Women Trafficked Into Prostitution: Determinants, Human Rights and Health Needs

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Abstract  Human trafficking is an international challenge that increasingly affects industrialized countries. It represents a gross violation of a person's right to liberty and freedom of movement, and is often accompanied by violence and degrading treatment which can have detrimental effects on health. In this article, we review the definition and extent of human trafficking, and focus on the human rights abuses and determinants of trafficking in women. Mental health and other health outcomes are reviewed, and differences between countries in organized activities for victim assistance and protection are assessed. Finally, we discuss the roles of mental health and other healthcare providers in identifying and helping trafficked women, and recommend a tailored multidisciplinary approach for victim assistance.

Key words  human trafficking • mental health • victim assistance • women

Human trafficking is an international challenge that increasingly affects several highly developed countries including the USA, Canada and western Europe (Kangaspunta, 2003; Stewart & Gajic-Veljanoski, 2005; U.S. Department of State, 2003). This adverse sequel of globalization generates up to $9.5 billion per year (Morrison & Crosland, 2000; U.S. Department of State, 2005), and according to some reports, represents the third-largest source of profit for organized crime after drugs and guns (Orhant, 2002).
trafficking represents a denial of human rights, undermines governmental (legal) authority, and poses health risks for individuals. It embraces a wide range of subpopulations enslaved for substantially different purposes such as work, organ trafficking or sex (Loff & Sanghera, 2004).

Human trafficking is a complex problem and is difficult to research. Studies on trafficked persons encounter serious methodological challenges that result in many limitations (Cwikel & Hoban, 2005; Laczko & Gozdziak, 2005). Some of these include the hidden nature of the population, confusion in defining trafficked individuals (e.g., trafficked vs. smuggled), descriptive and/or qualitative study designs, small samples, the diversity of trafficked people (country of origin), and the presence of selection, sampling and/or measurement bias. Therefore, any attempts to generalize, quantify or simplify this problem may lead to spurious conclusions.

In this article, we review the current literature to describe and explore some determinants of the phenomenon of trafficking in women. We discuss sex trafficking in the context of a human rights violation, as an issue of violence against women, and as a health issue. This narrative literature review briefly describes the definition and extent of human trafficking, and discusses the process and possible causes of sex trafficking. It specifically explores whether cultural and psychosocial factors can affect differences in the degree of deceptiveness behind sex trafficking, and whether they could intensify a woman’s risk to be trafficked and/or represent barriers to escape prostitution. It also reviews the main health-related outcomes of sex trafficking. The authors further explore Australian, Canadian, German, Italian, Dutch, U.K. and U.S. government and non-government web sites and publications to analyze differences in destination-country policies for trafficking victim assistance. Finally, we assess the roles and challenges of healthcare providers when identifying and helping women trafficked for prostitution.

**Human Trafficking: Definition and Extent**

Human trafficking constitutes the denial of the person’s rights to liberty, integrity, security and freedom of movement. This is often combined with violence, torture and degrading treatment. There is little or no consensus among researchers on a consistent theoretical framework for understanding human trafficking (Bruckert & Parent, 2002). Human trafficking can be studied in the context of migration, labor, prostitution, crime, human rights, health, child abuse or violence against women. Disagreements in defining human trafficking are also apparent (Bruckert & Parent, 2002), however, coercion is crucial to most definitions (Loff & Sanghera, 2004; Wijers & Lap-Chew, 1997).
The official definition\textsuperscript{1} is given by the United Nations (UN) Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (hereafter the UN Protocol), which supplements the UN Convention Against Transnational Organized Crime (United Nations General Assembly, 2000). The UN Protocol also denotes the irrelevance of consent from trafficked victims (article 3b) and imposes the protection of all victims, not only those who can prove force (article 6–8).

Reliable data on human trafficking are difficult to ascertain, mainly due to its clandestine nature (Cwikel & Hoban, 2005; Laczko & Gozdziak, 2005; Loff & Saghera, 2004; Makkai, 2003). Estimates differ among countries, and there is a lack of detail on the methodologies used to derive them (Makkai, 2003). Accordingly, estimates of human trafficking are imprecise, with wide ranges, and accurate cross-country comparisons are difficult to perform. The inability to adequately extract trafficking victim data from smuggled migrant data causes further misinterpretation and speculation (Aronowitz, 2001; Morrison & Crosland, 2000; Oxman-Martinez & Hanley, 2004; Royal Canadian Mounted Police, 2004). Recent analyses also indicate changes in the magnitude and nature of trafficking whereby it appears to be declining but in fact, has become less visible as it has gone underground following large-scale government raids and changes in immigration/border policies (United Nations Population Fund, 2006). In some instances human trafficking data are classified as secret by law enforcement agencies (Oxman-Martinez, Hanley, & Gomez, 2005), further hindering unbiased estimations of the phenomenon. However, in general, the U.S. government estimates that annually, 600,000–800,000 individuals are trafficked worldwide, of whom up to 3% are trafficked into the USA (U.S. Department of State, 2004). The majority of victims (80%) are women and girls, usually trafficked for sexual exploitation.

