MINISTRY OF HEALTH

Jamaica

THE MANAGEMENT OF SUSPECTED VICTIMS OF TRAFFICKING IN PERSONS

PROTOCOL FOR HEALTH CARE WORKERS

THE MANAGEMENT OF SUSPECTED VICTIMS OF TRAFFICKING IN PERSONS

PROTOCOL

MINISTRY OF HEALTH
JAMAICA

April 2017

Director, Child & Adolescent Mental Health

Director, Health Services Planning & Integration

Chief Medical Officer

MOH-DOC-100-4

THE MANAGEMENT OF SUSPECTED VICTIMS OF TRAFFICKING IN PERSONS

PROTOCOL

FOR HEALTH CARE WORKERS

MINISTRY OF HEALTH

JAMAICA

APRIL 2017

1	2017/04	Issued for Use	JL EW/KS	SS	SS/WDLH
Revision Issued	Date	Issued Description	Prepared by	Checked by	Approved by

Table of Contents

FOREWORD

Information used to develop this protocol was largely obtained from the following document:

"Standard Operating Procedures for Health Workers on Trafficking in Persons"

Violence Prevention Alliance Committee and National Task Force Against Trafficking in Persons, Ministry of Justice, Ministry of Health, March 2016 developed by Dr. Elizabeth Ward and Dr. Kim Scott.

Special contributions to the development of this manual were made by the following persons:

Dr. Judith Leiba

Dr. Karen Shaw

Dr. Heather Reid-Jones

Ms. Joi Chambers

Dr. Sheryl Burke

And other members of the Working Group constituted for the Training and Sensitization of Health Care Workers regarding the Management of Suspected Victims of Trafficking in Persons.

CONTEXTUAL BACKGROUND

INTRODUCTION

Human Trafficking (HT), Trafficking in Persons (TIP), or Modern Day Slavery is one of the most egregious forms of intentional exploitation of vulnerable individuals for the personal gain of the exploiter. It is now recognized as an emerging health care priority. All health care providers, particularly those engaged in primary care, emergency care, reproductive health, mental health, occupational medicine, and paediatrics, are well-positioned to identify and assist trafficked individuals as well as those who may be at-risk but have not yet been actively exploited.[1]

Even though trafficked individuals' freedom, choice and movements are often tightly controlled and may be hidden from public view, a surprising proportion of trafficking survivors report having accessed medical care services while under the control of their traffickers. Health care providers who are educated about the risk factors and clinical manifestations of Human Trafficking, and who can provide efficient and compassionate assistance to patients, have the potential to play a key role in addressing this age-old yet newly recognized problem.[1]

DEFINITION

The Trafficking in Persons (Prevention, Suppression and Punishment) Act defines Human Trafficking as the transportation, transfer, harbouring or receipt of persons, by means of threat or use of force or other forms of coercion, of abduction, of fraud, of deception, 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.

Human Trafficking involves three interrelated activities: recruitment by deception or force; transportation across borders legally or illegally or within a country; and exploitation.

[1]Human Trafficking: Guidebook to Identification, Assessment and Response, in the Health Care Setting, Massachusetts General Hospital and Massachusetts Medical Society, 2014

INCIDENCE AND PREVALENCE

The incidence and prevalence of Human Trafficking is not fully known. Accurate estimates remain elusive due to the clandestine nature of the crime, victims' fear of disclosure, stigma and shame, and corresponding challenges of data collection.

Most of the available estimates come from border security, immigration, migration or criminal justice sources, not from health sector research or community-based agencies that may interface more with domestic trafficking victims (those victims trafficked within a country). Difficulty obtaining accurate surveillance data poses challenges in terms of advancing basic research, generating evidence-based practice, anticipating personnel and capital requirements for sensitive yet cost-effective health care service delivery.

It is estimated that 45.8 million persons are enslaved worldwide. Women and girls account for seventy-one percent (71%) of the vast majority of all trafficking victims. Twenty-eight percent (28%) of all victims detected globally are children. Trafficking for the purpose of sexual exploitation accounts for fifty-eight percent (58%) of all trafficking cases detected globally. Domestic servitude accounts for twenty-seven percent (27%) of all detected cases of trafficking in persons worldwide.

