

Understanding and addressing violence against women

Human trafficking

Human trafficking has received increasing global attention over the past decade. Initially, trafficking of women and girls for forced sex work and, to a lesser extent, domestic servitude, were the sole focus of advocacy and assistance. Today, there is recognition that women, children and men are trafficked into many different forms of labour, and for sexual exploitation.

Labour-related trafficking occurs in a wide range of sectors, such as agriculture, fishing, manufacturing, mining, forestry, construction, domestic servitude, cleaning and hospitality services. Trafficked people may also be forced to work as beggars or soldiers, and women and children can be made to serve as 'wives'.

The most widely accepted definition of human trafficking is found in the United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons (Box 1) (1). However, definitions of trafficking vary in practice within and among sectors involved with policy, service entitlements, criminal justice and research.

BOX 1. WHAT IS HUMAN TRAFFICKING?

The most widely cited definition of human trafficking is in the **United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons (1)**:

'[T]he recruitment, transportation, transfer, harbouring 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.'

How common is human trafficking?

Precise figures at the global or even local level remain elusive. Reliable data on trafficking are difficult to obtain owing to its illegal, often invisible, nature; the range and severity of trafficking activities; and variations in how trafficking is defined (2). These and other factors also blur the distinction between trafficked persons, extremely vulnerable migrants and exploited labourers. Individuals may be trafficked within their own country or across international borders (3). Trafficking is reported to involve nearly every part of the world – as places of origin/recruitment, transit or destination – and this illegal trade in humans is believed to reap enormous profits for trafficking agents (4).

Although women, men and children may all be trafficked for various purposes, trafficking is often a 'gendered' crime. Current evidence strongly suggests that those who are trafficked into the sex industry and as domestic servants are more likely to be women and children (3). Reports on trafficking of males indicate that men and boys are more commonly trafficked for various other forms of labour, and that these trafficking sectors generally differ by country or region (5).

What do we know about the health effects of human trafficking?

To date, evidence on health and human trafficking is extremely limited. A systematic review published in 2012 identified 16 studies, all of which focused on the violence and health problems experienced by trafficked women and girls (6). Most studies focused on trafficking for forced sex work and only two included data on trafficking for labour exploitation (6). The health-service needs of victims and survivors have received woefully limited attention (7) – particularly when compared with law-enforcement and immigration responses to trafficking (8). Because research on health and trafficking has been conducted almost exclusively on sexual exploitation (9–11), evidence generally focuses on sexual health (especially related to HIV) (12) and, to a lesser degree, mental health (13). Knowledge about the health risks and consequences among people trafficked for non-sexual purposes remains scarce (14).

Many trafficking studies rely on data from case-records from services providing care to repatriated sex-trafficked girls and women. Data have been collected on, for example, HIV status or other sexually transmitted infections (STIs) and health conditions such as tuberculosis (15,16). There have also been a small number of studies conducted with women who were still in sex work settings (6), but the application of varying criteria on who was 'trafficked' means it is difficult to draw reliable conclusions (6,17).

For people who are trafficked, health influences are often cumulative, making it necessary to take account of each stage of the trafficking process, as depicted by the conceptual model in **Figure 1**.

