



Human Trafficking and Exploitation

What health workers need to know



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Government

Foreword



The Human Trafficking and Exploitation (Scotland) Act was unanimously passed by the Scottish Parliament in 2015. The Act introduced a single offence of human trafficking for all kinds of exploitation and an offence of slavery, servitude and forced or compulsory labour. Any form of human trafficking or exploitation is completely unacceptable in 21st century Scotland.

In 2017, the Scottish Government published its Trafficking and Exploitation Strategy, setting out a vision to eliminate human trafficking and exploitation. The Strategy was developed in partnership with a wide range of bodies and by listening to victims themselves.

Human trafficking and exploitation, by its very nature, is often a hidden crime but recorded cases in Scotland have increased from 99 in 2013 to 228 in 2018 – an increase of 130%. Analysis suggests that the scale of the problem in Scotland is likely to be much wider than these numbers.

While many healthcare workers may be unfamiliar with indicators of human trafficking and exploitation, practitioners have a unique and vital opportunity to access individuals who may otherwise attempt to avoid services. This guidance is intended to support healthcare workers in recognising and responding appropriately to victims of this abhorrent crime.

Victims of trafficking and exploitation can be severely traumatised by their experiences and can find it extremely challenging to share their fears. Victims may be distrustful or anxious of authorities. A trauma informed approach from healthcare staff is important, including an awareness of possible indications of trauma. It is important to be sensitive to fears of authority while encouraging victims to access the help and protection that is available to support them.

The ambitious vision set out in the Scottish Government's Strategy to eliminate human trafficking and exploitation requires a collective response. Improving awareness of healthcare workers will help to ensure more victims are identified, helped out of exploitation and provided with appropriate support.

A handwritten signature in black ink, appearing to read 'Jeane Freeman'.

Jeane Freeman
Cabinet Secretary for Health and Sport

Contents

Foreword	2
Who is this guide for?	4
What is human trafficking and exploitation?	5
Who is at risk?	8
How human trafficking affects health	9
Health consequences of trafficking	11
What is in place to help trafficked persons?	12
Your role as a health worker	14
What every health worker can do	15
Identifying human trafficking	16
Supporting Disclosure	17
When you suspect someone has been trafficked	18
Support for staff	23
Further information and referral	24
Local information and notes	27
References	28

Who is this guide for?

Trafficking in human beings is a global problem which evidence suggests is growing in scale and has required both national and international responses. The Human Trafficking and Exploitation (Scotland) Act 2015 and the [Trafficking and Exploitation Strategy](#) ⁽¹⁾ published by the Scottish Government in 2017 supports the fulfilment of Scotland's obligations under the EU Directive on preventing and combatting trafficking in human beings and protecting its victims, and the Council of Europe Convention on Action against Trafficking in Human Beings. The provision of healthcare to victims, or possible victims, of trafficking is one of these obligations. As such, a key Action Area within the Scottish Government's Trafficking and Exploitation Strategy is to identify victims and support them to safety and recovery.

The health consequences for those subjected to trafficking can be profound and enduring given its association with physical and psychological harm. This guide provides practical information on the health needs of trafficked people and outlines the role of the health worker in identifying and responding appropriately to these needs.

As a health worker you are in a unique position to respond to victims of trafficking. You are not expected to be an expert or to provide everything a patient needs, but you can play a crucial part in improving the immediate and long-term health impact on all those affected.

This guide covers a range of situations into which people may have been trafficked. A further range of practice guides for health staff on gender-based violence containing more detailed information on working with victims of sexual violence and abuse can be accessed at <http://www.healthscotland.scot/health-topics/gender-based-violence>

This guidance does not include victims of child trafficking. Separate guidance exists on responding to children who have been trafficked. Please refer to 'Inter-Agency Guidance for Child Trafficking' ⁽²⁾ available at <http://www.gov.scot/Publications/2013/11/3285>

What is human trafficking and exploitation?

The Human Trafficking and Exploitation (Scotland) Act 2015 defines human trafficking as an action carried out for the purposes of exploitation, or with the knowledge of likely exploitation, of another person. A relevant action can include:

- Recruiting another person
- Transporting or transferring another person
- Harboursing or receiving another person
- Exchanging control over, or transferring control over another person
- Arranging or facilitating (without necessarily doing) any of the actions above

Travel between two places is **not a requirement** for an offence to have taken place and coercion does not always have to be present. It is irrelevant if the victim has consented to any of the actions. Traffickers may target those in a position of vulnerability, exploiting a victim's personal, social, or economic circumstances, wherein they feel they have no option but to accept the traffickers' demands ⁽³⁾.

