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Nordic Council of Ministers

Nordic-Baltic knowledge overview

Action plan for removing obstacles to health care access in sexual trafficking

Nordic-Baltic knowledge overview

– action plan for removing obstacles to health
care access in sexual trafficking

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Preface

“Nordic-Baltic knowledge overview and action plan for removing obstacles for health care access in sexual trafficking”

The Nordic Council of Ministers puts the fight against trafficking in human beings high on the agenda of the Nordic cooperation. Trafficking in human beings is a complex issue that is closely related to the overall tendencies of globalization and development. Thus, the Council of Ministers works in particular at strengthening the regional cooperation in the Nordic countries, the three Baltic countries and North-West Russia. The aim is to promote coordination and cooperation across country borders.

The transnational cooperation started already in 2002 when the Nordic Council of Ministers took the initiative to a Nordic-Baltic information campaign against trafficking in human beings. The commitment of the Nordic Council of Ministers to fight trafficking in human beings is maintained, inter alia, through project activities within the Northern Dimension. The project *“Nordic-Baltic knowledge overview and action plan for removing obstacles for health care access in sexual trafficking”* is an important project that focuses on the physical and psychological harms, victims of human trafficking are subjected to. Furthermore, the project presents a set of concrete recommendations to why health related actions should be an integrated element in support services to victims of human trafficking.

The project is managed by the Nordic School of Public Health (NHV) and is build upon experience and knowledge sharing from the Nordic and Baltic partners of the project, and international organizations, such as the World Health Organization Europe (WHO), which actively have contributed to the development of the project.

Copenhagen 21.02.2011

Halldór Ásgrímsson
Secretary General

Introduction

Human trafficking is increasing worldwide. Victims for sex trafficking are especially exposed to both psychological and physiological health risks. However, the knowledge about health consequences and obstacle to health care access is limited. On 17 February 2011 the Nordic Council of Ministers (NCM) adopted a comprehensive sector program against human trafficking. The program will have a total volume of 3.9 million Danish kroner and promote a holistic effort. The program has a special focus on social aspects of trafficking and will strengthen a regional platform for cooperation within the Nordic countries together with neighboring countries within the Northern Dimension Partnership in order to promote coordination and knowledge sharing across countries. The project “Nordic-Baltic knowledge overview and action plan for removing obstacles to health care access in sexual trafficking” is an important effort in this context.

List of Abbreviations

CATW – The Coalition of Trafficking in Women
EEA – European Economic Area
EU – European Union
GO – Governmental Organization
HIV – Human Immunodeficiency Virus
ILO – International Labour Organization
INGO – International Non-Governmental Organization
IOM – International Organization for Migration
NCM – Nordic Council of Ministers
NGO – Non-Governmental Organization
NHV – Nordic School of Public Health
OSCE – Organization for Security and Cooperation in Europe
TIP – Trafficking In Person
UN – United Nations
US – United States of America
WHO – World Health Organization

1. Nordic-Baltic knowledge overview and action plan for removing obstacles to health care access in sexual trafficking

In accordance with the agreement at the Roundtable Meeting of the Ministers of Social Affairs of the Baltic Sea Region, that was hosted by the Danish Minister of Social Affairs in 2006 to co-operate on the social consequences in the fight against sex trafficking, the Nordic Council of Ministers for Social Affairs and Health (MR-S) initiated the project *Nordic-Baltic knowledge overview and action plan for removing obstacles to health care access in sexual trafficking*. The project is financed by NCM and lead by the Nordic School of Public Health (NHV), Gothenburg, Sweden.

The aim of the project was:

- To review and disseminate existing knowledge on the Consequences of Sexual Trafficking and the Obstacles to Health Care Access and real access to health care services for sexually exploited victims of trafficking in the region
- To share the knowledge reviews of suggested actions for improvement in health care access

The project included three parts:

- A report on case studies on sex trafficking prepared by national experts
- A Nordic-Baltic expert meeting discussing the case studies and drafting recommendations on sex trafficking and health care
- An international conference focusing on sex trafficking and health care

The expert meeting and conference were organised by the Nordic School of Public Health in co-operation with the Resource Centre for Women “Marta”, and the report on case studies was compiled by the Resource Centre for Women “Marta” from Riga, Latvia.

