



Trafficking in human beings (THB)

Alba Alfageme i Casanova

ABSTRACT

Trafficking in human beings is a crime of extreme severity, generally linked with organized delinquency, which constitutes a serious violation of human rights. Its aim is the exploitation of the trafficked person, which can be realised through multiple forms: forced prostitution or other forms of sexual exploitation, forced labour, enslavement or analogous practices, servitude or organ extraction. The most widespread form of trafficking is for sexual exploitation purposes and 96% of the trafficked victims for this purpose are women or girls. This is one of the most extreme expressions of sexist violence: it has serious consequences and puts at risk the health of the victims, both physically and psychologically. This is due to the violence situations they experienced and the conditions in which they are trafficked and exploited. This article aims to provide an approximation and review of the studies that exist on the impact on the health – and more specifically on the mental health – of women who were trafficked for sexual exploitation purposes, in order to be able to demonstrate the damage resulting from this extreme violation of fundamental rights.

Key words: trafficking in human beings, sexual exploitation, modern slavery, prostitution, abuse, complex trauma, mental health.

INTRODUCTION

Trafficking in human beings (THB) is an extremely serious offence that is often committed within the broader framework of organized crime. It constitutes a grave violation of human rights and it is explicitly prohibited under the Charter of Fundamental Rights of the European Union.

THB has become a global criminal enterprise that yields huge sums of illegal income. It operates out of those countries where profits are higher and the risk of detection is lower. As a phenomenon it is constantly adapting to local opportunities and circumstances, as well as to the demands of the different countries of origin, transit or destination. It is therefore a transnational problem in which, the evidence suggests, leaves few countries unaffected.

The internationally accepted definition of THB is that set out in the Palermo Protocol, a supplement to the United Nations Convention Against Transnational Organized Crime, which defines trafficking in persons as “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” (The Palermo Protocol; United Nations 2000).

Since human trafficking is an underground crime, it is extremely difficult to determine how many people are affected. The available statistics come from a wide range of sources that have used different methodologies and definitions, with the International Labour Organization (2017) estimating that around 40 million people are trapped in modern forms of slavery.

The links between human rights and the fight against trafficking are well established, with human rights law proclaiming the fundamental immorality and unlawfulness of one

person appropriating the legal personality, labour or humanity of another. By its very nature, human trafficking treats its victims as merchandise that can be bought and sold surveilling them constantly. Threats and violence are commonly used against the victims (and often against their families) and they live and work in conditions of extreme poverty.

Although slavery has long been illegal it has not disappeared. Indeed, as society has changed in the face of globalization, so too have new forms of slavery emerged¹. The new slavery appropriates the economic value of persons while keeping them under coercive control, but without asserting ownership or accepting responsibility for their survival².

The extent of this phenomenon, the flexibilization of labour that encourages it, the regulatory and legislative vacuum, and the lack of collaboration between governments provide the ideal conditions for transforming illegal movement into THB.

As is made clear in the Council of Europe Convention on Action against Trafficking in Human Beings and the European Union Directive on preventing and combating human trafficking, it is a phenomenon that violates and impairs a wide range of fundamental human rights: the right to life; the right to liberty and security; the right not to be submitted to slavery, servitude, forced labour or bonded labour; the right not to be sold, traded or promised in marriage; the right not to be subjected to torture and/or cruel, inhuman, degrading treatment or punishment; the right to be free from gendered violence; the right to free choice of employment and just and favourable conditions of work; the right to freedom of expression and information; the right to own property; the right to hold one's own identify and travel documents; the right to health; the right to freedom of movement; the right to private family life; the right to have one's personal data protected; the right to freedom from discrimination and to equality before the law; the right to effective appeal; the right not to be returned and to asylum.

¹ Gutiérrez Castañeda, G. "Mujeres y Globalización. Las formas de esclavitud contemporáneas". *Dilemata*, núm 16, 55-66 (2010). ISSN 1989-7022.

² Bales, Kevin "La nueva esclavitud en la económica global. Madrid, S. XXI (2010).

THB is a global phenomenon affecting men, women and children in over 130 countries around the world. It is a crime against persons and humanity, but, as already mentioned, it is difficult to gain an accurate measure of its extent and impact.