The Human Trafficking and Exploitation (Scotland) Act 2015 defines four types of exploitation:

- **Slavery, servitude and forced or compulsory labour**
This may include working excessively long hours in poor conditions in private homes doing housework, cooking and childcare; in commercial areas such as construction, agriculture, horticulture, marine farming, textiles, catering, nail bars, care homes, and car washes. It may also include forced involvement in illicit activities such as cannabis cultivation and pirate DVD selling
- **Prostitution or sexual exploitation**
This can include deceptive recruitment for prostitution or other forms of sexual exploitation such as pornography and lap dancing
- **Removal of organs**
This includes a person being encouraged or required to do anything related to the removal of organs or human tissue
- **Securing services and benefits**
This can include any person being coerced to provide services or benefits, or to enable someone else to acquire benefits. It may take the form of forced begging, benefit fraud, and forced marriage

These examples do not provide an exhaustive list and it should be noted that all crimes can be committed against women, men, children, UK citizens and non-UK citizens. People may be trafficked and experience multiple forms of exploitation, for example working in nail bars, in prostitution and also acquiring benefits.

Often trafficked people have taken what is falsely presented as a chance of a better life via a job or educational opportunity and subsequently find themselves in situations akin to slavery. People are trafficked both **across and within** the borders of a state.

Smuggling

There are important differences between smuggling and human trafficking. Smuggling is usually the illegal movement of people across a border for a fee. The relationship with the smuggler ends at the point of destination and the smuggled person is free. In trafficking, the relationship is an ongoing one of exploitation and commodification from which the trafficker continues to profit.

There are also cases where people who set out to be smuggled become victims of trafficking during their journey and are vulnerable to exploitation on arrival at their destination. Women are at increased risk of sexual violence during this process.

How common is it?

Precise data is unavailable given the hidden and criminal nature of human trafficking and its complexity. We are aware, however, that there are more people enslaved across the world now than at any other point in history. The

International Labour Organisation (ILO) estimated that on any given day in 2016 there were 40 million people worldwide who were victims of modern slavery^{1 (4)}.

In relation to the UK, figures published by the Home Office in 2014 estimated there were between 10,000 and 13,000 potential victims of modern slavery⁽⁵⁾. The National Crime Agency believes this has increased and that potential victims number in the tens of thousands in the UK⁽⁶⁾.

Information on **potential victims** of trafficking come from referrals to the National Referral Mechanism (NRM) which is the UK-wide framework for identifying victims and providing support.

In 2018, there were 6,993 people referred to the NRM in the UK with victims from 130 nationalities. Of these, 228 victims were referred from Scotland, comprising just over 3% of all referrals. The majority (61%) of victims in Scotland were male – 108 men and 31 boys. Of the females identified, there were 67 women and 22 girls. Most males were trafficked for labour exploitation and most females for sexual exploitation⁽⁷⁾.

Vietnamese, Chinese, Sudanese and Nigerian were the most commonly reported nationalities of potential victims referred from Scotland. This contrasts with the figures in England which identified UK citizens as the single largest nationality of victims in 2018 – underscoring the importance of remaining vigilant to intra-country trafficking and exploitation – with Albania and Vietnam recorded as the second and third largest.

1 Includes 15 million people in forced marriages

NB The NRM statistics only include individuals who have been identified and (for adults) consented to be referred to the NRM. They do not reflect those who decline to enter the NRM, and of course those who remain undetected.

Trafficking is not confined to the major cities in Scotland. Victims have been identified in **all of Scotland's 32 local authority areas**.

How do traffickers maintain control?

The system of control exercised by traffickers is maintained through intimidation, threats and violence. Although some victims are held in a state of captivity, others have some freedom of movement because of the psychological hold exerted by the traffickers. Some are subjected to horrific levels of violence and abuse, and experience multiple forms of coercion. Relationships between traffickers and victims may reflect the coercive controlling behaviours seen in domestic abuse cases resulting in trauma-coerced bonding ⁽⁸⁾. In these cases, physical indicators of abuse may not be visible and victims may have a distorted view of their situation and the nature of their relationship with the trafficker. The most commonly deployed methods used to control trafficked persons are:

- Threats against them of beatings, sexual violence, and death
- Threats of violence against their families in their country of origin
- Threats to inform families of involvement in prostitution
- Removal of documentation – passports, ID, immigration papers
- Debt bondage – people are indebted for huge sums of money which they can't

repay. Often they have been charged fees for 'arranging' their work which is subject to huge interest rates. Deductions are often made from their wages

- Ritual Oaths – ritual oath ceremonies are used to 'bind' victims to their traffickers and are usually cruel, painful and degrading. Victims are told that harm will come to them if the oath is broken
- Drugs and alcohol – traffickers may create a dependency
- Curtailment of personal freedom and movement
- Lack of understanding of where they are – they may be moved around the country
- Fear of authorities – they may mistrust state agencies, and be told that they will be badly treated if they approach the authorities or arrested for breaking the law
- Keeping them isolated; exploiting their lack of language or awareness of their rights
- Threats of deportation by reporting their irregular immigration status
- Many individuals do not recognise that they are a victim of human trafficking

Male and female victims of trafficking can experience different types of coercion. Female victims are more likely to be subjected to sexual violence and have passports or other documents withheld, whereas men are more likely to be subjected to threats against their family, denial of food and sleep, and threats of legal action. Due to the sexual exploitation of predominantly women and girls, they are also more likely to be threatened regarding their involvement in prostitution or pornography with photographs used to advertise services also used for blackmail purposes.

