

GLOBAL EYE ON HUMAN TRAFFICKING

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Trafficking for the Purpose of Organ Removal

INSIDE Special Issue

Trafficking and Health

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Although human trafficking as defined in the "Protocol to Prevent Suppress and Punish Trafficking in Persons" includes exploitation for the removal of organs, there is little knowledge of what this phenomenon entails.

In order to advance the understanding of the issue, a panel of experts met in Vienna in February of this year in order to develop strategies to fight human trafficking for the purpose of organ removal. The meeting was part of the Vienna Forum to Fight Human Trafficking which brought together more than 1,500 senior government officials, delegates of Member States, business leaders, NGOs, activist and academics. The panelists concluded that the increased need for organs still remained unmet globally, forcing those in need of transplants to look into the possibility of purchasing organs illegally.



Following the Vienna Forum, transplantation experts, ethicists, legal scholars and government officials met in May in Istanbul to address concerns over organ trafficking, transplant tourism and commercialism. The result of this meeting was the Istanbul Declaration which calls for an end to these practices which violate principles of equity, justice and respect for human dignity. Not surprisingly, the definition of organ trafficking¹ that the panellists agreed on takes into consideration the possibility that organs may be obtained from people who have been trafficked.

Dr. Luc Noel, a transplantation expert at the World Health Organization (WHO), spoke to the *Global Eye on Human Trafficking* Team on the link between organ trafficking and human trafficking. Dr. Noel believes that transplant commercialism, a practice in which a human organ is treated as a commodity to be bought, sold or used for material gains is the main contributing factor to human trafficking for the purpose of organ removal.

Dr. Noel states that in 2005, approximately 10 per cent of organ transplants around the world involve these unacceptable activities. For example, in India, the police recently cracked down on an undercover transplantation ring where donors, initially lured by the promise of profit, found themselves kept at gunpoint. In South Asia live donations also occur amongst indentured labourers who sell their kidneys in order to repay debt, often under the coercive tactics of unscrupulous employers.

Indeed, the prohibition of the sale and purchase of human material for transplantation has recently been reaffirmed in the updated WHO Guiding Principles on Transplantation.

Organ trafficking and transplant commercialism are a result of an increasing demand for organs, particularly kidneys. As the need for kidneys is not being met by cadaveric donations, live kidney donations are in high demand around the world. The WHO suggests that live donations should be altruistic in nature and that no monetary exchange should take place between donor and recipient other than to cover the actual expenses of either party; however, many of those patients awaiting organs travel to developing countries where the regulatory systems on transplantation are weak or non-existent in order to purchase organs. In these countries, the victims of transplant commercialism are usually the most vulnerable members of society. According to Dr. Noel "organ brokers usually use fraud, deception and coercion in order to obtain live donations from ill-informed and often extremely poor people". The fees exchanged for organs, which can reach more than 100,000 USD for a kidney transplant, are rarely destined for the donor who often receives as little as 1,300 USD, according to research undertaken by the Sindh Institute of Urology and Transplantation (SIUT) in Pakistan.

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What can be done to address this problem? Many have argued that regularizing the sale of organs would put an end to (Cont. on page 3)

1. The recruitment, transport, transfer, harbouring, or receipt of living or deceased persons or their organs 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 to, or the receiving by, a third party of payments or benefits to achieve the transfer of control over the potential donor, for the purpose of exploitation by the removal of organs for transplantation. (Istanbul Declaration)

EDITORIAL

Dear reader,

While migration itself is not a risk to health, conditions surrounding the migration process can increase vulnerability. Health determinants associated with migration include legal status, level of access to health services, and the very understanding by policy and decision-makers of the impact on health of migrants and societies alike that migration dynamics can have. The resolution on Health of Migrants recently passed by the World Health Assembly, calls for work at the multisectoral level in addressing the health needs and rights of migrants, recognizing that this can contribute to reduce stigma, long-term health and social costs, and can facilitate integration and social-economic development. IOM is dedicated to this principle.

Trafficking in persons is one of the most extreme forms of irregular migration. It is characterized by a coercive nature, high levels of stress and violence suffered by those who are trafficked, and the sometime lasting impact on their physical, mental and social well-being. Without medicalizing a phenomenon that has much broader social, legal, and human rights implications, highlighting the health dimension of human trafficking recognizes it as a deep offence to the dignity and integrity of individuals. It recognizes the burden of suffering associated with trafficking, and the need of health attention and resources at different stages of interventions to rebuild an individual's integrity.

The Budapest Declaration on Public Health and Trafficking in Human Beings of 2003 emphasizes the need for health care to be provided to trafficked persons by trained professionals in a secure and caring environment. We hope that the Guidelines for Health Providers on Managing the Health Consequences of Human Trafficking, recently developed by an IOM-led Expert Group can help in responding to this need. We praise the IOM Counter-Trafficking Division colleagues for having focused this edition of *Global Eye* on health issues of trafficking; it will certainly contribute in raising awareness on the need to dedicate attention and resources to the health and public health concerns related to trafficking.

