



Research article

The health needs and healthcare experiences of young people trafficked into the UK



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ABSTRACT

Young people who have been trafficked may have experienced significant trauma and violence but little is known about their health and healthcare needs. This UK study aimed to address that gap. It included a health survey and qualitative interviews with 29 young people aged 16–21 trafficked into the UK from other countries who were recruited through voluntary organisations and children's social services. These data were supplemented by interviews with relevant professionals. Over half the young people had been trafficked for sex work but sexual violence had also been experienced by those trafficked for domestic servitude and labour exploitation. Physical violence, threats, restrictions of liberty and deprivation were also widespread, as were experiences of physical and sexual violence prior to being trafficked. Five young women had become pregnant whilst trafficked; three were parents when interviewed. Two-thirds screened positive for high levels of psychological distress, including PTSD. Twelve reported suicidal thinking. Whilst some were keen for opportunities to talk to health professionals confidentially and wanted practitioners to treat their accounts as credible, others wanted to forget abusive experiences. Complex gatekeeping systems, language barriers and practitioners who failed to take them seriously limited access to healthcare. Support and advocacy were helpful in assisting these young people to navigate healthcare systems. Health professionals need to recognise and respond appropriately to trafficked young people's often complex mental health needs and refer them to relevant services, as well as facilitating care at later times when they might need support or be more ready to receive help.

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1. Introduction

Human trafficking is “the recruitment, transportation, transfer, harbouring or receipt of persons by means of 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

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the purpose of exploitation” (United Nations, 2000). Trafficking is believed to affect every country of the world, as countries of origin, transit or destination, and the International Labour Office (ILO) estimates that up to 20.9 million people worldwide may be in situations of forced labour as a result of human trafficking (ILO, 2012). In the UK, the Modern Slavery Act 2015 addresses both human trafficking and slavery, defining slavery as knowingly holding a person in slavery or servitude or knowingly requiring a person to perform forced or compulsory labour. An offence of human trafficking is committed if a person arranges or facilitates the travel of another person with a view to that person being exploited, where exploitation refers to slavery, servitude, forced or compulsory labour, sexual exploitation, removal of organs, or the securing of services by force, threats, deception or from children or vulnerable persons. The United Nations Palermo Protocol (United Nations, 2000), which includes the definition quoted above, established that children and young people under 18 cannot consent to their own exploitation regardless of the degree of coercion involved; this concept has been incorporated into UK guidance (DCSF, 2007).

The covert and illegal nature of trafficking, together with challenges in achieving a consistent definition, makes for difficulties in measuring its prevalence (CEOP, 2007, 2009). Some indication of the scale of the issue in the UK can be obtained from figures provided by the UK National Referral Mechanism (NRM) which provides the route through which trafficked people can apply for temporary immigration protection, accommodation and support (Home Office, 2014). In 2014, 671 children and young people under 18 were referred into the NRM; the most common countries of origin were Albania, Vietnam, the UK, Slovakia, and Nigeria (NCA, 2015). However, this is far from a full picture since this only includes those who have exited from the trafficking situation and are in contact with statutory and voluntary agencies permitted to make referrals on behalf of children they suspect may have been trafficked. Fears of recriminations from traffickers and/or arrest or deportation by the authorities can act as barriers to help-seeking and use of official agencies (Pearce, 2011). Adolescents' mistrust may be heightened further because they are often obliged to prove their status as children in order to access support from children's social services. Many fear that they will lose their right to stay in the UK at the age of 18 (Crawley, 2007).

The experiences and needs of trafficked children and young people have also been difficult for researchers to capture and there are similar reasons for this, although high levels of vulnerability together with gatekeepers' concerns about the safety and confidentiality of this group may also play a part. Few studies have been able to access trafficked young people directly (Ottisova, Hemmings, Howard, Zimmerman, & Oram, 2016). One exception is Kiss et al.'s (2015) survey of 387 10–17 year olds in the Greater Mekong Subregion. The authors found that the girls participating in their study had been trafficked primarily for forced sex work. Over half the young people (56%) in their sample reported symptoms indicative of depression, one in three had symptoms of an anxiety disorder and 12% had tried to harm or kill themselves in previous month. In the UK, Franklin and Doyle (2013) interviewed 17 young people aged between 15 and 23 who had been trafficked as children. They also surveyed local authorities and completed telephone interviews with key stakeholders. Their findings identified a high level of need for mental health services and highlighted poor continuity of care for trafficked children who had to retell their histories of abuse and exploitation to numerous social workers. Some evaluations of initiatives for young people who are either asylum seekers or trafficked, such as Crawley and Kohli's (2013) largely positive evaluation of the Scottish Guardianship pilot service included interviews with and case file studies of small numbers of young people who had been trafficked. This study found that Guardians could play a key role in assisting these young people to navigate and access health services. Varma, Gillespie, McCracken, and Greenbaum's (2015) US study used case file review to study 84 children aged 12–18 presenting at hospital emergency departments or at a child protection clinic, of whom 27 were defined as victims of commercial child sexual exploitation or trafficking. Over 50% of this group had had a sexually transmitted infection (STI) and they were more likely than a comparison group of sexually abused young people to have experienced violence and to have a history of drug use. A similarly high rate of STIs (35%) was found by Crawford and Kaufman (2008) who studied the case files of 20 sexually exploited adolescent females receiving post-trafficking NGO support in Nepal.

Other studies have focused on the knowledge and perceptions of practitioners working with trafficked children and young people with the aim of improving identification and service provision for this group. Pearce (2011) completed focus groups and interviews with 72 UK practitioners and analysed 37 case studies from the files of a child trafficking advice and information service. She identified a 'wall of silence' constructed from children's anxieties associated with talking about their experiences and practitioners' lack of knowledge of indicators of trafficking or their disbelief of children's accounts. Together, these made for difficulties in identifying and responding to trafficked children and young people. She found that practitioners were sometimes unable to distinguish between smuggling and trafficking and that there was potential for the sexual exploitation of trafficked boys to be overlooked. Ross et al.'s (2015) survey of 782 health professionals in England found that over half (55%) did not feel confident that they could make appropriate referrals for trafficked children. Eighty per cent of the sample considered that they had not received sufficient training to be able to assist individuals whom they suspected might be trafficked. Cole and Sprang's (2015) study identifies the uneven nature of the response to trafficked young people. They completed a telephone survey with 289 professionals in metropolitan, micropolitan and rural areas in the US. While they found practitioners across all areas reported similarities in the situations of children and young people who had been trafficked for sexual exploitation, professionals in metropolitan areas were more likely to have experience of working with victims of sex trafficking, to have received appropriate training, be familiar with relevant legislation and to perceive it as a fairly or very serious problem.

This mixed methods study was planned to provide an in-depth picture of the health needs and healthcare experiences of young people in England who had recently been trafficked from other countries. We also aimed to understand the challenges

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