Who is at risk?

People are trafficked across the world. Importantly, they are not always illegal migrants. Legal migrants, particularly from the newer EU member states, are also vulnerable to various forms of exploitation, since they can work legally without a visa and don't require fake documents. Victims from the UK have also been identified.

Many trafficked persons have sought to escape poverty, unemployment, war, or natural disasters within their own countries. Although many have poor educational attainment, a significant proportion have higher levels of education and have been seeking to improve their lives through migration.

The 2018 UNODC Global Report on Trafficking in Persons noted that 49% of detected trafficking victims were women, 21% were men and 30% children ⁽⁹⁾. These figures, however, mask significant regional differences. Additionally they are affected by the greater detection capacity of Europe and the Americas where higher numbers have been identified.

The victim profiles also change according to the form of trafficking considered: 82% of male victims are trafficked for forced labour in areas such as construction, manufacturing and agriculture/fishing, while 83% of women are trafficked for commercial sexual exploitation.

In most countries in Europe, women account for the majority of identified victims with the exception of Belgium and the UK, including Scotland, where more men were identified ⁽⁹⁾.

Patterns of exploitation in Scotland by gender mirror those internationally; 71% of females were trafficked for sexual exploitation and 12% for labour, while 88% of males were trafficked for labour exploitation and 6% for sexual exploitation.

'Abuse, deprivation and stress-filled or terrifying circumstances are all hallmarks of human trafficking' (10)

How human trafficking affects health

The health impact for those subjected to trafficking can be profound and enduring; both in the health risks associated with exploitation and abuse, and in the longer-term psychological impact of being enslaved. In many instances, it is akin to the experience of victims of torture – being in a situation characterised by a lack of autonomy and control often compounded by a sense of fear, hopelessness and despair.

Most of the research on the health of trafficked persons has been with women who have been sexually exploited. There is less evidence on the health consequences of other forms of trafficking. Nonetheless, the exploitative nature of trafficking, and the likelihood of working in hazardous conditions undoubtedly have cumulative health effects ⁽¹⁰⁾.

Key influences on health include:

- Exposure to infectious diseases
- Repetitive physical, sexual and/or psychological abuse
- Chronic deprivation – e.g. food, sleep, shelter
- Hazards – e.g. poor ventilation, sanitation, exposure to chemicals, bacterial/airborne contaminants; dangerous machinery, lack of protective equipment etc
- Pre-existing health conditions – given the pathways into trafficking, some victims already have health issues that are exacerbated by trafficking

Mental Health

Poor mental health is common amongst victims of trafficking given the trauma and abuse they have experienced. Complex Post-Traumatic Stress Disorder (CPTSD) can often develop as a consequence of human trafficking. Core symptoms include re-experiencing of the traumatic event(s), avoidance of thoughts/memories/situations reminiscent of the event(s) and persistent perception of heightened threat. It also takes into account difficulties related to beliefs about self and others and problems in affect regulation ⁽¹¹⁾.

Studies have consistently shown high levels of psychological distress among survivors of trafficking. In a US study, 71% of people trafficked had high rates of depression and 61% had CPTSD ⁽¹²⁾. Research in England found that 78% of women and 40% of men who had been trafficked experienced high levels of depression, anxiety and post-traumatic stress symptoms ⁽¹³⁾.

Given the circumstances which may have led to their trafficking, many victims have prior experience of violence and abuse. Studies on women trafficked for sexual exploitation found that 43%-60% had previously been physically and/or sexually abused, and that 12%-31% had experienced childhood sexual abuse ^(14, 15). This previous experience of trauma may contribute to the higher levels of PTSD and CPTSD found among females trafficked for sexual exploitation. The health impact recorded amongst women and girl victims is considerable: 63% had more than 10 concurrent health problems, while 39% had suicidal thoughts. High levels of anxiety and hostility, chronic pain and headaches were also recorded ^(16, 17).

For all victims of human trafficking the complexity of health needs has to be recognised and addressed. Since the unpredictability and uncontrollability of traumatic events are highly predictive of an intense or prolonged psychological reaction all health care responses should be trauma informed.

