Sex trafficking and healthcare services for sex workers

At the 2010 Annual Representative Meeting (ARM), BMA members expressed support for further action to tackle sex trafficking and improve the provision of healthcare services for its victims. Initial scoping identified that there is already much work being undertaken in the UK with regard to tackling this problem.

In taking this work forward, the Board of Science contacted a range of stakeholder organisations to gather information on their current or planned activities in this area. A list of the organisations contacted is provided in Appendix 1.

To raise awareness of this issue, BMA News published a feature article on 30 April 2011 highlighting the role of the medical profession in tackling the healthcare problems associated with sex trafficking. Further information can be found via the BMA News website.

In looking forward, representatives of the Board will continue to liaise with the proposers of this resolution as well as the Department of Health’s Inclusion Health Division in order to maintain support for action in this area.

Why is this issue important to doctors?

Doctors have an interest in the prevention of sex trafficking because of the adverse impact it can have on a victim’s physical and mental health. They are also in a unique position to detect the signs of mental, physical and sexual abuse, and to support victims in accessing the appropriate health and social care services.

Background

Trafficking is defined in international law as:

“…the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.”

Victims of trafficking may be forced into various forms of exploitation including prostitution, pornography, mail-order brides, military prostitution, and sex tourism. These forms of exploitation can significantly impact on their physical and mental health (see Box 1), as well as the health of their families. A number of factors make individuals more susceptible to trafficking, including previous experience of violence, poverty and unemployment.

Box 1 – summary of the adverse health effects of commercial sexual exploitation

Commercial sex exploitation is linked with the following chronic health problems:

<table>
<thead>
<tr>
<th>Physical and sexual health</th>
<th>Mental health</th>
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<tbody>
<tr>
<td>Reproductive problems</td>
<td>Depression</td>
</tr>
<tr>
<td>HIV, sexually transmitted infections (STIs)</td>
<td>Mood swings</td>
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<tr>
<td>Uterine infections</td>
<td>Low self-esteem</td>
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<tr>
<td>Menstrual pain</td>
<td>Suicidal tendencies</td>
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<tr>
<td>Chronic hepatitis</td>
<td>Drug and alcohol dependence</td>
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<tr>
<td>Cervical cancer</td>
<td>Dissociation</td>
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<tr>
<td>Gastro-intestinal disorders</td>
<td>Post traumatic stress disorder</td>
</tr>
<tr>
<td>Repeat terminations of pregnancy</td>
<td></td>
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<tr>
<td>Trauma</td>
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</table>

Limited data are available for the prevalence of sex trafficking into the UK. In 1998, it was estimated that up to 1,420 women were trafficked into the UK for sexual exploitation, with later estimates suggesting this figure could be as high as 4,000.²

According to data collected from 35 UK police forces between April 2008 and February 2009, 164 victims were identified for sexual trafficking, which included 151 adults and 13 children (under the age of 18).³ Adult victims came from 26 different countries including 79 from China/South East Asia, 54 from EU countries, eight from Africa, and 10 others from South America, non-EU countries, and the Indian Sub-continent.

The **Council of Europe Convention on action against trafficking in human beings** was introduced in 2005 as a legally binding treaty to protect victims and prevent trafficking. The majority of European Union (EU) member states signed the treaty in 2007, with the UK ratifying it in December 2008. The treaty incorporates a range of measures including:

- raising awareness for persons vulnerable to trafficking and actions aimed at discouraging “consumers”
- recognising victims of trafficking as victims rather than as illegal migrants or criminals
- the provision of physical and psychological assistance and support for victims for their reintegration into society
- the prosecution of traffickers and their accomplices.

**The following is a summary of the current and planned activities of the organisations contacted based on the responses received.**

**United Kingdom Human Trafficking Centre**

The United Kingdom Human Trafficking Centre (UKHTC) is a part of the **Serious Organised Crime Agency (SOCA)** and was created in 2006 to support the UK government strategy to tackle all forms of trafficking in human beings (THB) in the UK.

The Centre has the following functions:

1. Management of the **National Referral Mechanism** for all European Economic Area (EEA) nationals. This is an identification mechanism for identifying victims of trafficking and providing appropriate recovery and reflection time. The UK Borders Agency is responsible for management of this mechanism for non-EEA nationals.
2. Provision of expert tactical advice and support to law enforcement agencies across the UK on THB investigations.
3. Collation of information and data on THB, and collaboration with other agencies to develop programmes to prevent trafficking, protect victims and prosecute offenders.
4. Provision of expert interviewers of vulnerable persons.

The UKHTC has a multi-agency approach to tackling THB. It works closely with law enforcement agencies within the UK and overseas, government departments, international bodies, non-governmental organisations (NGOs), and third sector and voluntary bodies. This approach is formalised through working groups that focus on **prevention**, **protection** and **prosecution**.