2. Definitions, data and statistics

According to The UN Palermo protocol and The Council of Europe Convention on Action against Trafficking in Human Beings "Trafficking in persons" shall mean the "recruitment, transportation, transfer, harbouring or receipt of persons, by means of the 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 a minimum, the exploitation of the 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." Trafficking could be both international and domestic. Sex trafficking is "When a commercial sex act is induced by force, fraud, or coercion, or when the person induced to perform such an act has not attained 18 years of age" according to United States' Trafficking Victims Protection Act of 2000.

Although there are common protocols and agreements both globally and within the EU on human trafficking, definitions, data and statistics have been much discussed and debated over the last decade, not least in regard to the current lack of reliable data globally, regionally and nationally. The problem of establishing acceptable baseline estimates, methodological limitations and the need for new methods and approaches and better explanations of the methodology used to calculate existent data have been well documented for several years (see, for example, Kelly 2002, 2005, Gramegna and Laczko 2003, Laczko 2005, 2007, Godziak and Collett 2005, Cwikel and Hoban 2005, Aghazaram et al. 2008, Brunovskis and Surtees 2010). Some of the reasons for this are the scarcity of data due to, for example, the criminal nature of trafficking and the mobile and hidden population involved as trafficked women often lack citizen rights, passports and visas. But there is also a lack of systematization in collecting data and sometimes an additional lack of interest to share existent data. Other reasons are inconsistent definitions and confusion of concepts where human trafficking, smuggling, irregular migration and migration are conflated. Sex trafficking and prostitution are not always considered as the same and the distinction between the two is subtle and largely dependent on the beliefs about legalized prostitution. (Dovydaitis 2010) The main distinction made in the literature

between trafficking and prostitution is coercion and consent (Kempadoo et al. 2005). Sometimes it can be difficult to go beyond this conceptual confusion and the different distinctions as it is in part due to ideological and political ends, but also due to attempts to understand the complexities in lived experiences that are not easily and neatly categorized (Brennan 2005, Weitzer 2007).

Global figures of trafficking have perhaps been most criticized, mainly as being vague estimates based on unclear methodologies, and sometimes criticized as being no more than “guesstimates”. For example, in the US government’s Trafficking in Person Report (TIP) published annually since 2000, the figures estimated in 2002 were 700,000 to 4 million trafficked persons every year world wide. In 2008 the oft-quoted 800,000 persons annually were presented. The problem is that there is only a vague description of the statistical methodology used to obtain those estimates and no information about the methodology that was used to obtain the base line data sources in the first place. However, governments, GO’s, different international actors, INGOs and NGOs including the IOM and UN have been continuously reproducing this kind of statistical data as authoritative (Gozdziak and Collett 2005, Kelly 2005). In the US Trafficking in Person Report 2009, the US government’s own figures are excluded, perhaps as a result of this critique, while the global numbers left in the report continue to be based on ILO’s estimated figures of 12.3 million in forced labour, bonded labour and, as they define it, commercial sexual servitude at any given point in time. The ILO’s complementary figure estimates that out of these 2.4 million persons are trafficked and 1.39 million are victims of sexual servitude at any given point in time. In the US TIP report from 2010 there are, besides ILO’s figures of 12.3 million, other ways of counting the numbers of trafficked persons. Now the prevalence of trafficking victims in the world is estimated to be 1.8 of 1,000 persons, a calculation that seems to be derived from ILO’s total figures of 12.3 million in forced labour etcetera and not on the 2.4 million being trafficked.

Even on a national level there are sometimes huge gaps between the estimated figures both between the government, NGO and INGO figures, intragovernmental discrepancies between different ministries, as well as different figures between organisations depending on the different positions taken and disagreement regarding prostitution, sex work and trafficking (Laczko 2005). Budget constraints and a lack of a political will, among other reasons make few governments try to bring this kind of data together in a more systematic way. In many instances data on different categories continues to be mixed even within countries. Other problems are that the existent data are administrative information collected by different institutions or organisations involved in working with victims of trafficking. It makes the total number of trafficking cases in an area unknown as it only represents identified and discovered cases.