Health consequences of trafficking

Physical	Mental	Sexual/Reproductive
<ul style="list-style-type: none"> ■ Injuries, contusions, broken bones, burns ■ Headaches; head injury ■ Dizziness ■ Abdominal pain ■ Eye problems ■ Dental problems/ malnourishment ■ Exhaustion ■ Dehydration ■ Hypothermia, frostbite ■ Repetitive syndromes e.g. back, neck and joint problems ■ Respiratory problems ■ Skin infections, occupational dermatosis ■ Gastro-intestinal infection (water and food related) ■ Withdrawal symptoms from drugs and alcohol ■ Blood borne viruses (Hepatitis B and C) 	<ul style="list-style-type: none"> ■ Depression ■ Stress ■ Anxiety ■ Shame ■ Disorientation ■ Panic attacks ■ Phobias ■ Confusion ■ Post-traumatic Stress Disorder (PTSD) ■ Complex Post-Traumatic Stress Disorder (CPTSD) ■ Suicidal ideation ■ Self-harm ■ Substance misuse (Delirium Tremens) ■ Cognitive dysfunction; memory problems ■ Hostility ■ Dissociation ■ Delirium Tremens 	<ul style="list-style-type: none"> ■ Sexually Transmitted infections (including Hepatitis B and HIV) ■ Infestation, such as scabies, pubic lice ■ Pelvic Inflammatory disease ■ Unwanted pregnancy ■ Unsafe abortion* ■ Vaginal fistula ■ Rectal trauma ■ Pelvic pain ■ Urinary difficulties ■ Gynaecological infections ■ Discharge ■ Disturbed menstrual cycle

* If a pregnancy is the result of rape or exploitation, women may request, or be forced by their trafficker, to have a termination. Conception in these circumstances may also result in difficulties during birth and/or for mother-child bonding. If a mother is subsequently separated from her child, it is likely that this will not only impact on the mother's psychological health but will also impact the child's wellbeing and development. There have also been cases of women being made pregnant for the purposes of selling children, resulting in women experiencing bereavement and the need for specialist long-term therapeutic care ⁽¹⁸⁾.

What is in place to help trafficked persons?

In Scotland, the Human Trafficking and Exploitation (Scotland) Act 2015 introduced new offences and powers to detect and tackle trafficking and required a [national strategy](#) to be developed. The first national strategy was published on 30 May 2017, and highlighted the following three key action areas to drive forward progress in Scotland ⁽¹⁾:

- Identify victims and support them to safety and recovery
- Identify perpetrators and disrupt their activity
- Address the conditions, both local and global, that foster trafficking and exploitation

The Strategy also identified a fourth key area of work around child victims of trafficking and exploitation.

The National Referral Mechanism (NRM)

At a UK level, the National Referral Mechanism provides a framework designed to assist in identifying victims of trafficking, and provide them with appropriate care and support. The process is as follows ⁽¹⁹⁾:

Stage 1: Reasonable grounds

Where a potential victim of trafficking is identified, an agency categorised as a First Responder will refer him/her to the Single Competent Authority (SCA) within the Serious and Organised Crime directorate of the Home Office. The SCA makes all NRM decisions, regardless of nationality or immigration status of the potential victim.

Adults must give their consent to be referred to the NRM, however children (defined as under 18) should always be referred.

First Responders in Scotland are:

- Police Scotland
- British Transport Police
- Border Force
- Trafficking Awareness Raising Alliance (TARA)
- Migrant Help
- Local authorities
- Gangmasters and Labour Abuse Authority (GLAA)
- Home Office Immigration Enforcement
- Home Office Visas and Immigration
- Salvation Army

The SCA will decide whether there are reasonable grounds to believe the individual is a potential victim of human trafficking. This is called the **Reasonable Grounds (RG) Decision**. They aim to make this decision within five working days of referral. The First Responders and the person concerned will be notified by letter of the outcome.

If the decision is positive, potential victims in Scotland will be provided with support and assistance for a minimum period of 90 days while deciding what they want to do. A negative decision means the person will not be entitled to the same protection and assistance afforded to those with a RG Decision.

Stage 2: Conclusive Grounds

The SCA gathers additional information during the recovery period to make a **Conclusive Grounds (CG) Decision** on whether the referred person is a victim of human trafficking. It is expected that this decision will be made as soon as possible following day 45 of the recovery period however this is dependent on the individual circumstances of each case. Again, notification of the decision is made by letter.

Next Steps:

Following a CG Decision, the person may be granted discretionary leave to remain in the UK for one year to assist with any police investigation and prosecution, which can be extended if required. The Home Office may also consider granting discretionary leave to remain in the UK depending on an individual's circumstances or may provide support for a person to return home.

In Scotland, potential victims who enter the NRM are provided with a minimum support period of 90 days or until a CG Decision is reached, whichever comes first. Support can also be provided before a RG is reached, after the 90 days has passed and can be extended for a period following the CG Decision.

Access to support should only be provided where the adult consents to enter the NRM and is not dependent on the adult assisting with a criminal investigation or prosecution.

Support and assistance may include (but is not limited to): accommodation; day-to-day living; medical advice and treatment (including psychological assessment and treatment); language translation and interpretation; counselling; legal advice; information about other services available to the adult and repatriation ⁽²⁰⁾.