The UKHTC is piloting the use of training programmes for health professionals focusing on the indicators of victims who have been trafficked. This is being jointly coordinated by **ASSIST** (a specialist primary health care service for asylum seekers and refugees).

As a result of their work with the UKHTC and the UK Home Office pilot project, ASSIST is a ‘First Responder’ which enables them to refer victims of human trafficking to the competent authority using the National Referral Mechanism.
The Department of Health's (DH) Independent Taskforce on the health aspects of violence against women and children (VAWC) (September 2009 – March 2010), brought together clinicians, academics and NGOs in England that support victims. The Taskforce identified a number of relevant issues including the need to increase awareness of trafficking among health professionals, and provision of information to help victims access relevant services quickly and safely. The full report and accompanying subgroup reports can be viewed here.

In response to the taskforce, the DH launched an action plan in November 2010, Improving services for women and child victims of violence: the department of health action plan (see Box 2).

**Box 2 – Improving services for women and child victims of violence: the department of health action plan**

This action plan features a range of work areas in relation to violence against women and children. These include:

- working with the Medical Royal Colleges and other relevant organisations to identify where existing training and guidance for doctors on violence against women and children can be expanded

- working with the Royal College of General Practitioners to develop an e-learning course on forensic sexual assault work and the establishment of the ‘Diploma in the Forensic and Clinical Aspects of Sexual Assault’. The DH will also provide assistance with a scholarship for candidates taking the new examination to encourage take up

- finalising NHS Commissioning guidance on violence against women and children

- the development of a communications strategy for raising public awareness of violence against women and children aimed at both the public/patients and NHS staff. Activities include work to provide communication tools and templates for local NHS organisations to use and adapt for local audiences, such as:
  - new and existing posters and crib cards
  - developing a leaflet for health professionals which provides an overview of VAWC and reinforces key messages
  - guidance on how to use the communications tools (including how best to target their audiences)

- funding specialist services such as sexual assault referral centres (SARC) and specialist VAWC services located in health settings and plan to identify areas for further research in to this area.

Further details of the Action Plan can be found here.

**Health as a first responder**

The UKHTC’s National Referral Mechanism provides organisations the opportunity to refer potential victims of trafficking to competent authorities. As a result of a successful pilot project by the UK Home Office, organisations that support the welfare of trafficked victims are able to become ‘First Responders’ enabling them to refer victims appropriately. The DH is looking to extend this pilot scheme and the methods used to other organisations in the future.

**Inclusion Health**

Inclusion health is a DH-led programme that focuses on improving the health outcomes of vulnerable groups, including sex workers (and could potentially extend to victims of human trafficking). The programme is being overseen by the National Inclusion Health Board.
Scottish Government

The Scottish Government incorporated commercial sexual exploitation (including human trafficking for the purposes of such activity) in its 2009 guidance *Safer lives, Changed lives: A Shared Approach to Tackling Violence Against Women in Scotland*. This reflected the move at a national level from a focus primarily on domestic abuse to one which incorporates the wider spectrum of violence against women.

In 2008, the Chief Executive of NHS Scotland issued a letter detailing the actions required by Scottish Health Boards to improve the identification and management of gender-based violence. The actions included the introduction of routine enquiry among healthcare service users, involving asking direct questions where there is a suspicion of gender-based violence.

A national training programme has been established to support the implementation of routine enquiry. Commercial and sexual exploitation is included in the practice development work within this training, particularly in the mental health, substance misuse, and sexual health programmes. An example of routine enquiry information provided to healthcare staff can be found [here](#).

A series of guides on gender-based violence has been disseminated to health staff to clarify their potential role in supporting patients who have experience of abuse. One guide is specific to commercial sexual exploitation and health boards have been encouraged to explore ways in which they can highlight these issues to their staff. Health Boards have been given added funding to do this.

The Scottish Government is also developing policy for NHS Scotland that meets the Scottish Government’s obligations as set out in the 2007 joint Scottish Government and Home Office *UK Action Plan for Tackling Human Trafficking*.

Guidance for staff on identifying and responding to victims of human trafficking has recently been produced and will shortly be sent out for consultation. This guidance draws largely on the guidelines developed by the United Nations and International Organisation for Migration.

Welsh Assembly Government

The Right to be Safe is the Welsh Assembly Government’s (WAG) six year integrated strategy for tackling all forms of violence against women. This strategy contains various references to trafficking.

The Diogel Project, a small project in South Wales developed by the Black Association of Women Step Out (BAWSO), offers services to support trafficked persons, including supported accommodation and counselling, health and psychological assistance. A similar service is also being developed in North Wales. Both projects are funded by the Minister for Social Justice and Local Government.