It also makes the data scattered and fragmented and difficult to compare on a national level not to mention between different states and dispersed regions. Another reason is that this kind of data is often considered as sensitive and confidential. The consequence is that there is a disinterest in sharing existent information between states. Thus there is little reliable comparable data between or within different regions or countries. The EU is not an exception to the problems that have been mentioned above. Official data on human trafficking over time is even harder to find, which makes it difficult and almost impossible to establish the actual extent of the increase in trafficking that is so often mentioned as an undisputable fact. There are a few exceptions to this in Europe. In Germany and the Netherlands national official statistics are available and have been collected for several years (Laczko 2003). These two countries as well as Austria, Belgium, the Czech Republic, France, Italy, Lithuania, Poland, Spain and Sweden are the eleven countries in the EU that have been placed as having high and medium reliable data depending on their state of data collection in a study made by di Nicola and Caudro in 2007. These countries have data from official and/or NGO databases containing offences, and/or offenders and/or victims of trafficking for sexual exploitation. They also have similar criminal provisions and therefore a homogenous definition of the problem and are relatively similar when it comes to the level of law enforcement. Based on this information the estimated minimum are 50,000 and the maximum are 100,000 victims of sex trafficking in for example 2002 within these eleven EU countries. What should be added is that a calculation of an estimate of hidden victims are based on these figures and included in the total amount. Although this study is indicative of this, a growing number of states have recently established focal points to coordinate data gathering and maintain a central database. National rapporteurs and coordinators have also been promoted both in the EU and in the Organization for Security and Cooperation in Europe (OSCE).

The given figures above are important for the understanding of the size of trafficking, but as pointed out in a number of reports and scientific studies no figures are fully reliable.

3. Sex trafficking and health

3.1 Is sex trafficking a health issue?

Silverman et al. have shown in studies in South Asia the increased health risks women trafficked for sex work experience compared to women in sex work. Sex trafficking and forced sex work creates high vulnerability for the women because of their lack of control of their situation. It is a situation sometimes initiated by rape, an inability to refuse sex, continuous sexual violence, and with no control over condom use as it is often hard for them to negotiate condom usage with clients. They are also specifically vulnerable to HIV because of their young age. As HIV infected they are more likely to be infected with other STI's, specifically syphilis and hepatitis B (Silverman et al. 2008, Silverman et al. 2009). The debt bondage the women end up in makes them take risks such as serving more clients and having longer working days in order to repay their debt faster. During this stage the women in the study had extremely limited access to health care information, services and medical care. This was due both to their restricted movements, lack of knowledge of available options and fear of local authorities because of the uncertain legal situation (Zimmerman 2006, Silverman et al 2009).

3.2 Studies on sex trafficking with focus on health

To understand the varying health implications and needs of trafficked persons a conceptual framework based on five stages of trafficking has been proposed: pre-departure; travel and transit; destination; detention, deportation, and criminal evidence; and integration and reintegration (Zimmerman et al 2003). This staging system, and the recognition that people have different needs at each stage, is a vital contribution to trafficking research (Beyrer 2004). Few studies on sex trafficking focus on health, but the evidence that health is an issue in sex trafficking is striking (Zimmerman 2009). Among the key findings in European studies are that 59% of women had been physically or sexually abused prior to leaving home, with 15% reporting that they were sexually abused before the age of 15 (Zimmerman et al 2006, Zimmerman et al 2008). Most reported physical or sexual violence while trafficked (95%). Within the first 14 days of arriving at a service centre, women were most likely to report the following physical health symptoms: headaches (82%); fatigue

(81%); dizzy spells (70%); back pain (69%) and gynaecological symptoms (vaginal discharge 70%; pelvic pain 59%; infection 58%).

3.3 Violence against women

Few broader empirical studies have been made when it comes to the health needs and the health consequences of sex trafficking. The Coalition of Trafficking in Women, CATW with Janice Raymond et al. made one of the first comparative studies in 2002 covering a broader geographical area that included five countries, Indonesia, the Philippines, Thailand, Venezuela and the United States. The study was based on 146 interviews with victims of sexual exploitation, most of who had been trafficked both across and within borders.

