

Recommended approach to communicating with victims of trafficking

Discuss confidentiality – this may depend on what she has disclosed: 'What you have told me I am not allowed to tell anyone else' or 'What you have told me I need to tell police/a doctor/my manager because...'

Is there anyone else who needs help or is in danger?

What are you most worried about right now?

What else would you like my help with?

Is there anyone you trust that I can contact?

Do you have anywhere safe to stay?

Would you like me to help you contact the police?

Your safety is my first priority.

I am here to help you.

You can trust me.

Trafficking good practice – the Haven Clinic

One immediate health concern for many of the women who come to the POPPY Project concerns sexual and reproductive health. Having been trafficked for the purpose of sexual exploitation, mainly in the commercial sex industry, service users' concerns were relating to experiences of sexual violence/rape, being forced to provide sexual services without access to contraception and resulting STDs or HIV, on-going infections as a result of poor access to hygiene facilities, backstreet/forced terminations and similar issues.

As there are no specific services set up to deal with the medical needs of trafficked people, the POPPY Project's service users were initially referred to main stream services, such as walk-in genito-urinary medicine clinics (GUM). However, service users often felt that they weren't treated appropriately by mainstream health practitioners, who in turn were disapproving that these women had been 'selling sex without condoms' or not 'looked after themselves properly', clearly not understanding the coercion and control involved in a trafficking scenario. In short, the service users felt that they were stigmatised for being involved in prostitution.

As a result, the POPPY Project approached agencies providing sexual health services specifically to women involved in prostitution, often from a 'harm-minimisation' perspective. These were agencies which were very skilled in building trusting relationships with marginalised client groups and using a non-judgemental approach. However, the POPPY Project's service users felt that the approach and terminology used by these service providers did not reflect their experiences – where the sexual health agencies spoke of 'sex workers' and 'pimps and punters' the service users often spoke of 'being raped' and 'traffickers or perpetrators'. In short, service users felt that they were treated like women who had chosen to be involved in prostitution, again not taking account of the lack of agency and the coercion and control that had characterised their experiences.

As a result, the POPPY Project approached a local Sexual Assault Referral Centre (SARC) – the Haven Clinic – and proposed a working partnership to ensure that the sexual and reproductive health needs of the service users were met. The Haven Clinic offers a confidential service to victims of sexual assault and provides emergency contraception, screening for and treatment of sexually transmitted infections as well as counselling and onward referral. Although The POPPY Project service users' experiences differ from the

experience of a 'traditional' victim of sexual assault – for example there may be a large number of perpetrators and the offences may have been committed over a long period of time – it was felt that this service was best placed to meet the service user's needs. Through the Haven Clinic, service users were treated as victims of sexual assault rather than as 'women in prostitution'.

The partnership between the POPPY Project and the Haven Clinic highlights that creative and unusual working methods might be required to meet the health needs of trafficked women.