *pro bono* dental care assistance. Serving nationally or internationally by volunteering is a rewarding experience which can restore dignity and well being to those individuals who are suffering from exploitation and abuse, or simply because of their refugee status, and can make a difference in the battle against the violation of human rights.³¹

CONCLUSIONS

Dental care professionals should raise awareness in the field of trafficking in human beings and be specifically trained in all forms of human exploitation which

represent a violation of human rights. As with any other form of abuse, victims of human trafficking frequently come into contact with health professionals owing to injuries and illnesses, but also because of the safe and confidential environment they can offer. As a consequence, health and dental care providers may be the first responders, and therefore have an ethical obligation to protect, assist and support minors and adults. The basic obligation is to achieve the best oral health for all, whilst always being focused upon human

rights and humanitarian principles. Adequate training in behavioral science and intercultural learning is paramount in order to avoid misunderstandings and increase sensitivity.

The author suggests the establishment of an international working group to study dental and forensic services and then propose a set of actions and recommendations to identify all forms of violations of human rights framed within a dental setting.

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