



Trafficking in human beings and health implications¹

Trafficking in Human Beings is the “recruitment, transportation, transfer, harboring or receipt of persons, 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 or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, 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” (Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, 2003)

Trafficking of human beings has been a lucrative trade for centuries, but recent opportunities created by globalization have contributed to an increase in the numbers of persons trafficked. The US Justice Department in 2001, estimated some 700000 women and children are trafficked yearly. Women, children and adolescents are particularly vulnerable to trafficking for sexual exploitation.

Trafficked persons are exposed to a range of health related problems. During captivity, they experience physical violence, sexual exploitation, psychological abuse, poor living conditions and exposure to a wide range of disease, which may have long lasting consequences on their physical, reproductive and mental health. It is rare for trafficked persons to seek medical or other assistance due to their illegal status, the fact they are held captive and have no financial resources. When care is sought, it may be of sub-standard quality and using assumed or false identity, which complicates follow-up.

A recent report produced by the London School of Hygiene and Tropical Medicine, “*Health risks and consequences of trafficking in women and adolescents: Findings from a study in the European Union*”,² offers frameworks to illustrate the risks and health dimensions of trafficking.

Stages in the trafficking process

This framework presents a chronological perspective of the health needs and risks of trafficked persons through five stages in the trafficking process. They are based on the migration model for health³ and include the following stages: 1) pre-departure; 2) travel and transit; 3) destination; 4) detention, deportation and criminal evidence; and 5) integration and reintegration.

The **pre-departure stage** defines some basic mental and physical health characteristics of the trafficked migrant at departure, which in turn will affect that person’s health and health-related behaviour throughout the trafficking process. Pre-existing illness or diseases reflect the community and public health environments, including poverty, lack of education and poor nutrition, present at the migrant’s home. Experience has shown many trafficked persons come from families with a history of violence and abuse. In common with other migrants, trafficked individuals may carry pre-existing health conditions with them to their new destinations, such as malaria or tuberculosis.

¹ Document is drawn from draft *IOM's Counter-trafficking field manual* – health chapter (2004)- in press

² Zimmerman, C., Yun, K., Shvab, I., et. al. (2003) Health risks and consequences of trafficking in women and adolescents. Findings from a European study. London: London School of Hygiene and Tropical Medicine. Much of the two following sections have been adapted from the LSHTM study.

³ Gushulak, B & MacPherson, D. (2000). Health issues associated with the smuggling and trafficking of migrants. *Journal of Immigrant Health*, Vol. 2, No. 2, 2000.

The **travel and transit stage** is the period beginning with the individual's recruitment and ending with the arrival at the point destination. Since illicit activities generally begin at the 'travel and transit stage' and the traffickers' primary concern is to avoid detection, the dangers facing trafficked persons are significant. This stage is also known as the time of the "initial trauma" because it is often here that the individual first realizes the deception and is in life-threatening danger with little or no control. Trafficked persons may be exposed to dangerous modes of transportation, high-risk border crossings and arrest, threats and intimidation and violence, including rape and other forms of sexual abuse. Additionally, in long and complicated journeys, trafficked migrants may be exposed to illnesses and diseases along the route.

The **destination stage** is when an individual is put to work and subjected to a combination of coercion, (sexual) violence, forced use of alcohol and other substances, exploitation of labour, debt-bondage or other forms of abuse normally associated with trafficking. These migrants often live in detention-like conditions of violence, threat, and lack of control. They are often deprived of food, sleep, space, and security; and lack access to health and social care and support. The psychological reactions to this are complex and often enduring. Experience shows, many trafficked individual will emerge with multiple infections, injuries and illnesses, and complications resulting from lack of adequate medical treatment.

The **detention, deportation and criminal evidence stage** is when an individual is in the custody of the police or immigration authorities for alleged violations of criminal or immigration laws, or cooperating in legal proceedings against a trafficker, exploitative employer or other abuser. In some detention facilities the conditions are extremely harsh and pose health risks. From a mental health perspective, contacts that are almost exclusively with authorities (e.g., arrest, giving evidence, testifying in criminal proceedings) have a negative effect on a trafficked person's well being.

