

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

This policy brief presents evidence, from the PROTECT Report¹ to encourage implementation of key recommendations to improve identification, referral and healthcare for trafficked people in the UK.

Key messages and recommendations for the voluntary sector

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 the voluntary sector are outlined below.

- **Recommendation 1:** Prioritise medical and health needs of trafficked individuals
- **Recommendation 2:** Develop referral pathways
- **Recommendation 3:** Support trafficked people's use of healthcare services
- **Recommendation 4:** Provide training to respond to psychological distress

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^{2,3}, systematic reviews^{4,5}, historical cohort studies⁶, qualitative interviews^{7,8} 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.

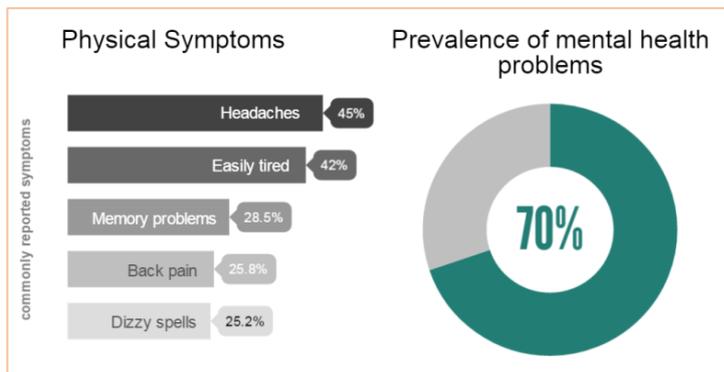


Figure 1. Physical and mental health problems experienced by people who have been trafficked (results from a cross-sectional survey of 150 adults²).

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.

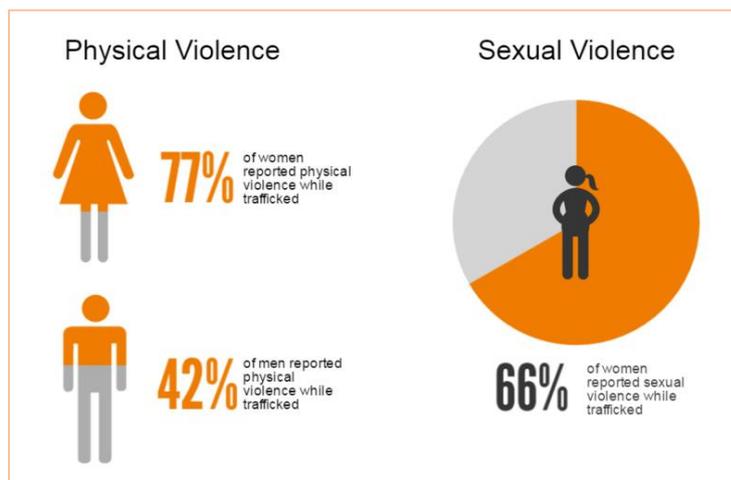


Figure 2. Physical and sexual violence reported by men and women while trafficked (results from a cross-sectional survey of 150 adults²).

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.²

Key findings: healthcare barriers 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).

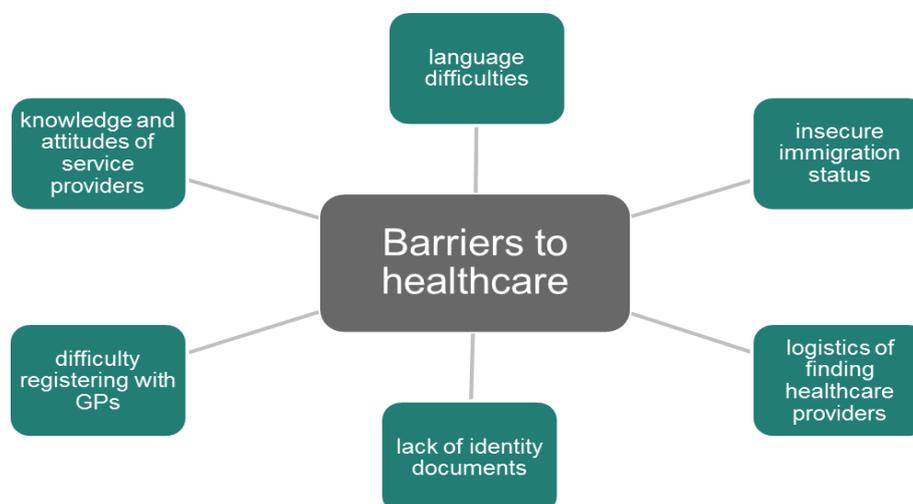


Figure 3. Barrier to healthcare faced by trafficked people (results from qualitative studies^{7,8}).

“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, barrier 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.

