CHAPTER 1

TRAFFICKING IN HUMAN BEINGS IN THE MODERN WORLD

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"I went to work as a shop assistant in a greengrocery. I was brought to a room. Two men were sitting there. One of them told me to open my mouth, and then I was asked what infectious diseases I had. I did not understand what happened, why I was treated in such a way..."
(Out of the testimony of a trafficked woman)

1.1 GOAL

The aim of this chapter is to provide a general introduction to the trafficking phenomenon, its history, magnitude, nature and its health and especially mental health related implications.

1.2 LEARNING OBJECTIVES

At the end of this chapter readers will:

- be familiar with the concept of human trafficking and its related baseline definitions;
- understand the specific health, public health and mental health concerns of trafficking;
- have a general view of the trafficking-related
  - mental health questions
  - health problems of minors
  - medico – legal issues;
- gain an introduction to the International Organization of Migration (IOM) and its role in counter-trafficking activities;
- and understand the need for interagency, intersectoral and international cooperation.

1.3 HISTORICAL OVERVIEW

Children, adolescents, women and men have been the victims of trafficking for sex and other purposes for thousands of years. Nowadays, international trafficking of human beings is a growing phenomenon, as hundreds of thousands of men, women and children are trafficked by businessmen into dens around the world.

Surprisingly, many follow the trafficking routes of the Middle Ages or the Renaissance when mainly Eastern European women and children were sold in slave markets in Western Europe.

The first known phase of trafficking occurred during the Middle Ages, when each year thousands of women and children from East Prussia, the Czech lands, Poland, Lithuania, Estonia and Latvia were sold in the slave markets of Italy and southern France.

The second phase occurred during the latter part of the Middle Ages and the early Renaissance when Eastern European women and children were trafficked, mainly from Russia and the Ukraine, and sold into slavery in Italy and the Middle East. Others came from Bosnia, Albania and the Caucasian Mountains. They also ended their days as slaves in Italy and France. This trafficking route into Western Europe ceased when the Ottoman Empire conquered Constantinople. Western European countries then turned their attention to West Africa as a source of slaves.

The modern slavers from Serbia, Albania, Bosnia, Turkey, Russia and Eastern Europe model themselves on the slavers of the Middle Ages and the early Renaissance. Not much has changed, except they now dress in expensive suits, carry mobile phones and drive flashy automobiles. (www.antislavery.org)

1.4 FIRST POLITICAL AND HUMAN RIGHTS REFLECTIONS

The problem of trafficking in human beings, as one of the most *inhumane* phenomena of modern society, was raised first by human rights campaigners at the beginning of the Twentieth century. At that time much attention was paid to British women, who were forced into prostitution on the European continent. In this way, the term of "white slavery" appeared.

The phenomenon became a political issue in the early 1900s. In 1902, the *International Agreement for the Suppression of the White Slave Traffic* was drafted. Its purpose was to "prevent the procuration of women and girls for immoral purposes abroad" (www.protectionproject.org). After a few years, twelve countries around the world ratified it. This eventually led to the United States of America passing the *Mann Act* of 1910, which „forbids transporting a person across state or international lines for prostitution or other immoral purposes". (www.protectionproject.org)

With the problem of sex trafficking still growing in the middle of the century, the United Nations felt it necessary to address the problem. These efforts resulted in the 1949 *Convention for the Suppression of Trafficking in Persons and of the Exploitation of the Prostitution of Others*, ratified by forty-nine countries.

In spite of all these political efforts, trafficking of human beings is a still growing criminal and human rights abusing phenomenon. The scope of this hideous exploitation is wide and varied. Forced prostitution and "marriage", forced labour in agricultural or industrial sectors, domestic servitude, ordered baby delivery are the fields and purposes of trafficking in women. Men are mostly used at construction sites, in agriculture as well as in the sex industry. Children and adolescents are mainly used for pornography or as beggars. Persons of any sex and age are harvested to supply a growing need for vital organs. These people are abused as commodities by a trans-national criminal industry that generates billions of dollars for criminal organizations and operates practically with impunity.

