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TITLE PAGE

Modern slavery and public health: A rapid evidence assessment and an emergent public health approach

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Modern slavery and public health: A rapid evidence assessment

Abstract

Background: Modern slavery is a human rights violation and a global public health concern. To-date, criminal justice approaches have dominated attempts to address it. Modern slavery has severe consequences for people's mental and physical health and there is a pressing need to identify and implement effective preventative measures. As such, a public health approach to modern slavery requires elucidation.

Objectives: To explore the case for public health involvement in addressing modern slavery and the components of a 'public health approach'. To develop a globally relevant framework for public health action.

Study Design: A Rapid Evidence Assessment

Methods: Rapid systematic review of published literature and stakeholder consultation.

Results: The accounts of 32 consultees and evidence from 17 papers including reviews, commentaries and primary studies were included in the evidence assessment. A strong ethical rationale for public health engagement in addressing modern slavery was evident. Multi-level and multi-component interventional strategies were identified across global, national, regional, local and service levels. Although public health could add value to existing approaches, multiple barriers and tensions exist.

Conclusion: Published literature and stakeholder opinion indicate an emergent public health approach to modern slavery. It involves intervention at multiple levels and is guided by a rights-based, survivor-centred and trauma-informed approach. This synthesis offers an important early step in the construction of a globally relevant public health approach to modern slavery.

Keywords: modern slavery; trafficking; public health; evidence synthesis; stakeholder consultation; partnership

Introduction

Modern slavery can be understood as a human rights violation that encompasses a range of exploitative crimes. It refers to activities involved when one person obtains or holds another person in compelled service through mental or physical threat, violence or abuse. As an umbrella concept, modern slavery is both contested and complex[1]. Undefined in international law, modern slavery encompasses a range of legal concepts including forced labour, debt bondage, forced marriage, slavery like practices, and human trafficking. It has been used effectively in advocacy in a global context; multiple anti-modern slavery alliances have emerged to prominence over the past decade (for example, Alliance 8.7; the Walk Free Foundation; The Global Slavery Index). Nevertheless, many note the continuity of slavery over time, rendering the adjective 'modern' misleading[2]; others point to unhelpful undermining of histories of slavery, particularly in the US . Definitional complexity is highlighted in Box 1 (see supplementary file).

Globally, there were an estimated 40.3 million victims of modern slavery on any given day in 2016[3].The mobilisation of the concept in civil society has raised the profile of a range of exploitative practices including enforced criminal activity through debt bondage and the domestic and international trafficking of people for the purpose of sexual exploitation and drug trafficking. Visible indicators of modern slavery on European high streets such as very cheap labour in nail bars and manual car washes have been highlighted in some high profile media campaigns[4] and sought to raise further public awareness. The evidence base for understanding modern slavery and how to address it has also grown. Research is suggestive but inconclusive owing, in part, to the hidden nature of the range of crimes. The evidence base, however, suggests a connection between modern slavery and problems such as poverty, discrimination, corruption, conflict and war, a weak rule of law, poor or declining economic conditions, and adverse environmental change[5].

Modern slavery has been addressed primarily as a criminal justice issue across global jurisdictions. Criminal justice approaches largely focus on the detection and prosecution of criminal perpetrators [2]. Multiple commentators have argued this approach constrains victim support and protection and the adoption of preventative measures[2,6]. Public health approaches have been identified as a way of filling this gap. Such approaches have been adopted in other complex and challenging fields such as violent crime[7–9] and drug misuse[10], particularly because of their preventative ethos. Like violence and drug misuse, modern slavery raises a series of health concerns. Survivors may be subject to poor or unsafe living and working conditions, may have been trafficked in stressful circumstances or have been exposed to previous health-damaging trauma such as war, torture, persecution and separation from family[11]. Survivors of sexual exploitation are at high risk of sexually transmitted infections and suffer multiple injustices including violence and criminalisation[12,13]. There is a high burden of multi-morbidities among this group. Modern slavery denies people access to the fundamental determinants of good health.

Research to date has gone some way in identifying the health risks associated with some aspects of modern slavery, particularly sex trafficking and child sexual exploitation. There has also been some conceptual and theoretical development of the process of exploitation and how some groups, such as internationally trafficked people, may experience cumulative damaging health effects throughout

different phases of the trafficking process[11,14]¹¹¹¹¹²¹². There is an opportunity to build on these developments to more fully articulate the rationale for, and the components of, a coordinated public health response.

This paper seeks to describe the case for public health engagement in addressing modern slavery and to describe an emergent public health approach' to the issue. Throughout, we seek to critically evaluate the potential for a public health contribution to addressing modern slavery.

