

Impact case study (REF3)

Institution: King's College London		
Unit of Assessment: 4		
Title of case study: Voicing the unheard story of trafficked people through research to change health services to meet their needs		
Period when the underpinning research was undertaken: 2012 – 2017		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Sian Oram	Senior Lecturer	From 1/3/2011
Louise Howard	Professor of Women's Mental Health	From 29/9/1997
Melanie Abas	Professor in Global Mental Health	From 16/1/2006
Debra Bick	Professor of Evidence Based Midwifery	15/09/2008 – 31/01/2019
Period when the claimed impact occurred: 2015 – 20		
Is this case study continued from a case study submitted in 2014? N		

1. Summary of the impact

Human trafficking is a form of modern-day slavery and a fast growing criminal industry. The Global Slavery Index reports over 135,000 trafficked people annually in the UK, and the International Labour Organisation estimates 40 million trafficked people worldwide. This highly vulnerable and often hidden group is in desperate need of support, services and advocates. Research from King's College London provided baseline data on mental health and human trafficking, and established that health services are in a unique position to identify, refer and provide care to trafficked people. The research identified barriers for trafficked people in accessing health services, and the lack of training for healthcare professionals on the specific needs of trafficked people. Our work underpinned new guidance from the Department of Health and Social Care (DHSC) and Public Health England (PHE) on identifying and responding to human trafficking. It informed the development of new training materials for healthcare professionals, and enabled the inclusion of abuses from trafficking in the International Classification of Disease (ICD-10). King's research also provided the foundations for UK legislative changes on regulating healthcare for trafficked patients, and increased public awareness around this subject.

2. Underpinning research

Public Health England describe human trafficking as "*the recruitment or movement of people, by the use of threat, force, fraud, or the abuse of vulnerability for exploitation*". Trafficked people experience known risk factors for mental illness including violence, abuse and deprivation. A 2012 King's systematic review revealed only four studies on the mental health of trafficked people, only one of which included a small number of participants in the UK. Since then, King's PROTECT programme of evidence reviews and primary research with trafficked people, clinicians and other professionals has pioneered research into human trafficking and mental health in the UK to address this gap, particularly focusing on the needs and healthcare experiences of trafficked people in high-income settings such as the UK; on how trafficked people access health services; and on NHS professionals' readiness to respond **(1)**. Bibliometric analysis (Sweileh, 2018) confirms King's researcher Oram as the leading researcher internationally on mental health and human trafficking.

King's research demonstrated multiple health needs of trafficked people in England. Trafficked people are amongst the most difficult to reach, raising many challenges for research. King's researchers surveyed 150 trafficked men and women in England who had escaped exploitation and were receiving assistance from post-trafficking support services **(2)**. The research demonstrated that many trafficking survivors experience medium- to long-term physical, sexual,

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and mental health problems, including injuries, sexually transmitted infections, and probable depression, anxiety, and post-traumatic stress disorder (PTSD). King's research drew attention to the high levels of violence experienced by trafficked people, with two-thirds of the women reporting rape during trafficking. King's also conducted research into maternity care for trafficked women and found that 29% reported one or more pregnancies (3).

Using an innovative approach to data linkage, King's constructed the first ever clinical cohort of trafficked people, showing that when compared to people with similarly severe mental illness, trafficked people are more likely to be detained under the Mental Health Act 1983, and have a longer inpatient stay. This research also found that trafficked people with severe mental illness experience a high prevalence of childhood and adulthood abuse, and an ongoing vulnerability to abuse after escaping exploitation, including domestic violence and sexual assault, thus providing evidence of the complex and inter-related needs that therapeutic interventions, risk assessment and planning must address (4).

King's showed NHS professionals are crucial to identify and care for trafficked people.

