WHAT IS HUMAN TRAFFICKING?

Article 3, paragraph (a) of the Protocol to Prevent, Suppress and Punish Trafficking in Persons (United Nations, 2000) defines Trafficking in Persons as the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the 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. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs. Trafficked persons can be of any gender, sexuality or nationality.

KNOWLEDGE EXCHANGE

Throughout their training, student nurses experience a diverse range of placements that take place across the whole Trust. The breadth of these placements is a greatly underutilised opportunity to spread knowledge (Rosenau, 2015). By educating student nurses on the key indicators of human trafficking and what can be done to support potential victims; awareness can be resourcefully disseminated throughout the Trust to the benefit of service users.

OBSERVE AND LISTEN

Trafficked persons may have had no previous contact with any public services; therefore all healthcare professionals, including students, have a vital role to play identifying and supporting potential victims. The Department of Health (2015) highlights some of the key indicators of risk as:

If the person:
- is accompanied by someone who appears controlling, who insists on giving information and coming to see the health worker;
- is withdrawn and submissive, seems afraid to speak to a person in authority and the accompanying person speaks for them;
- gives vague and inconsistent explanation of where they live, their employment or schooling;
- has old or serious injuries left untreated;
- either gives vague information or is reluctant to explain how the injury occurred or to give a medical history;
- is not registered with a GP, nursery or school;
- has experienced being moved locally, regionally, nationally or internationally;
- appears to be moving location frequently;
- appearance suggests general physical neglect;
- struggles to speak English;

has no official means of identification or suspicious looking documents.

THE UNIQUE CHARACTERISTICS OF THE STUDENT NURSE

Although possessing an official supernumerary status, student nurses play a vital role in the nursing workforce (Chuan & Barnett, 2012). With no formal role on placements, student nurses have more time to spend talking with patients. Contact with patients tends to be less formal and therefore less threatening (Courtney-Pratt et al., 2012).

COMMUNICATE, DOCUMENT, ESCALATE

Communicate – Student nurses who feel that a patient may be at risk of being trafficked, in a trafficking situation, or has been in a trafficking situation, should raise their concerns firstly with their mentor or if unavailable with the Nurse in Charge or Safeguarding Lead (DoH, 2015).

Document – In compliance with The Code (NMC, 2015) clear and accurate records of the concerns should be recorded. A complete history of the patient’s journey not only helps to ensure patient safety but can also become significant to any subsequent legal processes (Gasper, 2011).

Escalate – The Salvation Army runs a 24 hour helpline for professional advice and support. While the NHS is except from the Duty to Notify (Home Office, 2015) health care professionals are encouraged to make a voluntary notification in accordance with legal obligations of confidence (DoH, 2015).

REFERENCES


London: HMSO.