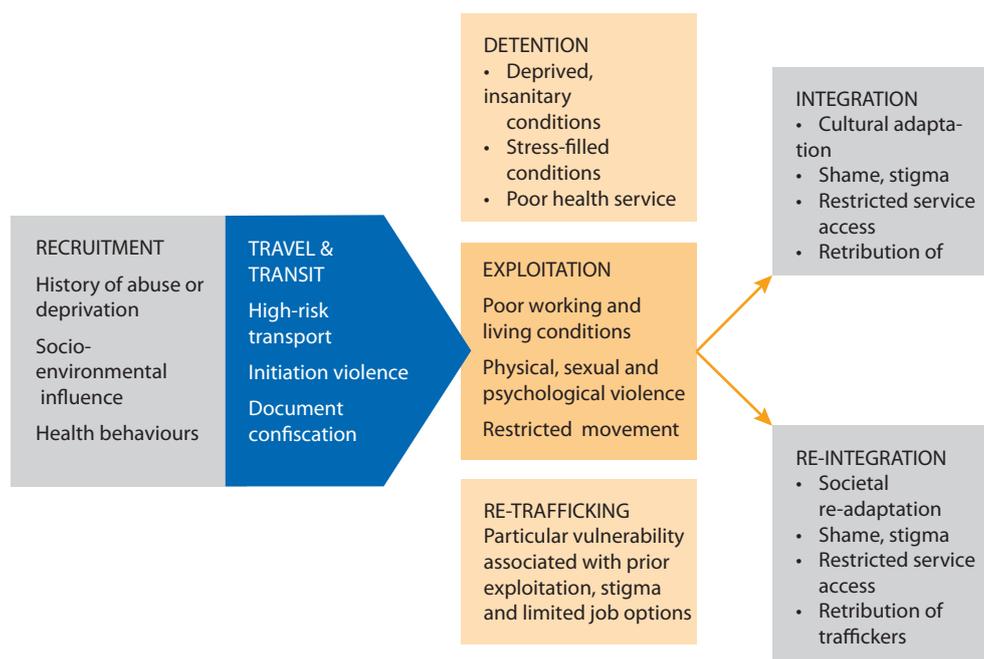
At each stage, women, men and children may encounter psychological, physical and/or sexual abuse; forced or coerced use of drugs or alcohol; social restrictions and emotional manipulation; economic exploitation, inescapable debts; and legal insecurities (18,19). Risks often persist even after a person is released from the trafficking situation, and only a small proportion of people reach post-trafficking services or receive any financial or other compensation (20).

Sex trafficking and health

To date, few prospective studies have been done on the health needs of trafficking survivors. A 2006 quantitative study in Europe documented the physical, sexual and mental health symptoms experienced by women trafficked for sexual exploitation (10). In this multi-site survey of approximately 200 women, the majority reported high levels of physical or sexual abuse before (59%) and during (95%) their exploitation, and multiple concurrent physical and mental health problems immediately after their trafficking experience (10). The most commonly reported physical health symptoms included fatigue, headaches, sexual and reproductive health problems (e.g. STIs), back pain and significant weight loss. Follow-up interviews with the women revealed that mental health symptoms persisted longer than most of the physical health problems.

FIGURE 1

Influences on health and well-being at various stages of trafficking (18)



Similar results emerged from research using physician-administered diagnostic interviews in the Republic of Moldova, which found prevalent, persistent and comorbid psychological symptoms in women in post-trafficking services (9). A survey in Nepal also confirmed the preponderance of mental health problems in women trafficked for forced sex work (11).

Labour trafficking and health

It is important to recognize that women, men and children are trafficked into many forms of labour and vulnerable to a range of occupational health risks, which vary by sector. The risks can include poor ventilation and sanitation; extended hours; repetitive-motion activities; poor training in use of heavy or high-risk equipment; chemical hazards; lack of protective equipment; heat or cold extremes; and airborne and bacterial contaminants. Exposure to such risk factors can result in exhaustion, dehydration, repetitive-motion syndromes, heat stroke or stress, hypothermia, frostbite, accidental injuries, respiratory problems and skin infections (18,21).

Health and other effects associated with trafficking overall

- Poor mental health is a dominant and persistent adverse health effect associated with human trafficking. Psychological consequences include depression; post-traumatic stress disorder and other anxiety disorders; thoughts of suicide; and somatic conditions including disabling physical pain or dysfunction (22).
- Forced or coerced use of drugs and alcohol is frequent in sex trafficking. Drugs and alcohol may be used as a means to control individuals and increase profits (19,23), or as a coping method or by the trafficked person as a coping method.

