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Editorial

Addressing modern slavery

Healthcare professionals are uniquely placed to identify and advocate for victims of modern slavery

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Modern slavery is a global public health concern (1), yet health professionals are often unaware of what it is, what it looks like, who it affects and what, if anything, they can do about it (2). There were an estimated 40.3 million victims worldwide in 2016, with every region affected (3). In the UK, this total could run into the 'tens of thousands' (4). It is a largely hidden crime, but it affects all societies, and the conditions under which it can thrive are everywhere: poverty, children living without adequate care, poor housing, and migrants working in precarious, low quality jobs in places such as car washes, nail bars and factories (5).

Modern slavery – which is often called and is inclusive of human trafficking – is an umbrella term that includes the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purposes of exploitation (6). It includes holding a person in a position of slavery, servitude, forced or compulsory labour, or facilitating their travel with the intention of exploiting them soon after (7). It includes sex trafficking, forced labour, forced criminality, domestic servitude and forced marriage (5).

Modern slavery is fundamentally a socioeconomic problem that violates basic rights, including a right to health (8). Complex co-morbidities are characteristic of this population; survivors are at high risk of physical injury, exposure to infectious diseases, suicide, restricted access to healthcare and a considerable burden of serious mental health problems (9,10). While modern slavery used to be considered solely a law enforcement issue, clinicians should also be concerned because a significant minority of victims seek healthcare at some point during their exploitation (11). Healthcare is therefore at the frontline of identification *and* ensuring victims reassert their rights to health and liberty. Healthcare professionals can also join public health in advocating for employment, migration and criminal justice reforms to reduce the overall burden of modern slavery nationally and internationally (1).

To provide optimal care for this population, healthcare professionals need to know what to look for, what to do if suspicions are aroused and how to go about caring for these patients. A 2015 cross-sectional survey of 782 healthcare professionals working in secondary care in the UK found that 87% lacked knowledge on how to identify victims and 71% had received insufficient training to assist trafficked people (2). Victims may be nervous, not speak for themselves or appear to be in the control of companions when presenting to health services. Traffickers often translate for or talk over

their victims during interactions with healthcare (11). They may have old or untreated injuries, may be submissive and afraid, be unregistered with health services and may have moved frequently within and/or between countries.

As a general approach, healthcare professionals should seek to talk to patients alone, in private, and arrange professional interpreters where needed. They should try to be reassuring to patients, highlighting when it is safe to speak. Furthermore, they should recognise that victims are likely to be traumatised and fearful so should ask only non-judgemental and sensitive questions and give the patient time to communicate their experiences. If a healthcare professional suspects slavery, helplines are available in most countries to connect with specialist support including safe accommodation - globalmodernslavery.org has a comprehensive list. Law enforcement should also be involved, though many victims don't want to engage with the police for fear of reprisals or deportation, making the decision to involve the authorities a difficult one for which healthcare professionals may want to seek advice from colleagues and local guidelines.

There are similarities between modern slavery and other types of abuse that health services should safeguard their patients against such as domestic abuse, child sexual exploitation, and female genital mutilation. In the same way, healthcare can address modern slavery by enabling its professionals to make use of their trusted, privileged position with unrivalled access to all populations (12). To ensure healthcare professionals can do this effectively, they need guidelines and training on the topic with standardised and rigorously evaluated content (13). In addition, professionals require confidence that patients are supported once referred and that they will not be placed in more danger. The UK's National Referral Mechanism, despite being a 'world-leading' support system for victims of modern slavery, has been beset by problems from the beginning, including slow decisions, no appeals mechanism, no inspections of care facilities and poor standards from some providers (14,15). It requires further reform.

Healthcare professionals are urged to look for possible signs of modern slavery in their patients and their communities, to take opportunities to learn about the problem, and to collaborate with anti-slavery multi-sectoral initiatives. Healthcare professionals are uniquely placed to help the people affected by this crime, through the patients we see, the voice we have and the opportunities we have to advocate for broader preventative measures.

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TB is a Foundation Year 1 Doctor at Hull and East Yorkshire Hospitals NHS Trust. As a medical student, he provided training sessions about modern slavery to healthcare professionals and received expenses for some of these sessions.

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The authors declare no other relationships or activities that could appear to have influenced the submitted work.

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