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International Federation of
Medical Students' Associations

IFMSA POLICY STATEMENT

Human Trafficking & Health

Location: Baltimore, United States of America

Date of adoption: March 13th 2013

Date of expiry: March 13th 2016

Summary

Human trafficking remains an alarming epidemic that goes beyond borders. Over the past decades great efforts have been done and certain level of success achieved however there is still a long way to go. As Medical students it is our duty to pronounce ourselves against this form of slavery and all the harmful effects it has on people's health.

Introduction

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 exploitation¹.

The United Nations defined 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"².

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 children³.



Human Trafficking and health

To date, evidence on health and human trafficking is extremely limited¹. Because research on health and trafficking has been conducted almost exclusively on sexual exploitation^{4,5,6}, evidence generally focuses on sexual health (especially related to HIV)⁷ and, to a lesser degree, mental health⁸. Knowledge about the health risks and consequences among people trafficked for non-sexual purposes remains scarce⁹.

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 exploitation⁵.

The most commonly reported health symptoms included fatigue, headaches, sexual and reproductive health problems (e.g. STIs), back pain and significant weight loss. Also, mental health symptoms persisted longer than most of the physical health problems. Similar findings were found in other studies^{4,6}.

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 contaminants¹.

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^{10,11}.

Health and other effects associated with trafficking overall

- Poor mental health is a dominant and persistent adverse health adverse 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 dysfunction¹².
- Forced or coerced use of drugs and alcohol is frequent in sex trafficking¹. Drugs and alcohol may be used as means to control individuals and increase profits¹³ or as a coping mechanism for the trafficked victim.



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- Imposed social isolation, such as prevention of family contact or restriction of a person's movements.
- Economic exploitation is widespread.
- 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.

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 persons².

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 cases¹⁵. 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^{16,17}.

Main Text

The International Federation of Medical Students' Associations (IFMSA) severely condemns any form of human trafficking and recognize the harmful consequences it has on the victims' mental, physical and reproductive health.

Therefore, the IFMSA calls upon:

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.



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- 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.
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*.
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 programs that are needed to identify the most effective counter-trafficking strategies and most appropriate care for the people affected.
4. Medical Students worldwide to:
 - a. Advocate for better treatment conditions and recognition of the impact of human trafficking on patients' health.
 - b. Seek proper instruction on how to provide adequate healthcare assistance to the victims of human trafficking.

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