It is a form of modern slavery that involves the movement of persons across borders, although trafficking may also take place within a country's borders.

According to the report by the United Nations Office on Drugs and Crime (UNODC), published in December 2016, children make up almost a third of all human trafficking victims worldwide. Women and girls account for 71% of victims, and the majority of them are subjected to sexual exploitation. The younger victims of human trafficking are, in addition to being exploited sexually, used as beggars and for forced labour or marriages, although fewer data are available in this regard. More than 500 different trafficking flows were detected between 2012 and 2014, highlighting the link between human trafficking and migration phenomena.

The latest data published by the same agency (UNODC, 2018) corroborate this trend and reflect that 72% of total victims of trafficking in human beings belong to the female gender. 49% are women and 23% are girls, and the last figure increases year-on-year worldwide. On the other hand, 21% are men and the remaining 7% are children.

Of all trafficked women, 83% are for sexual exploitation purposes. In 13% of the cases, the purpose of exploitation is forced labour and, in the remaining 4%, we find other purposes. In contrast, in the case of men, 82% are trafficked for forced labour purposes, 10% are sexually exploited and the remaining 8% for other purposes of exploitation. This trend is also reproduced in underage victims. Mostly, children are victims of trafficking for forced labour (50% of cases detected), although they also suffer from other exploitation forms. In contrast, most girls are sexually exploited (in 72% of cases). They also suffer from labour exploitation in 21% of cases.

According to the UNODC (2016), 57% of victims are subject to transnational trafficking. This means that most trafficked people worldwide have had to cross at least one international border. The remaining 43% of victims are trafficked at national level, that is, within the same country. In many of these cases, victims are transferred from the

poorest areas to the richest, from rural areas to towns or from villages to centres of industrial or economic activity within their own country. Therefore, despite the person exploited in his community of origin, he also receives the consideration of a victim of trafficking in human beings.

In front of all information that draws a phenomenon of large dimensions and extreme complexity, there are still few studies that provide information about the health of these trafficked women and the psychological impact that trafficking entails.

This is, therefore, the main objective of this bibliographical review, to be able to detect and analyse those articles or investigations that exist about the derivatives or consequences of trafficking in women, especially those related with mental health.

METHODOLOGY

Search terms

Despite its importance, given the serious implications for victims, the psychological impact of human trafficking for sexual exploitation is not a topic that has been widely studied. Therefore, and in order to ensure that the review was as comprehensive as possible, the primary search term was 'trafficking'. However, a series of other key words were also used in order to focus the search and identify relevant studies and documents in relation to the topics of sexual exploitation, modern slavery, prostitution, abuse, complex trauma, mental health, etc.

The following databases were searched in order to identify key primary studies or documents: Pubmed, Google Scholar and PsycINFO. We focused primarily on studies published in peer-reviewed journals to ensure they met minimum quality standards for research. We reviewed all relevant studies identified, and noted the methodology they used. The search also included some hand-searching, but we excluded non-peer reviewed literature, due to the limited importance and relevance of the information it provides.

Selection criteria:

Studies were included if:

- The results correspond to peer-reviewed research
- The sample comprised professionals who are working in this field
- The sample comprised women (age 18+) identified as victims of trafficking for the purpose of sexual exploitation, although we also included some studies in which the sample comprised girls who were trafficked for this purpose, given the specificity of the analysis regarding the impact on mental health
- Articles that had to do with the impact on general and mental health among women survivors of trafficking.

DEVELOPMENT AND DISCUSSION

Human rights

The human rights perspective places victims at the heart of the fight against THB, the priority being to protect their rights. This perspective ignores the reasons why a victim was trafficked and focuses on their human rights instead. A core objective of this perspective is to ensure that all victims of trafficking receive the same degree of protection, regardless of their gender, age or labour context.

Article 3 of the Palermo Protocol to prevent, suppress and punish THB defines trafficking as “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”.

It is important to consider, as the Article makes clear, that a situation of vulnerability exists when the person in question has no real or acceptable alternative to submitting to the abuse. The 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. The victim

cannot be considered to have consented to being exploited where consent was obtained through any of the means described above. This is a key point in the legal context, because once any improper means of trafficking have been established, consent becomes irrelevant and consent-based defences cannot be raised by the accused.

