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HEALTH CRISIS MANAGEMENT

Trafficking in women for sexual exploitation.

A major health and human rights issue

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ABBREVIATIONS

AIDS: Acquired Immune Deficiency Syndrome

HIV: Human Immune Deficiency Virus

HPV: Human Papilloma Virus

ILO: International Labor Organization

IOM: International Organization for Migration

MDR tuberculosis: Multi Drug Resistant tuberculosis

NGO: Non-Governmental Organization

PID: Pelvic Inflammatory Disease

PTSD: Post Traumatic Stress Disorder

STI: Sexually Transmitted Infections

TVPA: Trafficking Victims Protection Act

UNAIDS: Joint United Nations Program on HIV/AIDS

UNHCHR: United Nations High Commissioner for Human Rights

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Objective: This paper reviews the literature on trafficking in women for sexual exploitation; its objective is to analyze the extent by which trafficked women are subject to physical and emotional violence and to describe how the dangers in which they are exposed affect their physical, mental and emotional status as well as all members of the society. Simultaneously, this review intends to demonstrate the reasons because of which trafficking in persons constitute a criminal offence against human rights.

Study Design: Literature review of years 1991–2011. Automated and manual methods were used for assessing the relevant medical and social literature. As part of the automated methods, PubMed, Ovid Medline, Web of Science and Scholar Google were used to search for articles, editorials, and studies published in peer-reviewed journals from 1991 to 2011. Grey literature was also obtained from government and multilateral organizations' publications.

Results: This review sought to underscore the health implications of sex trafficking in women as well as the human rights dimension of this situation. Analysis of the literature suggests that there is evidence on the health consequences of sex trafficking in women and moreover severe human rights violation of this population. The findings also highlight the importance of medical care and psychological support for trafficked women.

Introduction

Human trafficking has been defined as the recruitment, transportation or harboring of persons, by means of threat or use of force or other forms of coercion, of abduction, of fraud or deceptions for the purpose of exploitation (U.N., 2000a).

Trafficking in women for sexual exploitation is a subset of the worldwide phenomenon of trafficking in persons, that is not new and affects almost all countries (Zimmerman et al., 2009, Beyrer, 2004, Raymond et al., 2002); in the increasingly interconnected but economically disparate world, sex trafficking is recognized as one of the fastest growing, consolidated crimes (Zimmerman et al., 2008). Nowadays, besides being a criminal act, trafficking tends to be understood as an issue with serious public health implications as well as a violation of human rights (Busza et al., 2004). More precisely, the concomitant human rights abuses, the substandard living condition during servitude, and the deprivation of basic human needs from which the victims who are trafficked are suffering, have profound health consequences (McClain and Garrity, 2011, Phinney, 2001).

The aims of this study are to present the estimations of the number of the trafficked persons, the factors that increase the vulnerability of certain populations, the conditions where they lived and the existing patterns of sex trafficking, in order to highlight the health risks that impact the physical, sexual and mental status of the victims and to provide information on women's health needs for use by whom will develop policies, protecting their health and human rights.

Statistical data

The illicit and covert nature of the industry of human trafficking and the numerous methodological difficulties in collecting data and statistics on the issue, make an accurate assessment of its magnitude extremely difficult (Huda, 2006).

The numbers reported in the literature are inconsistent and are likely gross underestimated. Despite efforts, accurate numbers don't exist, leading to a wide range of victimization rates that extends from 4 to 27 million (McClain and Garrity, 2011). The number of adults and children in forced labor, bonded labor and forced prostitution around the world is conservatively estimated to be 12,3 million; between 600.000 and 800.000 people are trafficked across international borders annually, number that does not include people who are trafficked within their own countries; although in 2010 only 49.105 victims were identified, according to the same report, with a modest estimation, 1.39 million victims are being forced into sexual servitude (U.S. Dep. of State, 2010). 43% of all victims are trafficked for sexual exploitation, 80% are women and girls and over 60% of those trafficked into sex work are adolescent girls in the age group of 12-16 years (I.L.O., 2005, Glickstein, 2008, Huda, 2006).