Dr. Davide Mosca. Director, Migration Health Department
IOM Geneva

Stolen Smiles

The physical and psychological health consequences of women and adolescents trafficked in Europe¹

Women and adolescents who are trafficked suffer some of the most unspeakable acts of abuse, exploitation and degradation. The damage to their health and well-being is often profound and enduring. Yet, to date, little data has been available on the range and extent of the physical and psychological health damage experienced by women who are trafficked.

This 2006 report, which remains as relevant today, 'Stolen Smiles: the Physical and Psychological Health Consequences of Women and Adolescents Trafficked in Europe' presents some of the first-ever statistical data on the health consequences of women who have been trafficked. It also provides information on the violence and health risks that may have influenced these outcomes.

For this study, 207 women who had been recently released from a trafficking situation were interviewed while in the care of assistance organisations in destination countries, as well as transit and home country settings. All women were invited to be interviewed at three different time periods; the first interview took place between 0 and 14 days after a woman entered a post-trafficking assistance program (Crisis Intervention Stage), the second interview between 28 and 56 days after entry into care (Adjustment Stage), and Interview 3 after 90 or more days (Long-term Symptom Management). Upon emerging from a trafficking situation, the severity and range of women's symptoms indicate the importance of crisis intervention care that includes emergency medical assistance, resources that meet women's basic needs (security, rest, nutrition), and specialised psychological support.

Women's rating of their overall health status

Prior to inquiring about specific symptoms, women were asked to rate their overall health: "Thinking back over the last two weeks, how would you say your health has been?" Questions that solicit self-perceived health assessments have proven to be reliable measures of health status with subpopulations and have

been demonstrated to be more stable over time than physician ratings.¹ The majority of women felt that their health had improved significantly while they were in the care of a service organisation. Most women (56.1%) rated their health as "poor" at the first interview but by the latter two interviews (after at least two weeks in care), the majority subsequently perceived it as "good" (58.9%, 54.8%) (Figure 1a). Most changes occurred between the first two interviews, while less difference can be observed after the second interview. What this data is not able to show, however, is to what degree these assessments reflect how women perceived their current health status relative to their health while they were still in the trafficking situation. That is, if women were evaluating their health compared to how poorly they felt before escaping the trafficking situation, then these assessments likely under-represent how poorly women were feeling on a normative scale, or compared to an average health level.

Physical health symptoms

It is not surprising that women rated their health poorly upon emerging from a trafficking situation, as the majority of them were burdened with numerous and concurrent physical health problems. Within the first 14 days after entry into a service setting, 57% of the women reported experiencing 12 or more concurrent physical health symptoms. The most prevalent and severe individual symptoms included: headaches, fatigue, dizzy spells, back pain, stomach or abdominal pain and difficulty remembering. Many of these symptoms were also among the most persistent, such as headaches, fatigue and dizzy spells. These symptoms can have significant implications for women's capacity to participate in administrative and legal proceedings soon after a trafficking experience.

Physical health symptoms appeared to show a substantial reduction after women had been in care, with 7% reporting 12 or more symptoms after 28-56 days in care, and 6% after 90 or more days in care. Physical health symptom patterns detected in the first 14 days demonstrate trafficked women's need for immediate medical assistance that attends to urgent health problems (e.g., infections, injuries, acute pain), and care that responds rapidly to basic needs, such as security, rest and nutrition. Later symptom patterns indicate the importance of professional (Cont. on p. 3)



1. This article is an adapted summary taken from the 2006 report, 'Stolen Smiles: the Physical and Psychological Health Consequences of Women and Adolescents Trafficked in Europe' authored by Cathy Zimmerman, Mazedra Hossain, Kate Yun, Brenda Roche, Linda Morison, and Charlotte Watts jointly with the London School of Hygiene & Tropical Medicine; Poppy Project; International Organization for Migration; On The Road; Animus Association Foundation; La Strada and Pagasa.

(Cont. from p. 2)
 diagnostic services capable of assessing complex symptomatology and comprehensive treatment able to address a range of persistent health problems.

Mental health symptoms

Upon entering care, over half the women (56%) reported symptom levels suggestive of posttraumatic stress disorder (PTSD). The number of women demonstrating these symptom levels decreased after approximately 28 to 56 days in care (12%), and again after 90+ days (6%). This decline in acute PTSD symptomatology suggests that women improve considerably when receiving care. However, women may be at continuing risk for recurrence of PTSD following traumatic events later in life, such as family reunions, asylum proceedings, criminal investigations or trials. Extremely high symptom levels for depression, anxiety and hostility were reported throughout the study. Within the first 14 days of entry into care, women’s symptom levels were within the top 10% of a general population—or comparable to the most distressed individuals in a general female population. Not until approximately 90+ days in care was a relative decrease in anxiety and hostility levels observed, but depression levels remained near the top 10% of population norms. The continual presence of high symptom levels is likely to make it difficult for women to re-engage in normal daily activities, such as caring for family, employment or education. This suggests the need for ongoing, longer-term psychological support.

