

QUICK GUIDE TO MODERN SLAVERY/HUMAN TRAFFICKING

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Definition of Modern Slavery/Human Trafficking (MSHT)

The UN Palermo Protocol has become the commonly accepted definition of human trafficking in international law and states that human trafficking is:

- the recruitment, transportation, transfer, harbouring or receipt of persons
- by means of threat, force, coercion or deception (no means needed if a child)
- to achieve control over another person
- for the purpose of exploitation.

Exploitation includes (not exhaustive):

- sexual exploitation
- forced and bonded labour
- domestic servitude
- any other form of slavery
- removal of organs

Slavery is a term used for activities involved when one person obtains or holds another person in compelled service and includes being

- forced to work by psychological or physical threat
- “owned” or controlled by an ‘employer’
- dehumanised, treated as a commodity or bought and sold as ‘property’
- physically constrained or have restrictions placed on one’s freedom

Scale of Modern Slavery/Human Trafficking

It is a huge problem worldwide. Modern slavery and human trafficking (MSHT) are very often hidden crimes with victims frequently going unnoticed and living for years under the control of traffickers. The International Labour Organisation (ILO) estimate that 40.3 million people were victims of modern slavery in 2016.

In 2018 6993 potential victims of human trafficking were referred to the UK official framework for identifying victims of human trafficking/modern slavery (National Referral Mechanism). This number is likely to be the tip of the iceberg. The Global Slavery Index suggests there may be as many as 136000 victims of trafficking in the UK. They are not only from overseas countries; many are born in the UK and internally trafficked.

The Department of Health funded PROTECT study reported in 2015 that 86% of NHS professionals lacked the knowledge to identify victims of modern slavery and 71% were not confident to make referrals for victims to receive additional support.

UK 2018 data showed that 45% of those referred into the NRM are minors – a 48% increase from 2017, thought to be due to the increase in the “county lines” model of trafficking and other forms of criminal exploitation.

Note: Adult victims of MSHT may have children or dependants who are indirectly affected.

Who is at risk?

Anyone who is **vulnerable** may be at risk of MSHT– victims may be vulnerable due to abuse from their own family, forced marriage, domestic violence, sexual assault/rape, loss of family members/protection, community violence (war, LGBT, other), slavery (often as children), state torture/persecution, or pre-existing physical or mental disability. Not all survivors are poor. Some are well educated with stable childhoods, but there is usually a specific vulnerability that has resulted in their trafficking.

Mechanisms used to control victims

Traffickers are adept at using powerful mechanisms to keep victims under their control. These can include threats by the traffickers directly to the victim or to the family at home, oath-taking (juju) spells, debt bondage, removal of identity documents, moving the victim frequently, and lies about the laws and culture of the destination country. In addition, the victim may be unaware that they are a victim of MSHT (e.g. the domestic worker who is bought to work here and is underpaid and/or overworked), or they may be reluctant to consider themselves victims, or have developed complex relationships with traffickers (akin to a Stockholm Syndrome). They may have symptoms, such as difficulty making decisions and a lack of autonomy, associated with long-term solitary confinement and being controlled for long periods.

Impact of Modern Slavery/Human Trafficking

There are high levels of, often prolonged, physical and sexual violence seen against all victims, male and female, no matter the type of exploitation. Such physical violence, accompanied by neglect, psychological abuse and control result in significant physical and mental health concerns.

- **Physical**
Significant somatic symptoms (headaches, back pains, dizziness, exhaustion), injuries from occupational hazards and poor environmental conditions, physical consequences of captivity or neglect (e.g. infections, malnutrition & deficiencies), gynaecological problems (unplanned pregnancies, unsafe abortions, sexually transmitted infections), dental problems, skin problems, untreated (or poorly treated) chronic conditions.
- **Psychological**
PTSD/complex PTSD, depression, anxiety and panic disorder, suicidal thoughts, self-harm, guilt, self-blame and shame, low self-esteem and confidence, psychoses, paranoia, addictions, anger and aggression, loss of hope.
- **Behavioural**
Attachment & identity issues, mistrust of others, emotional withdrawal, anti-social behaviour, dependency on abusers, memory problems, difficulties with relationships including unsafe sexual relationships, loss of autonomy.
- **Socioeconomic cost**
The socioeconomic implications are vast. Human trafficking for sexual exploitation, for instance, is estimated to cost the UK at least £890 million each year

Pre-trafficking vulnerability - Situations that cause a vulnerability to MSHT in the first place may also have led to poor physical or mental health e.g. conditions linked to previous abuse and harm, poverty, poor health care in country of origin or during the journey, disabilities.

