

# Human Trafficking: improving the UK's health-care response

This policy brief presents evidence, from the PROTECT Report<sup>1</sup> to encourage implementation of key recommendations to improve identification, referral and healthcare for trafficked people in the UK.

## Key messages and recommendations for NHS trusts

Trafficked people are at high risk for physical and mental health problems. Findings from this large programme of work provide evidence to improve the healthcare responses to trafficked people's needs in the UK. Specific recommendations for NHS trusts are outlined below.

- **Recommendation 1:** Improve access to training resources
- **Recommendation 2:** Remove barriers to accessing healthcare
- **Recommendation 3:** Improve identification of trafficked individuals
- **Recommendation 4:** Obtain sexual history from trafficked people

## Introduction

Human trafficking is the recruitment or movement of people, by the use of threat, force, fraud, or the abuse of vulnerability, for exploitation. Trafficked people experience multiple health risks prior to, during, and following their trafficking experiences, and many suffer acute and long-term health problems. Healthcare professionals in the National Health Service (NHS) have an essential role in the identification, referral, and clinical care of trafficked people in England. The PROTECT research programme addresses the paucity of research in this population, and provides evidence on access to healthcare services by trafficked people, and on the knowledge and training needs of NHS professionals.

## About the research programme

PROTECT aimed to provide evidence to inform NHS responses to human trafficking, specifically the identification and safe referral of trafficked people and the provision of appropriate care to meet their health needs.

This research programme was designed based on three core objectives, to:

1. synthesise evidence on the number of trafficked adults and children identified and using NHS services in England, the healthcare needs of trafficked people, and their experiences and use of healthcare
2. document NHS experience, knowledge and gaps about trafficked people's health care needs
3. provide recommendations to support NHS staff to identify, refer and care for trafficked people



A great strength of this programme was the range of research designs and data sources used to meet these objectives. These included cross sectional surveys<sup>2,3</sup>, systematic reviews<sup>4,5</sup>, historical cohort studies<sup>6</sup>, qualitative interviews<sup>7,8</sup> and case series. Data collection was conducted from 2013 to December 2014.

## Study results and conclusions

Results demonstrate the diversity of individuals who have been trafficked within and into the UK and their complex physical and mental health needs. The findings also highlight challenges associated with the access to care and to service provision for this population.

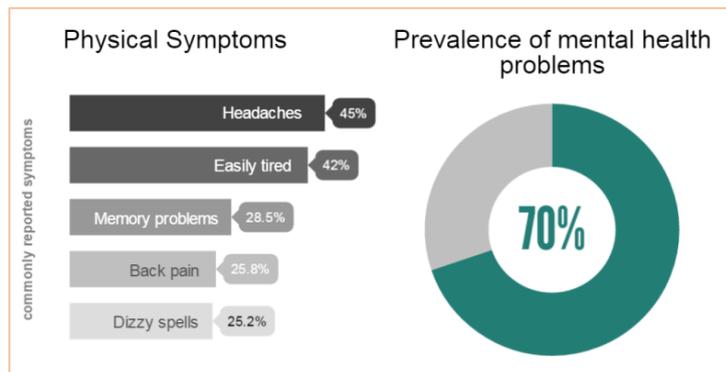


Figure 1. Physical and mental health problems experienced by people who have been trafficked (results from a cross-sectional survey of 150 adults<sup>2</sup>).

*Key findings: health risks of trafficked individuals.*

A diverse range of physical and mental health problems are experienced by trafficked individuals in the UK (Figure 1). Women trafficked for sexual exploitation and for domestic servitude experienced high levels of sexual violence while trafficked (Figure 2), and both men and women reported a high prevalence of diagnosed sexually transmitted infections.

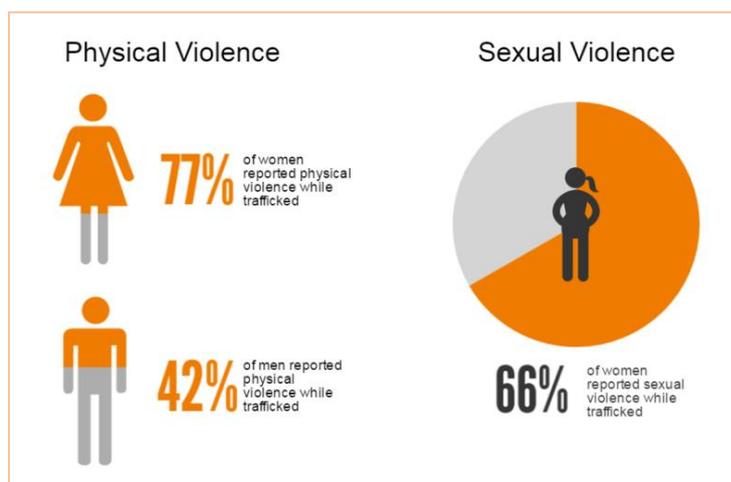


Figure 2. Physical and sexual violence reported by men and women while trafficked (results from a cross-sectional survey of 150 adults<sup>2</sup>).

Results specifically emphasized the psychological harm and mental health care needs of trafficked people, showing high prevalence of serious psychological distress; nearly half of trafficked individuals reported symptoms indicative of post-traumatic stress disorder (PTSD) and two-fifths reporting symptoms of suicidal ideation.<sup>2</sup>

*Key findings: barriers to healthcare for trafficked people in UK.*

Reported barriers to healthcare included language difficulties, insecure immigration status, logistics of finding healthcare providers, lack of identity documents and difficulty registering with GPs, misunderstanding of individual's rights to services and the knowledge and attitudes of service providers (Figure 3).