Trafficking has become a most lucrative criminal enterprise, with strong links to other illegal activities, such as money laundering, drug trafficking, document forgery, and smuggling. (UNICEF, 2002.)

1.5 ESTIMATED MAGNITUDE OF TRAFFICKING IN HUMAN BEINGS

When it comes to trafficking, it is nearly impossible to come up with well-established statistical figures. The nature of this crime – underground, often under-acknowledged – contributes to the inability to pin down the number of people who are victimized by traffickers each year.

Nevertheless, the US Justice Department estimated that annually some 700,000 women and children are bought, sold, transported and held in slavery-like conditions for sex and labour exploitation. (Release of 2002 Trafficking in Persons Report Washington, June 2002.)

According to the Swedish NGO, Kvinna Till Kvinna, an estimated 500,000 women from all over the world are trafficked each year into Western Europe alone. A large proportion of these come from former Soviet Union countries.

IOM reports that, in 1997, an estimated 175,000 women and girls were trafficked from Central and Eastern Europe (CEE). Recent IOM figures show that 120,000 women and children are being trafficked into the European Union (EU) each year, primarily through the Balkans and that 10,000 women, mostly from Moldova, Romania and Ukraine, are working only in the sex trade industry in Bosnia Herzegovina. However it is difficult to verify these figures with the information from particular regions or countries. (UNICEF: Geneva, June 2002.)

It is also difficult to distinguish between data on trafficking, irregular migration, migrant sex workers, and illegal border crossings. The statistical data collected by the police and border police is often not well organized and not segregated by gender or age. Additionally, these statistics are used for various political purposes. For example, prevention of trafficking is used as an argument for refusing young women entry to a country or for refusing to issue them a visa. Strangely, in police statistics, these cases are relabelled as successful cases of rescuing "victims of trafficking".

In particular there is little reliable information regarding trafficked children. There is little data on the number of boys and girls who supply a thriving paedophilic sex industry. Girls under the age of 18 working in the sex industry often pass as adults, especially when they do not have documents or use false papers. Information about child trafficking for organs is only anecdotal – there is no evidence, no witnesses and no data that positively confirm its existence. Data on trafficking of children for begging and labour is sparse and information on internal trafficking is almost completely absent. (UNICEF: Geneva, June 2002.)

1.6 DEFINITIONS

Different definitions and expressions are used to describe smuggling of migrants and trafficking in human beings. Hereafter reference is made to the definitions in the protocols supplementing the United Nations Convention Against Transnational Organized Crime (G.A. Res. 55/25, Appendix II, 55 U.N). Interpol also adopts these definitions.

Trafficking in Human Beings is *"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."* (Interpol)

Although men are also concerned, human trafficking affects mostly children and women. Trafficking differs from people smuggling because it involves the exploitation of people for forced labour and prostitution. People smuggling involves people who are willing to pay (using cash or other favours) in order to gain illegal entry into a state or country of which they are neither citizens nor permanent residents.

Smuggling of migrants means *„the procurement, in order to obtain, directly or indirectly, a financial or other material benefit, of the illegal entry of a person into a State Party of which the person is not a national or a permanent resident."* (Interpol)

1.7 HEALTH AND PUBLIC HEALTH CONCERNS RELATED TO TRAFFICKING IN HUMAN BEINGS

Until recently, much of the support in the fight against trafficking has focused on information exchange, police and legal cooperation, and return and reintegration assistance. In the last year, however, a number of protocols, declarations and published studies have also called attention to the serious health concerns related to trafficking. These documents highlight the need to develop minimum standards of care and provide specialized services that specifically match the needs of the victim.