Post-trafficking vulnerability - the conditions in any destination country can compound the original traumas e.g. physical difficulties and abuse on journey, difficulties in claiming asylum, immigration

detention, cultures of disbelief, racism, destitution, separation from family, friends and their own culture.

Barriers to accessing healthcare

Victims of MSHT often have poor access to physical and mental health care services despite the potential significant and serious health concerns. They may not be registered with a GP or know how to get help from a pharmacist, optician or dentist. Language and lack of “correct” documentation may be a significant barrier to accessing services, as is a fear towards and a lack of trust in authority (which includes healthcare professionals). After years of being controlled, they may lack the autonomy to approach care services. Severely time limited consultations in today’s NHS add to these difficulties particularly when disclosure may mean recounting a very traumatic history with the shame and risk of re-traumatisation that may occur.

Raising awareness in healthcare professionals can be key in helping to support this very vulnerable group of patients.

Identification of victims of Modern Slavery/Human Trafficking

In practice it is **not easy** to identify a potential victim. There is no official list of indicators – there are many different elements to be considered as detailed below. They may increase your index of suspicion but do not on their own confirm or exclude MSHT.

Clinical presentation may include:

Appearing unkempt, malnourished, neglected
Looking withdrawn or afraid
Having injuries with unclear explanations as to how they were sustained
Having untreated injuries or multiple or unusual scars
Presenting with sexually transmitted diseases, pregnancies, gynaecological injuries
Presenting with mental health symptoms such as anxiety, depression, self-harm/suicidal ideation, symptoms of PTSD, and signs of drug and alcohol abuse.

Victims may:

Act as if instructed by /under the control of another person. The relationship with the other person may seem suspicious e.g. a teenager with a much older man as her partner.
Show a lack of knowledge about the area they live in; vagueness about their address; have a history of frequent changes of address
Have limited access to healthcare – e.g. may not be registered with a GP
Be reluctant to disclose their immigration status
Be reluctant to seek help from you or the police

These websites have useful potential indicator lists:

- National Referral Mechanism referral form (www.gov.uk/publications/human-trafficking-victims-referral-and-assessment-forms)
- Salvation Army (www.salvationarmy.org.uk)
- Unseen (www.unseenuk.org/learn-more/general/spot-the-signs)

What to do if you suspect someone is a victim

- Keep the possibility at the back of your mind, take time to think if you have any suspicions and discuss with colleagues.
- Assess the degree of risk to the patient and yourself.
- Use an interpreter if needed.

- Keep the patient calm, ask gentle questions, don't be too probing if they appear reluctant or frightened. Try to appear unhurried in your time with them and remain empathetic and non-judgemental whatever is disclosed.
- Remember that victims often take time to disclose their history and that gaining trust is vital. Your aim is to create an environment of trust where a disclosure could happen.
- Attempt to separate from anyone accompanying and/or make use of times when you have the patient alone BUT be aware of your own safety and that of the patient. Do not directly challenge any potential trafficker or give cause for them to think you are suspicious.
- Reassure the patient of our duty of confidentiality and consider issues of consent and capacity as necessary.
Even after disclosure, they may not want to take any action or "escape". In this case, treating their health conditions with empathy, gaining their trust and making clear documentation is the priority (similar to our training with victims of domestic violence).
- Think of reasons to bring the patient back.
- Victims may have lost all autonomy and sense of control and they may find it difficult to make decisions. Empower them by treating them with respect and allowing them to control and make decisions about their next steps.
- Remember that the relationship between a trafficker and his/her victim can be complicated. Victims may not understand the concept of the word 'trafficking' and may not self-identify as a victim. Use simple language such as
"Do you feel safe?"
"Is he/she a safe person for you?"
"Is your housing safe?"
"What happens about work when you are not well enough to work?" is another useful question to ask.

Recounting a trauma history may retraumatise the patient – work in a trauma informed way (see Trauma Informed Code of Conduct at <http://www.helenbamber.org/wp-content/uploads/2019/01/Trauma-Informed-Code-of-Conduct.pdf>)

"Who to get involved"

If you think the patient is in immediate danger, do not let the patient leave. Call 999 and inform the police of the immediate fear for welfare. Usual principles of consent apply

<https://www.bma.org.uk/advice/employment/ethics/consent/consent-tool-kit>, including the Mental Capacity Act 2005 <https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>.

