Editorial

Slavery 200 years on: triangles, treaties and treatment

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Welcome to the first issue of 2007. This year marks the bicentenary of the abolition of slavery and the slave trade in 1807 in England and throughout the British Empire 30 years later (Department of Culture, Media and Sport, 2006). To mark the event there will be, throughout the country, a series of events and activities that began last November with the Prime Minister's expression of 'deep sorrow' over the deeply shameful business of trading in human beings (Penketh, 2006). He was referring, of course, to the transatlantic slave trade, a trading triangle which flourished, from 1562, between England, Africa and America. Manufactured goods from the newly industrialised cities of Europe, such as Birmingham, whose Chamber of Trade once petitioned Parliament not to abolish the slave trade because they feared the loss of sales of leg irons and manacles, were exported to Africa where they were used to buy people, who were in turn transported for work in cotton, sugar and other plantations in America and the Caribbean. The products of this labour were then returned to Europe for processing. It is estimated that 12 million people were bought and transported in this way (Department of Culture, Media and Sport, 2006). The crops they worked on were in great demand in wealthy countries such as England, which at that time had a worldwide empire based, amongst other things, on manufacturing and trade in both essential and luxury goods.

Remembering the abolition of slavery and the slave trade is only one aspect of dealing with the legacy it has left in terms of multiple and persistent inequalities because

> Even when abolished, slavery leaves traces. It can persist as a state of mind among its victims and their descendants and among the inheritors of those who practised it long after it has formally disappeared. (United Nations, 1991)

In England there are now calls for apologies and some kind of reparation which sounds reasonable, until one starts to think in terms of quantifying or putting prices on the suffering and degradation endured by generations of black people. Imagine, for a moment, how this might operate. 'Only one ancestor was a slave? That puts you on compensatory scale Y. Three generations of ancestors as slaves? Well, congratulations, that means you're on scale B!' The idea is as repellent as the trade itself, and apologies mean nothing if they are not backed with evidence of intent to address continued injustice.

Moreover, we must not allow this sudden focus on the transatlantic slave trade to mislead us into thinking that it was some transient, isolated aberration or misunderstanding arising originally from the discovery of a new continent – quite the contrary. Slavery has been part of human existence for millennia: an essential feature of life in the ancient world and pre-industrial societies (see for example *Slavery in the Ancient World*, http://research.nottingham.ac.uk/ResearchFocus/display.aspx, and *The Ure Museum of Greek Archeology*, www.rdg.ac.uk/Ure/tour/citizenship/index.php). Slavery was accepted as the way things were. Few questioned the need for it, despite the implicit criticism of its morality in the New Testament letters of St Paul, or recognised the moral duality inherent in profiting from slavery, while at the same time seeking to improve the lives of workers at home in England (Wagner, 1987).

In the modern world, slavery continues to thrive as a truly global industry despite Article 4 of the Declaration of Human Rights which asserts that

> No one shall be held in slavery or servitude: slavery and the slave trade shall be prohibited in all their forms. (United Nations, 1948)

According to the Anti Slavery Society (2007), modern slavery is defined as 'forced work, ownership by another, being treated as a commodity and having restraints placed upon one's freedom'. Slavery takes many forms. First, *bonded servitude* is a situation in which an individual is tied to a particular job in order to pay off a debt incurred through poverty. Conditions are such that the debt can never be fully repaid and it is passed on to the debtors' children. Thus, current and future generations are trapped and unable to leave the person to whom the debt is owed; they are effectively owned until the debt is paid. This type of slavery is common in India where children may be handed over to work in lieu of a cash payment. Despite the illegality of this practice it is estimated that at least 15 million children, from poor *dalit* or tribal communities, live in bonded servitude (United Nations, 2006).

Allied to bonded servitude are the second and third forms of slavery: *slavery by descent* and *forced marriage. Slavery by descent* remains part of the way of life in at least two African countries, Mauretania and Niger, despite being illegal (Bales, 1999; Anti Slavery Society, 2007). In Niger alone it is estimated that there are about 43 000 people living in slavery (Anti Slavery Society, 2007). *Forced marriage* was addressed in a previous issue (Uddin, 2006), and it is regarded as a form of slavery because it offers victims no choice and exposes them to exploitation (Anti Slavery Society, 2007).