From 2010-2016, the Jamaica Constabulary Force Trafficking in Persons (TIP) Unit rescued sixty-eight (68) victims. The majority of the victims were females ranging in age from13-39 years. The TIP Unit conducted over three hundred (300) raids and fifteen (15) cases were brought before the Courts.

The issue of underreporting of TIP cases exists in Jamaica and therefore, the figures do not reflect an accurate picture of the local realities.

THE LEGAL CONTEXT

The Trafficking in Persons (Prevention, Suppression and Punishment) Act 2007

In 2003, Jamaica ratified the "Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children," which is a supplement to the "United Nations Convention against Transnational Organised Crime." This UN convention is often referred to as "The Palermo Protocol" (hereinafter referred as the "Protocol").

According to the Palmero Protocol, the Government of Jamaica (GOJ) is required to take various actions and steps to effectively combat TIP. This requires Jamaica to, inter alia, define and criminalise TIP, offer assistance including repatriation and protection to victims, as well as manage migration to prevent and detect TIP (International Organization for Migration, 2010).

GOAL OF THE PROTOCOL

To reduce the effects of Human Trafficking through early identification by Health Care Workers.

Overall Objective

To provide health care workers with clear operating procedures regarding the management of suspected cases of Human Trafficking.

Purpose of the Protocol

1. To enable health care providers to identify clinical manifestations of the major forms of Human Trafficking.
2. To provide guidelines to assist clinicians to assess and manage the needs of the trafficked person who presents in the health care setting via a holistic approach.

HEALTH CARE MAY BE THE ONLY LIFELINE

THE ROLE OF THE HEALTH CARE WORKER IN ASSISTING SUSPECTED VICTIMS OF HUMAN TRAFFICKING

Healthcare workers may be the only outside communication these victims have. One report finds that as many as eighty-eight percent (88%) of sex trafficking victims end up in emergency departments and clinics at some point while being held. Healthcare providers are in a pivotal position to identify these victims and help provide links/access to resources such as housing, health, and legal services.

One of the main challenges is to change the mind set of health care workers so that they accept and realize that they can play an integral role in breaking this cycle of violence. According to one study, only 4.8% of healthcare providers had some degree of confidence in identifying a trafficked patient whereas 7.7% felt comfortable in treating these victims.

The role of the health care worker in providing care for these victims includes close attention to the following considerations:

- Providing Trauma Sensitive Care and Support for the Decision to Disclose
- Safety management
- Obtaining Consent for Reporting to Authorities

PROTOCOL: THE ROLE OF THE HEALTH CARE WORKER IN ASSISTING SUSPECTED VICTIMS OF HUMAN TRAFFICKING		
Date Revised:	Distribution to all health care facilities	Index: 1a-g
Approved by: Health Services Planning & Integration Branch		

2. CLINICAL MANAGEMENT OF THE SUSPECTED VICTIM OF TRAFFICKING IN PERSONS

a) Goals

- To effectively manage the physical/medical problem
- To obtain consent for reporting to authorities

REMINDER #1

First Duty- fulfil your primary role as a Clinician

b) Stabilization of Patient

a) If unstable, with life threatening injuries, PERFORM LIFE-SAVING TECHNIQUES
b) HISTORY IS TAKEN ONCE THE PATIENT IS STABLE
c) Refer and/or admit to hospital
d) If able to stabilize within the primary health care setting, proceed with the remainder of the history and examination.

Reminder #2

Identifying trafficked persons is a challenge because they may look the same as any other patient. However, a clinician can look for the following signs to help pinpoint a potential victim.