NB There are cases in Scotland and the rest of the UK where adults have not sought referral to the NRM ⁽²¹⁾. There are a number of reasons for this; some cannot see any additional benefits of doing so, others fear and mistrust the authorities, there may be immigration difficulties, or it could be due to fear of reprisal from the traffickers.

A decision by an adult not to consent to a referral must be respected.

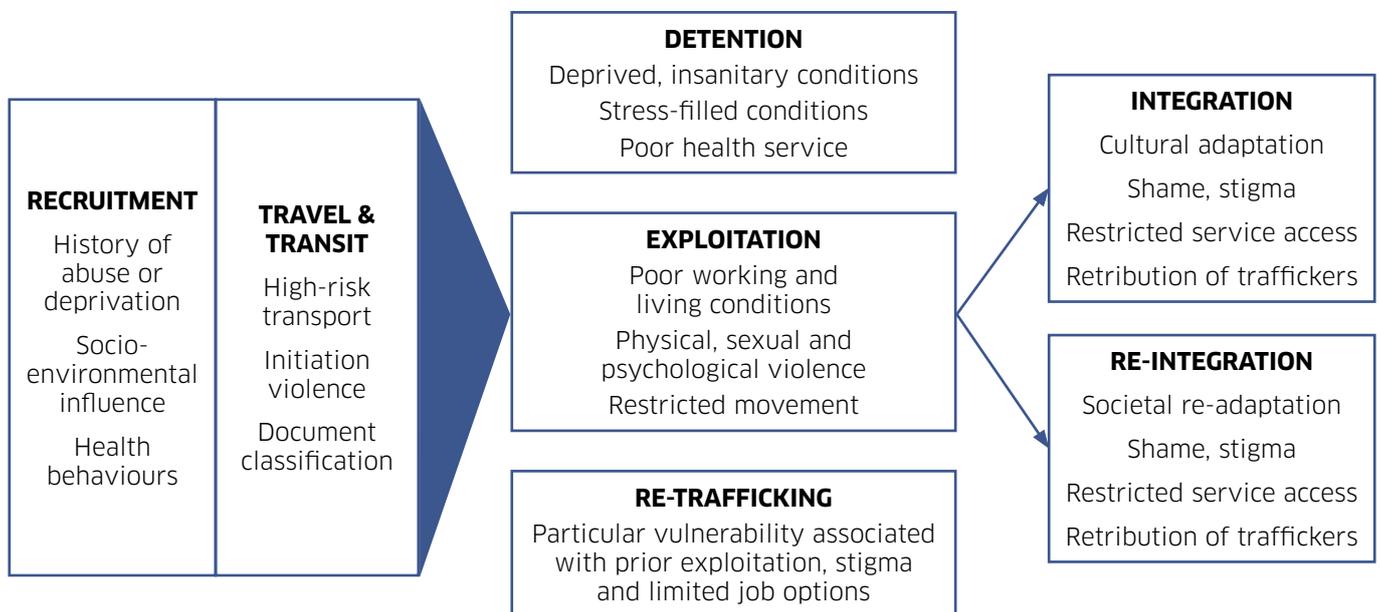
Your role as a health worker

As a health worker you are in an ideal position to support victims of human trafficking. Given the health risks associated with sexual exploitation and forced labour it is likely that at some point victims will interact with health services.

Victims or potential victims of human trafficking are entitled to free healthcare (22).

Health problems can exist before, during and after trafficking. Figure 1 illustrates the various stages of trafficking and the influences on victims' health and wellbeing.

Figure 1: Conceptual model: Stages of the human trafficking process (23)



REMEMBER: travel and transit is not necessarily part of this process since some cases will be domestic victims of trafficking.

It is important to recognise that whatever stage victims occupy within this process, they are trapped in a range of difficult social, legal, psychological and financial circumstances.

KEY POINT

The health provider who encounters a trafficked person or other exploited individual has a unique opportunity to provide essential medical care and vital referral options that may be an individual's first step towards recovery and safety.

What every health worker can do

In all cases, health workers can improve the safety and health of trafficked persons by:

- Being aware of the possibility of human trafficking
- Recognising signs and symptoms
- Broaching the subject sensitively
- Listening and making time
- Checking current safety position
- Giving information and referring on to other services
- Documenting and recording information accurately

Remember – a trafficked person may be a virtual prisoner, so seeing health staff may be a rare opportunity for him or her to tell someone about what is happening.

Identifying human trafficking

The relative invisibility of human trafficking means you may have treated a victim without recognising it.

There are no definitive symptoms by which to identify trafficking however a systematic review provided commonly reported indicators ⁽²⁴⁾.