**Trafficking in Women: Process and Causes**

The process of human trafficking begins in source countries from which recruited women are legally or illegally transported to destination countries (Busza, Castle, & Diarra, 2004; Busza & Schunter, 2001; Gushulak & MacPherson, 2000; Macklin, 2003; McDonald, Moore, & Timoshkina, 2000; Morrison & Crosland, 2000; Okonofua, Ogbomwan, Alutu, Kufre, & Eghosa, 2004; Oxman-Martinez, Martinez, & Hanley, 2001). Women usually enter destination countries as visitors, refugees, family-class immigrants or temporary-work migrants, for example, as exotic dancers or strippers to Canada, Japan or Australia (International Labour Organization, 2005; Stewart & Gajic-Veljanoski, 2005). Some women are smuggled across the borders (illegal entry), most likely due to the restrictive immigration policies of destination countries (International
Labour Organization, 2005; United Nations Population Fund, 2006). A German study found that 42% of all registered victims of sex trafficking crossed the border illegally in 2003 (Cyrus, 2005). At the final destination, women's passports were confiscated by the 'agents' (traffickers), and women were subjected to 'travel visa' debts, required to be repaid through prostitution (Aghatise, 2004; Busza et al., 2004; Cwikel, Chudakov, Paikin, Agmon, & Belmaker, 2004; Macklin, 2003; McDonald et al., 2000; Raymond & Hughes, 2001; Watts & Zimmerman, 2002; Zimmerman et al., 2003). Over time, women's financial burdens increased, including other costs such as monthly rents, medications and clothing (e.g., one Italian study found trafficking women's debts of €62,000–124,000; Aghatise, 2004).

In general, human trafficking is a demand-driven, expanding market facilitated on one side, by 'push' factors related to source countries (Aronowitz, 2001; Haynes, 2004; Kangaspunta, 2003; Okonofua et al., 2004; U.S. Department of State, 2004). These include poverty, unemployment, country economic and/or political instability, government corruption, ignorance or lack of awareness of exploitation and domestic abuse or other family problems. On the other side, it is endorsed by 'pull' factors, related to destination countries, such as an increasing demand for commercial sex and cheap labor, restrictive immigration policies, existence of ‘legal’ avenues (e.g., exotic dancers, domestic work), corruption of government servants and growth in organized crime.

**Cultural and Psychosocial Determinants of Women Involved In Sex Trafficking**

Economic deprivation and the desire for a better future motivate most women to voluntarily participate in some stages of trafficking. As noted by the UN Protocol, obtaining consent from a trafficked woman is irrelevant for at least three reasons: first, consent is a requirement of a continuous nature; second, most cases of trafficking are cases of vulnerable victims; and third, it is impossible to consent to exploitation. In the recruitment stage, many women are deceived as to the nature of the work. Evidence suggests that motivation and the degree of deceptiveness behind sex trafficking depend on the social and cultural milieu in which trafficked women grow up (Aghatise, 2004; Limanowska, 2005; Okonofua et al., 2004). Both the degree of deception (by traffickers) and the level of self-deception vary from partial to complete, and depend on women's vulnerability and factors such as young age, poor education, history of abuse or violence, patriarchal society, single-parenting or desperate socioeconomic/war circumstances.

The feminization of poverty results in many African and Asian women being sold or encouraged by their families to seek a better life in more developed countries (Aghatise, 2004; Beyrer, 2001; Busza & Schunter,
These women are often young and poorly educated, easily emotionally and mentally controlled (e.g., by black magic rites) (Aghatise, 2004; Beyrer, 2001; Busza et al., 2004; Family Violence Prevention Fund, 2005; Haynes, 2004). They usually come from patriarchal societies, and initially, may not be capable of recognizing emotional abuse, exploitation or coercion by their intermediaries (i.e., ‘aunts or friends’ who transport them to destinations) (Aghatise, 2004; Family Violence Prevention Fund, 2005). They also may be accustomed to respecting older and authoritative people, or be embarrassed to break their contracts and fail to help their large poor families, or they may even be haunted by fears related to magical initiation rites (Aghatise, 2004; Beyrer, 2001). One study on Nigerian girls, frequently trafficked into Italy, showed that those women, who belonged to the Edo Benin ethnic group, were obliged with black magic rites and had a strong sense of duty to their intermediaries (traffickers). This later developed into a fear of a ‘curse’ or misfortune to themselves or their families if the orders were not obeyed (Aghatise, 2004). The fears may continue even after repaying the debts, inducing paranoid states in some women.