Although sex trafficking is seen as part of the migration process there is a focus on the study of male violence, domination and power in the trafficking situation. In line with this approach it is the sexual exploitation that is central for the violation in sex trafficking, not the actual movement of crossing borders. The exploitation of women in prostitution is considered as the most severe form of male domination, and can according to the approach in this study, not be separated from sex trafficking. A methodological consequence of this is that both sex trafficked women and what others perhaps would define as migrants for sex work and sex workers are categorized together in the study. The thematic fields and the questionnaires that were formulated in the study reflect this approach. Some of the thematic fields and figures are, *"Violence, means of control by recruiters, traffickers and clients"*, where 82% of all surveyed women reported emotional abuse, 80% reported physical harm, 72% verbal threats, and 68% experienced being controlled through drugs and alcohol. Another thematic field is *"Injuries"* where the physical health consequences were in focus. The highest rates reported among all surveyed women were 38% for bruises and vaginal bleeding, followed by 33% for internal pain, and 28% for head trauma. The mental health consequences were reported in *"Emotional, behavioural, and psychological problems"*. 78% of all surveyed women mentioned depression and sadness. This was the highest rate followed by self-blame and guilt 67%, anger and rage 65% and difficulties sleeping 58% (Raymond et al. 2002).

Two other broader comparative studies were conducted by Zimmerman et al. 2003 and 2006 in Europe and take a holistic approach of the women's situation as they underline the importance of recognizing the health consequences and health needs during the whole trafficking process in accordance with the five stages mentioned above. In line with this holistic approach they also underline the entirety of the physical, psychological and social well-being. The studies make a different categorization from the study made by Raymond et al. and make a distinction

between forced sex work in a trafficking situation and women's sex work but state that the trafficked women's situation and experiences are very much similar to other groups in vulnerable situations. Such groups might be migrant women, women who migrate for sex work, women sex workers, exploited women labourers and women who have experienced sexual and/or physical violence and abuse.

In the Zimmerman et al studies 28 women were interviewed in 2003, and 207 in 2006. The women were mainly from Eastern Europe, from Bulgaria, Moldova and the Ukraine but also from the UK, Italy, the Czech Republic and Belgium. These were both destination and/ or transit countries. As was mentioned above, 59% reported experiencing some kind of abuse prior to the trafficking situation. The travel and transit stage created an initial trauma due to extreme fear and anxiety sometimes caused by being beaten and raped during the journey. This "initial trauma" could inhibit later memory and memory recall, something that can have consequences when the women are questioned about the criminal offences they have been subjected to. 95% reported physical or sexual abuse while in the trafficking situation, while 71% reported both. Kicked while pregnant, burned with cigarettes, choked with a wire or having a gun held to their head, forced to perform involuntary sexual acts, forced to have unprotected sex and rape were examples of this. 77% reported that they never had the freedom to do as they pleased or go where they wanted.

3.4 Physical and mental health

When it comes to physical health in the first period of the post trafficking situation the most commonly reported symptoms were headache, fatigue, dizzy spells, back pain, stomach or abdominal pain, and difficulty remembering. These symptoms were also the ones that were the most persistent. After about 1–2 months most of these symptoms were reduced. The emergent medical needs included treatment of infections, injuries and acute pain. 60% of the women had sexual health symptoms when they received care. Indeed the first requests, prioritised by the women themselves upon entering health care services, were testing for infections, pregnancy and a desire for induced abortion. The most enduring health problems were related to the mental health symptoms the women experienced while entering care. Here depression was the most common, 95%, as well as the most persistent symptom, hardly reducing after more than 3 months in care. The same was reported for women's feelings of anxiety and hostility levels. 38% reported having suicidal thoughts. Besides the medical care there is also a need for longer-term psychological support. 56% of the women had post-traumatic stress disorders but this was

something that after a period of 1–3 months decreased in contrast to the states of depression (Zimmerman 2003, 2006).

