

Human Trafficking



What health workers need to know
about human trafficking

Foreword

Trafficking in human beings is a shameful and abhorrent violation of human rights. The use of deception, coercion and abduction to enslave people into situations of commercial sexual exploitation, forced labour or domestic servitude is an affront to all civilised societies.

While the global picture of human trafficking is alarming, the exact magnitude of the problem in Scotland is not yet clear. What is clear, however, from the recent Equality and Human Rights Commission investigation into trafficking in Scotland is that we are not immune from this modern-day slavery. The testimony given to the inquiry by people trafficked in and across the country revealed horrific cases of prolonged and sustained abuse.

Combating this pernicious trade demands a concerted and coordinated approach within and across agencies. The contribution of the NHS to such an approach is important given the severe and often enduring health impact of trafficking. Indeed, health services may be the first external link that trafficked individuals have to get out of a very harmful situation given the way in which their freedom of movement is curtailed and contact with agencies limited.

Victims may be deeply traumatised by their experience, particularly in situations of sexual exploitation. They may be distrustful and fearful of authorities which may affect their ability to seek help and support or to engage with the police. A sensitive and victim-centred response from healthcare staff can allay some of these fears and encourage them to access help and protection. Working with relevant experts, they can refer vulnerable individuals on to secure and appropriate support.

Many healthcare staff will be unfamiliar with human trafficking and the ways in which victims may present. This guidance is intended to raise awareness of its health consequences and assist them in identifying and responding to victims of this crime. In this way health practitioners can be a vital link in the chain of care which may provide victims with a route out of trafficking.

Eliminating human trafficking is a complex and difficult task, requiring co-operation and good communication across all sectors. Improving our response within the NHS will afford victims care and protection and contribute to our wider framework of anti-trafficking measures.



Nicola Sturgeon
Cabinet Secretary for Health, Wellbeing & Cities Strategy

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Who is this guide for?

Trafficking in human beings is a global problem and, although precise UK data on prevalence are not available, the evidence suggests this is growing in scale. As a signatory to the Council of Europe Convention against Trafficking in Human Beings, the UK has endorsed an Action Plan to tackle this issue. The provision of healthcare to victims, or possible victims, of trafficking is one of our international obligations.

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 the range of situations into which people may have been trafficked. Given the prevalence of trafficking for the purposes of sexual exploitation, however, staff are also encouraged to access the following range of practice guides on gender-based violence which contain further information on working with victims of sexual violence:¹

- What health workers need to know about gender-based violence: an overview
- Domestic abuse
- Rape and sexual assault
- Childhood sexual abuse (adult survivors)
- Commercial sexual exploitation
- Stalking and harassment
- Harmful traditional practices (for example, forced marriage, female genital mutilation, and so-called 'honour' crimes)

This guidance does not include victims of child trafficking. Separate guidance exists on responding to children who have been trafficked. Please refer to 'Safeguarding children in Scotland who may have been trafficked' available at

www.scotland.gov.uk/Publications/2009/02/18092546/0

What is human trafficking?

The definition of trafficking in human beings is contained in Article 4 of the *Council of Europe Convention on Action against Trafficking in Human Beings*. The UK ratified the Convention on 17 December 2008 and became bound by its terms on 1 April 2009.²

Trafficking in human beings consists of three core elements namely:

- *the action* – the recruitment, transportation, transfer, harbouring or receipt of persons
- *the means* – 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
- *the purpose* – the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs

The Convention specifies that when children (i.e. under 18 years old) are trafficked, no violence, deception or coercion needs to be involved: simply transporting them into exploitative conditions constitutes trafficking.

Often trafficked people have taken what is presented as a job opportunity, are lied to about the work, pay and conditions, and subsequently find themselves in situations akin to slavery. People are trafficked both across and within the borders of a state.

The primary purposes for which they are trafficked are:

- **Sexual exploitation:** forcible or deceptive recruitment for prostitution or other forms of sexual exploitation
- **Domestic servitude:** employment in private homes where ill treatment, humiliation and exhausting working hours are common. This can also involve sexual and physical abuse
- **Bonded/forced labour:** in construction, agriculture, horticulture, marine farming, textiles, catering, nail bars, care homes, and car washes. This can also include forced involvement in illicit activities such as cannabis cultivation and pirate DVD selling
- **Child trafficking:** for begging, benefit fraud, illegal adoption, forced marriage, domestic servitude, sexual exploitation

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 are unavailable given the hidden and criminal nature of human trafficking and its complexity. The International Labour Organisation (ILO) estimates that at any given time there are some 2.5 million people worldwide who have been trafficked and subjected to sexual or labour exploitation³.