Studies have also described trafficking cases of young, educated and emancipated women, divorced women, single mothers or married women (Aghatise, 2004; Bruckert & Parent, 2004; Cwikel et al., 2004; Orhant, 2002; Zimmerman et al., 2003). Research has revealed that over 70% of trafficked women with children are single mothers (ILO, 2005; United Nations Population Fund, 2006; Zimmerman et al., 2003). In the former Soviet Union republics (e.g., Ukraine), homeless girls and orphans represent an extremely vulnerable and largely trafficked population for prostitution (Hughes & Denisova, 2001). A population-based survey on 1189 Ukraine women and girls, aged 15–35, living in 10 urban regions showed the eagerness of young women to travel abroad to seek jobs (Hughes & Denisova, 2001). All of the respondents viewed prostitution as unacceptable. None of the women aged 17–35 viewed ‘dancer’ or ‘stripper’ jobs as ‘acceptable jobs abroad’ but all of the girls aged 15–17 thought they were. Sixty-four percent of women trafficked from east/south-east Europe were acquainted with the recruiters (United Nations Population Fund, 2006). Recruitment is conducted through newspaper and Internet ads, agencies offering work opportunities, immigration agencies, religious groups and/or via personal recruitment (Hughes & Denisova, 2001; Makkai, 2003; Oxman-Martinez, Lacroix, & Hanley, 2005; United Nations Population Fund, 2006). Organized crime groups may also establish databases with potential victims’ photographs, height, weight and personality traits by using applications for beauty contests or marriage agencies (Hughes & Denisova, 2001). During the recruitment process, some women are promised substantial earnings and bogus jobs as nannies and waitresses, but some are recruited...
as exotic dancers or sex-workers. In a small study of 28 east/south-east European trafficked women, 17 women stated ‘money’ as a reason to migrate, more than half of them (9) had children and 80% of these were single parents (Zimmerman et al., 2003). The rest were abducted, fleeing danger/abuse, enticed by promises of love/marriage, wanted to study abroad or sought an interesting experience (Zimmerman et al., 2003). All but one woman reported being tricked as to the nature of employment (e.g., housekeeping, restaurant work). Thus, the roots of deception are different and the degree varies from extreme (e.g., being recruited for a totally different job) to partial (e.g., recruited as exotic dancers with no customer contact). Even those women completely aware of the job description (sex-workers) were deceived as to the slavery-like working conditions, financial abuse, and the level of violence (Aghatise, 2004; Bruckert & Parent, 2004; Busza et al., 2004; Cwikel et al., 2004; Limanowska, 2005; Macklin, 2003; McDonald et al., 2000; Raymond & Hughes, 2001; Zimmerman et al., 2003).

Few studies have examined awareness of possible sex trafficking, especially in countries where anti-trafficking campaigns are in place. Changes in perceptions or the degree of deception as to sex trafficking have been recognized. Aghatise (2004) found that sending Nigerian girls to Italy has become a status symbol for some families, and that many families (including husbands) accepted the idea of prostitution as a solution to poverty. Okonofua et al. (2004) examined knowledge and attitudes of 1456 Nigerian young women at high risk for sex trafficking and found that 97% had some knowledge of sex trafficking, while one in five women supported it as an option for economic gain and prosperity. A recent analysis of human trafficking in south-east Europe indicated that many people do not believe in anti-trafficking programs, interpret them as anti-migration messages, and declare no changes in their migration plans despite the dangers (Limanowska, 2005).

Barriers to Escape from Sex Trafficking

Research suggests that barriers to women’s escape from sex trafficking can be external or internal. External barriers are related to the traffickers and destination countries. Hughes and Denisova (2001) found that trafficked women perceive only three ways to escape the trafficking ring: first, to become unprofitable due to trauma, emotional breakdown or advanced pregnancy; second, to be helped by a client; or third, to die. Trafficked women are usually psychologically abused, intimidated, emotionally manipulated, and marginalized (Aghatise, 2004; Beyrer, 2001; Busza & Schunter, 2001; Cwikel et al., 2004; Limanowska, 2005; McDonald et al., 2000; Raymond & Hughes, 2001). Some experience the Stockholm
syndrome, the psychological coercion that traffickers use to encourage a false sense of love and empathy from the women. They are physically isolated, frequently relocated and may be dependent on drugs. Women coming from the former European socialist countries are also accustomed to keeping quiet about their personal and citizen rights (‘stay still/put up with and shut up’ method). Living in a corrupt society has instituted a belief that criminals are protected and that a crime against them is impossible to prove (Hughes & Denisova, 2001). This further helps traffickers to succeed in both coercion and intimidation. Threats to harm their children/families also work effectively to pacify and prevent women’s escape. Women may also be photographed or videotaped in compromising or illegal situations, and then threatened with exposure to friends, family, or the police (Hughes & Denisova, 2001). Thus, fears of exposure, involvement in illegal activities (such as prostitution), criminal prosecution, deportation and/or retribution may prevent women from leaving. These, together with lack of knowledge of language and culture, as well as lack of identification documents impede many women from escaping sex trafficking and prostitution.