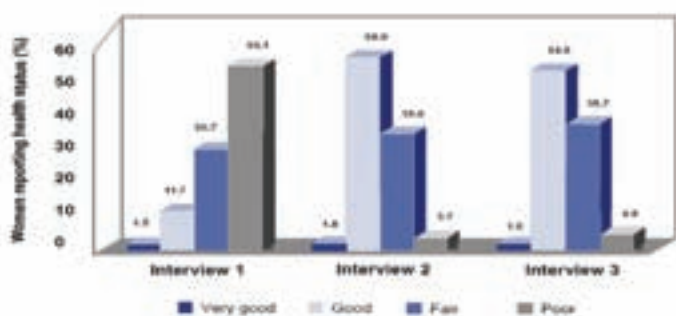


Figure 1a. Women’s perception of their health status over three interviews.

Concurrent physical and mental health symptoms

At each of the three interview periods women were asked about a range of symptoms indicative of their physical and mental health status. Immediately following a trafficking experience most women are burdened with numerous and concurrent physical and mental health problems. At 0 to 14 days, over 57% of women were experiencing 12 or more physical health symptoms that caused them pain or discomfort (Figure 2a). After 28 days, 7% were experiencing eleven or more symptoms, and after 90 days, 6% showed this number of concurrent symptoms. Multiple mental health symptoms endured much longer. Over 70% of the women reported ten or more mental health symptoms associated with depression, anxiety and hostility within the first 14 days. After 28 days, 52% still suffered ten or more concurrent mental health symptoms, and not until after 90 or more days did this symptom level seem to subside. (Figure 2b) Women’s psychological reactions were multiple and severe, and compare to, or exceed symptoms experienced by torture victims.²

Concurrent Health Symptoms

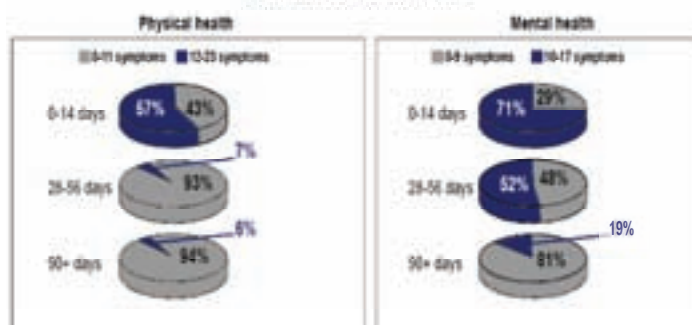


Figure 2a. Percentage of women with concurrent physical health symptoms over three time periods.

Figure 2b. Percentage of women with concurrent mental health symptoms over three time periods.

Implications

The findings from this study provide new evidence on the health consequences of trafficking and highlight the importance of professional medical care and psychological support for women who have been trafficked. High levels of pre-departure violence may contribute to a woman’s or adolescent’s vulnerability to being trafficked and to later morbidity. Abuse may also have serious implications for women’s safety if they choose to, or are forced to return home. During trafficking, the physical, sexual and psychological abuse, extreme limitations on women’s movement and activities, and the unpredictable, uncontrollable, and life-threatening environment prohibit women from protecting their health and seeking help, and result in debilitating health complications. The symptom patterns observed in this study also suggest that women who have recently been identified as being trafficked may not be in a good enough physical or psychological state to make well-considered decisions about cooperating with authorities against the traffickers and about their safety or to offer detailed evidence about past events. The findings indicate that it is not until approximately 90+ days in care that a woman’s most severe symptoms are likely to show a substantial reduction, and women may experience an increase in cognitive functioning and emotional strength.

Although an important reduction in many symptom domains was observed in this study, it was also clear that women’s health problems were rarely eliminated, and that most are likely to live with physical and psychological burdens of what was done to them for a long time. That this violence suffered by trafficked women occurred on the territory of destination states and was often perpetrated by, or involved the participation of, residents of these states suggests that governments have a special obligation to provide a rights-based and health-based care package to repair the harm caused by a crime that occurred on their territory. It is hoped that this evidence base will contribute to improved policies and well-planned resources and services available for the many women who require assistance in rebuilding their health and well-being. ■

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Organ Trafficking for the Purpose of Organ Removal (Cont. from p. 1)

FEATURE

organ trafficking and human trafficking for the purpose of organ removal. Commenting on this issue from a public health perspective, Dr. Noel states that “the idea that there can be a regulated market in a global context is a myth; it will inevitably end up harming the most vulnerable. The sale and purchase of organs, even if regularized, can only lead to the increased use of brokers and even organized crime.” Among governments, international organizations and NGOs

that deal with human trafficking, there is a consensus that not enough is known about the phenomenon. The underground nature of trafficking networks, combined with the lack of data on transplantation performed in illegal settings, leads to unreliable information on human trafficking for organ removal. These lacunae must be addressed before more solid counter-trafficking measures can target this type of exploitation. ■





Relative to the problem of trafficking for sexual exploitation, trafficking for forced labour has received little attention. Common forms of labour into which people are trafficked include: construction, agriculture, mining and quarrying, manufacturing, fishing, and domestic service. These are sectors which, in many locations, are poorly regulated despite the range of health and safety risks often posed by these forms of work.

