

I felt like I was only a piece of meat with two eyes. I thought I will end up like nothing.

Caroline, Romania to United Kingdom
[age 15 when trafficked, 17 when interviewed]

RESEARCH ON TRAFFICKING IN WOMEN AND HEALTH

**Conceptual and technical dimensions of
researching vulnerable individuals in a
highly politicised subject area**

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Lecture Outline

1. What is trafficking in women?
2. Conceptual models on trafficking and health
3. What are the complexities in researching trafficking in women and health?
4. Case study of research, study findings, lessons learned
5. Positive outcomes of research
6. Future directions

WHAT IS TRAFFICKING IN HUMAN BEINGS?

The recruitment, transportation, transfer, harbouring or receipt of persons by means of 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 minimum, the exploitation of 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.

United Nations Protocol to Prevent, Suppress, and Punish Trafficking in persons, especially women and children, supplementing the United Nations Convention Against Transnational Organized Crime, Article 3 (a-d), G.A. res. 55/25, annex II, 55 U.N. GAOR Supp. (No. 49) at 60, U.N. Doc. A/45/49 (Vol. I).

How big is the problem?

- Commonly cited figure: 700,000-2 million
- BUT NO ONE REALLY KNOWS
- Estimates based on extrapolations of assumptions

WHO ARE TRAFFICKED WOMEN?

A woman in a trafficking situation, or one who has survived a trafficking experience.

There is no single profile of a trafficked woman. There are different factors that make women vulnerable to trafficking:

- Push factors (macro and micro)
- Pull factors
- Facilitating factors

WHO ARE TRAFFICKERS?

Individual responsible for, or knowingly participating in the trafficking of women. Perpetrators may include recruiters, agents, pimps, madames, pimp-boyfriends, employers, or owners of venues that exploit trafficked women (e.g., brothel owners, factories, farms).

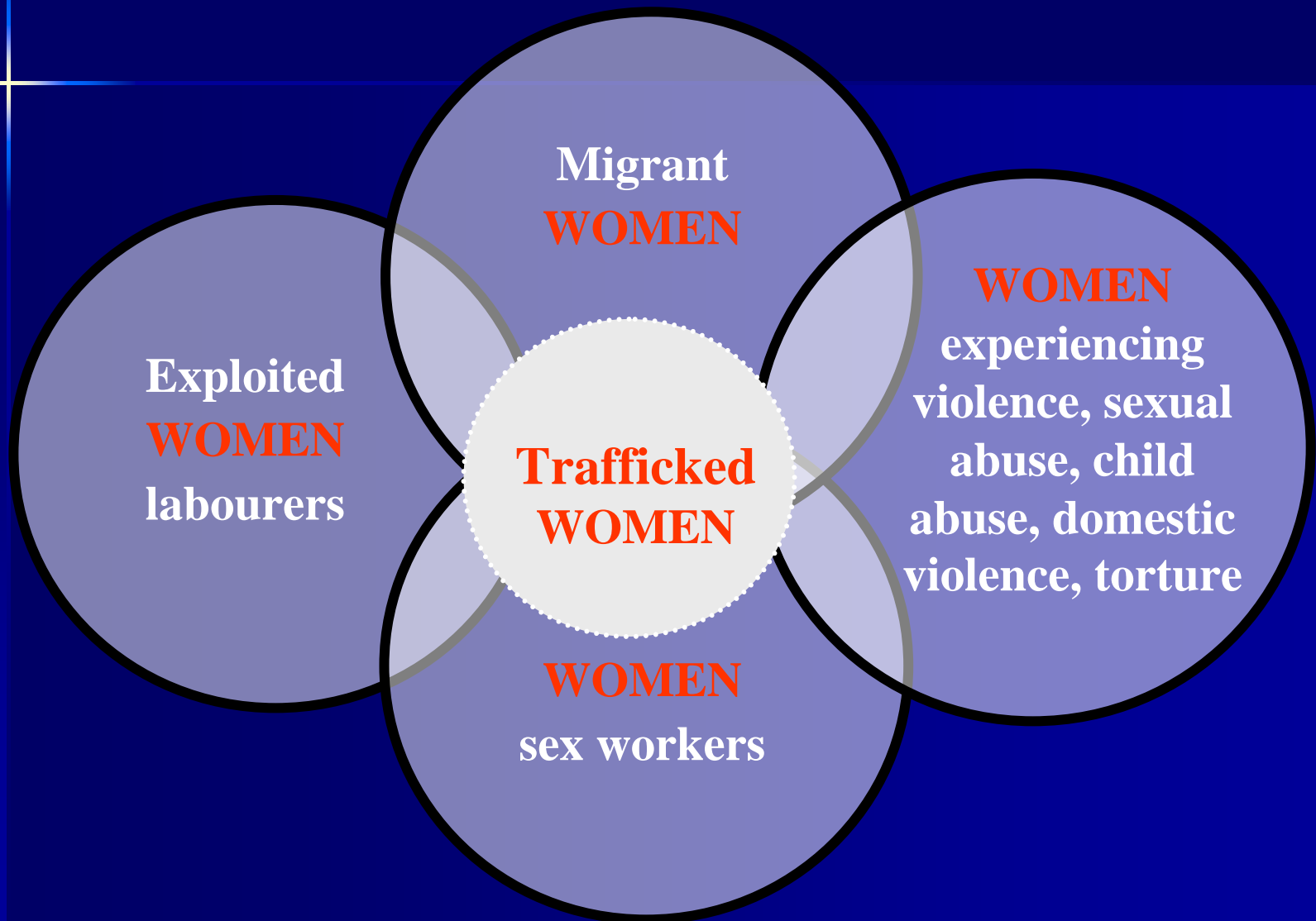
- Large criminal networks, mafia-style operations
- Small family or other inter-connected networks
- Small-time operators (amateurs)
- Employers, pimps who knowingly buy or harbour a trafficked person's labour