The sex trafficking problem is more acute in certain regions such as South Asia where the trade for sex is spiraling out of control. Unicef maintains that, due to the rising tide of commercial sex in the region, the numbers of trafficked individuals in Asia represent nearly half the world total and so, «South Asia is bearing the brunt» (Rasheed, 2004). Thereby, the prevalence of trafficking victims in the world is 1,8 per 1000 inhabitants, whereas, prevalence in Asia and the Pacific is 3 per 1000

inhabitants (U.S. Dep. of State, 2010). In older commentators' statistics, Asia was estimated to contribute some 150.000 to 250.000 cases a year, compared to 175.000 from central and Eastern Europe and 100.000 from the former Soviet Union (Miko and Park, 2002, Watts and Zimmerman, 2002). Thus, human trafficking is the third largest profitable trafficking activity, after drug and gun trafficking, that annually produces an estimated revenue of 7 to 10 billion U.S dollar worldwide (Logan et al., 2009, Hyland, 2001).

The structural key responsible factors of trafficking

Increase in population, poverty, lack of employment opportunities, mistreatment of women and children, political or civil unrest, armed conflict, or natural disasters, leading to a physical and economic insecurity, contribute to the rise of trafficking (Sabella, 2011). It becomes obvious that more and more women of developing countries, due to a complex web of economic, societal and familial factors, are being pushed out of these, becoming more vulnerable to modern slavery. A lightly differentiated approach could indicate as confluent factors of this phenomenon: a) the economic policies promoted by international lending organizations, imposing structural adjustments to countries, that withdraw state support for social welfare and lead mainly women to migrate for family survival, becoming trafficker's victims; b) the globalization of the sex industry, encouraging sex tourism, as well as the «male demand» and the imposition of cultural stereotypes according to which sex is tolerated as a male right in a commodity culture; c) a gender based social and economic inequality towards women feeding dependency, illiteracy,

disparity and violence, contributing to the breeding of sex trafficking and finally d) armed conflicts exacerbating trafficking by assuming some people to be more exploitable and less worthy (Raymond et al., 2002, Huda, 2006).

Living and working conditions of trafficked women

The nature of the sex work to which people are trafficked is hazardous in itself. Numerous serious health risks are likely to occur while travelling, at the point of destination or even after escaping traffickers (Barrows and Finger, 2008, Zimmerman et al., 2009).

For these individuals, undertaking illegal forms of migration, risk exposures may frequently emerge within the phases of a perilous journey, as a result of its extremely unsafe conditions such as walking continuously through malarial jungles, sea crossing on unsafe vessels, or even because of the exacerbation, in the context of trafficking, of various preexisting medical problems that may produce illness or injury (Wolffers et al., 2003). When the trafficking process is long and arduous and involves dangerous transport and living conditions, health impacts are rather intense. On the other hand, victims of trafficking always subjected to coerced or forced transport, but who arrive at destination country by plane for example, have no comparable health impacts; however, their health status is often considerably worsened due to drug and alcohol dependencies in order to be controlled during the journey (Raymond et al., 2002).

Although health treats are generally most concentrated during the destination stage. Within the country of destination occupational hazards as violence, exposure to infections, deprivation of basic needs, marginalization and difficulties accessing medical care are almost common in the vast majority of trafficked women who are enclosed by a life of extreme dependency, clandestine conditions and exploitation, often comparable to being a hostage (Zimmerman et al., 2009, Raymond et al., 2002). Power over women is asserted through threats and violence from traffickers, clients, brothel owners, “pimps” or even by local police, punishing them physically by beatings, rape or confinement (Busza et al., 2004, Zimmerman and Watts, 2003). Findings from a survey, conducted to victims escaped from trafficking, show that all individuals in the sample suffered somatic and behavioral sequelae (Crawford and Kaufman, 2008). Moreover, living in overcrowded situations, with poor nutrition or even malnutrition, no exposure to the sun for vitamin D or bearing severe restriction in movement, contribute to an aggravation of their health condition and a greater severity of health symptoms (I.O.M., 2009).

Traffickers tend to maximize their profits by keeping their costs low, so except housing victims in unsanitary and crowded living conditions, they minimize cost by not paying trafficked individuals and making them work for many hours (Neville and Martinez, 2004). Women working under these semislave conditions turn all their earnings over to a manager who provides them with daily necessities in return (Huang et al., 2004). Furthermore, a usual form of sex work is debt bondage that occurs when a victim is required to work off some form of debt, incurred either by the victim or by a member of the victim’s family (Sabella, 2011). Increased sex worker’s debts add pressure to take on additional customers or agree to condom free sex to maximize

income, consisting in this way an incentive to not insist on condom use, even if they have the negotiation power (Zimmerman and al., 2006).

