

Trafficking in women: the Canadian perspective

Trafficking in human beings is an international crime, an undesirable by-product of globalization that generates annual profits of US\$5–\$7 billion. Trafficking of women for sexual exploitation is the industry's major component. In 2000, the United Nations (UN) acknowledged the magnitude of this criminal activity with the creation of a protocol to combat the problem (a summary is available at www.unodc.org/unodc/en/trafficking_protocol.html).

Trafficking entails the denial of human rights, including the right to health. It is essential for physicians to know its extent and the health problems likely to be found in this exploited population.

The scope of the problem

Because of its covert nature, trafficking is very difficult to quantify. Any official numbers obtained from police or court records are undoubtedly underestimates whose magnitude is unknown. Some sources indicate that more than 4 million girls and women are sold worldwide into forced prostitution, slavery or forced marriage. The US government suggests smaller numbers for global trafficking (600 000–800 000) and estimates yearly trafficking into the United States at 14 500 to 17 500 people, 80% of whom are female.¹

In Canada, trafficked captives are usually discovered through police raids or when victims seek asylum. This likely represents but a fraction of this activity. The Royal Canadian Mounted Police (RCMP)² estimates that 800 persons are trafficked into Canada per year; estimates by nongovernmental organizations (NGOs), however, run to as many as 16 000.³ There is no official collaboration between the Canadian government and NGOs, which im-

pedes the assessment of trafficking in this country.

As problematic as statistics on criminal activities may be, part of the differences in the estimates may also be due to confusion between smuggling and trafficking — although people choosing to be smuggled can later become trafficked if their freedom is restricted at their destination.

The health problems

Women who have been trafficked are at increased risk for a range of physical and mental health problems (Box 1). Research on this population is extremely difficult. Victims are usually vulnerable, often young and single (or single mothers), from poorer educational and socioeconomic backgrounds, although some cases involving highly educated older women have been described. Most victims are either unable or afraid to ask for legal help because of past or present abusive situations, fear of retaliation, language barriers, or expectations of deportation and criminal charges. At present, the UN has made the provision of citizenship status to trafficked vic-

tims optional, as it could encourage trafficking and illegal migration.

The situation in Canada

Canada is both a destination and a transit country for victims trafficked from Eastern Europe, China, Southeast Asia and Latin America.¹ Women come here as visitors, family-class immigrants, temporary work migrants (e.g., working as dancers or strippers) or refugees. After false promises of substantial earnings and bogus jobs as nannies, housekeepers, waitresses, exotic dancers or sex workers, the women may end up working in appallingly abusive conditions, exploited as prostitutes working up to 18 hours a day for 7 days a week, until they repay enormous so-called travel debts to regain passports confiscated by their captors or employers.²

A 2003 US report on human trafficking¹ found little Canadian data and described Canada as lacking a national strategy on trafficking, making little effort to prosecute traffickers, giving victims no assistance or protection, and frequently deporting or charging them as criminals. The report therefore downgraded

Box 1: Physical and psychological health risks faced by women who are trafficked

- Food and sleep deprivation
- Repeated rape
- Physical injury such as bruising, broken bones or teeth, mouth injuries, cuts, burns
- Emotional manipulation, including threats, blackmail
- Persistent sexual exploitation, social marginalization
- Sexually transmitted diseases and unwanted pregnancies from unsafe sexual practices such as condom refusal
- Forced or unsafe abortions
- Absence of gynecologic care and HIV testing
- Anxiety, post-traumatic stress disorder, depression, suicidality
- Somaticized symptoms and other sequelae of abuse (e.g., headaches, back and body aches, dizziness, nausea, vision disturbances)
- Inability to recuperate and integrate into society

Canada from the (top) rating of a tier 1 country to one of the 75 tier 2 countries,¹ which include Albania, Angola and Bangladesh. Until 2004, Canada focused its efforts mostly on prevention, with strict migration rules and by contributing to anti-trafficking funds in source countries.¹

Other developed countries have invested substantially in combatting trafficking both domestically and worldwide. For example, the US enacted 2 laws specific to trafficking and established a government office to monitor and combat human trafficking and prepare annual reports on the global status of the problem. It endowed \$10–\$20 million in grants and victim-assistance programs, and organized a hotline for helping trafficked victims and for reporting potential trafficking cases. European countries imposed specific laws to prosecute traffickers, formed national anti-trafficking police units, invested in national and international trafficking-prevention programs and organized national victim-protection programs for shelter, social, medical and legal assistance¹ (see the online table at www.cmaj.ca/cgi/content/full/173/1/25/DC1 for an illustrative comparison of the Netherlands, United States and Canada).

The slow pace of Canadian anti-trafficking initiatives is illustrated by the protracted interval between signing the UN protocol in 2000 and ratifying it in May 2002. Some projects such as Project Almonzo in Toronto, a joint effort of immigration, police, social-work and licensing bodies established in 1999 to help trafficked women both in crisis situations and to prepare them for other lines of work, ran out of funds in 2000 and came to an end. Several

studies identified frameworks of trafficking specific to Canada and proposed immigration and other policy changes. However, information about the impact or implementation of the proposed policies is sparse.

Substantial efforts have been made by some NGOs, such as the Canadian StopTheTrafficking Coalition, which initiated communication with the RCMP and local police, established an action plan on how to deal with human trafficking and submitted it to Parliament (Feb 2004) as a draft private members bill (Act Against Human Trafficking).

Since 2002, Canada's Immigration and Refugee Protection Act (IRPA) prescribes fines for human trafficking of up to \$1 million and imprisonment for up to life. IRPA also allows victims to make a claim for refugee protection or to apply for permanent-resident status. The RCMP have reported² no cases prosecuted under IRPA, but the Department of Foreign Affairs have documented 19 cases of trafficking arraigned under the Criminal Code. Ironically, women who have been criminally charged (e.g., for illegal immigration or prostitution) are ineligible for refugee status.

In 2004, the Canadian government introduced an organized effort to battle trafficking at a national level: it established a new federal agency, the Interdepartmental Working Group on Trafficking, led by the Foreign Affairs and Justice departments, to coordinate the work of 14 government agencies and to develop a national strategy against human trafficking. Although this is a step in the right direction, effective measures have yet to be demonstrated.

Canada still seems to be focused more on criminal and

educational approaches (tight border and visa control, criminal prosecution, advertising on Web sites of the dangers of trafficking) than on human rights such as victims' assistance, protection and right to health. It is vital to implement a system to monitor the problem, along with multi-disciplinary programs with measurable outcomes. These programs will require health care, social, legal and police personnel specifically trained to recognize all aspects of human trafficking and to assist victims with appropriate health, educational, social and legal services.

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