Internal barriers may be related to the cognitive dissonance and hopelessness some women feel or to inveterate living standards/cultural norms of their countries of origin, which if not followed could result in violence, retribution, disrespect, shame and stigma. Some trafficked women accept prostitution until they repay their debts to reconcile the dissonance they feel, as they had actively participated in the trafficking process, had been aware of possible abuse but did nothing, and saw no other viable alternative (Cyrus, 2005; McDonald et al., 2000). A sex-worker trafficked to Canada from Hungary reported: ‘I knew something was going on . . . I didn’t do anything . . . you know this is the fire, it’s going to burn you . . . but you keep on going.’ (McDonald, 2000, p. 45). Women may also present themselves as entrepreneurial and self-reliant to avoid cognitive dissonance (Cyrus, 2005). Some women trafficked from Estonia to Sweden and Finland accepted prostitution and low pay (10% of the earned money), as in one week, they could make the equivalent of half a year’s average wages in Estonia (Alalehto, 2002). Some women feel responsible for the victimization (Family Violence Prevention Fund, 2005) and this – mixed with feelings of hopelessness, low self-worth, dissociation and apathy – decreases their ability to escape prostitution. Another barrier may come from women’s families. Thus, the families of Nigerian girls, who sell them to traffickers for prostitution in Italy, forbid their return or ‘encourage’ them to remain with their exploiters and pay off the debts (Aghatise, 2004). Women trafficked from a patriarchal culture in Albania are dishonored, with spoiled reputations and thus, considered unacceptable to their families (Aghatise, 2004). Also, more violent cases have been
described, such as that of Burmese Shan trafficked women who are considered criminals in their country, are sexually and physically abused, incarcerated in barbed wire enclosed camps or leprosy colonies or sold back into prostitution by local police (Beyrer, 2001).

Mental Health and Other Health Outcomes

In addition to the violation of their basic human rights, trafficking in women is also a health issue (Beyrer, 2004; Family Violence Prevention Fund, 2005; Gushulak & MacPherson, 2000; Schinina, 2004; Zimmerman & Watts, 2004). In general, health outcomes of sex trafficking result from physical violence, mental illness including psychological and substance abuse, violent and unsafe sex practices, inhumane working and living conditions and lack of access to healthcare services.

Physical and sexual abuses may start early in the travel/transit stage of trafficking with pacification and brainwashing of victims through repeated raping, physical assaults and food and sleep deprivation (Royal Canadian Mounted Police, 2004; Zimmerman et al., 2003). Traffickers may rape girls who are virgins at the time of abduction or sale to ensure their collaboration (Zimmerman et al., 2003). Physical attacks and torture continue throughout the process, resulting in injuries such as broken bones, cuts, mouth and teeth injuries, cigarette- or iron-burns (Cwikel et al., 2004; Raymond & Hughes, 2001; Zimmerman et al., 2003). Women may be forced to sexually serve men for as many as 12 hours per day, seven days a week until they repay their ‘travel visa’ debts (Beyrer, 2001; Busza et al., 2004; Cwikel et al., 2004; McDonald et al., 2000; Raymond & Hughes, 2001; Zimmerman et al., 2003). A German study reports the use of both physical and mental violence to force women to proceed with work in prostitution in 83% of trafficking cases in 2003, noting an increase of 11.5% compared with 2002 (Cyrus, 2005).

Physical and sexual abuse, social restriction and marginalization overlap with psychological abuse, further jeopardizing women’s mental health (Zimmerman et al., 2003). Women may be intimidated by blackmail and threats, emotionally manipulated, isolated and relocated or sold many times (Cwikel et al., 2004; Zimmerman et al., 2003). Virgins are in highest demand in some countries, being sold (as a ‘virgin’) 20 to 30 times when they first begin their work (Beyrer, 2001). Several studies have demonstrated high rates of depression, post-traumatic stress disorder (PTSD) or somatic symptoms (e.g., headache, backache, dizziness), suicidal thoughts or attempts and drug or alcohol abuse (Cwikel et al., 2004; Raymond & Hughes, 2001; Zimmerman et al., 2003). A U.S. survey of 159 service providers assessing needs of trafficking victims found that, compared with other victims of crime, trafficked women were less stable, were more
isolated and had higher levels of fears, more severe trauma and greater mental health needs (Clawson, Small, Go, & Myles, 2003). Studies have also suggested that many women had violent or difficult childhoods (abuse, rape, homelessness, neglect, poverty and food deprivation) (Cwikel et al., 2004; Zimmerman et al., 2003), predisposing their vulnerability to trafficking (Limanowska, 2005; Zimmerman et al., 2003). Violence and trauma experienced in trafficking may further cripple their ability to recuperate mentally and physically and reintegrate into society (Zimmerman et al., 2003).