The crime of trafficking can thus be broken down into three elements (UNODC, 2016):

- An act (recruitment, transportation, transfer, harbouring or receipt of persons).
- The means through which the act is done, for example by threat (s), use of force or other forms of coercion, abduction, fraud, deception, abuse of power or a position of vulnerability, giving or receiving of payments or benefits to achieve the consent of a person having control over another person).
- The purpose; the 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.

The Protocol also makes it clear that the recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation shall be considered trafficking in persons, and therefore a sanctionable offence, even if it does not involve any of the means described above. Children are considered more vulnerable than adults and they are therefore more at risk of becoming victims. Hence, the Charter of Fundamental Rights of the European Union and the UN Convention on the Rights of the Child both consider that the child has the right to have his or her best interests taken as the primary consideration.

In this respect, THB can include, but does not require, the movement of persons. People may be considered victims of trafficking regardless of whether they were born into a state of servitude, were transported to the exploitative situation, previously consented to work for a trafficker, or participated in a crime as a direct result of being trafficked.

The Protocol against the Smuggling of Migrants by Land, Sea and Air supplements the UN Convention against Transnational Organized Crime. The smuggling of migrants is a crime that differs in several ways from the crime of human trafficking. The latter

normally occurs without the consent of victims, or in the event that consent was given, it is irrelevant since it will have been obtained through fraud, coercion, deception or other such mechanisms employed by traffickers. By contrast, most migrants who are smuggled do so willingly, even if they are unaware of the risks and dangers involved, whether due to the means of transit used or possible abuses at the hands of the smugglers. A further difference is that the relationship between smugglers and migrants usually ends once the latter have illegally entered the country of destination and have paid the agreed sum of money, whereas the relationship between human traffickers and their victims implies continued exploitation. However, it should also be noted that some migrants who are smuggled will have been subject to coercion or deception, and in such cases any notion of consent will be annulled.

Once again, a human rights perspective is valuable since it avoids the need to determine the level of coercion involved and focuses solely on the violation of a person's rights, regardless of whether he or she has been trafficked or smuggled and whether or not consent was given.

The magnitude of the phenomenon

Assessing the true magnitude of a global phenomenon such as THB is extremely difficult as it is an underground crime associated with the informal economy; furthermore, it is not necessarily recognized as a flagrant violation of human rights. If we assume that only 1 out of every 20 potential victims of trafficking is detected, then the number of victims in Europe would be around 140,000³.

More than 90% of countries have legislation criminalizing human trafficking since the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children came into force. However, this legislation does not always comply with the Protocol, or does not cover all forms of trafficking and their victims.

³ Pilot study on three European Union key immigration points for monitoring the trafficking of human beings for the purpose of sexual exploitation across the European Union, Transcrime Reports No. 3, 2002.

The crime of trafficking in persons affects virtually every country in every region of the world. Most victims of trafficking are foreigners in the country where they are identified as victims. However, the majority of convicted traffickers are citizens of the country of conviction. According to the Global Report on Trafficking in Persons, published by the United Nations Office on Drugs and Crime, there is a correlation between the citizenships of the victims and the traffickers involved in cross-border trafficking.

Although empirical data are lacking, data from the United Nations Office on Drugs and Crime (UNODC) suggest that there are more than 12 million victims of trafficking worldwide (2.5 million trafficked for the purpose of sexual exploitation). However, the International Labour Organization (ILO) estimates that the total number of victims may be around 40 million. The underground nature of the crime and the limited possibilities for obtaining reliable data make it extremely difficult to achieve a robust estimate of the extent of the phenomenon.

The widely ranging estimates for the number of people affected by human trafficking highlights a lack of systematization and agreed criteria and methodology when collecting data about a phenomenon that is becoming increasingly visible, despite attempts to the contrary.

In the abovementioned UNODC Global Report, victims holding citizenship from 152 different countries were identified in 124 countries, highlighting the truly global nature of human trafficking. However, it is also a local problem since many victims are trafficked inside their home country or to a neighbouring one.