Although labour exploitation has been an inherent element of the growing global economy, only recently have the numbers of people identified as having been trafficked for forced labour and referred to groups assisting trafficked persons begun to increase. Thus, we still know very little about the health risks and consequences they experience.

General health risks

Anecdotal evidence from non-governmental organisations and data provided by IOM offices around the world indicate that trafficked labourers are exposed to various risks that have both short and long-term implications for their health. They report living and working conditions that are overcrowded, poorly ventilated and lack adequate sanitation. Long working hours and little rest time may be punctuated with poor or inadequate nutrition and prolonged exposure to extremes of heat or cold.

Information from IOM offices from all regions indicated that trafficked labourers in their care frequently suffer physical injuries, infectious and communicable disease and, not least, post-trauma mental health symptoms including, anxiety, depression, post-traumatic stress disorder, feelings of low self-esteem and isolation.

Individuals' distress may be compounded by the belief that they were somehow responsible for the abuse they suffered and from humiliation because they have disappointed their families by not providing anticipated income.

Anticipating specific health risks

Although research into the sector-specific health consequences of forced labour has not yet been conducted, we may draw insights from what we know about the work-related health risks typically associated with the industries into which people are commonly trafficked.

When considering the recognised occupational hazards in these industries, it may be assumed that the average risks for each sector will be multiplied for persons who are trafficked into these situations, as forced labourers are likely to have less protective equipment, less training, more exhausting work hours, and generally poorer conditions.

The construction industry, for example, has many well-recognised hazards, including repetitive lifting of heavy objects, the risk of falling materials, working heavy machinery, and labouring at great heights. Those who are exploited in a construction zone are unlikely to be given training on machinery or informed of safety precautions and most around the world work without protective equipment, such as helmets.

Workers are likely to be given poor quality tools and machinery that may malfunction, leaving them with cuts and bruises, or, at the most extreme, amputated limbs. Those trafficked internationally will be at greater risk because linguistic barriers make it difficult to understand what little direction or guidance they might be given. Exposure to irritants and carcinogens from construction sites is associated with acute and chronic respiratory disease, poisoning, certain cancers, and irritant and allergic dermatitis².



The fishing industry poses particularly serious health hazards, not least because of the dangerous conditions out at sea and the risk of drowning. For those working in cold or frozen climates, exposure to wind, water and the cold environments of on-board processing lines increases the risk of frostbite and hypothermia. For individuals in hot zones, heat-related illness (including increased risk of dehydration when fresh water is not available) and skin problems are likely to be exacerbated by the effects of individuals' proximity to water³.

Loss of life due to storms and unseaworthy or poorly constructed vessels with few or no safety mechanisms (e.g., life rafts or vests) is more likely in exploitative situations. Accidents and injuries occur at a high rate in fishing industries, often occurring as a result of entanglement in fishing gear, falling or being drawn overboard, falling equipment, using cutting or slicing tools and bleeding or gutting fish.

Hands, limbs, and the head and neck are the most common sites for pain and bone, muscle and tissue damage, including open wounds, fractures, sprains, strains, contusions and lacerations². Individuals on poorly ventilated vessels may sustain respiratory illness, poisoning, and asphyxiation as a result of exposure to toxic gases in ship holds or to leaking refrigeration chemicals^{2, 3}.

Occupational asthma may develop due to exposure to fish and fishing-related allergens, and regular contact with fish, gloves or prolonged wetness can also cause skin conditions (e.g. eczema, boils and abscesses), particularly on the hands^{2, 3}.

Using what we know about health consequences

In order to meet the health needs of people trafficked into forced labour, it is useful to learn from what we know about the occupational hazards of the most common forms of labour exploitation occurring in our area. By recognising known signs and symptoms associated with sector-specific work, medical practitioners and support workers may be able to more readily detect and treat illnesses, avoiding overlooking key health problems or misdiagnosis.

Knowledge about particular labour-related symptoms may also help us identify persons who may have been trafficked or exploited, before they actually disclose situations of abuse. In this way, men, women and children who have migrated with the hope of working for a better life for their families and themselves may be more quickly assisted to recover their health and begin anew their search for a safe job with a fair wage. ■

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1. International Labour Organisation (2005) *A Global Alliance Against Forced Labour*.
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Idit Albert is a clinical psychologist at the Centre for Anxiety and Trauma at the Maudsley Hospital in London and teaches clinical psychology at Kings College University London. She specializes in working with trauma, victims of violence, and women who have been trafficked and who are currently living in the UK. She has also worked in Macedonia with women who have been trafficked for sexual exploitation. Dr. Albert spoke to the *Global Eye on Human Trafficking* team about her experiences with victims of trafficking.