Sex trafficking is also listed as one of the factors influencing the pandemic heterosexual spread of HIV/AIDS around the world (Beyrer, 2000). Violence against women is considered a separate risk factor for HIV/AIDS or other sexually transmitted infections (World Health Organization, 2000). A U.S. study of 40 trafficked women indicated that frequent unsafe sex practices resulted in at least one self-reported sexually transmitted infection (e.g., gonorrhea, syphilis, trichomoniasis, HIV/AIDS, human papilloma virus (HPV) infection, genital herpes, hepatitis) or unwanted pregnancy (Raymond & Hughes, 2001). An Israeli study of 47 migrant sex-workers trafficked from the former Soviet republics revealed that women were allowed to use condoms for vaginal but not for oral sex (Cwikel et al., 2004). Beyrer et al. (2001) found a high prevalence of HIV of 50–70% in Burmese Shan women and young girls trafficked to Thailand’s brothels. The majority of these women were aged 12–16 years, being biologically at increased risk for HPV and HIV infection due to increased vascularity of the immature cervix. On top of this physiologic susceptibility, social circumstances (e.g., fear of deportation, no power to negotiate safe sex, isolation, language barriers, poor education including illiteracy and innumeracy and limited understanding of the infectious nature of disease) increased their high vulnerability to HIV or other infections (Beyrer, 2001). Other studies have also found that trafficked women had limited access to healthcare and social services, forced and unsafe abortions and absence of gynecological care and HIV testing (Busza et al., 2004; Cwikel et al., 2004; McDonald et al., 2000; Zimmerman et al., 2003).

**Protection and Assistance to Trafficking Victims**

In 2003, 117 countries signed the UN Protocol (United Nations General Assembly, 2000) that obliged them to prosecute traffickers, protect and assist trafficking victims (e.g., law enforcement, witness protection, social benefits and repatriation) and prevent human trafficking (e.g., international cooperation, strict security and border controls and secure travel documents). Annually, the U.S. government examines and reports compliance of world countries with the U.S. Trafficking Victims Protection Act
(TVPA) of 2000 and Trafficking Victims Protection Reauthorization Act (TVPRA) of 2003/05 that have the same objectives as the UN Protocol (i.e., prosecution of traffickers, prevention of human trafficking and protection of victims) (U.S. Department of State, 2005). Within this assessment, the countries are classified to one of four tiers (1, 2, 2a-watch list and 3), where the Tier 1 represents fully compliant countries, whilst the Tier 3 includes least compliant countries making no efforts against human trafficking (U.S. Department of State, 2006).

The authors (Stewart & Gajic-Veljanoski, 2005) and other human trafficking researchers found that most destination countries enacted anti-trafficking laws to protect their borders and security, prevent illegal migration, criminalize the act of trafficking and punish the traffickers (Future Group, 2006; Laczko & Godzziak, 2005; Oxman-Martinez, Hanley, & Gomez, 2005; Stewart & Gajic-Veljanoski, 2005; U.S. Department of State, 2005). Canada treats human trafficking as a national security problem and prohibits trafficking-related conduct via three laws: the Criminal Code of Canada, the Immigration and Refugee Protection Act (2001) – IRPA (sections 118 and 25), and most recently, the act as to trafficking in persons amending the Criminal Code (the former Bill C-49) (Department of Justice and Foreign Affairs, 2004). A maximum penalty is life imprisonment, a fine of C$1 million dollars or both (IRPA). Bill C-49 adds the following criminal offences: it prohibits receiving a financial or material benefit knowing that it results from human trafficking (with a penalty of 10 or more years imprisonment) and forbids withholding or destroying travel/identity documents to commit or facilitate the trafficking of persons (a maximum penalty of 5 years imprisonment). Thus far, under the IRPA, 17 of 40 prosecuted traffickers were sentenced from one to seven years imprisonment. In other Tier 1 countries, trafficking sentences range from 3 months to 23 years imprisonment, and the number of convicted traffickers vary from 20 in the UK, around 70 in Italy and the USA (of 110–120 prosecuted) to over 130 in the Netherlands (of 260 prosecuted) (U.S. Department of State, 2006). In terms of human trafficking prevention in source countries, western countries including Canada, in partnership with the International Organization for Migration or on their own (e.g., USAID, CIDA, AusAID, La Strada-Netherlands), provide financial and logistical support for educational programs to raise knowledge and awareness of the dangers of human trafficking in vulnerable populations.