c) Specific Signs/Red Flags

- Signs of physical and/or sexual trauma
- Injuries in various stages of healing
- Evidence of lack of care for previous conditions
- Discrepancy between the history, presentation and pattern of injury
- Marked discrepancy between stated age – older or younger than visual appearance
- Subordinate, hyper-vigilant or fearful
- Accompanied by over protective companion/guardian
- Foreign accent
- Extreme anxiety/tearfulness or lack of emotions
- Recurrent sexually transmitted infections
- Developmental regression e.g. bedwetting
- Multiple or frequent pregnancies

d) Environment/Context for Assessment

i. Designate confidential or counselling room e.g. Nursing Sister's Room
ii. Highly confidential, empathetic, rights-based
iii. Documentation- clear, legible etc.
iv. Consent Form utilized
v. Observe all the delicacies of a physical examination
vi. Do not expose more than is required
vii. Preserve dignity at all costs
viii. Do not perform any unnecessary procedure
ix. Translator/interpretation services to be utilized if necessary

When assessing these patients, the clinician should do so in a private setting. If it appears that another person is trying to control or is answering or speaking for the patient, the clinician should separate the patient from that person.

During interviews with trafficked women or girls, it is particularly important that appropriate female staff is available. The healthcare provider should be non-judgmental and show empathy and respect toward the potential victim.

If needed, an independent translator who speaks the patient's language should be made available. **However, an individual suspected of perpetrating Human Trafficking should not be the translator.**

e) <u>Safety and Confidentiality- Vital</u>

There should be an emphasis on patient safety and confidentiality in interviewing potential victims of human trafficking. The clinician should ask only questions that are relevant to the assistance being provided and avoid asking questions that are curiosity based. [2]**It is not recommended that any authorities should be called regarding the possibility of human trafficking without the consent of the patient, in light of potentially legitimate concerns regarding the well-being of victims and their loved ones**. On the other hand, this constraint does not apply to children and adolescents who require immediate placement into a place of safety.

2 Institute of Medicine. http://www.medscape.org/viewarticle/859358/09/23/2016

f) Performing the Physical Examination

- Perform a thorough examination
- Review all organ systems as far as possible
- Utilize sexual assault or rape kit if needed

Relevant elements of the physical examination should be performed carefully and sensitively, guided by the clinical presentation and by information elicited during the history.

In cases involving sexual violence and other forms of trauma, forensic evaluation and evidence collection should be offered when appropriate (e.g., if the most recent sexual assault has occurred within 72 hours of presentation, and with the patient's consent or in conjunction with mandated reporter responsibilities). Forensic evaluation and evidence collection should be performed using a sexual assault evidence collection kit. The Medical Officer and hospital emergency doctor, trained in the proper methods of forensic evaluation and evidence collection, accompanied by trained medical advocates from a sexual assault crisis centre for emotional and logistical support, should be sought when available (This has to be weighed against trust and confidence issues regarding the victim/patient). (*Make reference to the Guidelines for the Management of Child Abuse and Neglect for further details).*

g) Documentation

- Be precise and concise
- Use approved hospital or health centre form
- Ensure that there is a date and time stamp on the record
- Sign legibly and state your post/position
- Ensure that the name of the patient and the registration number is placed on the top of each page

Careful and accurate documentation in the medical record is not only essential for optimal patient care, but also can be a source of invaluable information should the patient seek legal redress.

Documenting Patient History

The patient's medical history, along with any oral disclosures, should be documented in writing, in an unbiased manner, using direct, unaltered quotes from the patient, to the fullest extent possible.

Documenting Physical Examination Findings

Physical findings should be documented carefully and accurately using written descriptions; labelled and annotated freehand sketches; and, with the patient's permission.

The words *"suspected human trafficking"* as a finding, diagnosis, or problem should be included in the chart when appropriate or an alternate code developed.

Documenting Consent for Reporting to Authorities and for Treatment

- **Use the institutionally approved Consent Form to obtain consent.**
- **Document purpose for obtaining consent i.e. for treatment and also for reporting to authorities**
- **Where standard forms are not available, please document consent fully within the health records.**

h) Procedure after obtaining consent

a. Call out cascade - Trafficking in Persons Unit; Child Development Agency
b. Point person (s) in hospitals - Senior Medical Officer, Senior Nurse/Director of Nursing, Internist, Social Worker
c. Arrange admission to ward to avoid processing through Accident & Emergency Department.
d. Designate specific hospitals if needed (Regional or Parish hospitals)
e. Designate specific rooms, e.g. side rooms – if available
f. Security will be in place for victim by the Police
g. Three-day turnaround time for admission to shelter if patient deemed medically fit

i) <u>Frequently Asked Questions (FAQs)</u>

a) What if patient retracts his/her disclosure, refuses to continue giving the history, becomes extremely agitated or begins to decompensate?