The **integration and reintegration stage** is a long-term and multifaceted process. Escaping from the trafficking situation does not automatically guarantee a straight road to recovery. Trafficked persons often experience anxiety, depression, isolation, aggressive feelings or behaviour, self-stigmatization or perceived stigmatization through others, difficulty in accessing necessary resources, in communicating with support persons and family as well as negative coping behaviour (e.g., excessive smoking, drinking, drug use). Problems are complicated if the person returns to an abusive family context or family members were part of the trafficking network.

Health risks, abuse and consequences

This framework shows the reciprocal and connected nature of harm and its consequences - how harm in one category can have consequences in another (e.g., physical violence causes physical disability that in turn creates economic problems such as when the individual has difficulty working) and the way that these can have a mutually reinforcing effect on one another (e.g., inability to work and economic problems exacerbate mental health problems, such as stress and fear). Range of health risks, abuse and consequences faced by trafficked persons include:

- 1) physical abuse → physical health;
- 2) sexual abuse → sexual and reproductive health;
- 3) psychological abuse → mental health;
- 4) forced, coerced use of drugs and alcohol → substance abuse and misuse;
- 5) social restrictions and manipulation → social well-being;
- 6) economic exploitation and debt bondage → economic-related well-being;

- 7) legal insecurity → legal security;
- 8) abusive working and living conditions → occupational and environmental well-being; and
- 9) risks associated with marginalisation → health service uptake and delivery.

Key considerations – rights to health of trafficked persons

According to the World Health Organization, “health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” and “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition”⁴. Policies and practices related to the health of trafficked persons must observe full respect for the rights of the individual, be non-discriminatory, and reflect the principles set forth in all relevant international conventions and other instruments.⁵

Inclusion of migrant’s health into public health systems is increasingly becoming a priority for governments and key health activists worldwide. Taking the holistic and rights-based approach to health, all groups of migrants should have access to the same health care services as the host communities regardless of their immigration or residence status. Preventive interventions should include public health promotion strategies aimed at providing information on health risks associated with irregular migration and rights to health services in other countries. Public health policies should address migrants’ right to health and should be integrated into migration policies, bridging the policies of source, transit, destination and return countries.

In recognition of these health concerns, the Budapest Declaration⁶ (Annex – available in English only) notes that “more attention should be dedicated to the health and public health concerns related to trafficking”. Specifically, it recommends that trafficked persons should receive “comprehensive, sustained, gender, age and culturally appropriate health care (...) by trained professionals in a secure and caring environment.” To this end, “minimum standards should be established for the health care that is provided to trafficked victims” with the understanding that “different stages of intervention call for different priorities”.

⁴ Constitution of the World Health Organization

⁵ Examples include: Universal Declaration of Human Rights; International Covenant on Civil and Political Rights; International Covenant on Economic, Social and Cultural Rights; Convention on the Rights of the Child; Convention on the Elimination of all Forms of Discrimination Against Women; Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others, and various International Labour Organization Instruments concerning migrant workers

⁶ Regional Conference on Public Health and Trafficking in Human Beings in Central, Eastern and South East Europe (19-21 March 2003, Budapest) - The conference brought together public health professionals, counter trafficking officials and eight ministers and deputy ministers of health from Central, Eastern and Southeast Europe, Belgium, Switzerland and the United States of America, international organizations, intergovernmental organizations, government representatives, non-governmental organizations, and academic institutions to address the public health aspects of trafficking in human beings.