Methods

Rapid evidence assessment (REA) methods were used to optimise the balance between robustness and efficiency throughout the project's conduct January-July 2017[15,16]. A rapid systematic review of the literature combined with stakeholder consultation and documentary review were employed to answer the two principal questions:

- What is the case for public health engagement in addressing modern slavery?
- What are the components of a 'public health approach' to modern slavery?

The stakeholder consultation was carried out in England to assist the partner organisation – Public Health England (PHE) – scope and understand the network and nature of activity within the nation.

Rapid systematic review

Four electronic databases were searched using terms chosen for their specificity (Appendix I). A two-stage search-sift-extraction cycle was undertaken (see Figure 1 PRISMA diagram) with detailed data extraction taking place after the second sift in a process of sifting for richness (Pearson et al. 2003) using the protocol described in Appendix II. Ten percent of each sample (title, abstract, full text) was second-screened for accuracy with any unclear titles or disagreements resolved by discussion in the research team.

Inclusion criteria:

The review included the following types of English-language publication from 2000 onwards:

- Commentaries, reviews, conceptual discussion and opinion pieces on modern slavery as a public health issue;
- Descriptive and conceptual outlines of public health approaches to and involvement in addressing modern slavery (including policy and practice);
- Empirical studies of the public health consequences of modern slavery, including prior systematic reviews;
- Research/evaluation studies of interventions/programmes addressing modern slavery and with a health sector implication.

Citation and grey literature searches were not conducted but recommendations of literature from consultees were included for screening. Formal quality assessment processes were not undertaken to ensure the REA was timely and conducted within the resource allocated.

Extraction

An extraction template was devised after initial familiarisation with the literature, piloted with a small number of papers, refined and then applied.

Consultation with stakeholders

Consultative discussions were held with 32 individuals from ten stakeholder organisations in England, including the police, the third sector, the Office of the Independent Anti-Slavery Commissioner, the Department of Health, the NHS, social science academics and public health professionals. We intentionally extended beyond health organisations to get a wide view on current conceptions and actions in counter-slavery efforts and whether/how a public health approach might help. We were also interested in how public health perspectives might be incorporated into or might be rejected or impeded by existing approaches and activities. Consultees were invited to take part through PHE's health equity team and discussions took place face-to-face, over Skype and by telephone with individuals and groups.

Discussion centred on modern slavery as a social and public policy issue then more specifically on implications for public health. Using consultees' recommendations, a bounded internet search was conducted to identify examples of practice-based materials, training and guidance intended to advise and direct public health and other health professionals and local authority staff on modern slavery.

Analysis and synthesis

Analysis and synthesis was framed by the research questions and influenced by a realist approach to policy appraisal[17]. Although not evaluating policy *per se*, the project sought to examine how, why and in what ways and circumstances public health can respond to modern slavery. Analysis was driven by the evidence from the systematic review and complemented by the accounts of stakeholders and practice materials. The following results are presented as a synthesis of the evidence collated.

Figure 1 PRISMA diagram HERE

Results

Seventeen papers were included in the review (Figure 1). A summarised description of the papers' contributions to why and how public health might address modern slavery is presented in Table 1.

Table 1 HERE

The case for public health engagement

Arguments for public health involvement in addressing modern slavery were based on issues relating to the nature of the problem, its health consequences and the strengths and characteristics of public health as an approach to public policy and action.

The nature of the problem

Modern slavery was framed as a public health concern in terms of its scale, with millions of people affected globally, and reach; across geographies, societies, economies and communities[11,18–26 11,18–21,23–25,27,28]. Consultees were concerned that the scale of the national problem was not fully recorded

in official statistics because of the hidden nature of the crimes involved. This was a concern because it increased the risk that modern slavery would be treated as a minor problem, particularly at a local level.

It was noted that modern slavery affected a broad range of large scale industries such as agriculture, services and construction [11,19] and cut across social divisions such as age, gender and nationality [18]. Consultees noted how slavery was 'hidden in plain sight' in employment such as nail bars, car washes and fruit picking.

Modern slavery was also considered a public health problem because it disproportionately affected people living in vulnerable circumstances. For example, commercial sexual exploitation of children was noted as closely associated with structural and systemic fundamental deprivations [18,29,30]. The link between modern slavery and the wider structural determinants of health was clear in the literature [18,27,30] and professionals saw poor social and economic conditions within communities as risk factor to its incidence.

Modern slavery was consistently asserted as a human rights violation in the literature and, specifically, a denial of the right to health [21,23,25,27,30–33]. The combination of human rights and structural vulnerability framed modern slavery as a health equity issue and provided a strong ethical rationale for public health engagement.