Much of the focus has been on trafficking for sexual exploitation which, according to the UN Global Report on Trafficking in Persons, accounts for 79% of human trafficking.⁴ This refers primarily to *detected* cases, however, and it is likely that forced labour crimes have been under-estimated given the lack of reporting in this area. The

ILO therefore estimates that sexual exploitation constitutes around 43% of human trafficking.⁵

In 2010, research commissioned by the Association of Chief Police Officers (ACPO) estimated that of the 17,000 migrant women involved in off-street prostitution in England and Wales 2,600 had been trafficked, whilst a further 9,600 were vulnerable to trafficking. The majority of the women were from China and South East Asia with around 400 from Eastern Europe.⁶

A recent inquiry into human trafficking in Scotland noted that 134 persons were referred to the National Referral Mechanism (NRM) in Scotland over the 21 months from 1 April 2009 to 31 December 2010.⁷ This figure does not include those potential victims that do not consent to enter the NRM or those who have not been identified at all. Of the 134 identified, 91 were female and 43 male. Nearly all sex trafficking cases involved women, with a significant minority being under the age of 18. This was also true, though to a lesser extent, for trafficking into domestic servitude. Meanwhile, men were the majority of victims of trafficking into forced labour or labour exploitation, representing 34 of the 50 reported cases.⁸ The inquiry also found evidence that trafficking occurred throughout Scotland and was not confined to major cities.

In 2009 the UK Child Exploitation and Online Protection (CEOP) agency published a Strategic Threat Assessment, which built on the work of the 2007 scoping exercise.⁹ It identified 324 children as being potential victims of trafficking or exploitation from data supplied covering the 12-month period from 1 March 2007 to 29 February 2008. A report for the Scottish Child Commissioner commented that the low numbers of child referrals to the UK Borders Agency (14) is in contrast with the survey returns for the study which suggested that over 200 children may have been trafficked in Scotland.¹⁰

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, under lock and key, 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. 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
- 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
- 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

Who is at risk?

People are trafficked across the world. Importantly, they are not always **illegal migrants**. Legal immigrants, 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. International estimates are that:

- **56%** of trafficking victims are women and girls
- **44%** of trafficking victims are men and boys
- The majority are aged between 16-30 years

- Children estimated to account for 20% of human trafficking globally¹¹

There are also gender differences in the experience of trafficking:

Male trafficking victims are more likely to be forced into areas such as construction, agriculture etc.¹² Of those trafficked for commercial sexual exploitation **98%** are women and girls. Similarly, in areas such as domestic servitude there are more female trafficked victims.

A European study found that many victims of sexual exploitation experience abuse **before** being trafficked¹³:

- 60% of women had been physically and/or sexually abused in their country of origin before being trafficked
- 26% had been abused by more than one perpetrator
- 12% had experienced forced or coerced sexual activity before the age of 15

'Abuse, deprivation and stress-filled or terrifying circumstances are all hallmarks of human trafficking'¹⁴

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 will undoubtedly have cumulative health effects.

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 condition – there may be existing health problems that are exacerbated by trafficking

In the context of sexual exploitation, it is important to be aware of the likelihood of trauma, given the nature of the abuse sustained and the possibility of prior experience of physical and sexual abuse. In a study of women previously trafficked:

- 63% had more than **10 concurrent** health problems
- 56% had symptoms of Post-Traumatic Stress Disorder
- 95% were depressed
- 38% had suicidal thoughts

High levels of anxiety and hostility, chronic pain and headaches were also recorded.

The complexity of health needs has to be recognised. Additionally, the unpredictability and uncontrollability of traumatic events are highly predictive of an intense or prolonged psychological reaction.¹⁵

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 ■ Disorientation ■ Panic attacks ■ Phobias ■ Confusion ■ Post-traumatic Stress Disorder (PTSD) ■ Suicidal ideation ■ Self-harm ■ Substance misuse ■ 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

What is in place to help trafficked persons?

The UK government has established the UK Human Trafficking Centre (UKHTC) to provide a consistent approach to the prevention of trafficking and provision of support to trafficked persons. It has also established a National Referral Mechanism to respond to victims.

In Scotland a number of areas have developed multi-agency protocols on human trafficking. These identify the key contacts for each agency, clarify the different levels of responsibility and provide information on local support arrangements.

The National Referral Mechanism (NRM)

This is a framework designed to assist in identifying victims of trafficking, and provide them with appropriate care and support. The 3-stage process is as follows:

Stage 1:

Where a potential victim of trafficking is identified, an agency categorised as a **First Responder** will refer him/her to a **Competent Authority** (CA) which will decide whether or not they have been trafficked. In the UK the CAs are the *United Kingdom Human Trafficking Centre* (UKHTC) or the *United Kingdom Borders Agency* (UKBA). The UKBA deals with cases where there are immigration issues that need to be settled.