A few other studies have specifically addressed the mental health as well as the psychological aspects of sex trafficking. In a study of a total of 164 women conducted at a rehabilitation centre in Nepal the mental health status regarding anxiety, depression and post-traumatic distress was compared between women trafficked for sex work and the women trafficked for other kinds of work. Although there were high rates in both groups regarding anxiety and depression there were no significant differences between them. 97% compared to 87% who reported anxiety and 100% and 80% respectively when it came to symptoms of depression. Posttraumatic stress symptoms were experienced by 27% of the women trafficked for sex work and by 7% of the women trafficked for other kinds of work (Tsutsumi et al. 2008). In Europe, at IOM's Counter Trafficking Unit in Kosovo, the most common reactions observed by a clinical psychologist working for several years were acute stress reactions with numbness and detachment, posttraumatic stress disorder with continuing flash backs of the traumatic events and nightmares, dissociation and self harm but also symptoms of depression (Tudorache 2004).

3.5 Sex trafficking and the role of healthcare professionals

Barrows and Finger 2008 (Barrows and Finger 2008) point out that healthcare professionals can also play a critical role in finding victims of human trafficking. But they also argue that increased training is central to achieve this. This was obvious in a European study reporting that 28% of trafficking victims encountered a health care professional while still in captivity (World Childhood Foundation 2005). However, none of these encounters resulted in the victim being freed because the health care professional failed to recognize the true condition. In a study of casualty unit personnel it was found that only 3% had ever had any training in recognizing trafficking victims (Chisolm-Strike and Richardson 2007). Health and Human Services, USA, provides a list of indicators for health care professionals to identify victims in its Rescue and Restore Campaign. The identification of being a victim of sexual trafficking is important for the right to health care (Dovydaitis 2010). The UN Palermo Protocol and The Council of Europe Convention on Action against Trafficking in Human Beings requires the state to provide minimum standards of care, including medical services, to all people identified as "trafficked". As pointed out by Zimmerman et al (Zimmerman et al 2009 BMJ, Zimmerman et al 2009) meeting the needs and protecting the safety of such people can be a challenge for doctors. Providing medical service for people who are still being trafficked or who have escaped can

pose many ethical, safety, and medical challenges. Both resources and specialized training are required. Most of the research and resources for trafficking victims have been directed towards adults rather than children (Fong and Cardoso 2010). For child victims identified as “trafficked” it is important to recognize that the legal protection system is often built on adult victims which child victims may not always fit into. Services in the post-trafficking stages are complex and should be based on good practices used for victims of domestic violence, sexual assault, and torture and for migrants and refugees (Zimmerman et al 2008). These include strategies for crisis intervention, confidentiality, security, shelter, social support, forensics, counselling, and medical cultural competency. The severe symptom patterns identified suggest that diagnostic and treatment services should be made immediately available to survivors of trafficking. Newly identified trafficked women require immediate attention to address post trauma symptoms and adequate recovery time before making decisions about participation in prosecutorial or immigration proceedings or returning home. The destination states have an obligation to fund and foster services that aim to help survivors to regain their health, well-being and dignity.

4. Stop Trafficking and Stand for Health

4.1 Case Studies of sex trafficking in the Nordic and Baltic countries

A number of experts from all the Nordic-Baltic countries working with victims of trafficking were asked to prepare case studies to map sex trafficking in their own countries from different aspects. The experts included doctors, nurses, social workers, psychologists, lawyers and officials representing both regional and national authorities as well as NGOs. The health experts were found through a network established in 2006 in connection with a Nordic Baltic pilot project for the support, protection, safe return, and rehabilitation of women victims of trafficking for sexual exploitation that ended in 2008.

The experts had been asked to review the following:

- The scope of trafficking for sexual exploitation, new trends, legal systems in the field
- Trafficking for sexual exploitation, health consequences of sexual trafficking
- Legal and real access to the Nordic and Baltic health care systems for victims of trafficking

The studies, downloadable on www.nhv.se/rigaconference, show the variations between the countries, some of them are primarily countries of destination for traffickers, while others are countries of origin and others – transit countries. The scope of trafficking is unknown. At the same time many service provider organisations have discovered new recruitment trends using emotional and psychological manipulation and the vulnerability of the victim's life situation. One of the new sources for recruitment as pointed out in the case studies of the Baltic experts was the internet environment. Further discussion on this issue revealed that a separate project should be devoted to this issue – recruitment trends via internet channels, sexual exploitation within this environment and the impact on health.