Modern slavery was conceptualised not only as a crime but a complexly networked global social issue. Commentators claimed that law enforcement did not have the capacity to appropriately meet the needs of victims and could often have damaging effects such as victim criminalisation and embed mistrust in statutory services[6,18,21]. Consultees recognised the centrality of law enforcement in dealing with modern slavery but noted a need to engage more proactively in victim-centred and preventative measures.

The health consequences

Although the evidence base on the health consequences of modern slavery was not substantial or comprehensive [25], a range of serious physical and mental health consequences of modern slavery were documented across a range of settings [6,18,19,21,22,24,25,31,34,35]. Health implications depended on the nature, duration and severity of abuse. A recent updated systematic review reported trafficked men, women and children had high exposure to violence and significant physical health symptoms such as headaches, stomach pain and back pain and mental health problems such as depression, anxiety and post-traumatic stress disorder (PTSD)[25]. Sex trafficking resulted in high prevalence of sexually transmitted infections [25] and PTSD associated with sexual violence [33]. Modern slavery victims experienced high levels of unmet health needs and poor access to health services [22,23,36,37]. Studies suggested mistrust in health services because of stigma, fear of law enforcement and experiences of discrimination[21,38]. A cross-national comparison of eight metropolitan areas in five countries across the Global South and North revealed consistent reports of victims' shame and fear of authorities as barriers to reporting trafficking[22]. Despite this, victims can come into contact with healthcare during exploitation. One English study found that one in eight (13%) NHS staff had contact with a patient

they knew or suspected were trafficked[24] indicating there are opportunities missed for victim identification and assistance. More and high quality studies are needed to provide a more detailed picture of the patterning of poor health and healthcare access among these populations in order to inform a public health response. The published literature and stakeholders noted important gaps in knowledge, for example, about the experiences of people in forced labour, particularly men.

The strengths and characteristics of a public health approach

Commentaries notes that public health involvement in modern slavery could bring 'added value' to combatting the problem and, in principle, overcome several of the limitations of other approaches, particularly a criminal justice approach [6,18,39]. Whereas law enforcement is focussed primarily on convicting perpetrators and a health service approach centres on treating outcomes, a public health approach employs the principles of:

1. Understanding the problem at a population level
   A public health approach to modern slavery looks at distributions of risk rather than treating individual cases. Descriptions of health effects are captured through epidemiological inquiry (for example, Hossain et al. 2010 and Ottisova et al. 2016[25,34]) and focus on the multiple and interrelated risks to health such as violence, poor living conditions and socioeconomic deprivation. Multiple commentaries identified this feature of a public health approach[6,19,30] but few epidemiological studies evident.
2. Framing the problem as part of a complex system
   A public health approach seeks opportunities to intervene in several places, across systems of exploitation. Strategies and policies are designed to address both the proximal and distal causes of modern slavery to optimise prevention and minimise harmful effects [21]. Multiple examples such as, obesity and non-communicable chronic disease research, can be drawn from[40].
3. Collating data and evidence of what works/what happens
   A public health approach to modern slavery is intelligence and research-led using problem-solving frameworks[18,19,21,22,35]. Information and data on risk factors, health surveillance, and on demographic, geographic, temporal, and cost parameters are needed to understand population health impact. Alongside this, research on, for example, relationships between victims and perpetrators is needed to develop, test and evaluate interventional actions [21] .
4. Prevention
   A public health approach acts on the determinants of population health through preventative action. This is inclusive of, but goes beyond, stopping exploitation once it has happened. It seeks prevention further 'upstream' through action on the wider determinants of health such as poverty, gender inequality and poor regulation of labour and housing markets [6,21,22,30].
5. Protection
   The protection of victims' health, dignity and safety is central to a public health approach. This includes reassessing and developing different ways of working with people in very vulnerable situations to promote trust, confidence and safety, both within and across organisations [29].
6. Multi-agency/partnership working

A public health approach to modern slavery is characterised by partnership with multiple agencies, including but not limited to, law enforcement [6,18–21]. Knowledge and intelligence is shared across multiple forums to influence public knowledge, local decision-making and professional practice, including within health services.

7. Equity, social justice, advocacy and human rights
   A public health approach to modern slavery addresses the social determinants of health to promote good health and health equity [6,21,22,30]. Victims/survivors are placed at the forefront of action to advance rights, including the right to health.

These characteristics reflect those emerging in other complex and persistent social problems such as domestic violence, child abuse and homelessness [19,22,35]. Its promise is yet to be realised, however; modern slavery public health praxis is at an early stage of development [21,22].