WHAT ARE THE CONTROL TACTICS USED BY TRAFFICKERS?

- **Terrorising**
- **Lying and deceiving**
- **Maintaining unpredictable and uncontrollable conditions**
- **Taking all decision-making power**
- **Emotional manipulation/isolation**

Conceptual Model 1:

SPHERES OF MARGINALISATION AND VULNERABILITY



Conceptual Model 2: STAGES OF THE TRAFFICKING PROCESS

DESTINATION

RISKS AND ABUSE AFFECTING:

- Physical health
- Sexual health
- Mental health
- Substance abuse and misuse
- Social health: isolation, exclusion
- Economic well-being
- Occupational and environmental health
- Access to health information and care

DETENTION, DEPORTATION, CRIMINAL EVIDENCE

- Lack of attention to health by all law enforcement, immigration and justice officials
- Lack of official health-related procedures
- Lack of victim-sensitive procedures
- Reprisals by trafficking agents resulting from contact with authorities
- Anxiety, trauma resulting from contact with authorities, evidence-giving or trial proceedings
- Unsafe, inhumane deportation and return procedures
- Retrafficking, retribution and trauma associated with deportation

HEALTH RISKS

TRAVEL AND TRANSIT

- High-risk, arduous travel conditions
- Violence, sexual abuse, threats
- The “initial trauma”
- Debt-bondage, being bought and sold
- Confiscation of documents
- Absence of information and care

PRE-DEPARTURE

- Personal history, interpersonal violence
- Experience with home country health services and health education and promotion
- Epidemiological and socio-economic conditions of the country

INTEGRATION AND REINTEGRATION

- Personal security risks
- Risks associated with being a refugee or returnee
- Practical, social, economic, cultural and linguistic barriers to care
- Isolation and exclusion
- Immediate and longer-term mental health consequences

Conceptual Model 3: RISK, ABUSE, AND HEALTH CONSEQUENCES

FORMS OF RISK AND ABUSE

- Physical abuse
- Sexual abuse
- Psychological abuse
- Forced and coerced use of drugs and alcohol
- Social restrictions and social manipulation
- Economic exploitation and debt bondage
- Legal insecurity
- High risk, abusive working and living conditions
- Risks associated with marginalisation

HEALTH CONSEQUENCES

- Physical health
- Sexual and reproductive health
- Mental health
- Substance abuse and misuse
- Social well-being
- Economic related well-being
- Legal security
- Occupational and environmental health
- Health service delivery and uptake