4.2 Access to health care

The case studies focus on adult victims of trafficking, and although the case studies show different developments regarding health access for victims of trafficking in different countries in the Nordic Baltic region all of them reveal that:

- The access to health care services is complicated for victims of trafficking both for citizens that belong to the EEA area as well as those that are illegal immigrants. All the countries have legislation, which sets criteria for persons to become members of the National Health Insurance Scheme, when the person pays a portion of the cost for the service. In most of the cases a person should be a citizen or have a residence permit. Emergency help is available for all the persons. The access to health care becomes a problem for citizens of the EEA area if they do not have a special European Health Insurance Card that is issued in their home country
- Even if a person is identified as a victim of trafficking and starts to receive assistance, including medical care, another concern is whether there is a continuation of qualitative service provisions when arriving in the home country and how smooth and non-traumatic the transition process is
- Most countries have established national anti-trafficking policies which do not involve ministries of Health. Therefore, many significant aspects that are related to health issues are not included in the state programmes. Still, victim identification is a current problem among health specialists because in most of the cases there is no special training in human trafficking issues in the curriculum of the Higher Medical Schools and there are no clear quality criteria for the treatment of victims of trafficking
- Although all of the case studies indicate a list of mental and physical diseases as a consequence of human trafficking for sexual exploitation, compensation for health damage is not normally offered by most courts

In general all of this shows that there is little information, few studies and few experts on the health consequences and access to health care of victims of sex trafficking in the Nordic and Baltic countries and relevant harmonized cross-border policies should be developed to improve the situation.

4.3 Expert meeting on sex trafficking and health

An expert meeting was arranged at the Nordic School of Public Health in Gothenburg, Sweden on October 15–16, 2009. The meeting gathered experts from all of the Nordic and Baltic countries representing both authorities and NGOs working with victims of human trafficking. The experts included medical doctors, nurses, social workers, psychologists, media specialists, lawyers, and officials, representing both regional and national authorities, and NGOs. The case studies were presented at the meeting and the presentations led to a discussion on the following major issues:

- Actual access to health care
- Compensation for victims
- National and cross-border anti-trafficking policies

The meeting agreed to draft recommendations on sex trafficking and health issues, and agreed that the following international agreements:

- The Protocol to Prevent, Suppress and Punish Trafficking in persons, especially women and children, supplementing the United Nations Convention Against Transnational Organized Crime, United Nations 2000 (further in the text – UN Palermo Protocol)
- The Council of Europe Convention on Action against Trafficking in Human Beings, including definitions of trafficking
- The Nordic Council of Ministers NB-8 Memorandum of “Understanding to Combat Trafficking in Human Beings for Sexual Purpose” are used as points of reference for the development of the recommendations to help victims of sex trafficking in the Nordic and Baltic countries. The recommendations are given in Appendix.

4.4 International conference “Stop Trafficking and Stand for Health”

The conference “Stop Trafficking and Stand for Health” on September 20–21, 2010 held in Riga, Latvia, gathered 100 participants from all the Nordic Baltic countries, including governmental officials, regional municipality experts, service providers, researchers, and health professionals. Representatives from the international and regional organisations like the Nordic Council of Ministers, the Nordic School of Public Health, International Organization for Migration, the World Health Organisation, the Council of the Baltic Sea States, the European Women’s Lobby shared their experience and knowledge. The participants in the conference reviewed the results of case studies from the Nordic and Baltic countries as well as the recommendations from the experts meeting in Gothenburg in October

2009 focusing on the real access to health care and health aspects within national and cross-border anti-trafficking policy frameworks. The Conference participants stressed the need to have proper education on trafficking and identification of victims of sex trafficking for health professionals. It was a common understanding that health care services can serve in a more strategic way as exit possibilities for persons in trafficking. Further, provision of the compensation for the health damages for victims combined with a cross border cooperation to ensure that victims receive it was stressed. Both experts from nongovernmental organizations as well as officials expressed a wish to have regular Nordic Baltic forums to discuss the issues related to trafficking and access to assistance for victims of trafficking as well as policy harmonization.