- Does not speak the local language
- Lack of official documents
- Inconsistencies in presentations (names, dates, addresses etc.)
- Not registered with a GP, school or nursery
- Appear to be moving location frequently
- Accompanied by someone who appears controlling
- Symptoms associated with physical, psychological and sexual abuse
- Appear to delay seeking treatment and be vague on their medical history

Victims of trafficking may present at health services with issues that include ⁽²⁵⁾:

- Evidence of long-term multiple injuries
- Indications of mental, physical and sexual trauma
- Sexually transmitted infections
- Pregnant, or a late booking over 24 weeks for maternity care
- Disordered eating or poor nutrition
- Evidence of self-harm
- Dental pain
- Fatigue
- Non-specific symptoms of post-traumatic stress disorder
- Symptoms of psychiatric and psychological distress
- Back pain, stomach pain, skin problems; headaches and dizzy spells

KEY POINT

Trafficked persons may have difficulty in articulating their fears or the nature of their health problems. They may not be familiar with the concept of 'trafficking' but instead blame themselves for bad luck or poor judgement. However, they might also be aware of their situation but view it as an improvement on their lives before. They may be in an unfamiliar culture with little awareness of their legal rights or of the availability of help and support.

Supporting Disclosure

In all interactions with trafficked persons, it is crucial to recognise and respect the potential cultural and language barriers.

There may be very different perceptions of health and healthcare depending on the background of the trafficked person. They may be experiencing deep levels of shame about their experience, or be afraid about how they will be treated.

Although you cannot be an expert on all cultures, adopting a respectful approach, checking out the meaning of their health problems and their experiences with them, and providing information in a way they can understand will contribute to making the health encounter positive and affirming. You can:

- Provide a private and confidential environment where they can speak without fear of being overheard
- Prioritise their safety and listen to their assessment of their situation and risk
- See them alone, even if they are accompanied. The only exception should be a professional interpreter, even when someone accompanying them offers to interpret. Do not enquire about trafficking-related circumstances in front of others, including your patient's companion. To gain privacy with the patient, you could, for example, suggest that a private examination is required
- Treat them with respect and dignity. Understand the grave risks they may face in talking about trafficking
- Where possible, offer the option of a female or male worker or interpreter, particularly in cases of suspected sexual violence

When you suspect someone has been trafficked

Trafficked persons may be unlikely to disclose their situation on their first contact with services due to their fears and lack of trust. Their recall of events may change due to this and the trauma they have experienced. Be aware that it could take someone a number of meetings before they feel safe to disclose their experiences.

Recognise that the defining features of trafficking – the lack of control and the unpredictability – make it important that they aren't further disempowered. Encourage them to participate in decisions.

The following approach is adapted from good practice recommendations ⁽¹⁰⁾.

- Be trauma-informed in your approach. Be sensitive to possible indications of trauma e.g. hypervigilance, mistrust, anxiety, numbing, dissociative state. Respond non-judgementally and reassuringly.
- Do not rush the consultation. They may have some cognitive impairment as a consequence of the abuse and may find it difficult to remember details or make decisions.
- Be sensitive to possible fear of contact with statutory agencies – they may have been told that they will be deported
- Avoid calling authorities such as police or immigration services unless you have the informed consent of the patient or where the threat of danger to the patient or others is such that you need to do so

Broach the subject sensitively through gentle questioning around their health and living circumstances. Below are some examples that can be adapted depending on the individual's health condition:

- 'You look very pale. Can you tell me about your diet? What have you eaten over the last week? Last month?'
- 'You are coughing a lot. I need to know about your home situation. Can you tell me about your home and bedroom? Are you sharing with others?'
- 'Were you injured while working?' 'Can you tell me about your work and how you were injured?'
- 'Is this the first time or do you have other injuries?'
- 'Can you leave your job or situation if you want?' 'Have you been threatened or harmed in any way?'
- 'Is anyone forcing you to do anything you don't want to do?'

Assess the impact on the patient's health and ensure they receive appropriate treatment. Good practice guidelines recommend conducting a thorough physical examination given the multiple health problems experienced by victims. This includes:

- Full medical history
- Questions around head trauma, eyes/ears/nose and throat
- Respiratory, cardiovascular, gastro-intestinal, musculoskeletal and neurological history questions
- Dermatological and nutritional queries
- If possible, assess the mental health of the patient or refer for an assessment if you have concerns

For victims, or suspected victims, of sexual violence:

- Ask about any history of rape or other sexual trauma
- Treat any immediate physical or medical conditions and ascertain whether or not the patient wishes to report this to the police. Self-referral for a forensic medical examination without having to report to the police allows victims to have forensic evidence stored in case they wish to report at a later date. Currently, this is only available at Archway, which covers the West of Scotland, and in Dundee but there is ongoing work to develop a national self-referral service. Check with your Health Board to find out local arrangements.
- Limit invasive examination and assess the need for further testing e.g. for STIs, pregnancy (for further guidance refer to: What Health Workers Need

to Know About Commercial Sexual Exploitation and What Health Workers Need to Know About Rape and Sexual Assault, NHS Scotland)

Assess safety:

- Is there an immediate or future safety risk? In cases of immediate danger – can you contact other agencies?
- Do they want you to contact the police? Does the level of threat require you to take action?