What are the psychological outcomes of trafficking? Do these outcomes vary depending on the victim's sex or age?

In my work, I encountered instances of post-traumatic stress disorder (PTSD), depression and anxiety. I also deal with people who suffer from substance abuse. This can be a result of the substance being introduced in the period of trafficking especially in the case of women who are exploited for sexual purposes. Substance abuse can also occur after trafficking when people misuse drugs or alcohol in order to cope with distressing traumatic memories, feelings of shame and guilt and sleep difficulties.

Exactly what is PTSD?

PTSD is a disorder that people sometimes develop following exposure to a traumatic event, meaning an episode in which a person experienced threat of harm, actual harm or witnessed harm being done to others. During or after the exposure the person encounters emotions of intense fear and helplessness. Following exposure to trauma, people re-experience the traumatic event in intrusive memories, nightmares or "flashbacks". People who suffer from PTSD avoid reminders of their traumatic experience may refuse to speak about what happened to them and become emotionally numb. PTSD sufferers often report reduced concentration and memory difficulties, feelings of anger and irritability and increase sense of vulnerability to danger. Not everyone who has been traumatized will develop PTSD but, statistically it is a common reaction.

Do you believe that persons that have been trafficked should be referred to as "victims"?

As a clinician I use the words that the person that I treat feels most comfortable to use in relation to him or herself. Personally I perceive my clients as survivors but if they perceive themselves as victims this is how I will work with them. I am however aware that in certain places, for legal issues or for social support the word victim can utilize more help.

"Psychological assistant may also be required to support the person in rehabilitating his or her life to reengage in their community."

How different is your work with victims who are at the end of trafficking cycle as opposed to first instance psychological assistance?

The first stage has to deal with the issue of safety. People who have been trafficked need to feel physically and emotionally safe. Issues of suitable housing, food and appropriate medications need to be attended to. If there is a problem of intoxication, whether by drugs or alcohol, this must also be addressed. First instance care must also help victims establish normal routines like eating and sleeping normally. This might sound minimal but in fact it is quite essential because trafficking victims are often deprived of these basic necessary routines that the body and the psyche really need.

Establishing routines also helps victims feel that they have control over their own lives. Later on when victims are completely out of the trafficking stage, the assistance can focus on mental health difficulties that preceded the trauma

of trafficking or that developed as a result of it. Such difficulties can impede the person from engaging with the life they want or the goals they have set for themselves and would usually require professional help. Psychological assistant may also be required to support the person in rehabilitating his or her life to reengage in their community.

How can psychologist prepare to deal with patient from completely different cultural background?



The way we deal with cultural differences is by working in collaboration with the person and checking with them what their beliefs and perceptions are. We make sure we always inquire about our clients emotions and the beliefs associated with those emotions. We prepare our homework in a sense by doing background research on the person's country of origin. But it is important to get the story from the

person and understand where they are coming from. At the end of the day we can't be experts in all cultures and there is a risk with assuming to be an expert.

What about different approaches to the healing process? Can western concepts of psychology be applied to non-western settings?

I believe that those in need are not the ones that are bothered by categories and cultural concepts. This is much more the discussion in the West. Based on my experience and my colleagues experiences, people who suffer from mental health difficulties want quick and effective treatment. And yes there are some cultural differences, for example, if you work with interpreters you might discover there are no words in a particular language to describe a particular symptom. There are also the cases where people who come from particular cultural background or socio-economic groups may somatise their symptoms. However the treatment that I practice is cognitive behavioural therapy which has research to prove its effectiveness in the treatment of people from different cultures in non-western settings. We find that working collaboratively with clients and interpreters to adapt the treatment to the person's individual social and cultural needs provide good outcome.

How can mental health care professionals better address the needs of trafficked victims?

Firstly it is important to not be afraid to use diagnoses when appropriate. Psychiatric diagnoses are internationally recognized and we have research from all over the world that show that they are applicable to people from different cultures. Using the right diagnoses allows us to focus on treatments that are based on evidence. If instead of using a diagnosis we use wide concepts such as "distress", it stirs us away from providing trafficked persons with effective evidence-based treatments. If you use PTSD as diagnosis, for example, you can look up research that is done all over the world and see what the evidence is and what treatment should we be offering. I know this stance is not popular with people in the field and with many international organizations and NGOs but I think that as mental health professionals it is our responsibility to offer people with comprehensive assessment and appropriate treatment as we do in our local western clinics, not doing that is discriminatory. ■

Rescue and Restore Campaign: Incorporating Health Care Professionals in the Process of Victim Identification

Campaign Overview

Under the Trafficking Victims Protection Act of 2000 (TVPA) the U.S. Department of Health and Human Services (HHS) is designated as the agency responsible for helping victims of human trafficking become eligible to receive benefits and services so they may rebuild their lives safely in the U.S. As part of this effort, HHS has initiated the Rescue & Restore Victims of Human Trafficking campaign to help identify and assist victims of human trafficking in the United States.