King's surveyed 782 NHS professionals including those working in emergency medicine, mental health, maternity services and paediatrics, as well as non-clinical staff attending safeguarding training (5). One in eight reported contact with a patient they knew or suspected to have been trafficked. Qualitative interviews with trafficked adults found that one fifth had accessed NHS services via GP surgeries, walk-in-centres, A&E departments and termination of pregnancy services (6). This highlighted the opportunity to work with those who attend services, but also the challenge of identifying those who do not. Maternity services were pinpointed specifically as a resource in the identification of trafficked women, alongside a need for greater training for maternity health professionals (3). These findings demonstrate that the NHS can play a central role in the identification, referral and provision of care to trafficked people, during exploitation and after escape.

King's research identified barriers to providing care during and after exploitation.

Qualitative research identified: (i) Trafficked people did not seek, or were unable to access care due to a lack of documentation, language barriers, lack of knowledge of services or concerns about repercussions from traffickers, police, and/or immigration (6). Trafficked people who had escaped exploitation required considerable support from caseworkers to navigate registration systems and access appointments (6); (ii) Many of those who were permitted to access healthcare services reported close monitoring from their traffickers (2, 3) which makes private consultations almost impossible; (iii) A lack of knowledge and confidence amongst NHS professionals on how to respond to trafficking, and a desire to receive training to improve their readiness to respond (5), with 78% of NHS staff reporting that they had insufficient training. This suggests a failing to utilise the unique position of healthcare professionals in identifying and supporting trafficked people, who are often hidden from view.

3. References to the research

1. **Oram, S., Abas, M., Bick, D.**...Hemmings, S, **Howard, L.**... Jacobowitz, S., Khondoker, M., **Broadbent, M.**, Ottisova, L., Ross, C.... (2015) *Provider Responses, Treatment and Care for Trafficked people: PROTECT. Final Report for the Department of Health Policy Research Programme. Optimising identification, Referral and care of trafficked people within the NHS* (115/0006). <https://www.kcl.ac.uk/ioppn/assets/protect-report.pdf>
2. **Oram, S., Abas, M.**, Bick, D., Boyle, A., French, R., Jakobowitz, R., Khondoker, M., Stanley, N., **Trevillion, K., Howard, L.M.**, Zimmerman, C. (2016). Human trafficking and health: a survey of male and female survivors in England. *American Journal of Public Health* 106(6), 1073-8. DOI: 10.2105/AJPH.2016.303095
3. **Bick, D., Howard, L.M., Oram, S.**, Zimmerman C (2017). Maternity care for trafficked women: survivor experiences and clinicians' perspectives in the United Kingdom's National Health Service. *PLOS One* 12(11): e0187856. DOI: 10.1371/journal.pone.0187856
4. **Oram, S.**, Khondoker, M., **Abas, M., Broadbent M., Howard, L.M.** (2015). Characteristics of trafficked adults and children with severe mental illness: a historical cohort study. *Lancet Psychiatry* 2(12), 1084-1091. DOI: 10.1016/S2215-0366(15)00290-4

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5. Ross, C., Dimitrova, S., **Howard, L.M., Dewey, M.,** Zimmerman, C., **Oram, S.** (2015). Human trafficking and health: a cross-sectional survey of NHS professionals' contact with victims of human trafficking. *BMJ Open* 5(8):e008682. DOI: 10.1136/bmjopen-2015-008682
6. Westwood, J., **Howard, L.M.,** Stanley, N., Zimmerman, C., Gerada, C., **Oram, S.** (2016). Access to and experiences of healthcare services by trafficked people: findings from a mixed-methods study in England. *British Journal of General Practice* 66(652): e794-801. DOI: 10.3399/bjgp16X687073

4. Details of the impact

King's research has underpinned UK policy changes, resulting in better recognition of the needs of trafficked people, and better mental health support for this extremely vulnerable group. King's has demonstrated the value of research to inform policy, healthcare standards and professional training in this area. Alongside this we have raised awareness to ensure all these changes are supported by a shift in the public visibility of this hitherto hidden group.

King's research influenced UK policy on the mental health needs of trafficked people.