Based on the latest report published by the UNODC, the "Global Report on Trafficking in Persons 2018", it can be seen how the profile of trafficking victims has changed in the last decade and, although still most of the detected victims are women, the percentage of men and boys has increased compared to 13 years ago. In 2004, men accounted for 13% of the victims detected and, according to 2016 data, men represent 21% of the total number of trafficked detected victims. Children now represent 30% (23% girls and 7% boys), while in 2004, they represented 13% (10% girls and 3% boys). However, the gender bias continues to manifest unequivocally, for those women, girls or children who

are trafficked (which account for 72% of the total victims) and for those that make up the criminal structures that are mainly men.

Data collected by Eurostat for EU member states and several other European countries show a similar picture, although the proportion of 'registered or presumed' female victims in the EU is higher: around 80% for the period 2010 to 2012 (67% women and 13% girls). Based on data from EU Member States, 45% of registered victims were aged 25 or older, 36% were aged 18-24, 17% were aged 12-17 and 2% were aged 0-11.

In its 'Report on the progress made in the fight against trafficking in human beings (2016)' the European Union published statistical data provided by EU Member States for the period 2013-2014 regarding the number of 'registered victims' (both identified and presumed). While recognizing that, given the complexity of the phenomenon, there were good grounds to expect that the actual numbers of victims of trafficking in the EU are substantially higher, the report offered the following estimates:

- Over three-quarters of registered victims were women (76%, of which 16% were minors). Men and boys accounted for 23% (5% boys).
- Trafficking for the purpose of sexual exploitation is still the most widespread form (67% of registered victims), followed by labour exploitation (21% of registered victims). The remaining 12% were registered as victims of trafficking for other forms of exploitation.
- Women account for 95% of those who are trafficked for sexual exploitation. Men are the principal victims of trafficking for the purpose of labour exploitation (74%).
- 65% of registered victims were EU citizens, with the top five countries of origin being Romania, Bulgaria, the Netherlands, Hungary and Poland (the same countries as for the period 2010-2012).
- Among victims who were citizens of non-EU countries the top five countries were Nigeria, China, Albania, Vietnam and Morocco.
- In the period 2013-2014, a total of 4079 prosecutions and 3129 convictions for trafficking in human beings were reported in the EU (note that for some countries the

data refer to cases of trafficking, whereas in others the figures are for prosecutions and convictions; also, some countries did not provide data regarding the number of prosecutions).

In summary, trafficking in human beings is a blight on society that is becoming ever more widespread. The victims of this grave criminal act may be subjected to a range of atrocities, including sexual exploitation, being forced to work as beggars or enter into sham marriages, and removal of their organs. It is also one of the most severe violations of human rights, since victims are considered solely as merchandise. All persons who are reduced to such a condition are likely to experience humiliation and violence, and they will suffer psychological damage, social exclusion and, frequently physical harm.

Vulnerability

There is no clear and uniform definition of vulnerability in the context of THB. The term 'vulnerability' was first used in the Palermo Protocol in 2000, where the concept of "abuse of a position of vulnerability" is defined as one of the means by which a person may be subjected to trafficking. Since then, the term has been used in most of the main international literary related to combating THB.

In this context, vulnerability generally refers to a person or group who are potentially susceptible to trafficking as a result of inherent factors that might be exploited by traffickers or a criminal organization. Thus, it is defined as a negative condition resulting from the complex interactions of the personal, social, cultural, economic, political and environmental factors that make up an individual's life and community. This conceptualization implies that the existence of factors that leave a person or group vulnerable to trafficking does not mean that they will necessarily become victims⁴. This is because in addition to vulnerability factors, there are also other factors that can protect against such an outcome, for example, a close family network, strong roots in the community or political measures that may prevent victimization.

⁴ UNODC, 2013; European Commission, 2015

The Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children recognizes the link between vulnerability and THB. Generally speaking, when there is inequality and people do not have access to social protection and justice, traffickers of human beings are more likely to achieve their objectives.

Therefore, although the crime of human trafficking cuts across different demographic groups a common factor in all forms of modern slavery is people's lack of rights or of access to them. Social, cultural and economic policies and practices, which are often systemic, serve to marginalize and discriminate against certain persons or groups — for instance, those who live in poverty or zones of conflict, as well as the disabled, women and ethnic minorities. Furthermore, people may find it difficult or impossible to obtain legal assistance or healthcare due to their social status or to language barriers. In the case of women and children, they may cease to be protected if their community enters a crisis situation, such as an armed conflict, thus increasing the risk of their being trafficked for sexual exploitation.