Annex

**BUDAPEST DECLARATION ON PUBLIC HEALTH &
TRAFFICKING IN HUMAN BEINGS**

The participants of the *Regional Conference on Public Health & Trafficking in Human Beings in Central, Eastern and Southeast Europe*, held on 19-21 March 2003, in Budapest (Hungary):

- **Affirming** that trafficking in human beings is a violation of human rights;
- **Concerned** that victims of trafficking in central, eastern and southeast Europe have been and continue to be exposed to a range of health-related problems, including, but not limited to, physical and psychological abuse and trauma, sexually-transmitted and other infectious and non-infectious diseases and complications, including HIV/AIDS and tuberculosis;
- **Recognizing** that some countries in the region are currently experiencing epidemic levels in the incidence of HIV and tuberculosis, particularly drug-resistant tuberculosis;
- **Convinced** that there is a need to address the health and public health aspects of trafficking in human beings;

Have agreed and committed themselves to the following:

- Despite much effort and progress in combating trafficking in human beings both regionally and globally, more attention and resources should be dedicated to the health and public health concerns related to trafficking;
- Victims of trafficking must be given access to comprehensive, sustained, gender, age and culturally appropriate health care which focuses on achieving overall physical, mental, and social well-being;
- Health care should be provided by trained professionals in a secure and caring environment, in conformance with professional codes of ethics, and is subject to the principle that the victim be fully informed of the nature of care being offered, give their informed consent, and be provided with full confidentiality;
- Minimum standards should be established for the health care that is offered to trafficked victims. These standards should be developed through a partnership of governments, inter-governmental and non-governmental organizations, and academic institutions, and should be based on comprehensive research and best practices;
- Different stages of intervention call for different priorities in terms of the health care that is offered to victims;

During the initial rescue phase, which begins at the first point of contact between a victim and a health professional and often occurs in the country of destination and/or transit, care should focus on treatment for injury and trauma, crisis intervention, and basic health care, including counselling.

During the rehabilitation phase, which often occurs in the country of origin, care should focus on the long-term health needs and reintegration of the victim. Victims should be provided with health care

which is tailored to their individual needs and circumstances.

Some examples of long-term health needs, without attempting to provide a complete and definitive list, might include counselling, follow-up care, and testing and/or treatment for sexually-transmitted infections, HIV/AIDS, tuberculosis, physical and psychological trauma, substance abuse, and other related problems.

- Trafficked children and adolescents are an especially vulnerable group with special health needs. The provision of health care to this group should follow a long-term, sustained approach, and must take into consideration the possibility of long-term mental and psycho-social effects.

Moreover, the phenomenon of trafficked children and adolescents raises complex legal issues, including those relating to guardianship, that must be resolved if minimum standards for treatment and care are to be established.

In all cases, the best interests of the child must be the primary concern and motivating factor.

- Shelters and rehabilitation centers play an important role in providing protection, assistance, gaining consent for the delivery of health care, and security to victims. The operation and management of shelters and rehabilitation centers should follow a professional, standardized approach;
- Specialized training programs for multi-disciplinary health teams should be developed which focus on sensitizing health professionals about the special needs of trafficked victims;
- Psycho-social counseling plays a critical role in building trust, identifying the needs of the victim, gaining consent for the delivery of health care, engaging the person in setting out recovery goals, and assisting in long-term rehabilitation and empowerment.
- Social, recreational, educational and vocational activities organized in shelters and rehabilitation centers play an important role in re-building self-esteem, and therefore have positive health benefits for victims;
- Increased understanding is needed regarding the public health issues associated with trafficking. Non-stigmatizing and culturally-appropriate public awareness campaigns targeting at-risk groups, on both the supply and demand sides, should be implemented across the region;
- Governments should take increasing responsibility for prevention, as well as the provision of security, legal rights, protection and care to trafficked victims, especially children and adolescents, by ensuring access to national health structures and institutions;
- Governments, inter-governmental and non-governmental organizations should increase cooperation amongst themselves and across borders by coordinating and integrating the health care offered in destination, source and transit countries. Sharing of medical data, subject to the informed consent of the victim, and with the assurance of maximum levels of confidentiality and protection of information, is essential in ensuring continuity of care, effective case management and rehabilitation and reintegration.

The participants hereby commit themselves to the promotion and realization of the recommendations contained herein.