Victims of modern slavery and human trafficking are a vulnerable group and should be treated with the same sensitivity as other vulnerable groups, including domestic violence and victims of child sexual exploitation. **Safeguarding the victim must always be the first priority.** All victims, or suspected victims, of slavery under the age of 18 must be referred to Children's Social Care urgently under child protection procedures. Adult victims of trafficking have experienced complex physical and/or emotional trauma and are usually considered to be adults at risk. Even where an adult has been removed from a harmful situation, they are at significant risk of re-victimisation. If there is no immediate fear for welfare, **discuss your concerns with your Designated Safeguarding Professional or Local Authority Safeguarding Adults Team and follow adult safeguarding policies and procedures.** Sharing your suspicions with another staff member and a safeguarding team ensures

potential victims do not go unnoticed. Other, non-governmental organisations may also be a good source of advice.

To discuss concerns you can also **contact**:

Modern Slavery Helpline on 08000 121 700 24/7 (<https://www.modernslaveryhelpline.org>)
Helen Bamber Foundation (<https://www.helenbamber.org>)
Salvation Army (<https://www.salvationarmy.org.uk/modern-slavery>) 24/7 helpline 0300 303 8151
Red Cross (<https://www.redcross.org.uk/about-us/what-we-do/modern-slavery-and-trafficking>)

The National Referral Mechanism

Potential victims of MSHT (with their consent) can be referred to the National Referral Mechanism. This is the government's framework for identifying victims of modern slavery/human trafficking. This can provide access to legal advice, protection, accommodation and other forms of help. Referral into it is made only by "first responders" which include the police, non-governmental organisations or local authority safeguarding specialists (not GPs). It can be a complicated procedure requiring careful consent and, ideally, help from trafficking informed specialists. Many victims choose not to enter it for a variety of reasons which may include their fear of authority, especially the police or home office.

Further reading:

1. Care for trafficked Persons: Guidance for Health Providers
http://publications.iom.int/system/files/pdf/ct_handbook.pdf
2. Global Slavery Index <https://www.globalslaveryindex.org/2018/data/country-data/united-kingdom/>
3. Heal Trafficking. <http://healtrafficking.org>
4. Human Trafficking Foundation. *The Slavery and Trafficking Survivor Care Standards 2018*
<http://www.antislavery.org/wp-content/uploads/2018/12/Human-Trafficking-Foundation-Care-Standards.pdf>
5. International Labour Organisation and Walk Free Foundation. *Global estimates of modern slavery: Forced labour and forced marriage*, Geneva, 2017
6. National Crime Agency *National Referral Mechanism Statistics – End of Year Summary 2017* [2018] <http://www.nationalcrimeagency.gov.uk/publications/national-referral-mechanism-statistics/2017-nrm-statistics/884-nrm-annual-report-2017/file>
7. OHCHR *Protocol to Prevent, Suppress and Punish Trafficking in Persons 2000*
<https://www.ohchr.org/en/professionalinterest/pages/protocoltraffickinginpersons.aspx>
8. Organisation for Security and Co-operation in Europe (OSCE) Office of the Special Representative and Co-ordinator for Combating Trafficking in Human Beings, "Trafficking in Human Beings Amounting to Torture and other Forms of Ill-treatment", (Vienna, June 2013).
9. Human Trafficking and Health: A Survey of Male and Female Survivors in England Orum et al
Am J Public Health. 2016;106:1073–1078. doi: 10.2105/AJPH.2016.303095)

Useful links to organisations that can help :

Helen Bamber Foundation - <http://www.helenbamber.org/>

The Salvation Army - <https://www.salvationarmy.org.uk/>

Unseen UK - <https://www.unseenuk.org/>

Modern Slavery Helpline - <https://www.modernslaveryhelpline.org/>

Stop the Traffik - <https://www.stophetraffik.org>

Refugee Council - <https://www.refugeecouncil.org.uk/>

Baobab - <https://baobabsurvivors.org/> (children)

The Children's Society - <https://www.childrensociety.org.uk/>

The NSPCC - <https://www.nspcc.org.uk/>

National Crime Agency - <http://www.nationalcrimeagency.gov.uk/>

Migrant Help - <https://www.migranthelpuk.org/>

Bawso [Wales]- <http://www.bawso.org.uk/>

Medaille Trust- <http://www.medaille-trust.org.uk/>

Kalayaan - <http://www.kalayaan.org.uk/>

Gangmasters and Labour Abuse Authority - <http://www.gla.gov.uk/>