ECONOMIC EXPLOITATION AND DEBT BONDAGE

- Indentured servitude from inflated debt
- Usurious charges for travel documents, housing, food, clothing, condoms, health care, other basic necessities
- deceptive accounting practices, control over and confiscation of earnings
- Resale of women, renewal of debts
- Turning women over to immigration or police to prevent them from collecting wages
- Long hours, large numbers of clients, and sexual risks to meet financial demands

ECONOMIC- RELATED WELL- BEING

- **Inability to afford:** *basic hygiene, nutrition, condoms, protective gear for for factory work or domestic service, health care, safe terminations*
- Vulnerability to infections, injuries from high-risk practices
- Punishment for not earning enough
- Physical or economic retribution for trying to escape, including abduction of female family members to pay off debts

Sexual Abuse and Coercion

- Forced sex for prostitution, sexual slavery, rape
- Forced sexual practices offensive or dangerous to her (anal, foreign objects)
- High risk sexual practices, sex without a condom
- Forced/coerced abortion, 'back street abortion'
- Withholding of medical care for STDs, pregnancy, other
- Misuse of birth control pills
- STIs, HIV/AIDS
- Damage to vaginal tract, scarring
- Infertility
- Botched abortions, unwanted child, miscarriage
- Pain, worsening of condition, (douching, double-bagging, etc.)
- Missed periods, heavy bleeding and blood loss

What are the difficulties in researching trafficking and health?

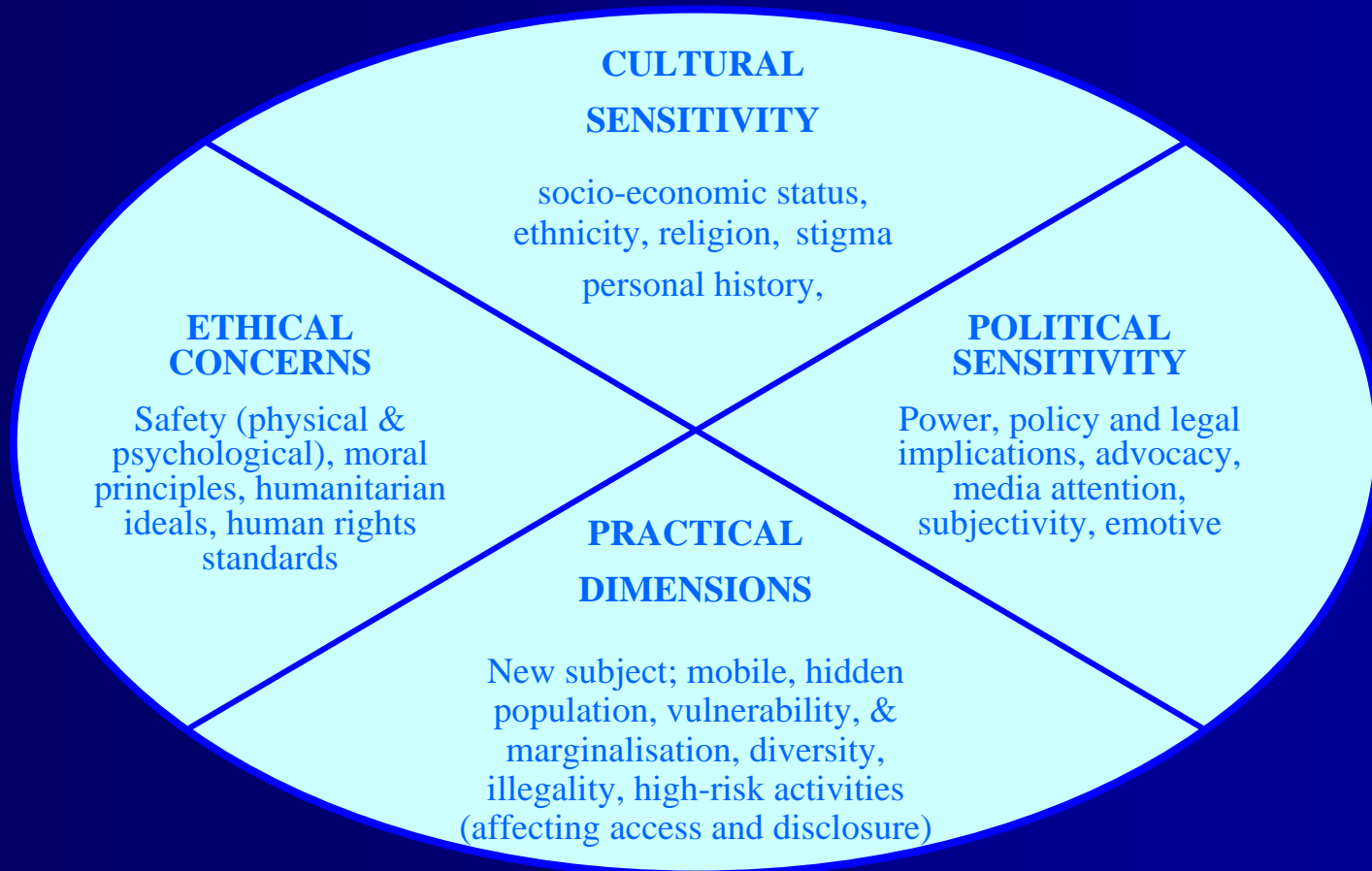
Women still in a trafficking situation:

- Feel trapped with no way out
- Work in illicit, illegal, hidden sector
- Have limited personal freedoms and limited knowledge of their rights
- Are mobile, transient
- Highly susceptible to retribution
- Debt bondage, financial penalties
- Rarely have legal or identity documentation

Women who have left a trafficking situation

- Have some of the same concerns identified with women in trafficking situation
- Continue to feel and may be watched or under surveillance
- Have outstanding debts or owe money to traffickers
- Are vulnerable to retribution against themselves or their family
- Have only temporary residency status, if in destination country
- Feel and often are socially stigmatised
- Vulnerable to extreme stress reactions
- Believe that everything they say has a potential effect on their immigration status or the services they receive

DIMENSIONS OF SENSITIVITY IN RESEARCH ON TRAFFICKING



PRACTICAL DIMENSIONS

- New subject area for research
- Vulnerability and marginalization
- Hard-to-reach, mobile and hidden population
- Illegal, stigmatised and high risk activities
- Diversity of group
- Changing forms and contexts

Political sensitivity

- Immigration implications
- Sex worker vs. prostitution debate
- Labour rights
- Gender
- Donors and health

Cultural sensitivity

- Ethnic differences
- Religious differences
- Socio-economic differences
- Differences in stigmatising nature of experience
- Recognition of differences in personal history

*WHO Ethical and Safety
Recommendations for Interviewing
Trafficked Women*

- 1. DO NO HARM**
- 2. KNOW YOUR SUBJECT AND ASSESS THE RISKS**
- 3. PREPARE REFERRAL INFORMATION. DO NOT MAKE PROMISES THAT YOU CANNOT FULFILL**
- 4. ADEQUATELY SELECT AND PREPARE INTERPRETERS AND CO-WORKERS**
- 5. ENSURE ANONYMITY AND CONFIDENTIALITY**
- 6. GET INFORMED CONSENT**
- 7. LISTEN TO AND RESPECT EACH WOMAN'S ASSESSMENT OF HER SITUATION AND RISKS TO HER SAFETY**
- 8. DO NOT RETRAUMATISE A WOMAN**
- 9. BE PREPARED FOR EMERGENCY INTERVENTION**
- 10. PUT INFORMATION COLLECTED TO GOOD USE**

Stages of the interview process: risks and recommendations

STAGE ONE: MAKING THE INITIAL CONTACT

Risks

- Being identified and punished by traffickers
- Being identified and reported by co-workers
- Being identified by family, community members, etc., and stigmatised in her community

Recommendations

- Make contact once she is out of the situation
- Make contact through support groups known to and trusted by the woman
- Present study as a neutral topic until it is clearly safe to reveal true nature of study

Stages of the interview process: risks and recommendations

STAGE TWO: IDENTIFYING A TIME AND PLACE TO CONDUCT THE INTERVIEW

Risks

- Women are watched, filmed and followed
- Women are listened to and overheard
- Women's belief that they are never safe