Summary

The project “Nordic-Baltic knowledge overview and action plan for removing obstacles to health care access in sexual trafficking” reveal that every country has chosen its own way on how to apply the mentioned international legal measures into their national legal systems including the given definitions. This was clear both within the Nordic Baltic region case studies as well as in discussions during the expert meeting at Nordic School of Public Health, Gothenburg, Sweden, and in the international conference in Riga, Latvia. The project emphasized the damage of not only physical health but even more on mental health as the consequences of sexual exploitation in trafficking therefore forming a request for proper policies for long term rehabilitation. Until now the existing governmental action plans do not respond to the need of long term treatment for victims of trafficking especially in the Baltic countries. The sensitive health aspects should be taken into account during the legal proceedings and the time needed for rehabilitation should be respected. This leads to the conclusion that the governmental anti trafficking units could be more effective and functional providing assistance for victims of trafficking if they involve health professionals into their work. As Sex trafficking crosses borders the joint frameworks are needed for tackling the problem and to improve access to health care for the victims, both during the act of trafficking as well as post-trafficking (“Safe Return”). A more in-depth knowledge on prevalence and types of mental and physical disorders over the different stages of sexual trafficking is needed for tailoring the health care.

Svensk sammanfattning

Projektet "Nordic-Baltic knowledge overview and action plan for removing obstacles to health care access in sexual trafficking" visar på att varje land har valt sin egen väg när det gäller tillämpningen av internationella rättsliga åtgärder i sina nationella rättssystem, inklusive definitioner av sexuell trafficking. Detta stod klart såväl i de nordisk-baltiska fall-studierna samt i diskussioner under expertmötet vid Nordiska högskolan för folkhälsovetenskap, Göteborg, Sverige, och vid den internationella konferensen i Riga, Lettland. Projektet lyfte fram både skador på den fysiska hälsan och på den psykisk hälsan som konsekvenser av sexuell utnyttjande i människohandel, och utformade därför en begäran om en policy för långsiktig rehabilitering. De nu gällande statliga handlingsplanerna svarar inte mot behovet av långtidsbehandling för offer för människohandel, detta gäller särskilt i de baltiska länderna. Hälsoaspekter bör tas i beaktande under den rättsliga behandlingen och den tid som behövs för rehabilitering bör respekteras. Detta leder till slutsatsen att de statliga enheterna mot människohandel kan bli mer effektiva och funktionella i att tillhandahålla stöd för offer om de inkluderar även hälso-och sjukvårdspersonal. Då sex trafficking är gränsöverskridande är internationella policies nödvändiga för att hindra verksamheten och för att förbättra tillgången till vård, både under pågående människohandel samt efteråt ("Safe Return"). En mer djupgående kunskap om prevalens och typer av psykiska och fysiska besvär över de olika stadierna av sexuell människohandel behövs för att anpassa vården.

Appendix

Recommendations from the Nordic Baltic expert meeting “Stop Trafficking and Stand for Health”

The recommendations were drafted and adopted by the participants at the expert meeting “Stop Trafficking and Stand for Health” arranged at the Nordic School of Public Health in Gothenburg, Sweden, on October 15–16, 2009. The meeting gathered experts from all of the Nordic and Baltic countries representing both authorities and NGOs working with victims of human trafficking. The experts included medical doctors, nurses, social workers, psychologists, media specialists, lawyers, and officials, representing both regional and national authorities, and NGOs. The case studies were presented at the meeting and the presentations led to a discussion on the following major issues:

- Access to health care
- Compensation for victims
- National and cross-border anti-trafficking policies

The meeting concluded that there is little information, few studies, and few experts regarding the health consequences and access to health care of victims of sex trafficking in the Nordic and Baltic countries.