The intent of the Rescue & Restore campaign is to increase the number of identified trafficking victims and to help those victims receive the benefits and services needed to live safely in the U.S. The first phase of the campaign focuses on outreach to those individuals who most likely encounter victims on a daily basis, but may not recognize them as victims of human trafficking. By initially educating health care providers, social service organizations and the law enforcement community about the issue of human trafficking, the Rescue and Restore Campaign hopes to encourage these intermediaries to look beneath the surface by recognizing clues and asking the right questions because they may be the only outsiders with the chance to reach out and help victims.

Resources for Health Care professionals

This resource guide available at http://www.acf.hhs.gov/trafficking/campaign_kits/ contains the following tools developed to provide background information and guidance for health care practitioners in identifying and communicating with victims of human trafficking.

· Tips for Identifying and Helping Trafficking Victims

Health care providers in community clinics and emergency rooms may encounter victims of human trafficking without realizing it, therefore losing the chance to help these victims escape from their bondage. This tool provides tips and guidelines for identifying and assisting trafficking victims.

· Screening Questions to Assess Whether a Person Is a Trafficking Victim

This tool contains the types of screening questions health care providers should consider when trying to determine if someone is a trafficking victim.

· Understanding the Mindset of a Human Trafficking Victim

By understanding a trafficking victim's mindset – molded by coercion, violence and fear at the hands of the trafficker – health care practitioners can gain the victim's trust so they can provide optimal care and initiate important support services to help the victims rebuild his/her life.

· Communicating with Victims of Human Trafficking

This tool offers health care providers suggested messages for communicating with victims of human trafficking. Because most victims are afraid and initially hesitant to cooperate, often fearing for their lives, these messages provide strategic word choice and usage geared to establish trust between the provider and the victim.

· Health Problems Seen in Trafficking Victims

Trafficking victims may suffer from a host of medical problems – both physical and psychological – that are often neglected until they reach critical stages. This tool outlines problems to look out for.

· PowerPoint Presentation for Health Care Providers

This PowerPoint presentation can be used as an information tool or training resource for health care providers to gain a better understanding of their role in helping to identify and assist victims of human trafficking. ■

CAMPAIGN RESOURCES: SCREENING TOOL FOR VICTIMS OF HUMAN TRAFFICKING

The following are sample questions health care providers can ask in screening an individual to determine if he/she is a potential victim of human trafficking. As with domestic violence victims, if you think a patient is a victim of trafficking, you do not want to begin by asking directly if the person has been beaten or held against his/her will. Instead, you want to start at the edges of his/her experience. And if possible, you should enlist the help of a staff member who speaks the patient's language and understands the patient's culture, keeping in mind that any questioning should be done confidentially.

Suggested Screening Questions

- Can you leave your job or situation if you want?
- Can you come and go as you please?
- Have you been threatened if you try to leave?
- Where do you sleep and eat?
- Do you sleep in a bed, on a cot or on the floor?
- Have you ever been deprived of food, water, sleep or medical care?
- Do you have to ask permission to eat, sleep or go to the bathroom?
- Are there locks on your doors and windows so you cannot get out?
- Has anyone threatened your family?
- Has your identification or documentation been taken?

For more information on this campaign visit <http://www.acf.hhs.gov/trafficking/>

Medical Rehabilitation Centres in Ukraine and Indonesia

Since 2000 the IOM Counter Trafficking Program in Ukraine has assisted 5,361 persons, while in Indonesia, since 2005, the organization has assisted 3,179 victims of human trafficking. It is recognized that medical care is the first and most crucial step to ensure the successful rehabilitation and reintegration of trafficked individuals into society. With this in



mind, special emphasis is placed on the medical care of victims. The mechanism of assisting victims in Ukraine and Indonesia

is based on numerous inter-agency partnerships and involves a range of stakeholders. In Ukraine, victim cases are generally managed by NGOs who not only provide direct assistance, but who also refer victims to various service providers for more specialized care. In Indonesia IOM continues to provide capacity building and technical support to the Government and civil society, while providing direct assistance to the victims of trafficking.

The process of assisting victims of trafficking is complex as it employs an individual approach which is tailored to the requirements of each victim. Thus, reintegration packages differ from victim to victim and consist of medical, psycho-social and legal assistance. (Cont. on p. 8)

A study by Harvard School of Public Health (HSPH) researchers of girls and women who were trafficked for the purpose of sexual exploitation from Nepal to India and then repatriated has found that 38 percent were HIV positive. The infection rate exceeded 60 percent among girls forced into prostitution prior to age 15 years. One in seven of the study's participants had been trafficked into sexual servitude prior to this young age.