First Responders in Scotland are:

- Police
- Designated NGOs – Trafficking Awareness Raising Alliance (TARA), Migrant Helpline
- Local Authorities (Social Work Services (for children))
- UK Borders Agency

Agencies who are not First Responders should contact one of the above for onward referral. This should only be done with the permission of the person. Any referral to the NRM is voluntary.

Stage 2: The CA 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 there will be a recovery and reflection period of **45 days** during which the potential victim will be provided with support and protection while deciding what s/he wants to do. A negative decision means the person will not be entitled to the same protection and assistance afforded trafficked persons.

Stage 3: During the 45 day reflection period, the CA gathers more information and makes a full and conclusive decision on whether the person is a victim of trafficking – the **Conclusive Grounds (CG) Decision**. Again, notification of the decision is made by letter.

NB There are cases in Scotland and the rest of the UK where people have not sought referral to the NRM.¹⁶ 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.

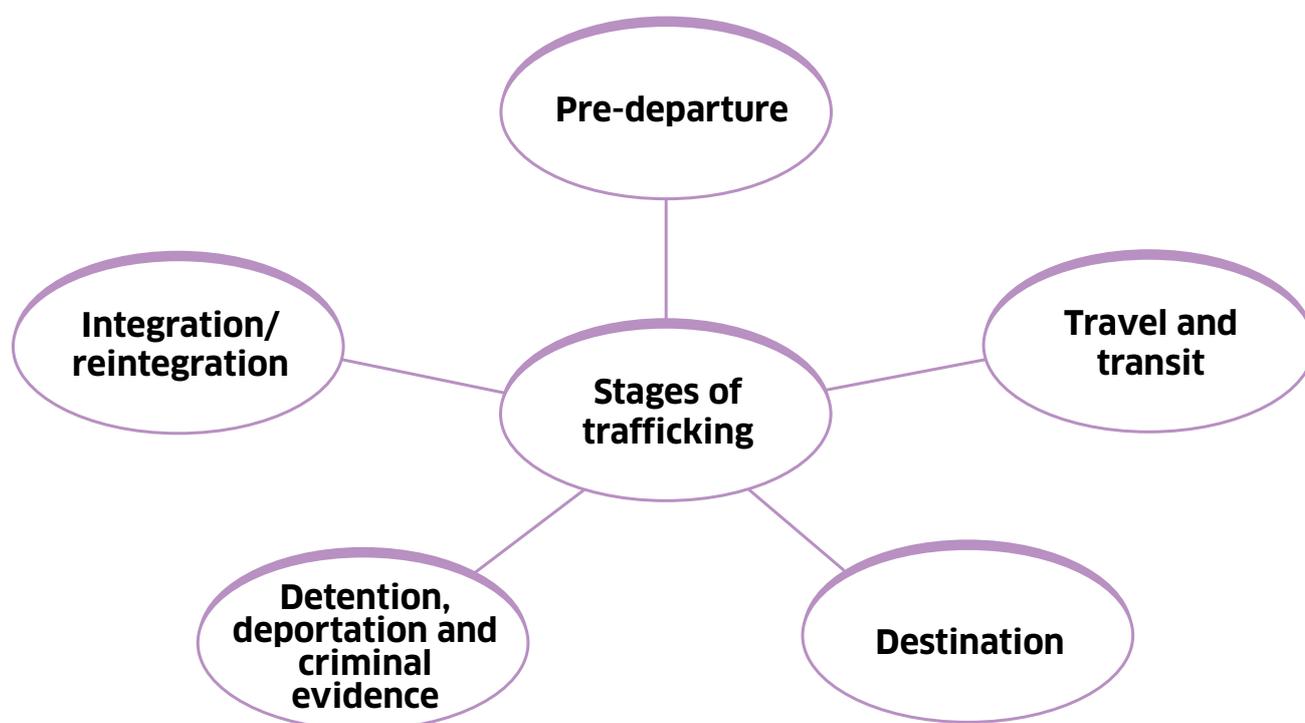
A decision not to pursue referral must be respected.

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.