Unwanted pregnancies are another risk to which trafficked women are subjects. Women have reported that they have undergone unsafe and self induced abortions using abortifacients or by physically stamping on or punching their stomachs (Raymond et al., 2002).

Trafficking victims are in no position to step forward and ask for help. Even when women are no longer being exploited, many are still confronted with risks associated with detention and/ or deportation, before they move onto the challenges of the integration process; only the smallest fraction of survivors are able to obtain adequate medical, psychological and social assistance (Zimmerman and al., 2006).

The basic framework of sex trafficking

Evidence on human trafficking indicates that no region of the world is free of the practice and trafficking patterns exist in South, Central and North America, Africa, Europe, Asia and in the Pacific (I.O.M., 2009). Even so, a distinction could be made; source countries, from which significant numbers of women were trafficked are Thailand, Burma, Nepal, Vietnam, Laos, China, The Philippines, Russia and Uzbekistan; destination countries include Thailand, China, Cambodia, India, Russia, Sweden, the United States and the E.U.; finally, countries in which trafficking of women occurs within state borders for the domestic sex industry, include China, Russia, India, Thailand, Cambodia and Burma. There are also transit countries, as

Greece, which is not only a transit but also a destination country for women who are subjected to forced prostitution. The reports indicate that victims in Greece originate primarily in Eastern Europe, the Balkans and Nigeria (U.S. Dep. of State, 2010). The U.S. State Department places each country onto one of three tiers as mandated by the TVPA. This placement is based more on the extent of government action to combat trafficking than on the size of the problem, although the later is an important factor (U.S. Dept. of State, 2010, U. N., 2000b). The flow of trafficking moves from rural and impoverished areas with high rates of poverty, homelessness, drug use and lower literacy rates to major cities near military bases, truck stops, convention and tourists areas. Recruitment and destination cities usually have easy access to highways or waterways that facilitate moving victims to destination cities where the demand is greatest (Davis, 2006, Williamson and Prior, 2009, Nair, 2004).

Trafficked individuals are an extremely diverse group. Numerous reports from around the world suggest that they are likely to be a much more heterogeneous community. They differ in age, culture, nationality, personality, marital status and education level. However, avoiding an over-generalization, most of them fit neatly into a singular profile of a poverty stricken, uneducated and/or orphaned female sold by her family (Zimmerman and al., 2006).

As the vast majority of women at rescue reported physical or sexual violence while trafficking (95%), pretrafficking abuse (59%) and multiple posttrafficking physical and psychological problems it is obvious that there are varying health implications and needs of trafficked women which will be presented promptly (Zimmerman et al., 2008).

Trafficking as a health issue

For health care providers trafficking in persons is best understood as a very serious health risk because like other forms of violence, it is associated with physical and psychological harm. The health effects of sex trafficking are multifold, with extensive and profound impacts for physical and psychological health and well being, effects that appear to be attributable to the violence experience during trafficking and sex work. Trafficked persons, who often present with a constellation of symptoms and disease conditions, may have health problems that are minor or severe, but few individuals are unscathed and many will experience injuries and illnesses that are debilitating and often enduring. Victims suffer a wide variety of health problems beyond what would be expected given their age, gender and country of residence (Zimmerman et al., 2003, I.O.M., 2009). Sexual exploitation is accompanied by potentially lifelong and/or life-threatening consequences preventing victims from attaining the highest possible level of physical, mental and social well being (Gushulak and MacPherson, 2000). At the same time, the health implications of sex trafficking extend not only to victims but also to the general public as well as those who frequent brothels and who can become carriers and core transmitters of serious diseases. For that reason, highly vulnerable sex workers can be seen as disease vectors carrying and spreading infections to men in destination countries (Huda, 2006, Beyer and Stachowiak, 2003).

In order to be more accurately described, health consequences of commercial sex, could be distinguished to direct health threats and threats to mental health as well

as they could be also approached as an issue related to health care access and the implications of this situation.

