Upon discovery or disclosure, victims of trafficking may have immediate medical needs that should be addressed promptly, as a first concern, in the destination State. They may have suffered physical injuries or been exposed to dangerous diseases. They may have been forced to use narcotic or psychoactive drugs by traffickers as a means of controlling them. The victims may have themselves developed drug addictions as a means of coping with the situation. They may suffer from various mental health problems and their associated physical conditions.

Obvious physical injuries should be addressed first, followed by sensitive and thorough screening processes. Where drug and substance abuse is found, detoxification and treatment services should be made available. In many instances, the victims’ drug addiction problem will need to be addressed before other psychological needs are addressed.

Victims may be unaware of sexual health issues and may have had to endure unsafe and violent sexual practices that increased their risk of contracting HIV/AIDS and other sexually transmitted diseases (see Tool 8.11). Among women involved in prostitution, those who have been trafficked commonly have the least power in negotiating the conditions of sex. They will commonly have been denied the right to have access to medical treatment and social assistance. In some cases, they may have been forced to undertake HIV/AIDS testing and had the results withheld from them, or alternatively been given a false sense of security by being told that they were free of disease. The provision, upon demand, of strictly confidential testing for HIV/AIDS and other sexually transmitted diseases is important. All testing should be accompanied with appropriate pre- and post-test counselling.

The rest and reflection period provided in some States provides time for victims to receive a medical examination and some urgent treatment if necessary. Medical assistance, in all cases, should be provided in an appropriate and culturally sensitive manner.

Coordination of the medical attention and treatment received by victims in both the destination State and the State of origin provides the best outcome for the victim and is the most likely way to promote recovery. Medical programmes for victims of trafficking may also benefit from working with regional offices of WHO.

### Tool 8.5 Medical assistance

**Overview**

*This tool examines the kind of medical assistance typically required by victims of trafficking.*

**Do no harm!** It is the ethical responsibility of every health practitioner to treat each individual trafficking victim and situation as though there is a significant potential for harm until there is evidence to the contrary.
Budapest Declaration on Public Health and Trafficking in Human Beings

The type of medical assistance provided to victims should depend on the needs of the individual victim. The Budapest Declaration on Public Health and Trafficking in Human Beings, adopted in March 2003, offers guidance on the provision of health care. Although this Declaration specifically addresses human trafficking in Central, Eastern and South-East Europe, the recommendations provided therein are of value to other regions in their provision of assistance to victims of trafficking. According to the Declaration:

- Trafficked persons should be given access to comprehensive, sustained, gender, age and culturally appropriate health care which focuses on achieving overall physical, mental and social well-being.

- Health care should be provided by trained professionals in a secure and caring environment, in conformance with professional codes of ethics, and is subject to the principle that the victim should be fully informed of the nature and care being offered, give their informed consent and be provided with full confidentiality.

- Minimum standards should be established for the health care that is offered to trafficked victims.

- Different stages of intervention call for different priorities in terms of the health care that is offered to victims.

- Trafficked children and adolescents are an especially vulnerable group with special health needs.

Health risks and needs of victims of trafficking

Victims of trafficking experience health risks at each stage of the trafficking process. In providing medical assistance to trafficking survivors, their particular needs must be assessed in the light of the risks that they have been exposed to.
Pre-departure (before a person is physically trafficked)

- Pre-departure medical history must be taken into consideration when conducting medical assessments and planning health-care assistance.
- The person is vulnerable to recruitment; mental and physical health characteristics of this state must be considered. Such factors will affect the person’s health and health-related behaviour throughout the process.
- The person may come from an area with a poor health-care system, lack of adequate resources or difficult access to resources, such that their health problems have not been diagnosed or treated.

Travel and transit stage (in which the person is recruited and taken to the point of destination)

- The person experiences initial trauma, becoming aware of the deception and danger he or she is now in.
- The person is often exposed to dangerous modes of transportation, high-risk border crossings and arrest, threats, intimidation and violence, including rape and other forms of sexual abuse.

Destination stage (exploitation of the individual)

- The individual is put to work and subjected to coercion, violence, exploitation, debt-bondage or other forms of abuse (physical and mental).
- Rarely are trafficked persons able to seek medical or other assistance. The “assistance” they do receive may be inadequate or harmful. Lack of adequate health care can complicate other health issues.
- Living conditions may be inhumane and unsanitary.
- Working conditions may be dangerous.
- Trafficked persons can contract multiple infections, injuries, illnesses and other health problems, such as:
  - Sexually transmitted diseases, HIV/AIDS, pelvic pain, rectal trauma and urinary difficulties
  - Infertility from chronic untreated sexual diseases or failed unsafe abortions
  - Infections or mutilations caused by unsanitary or dangerous medical procedures
  - Chronic back pain, weak hearing, weak eyesight and cardiovascular or respiratory problems from working in dangerous conditions
  - Malnourishment and serious dental problems
  - Infectious diseases such as tuberculosis
  - Pain and injuries from physical abuse and torture
  - Substance abuse problems
  - Psychological trauma from daily physical and mental abuse, including depression, stress-related disorders, disorientation, confusion, phobias and panic attacks
  - Feelings of helplessness, shame, humiliation, shock, denial or disbelief
**Detention, deportation and criminal evidence stage** (the individual is in the custody of the police or immigration authorities or is cooperating in legal proceedings)

- Conditions in some detention facilities are very harsh and pose physical health risks.
- Contacts are almost exclusively with the authorities, which can have an impact on the mental health of victims.

**Integration and reintegration stage** (a long-term and complicated process only complete when the individual becomes an active participant in the economic, cultural, civil and political life of a country)

- Trafficked persons can experience anxiety, isolation, aggressive feelings or behaviour, self-stigmatization, perceived or actual stigmatization by others, difficulty in accessing resources and in communicating with support persons, and negative coping behaviour (e.g. drug use).

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**Source:** The IOM Handbook on Direct Assistance for Victims of Trafficking, available at:

www.iom.int/jahia/Jahia/cache/offonce/pid/1674?entryId=13452

and the United States Department of Health and Human Services, at:

www.acf.hhs.gov/trafficking/campaign_kits/tool_kit_health/health_problems.html

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**Recommended resources**

**The IOM Handbook on Direct Assistance for Victims of Trafficking**

Chapter 5 of *The IOM Handbook on Direct Assistance for Victims of Trafficking*, published in 2007, discusses health considerations with respect to assisting victims of trafficking in countries of origin, transit and destination. The chapter emphasizes the need to develop minimum standards.

**Stolen Smiles: the Physical and Psychological Health Consequences of Women and Adolescents Trafficked in Europe**

A study published in 2006 by the Centre for Research on Gender Violence and Health of the London School of Hygiene and Tropical Medicine, entitled *Stolen Smiles: the Physical and Psychological Health Consequences of Women and Adolescents Trafficked in Europe*, draws attention to the health implications of trafficking in women and provides fact-based information on the range of health consequences of such trafficking. The aim of the study is to contribute to more holistic health care for women who have been trafficked.
This study of the London School of Hygiene and Tropical Medicine can be found at:
www.lshtm.ac.uk/genderviolence/recent.htm

Breaking the Cycle of Vulnerability: Responding to the Health Needs of Trafficked Women in East and Southern Africa

This IOM report looks at health risks that trafficked women encounter in East and Southern Africa and finds that, in all three trafficking trends it examines, women are vulnerable to sexual, reproductive and mental health-related problems. The report asserts that attention to those issues should be integrated with prevention efforts, legislative change and victim assistance and return, to address the problems that trafficked women encounter.

This IOM report is available at:
www.iom.org.za/HIVAIDSPublications.html