

Jane Lasonder's talking points

Imagine that your daughter, sister, mum, or friend was caught in a trafficking scheme: it is not about numbers; it is about people!

Mandatory training of a week (but at least a day if a week is not possible) is needed to teach healthcare workers and raise medical students' awareness on human trafficking/slavery issues: how to identify, how to report, and what to do.

Policies must be in place to implement reporting and indicate what to do.

When I was a child, I went to the hospital often, with many different injuries from being abused and tortured by a gang of men when I was trafficked and sold for sexual exploitation. I was underfed, malnourished, and traumatized. From the age of 7 to 13, I was at the hospital often, and not one healthcare worker asked me if I was ok, if I felt safe, if I needed help, or even how I got the many injuries. When I was 13, I had a forced abortion because of the abuse, and not one doctor or nurse asked how a 13-year-old (who looked like ten years old, as I was small and young looking for my age) got pregnant.

I remember being terrified, traumatized, and unable to speak, but no one even asked me anything.

Fifty years later, nothing much has changed. I speak to many victims and survivors of trafficking who had been at some point in a healthcare setting with injuries, most of them had the trafficker with them speaking for them, and they told me they were traumatized and scared, yet none of them were asked if they were safe or needed help. There are some pockets of training and education in different countries but nothing mandatory and nothing across the country.

This needs to change, or the next 50 years will be the same and a wasted opportunity, with victims of trafficking falling through the net: 90% of victims end up in a healthcare setting like an emergency room at a hospital, and only 10% of doctors know how to identify a victim of human trafficking and what to do. This would be the perfect opportunity to identify and rescue victims, but due to a lack of education and training, the signs are missed, and even if a healthcare worker suspects something, they do not have the tools to act and to help.

A survivor I know told me she was in the hospital many times in the Netherlands, and she wished so much that a doctor or nurse would help her get safe, but no one even asked her any questions. If the doctors had had training and policies to get the victims to a safe place, this would have saved this woman from many years of trauma, pain, abuse, and torture.

Let's be the ones who bring a change in the next five years to have mandatory training in place for all medical students, nursing students, and healthcare workers to break the cycle of indifference and ignorance on this topic.

The National Referral Mechanism (NRM) should also work better, as now it is a great tool, and the handbook is amazing, but if people need to learn it exists, it will fail to work.

When I trained as a first responder for an organization and the UK Home Office to interview and report to identify if someone was in danger and a victim of slavery, I was never told there was even a handbook to help guide me in doing the NRMs. Instead, I was only told how to fill out the form and told stats of victims of slavery, turning the people into numbers.

When interviewing, having one hour only to speak to someone just rescued from slavery, sometimes in prison as the police did not know what to do with them, was hard, as a traumatized person cannot always tell their story in one hour to a stranger. Trauma-informed care is needed, and an understanding of trauma needs to be taught to first responders, police, the Home office, and organizations. Now, if a story is not told in that hour, the form is blank or not filled in correctly, then the Home office does not give reasonable grounds. As a result, the person is not helped, resulting in re-trafficking or a person wrongly kept in prison with no place to go when let out, leaving them traumatized and vulnerable.

Proper mandatory training must be given, emphasizing trauma-informed care and trauma-informed interviewing (OSCE ODIHR has excellent online training on trauma-informed interviewing techniques).

The key to this would be to employ survivors of slavery and trafficking to implement the training or at least advise the trainers, which would give valuable insight into the minds of traffickers and how trauma works in different people, giving us a better understanding. Why not listen to what survivors have to say and use the bad situations and lived experiences for good?

Councils of survivor leaders like ISTAC from ODIHR need to be set up in every country to guide and advise governments and organs on how to give the best training and support survivors of slavery and break the circle of trafficking and trauma. For example, the councils could monitor the training of healthcare workers and first responders, ensuring it is of high quality, leading to more victims being saved.

I ask the leaders who dare step out and stand up to set this all in motion to make training mandatory for healthcare workers, med students, and first responders. To set up councils of survivors to advise on training and policies and be listened to and valued.

Let us look back in 5 years and see if a change is happening to help save more victims of slavery and let us be the ones to set this change in motion **now**.