Trafficked persons – regardless of whether trafficking is for the purpose of labour, sexual or any other form of exploitation – are exposed to a range of health-related problems. During captivity, they experience physical violence, sexual exploitation, psychological abuse, poor living conditions and exposure to numerous diseases, which may have long-lasting consequences on their physical-, in particular reproductive health, and mental health. (IOM Counter-Trafficking Handbook, in press)

1.7.1 The Budapest Declaration

In recognition of these health concerns, the Budapest Declaration (**Appendix I**) notes that "more attention should be dedicated to the health and public health concerns related to trafficking". Specifically, it recommends that trafficked persons should receive "comprehensive, sustained, gender, age and culturally appropriate health care (...) by trained professionals in a secure and caring environment." To this end, "minimum standards should be established for the health care that is provided to trafficked victims" with the understanding that "different stages of intervention call for different priorities" (Budapest Declaration, 2003).

1.7.2 The physical disease profile

Providing appropriate health promotion and care services for trafficked persons is not only a humanitarian obligation, but also a public health concern for countries of origin, transit and destination alike. Since the general population is also exposed to the high health risks associated with trafficking, states should commit themselves to both disease prevention and control in this area.

Public health problems do not merely appear in the context of spreading sexually transmitted infections (STIs) and 'common' infectious diseases, such as the (re)-emerging problems of TB, HIV/AIDS and Hepatitis B and C. A significant public health risk may also emerge if – as a consequence of the demolished public health system in the majority of countries of origin – 'vaccine preventable diseases' are spread to transit and destination countries where most physicians have not been confronted with these pathologies before.

In providing care to trafficked persons, practitioners should be aware of the wide range of possible somatic diseases, not to mention the likely occurrence of psychosomatic problems. Providing appropriate, adequate and harmonized (mental – somatic – social) care in the first line of service is the best security measure against both personal and public risks.

1.8 HEALTH RELATED CONCERNS OF TRAFFICKED MINORS

A growing trend in the movement of children from CEE and the Balkans to the countries of the EU is that of unaccompanied child travellers. These children are separated from both parents and are not being cared for by an adult who, by law or custom, is responsible to do so.

Unaccompanied children are highly susceptible to sexual and labour exploitation and consequent physical, mental and emotional abuse, due to their precarious situation. Similar to most trafficked persons, the majority of children come from broken homes, from poor and under-developed countries, or from countries in situations of conflict and political instability. Their circumstances involve low levels of education, emotional neglect, and lack of access to health services, with respect to both primary and preventive care, as well as reproductive health services.

Moreover, many of them carry pre-existing conditions acquired in their home country, including tuberculosis. Often they are malnourished, and have not been immunized. By the time they are trafficked, many will already present psychological and mental fragility, though the transit phase of the journey is bound to further shape the health conditions of these children. The health of the child in the country of arrival will be determined by the activities undertaken, by the living conditions and the existence or the level of access to social, educational and health support services.

Children are more vulnerable and less able to protect themselves against sexually transmitted infections (STI) and unwanted pregnancies than adults. Most STIs remain untreated; the children are given prophylaxis or are self-medicated, which can have long-term health effects, especially on their reproductive health.

They are deprived of protective environmental health determinants that promote mental and developmental well-being: safe shelter, sufficient food, nurturing by family, friends and peers, and proper education that empowers children to develop linguistic and cognitive abilities.

Children have a right to health, and trafficking of children is a violation of their basic rights. All counter trafficking actions to provide protection and assistance to children must have the best interests of the child as their primary consideration. (Grondin, D.: Budapest March 19-21, 2003.)

1.9 MENTAL HEALTH ASPECTS OF TRAFFICKING

1.9.1 Definitions of mental health

The importance of mental health has been recognized by the World Health Organization (WHO) since its origin, and is reflected by the definition of health in the WHO constitution as 'not merely the absence of disease or infirmity', but rather 'as a state of complete physical, mental and social well being'.