However, legal policies and programs specific to trafficking victim assistance (TVA) for immediate help, visa/residence assistance, housing, counseling, medical and psychological services, financial help, protection of privacy, identity and physical safety of victims differ among destination countries (Table 1). Although, it might be a policy dilemma as to what
<table>
<thead>
<tr>
<th>Tier 1 destination countries</th>
<th>Extent</th>
<th>Laws specific to TVA</th>
<th>Temporary Residence Visa</th>
<th>Reflection period before deportation</th>
<th>Permanent residence</th>
<th>National 24/7 toll-free phone line:</th>
<th>TVA (A) Housing (B) Social services (C) Legal services (D) Health care (E) Financial help (F) Education (G) Employment</th>
<th>Providers’ training:</th>
<th>Permanent residence &amp; government assistance conditioned on the willingness to cooperate and testify</th>
<th>Funds allocated for TVA programs in destination countries</th>
<th>Funds allocated for repatriation/ reintegration programs in countries of origin</th>
</tr>
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<tbody>
<tr>
<td>Australia</td>
<td>&lt; 100 (official) 1000 (NGO)</td>
<td>Yes/No</td>
<td>Yes/Jan 2004</td>
<td>30 days Bridge-F-Visa (55 insured)</td>
<td>Yes</td>
<td>A!</td>
<td>A-G</td>
<td>A</td>
<td>Yes</td>
<td>Yes</td>
<td>AUS $20 million</td>
</tr>
<tr>
<td>Canada</td>
<td>1400 600 sex 800 labor via Canada to USA: 1500–2000</td>
<td>No Under IRPA</td>
<td>Yes</td>
<td>May 2006</td>
<td>120 days Short-term TRPs</td>
<td>Yes Asylum</td>
<td>B</td>
<td>A-G; Sporadic</td>
<td>B</td>
<td>Yes</td>
<td>CDN $2 million for ‘Victim’s Fund’ (general fund, can include TVA)</td>
</tr>
<tr>
<td>Germany</td>
<td>1200</td>
<td>Yes Victims Rights Reform Law 2004</td>
<td>Yes</td>
<td>28 days</td>
<td>Yes Asylum</td>
<td>B</td>
<td>A-G</td>
<td>A</td>
<td>Yes</td>
<td>Yes</td>
<td>US $700,000</td>
</tr>
<tr>
<td>Italy</td>
<td>2500</td>
<td>Yes Law on Measures Against Human Trafficking 2003</td>
<td>Yes</td>
<td>30–45 days</td>
<td>Yes</td>
<td>A</td>
<td>A-G</td>
<td>A</td>
<td>No</td>
<td>Yes</td>
<td>US $3.5 million</td>
</tr>
<tr>
<td>Tier 1 destination countries</td>
<td>Extent</td>
<td>Laws specific to TVA</td>
<td>Temporary Residence Visa</td>
<td>Reflection period before deportation</td>
<td>Permanent residence</td>
<td>National 24/7 toll-free phone line:</td>
<td>TVA</td>
<td>Providers’ training:</td>
<td>Permanent residence government assistance conditional on the willingness to cooperate and testify</td>
<td>Funds allocated for TVA programs in destination countries</td>
<td>Funds allocated for repatriation/ reintegration programs in countries of origin</td>
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<tr>
<td>Netherlands</td>
<td>20,000</td>
<td>Yes</td>
<td>Temporary Residence</td>
<td>Yes</td>
<td>90 days</td>
<td>(A) Housing</td>
<td>(B) Specific trafficking victims</td>
<td>(C) Social services</td>
<td>(D) Health care</td>
<td>(E) Financial help</td>
<td>(F) Education</td>
</tr>
<tr>
<td>UK</td>
<td>4000</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
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<td>Yes</td>
<td>Yes</td>
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<tr>
<td>USA</td>
<td>14,500–17,500</td>
<td>Yes</td>
<td>Yes</td>
<td>Temporary Residence Permit (TVPRA)</td>
<td>Yes</td>
<td>Yes</td>
<td>A</td>
<td>A–G</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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Note: AusAID, the Australian government’s overseas aid program; RCMP, Royal Canadian Mounted Police; CIDA, the Canadian International Development Agency; USAID, The US Agency for International Development; NA, Not applicable; ?, Unknown. *Reflection period is a period before deportation during which women recover and decide whether to collaborate with police; housing, medical and legal assistance is provided. **Immigration and Refugee Protection Act (IRPA). ***Temporary Residence Permit (TRP). ****Sporadic NGO projects, no nationwide strategy/program. *****Difficult to distinguish funds allocated specifically for TVA reintegration programs in countries of origin (summed into funds for prevention, awareness and education programs). ******The UK did not sign the Council of Europe Convention on trafficking. *******Trafficking Victims Protection Act (TVPA) of 2000, Trafficking Victims Protection Reauthorization Act (TVPRA) of 2003/05.
government should be responsible for victims’ treatment and rehabilitation, some Tier 1 countries (e.g., Australia, Germany, Italy, Netherlands) and the USA have enacted legal frameworks specific to TVA, and allowed a reflection period from 30–120 days (Table 1). During this period (before deportation), women can decide whether to collaborate with police and they have immediate access to housing, medical and legal services (Table 1). After the reflection period, most countries allow temporary residence visas (with a possibility of immigration and permanent residence) and access to TVA programs including employment and education services, welfare and witness-protection programs; however, this is conditional on women’s willingness to cooperate with the authorities to testify against the traffickers. One could argue that tolerant immigration or residency laws, and unconditional help or permanent residence could be misused by organized crime groups and traffickers. Nonetheless, refusal of residency rights goes against victims’ needs for social protection. Pearson (2002) warned that the women who decide to testify are ‘rewarded,’ whereas the others are ‘punished,’ and deported. And, among those deported, many decide not to testify because of fears for the health and safety of their families. Also, Table 1 illustrates that a small number of temporary residence visas have been provided in most countries compared to the estimated extent of sex trafficking and number of visas available per year (e.g., USA, 2000–2006, issued 700 of 5000 T-visas available per year). This may be caused by restrictive policies, although some research suggests that women lack trust in the system and fear corruption of officials and their connections with traffickers (Clawson et al., 2003). However, some women genuinely wish to return home, and countries such as Australia or the USA invest some funds for repatriation and reintegration TVA programs. Little is known about the effectiveness of these programs and about the fate of women who return to their countries of origin. Are they stigmatized? How well do they reintegrate into society? Do they self-isolate and disassociate to prevent re-trafficking? How often are they re-trafficked? These questions are yet to be answered.

