Recognizing Human Exploitation in Healthcare Settings

A Field Resource for Providers

RECOGNIZE CLUES

Context. Displacement, isolation, insecure housing, debt or dependence can increase risk. Identity or migration status alone is not evidence.

Control. Restricted movement, confiscated identification or passport, withheld pay, recruitment fees or deceptive recruitment, coercive debt, employer-controlled housing or transport, threats to share intimate images, or monitored communications.

Health. Untreated or occupational injury or illness (falls, crush injuries, chemical or pesticide exposure, heat illness, repetitive strain), exhaustion, poor nutrition, sexual health concerns or distress. No sign confirms or rules out exploitation.

In the encounter. An employer or "manager" brings the patient, speaks for them or pays in cash. Pressure to return to work. Injury story doesn't fit the job. Several patients share an address or story.

Forms. Labour and sexual exploitation, domestic servitude, forced criminal activity, online sexual exploitation and exploitative organ removal.

SIX CLINICAL ACTIONS

1. **Stabilize.** Treat urgent illness, injury, pain and mental health crises. Treat occupational injuries and exposures. Give work advice to the patient, not the employer. After sexual assault, follow local protocols for time-sensitive care, including emergency contraception and post-exposure prophylaxis for human immunodeficiency virus, when indicated.
2. **Create privacy.** Make private assessment routine. Use a qualified, independent interpreter. Avoid companions and children as interpreters. If privacy is unsafe or unavailable, continue care and try again when safe.
3. **Restore choice.** Explain confidentiality limits before sensitive questions. Ask permission before questions, touch or examination. Offer choices and pauses. Listen without pressing for details.
4. **Assess safety.** Ask about immediate threats, children at risk and safe departure. In imminent danger, activate the local emergency or safeguarding pathway. Involve the patient when safe.
5. **Document.** Record objective findings, mechanism of injury, work conditions, relevant patient quotes on hours, pay and documents, safety decisions and care. Separate facts from concerns. Check who can see notes, printouts and the patient portal, including proxy users.
6. **Offer help.** With consent, connect directly to verified services. Plan a safer departure and follow-up. Check for monitored devices. Agree whether and how to make contact. Continue care if help is declined.

WHAT TO SAY

Make privacy routine.
"We speak with patients alone for part of the visit."

Once private, explain confidentiality limits, then ask:
"Can you leave your work or home if you choose?"
"Has anyone threatened you or your family?"

About work.
"Who keeps your identification or passport?"
"Do you owe money to your employer or recruiter?"
"Are you paid what you were promised?"
"Can you take a break, or see a doctor, without permission?"
"Where do you sleep? Is it connected to your work?"

After disclosure.
"Thank you for telling me. You can pause or skip questions. What would help you feel safer right now?"

DO NO HARM

Avoid confrontation and unsafe separation. Never require disclosure or referral for care. Avoid repeated retelling. Never promise rescue or absolute secrecy. Send messages or give printed materials only if safe.

SAFEGUARDING

Adults. Respect informed choices. Assess decision-making capacity when indicated. Seek consent before referral or disclosure. Where disclosure without consent is legally required or justified, share only necessary information and document why.

Children. Follow local child protection procedures. Explain next steps in age-appropriate language. Involve a caregiver only if safe and appropriate.

Reporting. Follow local duties for children and adults at risk. Use the designated reporting authority. Explain required reports when safe.

FIND HELP

Referral routes. Local protection or safeguarding lead, labour inspectorate and worker-rights organizations. Verify services, after-hours contacts and transport.

Disasters and displacement. Watch for family separation, unsafe recruitment or transport, and demands for sex or labour in exchange for aid. Ask privately about work, travel, shelter and aid. Check Global Protection Cluster Field Operations for a country team. Use child protection for caregiver verification and reunification.

If services are unavailable. Provide care and essentials. Agree on a safe next step. Seek advice without identifiers where possible.

LOCAL HOTLINE _____

REFERENCES

International Organization for Migration. *Caring for Trafficked Persons: Guidance for Health Providers.* 2009.

International Labour Organization. *Indicators of Forced Labour.* 2012.

World Health Organization. *Responding to Children and Adolescents Who Have Been Sexually Abused.* 2017.

Global Protection Cluster. *An Introductory Guide to Anti-Trafficking Action in Internal Displacement Contexts.* 2020.

World Health Organization, United Nations Population Fund and United Nations High Commissioner for Refugees. *Clinical Management of Rape and Intimate Partner Violence Survivors: Developing Protocols for Use in Humanitarian Settings.* 2020.

Inter-Agency Gender-Based Violence Guidelines Reference Group. *How to Support Survivors of Gender-Based Violence When a Gender-Based Violence Actor Is Not Available in Your Area.* Pocket Guide. 2018.