Scholars from different cultures have defined mental health variously. Concepts of mental health include subjective perceptions of well being, self efficiency, autonomy, competence, intergenerational dependence, and self-actualisation of a person's intellectual and emotional potential. From a cultural perspective, it is nearly impossible to define mental health comprehensively. It is however agreed that mental health is broader than 'a lack of mental disorders'. Mental health is fundamentally interconnected with physical and social functioning and health outcomes. (World Health Report 2001)

International Organization for Migration (IOM) - IOM has described mental health care in its broadest sense, broader than a lack of mental disorders and not as a synonym of psychiatric care. When it points to a 'psychosocial approach', IOM refers to a particular way of comprehending and dealing with mental well being. Taking a psychosocial approach implies there is a link between social and cultural factors and mental well being. This means that to understand the functioning of the individual, s/he must be seen within his or her context, be it the family, community, culture, etc. A psychosocial approach implies that the mental well-being of an individual or group can be affected by acting on the social factors surrounding them. The approach does not deny or exclude the need for psychological and/or psychiatric interventions. It is important that the specific ways of dealing with mentally ill persons in different societies be respected, as this can range from western psychiatric care and medication to traditional and spiritual healers. (IOM Council Document MC/INF/271, November 2003.)

1.9.2 Relevance of Mental Health in the context of trafficking

The psychological reactions of trafficked persons depend on a variety of factors, in particular the individual's personal history, past events and stresses associated with the trafficking process. Important to take into account is that many trafficked persons have had traumatic and abusive experiences before being trafficked, often within the family context or within relationships with boyfriends.

The trafficking context - Psychological abuse is a key element of the trafficking process and a fundamental tactic used by traffickers to manipulate individuals. This tactic includes intimidation and threats, lies and deception, emotional manipulation and the imposition of unsafe, unpredictable and uncontrollable events. The abuse is persistent and extreme to destroy an individual's psychological and physical defences.

- S/he is forced into 'extreme survival conditions' during which the possibility of death is made real and the loss of control over personal safety and exposure to the trafficker is realised.
- S/he is physically exhausted, having been forced to work long hours without rest or proper meals. Control and isolation ensure the trafficked person's dependence on the trafficker as the only person s/he has substantial contact with.
- Physical and sexual violence are common experiences for trafficked persons. (Sexual) assault has significant social and psychological implications. In particular sexual violence deeply harms self-esteem and confidence and is often associated with stigma and consequently isolation and reluctance to seek help.

1.9.3 Mental health consequences

Mental health consequences of trafficking should not be considered in isolation, but as closely linked to and overlapping with the health-, socio economic- and legal consequences. For example, physical problems may cause negative psychological reactions, which in turn result in additional physical, family or work problems.

The following list succinctly refers to groups of symptoms commonly described by studies available on the topic of trafficking (London School of Hygiene and Tropical Medicine, 2003; IOM Counter-Trafficking Handbook, in press.):

- Psychosomatic reactions: headaches, neck pain, back aches, stomach aches, trembling, sweating, health palpitations, sleeping problems, immuno-suppression, etc.

- Psychological reactions: hopelessness, despair, suicidal thinking, self-harm, explosive or extremely inhibited anger, violent, altered states of consciousness, amnesia, dissociative episodes, reliving experiences, isolation, withdrawal, distrust, memory problems, chronic anxiety, nightmares, chronic fatigue, frequent crying, general lack of interest, etc.

- Psychoactive substance abuse and dependence: overdose, addiction, physical damage (brain/liver), needle introduced infections, dependence on drugs, alcoholism, participation in high risk behaviours such as promiscuous unprotected sexual acts, violence, crime, etc.

- Social reactions: feelings of isolation, loneliness, inability to establish or maintain meaningful relationships, mistrust, rejection by family or community, risk of being re-trafficked.

1.9.4 Awareness of ethical and medico-legal issues

Human trafficking is a clear violation of human rights, of international law, as well as of numerous national laws. As such, in addition to the health and mental health concerns and attention, each individual situation of trafficking is also the expression of criminal activity and thus requires to be processed in a manner that minimizes any interference with ongoing or future police work or judicial procedures.

Several dimensions of this awareness are crucial:

- It is the trafficked person's right at all times to be informed and kept appraised of his/her legal situation and of any judicial actions that are undertaken on his/her behalf. When appropriate this implies providing the trafficked person with legal counsel or specialized advocacy.