Discuss the options available with the patient and offer to contact a First Responder on their behalf if they wish. Advise of agencies that can help:

- TARA will help women in situations of commercial sexual exploitation and assist them to access other support services including access to safe accommodation
- Migrant Help will provide support to all other adult victims of trafficking and exploitation, including men who have been sexually exploited and all adult victims of slavery, servitude and forced or compulsory labour
- The Anchor Centre (Greater Glasgow and Clyde NHS, Glasgow Psychological Trauma Service) provides specialist mental health services to people who present with Complex Post-Traumatic Stress Disorder following complex traumatic events including human trafficking
- ARCHWAY rape and sexual assault service will support all victims of recent sexual violence in the Glasgow and Strathclyde area (further services are detailed in the Resources section)

Depending on the degree of freedom they have, it may not be possible to access these services on their own or to follow aspects of a safety plan. Discuss whether more assistance is needed to contact other agencies.

Offer a further appointment. A health appointment may be one of the few occasions where they are allowed some freedom of movement. This may provide the opportunity to access further help.

It is vital that the trafficked person decides what course of action to take.

Where you are concerned that they won't come back

- Maximise your encounter with the patient
- Offer as much information as possible about their health condition and treatment. Ensure they know they can access health services freely
- Provide information on support services. Ensure this is discreet and safe e.g. provide helpline numbers on paper that can be hidden in clothing
- If applicable and possible, provide a complete regimen of prescribed medication in that single encounter – assuming they will not return for follow-up treatment and assessment

Documenting and recording

Keep accurate and detailed records.

Record the following:

- Nature of health problem, with details of any injuries and symptoms and any concerns you may have
- What the patient says and not what you think, although it is important to note any concerns or suspicions
- Outcome of risk assessment
- Any action taken or advised

Sharing information

You may need to share information about a particular case. It may be required by law or it may be necessary to share information with support agencies to make sure that a trafficked person is safe and properly supported. This is not automatic, however, and there may be a risk of deterring such people from seeking medical attention if their request for confidentiality is not respected. Reporting information may also endanger their safety if traffickers can trace it back to them.

It may be the case that there are local arrangements for providing intelligence on crimes such as human trafficking which allow for anonymised information to be shared with the police, for example, alerting them to the possibility of forced labour in certain areas. It is crucial, however, that in passing on this intelligence the safety of the individual is maintained.

There are circumstances where information may be shared without a patient's consent. For example, if there is a threat of imminent danger to them or others, or if doing so may prevent or support the investigation of a serious crime. Balancing responsibility for patient confidentiality against disclosure in the public interest requires careful consideration. The decision to share information without consent needs to be considered on an individual case basis with regard both to the law and the particular circumstances of the case. Discussion with a senior colleague or line manager is of paramount importance in this instance.

Case study

A young woman attended ER accompanied by an older woman. She could not speak English and presented as poorly nourished, withdrawn and nervous. The older woman was well dressed and wanted to accompany her throughout the consultation. The attending registrar was concerned about her but the young woman denied anything was wrong when the registrar asked. The registrar noted her concerns in the case notes and highlighted her suspicions about the safety and welfare of the young woman. Some months later, the young woman became pregnant and was referred to a specialist midwifery service. Alerted by the registrar's notes, the service asked the young woman about her situation and she disclosed that she was a victim of trafficking. The service referred her to TARA and continued to provide care throughout her pregnancy. She and the child are now safe and supported.

You must, of course, make sure that you comply with all your legal requirements.

It is good practice to:

- Get the patient's permission before you pass on information and seek advice if you are in any doubt
- Ensure that the information shared is proportionate and limited to the relevant details
- Make the patient aware, if possible, of the need to share information when they do not wish you to do so
- Avoid divulging confidential information by accident, for example, if you are approached by someone saying they are a relative or support person of the individual
- Be guided by your professional code of conduct on confidentiality and information sharing, and your organisation's protocols
- Seek guidance from senior colleagues identified by your Board who can advise on the appropriateness of sharing information with the police in accordance with national directives ⁽²⁶⁾
- Record a clear account of the decision making process involved when sharing information

There may be a local multi-agency protocol on trafficking in your Board area which will provide further guidance on information sharing.

Duty to notify

When a potential adult victim of trafficking does not wish to be referred to the NRM, the Human Trafficking and Exploitation (Scotland) Act 2015 provides for a duty on specified Scottish public authorities to notify Police Scotland about anyone they suspect may be a victim of trafficking. This is to aid intelligence gathering and information relating to the adult should be anonymised unless they have consented to sharing personal information. As of October 2019, the NHS has yet to be confirmed as a specified public authority. In the event the NHS does have a duty to notify, there will be arrangements put in place to guide you on this. In all cases you should discuss any concerns with your line manager and Board Lead for Human Trafficking.