A. Direct health threats – infectious diseases and physical trauma

The role of sex trafficking in the spread of HIV and AIDS is of particular concern (Sabella, 2011). HIV deserves a special section because of the personal, medical, ethical, social and even political implications. Even if a country is characterized by a low HIV prevalence but has significantly high rates among high risk groups, as those engaged in the selling and buying sex, it has a significant threat of HIV spread (Huda, 2006). Studies suggest that infection rates are growing alarmingly across South Asia that runs the risk of experiencing the devastating social and economic impacts of the kind of full-blown AIDS epidemics (World Bank, 2004). Southeast Asian regions rank second after Sub-Saharan Africa in HIV/AIDS that is poised to have significant impacts on this densely populated region. The sex industry has played key roles in the spread of HIV and given the enormous and young populations of the region such an outcome would be a true public health catastrophe (Beyer and Stachowiak, 2003, UNAIDS, 2006). India's HIV epidemic is thought to be uniquely propelled by the sex trade. Contact with commercial sex workers poses a 70% increased risk of HIV among Indian men, likely because of inconsistent condom use (Nagelkerke et al., 2002, Rodrigues et al., 1995). Trafficked persons are at increased risk of HIV infection because of the limited power they may have in negotiating safe sex, because they are subjected to more repetitive and violent forms of sex and because of limited or no information about HIV risks and safe sexual practices. Frequent vaginal or rectal abrasions from multiple forced episodes of intercourse, multiple sex partners and the presence of other sexually transmitted infections can increase the risk of HIV infection (I.O.M., 2009).

Young teens are particularly vulnerable to HIV infection. Investigations specific to sex trafficking victims in South Asia documented prevalence rates that vary from 17,8% to 38% among women and girls rescued from sex work and if they were trafficked when they were less than 15 the HIV rate jumped to just over 60% (Nair, 2004, Silverman et al., 2007). Similar HIV rates have been reported in sex trafficking victims returning to Nigeria (Daily Champion, 2007). Additionally, mean age at trafficking was younger for HIV positive (15, 9 years) as compared to HIV negative (17, 2 years). Heightened risk of HIV among younger sex workers may stem from the qualitatively unique experiences of younger girls within a brothel setting and their biological vulnerability, due to larger areas of cervical ectopy, resulting from repeated sexual trauma to the immature genital tract mucous membrane which is a less efficient barrier to viruses, as well as from their diminished power to demand condom use (Sarkar et al., 2006). Longer duration in brothels was associated with greater likelihood of HIV infection with a 3% to 4% increased risk of HIV for each additional month of brothel duration (Silverman et al., 2006). HIV status in different studies in South Asia may have underestimated HIV rates among participants given the low rates of HIV testing documented among sex workers (Dandona et al., 2005).

Generally, trafficked women are at an increased risk of acquiring HIV through sexual violence, unsafe sex, the presence or history of STIs and behaviors that may facilitate transmission like vaginal douching resulting in a proliferation of lymphocytes and creating a vaginal epithelium vulnerable to local trauma (Fonck et al., 2001). Epidemiological studies have also shown an association between the presence of STIs, to which trafficked victims are exposed and an increased risk of acquiring or transmitting HIV infection (Pinto et al., 2005). Due to the fact that they are virtually or literally enslaved victims of trafficking, they have no ability to insist

upon condom use and are vulnerable to dangerous sexual practices, where injuries and abrasions are sustained, associated with transmission (Physicians for Human Rights, 2003). Conclusively, sex trafficking seems to have direct cause and effect linkage to the spread and mutation of the AIDS virus and is aiding the global dispersion of HIV subtypes (Huda, 2006, Beyer and Stachowiak, 2003).

Infectious diseases such as tuberculosis are also a frequent consequence for trafficking victims (Barrows and Finger, 2008). Tuberculosis is also a notable example of a disease that has either gone undiagnosed or been treated an inadequate period, a fact that may predispose to an MDR tuberculosis (I.O.M., 2009).

Physical trauma can result from the work the victim is forced to undertake or may be a direct result of the physical violence used by the trafficker to control the victim (Barrows and Finger, 2008). The victims present a broad range of physical health dimensions, from symptoms directly related to violence to those associated with physical deprivation. The health consequences to women, who are prostituted and trafficked into the sex industry, are often the same injuries and infections suffered by women subjected to other forms of violence against women such as battering. Physical injuries such as broken bones, cut, bruises and sometimes mutilation or severance of body parts are related to the status of prostitution and trafficking (Raymond et al., 2001). A European study found that 95% of trafficked victims had experienced physical violence, in relation to that work, including being kicked while pregnant, burned, punched, thrown against a wall or floor hit with bats or other objects, dragged by the hair. The most prevalent and severe physical health symptoms reported by the women included headaches, fatigue, dizzy spells, back pain, abdominal pain, pelvic pain and memory problems. The most frequently injured body regions are the head, the neck and the face (Zimmerman et al., 2008). Rates of

injuries to Indonesian women are highest in the category of vaginal bleeding followed by bruises, head trauma, mouth and teeth injuries, broken bones, soreness and swelling from frequent sex, sudden bleeding after violent intercourse. Women also reported throat and face pain after multiple successive oral sex act, pharyngeal trauma from forced oral sex, rectal bleeding from rape and anal sex and self- inflicted cutting and wounds.