- All stages of the trafficked person's care must be diligently documented, as this material could be requested for judicial purposes at some future point (whether subpoenaed or at the trafficked person's request). This includes, but is not limited to, detailed and factual descriptions of the person's medical and psychological conditions at reception, treatment interventions, and the evolution of the person's symptoms. In addition, any data on the person's personal history, social evaluations, descriptions of his/her involvement in psychosocial programs, observations regarding daily living and interactions with others should also be documented.

- Specific considerations must guide the documentation of situations regarding trafficked minors and every step that was taken to establish each minor's competency and where legal authority over him/her is established. International law clearly states that the minor's best interest is paramount considerations and should guide any caretaker's decision.

- Ethical and clinical considerations clearly favour the zealous respect of the trafficked person's rights, including stringent protection of confidentiality and privacy. S/he must be treated in a manner that encourages self-determination through personal decision-making and regaining control over his/her life. In this regard, consent should explicitly be sought for all actions and recorded in specific forms for important decisions and, when appropriate, in professional notes on the basis of verbal consent.

1.10 INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM): ROLE AND MANDATE

It is the mandate of IOM to work globally with governments as well as international and voluntary organizations to assist persons displaced or those in need of migration assistance. The Organization is committed to the principle that human and orderly migration benefits migrants and society. (http://www.iom.int)

1.10.1 Migration Health

The provision of health related assistance for migrants has been part of the many services provided by the Organization since its foundation in Brussels in 1951. IOM is responsible for the physical, social and mental well being of migrants falling under its auspices. As such, mental health services should be considered an integral part of the work of the Organization.

IOM is confronted with a wide range of mental health consequences and aspects of migration on a daily basis, as it assists people fleeing their home regions, or during uncertain periods of transit and situation of asylum, and helps them integrate into new societies or return home. IOM is perhaps the only intergovernmental organization dealing with migrants at all stages of the migration process. As such it is in a privileged position to gain a comprehensive view of mental health issues linked to populations in movement. Is also offers unique possibilities for interventions, as it is able to coordinate its work between the different stages of the migration process and has access to the migrant populations. The Organization is therefore in a good position to develop its role as an advisory body in the domain of migration and mental health. IOM can raise awareness on the topic amongst governments, policy makers and other stakeholders, with the objective of improving the mental well being of migrant populations and demonstrating the preventive aspect of psychosocial and mental health programs. (IOM Council Document MC/INF/271.)

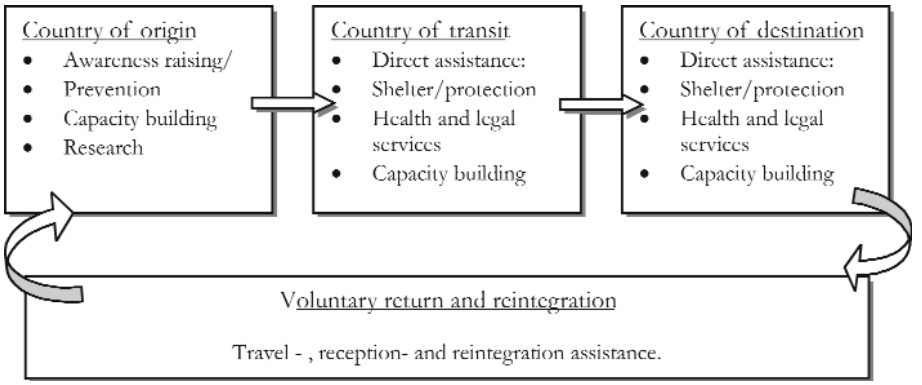
In all its counter trafficking interventions, IOM aims to support concerted efforts by member states, partner organizations and concerned communities to address health, including mental health dimensions, while seeking to disseminate a better understanding of the relationship between health and trafficking.

1.10.2 Counter trafficking

Trafficking in persons is one of the most serious and urgent challenges to migration policy makers and practitioners around the world today. It is not surprising therefore that several policy documents on the topic have been developed in recent years. A 1999 IOM policy document defined the IOM objective in counteracting trafficking as 'to curtail migrant trafficking and to protect the rights of migrants caught up in the practice'. The document laid out the Organization's main programmatic strategies and objectives, including counselling and medical services. In 2000, an IOM policy document on *'Trafficking in persons: update and perspectives'* established IOM's strategic approaches at the global and regional level. The latest policy document on *'Trafficking in persons: IOM strategy and activities'* was issued in 2003. (IOM Strategy and Activities, 2003).