- Imposed social isolation, such as prevention of family contact or restriction of a person's movements, is used to maintain power over people in trafficking situations, as is emotional manipulation by the use of threats and false promises.
- Economic exploitation is widespread. Trafficked people rarely have decision-making power over what they earn and may be charged by traffickers for 'services' or 'supplies' such as housing, clothes, food or transport. These usurious practices often lead to 'debt bondage' (24).
- Legal insecurities are common for people who travel across borders, particularly when traffickers or employers confiscate identity documents or give false information about rights, including access to health services. This may not only limit people's use of medical services but also lead to unjust deportation or imprisonment (25). Trafficked people may not be acknowledged as victims of crime but instead treated as violators of migration, labour or prostitution laws and held in detention centres or imprisoned as illegal immigrants.
- Trafficked people who return home may go back to the same difficulties they left but with new health problems and other challenges, such as stigma. For those who try to remain in the location to which they were trafficked, many encounter the insecurities and stresses found in asylum-seeking and refugee populations (26). People who manage to leave a trafficking situation, whether they return to their country of origin or not, are at a notable risk of being trafficked again (27).

Health rights and services for trafficked people

Article 6, subsection (3) of the United Nations *Protocol to Prevent, Suppress and Punish Trafficking in Persons* encourages, but does not require, signatory states to provide medical assistance for trafficked persons (**Box 2**) (1,2). No guidance is offered on the type of health services that should be made available or when, and under which circumstances, such provision should be made.

BOX 2. GOVERNMENT OBLIGATIONS TO THE HEALTH OF TRAFFICKED PEOPLE

According to the **United Nations *Protocol to Prevent, Suppress and Punish Trafficking in Persons***:

'Each State Party shall consider implementing measures to provide for the physical, psychological and social recovery of victims of trafficking in persons ... in particular, the provision of: (a) Medical, psychological and material assistance' (1,2).

The health sector has an instrumental role to play in the prevention of trafficking, and care and referral of trafficked people (21). Sexual health outreach workers and practitioners assisting migrant populations are well placed to address trafficking. For example, health workers may have opportunities to alert individuals to the risk of human trafficking; identify and refer people who are in exploitative circumstances; and provide care as part of a post-trafficking referral system (28).

Reports suggest, however, that a great deal of awareness-raising and sensitization is required to enable health and service practitioners to provide

safe and appropriate care in human trafficking cases (29). Key barriers include language and cultural differences; inadequate information; limited resources; poor involvement of victims in the decision-making process; lack of training and knowledge on human trafficking and care; and issues of stigma, discrimination, safety and security (30,31).

What are the best approaches to deal with human trafficking?

For policy-makers and other decision-makers

At a policy level, regulatory steps are needed to increase awareness of the risks of human trafficking, especially among individuals intending to migrate. Migrant workers in destination settings should have the same protections and legal redress mechanisms as those in the domestic workforce (32). Recent positive developments include the 2011 adoption of the Convention on Domestic Workers (33), which includes special measures to protect vulnerable members of this employment group, and the Dhaka Principles (34), a guide for companies on responsible recruitment and employment of migrant workers.

Governments should mandate acute and longer-term provision of health care to trafficked persons. This could be achieved, for example, by granting such individuals immediate rights to state-supported health services, regardless of their ability to pay or willingness to participate in a criminal action against traffickers (35), and committing the necessary financial and human resources.

For health-care providers

Health care providers and organizations involved with trafficked persons should increase their capacity to identify and refer people in trafficking situations and provide sensitive and safe services to people post-trafficking. Examples of support for health practitioners working with trafficked people include *Caring for trafficked persons: guidance for health providers*, a guide by the International Organization for Migration and the London School of Hygiene and Tropical Medicine and *Human trafficking – key messages for primary care practitioners*, an online resource provided by the Health Protection Agency in England (21,36).

For researchers and funders

Empirical research on human trafficking is limited. Particularly lacking are studies on larger, more potentially representative samples of trafficked people, and longer-term studies to better understand post-trafficking health changes. Empirical data on trafficking of men, their health needs and service access, is especially scarce. Similarly, more data are needed on trafficking across the full range of labour sectors involved (37). Rigorous evaluation studies of policies and programmes are needed to identify the most effective counter-trafficking strategies and most appropriate care for the people affected.

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Further information is available through WHO publications, including:

WHO ethical and safety recommendations for interviewing trafficked women
http://www.who.int/gender/documents/women_and_girls/9789242595499/en/

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