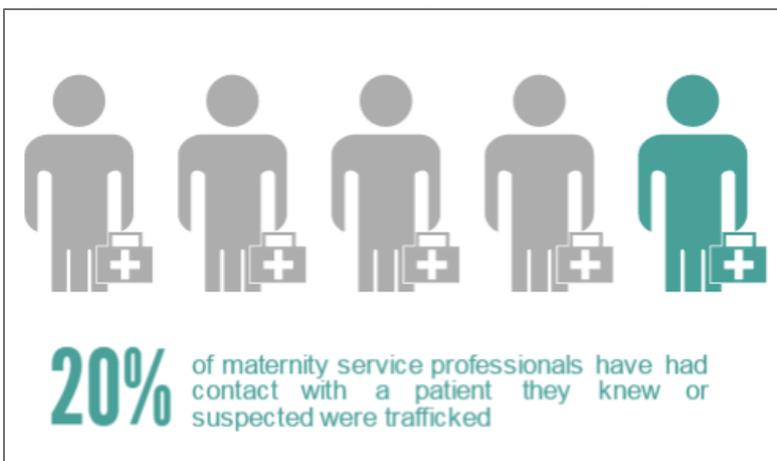


Figure 4. Maternity service professionals in contact with trafficked individuals.

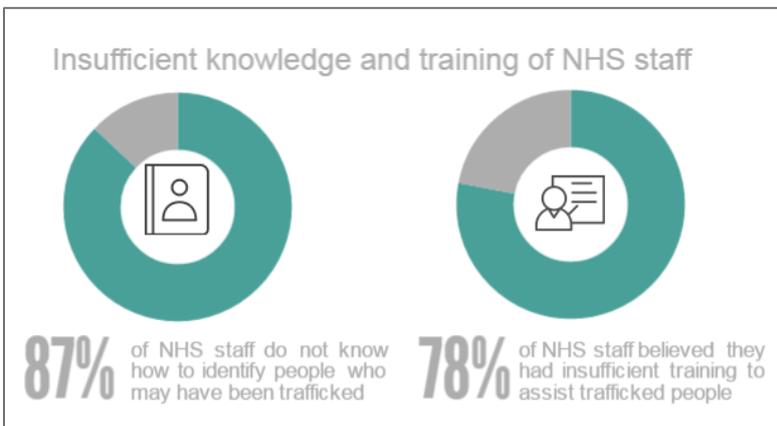


Figure 5. Knowledge and training of NHS staff (results from a survey of NHS staff).

However, current healthcare provider knowledge about safe and appropriate approaches to identify and care for trafficked people are 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: Prioritise medical and health needs of trafficked individuals

Prioritize individuals' medical and health needs during intake, especially urgent health needs - by:

- Specifically enquiring about health problems upon arrival into services
- Addressing urgent problems as quickly as possible

Recommendation 2: Develop referral pathways

Develop links and supported referral pathways with health providers to ensure that a relevant range of professionals are prepared to identify, refer and treat individuals who have been trafficked.

Recommendation 3: Support trafficked people's use of healthcare services

Inform and support trafficked people to use healthcare services, including by providing trafficked people with information about the NHS and their rights to access care, and by providing assistance to access and coordinate healthcare. Assistance may be required with:

- Registering with services
- Booking appointments
- Ensuring provision of interpretation and translation services or advocacy
- Paying for prescriptions and/or applying for exemptions from prescription charges
- Accessing written medical information in an appropriate language and format
- Providing healthcare professionals with basic information about human trafficking and appropriate referral pathways into and from support services

Recommendation 4: Provide training to respond to psychological distress

Equip frontline voluntary sector support services staff with training to identify and respond to psychological distress.

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References

1. PROTECT Report for the Department of Health Policy Research Programme:
<http://www.kcl.ac.uk/ioppn/depts/hspr/research/CEPH/wmh/assets/PROTECT-Report.pdf>
2. Oram et al (2016) Human trafficking and health: a cross-sectional survey of male and female survivors in contact with survivors in England. *American Journal of Public Health*, 106(6): 1073-1078.
3. Ross et al (2015) Human trafficking and health: a cross-sectional survey of NHS professionals' contact with victims of human trafficking. *BMJ Open*: 5(8):e008682
4. Ottisova et al (2016). Prevalence and Risk of Violence and the Mental, Physical and Sexual Health Problems Associated with Human Trafficking: An Updated Systematic Review. *Epidemiology and Psychiatric Sciences*.
5. Hemmings et al (2016), Responding to the health needs of survivors of human trafficking: a systematic review *BMC Health Services Research*
6. Oram et al (2015) Characteristics of trafficked adults and children with severe mental illness: a historical cohort study. *The Lancet Psychiatry* 2(12): 1084-1091
7. Stanley et al (2016), The health needs and healthcare experiences of young people trafficked into the UK. *Child Abuse and Neglect* 59,100-110
8. Domoney et al (2015) Mental health service responses to human trafficking: a qualitative study of professionals' experiences of providing care *BMC Psychiatry*
9. Cary et al (2016), Human trafficking and severe mental illness: an economic analysis of survivors' use of psychiatric services *BMC Health Services Research*