Trafficked persons may be also exposed to infections from overcrowded housing and working or travelling in substandard conditions. Poor sanitation, malnutrition and inability to access health care increase both the susceptibility to as well as the severity of infectious diseases. Particularly for those who travel clandestinely, travel may involve crowded, poorly ventilated, dangerous modes of transport that may be conducive to the spread of a disease. Travelling or living in forests, deserts or squalid tenements may increase the risk of environmental pathogens and zoonoses. Additionally, violence related trauma makes mucosal surfaces of the body more vulnerable to secondary infections and lowers the body's natural ability to fight infection (Raymond et al., 2002).

B. Direct health threats – sexually and reproductive threats

The vast majority of women participating in studies after a trafficking experience reported having been sexually abused and coerced into involuntary sexual acts. Interestingly, studies show higher rates of infection among abuse survivors, suggesting lower immune function. Those who have been sexually abused have higher rates of illness than those reported only physical abuse. The frequency of these problems may be related to chronic stress as stressful events have been linked to reduce functioning of the immune system by reducing the number of circulating white

blood cells (Campbell et al., 2002, Cohen and Williamson, 1991). Sexual and reproductive health, as well as fertility, consist a significant concern for trafficked women. Syphilis, gonorrhea, HPV, Hepatitis B and chlamydia are examples of mild or asymptomatic infections presented in trafficked women, which can lead to lifelong disability, infertility and be a host of other chronic complications. Patients with HIV or another sexually transmitted infection meet also the possibility of additional sexually transmitted infections because of the likelihood of concurrent infections (Beyer, 2001). STIs and PID (pelvic inflammatory disease) are common compliant among victims and the likelihood of infertility increases with the number and the severity of PID episodes.

At the same time, women's lack of control over their bodies contributes to the number of unintended pregnancies that reflect an urgent health issue. Complications of unsafe abortions include sepsis, hemorrhage, genital and abdominal trauma, perforated uterus, acute renal failure, chronic pelvic pain, PID or tubal occlusion (Zimmerman and al., 2006). Septic abortions and maternal deaths have become an epidemic problem for example in Thailand and in Burma, countries with high rates of trafficked women (Beyer and Stachowiak, 2003).

C. Direct health threats – substance abuse

Experiences of trafficking and sex work involvement may increase the risk of substance abuse (Miller et al., 2007). Some women choose to use drugs, alcohol or cigarettes to cope with their situation and many of them have engaged in multiple attempts at self-injury through drug overdoses and abuse of pills (Raymond et al., 2001). Women who have been exposed to trauma, even without showing PTSD symptom levels, may be at high risk of developing substance abuse disorders

(Breslau, 2002). Moreover, women escaped from a trafficking situation explained how traffickers forced or coerced them to use drugs or alcohol to encourage them to take on more clients, work longer hours, or perform acts they might otherwise find objectionable or too risky (Zimmerman et al., 2003).

D. Threats to mental health

During, but especially in the aftermath of a trafficking experience, a woman's psychological difficulties are perhaps among the most intransigent and painful health problems (Zimmerman and al., 2006). It is found that prostitution can be as traumatic as going to war, with over the 2/3 of the women in forced prostitution suffering from what the researchers are designating as post-traumatic stress disorder (PTSD) (Farley and Barkan, 1998). Psychological trauma is an extremely common and predictable backwash effect of interpersonal violence. What differentiates trafficking and its consequences from the effects of singular traumatic events (disaster, rape) is that trafficking involves prolonged and repeated trauma or chronic trauma. When abuses occur in combination and repeatedly, they result in symptomatology similar to that observed in victims of other types of chronic abuse and trauma, such as domestic violence and torture. Characteristic feature of torture and trafficking situations are life-threatening events, persistent stress and repetitive or chronic danger (Zimmerman et al., 2008, Basoglu et al., 2005, Moisander and Edston, 2003).