Traffickers exploit these inequalities. They prey on people who lack security and opportunities, they coerce and deceive them in order to gain their trust, and then subject them to the familiar mechanisms of control and coercion.

In this context, it is also important to consider the trafficking of minors. According to the last UNODC report, children as a group are second only to women when it comes to the numbers being trafficked worldwide. Age profiles vary considerably across different regions, and the reasons for children's recruitment are also diverse, including forced begging, sexual exploitation and child pornography. Children in certain situations of vulnerability are particularly at risk of falling into the hands of traffickers.

Types of trafficking

Much of the data sources regarding THB classifies victims according to the type or purpose of trafficking. The breakdown according to different types of trafficking is as follows: the majority of victims (69%) are trafficked for sexual exploitation, 19% for labour exploitation and 12% for other purposes, including criminal activity, selling of

children, or the removal and sale of organs, among others. It is important to note that most female victims (85%) are trafficked for the purpose of sexual exploitation.

The top five EU countries in terms of the number of victims of trafficking are Romania, Bulgaria, the Netherlands, Hungary and Poland. Outside the EU the top five are Nigeria, Brazil, China, Vietnam and Russia.

According to UNODC (2016), trafficking in human beings for sexual exploitation and forced labour represent the most prominent forms identified. However, traffic victims can be exploited in many other ways: begging, forced marriages, pornography production, organ trafficking, sale of children, etc.

By 2014, 54% of the victims were trafficked for sexual exploitation purposes, 38% for labour exploitation purposes and 8% for other forms of exploitation such as those mentioned above.

Regarding the proportion of detected victims based on their gender, we find differences between the various forms of exploitation. Of victims trafficked for sexual exploitation purposes, 96% were women and 4% men and boys. In trafficking for labour exploitation purposes, women / girls represent 37% and men / boys account for 63% of the victims. Moreover, in other forms of exploitation, 76% of the victims are female and the remaining 24%, male.

Sexual exploitation

Sexual exploitation is the most common reason for human trafficking and it primarily affects women and girls; furthermore, the majority of women and girls who are victims of trafficking are recruited for this purpose. Indeed, it is in relation to sexual exploitation that the gender component of human trafficking is especially evident. Recent figures for central and south-eastern Europe indicate that 75% of trafficking victims are women and girls and 65% of all victims are trafficked for sexual exploitation, with women accounting for 97% of the latter (UNODC Global Report on Trafficking in Persons, 2016).

This data highlights how the purposes of trafficking is gender specific. The majority of women and girls (96%) are trafficked for sexual exploitation. Similarly, data from Eurostat published in 2015 shows that they account for the majority (75%) of all victims of trafficking, a figure that is in line with the most recent report of the United Nations Office on Drugs and Crime (2016), which concluded that 71% of all victims of trafficking worldwide were women and girls. According to the same report, almost a third of all human trafficking victims worldwide are children.

The experiences of trafficking victims are also gender specific. Those that derive from a situation of sexual exploitation are different from those associated with other situations such as forced labour. The majority of trafficked women are forced into commercial sexual services, and many are also victims of domestic servitude, and there too they may be subjected to repeated sexual violence. There are several factors that contribute to trafficking in women. Male-dominated communities which deprive them of opportunities to improve their lives at home, coupled with highly patriarchal structures that leave them vulnerable, especially as a consequence of violence, and the high demand for their sexual services in countries of transit or destination are two of the leading factors that have received increasing attention in recent years.

The gravity of this kind of exploitation derives from the ways in which the lives and bodies of women and girls are abused. The physical, psychological and gynaecological harm is severe and enduring, and once again highlights the gender specificity of human trafficking.

The identities of those who have been sexually exploited are often obscured beneath broad statistics related to commercial sex work or migratory flows. Their fear of both traffickers and the authorities renders them largely invisible, and they are likely to see no alternative to their situation and have no opportunities for reporting what is happening.

