



Sexual & Reproductive Health Special Interest Group Professional Briefing 2 – April 2019

Modern Slavery & Sexual Health Services: A Literature review Megan Harris, Speciality Registrar in Public Health

Introduction

Modern slavery is an umbrella term that encompasses the offences of human trafficking and slavery, servitude, forced or compulsory labour. Unlike other crimes, modern slavery is a hidden crime that can be indeterminate in length. Modern slavery also encompasses a wide range of other abuses and crimes including grievous bodily harm, rape, assault, neglect, and physical and mental abuse.

The UK Home Office estimated in 2013 there were 10,000 to 13,000 potential victims of modern slavery in the UK¹. The Global Slavery Index estimates there are 40.3 million people living in slavery in 2016, with the majority being women and girls (71%), of which 15.4 million are held in forced marriages and 24.9 in forced labour². The International Labour Organization estimates that forced labour generates approximately \$150 billion (US dollar) a year in illegal profits. Two thirds, or \$99 billion, came from commercial sexual exploitation, while another \$51 billion resulted from forced economic exploitation, including domestic work, agriculture and other economic activities³. The Home Office has estimated the overall cost to society of modern slavery in the UK including victim services, health services and law enforcement as between £3.3 billion and £4.3 billion¹.

Modern slavery is a major public health issue both domestically and internationally. The US Department of Justice reported that fewer than 1% of victims are identified due to the frequent movement of those being trafficked⁴. Healthcare professionals are in a unique position as many victims will use healthcare services while they are being trafficked. 87.8% of female survivors reported being medically evaluated at least once while trafficked. Evidence from the US found that of those seeking health care 93% were seen in an emergency department, 29.6% had gone to Planned Parenthood and 19.4% had presented to a women's health clinic⁵. Victims being trafficked for sexual exploitation often experience issues related to sexually transmitted infections, unwanted pregnancies, medically unsafe abortions and miscarriages. In a UK based study, 1 in 4 women in the study became pregnant while being trafficked⁶. However, these opportunities are often missed as modern slavery is under identified health staff⁷.

The Faculty of Public Health Special Interest Group in Sexual & Reproductive Health (SH SIG) requested a review of evidence on how front line sexual health staff can support the identification of victims and seek to reduce modern slavery. The decision was to develop a briefing to share research evidence to support better service planning, and staff training and development to support wider work in the



identification of victims. It aimed to bring together evidence on any tools, training or other materials that could be used in sexual health services.

Literature Review

The first stage was to undertake a systematic style review on Modern Slavery and sexual health services. A search strategy was developed using different terms for Modern Slavery, including human trafficking and forced labour, linked with Boolean terms to sexual health services in three databases - Pubmed, CINAHL and Science Direct.

However, despite developing several different search strategies no journal articles, books or papers on guidance for front line staff linked to Modern Slavery were identified. There were papers on services to sex workers, but these focussed on service delivery to a hard to reach group rather than Modern Slavery victim identification and treatment.

The search strategy was widened to include sexual health and modern slavery in general terms and identified 192 papers. However only 20 papers referred to providers of services rather than general sexual or other health issues affecting the victims. These were reviewed for relevance to the literature review question. Further papers were identified through forward and backward reference checking. While 25 papers were identified that held some information on service provision response to Modern Slavery, none focused specifically on sexual health services. No validated screening tools or standardised training programmes to support front line staff were identified. This reflects a research gap that needs to be explored if health services including sexual health, General Practice and Accident and Emergency are to be fully able to support early victim identification, support and treatment.

The research evidence gathered from the less specific searches can be grouped into two major areas:

- Identification and Screening
- Education and training

Identification and Screening

The literature search did not identify any validated tools or screening protocols to identify victims of Modern Slavery in use anywhere. Two toolkits were identified by Such et al, (2019), the HEAL Trafficking toolkit and the Adult Human Trafficking Screening Tool and Guide. However, these are not referred to in other papers or referenced in any works outside of this paper⁸. While several papers identify potential “red flags” for identifying victims^{5,9,10} these can be similar to those signs of Intimate Partner Violence or Domestic Abuse⁵. Examples of these “red flags” are listed below. This is not an exhaustive list and there is little evidence-based research on how to use them in a screening capacity:

- The person doesn't speak the native language and there is someone with them who speaks for them.
- The person doesn't seem to know where they are