King's research (1) fed into the Department of Health's (DOH) 2015 consultation on charging visitors to the UK for NHS care, leading to an amendment to legislation (regulation 6), so that healthcare charges incurred by a patient prior to being identified as a potentially trafficked person would be refunded [A1, A2]. Also in 2015, King's PROTECT research (1, 4, 5) was cited in a joint statement from the Department of Health and NHS England (NHSE) to health services on Anti-Slavery Day [A3]. In 2016, King's researchers presented findings on trafficked people's contact with health services (2,5) to the Parliamentary Under Secretary of State for Public Health and Innovation [A4, A5], and to the All Party Parliamentary Group on Human Trafficking and Modern Slavery [A6]. King's researchers were then requested by Baroness Butler-Sloss to author a briefing paper with the Helen Bamber Foundation (HBF) on the mental health difficulties experienced by trafficked people and the impact on their ability to provide testimony [A7]. Featuring King's research (2,4), this work was cited by the Work and Pensions Committee in their 2017 inquiry into Victims of Modern Slavery as evidence for the physical and mental health problems experienced by trafficked people [A8, A9].

King's research has also supported The Human Trafficking Foundation (HTF), an organisation which grew out of the All-Party Parliamentary Group on Human Trafficking and Modern Slavery, which aims to shape human trafficking policy and legislation by equipping policy makers and statutory agencies with evidence. King's work (1) underpinned an improvement in the HTF's 2018 Trafficking Survivor Care Standards [A10, A11], developed to ensure that all professionals working with trafficked people provide high quality, evidence backed and consistent care, as they are entitled under law. The Home Office have committed to incorporate these standards into its Modern Slavery Victim Care Contract as part of the National Referral Mechanism, the system by which potentially trafficked people are identified and signposted to services and support, confirmed by Parliamentary Under Secretary of State for the Home Department, Victoria Atkins, in a parliamentary debate in March 2019 [A12].

King's research informed UK health guidance to support victims of modern slavery. King's PROTECT research (1,2,4,5,6) is featured in Public Health England's guidance on supporting victims of modern slavery in healthcare settings [B1]. King's research (5) also informed DOH guidance for health staff on identifying and supporting victims of modern slavery [B2], which led to NHSE guidance on safeguarding victims of modern slavery [B3] and has helped inform a nationally disseminated video produced by NHSE to educate healthcare professionals about modern day slavery [B4].

King's research has informed guidance and training within the healthcare professions and beyond to better meet the needs of trafficked people. King's evidence that NHS services are important points of contact for trafficked people and potential routes to identify and support this voiceless and vulnerable group (5,6), alongside King's research identifying the necessity to address the skills gap to meet their complex needs (2, 6), led to the provision of specialist training

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for healthcare professionals in this area, and informed the development of national training guidelines [C1, C2].

King's PROTECT research (1) was cited by the Independent Anti-Slavery Commissioner in letters to several Royal Colleges including: Emergency Medicine; Obstetricians and Gynaecologists; Paediatrics and Child Health; Psychiatrists; Surgeons. The letter urged Colleges "*in the strongest possible terms to include reference to Modern Slavery Human Trafficking (MSHT) and exploitation within curriculum for trainee[s]*" [C3].

King's research informed the Royal College of Nurses on advising their members/trainees to identify and respond to suspected cases of trafficking. King's research (2,5,6) was the basis for a set of guidelines produced by the Royal College of Nurses for nurses and midwives. This has evolved over the years and is now entitled the Modern Slavery and Trafficking Guidance [C4]. Since publication, 10,000 print copies have been distributed and at least 2,000 copies downloaded [C5], plus it is recommended in a list of resources in the Home Office's Modern Slavery Unit [C6]. At the request of the Royal College of Midwives and on the basis of King's research demonstrating the contact of trafficked women with maternity services (3), King's researchers developed an iLearn module for midwives on responding to human trafficking and modern slavery to be launched in 2021 [C7]. Healthcare professionals are also trained via the VITA network, commissioned by NHS trusts to provide training on health responses to modern slavery, and using King's work (5) to inform the content and delivery of their training [C8,C9]. King's research has helped caseworkers, advocates and legal advisers to advocate for trafficked people. This includes gaining access to specialist post-trafficking healthcare support services, and supporting successful applications for leave to remain, positively impacting the physical safety and psychological wellbeing of survivors. King's research has also been used to support survivors' asylum and immigration claims, and has been cited within medico-legal reports [C10].