Recommendations

- Ask woman how she feels in the selected setting
- Conduct interviews in secure and completely private settings
- Restrict possibility of interruptions (i.e., cell phone, drop-in visitors, etc.)
- Not in front of children older than one
- Allow for rescheduling
- No tight schedules

Stages of the interview process: risks and recommendations

STAGE THREE: CONDUCTING THE INTERVIEW

Risks

- Having preconceived ideas, emotions
- Sudden change in events, atmosphere
- Woman shows signs of distress
- Interviewer's loss of confidence

Recommendations

- Come prepared to listen with an open mind
- Watch for clues that she is not at ease
- Be prepared to change subject
- Be prepared to conceal real nature of study from others

Who should do the interviews?

Factors to consider:

- Disclosure
- Reliability of data
- Capacity for support and response
- Time limitations
- Follow-up and probing

**The health risks and consequences
of trafficking in women:
Findings from a European study**

STUDY PARTNERS

The London School of Hygiene and Tropical Medicine

The University of Padua, Department of Sociology, Italy

La Strada, Ukraine

The International Catholic Migration Committee, Albania

The Global Alliance Against Trafficking in Women,
Thailand

Foundation for Women (STV), the Netherlands

London Metropolitan University, Child and Woman
Abuse Studies Unit (CWASU), UK

INTERVIEWS WITH TRAFFICKED WOMEN

Number of respondents by country of origin		Number of respondents by country of destination*		Number of by age at interview	
Ukraine	12	Italy	11	ages 13-17	5
Albania	7	United Kingdom	4	ages 18-21	5
Romania	3	Netherlands	3	ages 22-25	8
Kosovo	2	Yugoslavia	3	ages 26-28	10
Laos	2	Belgium	2		
Lithuania	1	Kosovo	2		
Togo	1	Thailand	2		
		UAE	1		
		Turkey	1		
		Greece	1		
		Albania	1		

* Several women were trafficked to and worked in more than one country. Two women were trafficked to Kosovo and Yugoslavia, one woman worked in Italy and the UK, and one worked in Greece and Italy.

CHARACTERISTICS

<u>CHARATERISTIC</u>	<u>NUMBER REPORTING</u>
Primary type of labour	<i>25 sex work 3 domestic labour</i>
Reporting interpersonal violence before departure	<i>7 of 20 reporting</i>
Reporting physical violence while trafficked (not including sexual abuse)	<i>25 of 28 reporting</i>
Reporting sexual abuse and coercion while trafficked	<i>28 of 28 reporting</i>
Reporting physical, sexual or mental ill-health after trafficking	<i>28 of 28 reporting</i>

INTERVIEWS WITH KEY INFORMANTS

Health and medical care providers (38)

- Non-health-specific service providers and NGOs (i.e., trafficking, women's groups, social services, refugee agencies) (39)
- Law enforcement officials (i.e., immigration and police) (17)
- Policy-makers (e.g. donors, health care, law enforcement) (12)

PRE-DEPARTURE STAGE

I am 13 year's old. Before I left Romania, I had been living at an orphanage since the age of seven. My mother was on her third marriage. She didn't want me to live with her and her husband. What I want the most is to live with my mother. This is one of the reasons why I left the orphanage in the first place. Then, I went with my friend on a tourist trip to Yugoslavia.

Lara, Romania to Yugoslavia, Albania

PRE-DEPARTURE STAGE

I was just 15 when I left Romania. When I was 12 my mother died, my father became an alcoholic and would beat me and my brother. A cousin said he would get me out of this situation and into a 'normal' life. He sold me like a slave.

Caroline, Romania to UK

TRAVEL AND TRANSIT STAGE

I was sold from Serbia to Albania, from Albania to Macedonia, from Macedonia to Kosovo. Every time while crossing the border I was under the guard of a man with a gun. I should be silent and not to ask for help at the border

Marina, Ukraine to Yugoslavia, Kosovo

TRAVEL AND TRANSIT STAGE

the "initial trauma"

When I got out of the lorry we all went over to the park nearby where we were to wait for another truck. From here I could see many, many police in the distance ... I started feeling very worried and changed my mind about going on. I wanted to go home, I thought I had made a stupid decision. I started crying. I told Sascha I wanted to go home. He slapped me hard across the face and told me that I must go on and that he could kill me. It shocked me...