- The person doesn't have any identification or travel documents, or someone else is holding these documents
- The person is never left alone by those accompanying them
- There are signs of physical abuse or neglect, such as scars, bruises, burns, unusual bald patches, tattoos that raise suspicion (for example "property of") or untreated medical problems
- The person who accompanied them is reluctant to let medical staff speak to them alone.¹⁰
- Refusal to use interpreters
- Unexpected material things
- Examination not matching history
- Scripted or memorised history.⁵

Education and Training

Education and awareness are critical to support the recognition, prevention and treatment those involved in human trafficking¹¹. However, most health care providers receive little or no formal training in trafficking⁵. A lack of awareness and training of clinicians on modern slavery limit their ability to recognise the potential signs or red flags, or even respond to anyone that might disclose their status while being cared for in health services⁹. There is evidence that education on modern slavery/human trafficking increases the awareness of health professionals and their ability to appropriately identify, treat, and improve outcomes for victims⁷.

While training and safeguarding processes are in place for other areas of violence e.g. domestic violence, there is not an established and standardised process in the UK for Modern Slavery¹². Maternity clinicians interviewed suggests that issues relating to trafficking should be included in mandatory training, as the current safeguarding training undertaken does not include any specific training on potential victims of trafficking⁶. While there is currently a 'Duty to Notify' potential victims to the Home Office or the Police and local authorities, the NHS currently is not required to report under the Modern Slavery 2015 Act¹⁷. This means there is a lack of consistency in the system in respect of awareness and training¹².

While training on modern slavery has been developed little evaluation has been undertaken on the skills and knowledge of health professionals¹³. The little evaluation that has been conducted suggests that education has not increased the knowledge of the magnitude of modern slavery, how to assist individuals being trafficked, how to discuss the experiences of being trafficked and how to make referrals to local and national support services¹⁴.

However, primary research on an education programme in an Emergency Department of an American hospital which included face to face interviews, video and on-line learning on modern slavery, medical red flags, resources for rescue, and notification plans, found that 74% perceived the education improved their competency, 75% had plans to use the education received and 97% were committed to changing their practice to accommodate the new learning. Within three months 38 victims had been identified by the staff trained using the medical red flags taught, 18 of these managed through the silent notification process⁴. This was a single location study and there is no evidence of it having been rolled out to other locations.



Researchers using Freedom of Information requests sought to identify the nature, delivery and format of any education and future curriculum development level of education on human trafficking in the 24 UK medical schools. 72% did not offer any training on modern slavery to medical students and 70% had no plans to implement any education opportunities in the short term. Of the 28% who provided teaching half had integrated it into their core curriculum and the other half only delivered this within a single year of the degree¹⁵.

In addition to the issues of access, there is also a concern on how best to educate practitioners to best serve victims of trafficking. The current gap in research into practice relating to human trafficking means identifying effective content and delivery training protocols challenging. A review of 30 US healthcare protocols for modern slavery found none that could be used as a national model¹⁶.

Key areas identified for education of health care providers include:

- The scope of the problem: global context, medical and psychological impact and financial cost
- Identification – forensic interviewing techniques and common physical signs and symptoms
- Medical treatment that is guided with trauma-informed care principles, promoting safety, empowerment and healing for victims
- Psychological treatment: role of forensic trained psychiatric nurse practitioners
- Safety measures: ensuring that there is a risk assessment for victims that includes leaving the trafficking and how to support them in living free from trafficking
- Resources: how to access services and resources to support victims both in-patient and out-patient medical situations that provide treatment options for the different types human trafficking and that are targeted to support the individual in recovery not just from medical needs but also wider aspects of being trafficked⁷.

Conclusion

Modern Slavery is both a global and local crime; a major public health issue of our time. Given the evidence of the number of victims using health care services while being trafficked health professionals are in a key position to facilitate identification, treatment and protection of victims. However, there is little research on tools that can effectively support health care professionals to do so. Without evaluated and standardised education and training that supports staff with the knowledge, understanding and access to interventions, the current grim reality of victims being treated and discharged to return to trafficking will continue.

Despite the reality that trafficked women use sexual health and contraception services this review has found little evidence of healthcare staff being equipped with the knowledge and skills required to identify and support these highly vulnerable victims of an odious and growing exploitation. The need is immediate, evidence-based refinement can follow.



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