In Canada, organized and government-guided TVA programs are still in development. Human trafficking policy research has consistently found that assistance to trafficking victims has been limited, sporadic and not organized or coordinated (Future Group, 2006; Oxman-Martinez, Hanley, & Gomez, 2005; Oxman-Martinez, Lacroix, & Hanley, 2005; Stewart & Gajic-Veljanoski, 2005). In 2003, the U.S. Trafficking in Persons assessment downgraded Canada to a Tier 2 country due limited anti-trafficking and TVA efforts (U.S. Department of State, 2003). Since then, the government has worked to improve the prosecution of traffickers and public awareness of trafficking. The Interdepartmental Working Group on Trafficking (IWGT) has been established including 17 federal departments and
agencies to combat human trafficking at the national level (Department of Justice and Foreign Affairs, 2004). A poster and booklets have been prepared and translated into 14 languages explaining potential dangers of human trafficking. Across Canada, the Royal Canadian Mounted Police (RCMP) provides human trafficking-specific training to immigration, law and police officers and to some NGOs to improve victim identification (human trafficking vs. smuggling) and victim protection and assistance (Lowe, 2006). There is a plan for telephone numbers where specialized RCMP officers will be available 24/7 to provide direct assistance to law enforcement agencies on questions about human trafficking. In May 2006, the immigration and passport program developed Canada’s first Human Trafficking National Coordination Centre to address national and international components of human trafficking investigations (Lowe, 2006). At the same time, the Minister of Citizenship and Immigration (CIC) introduced guidelines to assist immigration officers in issuing short-term temporary resident permits (TRPs) to trafficking victims for a period of up to 120 days with an option for obtaining long-term residence visas conditional on the willingness to testify against traffickers (Citizenship and Immigration Canada, 2006).

However, the legal protocol, which ensures TVA, is specified for the first 120 days of the reflection period. During this period, TVA and medical services are under the federal jurisdiction provided via the Interim Federal Health program. After the reflection period, funding and organization of TVA transfer to the provincial governments, and their accessibility and completeness may vary substantially from province to province. Therefore, social services for health care, legal, housing and welfare assistance depend on where trafficked women are located. In the CIC TRP guidelines (2006), the federal government suggests that holders of temporary visas obtain private health and dental care coverage. This may pose another burden to trafficked women who are less likely to be employed and to support themselves during the recovery period. In addition, healthcare services are not likely to be covered by the Canada Health Act as trafficked women should obtain permanent residence status to be eligible for provincial health insurance. Therefore, if the federal government does not take jurisdiction over TVA, the needs of trafficked women as to social, healthcare, education and employment services will be unmet and provided only sporadically.