- *Conclude examination at whatever point the de-compensation or retraction occurred and reassure that they can return whenever they require. If they agree, schedule a follow up appointment.*

b) What if patient appears too fragile to be approached regarding giving consent to report to authorities?

- *Schedule follow up visits in order to build trust.*

c) What if the caregiver/guardian/companion refuses to leave the room?

- *Employ moral suasion by invoking the Code of Ethics which govern doctor patient relationship/confidentiality*

d) What if Follow-Up Cannot Be Assured?

Some patients will be unwilling or unable to return for ongoing or follow-up care. *For this reason, the clinician should strive to assure patients that:*

- *They do not deserve to be abused or coerced*
- *They are not to be blamed in any way*

- *The health care system's door is "always open" as a source of safe, confidential and supportive care*

j) ACTIONS WHICH ARE NOT RECOMMENDED

REMINDER #3

Do not "play the hero"

Do not give your personal telephone number

Do not agree to meet the patient outside of work or during night time hours

Do not prescribe unnecessary or excessive amounts of medications e.g. sedatives

PROTOCOL: CLINICAL MANAGEMENT OF THE SUSPECTED VICTIM OF TRAFFICKING IN PERSONS		
Date Revised:	Distribution to all health care facilities	Index: 2a-g
Approved by: Health Services Planning & Integration Branch		

Appendix 1

Crucial Contact Listing

Child Protection and Family Services Agency(CPFSA)

48 Duke Street

Kingston

948-7206/924-9401

Office of the Children's Advocate

72 Harbour Street

Kingston

967-3225/922-6785

Jamaica Constabulary Force, CISOCA

3 Ruthven Road

Kingston 10

926-7318/823-3759/454-3845

Trafficking in Persons Secretariat

Ministry of Justice

61 Constant Spring Rd, Kingston 10

906-4923-31

JCF Trafficking in Persons Unit

8-10 Ocean Boulevard

Kingston

967-1389/922-3771

Ministry of Health

10-16 Grenada Way, Kgn. 5

633-8255-9

Child Guidance Clinics

Comprehensive Health Centre

Slipe Pen Rd. (922-3042)/335-3591

Glen Vincent Health Centre

3 Trevennion Pk. Rd. (5)

(929-6511, Ext.236) 405-4561

Mental Health Clinic

Windward Road Health Centre

530-1152

Ministry of National Security

2 Oxford Road, Kingston 5

906-4908-22/371-3496/906-5150

National Children's Registry

12 Carlton Crescent (10)

1-888-PROTECT

908-2132/878-2882/908-2579

Woman Inc.