According to UN guidance, 'Health in a trafficking context is best viewed as cycle in which their exposure to harm and opportunities for health occur through a multi-stage process (see diagram). The health impact may be most acute in the destination stage but each stage poses risks to health'.¹⁸

Victims or potential victims of human trafficking are entitled to free healthcare.¹⁷



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

'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:

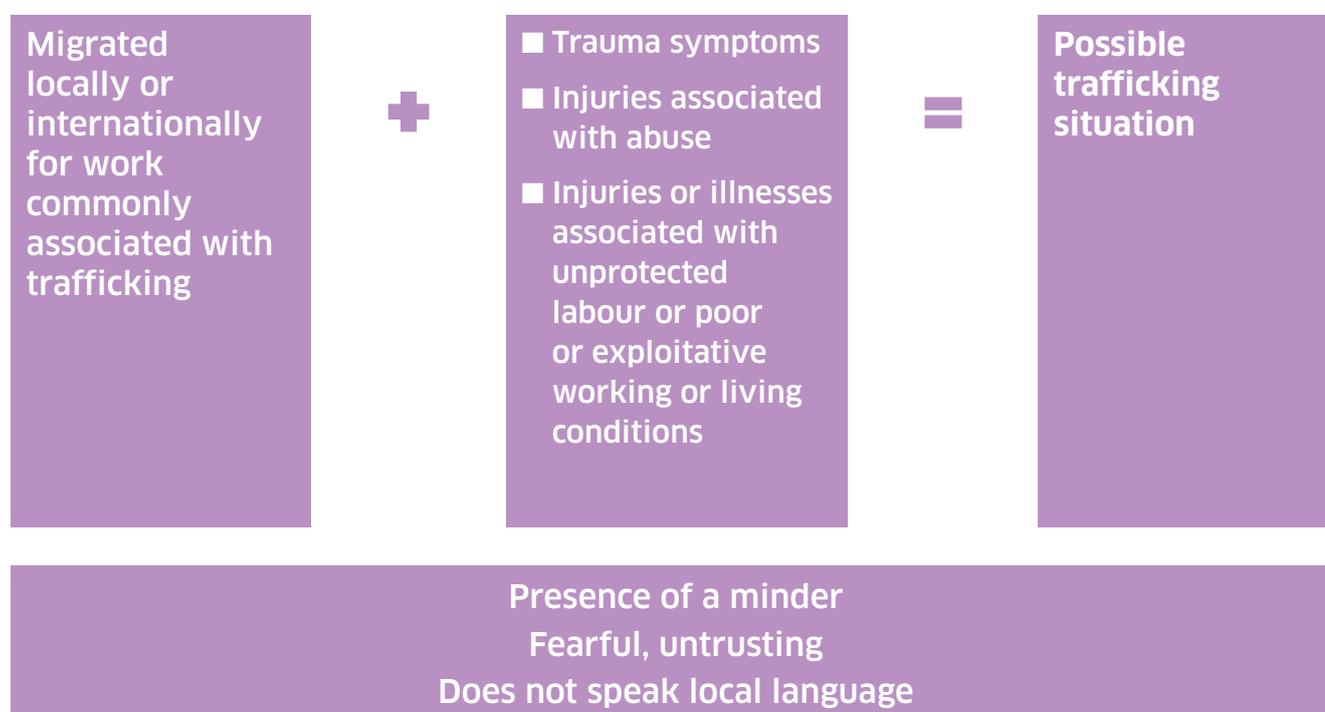
- Being aware of the possibility of human trafficking
- Recognising signs and symptoms
- Broaching the subject sensitively
- Listening and making time
- Checking current safety position
- Giving information and referring on to other services
- Documenting and recording information accurately

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. Improvements in detection by the criminal justice system and other support services mean it may become more common in healthcare presentations.

There are no definitive symptoms by which to identify trafficking. There are certain circumstances, however, which should serve to raise your index of suspicion around its possibility. The UN guidance notes that the following are potential 'red flags' that may indicate trafficking:¹⁹



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. They are in an unfamiliar culture with possibly very little awareness of their legal rights or of the availability of help and support.

Supporting Disclosure

- Provide a private and confidential environment where they can speak without fear of being overheard
- Prioritise the safety of the patient, and listen to their assessment of their situation and risk
- See the patient alone, even if s/he is accompanied. The only exception should be a professional interpreter. **Do not** inquire 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 the patient 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
- Appreciate that they may have experienced trauma, particularly related to sexual exploitation, and be sensitive to possible indications of trauma e.g. hypervigilance, mistrust, anxiety, numbing, dissociative state. Responding non-judgementally and reassuringly to them is important
- 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**
- Be patient-centred in your approach. Recognise that the defining features of trafficking – the lack of control and predictability – make it important that they aren't further disempowered. Encourage them to participate in decisions

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 about all different 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.