A study on perspectives from the Canadian community sector also suggests a lack of coordination and funding for basic TVA needs (Oxman-Martinez, Lacroix, & Hanley, 2005). Our analysis also found that the funding of TVA programs is not transparent, is ad hoc and delivered from a general victim of violence fund. It is not clear whether the current TVA programs are effective and culturally sensitive to the needs of trafficked women, specifically to those trafficked for sexual purposes. In addition to
this, there is a need for better identification of trafficked women. Therefore, civil society involvement, culturally sensitive community outreach and public awareness should be encouraged in major ethnic communities in Canada, as part of TVA programs. It is necessary that the federal government and IWGT establish and coordinate a nationwide network of all NGOs and organizations funded for TVA programs. This will help in assessing their accountability and effectiveness. Furthermore, this will ensure more credible estimates of the extent of sex and human trafficking in Canada as well as rational allocation of resources, and realistic evaluations of human trafficking policy initiatives and TVA programs.

Conclusion: Helping Victims of Sex Trafficking

Women and girls trafficked for sexual purposes represent a specific group of victims of violence. Their experiences, physical and mental abuses and related illnesses are unique and often require tailored multidisciplinary approaches in TVA programs (Clawson et al., 2003; Oxman-Martinez, Lacroix, & Hanley, 2005; Zimmerman et al., 2003). However, programs developed for other marginalized populations such as migrant women, women experiencing sexual abuse, rape, domestic violence or torture victims, women sex-workers or exploited women laborers may also be helpful in treating trafficked women (Zimmerman et al., 2003). Compared with other victims of violence/crime, trafficking victims’ cases are often more difficult: Clawson et al. (2003) found that one trafficking case require as much work as 20 domestic violence cases. Long-term repeated physical and psychosocial trauma and torture are common features of sex trafficking. Traumas trafficked women suffer are often more extreme than those in women who are battered, sexually assaulted and raped (Clawson et al., 2003). These may cause medical (e.g., injuries, sexual or reproductive consequences, somatic stress-related symptoms such as headache, backache, sleep or digestive system problems), behavioral (e.g., self-harm and suicide attempts, risk-taking, sexual aversion or promiscuity) and psychological effects (e.g., PTSD, anxiety, chronic depression, dissociative disorders, difficulty in forming trusting relationships, feelings of anger, helplessness, hopelessness, stigma or guilt, low self-esteem and self-blame) on health which may be difficult to treat (Stewart & Robinson, 1996).

Female victims of domestic abuse disproportionately utilize healthcare services compared with other women (Plichta, 1992) and frontline healthcare providers are vital in victim identification and treatment. Similarly, healthcare providers may be the first to identify and help victims of sex trafficking (Family Violence Prevention Fund, 2005; U.S. Department of Health and Human Services, 2006). Although research suggests that trafficked women have limited access to the healthcare system (Busza et al.,
violence may be so severe that women are forced to seek professional help, often chaperoned by their traffickers. Thus, a recent qualitative study indicated that the opportunity for intervention was missed in 28% of trafficking victims who encountered healthcare providers during their time in captivity (Family Violence Prevention Fund, 2005).

Healthcare providers play important roles in emergent medical and mental health assistance, which represent major components of TVA programs. The US Department of Health and Human Services has recently released an online toolkit that may be used to train healthcare providers to help victims of human trafficking (US Department of Health and Human Services, 2006). This toolkit describes approaches to identify a victim of sex trafficking, ensure safe and confidential communication, and assess and provide specific emergent and long-term mental health and other medical services to victims. However, in practice, service providers encounter difficulties in meeting all the needs of trafficked women (Clawson et al., 2003). This specifically holds for sexual assault and prostitution recovery services. Some recommendations are to improve coordination among service providers, to design specific case-management protocols (e.g., confidentiality and consent protocols, safety protocols, crisis intervention plans, health protocols for medical, dental, mental health, sexual trauma, substance abuse services) and to establish a trafficking experts’ database including consultants with hands-on experience in areas of victim services (Clawson et al., 2003). Therefore, experts including psychiatrists and other mental health providers, need to be integrally involved in both the education of trainees who provide health services and the development of TVA framework and policies, sensitive to the needs of victims of sex trafficking.

In conclusion, trafficking of women and girls into prostitution is an egregious example of violence against women and a gross violation of human rights. Causes of sex trafficking are well researched but the cultural and psychosocial determinants of women trafficked for sexual purposes have received less study. This review suggests that entrenched cultural norms may intensify women’s vulnerability and the risk of sex trafficking, and may further hinder their escape from prostitution. Compared with other victims of violence, many trafficked women suffer more extreme sex and mental health traumas. Therefore, mental health services especially sexual assault, prostitution, detoxification and addiction recovery services should be culturally sensitive and tailored to the victims of sex trafficking. Future research should examine the effectiveness of TVA programs in women who decide to help authorities to prosecute the traffickers and who in return, obtain permanent resident status in destination countries. Also, future research should fill the gap in understanding the quality of life of
women who return to their countries of origin and their reintegration into society.

**Notes**

1. The UN Protocol (article 3a) defines trafficking in persons as: ‘... the recruitment, transportation, transfer, harboring 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 or the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs.'

**References**


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