IOM's counter trafficking activities over the last three years have substantially increased and continue to target the most vulnerable groups: women and children. Projects are implemented in all regions of the world with activities responding to individual governments' needs of prevention, awareness raising, capacity building and legislation, as well as to the protection and assistance needs of the individual trafficked persons, including their voluntary return to and reintegration in to their countries of origin.

Figure 1.1: current common IOM interventions throughout the counter trafficking process (IOM's role in Preventing and Combating Trafficking in Human Beings, 2002.)



To standardize the IOM approach on direct assistance, a Counter Trafficking Handbook has been developed covering a range of aspects, such as shelter management, health, security and interview guidelines.

1.11 IMPORTANCE OF REGIONAL AND INTERNATIONAL NETWORKING

It is impossible for a single organization or institution to ensure the recovery of trafficked persons. Co-operation between different actors involved in addressing the complexity of the phenomenon is essential. Hence, all IOM activities are planned and implemented in collaboration with governments, non governmental organizations (NGOs) and other (international) organizations.

In the field of counter trafficking, IOM has a long standing relationship with international and local NGOs both as funding and operational partners. NGOs collaborate with IOM in both prevention and direct assistance projects. In addition, IOM works with NGOs for training, workshops and seminars to improve understanding of trafficking issues. From a long term perspective, IOM is expanding beyond the role of service provider in order to promote the self development and capacity building of NGOs to give true sustainability to project results.

Thanks to its presence in a wide number of nations, IOM can act as a facilitator/link between countries of destination and of origin, and between assistance providers (such as

NGOs) and policy makers. Such a cooperation between the actors engaged in this area can also serve the purpose of comparing between different methods of intervention and assistance, which can further contribute to the continuous amelioration of services available to trafficked persons.

To provide a holistic approach, the cooperation with law enforcement agencies needs to be addressed when providing assistance to trafficked persons. Law enforcement agencies on the one hand, need to accept the importance of NGOs and other specialized agencies because of the endemic lack of trust in law enforcement officers exhibited by trafficked persons, and because of the specialised knowledge needed to provide professional care. On the other hand, NGOs and other agencies need to accept the role of the law enforcement agencies for their legal power and resources to remove trafficked persons from exploitative situations, their important role in referring trafficked persons to NGOs and their capacity to protect NGO staff and trafficked persons. (Law Enforcement Cooperation with Non Governmental Organizations, 2002.)

Regardless if there is an IOM presence or not, it is in general recommended to develop a national and international network of NGOs and other services providers, in order to improve information and knowledge-sharing. Through networking and capacity building, NGOs and others could represent a successful link between the rich international experience and the trafficked individuals.

1.12 NEED FOR TRAFFICKING IN PERSONS RELATED HEALTH DATABASE

This training manual, developed as a follow-up to the Budapest Declaration, is a first step towards establishing and implementing minimum standards of care in mental health. Here it must be mentioned that standardizing the care given to trafficked persons across countries of origins, transit and destination should also involve the development of an electronic information system that captures relevant health data.

The current lack of such an information system means that the health profile of trafficked persons cannot be interpreted and analysed which hampers the preparation of needed health services, as well as prevention and advocacy efforts throughout the various stages of the counter trafficking process.

Hence, a Counter-Trafficking Health Database (CTHDB) is planned for the near future. The database is considered essential to reach effective international cooperation between all actors participating in the health care provision of counter trafficking programs, optimal professional assistance to trafficked persons, and public health measures for the communities the trafficked persons reside in.

In this respect, health care providers should be familiar with international diagnostic instruments, such as the International Codification of Diseases (ICD) and medical data recording systems to collect medical information in a standardized manner. In addition, baseline knowledge of health statistics and epidemiology concepts (prevalence, incidence, risk assessment, risk profile) would be of importance when planning and organizing support services.