"The high rates of HIV we have documented support concerns that sex trafficking may be a significant factor in both maintaining the HIV epidemic in India and in the expansion of this epidemic to its lower-prevalence neighbors," said Jay Silverman, Associate Professor of Society, Human Development, and Health at HSPH. India has the third largest HIV/AIDS population in the world, with approximately 2.5 million infected individuals according to UNAIDS. Neighboring Nepal has far lower but increasing numbers of HIV/AIDS cases. Trafficking of Nepalese women and girls to India has been cited by the World Bank as a risk factor for HIV transmission in the region.



Silverman is the lead author of the study that was published in August 2007 in the *Journal of the American Medical Association (JAMA)*. He led a research team in reviewing the medical documentation and case records of 287 girls and women who had been trafficked for sexual exploitation from Nepal to India between the years 1997 and 2005. All had been repatriated back to Nepal and had received rehabilitative services from Maiti Nepal, a non-governmental organization that works to assist trafficking victims. The word "Maiti" means "mother's home" in Nepali.

The researchers found that among the 287 girls and women, 38 percent tested positive for HIV. Among those with complete documentation of trafficking experiences (225 girls and women), the median age at time of trafficking was 17 years, with 33 girls (14.7 percent) trafficked prior to age 15 years. Compared to those trafficked at 18 years or older, girls trafficked prior to age 15 years had an increased risk for HIV, with 60.6 percent infected among this youngest age group. Risk was also associated with being trafficked specifically to Mumbai, India, and with longer durations in brothels.

"HIV infection has been seen as perhaps the most critical health consequence of sex trafficking, but girls and women who have been trafficked for sexual exploitation are rarely studied - leaving the prevalence of HIV and other health issues among this highly vulnerable population little understood," said Silverman. "This study sheds new light on infection rates among a population that has been trafficked for the purpose of sexual exploitation and exposes both the tragic existence of the youngest victims and the dire health consequences of this crime."

Silverman and his team suggest several likely explanations for the observed high risk for HIV infection among the youngest trafficked girls. Previous research on male brothel clients in India suggests that these men prefer very young girls, often presented as virgins, due to fear of HIV and other infection, as well as to the widespread myth that sex with a virgin will cure such illnesses. As a result of client demand and of the relatively high profits earned from prostituting these very young girls, brothel owners take steps to keep them in captivity for longer periods of time. The HSPH team found that girls trafficked under age 15 were more likely than older girls to be held in brothels for a year or longer, and that the risk of HIV infection increased by two percent for every additional month of brothel

detention. Added co-author and Dr. Michele Decker, "Now, we are learning that these youngest girls not only exist, but are actually the most vulnerable to HIV, highlighting the need for improved prevention of trafficking and greater efforts to identify and rescue girls who have been trafficked for sexual exploitation."

Silverman and his team suggest that the prevention of trafficking for the purpose of sexual exploitation and the intervention into the practice should be seen as a critical aspect of preventing both the spread of HIV/AIDS and reducing a widespread and violent human rights violation. The authors assert that few resources have been devoted to the prevention of trafficking for the purpose of sexual exploitation, particularly in relation to the large estimated numbers of affected individuals and to the public health consequences. In particular, the authors specify that approaches oriented to male clientele that reduce the demand for sex from young prostituted girls must be emphasized.

"Just as in other areas of HIV prevention, we can no longer afford to ignore the behavior of men and boys," said Silverman. "Addressing the widely accepted male demand for commercial sex is critical to ending this modern day form of female slavery."

The findings of this work have resulted in renewed debate regarding the best ways to prevent both sex trafficking and HIV among those involved in sex work, much of which has taken place in the context of the United Nations Global Initiative to Fight Human Trafficking (U.N. GIFT) at meetings in Delhi and Vienna during the past year.

"...sex trafficking may be a significant factor in both maintaining the HIV epidemic in India and in the expansion of this epidemic to its lower-prevalence neighbors."

HIV prevention efforts targeting sex workers in India and elsewhere have largely utilized a harm-reduction approach designed to increase condom use via a peer-education empowerment framework. Trafficking experts, however, contend that assumptions of empowerment necessary to negotiate condom use run directly counter to the traumatic and exploitive realities of forced prostitution inherent to experiences of trafficked women and girls. Further, the ability of current HIV prevention efforts that rely on those controlling the prostitution of women and girls to voluntarily abstain from prostituting minors has been seriously questioned; given the continuing high demand for young girls by male clients, higher prices paid and higher profits earned by brothel owners and operators who control such girls. Combined with relatively few trafficking-related prosecutions, incentives to traffic and prostitute minor girls, thus, remain high.

At the same time, consideration of HIV-prevention models that go beyond brothel operators' self-regulation is hindered by the concerns of some HIV prevention experts that increased scrutiny will lead to commercial sex work operations going 'underground,' thus preventing access to HIV prevention efforts among all commercial sex workers, regardless of age and whether or not trafficked. Although this potential loss of access to HIV prevention among sex workers is clearly unacceptable from both a human rights and public health perspective, most agree that the alternative of failing to detect and assist victims of trafficking is equally unacceptable.