King's research has informed international policy development. King's research (5,6) has been cited by the World Health Organization in its submission to the Committee on Elimination of Discrimination Against Women (CEDAW), which is elaborating a General Recommendation on trafficking of women and girls in the context of global migration [D1].

King's research underpinned the recognition of the unique mental health needs of trafficked people in international diagnostic classifications. Due in a large part to King's research into the complex and severe mental health problems of trafficked people (2) and the need to recognise their experiences in diagnosis and care, codes for abuse from experiences of trafficking were introduced in the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10), and these were differentiated from other forms of abuse [E1, E2]. ICD-10 is the global standard guidance for making all clinical diagnoses. The trafficking codes went live in 2019, and this recognition of the harm caused to trafficked people has enabled healthcare professionals to track provision of healthcare to survivors of trafficking and build global data sets; and demonstrated the human and economic costs associated with this criminal activity.

King's research has increased public awareness and engagement with human trafficking. King's has increased awareness of the mental health impacts of human trafficking, with national and local media coverage of research [e.g. F1]. A collaboration with Syrian artist Sara Shamma culminating in a 2020 exhibition exemplifying HBF's mission to "*bear witness to the suffering of survivors and fight for their rights*" resulted in coverage in more than 30 national and international media outlets [e.g. F2]. As public attitudes go hand-in-hand with policy, these have widened the inroads King's research has made into changing the political, legal and health landscape to address the needs of this hitherto invisible group.

5. Sources to corroborate the impact

A Sources to corroborate the impact on UK policy

A1 The National Health Service (Charges to Overseas Visitors) Regulations 2015

A2 Email from Craig Keenan, Department of Health and Social Care 2020

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A3 Department of Health and Social Care statement: Supporting victims of modern slavery through healthcare services 2015

A4 Agenda of 2016 visit of Parliamentary Under Secretary of State for Public Health and Innovation, Nicola Blackwood, to King's

A5 Presentation given by King's researchers to Parliamentary Under Secretary of State for Public Health and Innovation, Nicola Blackwood, 2016

A6 Minutes of All Party Parliamentary Group on Human Trafficking and Modern Slavery 17th January 2017

A7 All Party Parliamentary Group on Human Trafficking and Modern Slavery 17th January 2017 briefing paper (joint with Helen Bamber Foundation)

A8 Work and Pensions Committee Report 2017

A9 Work and Pensions Committee statement April 27 2017

A10 Survivor Care Standards 2018

A11 Human Trafficking Foundation testimonial 2020

A12 Hansard record 27th March 2019 of Parliamentary Under Secretary of State for the Home Department, Victoria Atkins, on Survivor Care Standards, column 144WH

B Sources to corroborate impact on national health guidance

B1 Public Health England: Human Trafficking Migrant Health Guide 2017

B2 Department of Health guidance on identifying and supporting victims of modern slavery 2015

B3 Modern Slavery Human Trafficking Network: NHS England Safeguarding Guidance

B4 NHS England Video

C Sources to confirm guidance and training for healthcare and other professionals

C1 National training, Skills for Care 2020

C2 Testimonial from Centre for Modern Slavery

C3 Letters from Anti-Slavery Commissioner to Royal Colleges

C4 Royal College of Nursing guidance for nurses and midwives 2020

C5 Email showing number of downloads of Royal College of Nursing guidance

C6 Home Office Modern Slavery Unit list of resources

C7 Email invitation from Royal College of Midwives to develop an iLearn module

C8 Testimonial from VITA

C9 VITA website – Resources section

C10 Helen Bamber Foundation testimonial

D Sources to corroborate impact on international policy development

D1 World Health Organisation Submission to CEDAW 2020

E Sources to corroborate impact on international diagnostic classification

E1 Letter from HEAL and International Centre for Missing and Exploited Children in support of ICD-10 diagnostic codes 2019

E2 ICD-10 diagnostic codes 2018

F Sources to corroborate impact on public awareness

F1 Media articles

F2 Exhibition coverage