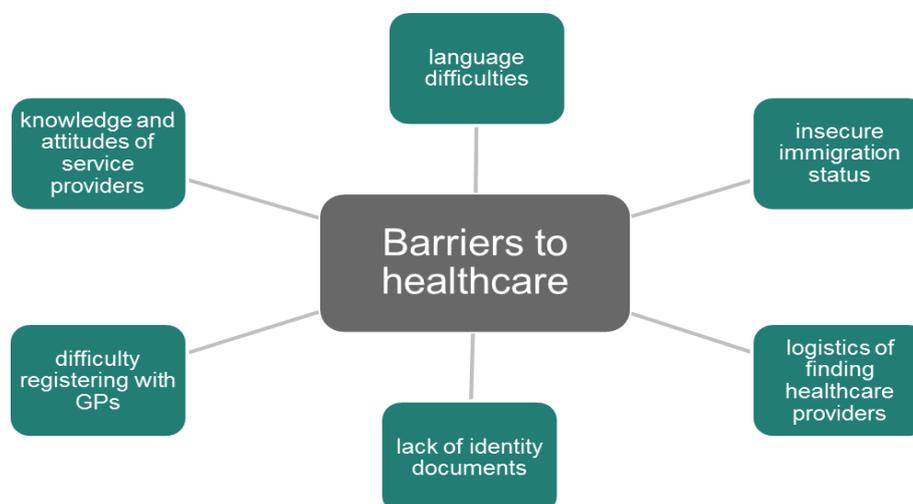


Figure 3. Barrier to healthcare faced by trafficked people (results from qualitative studies<sup>7,8</sup>).

“The problem is that unless you can come up with some relatively simple way of supporting the NHS [staff] to deal with patients in that situation, they’d rather not open the can of worms... staff just wouldn’t have asked the question, because what, what are you gonna do then?”

[General Practitioner]

*Key findings: NHS staff’s opportunities, barriers and willingness to provide appropriate care.*

Results indicate that one in eight NHS professionals (13%) have had contact with a patient they knew or suspected were trafficked. The clinical specialties most likely to come into contact with a trafficked person are in mental health, maternity (Figure 4), and emergency medicine.



Figure 4. Maternity service professionals in contact with trafficked individuals.

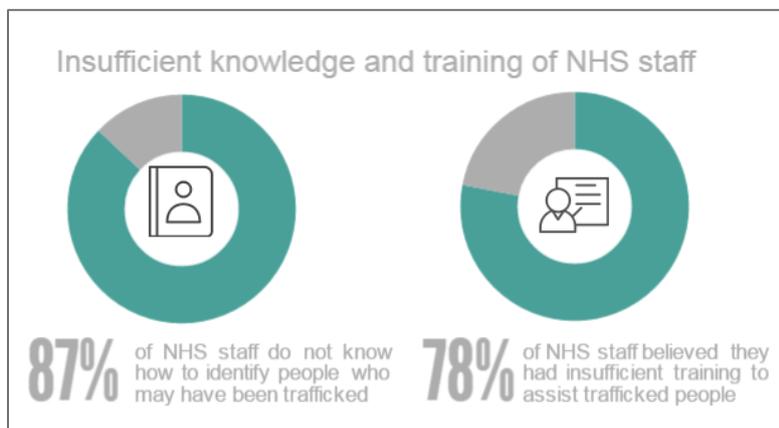


Figure 5. Knowledge and training of NHS staff (results from a survey of NHS staff).

However, current healthcare provider knowledge about safe and appropriate approaches to identify and care for trafficked people are hugely limited (Figure 5). Specific training and guidance resources to support healthcare professionals to identify and respond to human trafficking are scarce (illustrated by the quote above). Despite this, providers are very interested in learning more about how to care for people who have been trafficked.

E-learning would be a convenient way to meet these needs, although service provider’s opinions differed on the usefulness of these resources. However, results specifically highlighted the importance of having a single, clearly designated number to call for referral and information on trafficked people’s needs.

## Limitations

Despite the renewed focus on human trafficking since the revision of the Modern Slavery Act, 2015, there remains extremely limited evidence to inform health service response to human trafficking. Specifically, very limited evidence exists on the needs of trafficked children, men and of women trafficked for domestic servitude and labour exploitation. Greater effort must be made to further inform the health needs of these populations.

## Key Recommendations

### Recommendation 1: Improve access to training resources

Ensure staff have access to training resources on identifying and responding to human trafficking in healthcare settings, including specific training for safeguarding leads.

### Recommendation 2: Remove barriers to accessing healthcare

Ensure that trafficked people attending NHS care are offered a choice regarding the gender of health professionals and interpreters.

### Recommendation 3: Improve identification of trafficked individuals

Incorporate responding to concerns that a patient may have been trafficked into the role of NHS safeguarding leads. Ensure that interpretation is not provided by a person accompanying a patient who is suspected of being trafficked and that patients are seen privately.

### Recommendation 4: Obtain sexual history from trafficked people

Ensure that staff obtain a sexual history from trafficked people who access health services. National guidelines on sexual history taking, which have been developed for all health professionals irrespective of whether or not they are working in sexual health services, should be followed.

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