Common psychological problems of trafficking victims include depression, anxiety, suicidal ideation, with 38% of trafficked victims acknowledging having suicidal thoughts, addiction and PTSD (Zimmerman et al., 2008). Compared to the rates of physical injuries, there are higher percentages of emotional, behavioral and mental problems. In a study on trafficking in nine countries it was found that 68% of

the interviewed participants met the criteria for PTSD, while other emotional problems reported were mood swings, anxiety, terror, depression and wanting to die as means of escape (Farley and Barkan, 1998). Although, PTSD is frequently mentioned in discussions on post trafficking psychology, it is not an inevitable consequence of trafficking; major depression or anxiety disorders may be a more common reaction to trauma (Yehuda et al., 1998). In another study women reported depression/sadness (78%), self-blame/guilt (65%), anger/rage (64%), difficulty sleeping (59%), as well as experiencing numbness, being sluggish and loss of appetite (Raymond et al., 2002).

Likewise, victims often blame themselves for having failed to recognize deceptive or violent recruitment tactics, or not having escaped the exploitative situation. Psychological control tactics to manipulate women include intimidation, threats, lies, deception, and imposition of unsafe and unpredictable events in order to keep women uncertain of their immediate and long-term future and therefore obliged to obey traffickers (Zimmerman et al., 2008). Psychologists liken the stages of mental manipulation to those employed by totalitarian regimes. Women initially are forced into extreme survival conditions during which the possibility of death is made real; at a second stage they are driven into physical exhaustion through long hours and extreme tension filled environments. Unable to rest a woman is debilitated and unable to consider self defense strategies; so she is trapped, physically and psychologically (Zimmerman and al., 2006).

A special reference should be done to the memory problems, which women face, as the «inability» to remember parts of the most hurtful events. This situation has obvious implications for women's participation in the prosecution of traffickers and for asylum petition. Women are unable to reclaim the process of making

decisions and to have the confidence to take them (Bales, 2002). Withal, mental defeat, which is defined as «the perceived loss of all autonomy, a state of giving in one's mind all efforts to retain one's identity as a human being with a will of one's own» (Ehlers et al., 2000), may result from trafficking circumstances. Women feel merely an object to the other, they lose self-identity and are prepared to do whatever the other ask, not caring if one lives or dies (Logan et al., 2009).

E. Health care access

Another resurgent issue that touches the health dimension of sex trafficking is the access of victims to health care. The vulnerability of trafficked women to various diseases is often compounded by their difficulty to receive medical testing, treatment, counseling, prevention services or other health care. Additionally, women's inability to understand and speak the language in a foreign country, poverty, lack of freedom and of movement, ignorance of their right to treatment and fear of detention and deportation impede access to health services (Huda, 2006). Returning home, a woman's access to health care is often dependent to her ability to pay without being able to afford the full range of care she needs. Women remaining in destination countries especially these one in Europe and in Americas enjoy health services of good quality; however, their access to health services is often dependent on their willingness to cooperate in criminal proceedings against traffickers.

Eventually, lack of confidentiality is a particular concern in many settings, with women fearing that personal details would not remain confidential (Zimmerman et al., 2009). Access to health care is vital for trafficked women because they often face the gravest health threats as result of their trafficked status (Beyrer, 2004).

Sex trafficking as a human rights issue

Human trafficking is a deprivation of the most basic entitlements and human rights, the absence of which limits the ability to achieve a meaningful life. Therefore, it is more than an issue of crime or migration but a manifestation of persistent gender inequality (Phinney, 2001, Logan et al., 2009). Violations of human rights are both a cause and a consequence of trafficking in persons. Accordingly, it is essential to place the protection of all human rights at the center of any measures taken to prevent and end all trafficking (UNHCHR, 2002).

Sex trafficking involves a plethora of egregious human rights violations including the violation of the most basic right to life; it can lead to direct violations of the right to life, as well as indirect violations such as transmission of life threatening infections, injuries and illness (Zimmerman et al., 2008). The right to health is a fundamental human right enshrined in international law. The Universal Declaration of Human Rights affirms that everyone has the right to a standard of living, adequate for the health of himself and of his family, including food, clothing, housing and medical care and necessary social services (U.N., 1948). From the perspective of the victims the denial of the right to health is one of the most serious violations, as in addition to being a basic right on its own, it is also fundamental to defending other rights such as the rights to freedom of movement and of expression. Healthy women are more conscious of and better able to defend their rights. For that reason providing adequate care and protecting victims' health must be viewed as integral components of a trafficked woman's right (Zimmerman et al., 2008).