“Culturally responsive care...respects that... in addition to language and literacy barriers, styles of communication, levels of mistrust, differing expectations of the health care system, gender roles and traditions and spiritual beliefs all contribute to how a person experiences illness and responds to care”.²⁰

When you suspect someone has been trafficked

The following approach is adapted from good practice recommendations.²¹

- Ensure the environment is conducive to disclosure and the above conditions are met
- 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^{22,23}
 - » *'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 s/he receives 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. If so, a forensic examination will be arranged
- » 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, 2009*²⁴)

- 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. Provide information on the **National Referral Mechanism** and contact one of the **First Responders** on their behalf if required. Make sure they are aware of the implications of this e.g. if they have insecure immigration status, the case will be referred to the UKBA
- Advise of agencies that can help even if no NRM referral is wanted:
 - » **TARA** will help women in situations of sexual exploitation and assist them access other support services including access to safe accommodation
 - » **Migrant helpline** will provide support to men who have been sexually exploited, and to all persons trafficked into forced labour
 - » **ARCHWAY** rape and sexual assault service will support all victims of recent sexual violence in the Strathclyde Police 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 for getting 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.

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 directives²⁵
- 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.

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. Based in Glasgow but provides a Scottish wide service. Support can include safe accommodation, a mobile phone, clothing, and basic toiletries, advocacy and access to mainstream services such as counselling, legal advice and health care. TARA will also encourage women to speak to police about their experience and assist them in that process.

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

Tel: 0141 276 7729

Migrant Helpline

This charity is funded by the Scottish Government to provide support to all trafficked victims of economic exploitation and support to adult males trafficked for the purposes of sexual exploitation.

Tel: 07837 937737

The United Kingdom Human Trafficking Centre (UKHTC)

The United Kingdom Human Trafficking Centre (UKHTC) can provide 24-hour assistance and support to those dealing with trafficking of human beings. The centre can provide information and advice in relation to legal and immigration issues, current trends and developing operations.

Tel: 0844 778 2406 (24 hours)

www.ukhtc.org

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 service.

Covers Glasgow and Strathclyde area. Open 7 days per week, 24 hours a day.

Tel: 0141 211 8175

www.archwayglasgow.com

COMPASS

Specialist mental health service for asylum seekers and refugees (including those who have been trafficked), and who are experiencing moderate-severe mental health difficulties stemming from trauma. The service covers NHS greater Glasgow and Clyde area and offers case consultation and training for staff, as well as specialist mental health assessments (including joint assessment) and interventions for the effects of trauma. The service has a remit for children and young people and adults.

Tel: 0141 630 4985

www.nhsggc.org.uk/compass

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 6060

www.iomlondon.org

For victims coming from non EEA countries, **Refugee Action** can assist with them returning home.

Tel: 0808 800 0007

Scottish Refugee Council

Advice, information and assistance to asylum seekers and refugees.

Tel: 0141 248 9799

www.scottishrefugeecouncil.org.uk

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- 12 International Labour Organisation. *Forced Labour Statistics Factsheet* (2007)
- 13 Zimmerman, C et al. (2006). *Stolen Smiles: The physical and psychological health consequences of women and adolescents trafficked in Europe*.

- 14 International Organisation for Migration (IOM), UN Global Initiative to Fight Human Trafficking (UN.GIFT) and London School of Hygiene and tropical Medicine (2009) *Caring for trafficked Persons. Guidance for Health Providers*. http://publications.iom.int/bookstore/index.php?main_page=product_info&cPath=1&products_id=510
- 15 See 12
- 16 The Anti-Trafficking Monitoring Group (2010). *Wrong Kind of Victim? One year on: an analysis of UK measures to protect trafficked persons*. http://www.antislavery.org/english/resources/reports/download_antislavery_publications/trafficking_reports.aspx
- 17 Chief Executive's Letter _09 (2010). *'Overseas Visitors' Liability to Pay Charges for NHS Care and Services* http://www.sehd.scot.nhs.uk/mels/CEL2010_09.pdf
NB In 2008 an amendment was made to the NHS (Charges to Overseas Visitors) (Scotland) Regulations 1989 to exempt victims, or possible victims, of human trafficking from secondary (hospital) healthcare charges. While the Charging Regulations do not apply to general medical services (GMS) provided by: general practitioners; community pharmacists; optometrists; dentists etc, victims of human trafficking should not be charged for GMS.
- 18 See 14
- 19 See 13
- 20 See 13
- 21 See 13
- 22 See 13
- 23 US Dept of Health & Human Services. The Campaign to rescue and restore victims of human trafficking.
- 24 Available at www.gbv.scot.nhs.uk
- 25 Information Sharing between NHSScotland and the Police. Chief Executive's Letter (CEL_13 2008).



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