TRAVEL AND TRANSIT STAGE

the “initial trauma”

He stayed very angry. It was too dark and I had no idea where I was or how to go home. And there were so many police. I was afraid they would arrest me. At that time, I was thinking, “out.” I wanted out. Now I understood that I was in big trouble and could end up in prison. Never in my life did I have this kind of trouble. Better to go home than end up in jail. I was so sorry that I had agreed—that I was this stupid.

Natasha, Ukraine to UK

DESTINATION STAGE

I was beaten in the abdomen and head, but never in the face because they didn't want to ruin the merchandise. Sometimes I was kicked in the stomach and in the legs.

Natasha, Ukraine to UK

DESTINATION STAGE

sexual abuse

Everyday when his wife left for work he would come into my room and rape me. He would grab my arms so tightly they were bruised. When it was ordinary sex [vaginal] sometimes he would use a condom, sometimes not. I was always worried about getting pregnant. When he would take me from behind, he never used a condom.

Elena, Ukraine to Italy

DESTINATION STAGE

psychological abuse

I had a breakdown. I just wanted to hurt myself. I would cry a lot. I was scared and worried. They beat me and kicked me. They told me, “Don’t scream or we will kill you.” I kept quiet. I couldn’t sleep. I kept having dreams all about it, bad memories.

Ellen, Albania to United Kingdom

I felt really bad, I kept wondering what I was doing, if it was me or not. I could not recognise myself.

Ledia, Albania to Italy

DESTINATION STAGE

social restrictions and social manipulation

I was not free to go on my own. I wanted to go out, but he wouldn't let me. He would follow me.

Ellen to United Kingdom

DETENTION, DEPORTATION, AND CRIMINAL EVIDENCE STAGE

Generally, we try not to become involved with the welfare of people that we send back. I know that sounds terrible, but...

Immigration Official, UK

DETENTION, DEPORTATION, AND CRIMINAL EVIDENCE STAGE

This is clearly not a conducive environment for a woman to express her concerns.

Police Official, UK

DETENTION, DEPORTATION, AND CRIMINAL EVIDENCE STAGE

Eva had to come to court over the course of 5 or 6 days. It was a jury trial. It is a defence tactic to make her wait, to unsettle the witness. When she took the stand, she was so traumatised she broke out in hives and collapsed. She was immediately seen by a doctor who prescribed a sedative ... She told us that after the sexual violence, testifying was the worst experience of all.

Metropolitan Police, UK

INTEGRATION AND REINTEGRATION STAGE

It only takes a few days to break a woman, it takes many years to help her to rebuild her life.

Animus Association Foundation,
La Strada, Bulgaria

INTEGRATION AND RE-INTEGRATION STAGE

The women who come here are strong. Their mental health problems are simply a reaction to certain situations. Weakness was contextual versus from the inside. Apparent fragility is in part because they are foreigners and do not have the tools and are not in a position to begin on a path of self-determination because they feel lost. Our role is to understand these situations without transforming them into psychiatric illnesses.

Centro di Salute Mentale (Mental Health Centre), Italy

Positive outcomes

- Women
- Participating partners
- Policy level
- Service provision
- Public

Future directions

- New quantitative study looking at women over three time periods
- Using a physical health assessment tool, psychological-trauma tool composed from existing tools
- Analysis carried out both quantitatively and qualitatively



*I felt like I was only a piece of
meat with two eyes.*

Caroline, Romania to United Kingdom
[age 15 when trafficked, 17 when interviewed]

TRAFFICKING AND HEALTH: A CASE STUDY

- NEW AREA OF RESEARCH (i.e., no baseline studies, no existing data, no theoretical frameworks)
- MARGINALISED POPULATION (i.e., mobile, hidden, reluctant, vulnerable, tenuous to no legal status)
- DIVERSE POPULATION (i.e., culture, language, personal features, forms of labour, types and dynamics of exploitation, destinations)
- CHANGING FORMS AND CONTEXT (i.e., trafficking methods and means, political climate, services, laws, numbers)
- HIGHLY POLITICISED (i.e., immigration, asylum, sex work, health resources)