From principles to practice: The components of a public health approach

While the case for a public health approach to modern slavery is emerging, how it translates into effective action is less clear. Analysis revealed multiple candidate components operating across multiple levels: global, national, local and services (Figure 2). It is notable, however, that the evidence supporting the effectiveness of component parts was weak with few interventional studies.

Figure 2 The components of a public health approach to addressing modern slavery HERE

At a global level, authors called for public health to advocate for global system change that would ameliorate the effects of globalisation for higher-risk populations[21,23,30,36]. Haase, for example, argues for community empowerment interventions to reduce the supply of people for trafficking whilst using upstream policy levers to reduce demand (e.g. for very low cost labour and sex work). While existing global legal frameworks (the Palermo Protocols) helpfully highlight prevention, they were considered problematic[6,21,30] and inadequate in guiding practice, for example, for health services[21]. Research highlighted how tackling slavery at a global level required acknowledgement of its deep structural roots. Commentators argued for a rights-based approach – consistent with the equity and social justice goals of a public health framework – over predominant anti-trafficking approaches that can strip out the context and complexity of trafficking, focus on perpetrator conviction and risk criminalising victims[6,30].

Our research highlighted a desire to see nation states offering stronger legal protection to victims and the creation of a consistent legislative environment to neutralise the conditions under which modern slavery could flourish (e.g. properly regulated and inspected labour and housing markets; a fair and consistent immigration policy). The requirement in some contexts for trafficking victims to cooperate with criminal investigations as a precondition to receiving support was highlighted as damaging to trust and risked victim retrafficking [6]. In some US states 'Safe Harbor' laws prevent criminalization of victims and have been shown to provide an opportunity to provide supportive services [18,39].

Awareness raising and collaborative local preventive action and resistance was viewed as best served through a public health partnership approach at regional and local level. These partnerships include public (including law enforcement), private and community sectors[6,23,27,35,41,42]. Consultees in England,

for instance, pointed to public health agency links with local authority, health and fire and rescue services as valuable assets in the delivery of anti-slavery work.

Health services were considered vital partners in multisector partnerships and health professionals fundamental in the 'front-line' of detecting modern slavery and as a source of support for victims[23,24,35]. Evidence from the US on the roles, practices and procedures of healthcare professionals was most advanced. Consultees from English health services felt that some progress had been made in raising awareness among health professionals but that responding to need, receiving training and understanding the needs of specific groups (e.g. the children of trafficked people) were underdeveloped. Patient-centred and trauma-informed approaches to patient care were advocated across the literature[19,20,31,32]. Trauma-informed care was advocated because of its emphasis on non-judgemental, culturally competent care, patient autonomy, engagement and emotional safety and long-term recovery support [32]. A trauma-informed approach was central to emerging guidance from health and anti-trafficking networks such as HEAL Trafficking in the US[43]. Few authors or consultees raised the possibility of modern slavery victims or survivors acting to inform the development of preventative programmes and policies, although this is often considered an important element of interventions seeking to benefit marginalised populations.

In addition, there was a concern that slavery should be considered dynamic rather than a fixed state and framed as a complex social problem [6,11,19]. Zimmerman identified human trafficking as including multiple phases: recruitment, travel and transit, exploitation, detention, re-trafficking and (re)integration [11]. These different stages generate cumulative health risks. This conceptualisation helpfully guides a public health approach towards the multiple opportunities for and ways in which anti-slavery work can address different stages in the cycle of exploitation across the different levels of action. This review – including the literature and accounts from consultees – revealed a predominance of discussion on how victim—survivors' needs could be addressed during the exploitation phase and at a local level. A fuller preventative public health framework for action is required, represented in Figure 2.

Discussion and conclusion

Synthesis of the international literature and consultative discussions with public health and anti-slavery professionals in England has uniquely articulated the beginnings of a public health approach to modern slavery. There are, however, multiple (and familiar) barriers to its emergence from nascency. These issues relate to the quantity and quality of the evidence base; the roots of anti-slavery work in the law enforcement field, the boundaries and limits of public health institutions globally and the costs of preventative action in resource-poor settings.