Follow-up

Your intervention will depend on the setting you work in. You may only see the person once, for example, in an emergency setting. If possible, it is helpful to offer a follow-up appointment. Always consider their safety and how any approach you make might affect this.

Support for staff

Supporting someone who is experiencing, or has experienced, trafficking can be stressful. At times it can be distressing to hear accounts of trauma and abuse, and staff are sometimes worried that they may be overwhelmed by it. It is also common to feel frustrated or helpless if you cannot 'solve' the problem or if you find it difficult to accept that a trafficked person is not ready or able to leave an abusive situation. It is important to recognise how you feel and seek support or guidance from a supervisor or colleague.

Further information and referral

Trafficking Awareness Raising Alliance (TARA)

Funded by the Scottish Government, TARA provides an assessment and support service to women over the age of 18 years who have been trafficked for commercial sexual exploitation into and across Scotland. Support can include safe accommodation, a mobile phone, clothing and basic toiletries, advocacy and referrals to mainstream services, legal advice and health-care.

TARA are based in Glasgow but provide a Scotland-wide service and is a named First Responder for the National Referral Mechanism. TARA can provide advice, guidance and additional information for partner agencies.

Tel: 0141 276 7724

Migrant Help

This charity is funded by the Scottish Government to provide support to all other adult male and female victims of trafficking.

Migrant Help is a named First Responder for the National Referral Mechanism and can provide advice, guidance and additional information for partner agencies.

Tel: 0141 884 7900 (daytime)
0141 212 8553 (out of hours)
<http://www.migranthelpuk.org>

National Human Trafficking Unit

Police Scotland's National Human Trafficking Unit investigates all forms of trafficking and works with partner agencies to ensure victims get the support they need. If you suspect someone may be a victim of human trafficking, contact Police Scotland on 101 or 999 in an emergency.

Tel: 0141 532 2723

Email:

SCDNationalHumanTraffickingUnit@scotland.pnn.police.uk

Modern Slavery Helpline and Resource Centre

The Modern Slavery Helpline can support potential victims to access relevant services, including government-funded support through the National Referral Mechanism. Statutory agencies can also get support to deal with potential victims.

Tel: 08000 121 700 (24 hours)

<https://www.modernslaveryhelpline.org/scotland>

ARCHWAY Rape and Sexual Assault Centre

Service for female and male victims of recent rape and sexual assault. Provides translators, follow-up care, support sessions and referral to appropriate agencies. Works closely with TARA to support victims of trafficking for sexual exploitation. Victims do not need to engage with the police to access the service.

Covers Glasgow and Strathclyde area.

Tel: 0141 211 8175

<http://archway.sandyford.org/>

The Anchor Centre - Glasgow Psychological Trauma Service

The service offers multidisciplinary psychologically informed interventions to clients who present with Complex Post Traumatic Stress Disorder related to experiences such as childhood abuse, war, human trafficking, major incidents, or domestic abuse. It works with individuals who present with additional vulnerability and complexity including young people with a care history, homeless individuals and female offenders who all have an increased risk of experiencing complex trauma.

The Scottish Government provides funding to provide a psychological service for victims of trafficking and for in-care survivors of childhood abuse.

Tel: 0141 303 8968

National Crime Agency

The National Crime Agency leads the UK's fight to cut serious and organised crime, including human trafficking.

Email: communication@nca.x.gsi.gov.uk
<https://nationalcrimeagency.gov.uk/what-we-do/crime-threats/modern-slavery-and-human-trafficking>

International Organisation for Migration (IOM)

IOM can help with returning EU victims of trafficking to their country of origin. The organisation may assist to sort out travel documents in liaison with the relevant embassy and in some cases provide financial assistance in purchasing travel tickets and provide support for the journey home. IOM is an international organisation and may also be able to provide support in various countries of origin.

Tel: 0207 811 6000

<https://www.iom.int/countries/united-kingdom>

The Home Office operates a programme called Assisted Voluntary Return for non EEA nationals (or EEA nationals with a letter from the Home Office confirming that they are a victim of human trafficking).

Tel: 0300 004 0202

<https://www.gov.uk/return-home-voluntarily>

Scottish Refugee Council

Advice, information and assistance to asylum seekers and refugees.

Tel: 0141 248 9799

www.scottishrefugeecouncil.org.uk

Scottish Domestic Abuse and Forced Marriage Helpline Scotland

0800 027 1234 (24 hours)

Help and support for anyone with experience of domestic abuse or forced marriage, as well as their family members, friends, colleagues and professionals who support them.

Email: helpline@sdafmh.org.uk
<http://sdafmh.org.uk/>

Local information and notes

These pages are for you to record any local information or services for your area

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