

Policy Statement on Human Trafficking and Health

Passed Spring General Assembly 2017

Note: This statement was passed before the organisation's name change from Medsin-UK to Students for Global Health. The statement will still remain active for three years.

Human Trafficking and Health

Summary

Human trafficking remains an alarming epidemic that transcends borders. Over the previous decades, great efforts have been made, but despite a degree of success, there remains much to be done. The European Refugee Crisis provides serious concern to the vulnerability of refugees, asylum seekers and migrants to human trafficking. As students, it is our duty to pronounce ourselves against this form of slavery and all of its harmful health effects and as future healthcare providers be able to identify and be responsive to the needs of trafficked individuals in healthcare settings.

Introduction

The Protocol to Prevent, Suppress and Punish Trafficking in Persons (widely referred to as the Palermo Trafficking Protocol) defines human trafficking as, "The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threats or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of the 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" (1). The US Department of State's Trafficking in Persons Report defines 9 major forms of trafficking. These include forced labour and forced child labour, domestic servitude, sex trafficking and child soldiers, among others (2).

It is important to emphasise the global nature of trafficking, the United Nations states that the crime affects "almost every country in the world" (3). The United Nations estimates there are likely to be more than 2.4 million people trafficked worldwide, with up to 80% of these persons being female (2). Current evidence points to a special vulnerability of women to becoming trafficked explaining the disproportionate numbers of females involved, particularly in the sex industry and domestic servitude. This may be due to limited avenues for legal migration for females due to their increased employment in informal economic areas (4,5).

Global trends show individuals tend to be trafficked from lower income to higher income countries, with trafficked persons in the Middle East (particularly Gulf states), Europe and North America often from low and middle income countries (3). With expanding globalisation comes greater transportation and previously geographically isolated countries can be accessed. This now means that few countries in the world are not affected by this global crime.

Main Text

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Trafficked persons are subject to physical abuse and violence and face considerable obstacles in securing their right to health (6). However, evidence on health consequences of trafficking often focuses on health consequences of sexual exploitation and mental health. Knowledge of the health effects of other forms of trafficking is limited and little is published regarding health of trafficked males in such areas (7–10). Health consequences of human trafficking are devastating and involve mental, psychological and sexual health.

Sex Trafficking and Health

Physical health effects of those involved trafficked for sexual exploitation include complications from abortions, dermatological infections, profound weight loss as well as poor knowledge regarding sexually transmitted infections and reproductive health and limited access to health care (11). Trafficked persons often suffer poor mental health and low self-esteem even if they are able to escape trafficking: long-term mental illness, such as PTSD, is highly common in those who have been trafficked (12) and has been reported to last much longer than physical injuries and illness (7,10). Forced or coerced use of drugs and alcohol is frequent in sex trafficking (13). Drugs and alcohol may be used as means to control individuals and increase profits or as a coping mechanism for the trafficked victim (14).

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. They 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 (13). 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 (15,16).

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 (17).
- Imposed social isolation, such as prevention of family contact or restriction of a person's movements.
- Legal insecurities due to confiscation of identity documents or provision of false information about rights, including access to health services. 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. The UK government has been accused of such

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treatment. In 2013, the think tank *Centre for Social Justice* criticised the Home Office for their "shambolic response" to human trafficking for viewing many trafficked individuals as illegal immigrants rather than a victim of international crime (18).

- In the UK, limited access to antenatal services during pregnancy is reported among migrants, previously trafficked individuals and victims of sexual exploitation due to fears surrounding immigration offences, deportation and being charged large sums for medical care (19).

European Refugee Crisis and Trafficking

During 2015, over 1 million people made journeys across the Mediterranean Sea to arrive in Europe, comprising refugees, asylum seekers and migrants. Similarly in 2015, children comprised 25% of total persons arriving in Greece, Italy and Spain, many of whom were unaccompanied or separated (20). Left with no legal means to enter Europe, refugees are forced to rely on smugglers and may fall prey to traffickers in order to reach the EU (21). This represents serious concern due to the vulnerability of refugees and migrants, particularly children and women without documentation to trafficking, abuse and exploitation (22).

Although research exploring vulnerability of refugees and migrants arriving in Europe to trafficking is limited, documented examples highlight examples of traffickers exploiting migration routes into and throughout Europe. A qualitative research study reported trafficking abuse of African migrants in Malta, in both sexual exploitation and forced labour (23). The Guardian reporting a European Commission Report highlights that child trafficking has been exacerbated by the ongoing crisis, with at least 10,000 unaccompanied children already lost from official figures since arriving in Germany (24).

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 (1).

The health sector has an instrumental role to play in the intervention of trafficking and care and referral of trafficked people. Sexual health outreach workers and practitioners assisting migrant populations are well placed to address trafficking.

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 (15). 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 (25,26).

Medsin's Stance

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Medsin- UK severely condemns any form of human trafficking and recognises the harmful consequences it has on the victims' mental, physical and reproductive health. Therefore, Medsin calls for this policy to be taken forward by the Refugee National Working Group to empower branches to act on this policy at a local level.

Recommendations

- 1) Policy Makers and other decision makers to:
 - a) Encourage the implementation of regulatory steps to increase awareness of the risks of human trafficking, especially among individuals intending to migrate and those who have already migrated.
 - b) Mandate acute and longer-term provision of health care to trafficked persons, 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, and committing the necessary financial and human resources.
 - c) Co-operate on provision and implementation of an EU wide policy providing legal and safe migration opportunities for all refugees to improve refugee protection and reduce vulnerability to trafficking.
- 2) Health-care providers to:
 - a) Increase the capacity to identify and refer people in trafficking situations and provide sensitive and safe services to people post-trafficking.
 - b) Follow the guide of the International Organization for Migration; Caring for trafficked persons: Guidance for health providers (15).
- 3) Researchers and funders to:
 - a) Encourage the performance of studies on larger, more potentially representative samples of trafficking people, and longer-term studies to better understand post-trafficking health changes, especially on trafficking of men.
 - b) Perform rigorous evaluation studies of policies and programmes that are needed to identify the most effective counter-trafficking strategies and most appropriate care for the people affected.

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