Fourth, the *sale and trafficking of children* for their forced use in the sex industry, domestic labour, the military or in other types of work is a major and growing concern, as is the *trafficking of women for sexual purposes* (Save the Children, 2005; US Department of State, 2005). It is estimated that there are about 127 countries in which slaves originate, most desperately poor, and there are about 137 destination countries, mostly wealthy, with about 98 transit destinations in between that include Germany, France and Greece (Penketh, 2006). The exact numbers cannot be known but an estimated

> ... 600 000 to 800 000 men, women, and children are trafficked across international borders each year, approximately 80% are women and girls, and up to 50% are minors. (US Department of State, 2006)

Arrests and prosecutions in Australia (see for example http://news.bbc.co.uk/1/hi/world/asia-pacific/5063308.stm) and initiatives such as Operation Pandora in the UK (UK Human Trafficking Centre www.ukhtc.org) are to be welcomed, but only scratch the surface. What are also needed are interventions in those 127 countries of origin to tackle naivety and ignorance. For example

> ... in Benin, village surveillance committees backed by the provincial administration have helped to reduce the trafficking of children, both by educating families about the dangers of trafficking, and by working with the police when a child from the village goes missing ... to try to convince people about the harmful nature of something they currently accepted. (United Nations, 2006, p. 258)

Alongside such interventions is the need to provide care, support and rehabilitation for those lucky enough to gain their freedom, particularly after experiencing abuse or being forced to commit atrocities. Tackling slavery is complex and requires long-term commitment (Save the Children, 2003; Save the Children Alliance, 2005).

In this context, the current British government has two broad aims: to address both the legacy of slavery and its current manifestations. In terms of the legacy of slavery, the emphasis is on social inclusion and equality of opportunity. Legislation already requires public institutions such as the NHS to promote racial equality and take active steps to pre-empt discrimination on racial grounds. Strategies for broadening access to higher education and reducing barriers to employment complement this legislation and the Ethnic Minority Employment Task Force (www.eme taskforce.gov.uk) has been set up to ensure that government departments work together more effectively on these issues. Alongside this are the UK Human Trafficking Centre, the Forced Marriage Unit (www.stopthetraffik.org, www.fco.gov.uk) and the Fairtrade movement (http://www.fairtrade.org.uk), which is particularly aimed at making reparation for the exploitation of food producers in the developing world.

However, this is not enough. According to the United Nations, Britain is among the top 30 destinations for trafficked adults and children. Insufficient checks on people entering the country make it easy to import people as commodities for sexual purposes or as household slaves. There are suggestions that authorities are reluctant to interfere in these household arrangements; that these are 'culturally sensitive' areas in which outsiders should not interfere (Swinford and Yates, 2006). Such reluctance, if it exists, is disgraceful. Being culturally sensitive or indeed competent does not mean that one should turn a blind eye to slavery or to any other injustice on the grounds that it is part of someone's culture to act in that way. On the contrary, real cultural competence requires the recognition that no culture is perfect, and that injustice exists and must be confronted rather than excused and swept under the carpet as mere 'cultural expression'. It's hard, it's tough, but it is no good remembering the events of 200 years ago if we are too cowardly to engage with what is happening under our very noses. At the very least, we suggest our readers also visit the website of the global coalition against trafficking, and sign the petition in support of 'Freedom day' on 25 March www.stopthetraffik.org.

We begin this issue with a consideration of the ways in which constructive engagement between cultures can be undertaken. Our guest editorial by Diana Grant-Mackie explains the significance of *Te Tiriti o Waitangi* (the Treaty of Waitangi), which sets out a basis for good relations between two quite different cultural traditions and stands today as a tribute to the Māori elders of the time who were able to negotiate such a treaty when so many other indigenous people could not. Diana Grant-Mackie explains how, in the modern context, a marriage of the knowledge and wisdom of both Māori and Pākehā can facilitate the provision of sound health and social care in ways that contrast strongly with the realities of life for many indigenous people in New Zealand. Social exclusion, the legacy of prolonged and sustained oppression, continues to afflict people's lives and their rightful places in society. Entry to the professions is a case in point. It comes as something of a shock to find that the number of Māori health and social care professionals is so low.

The focus on New Zealand continues with our first paper. As in many other developed countries, New Zealand society is changing in response to immigration. Māori and Pākehā now find themselves living alongside newcomers with quite different values and beliefs, a situation that poses challenges for the established bicultural model that underpins relationships between the two established groups. The health and social care needs of these newcomers have received little attention from researchers. De Souza's paper raises questions about the ways in which knowledge is culturally constructed, culturally transmitted, who it belongs to and whether it is privileged. She argues that Māori knowledge, experience and values can provide a way forward in researching the health and social care needs of Asian and other people who migrate to New Zealand. Māori knowledge and values provide a way of guiding researchers away from the colonial past that persists in research traditions towards a more constructive New Zealand future.