Trafficking can be also viewed as related to fundamental issues of civil liberties, as the right to freedom of movement, the right to bodily integrity and the right to freedom of expression, that are continuously violated due to kidnappings, abductions, bondage, confiscation of travel documents, rape or other violence exercised on trafficking women, suffering some of the most unspeakable acts of abuse, exploitation and degradation (Zimmerman and al., 2006, U.S. Dep. of State, 2010).

In some countries also, the designation of sex work as «social evil» and the social and family censure for women having been prostitutes, have affected attitudes towards sex workers generally, and similarly towards victims of trafficking, who suffer stigma upon their return, despite their victimization. In these cases trauma is compounded by societal rejection upon their rescue from sex slavery. This nexus between sex work, trafficking and in many times HIV- related stigma as a trafficking consequence, is gender inequality and human rights violation, making extremely difficult for victims to regain acceptance to their communities (Vijayarasa, 2010). Attention should be paid when taking relatively mandatory HIV testing that is intrusive and discriminatory, contributing to stigmatization. By labeling female trafficked returnees as vectors of disease, as it happens in some countries, they are further stigmatized and marginalized (Pirkle et al., 2007, Raymond et al., 2002). Repatriation without protection and appropriate medical care should not be conducted. No victim of trafficking should ever be forced to return home because unwilling returns are clear violations of human rights. A core obligation is the obligation of a state to fulfill that aspect of this right, ensuring women's basic living needs and meeting their healthcare needs (Beyer and Stachowiak, 2003, U.N., 2000a).

Discussion

The scant literature on the health of trafficked women is a result of the relatively recent emergence of trafficking as a subject of health, as well as of the difficulty in detecting and reaching individuals who have been trafficked. The lack of quantitative and qualitative data and the enormous difficulties in producing accurate assessments of trafficking have resulted in many commentators' repeating statistics, which are often extrapolations from other crime contexts or unverified numbers. Despite the violence and the harm, inherent in sex trafficking, there remains rather little evidence on the women and public health implications; objections that health risks associated with sex trafficking have not been well-recognized or documented could be legitimate. Additionally, both the prevalence of sex trafficking as an entry mechanism to sex work and the threats implicated to health show the need for comprehensive efforts to identify and support this vulnerable population. All trafficked women should be accorded standard minimum humanitarian treatment consistent with international human rights standards. Furthermore, trafficking is a health issue with multiple consequences for women's health; however, «medicalizing» this form of violence against women runs the risk of focusing on treating individual survivors and of shifting the lens away from the gross global inequalities and systems that penalize victims of trafficking as «undocumented aliens». In summary, addressing trafficking as a health issue will require multimodal response, including advocacy for victims rights that includes provision of holistic health care, legal assistance and social services (Miller et al., 2007).

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Η διεθνική σωματεμπορία γυναικών στη βιομηχανία του σεξ και οι διαστάσεις της ως πρωτεύον ζήτημα υγείας και ανθρωπίνων δικαιωμάτων.

ΠΕΡΙΛΗΨΗ

Στόχος αυτού του άρθρου ανασκόπησης, είναι να συγκεντρώσει δεδομένα, ανατρέχοντας στη διεθνή βιβλιογραφία των ετών 1991-2011, ώστε να περιγράψει το φαινόμενο της διεθνικής σωματεμπορίας γυναικών με στόχο τη σεξουαλική τους εκμετάλλευση και να αναδείξει τις διαστάσεις του φαινομένου αυτού ως ζήτημα υγείας και ανθρωπίνων δικαιωμάτων.

Εκτιμάται πως 600.000 με 800.000 άτομα διακινούνται ετησίως από κυκλώματα σωματεμπόρων. Εξ αυτών, το 43% διακινείται με σκοπό τη σεξουαλική τους εκμετάλλευση. Το 80% των θυμάτων αυτών είναι ενήλικες γυναίκες και έφηβες, με το 60% να ανήκει στην ηλικιακή ομάδα 12-16 ετών. Τα κέρδη από την διεθνική σωματεμπορία την κατατάσσουν σήμερα ως το τρίτο πιο επικερδές έγκλημα.