The Nordic and Baltic experts agreed also to apply the following international agreements:

- United Nations Palermo Protocol
- Council of Europe Convention on Action against Trafficking in Human Beings, including definitions of trafficking
- Nordic Council of Ministers NB-8 memorandum of “Understanding to Combat Trafficking in Human Beings for Sexual Purpose” as points of reference for the recommendations to help victims of sex trafficking in the Nordic countries. The expert meeting decided to present the recommendations at the international conference “Stop Trafficking and Stand for Health” October 2010 in Riga, Latvia

The recommendations for the Nordic and Baltic countries are:

- Access to health care
- Compensation for victims
- National and cross border anti-trafficking policies

Elaboration on the above-mentioned recommendations:

1) Access to health care

Recalling the UN Palermo Protocol, Chapter II, on Protection of Victims of Human Trafficking, Article 6 on member states' responsibility to implement activities that ensure psychological, physical and social rehabilitation as well as medical, psychological and material assistance

Bearing in mind the Council of Europe Convention on Action against Trafficking in Human Beings, Chapter III, Measures to protect and promote the rights of victims, guaranteeing gender equality, Article 12 To ensure victims' physical, psychological and social recovery:

- develop and implement clear procedures for victims of sex trafficking to have full access to health care services regardless of national or EEA medical insurance, and migration status
- ensure quality of health care services by providing training for health care specialists
- common guidelines for health care access policies for victims of trafficking in the Nordic and Baltic countries
- ensure access to the health care for each victim of trafficking regardless of the individual's involvement in the prosecution as a witness

Considering the Council of Europe Convention on Action against Trafficking in Human Beings, Chapter II, Prevention, Cooperation and other measures, Article 6, Measures to discourage the demand:

- ensure real access to health care services for all victims of human trafficking exploited either in prostitution or other forms of sexual exploitation
- decrease demand that fosters all forms of exploitation, especially sexual exploitation of women and children, considering decriminalization of prostitution and criminalization of persons buying sexual services

Reinforcing the UN Palermo Protocol, Chapter II, on Protection of Victims of Human Trafficking, Article 6, on member states' responsibility to protect victims' identity.

Considering the Council of Europe Convention on Action against Trafficking in Human Beings, Chapter III, Measures to protect and promote the rights of victims, guaranteeing gender equality, Article 11, protection of private life:

- guarantee protection of personal data during a victim's access to health care
- ensure clear sanctions for violating data protection

2) Compensation for victims

With respect to the Council of Europe Convention on Action against Trafficking in Human Beings, Article 15, Compensation and legal redress on compensation from the perpetrators/measures to guarantee compensation from perpetrators:

- ensure that costs of health damages are taken into account when compensation for victims of trafficking is calculated
- the compensation should either be provided by the perpetrator (recruiters, pimps, consumers) or state – guaranteed by establishing a system where confiscated property of the perpetrator is used to finance the compensation for the victims
- develop a system, that follows up whether court judgment on compensation for victims of trafficking is implemented, regardless of the victim's place of residence

3) National or cross border anti-trafficking policies and action plans

- health and gender aspects should be involved in developing national and cross border anti-trafficking policies and action plans and integrated into all anti-trafficking policy fields, such as education, prosecution, and others
- create a regional data system and data collection on assistance accepted, denied or declined by trafficked persons
- organise a Nordic Baltic network with meetings among NGOs – service providers, responsible governmental units and health professionals at least once a year
- conduct research identifying the impact on health at the pre trafficking stage and the health consequences when victims escaped from trafficking

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Nordic-Baltic knowledge overview

In accordance with the agreement at the Roundtable Meeting of the Ministers of Social Affairs of the Baltic Sea Region in 2006 to co-operate on the social consequences in the fight against sex trafficking, the Nordic Council of Ministers for Social Affairs and Health (MR-S) initiated the project Nordic-Baltic knowledge overview and action plan for removing obstacles to health care access in sexual trafficking. The project consisted of three parts; a Nordic-Baltic expert meeting to review the current knowledge, a Nordic-Baltic case study conducted in all eight countries, and a concluding international conference in Riga 2010.

The project focused on the damage of both physical and mental health as the consequences of sexual exploitation in trafficking. As sex trafficking crosses borders joint frameworks are needed for tackling the problem and to improve access to health care for the victims, both during the act of trafficking as well as post-trafficking ("Safe Return"). The report reveals that every country has chosen its own way on how to apply international legal measures into their national legal systems, and that there is a need of policies for long term rehabilitation. Further, a more in-depth knowledge on prevalence and types of mental and physical disorders over the different stages of sexual trafficking is needed for tailoring the health care.