De Souza's paper is important for a number of reasons. Indigenous peoples have knowledge that is valuable, but the legacy of oppression means that it remains outside the dominant discourse. Discrimination and lack of systematically collected data about the health and social care needs of migrant populations can have significant, negative effects as demonstrated in our second paper. The study by Allotey *et al* of three categories of admissions to hospital in the city of Victoria demonstrates an increased risk of postpartum haemorrhage among migrant women who did not originate in English-speaking countries. Migrant patients with sepsis had less chance of intensive care than members of the majority population. Both De Souza and Allotey *et al* point to the subtle ways in which lack of information about minority populations allows health and social care services to perpetuate inequalities, and may even allow individual practitioners to continue to discriminate against those who most need help. Stewart *et al* take up the theme of how best to acquire such information. Like De Souza, they take the view that traditional research models do not offer appropriate approaches to investigating the needs of minority populations. Stewart *et al* outline the approach that they have developed based on cross-disciplinary working and partnerships between academics, members of vulnerable groups and community-based service providers. Theirs is a very honest exposition of the difficulties inherent in forging true collaboration. Real collaboration requires first of all the ability to interact openly, honestly and with a sense of shared purpose. A sense of equality is essential since hierarchical power structures inevitably result in some participants' contributions being more highly valued than others. However, this sense of equality must be coupled with a willingness to both listen to another's point of view and to negotiate solutions (Hanson and Spross, 2005). Stewart *et al* make clear that individual and organisational agendas and the demands of funding bodies can undermine research approaches in which there is no designated leader. Involving members of vulnerable groups in the research process requires time and effort to enable them to participate on an equal footing with others. As Stewart *et al* point out, time is essential in allowing all concerned to build and sustain sound working relationships.

Our next group of papers is concerned with aspects of practice and how this may be improved. There is a considerable research-based literature about the nature and treatment of pain. Included in this are studies about patients' beliefs regarding the cause of pain, illness and other misfortunes, how to behave when these occur and what should be done to alleviate the sufferer. The most usual explanations of pain and other ills focus around two issues: relationships with others or with the supernatural; disharmony in the self in terms of body/mind/spirit or between the self and the external world (Helman, 2000). Cultural values and beliefs influence how individuals behave when pain occurs and what they believe will be of most help to them. Given the complexity of pain and pain management, it is surprising that comparatively little attention has been paid to the beliefs of practitioners regarding its nature and treatment. The study by Brown *et al*, therefore provides a welcome addition to the literature on this topic by presenting and examining physiotherapists' and occupational therapists' beliefs about the pain treatments. Their findings demonstrate that even among professionals, a certain amount of practice is based on beliefs for which there is no sustainable evidence.

Jackson *et al* address the issue of helping patients to recall the advice given by their GP, particularly if they cannot read and write. This paper presents an interesting account of the use of digital recording devices and highlights the potential of modern technology to help overcome a very common problem. Finally, Lowe *et al* recount the misery that can result from ignorance about sexual matters and contraception. Their paper on the use of contraception among South Asian women reveals the multiple barriers that women experience in first learning about and then accessing effective contraception. The advice, support and encouragement of lay advocates emerged as essential in demolishing these barriers and enabling women to take control of their own fertility.

This issue draws to a close with the Knowledgeshare section which presents an interesting selection of reports, resources and reviews. If you would like to contribute to this section in future please contact Lorraine Culley at lac@dmu.ac.uk. We are continuing to collect papers for this volume, but we are also planning to have a special feature in our autumn edition. The Council of Science Editors (www.councilscienceeditors.org/global themeissue.cfm) has called for a worldwide focus on *poverty and human development* in the autumn of 2007. This means that as many journals as possible will publish articles related to this themes. We are, therefore, calling for papers that address this topic with reference to diversity in health and social care issues. We know that our readers are concerned about these issues and we look forward to receiving papers based on the following brief.

Special call for papers on poverty and human development

We invite papers on all aspects of poverty and human development, especially those which deal with:

- questions of diversity and inequality in relation to issues of gender, sexuality, disability and social exclusion/inclusion
- anti-racist and anti-discriminatory practice and cultural competence
- ethnic and religious difference in respect of health and welfare.

All of these will relate to health and social care practice, and we especially welcome papers that provide examples of multiprofessional practice or which address the practicalities, policy or managerial aspects of alleviating poverty or promoting human development.

We also wish to include knowledge-sharing reports, book reviews, descriptions of initiatives to improve practice, and tools and resources.

All papers will be peer reviewed for a special issue to be published in autumn 2007 in support of the Council of Science Editors' Global Theme Issue on poverty and human development in which journals throughout the world will publish papers to raise awareness of and stimulate research into poverty and human development. The submission date is 30 June 2007.

Diversity in Health and Social Care is indexed in British Nursing Index; CINAHL; CSA Sociological Abstracts; CSA Social Services Abstracts; Embase; Health and Social Care Abstracts; and SocialCare Online, and will be scrutinised by Cochrane and Campbell Collaboration reviews.

Please send all contributions via email to the editors:

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