Η νοτιοανατολική Ασία είναι ο κατεξοχήν χώρος διακίνησης θυμάτων σωματεμπορίας καθώς χώρες προέλευσης αλλά και προορισμού των θυμάτων της σωματεμπορίας εντοπίζονται σε αυτήν την περιοχή. Ωστόσο το φαινόμενο δεν περιορίζεται μόνο εκεί αφού καμία ήπειρος δεν εξαιρείται της εγκληματικής αυτής δραστηριότητας.

Οι παράγοντες που επηρεάζουν την τρωτότητα συγκεκριμένων πληθυσμών, αυξάνοντας την πιθανότητα να γίνουν θύματα σωματεμπορίας, είναι το χαμηλό επίπεδο διαβίωσης στους τόπους καταγωγής τους, φυσικές ή και ανθρωπογενείς

καταστροφές και η οικονομική αστάθεια. Ωστόσο οι συνθήκες διαβίωσης στη χώρα προορισμού, συχνά είναι χειρότερες από αυτές που επικρατούσαν στην χώρα προέλευσης. Πέραν των εξαιρετικά επικινδύνων συνθηκών του ταξιδιού προς τη χώρα προορισμού, που πραγματοποιείται λαθραίως και υπό αντίξοες συνθήκες οι οποίες θέτουν σε κινδύνους τη ζωή των θυμάτων, οι ώρες εργασίας και οι συνθήκες άσκησης του επαγγέλματος των εργαζομένων στη βιομηχανία του σεξ, καθώς και οι ιδιαίτερος σκληρές συνθήκες ενδιαίτησής τους, επιβαρύνουν την κατάσταση της υγείας τους.

Η συντριπτική πλειονότητα των γυναικών που διακινούνται, δηλώνει πως έχει υποστεί φυσική ή σεξουαλική βία ή / και άσκηση ψυχολογικής βίας με αποτέλεσμα να εμφανίζουν τόσο σωματικά όσο και ψυχικά προβλήματα. Ειδικότερα έρευνες καταδεικνύουν τα ιδιαίτερος αυξημένα ποσοστά λοίμωξης HIV σε εργαζομένους στη βιομηχανία του σεξ και συγκεκριμένα σε όσους εξαναγκάζονται να απασχοληθούν σε αυτόν το χώρο. Η μειωμένη ή ανύπαρκτη δυνατότητά τους επιβολής της χρήσης προφυλακτικού κατά την σεξουαλική πράξη, η άσκηση βίας κατά τη διάρκειά της, το νεαρό της ηλικίας των εκδιδομένων γυναικών, φαίνεται πως είναι παράγοντες που έχουν συντελέσει στη θεαματική αύξηση του επιπολασμού του AIDS στη λεκάνη της νοτιοανατολικής Ασίας σε τέτοιο βαθμό, ώστε να υπάρχουν φόβοι επιδημίας ανάλογης με αυτής της υποσαχαρίου Αφρικής. Οι πρακτικές και αντιλήψεις που επικρατούν στον πολιτισμικό αυτό χώρο, εκθέτουν σε υψηλό κίνδυνο όχι μόνο τη συγκεκριμένη ομάδα αλλά και το συνολικό πληθυσμό. Υψηλά είναι και τα ποσοστά τραυματισμών που εμφανίζονται στα θύματα. Τραύματα κεφαλής, πονοκέφαλοι, χρόνια κόπωση, κατάγματα, πυελικό άλγος είναι τα συχνότερα συμπτώματα που αναφέρονται. Ευπαθής καθίσταται επίσης η σεξουαλική και αναπαραγωγική υγεία των διακινούμενων γυναικών που εμφανίζουν πληθώρα ΣΜΝ δεδομένου ότι

υπόκεινται σε επανειλημμένες αμβλώσεις. Η χρήση ουσιών εμφανίζεται συχνά σε άτομα που ανήκουν σε αυτήν την ομάδα. Μετατραυματικό στρες, αυτοκτονικός ιδεασμός και κατάθλιψη εμφανίζονται σε σημαντικά ποσοστά στον εν λόγω πληθυσμό, καταδεικνύοντας το χαμηλό επίπεδο της ψυχικής υγείας τους. Η συνολική κατάσταση της υγείας των γυναικών επιβαρύνεται επίσης εξαιτίας της προβληματικής πρόσβασης που έχουν σε υπηρεσίες υγείας. Η σωματεμπορία συνιστά ωσαύτως, κατάφορη παραβίαση πολλών και στοιχειωδών ανθρωπίνων δικαιωμάτων με προεξάρχοντα αυτά στη ζωή και στην υγεία.