1.13 RECOMMENDED READINGS FOR THIS CHAPTER

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APPENDIX

BUDAPEST DECLARATION ON PUBLIC HEALTH & TRAFFICKING IN HUMAN BEINGS

The participants of the *Regional Conference on Public Health & Trafficking in Human Beings in Central, Eastern and Southeast Europe,* held on 19-21 March 2003, in Budapest:

- *Affirming* that trafficking in human beings is a violation of human rights;

- *Concerned* that victims of trafficking in central, eastern and southeast Europe have been and continue to be exposed to a range of health-related problems, including, but not limited to, physical and psychological abuse and trauma, sexually-transmitted and other infectious and non-infectious diseases and complications, including HIV/AIDS and tuberculosis;

- *Recognizing* that some countries in the region are currently experiencing epidemic levels in the incidence of HIV and tuberculosis, particularly drug-resistant tuberculosis;

- *Convinced* that there is a need to address the health and public health aspects of trafficking in human beings;

Have agreed and committed themselves to the following:

- Despite much effort and progress in combating trafficking in human beings both regionally and globally, more attention and resources should be dedicated to the health and public health concerns related to trafficking;

- Victims of trafficking must 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 be fully informed of the nature of 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. These standards should be developed through a partnership of governments, inter-governmental and non-governmental organizations, and academic institutions, and should be based on comprehensive research and best practices;

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

  During the initial rescue phase, which begins at the first point of contact between a victim and a health professional and often occurs in the country of destination and/or transit, care should focus on treatment for injury and trauma, crisis intervention, and basic health care, including counseling.

  During the rehabilitation phase, which often occurs in the country of origin, care should focus on the long-term health needs and reintegration of the victim. Victims should be provided with health care which is tailored to their individual needs and circumstances.

  Some examples of long-term health needs, without attempting to provide a complete and definitive list, might include counseling, follow-up care, and testing and/or treatment for sexually-transmitted infections, HIV/AIDS, tuberculosis, physical and psychological trauma, substance abuse, and other related problems.

- Trafficked children and adolescents are an especially vulnerable group with special health needs. The provision of health care to this group should follow a long-term, sustained approach, and must take into consideration the possibility of long-term mental and psycho-social effects.

  Moreover, the phenomenon of trafficked children and adolescents raises complex legal issues, including those relating to guardianship, that must be resolved if minimum standards for treatment and care are to be established.

  In all cases, the best interests of the child must be the primary concern and motivating factor;

- Shelters and rehabilitation centers play an important role in providing protection, assistance, health care, and security to victims. The operation and management of shelters and rehabilitation centers should follow a professional, standardized approach;

- Specialized training programs for multi-disciplinary health teams should be developed which focus on sensitizing health professionals about the special needs of trafficked victims;

- Psycho-social counseling plays a critical role in building trust, identifying the needs of the victim, gaining consent for the delivery of health care, engaging the person in setting out recovery goals, and assisting in long-term rehabilitation and empowerment;

- Social, recreational, educational and vocational activities organized in shelters and rehabilitation centers play an important role in re-building self-esteem, and therefore have positive health benefits for victims;

- Increased understanding is needed regarding the public health issues associated with trafficking. Non-stigmatizing and culturally-appropriate public awareness campaigns targeting at-risk groups, on both the supply and demand sides, should be implemented across the region;

- Governments should take increasing responsibility for prevention, as well as the provision of security, legal rights, protection and care to trafficked victims, especially children and adolescents, by ensuring access to national health structures and institutions;

- Governments, inter-governmental and non-governmental organizations should increase cooperation amongst themselves and across borders by coordinating and integrating the health care offered in destination, source and transit countries. Sharing of medical data, subject to the informed consent of the victim, and with the assurance of maximum levels of confidentiality and protection of information, is essential in ensuring continuity of care, effective case management and rehabilitation and reintegration.

The participants hereby commit themselves to the promotion and realization of the recommendations contained herein.