4 Ellesmere Road

Kingston 10

926-9398/929-9038/909-4698

Bureau of Gender Affairs

5-9 South Odeon Avenue

Kingston 10

754-8576-8/564-2162/

929-0549

Ministry of Education, Youth and Information

2 Heroes Circle

Kingston

967-7854/922-1400-9

Office of the Director of Public Prosecutions

Public West Building

King Street

Kingston 922-6321-6

Ministry of Foreign Affairs & Foreign Trade,

21 Dominica Drive, Kingston 5

926-4220-8

VICTIM SERVICES DIVISION OFFICE AND OFFICERS

PARISH	OFFICERS	CELL #	POSITION
KINGSTON & ST. ANDREW 47E Old Hope Road Kingston 5 Tel: 946-0663/946-2014 618-3620/978-8021 Fax: 927-8416	Mr. Osbourne Bailey Ms. Dionne-Dawn Binns Mrs. Nesta Haye Mrs. Alderean McDonald Mr. Donald McFarlane Mrs. Melonia Waugh Mrs. Carmen Lewis Ms. Marsha Johnson Ms. Kay-Ann Morrison Ms. Elspeth Madden Ms. Simone Sharrier Mrs. Keisha-Gay Linton Ms. Anna-Kaye Richardson Mrs. Pauline Gifford Heywood	298-6808 855-5254 564-6623 550-0423 855-7388 855-8265 855-6895 445-3635 445-3770 466-6732 466-6664 507-4698 856-0464	Director Programmes Manager Regional Director Victim Services Manager Victim Services Manager Victim Services Officer Victim Services Officer Victim Services Officer Victim Services Officer Victim Services Officer Victim Services Officer Secretary Victim Services Clerk Office Attendant
WEST KINGSTON 54A Spanish Town Rd. Tel: 922-5215 Fax: 922-5216	Mr. Omar Mattis Ms. Sophia Riley	446-5405 327-2241	Victim Services Officer Part-time Cleaner
ST. CATHERINE c/o Peace & Justice Centre 10 Hanover Street Spanish Town Tel: 749-2359 Fax: 749-0719	Ms. Charmaine Ellis Mr. Kevin Edwards Ms. Shanique Taylor	854-9999 854-9497 445-5428	Victim Services Manager Victim Services Officer Victim Services Clerk

PARISH	OFFICERS	CELL #	POSITION
CLARENDON Resident Magistrate Court Building, May Pen Tel: 902-1613 Fax: 902-1623	Mr. Levi Rodney Mrs. Ann-Monique Dixon Mrs. Shannel Francis-Graham Ms. Phyllis Taylor	287-0572 507-5129 896-4580	Victim Services Manager Victim Services Officer Victim Services Clerk Part-time Cleaner
MANCHESTER RADA Building, Caledonia Rd., Mandeville Tel: 625-4112 Fax: 625-4113	Ms. Jennifer Hutchinson Mrs. Narvett Carter Mrs. Shanice Samuels Ms. Lydia Smikle	856-0535 445-3994	Victim Services Manager Victim Services Officer Victim Services Clerk Part-time Cleaner
ST. ELIZABETH 80 Main St., Santa Cruz Tel/Fax: 966-3481	Mr. Everette Sutherland Ms. Lavern Farquharson Ms. Kelly-Ann Dunkley	856-2412	Victim Services Manager Victim Services Clerk
WESTMORELAND Shop 8, Dunbar Mall Savanna-La-Mar Tel: 918-1741 Fax: 918-1448	Ms. Latoya James Ms. Teka Williams Ms. Dian Blake	488-8721 856-3719	Victim Services Manager Victim Services Clerk Part-time Cleaner
HANOVER Haughton Court Main Rd., Shop #9 & 12 Tags Plaza, Lucea Tel: 956-3143 Fax: 956-2030	Mr. Gary Gardner Ms. Norma Lunan Ms. Chevelle Barrette	856-4167 856-3786 280-7236	Victim Services Manager Victim Services Officer Victim Services Clerk

PARISH	OFFICERS	CELL #	POSITION
ST. JAMES Overton Plaza, Shops 37 & 38, Montego Bay Tel/Fax: 940-4967	Mrs. Debbian Dalley Ms. Suewana Malcolm Mr. Orlando Dalrymple Ms. Jasmine Reid	817-9103 856-4008 856-3735	Victim Services Manager Victim Services Officer Victim Services Clerk Part-time Cleaner
TRELAWNY 19 Victoria Street Falmouth Tel: 617-5522	Mr. Owen Watson Ms. Kerry-Ann Beckford Mr. Cassman Williams	856-4620 861-5905	Victim Services Manager Victim Services Officer Victim Services Clerk
ST. ANN 61 Main Street St. Ann's Bay Tel/Fax: 972-9487	Ms. Herdetta Black Ms. Sandy Edwards Mr. Lincoln Dennis Mr. Eulan Parsons Ms. Marie Comrie	865-5523/ 362-1289 446-5443 507-4586	Victims Services Manager Victim Services Officer Victim Services Clerk Part-time Cleaner
ST. MARY Resident Magistrate Court House, Main Street, Port Maria Tel/Fax: 994-9125	Mrs. Beverley Lawrence-Allen Mrs. Shamar Lindsay	856-6535	Victim Services Manager Victim Services Clerk

Appendix II

Assessment of Suspected Victims of Human Trafficking