First, the existing evidence base is weak in terms of epidemiology, policy evaluation and interventional testing. This is unsurprising given it is a 'hidden' crime. In its absence - and possibly because of it - the ethical case has been strongly made by scholars in the field, as elsewhere. The extent to which this is a sufficient to promote engagement, let alone leadership, within public health is questionable. Engagement is likely dependent on the extent to which public health can demonstrate added value to the current policy infrastructure; one dominated by a criminal justice perspective. Public health

engagement was not resisted by consultees in the review, particularly as a way of engaging local authorities, but few raised the prospect of this challenging the status quo in terms of policy or practice. Demonstrating the value of a public health approach would be to identify a clear victims- and upstream determinants-focus. Developing a public health approach therefore requires the ongoing development of this emergent framework and a concomitant clear, unambiguous and attractive narrative of the benefits of public health involvement. A companion policy and practice piece makes specific recommendations in the English public health system[44].

Second, developing public health engagement requires building the skills of its professionals to influence and work in partnership with external institutions. It also requires criminal justice institutions, in particular, to re-frame their orthodoxies, perspectives and practices[6]. Although challenging, examples of police-public health partnerships are emerging and represent a potential way forward for professionals in this field[45].

Third, reflecting many public health issues underscored by deep societal inequalities, modern slavery is dynamic and characterised by complexity and interconnectedness at multiple levels (individual, community, society, global), making it challenging to intervene. This is especially difficult when organisations or nation states are resource-poor, as is the case in many of the countries where trafficking, forced labour or forced marriage is most problematic. Relatively resource-rich countries also face challenging public spending decisions and issues such as modern slavery may be considered 'niche' and as delivering low return on investment. Traditional cost-benefit analyses are hard to attain but nevertheless require pursuing. These should be conducted across local health sectors including health services and public health where mutual gain is likely. Indeed, addressing modern slavery has considerable benefits across society both in monetary and humanitarian terms.

Finally, an emergent public health approach to modern slavery points towards a need to apply complex systems thinking. Its noted complexity across legal, social and economic systems requires careful and detailed mapping, theorising, enquiry and research. This need is clear in the light of the many different forms modern slavery takes, its dynamic nature and the multiple interconnections between distal structures and proximal practices. Initial thinking in this paper and in this sphere in recent years has taken the first steps towards a more holistic preventative approach with the principles of public health and human rights at its core[14].

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Appendix I

Search terms

	Embase	Global Health	HMIC	Scopus
slavery	*slavery/ or exp *human rights abuse/			
			exp human trafficking/	
	(human or child* or sex*) adj3 (traffick* or exploit*)	child trafficking	(human or child* or sex*) adj3 (traffick* or exploit*)	(human or child* or sex*) W/3 (traffick* or exploit*)
		human trafficking		
		sex trafficking		
	modern adj1 slave*	modern slavery	modern adj1 slave*	modern W/1 slave*
	forced adj5 (labo?r or criminal*)		forced adj5 (labo?r or criminal*)	forced W/5 (labo?r or criminal*)
	servitude		servitude	servitude
public health	exp *public health/			
	"public health"			"public health"
	exp *mental health/			
	"mental health"			"mental health"
	psychological adj (abuse or harm)			psychological W/0 (abuse or harm)
	exp *wellbeing/			
	well?being			well?being
tackling	address* or approach* or tackl* or prevent* or deal* or interven* or respon*			
date limit	2000 - current	2000 - current	2000 - current	2000 - current

Appendix II

Sifting for richness protocol: Categories and criteria

			Rich (r)		Thick (t)		Thin (l)
		Criteria: (satisfy 1. and one other)					
1.	**Articulation of role**	Comprehensive articulation of role of PH in MS *or* aspect of it (e.g. forced labour, human trafficking) esp. at a system level		Some discussion of the contribution of PH in MS *or* aspect of it (e.g. forced labour, CSE)		Little discussion of the contribution of PH in MS *or* aspect of it (e.g. forced labour, CSE)	
2.	**Policy/delivery description**	Clear, unambiguous description of PH policy *or* delivery/practice approaches to MS		Description sufficient for PH policy/delivery approaches to MS to be 'surfaced'		Description insufficient to discern PH approach to MS with confidence	
3.	**Concepts/theories**	Clearly developed conceptual *or* theoretical contribution to MS as a PH issue		Some conceptual/theoretical development of MS as a PH issue		Little/no conceptual/the-oretical development of MS as a PH issue	
4.	**Inclusion criteria**	Paper satisfies 3 or more of the inclusion criteria		Paper satisfies 2 or more of the inclusion criteria		Paper satisfied 1 inclusion criterion	
		Typified by review methods; critical commentary; national examples. Wide interpretation of PH system		Typified by focus on delivery of services/care; small scale epidemiological studies; identification, response to survivors/victims		Typified descriptive studies of e.g. single conditions, health implications or health behaviours; commentaries/responses to papers; focus on 'need for response' but detail of what and how lacking	