The Assembly Government has also recently published *Sexual Health and Wellbeing Action Plan for Wales, 2010-2015*, which includes an emphasis on equitable access to sexual health services for sex workers.

Wales has six referral centres for victims of sexual assault:

- **Cardiff**
- **Merthyr Tydfil**
- **Carmarthen**
- **Risca (Gwent)**
- **Swansea and**
- **Colwyn Bay**

These sites offer advice, treatment, counselling and referral services to women who have been victims of sexual abuse and commercial sexual exploitation. A key part of the WAG Action Plan Implementation Strategy is the development of a SARCs service specification to outline the minimum service provision to adults who have been victims of sexual assault.

The WAG published the following specifications in 2010:

- Specification for providing care for adults in Wales who have been sexually assaulted
- Specification for the medical assessment of children and young people.

Both specifications are designed to ensure that children and young people and adults are assessed in a timely, appropriate and supportive way.
Department of Health, Social Services and Public Safety

The Department of Health, Social Services and Public Safety (DHSSPS) in Northern Ireland has a Sexual Health Promotion Strategy and Action Plan 2008-2013 which aims to improve and promote the sexual health and well-being of the population of Northern Ireland. The action plan identifies commercial sex workers as a group which is particularly vulnerable and requires particular action.

The Department recognises that there is little information on commercial sex workers in Northern Ireland and few people attending the country's numerous genito-urinary medicine (GUM) clinics identify themselves as being involved in commercial sex work.

The strategy therefore outlines planned actions to develop and deliver innovative services based on an assessment of the needs of commercial sex workers, which will promote and facilitate their increased access to sexual health information and services.

A regional multi-agency sexual health improvement network, chaired by the Public Health Agency is implementing the strategy's action plan. The Regional Health and Social Care Board, working with the Belfast Trust and the Patient Client Council has completed a pathway review of the GUM service from June to September 2010, and agreed an action plan with the Trust. The Board is also currently exploring the potential to develop HIV services outside of the Belfast Trust, which would improve local access and reduce the demands of the Belfast service.

The Public Health Agency intends to explore opportunities to reduce the pressure on GUM settings and to work in co-operation with the Board to contribute to the commissioning of GUM services. The Department has also expanded the number of GUM clinics in Northern Ireland, which will increase the accessibility for patients to sexual health services in Northern Ireland.

There are a number of community-based programmes and out-reach programmes in Northern Ireland, including the commercial sex workers service run by the Belfast Health and Social Care Trust. This service provides a drop-in centre to commercial sex workers and includes the provision of condoms and emergency hormonal contraception as well as pregnancy testing, cervical smears and screening for STIs, and education programmes. A screening mobile unit also operates and is staffed by nurses and a doctor for the aid of commercial sex workers.

The Department also provides funding to a number of voluntary organisations promoting good sexual health through information, education and awareness.

Home Office


The UK Borders Agency is a part of the Home Office and aims to minimise trafficking into the UK by making it a significantly more difficult environment for traffickers to operate in. This includes greater emphasis on using a range of enforcement approaches to prevent people becoming victims and trafficked into the UK.

Foreign and Commonwealth Office

The Foreign and Commonwealth Office (FCO) works across a range of organisations and government departments to combat trafficking. In supporting this, FCO Migration Delivery Officers based in a number of posts overseas, gather information and report on trends in migration. The FCO also manages a cross-government fund to support governments in source and transit countries in identifying and preventing human trafficking.
Child trafficking has been a key priority for UNICEF for a number of years and the UNICEF Innocenti Research Centre website has a number of background papers and documents on child trafficking.

Although child trafficking is not a priority work in their 2011-2015 strategy, UNICEF UK has campaigned for legislation and child protection mechanisms to tackle child trafficking throughout the 1990s up until 2010.

UNICEF produced the following reports in 2010:

*Levelling the playing field*
This report is based on research commissioned by UNICEF UK and undertaken in three local authority areas in England involved in managing unaccompanied or separated migrant children (including those that have been trafficked). The research investigated whether the services provided to unaccompanied or separated migrant children met their complex needs.

*Wrong kind of victim?*
This report examines how the UK is meeting its obligations under the European Convention on Action Against Trafficking.

### Appendix 1

**Organisations Contacted**
Amnesty International
Chief Medical Officer, England
Chief Medical Officer, Northern Ireland
Chief Medical Officer, Scotland
Chief Medical Officer, Wales
Department of Health
Department of Health, Social Services and Public Safety
Foreign and Commonwealth Office
Home Office
Scottish Government Health Directorate
UK Border Agency
UK Human Trafficking Centre
UNICEF
Welsh Assembly Government

### References