Since undertaking this work in India and Nepal, Silverman and his team have expanded their research to explore the public health implications of sex trafficking across Southeast Asia and countries of Southeastern Europe. ■

The full study titled "HIV Prevalence and Predictors of Infection in Sex-Trafficked Nepalese Girls and Women" can be found in the August 2007 *Journal of the American Medical Association (JAMA)*, vol. 298, no.5.

Victims in need of medical assistance can choose freely between local health facilities or the medical rehabilitation/recovery centres that provide:

- Medical tests
- Medical treatment
- Post-treatment medications
- Psychological counseling
- Victim case monitoring and other types of assistance

A standard medical check-up includes a general medical examination, a gynaecological examination, a psychological examination, laboratory tests including

syphilis and HIV testing, a chest X-ray, and an electrocardiogram. Adequate health-care services for victims of trafficking are also provided in rehabilitation centres in Moldova, Belarus and Russia. Operating these centres have proved to be a good practice in providing essential assistance and support to the victims of trafficking. At the same time this initiative supports the government by building state ownership and responsibility.

In both Ukraine and Indonesia, there is significant capacity building within medical rehabilitation centres.

IOM offices have been considering how to ensure the sustainable operation of the Centres in the future. Among the issues at stake are the transfers of knowledge and skills, as well as a gradual hand-over of the centres to either national institutions or partner NGOs.

The transfer is foreseen to be a gradual process in order to ensure that the quality of services is not compromised. After the victims have left the rehabilitation centres, their cases can be followed up and monitored by through NGOs who provide psycho-social support.■

Publications

Our Lives Matter: Sex Workers Unite for Health and Rights

This report describes how particular NGOs have challenged unfair incarceration, violence, extortion, eviction, and humiliation of sex workers. *Our Lives Matter* highlights the innovative efforts of organizations in Bangladesh, Brazil, Canada, India, Russia, Slovakia, South Africa and the United States who have fought for equal access to health care services and who have called for sex work to be officially recognized as work.



The Psychological Intervention Guide or Direct Assistance to Trafficking Victims

An appropriate first contact with officials, or any other service provider, makes a key difference in the recovery process of a victim, particularly in terms of mental health. The "Psychological Intervention Guide for Direct Assistance to Trafficking Victims" (Estrategias de Intervención Psicosocial para la Asistencia Directa con Personas Víctimas de Trata) is a support tool to service providers who deal directly with victims. It aims to provide border officials, as well as personnel offering primary physical or mental healthcare, with the necessary tools to improve their intervention in trafficking cases.



Guidelines for Health Providers on Trafficking in Persons

To be released by end of 2008

For many trafficked persons, the physical and psychological aftermath of trafficking can be severe and enduring. For practitioners, diagnosing and treating trafficking can be exceptionally challenging. The Guidelines for Health Providers on Trafficking in Persons will be an essential tool for health professionals, both those working with trafficked persons and those who might come into contact with victims still in the trafficking situation.

The document aims to provide practical, non-clinical advice to help a concerned health provider understand the phenomenon of human trafficking, recognize associated health problems and consider safe and appropriate approaches to providing healthcare for trafficked persons.

The Guidelines include a short, practical "Action Sheets" on health topics, from mental health to the special needs of children. Health providers can also read introductory chapters that provide background information on the health consequences of trafficking in persons

Research Conducted in Afghanistan on Trafficking in Persons

The research on trafficking in human beings, conducted in Kabul and nine border provinces (Khost, Nangarhar, Herat, Balkh, Faryab, Kunduz, Badakhshan, Kandahar and Farah), from July to September 2007 by the Afghan Marketing Management and Marketing Consultants (AMMC) is the first of its kind. It aims to provide an in-depth analysis of trafficking phenomenon in, from and to Afghanistan, based on first-hand data, with a view towards developing effective counter-trafficking strategies in the future.

Events

The Second Meeting of the Global Forum on Migration and Development (GFMD) 27-30 October 2008 Manila Philippines

The Manila GFMD revolved around the theme "Protecting and Empowering Migrants for Development" The Supporting Roundtable themes were 1) Migration, Development and Human Rights 2) Secure, Legal Migration 3) Policy and Institutional Coherence and Partnerships.

For more information visit <http://government.gfmd2008.org/>

Regional Conference on Refugee Protection and International Migration in West Africa 13-14 November 2008 Dakar Senegal

Participants at this regional conference on refugee protection and international migration in West Africa organized jointly by the UNHCR, IOM, the Office of the High Commissioner for Human Rights (OHCHR) and the Economic Community of West African States (ECOWAS) ECOWAS' common approach on migration could provide tangible responses to the challenges faced by refugees and migrants in West Africa.

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