The process through which the victims of trafficking are identified needs to integrate the gender perspective and take into account the vulnerability that many women experience in their country of origin, and subsequently in the process of being trafficked. Structural inequalities of a male-dominated society play a key role in the sexual

exploitation of these women, who are not seen as victims, and even less as survivors of what is an extreme form of violence. The patriarchal structures on which societies across the world are founded punishes women from the moment they are born, merely for the fact of being female, and as their lives progress they continue to be subjected to various forms of male violence. Tackling this reality therefore requires a wide-ranging and gender-specific set of initiatives that is tailored to the needs of these women.

Traffickers employ various methods of recruitment, including coercion, deception and force. They normally exploit the situation of poverty in which many women live (promising them a better life in another country) and/or their psychological vulnerability, since most female victims of trafficking already have a history of traumatic experiences in childhood or adolescence. As in the case of migrant smuggling, the internet and new technologies play a key role in the recruitment of these women.

However, the consequences for women do not stop here: the stigma and the triple oppression they suffer — as women, as immigrants and from being forced into prostitution — renders them invisible and subject to permanent discrimination in societies that do not regard them as victims but as objects — objects whose sole purpose is to give sexual pleasure to those who pay for their services.

The fact that these women are not treated as persons, the lack of social recognition of their plight and the harm they experience as a result of being trafficked combine to make it very difficult for victims to return to a different kind of life.

Patriarchal society, in which women are routinely objectified, plays a key and harmful role that hampers any attempt at reparation and restitution for these women, who are often treated as second- or third-class citizens and who are repeatedly denied access to rights, this being a further attack on their dignity.

In this respect it should be noted that the focus of the European PHIT project is women who have been trafficked for the purpose of sexual exploitation. Thus, the literature review that provides the foundation for this study, within the framework of the PHIT project, focuses on women aged 18 and over who have been trafficked for this purpose.

The impact of THB

THB is a crime that implies serious risks and consequences for the physical and psychological health of victims. The extreme and on going abuse to which they are subjected may affect all aspects of their lives, and in some cases the physical violence and maltreatment may lead to their death.

The clandestine nature of human trafficking means that little is known about its impact on the health of victims, who may be subject to such control that they are unable to attend health centres or hospitals, or who are simply isolated and unaware of the services that might be able to attend to their health needs. There is also the issue of a lack of training among health professionals, who may fail to realize that the person they are seeing is a victim of human trafficking, this being a factor that further compounds the difficulty of evaluating the impact on victims' health. Together these factors mean that many of the health problems suffered by victims of sexual exploitation go unrecorded.

Sexual exploitation and the circumstances that surround it have a severe impact on women's health, which can rapidly deteriorate as a result of their experiences. However, the impact on the health of these women has not been widely studied and this is a further factor contributing to the invisibility of the problem.

As the WHO makes clear, health "is state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity".

Not all women who are trafficked for the purpose of sexual exploitation will have the same health issues. The severity of their health will depend on their previous vulnerabilities and the duration of the trafficking situation.

Although both the United Nations Convention against Transnational Organized Crime and its supplementary Protocol make reference to the health needs of victims of trafficking, it should be noted that very few studies have examined the impact of trafficking on women's health.

The health and trauma-related needs of women who have been sexually exploited are extremely complex and, in many cases, affect all spheres of their life.

Recent studies in this field indicate that these women are exposed to serious health risks before, during and after they are trafficked and sexually exploited, and also that many of their health problems have a summative effect, greatly undermining their overall health.

Given the lack of research on this topic the PHIT project aims, through different initiatives and studies, to provide more detailed information about the experiences of women who have been trafficked for the purpose of sexual exploitation, and to draw together the knowledge and experience of professionals working in this field.

At the heart of the PHIT project is a recognition of the need to study the severe and complex consequences — especially in the psychological sphere — of being trafficked for the purpose of sexual exploitation, as only by doing so will it be possible to understand the impact that this violation of women's rights has on their health.

In order to begin developing the theoretical framework of our research we conducted a study to determine the current state of the question and to draw key conclusions from the small number of specific studies that have been carried out in the field.

Transcultural perspective

First, however, it is crucial to consider the social and cultural differences that may influence both the ways in which women react to these experiences and how the latter may be understood by health professionals who come into contact with these women.

An awareness of transcultural aspects is essential for achieving a contextualized understanding of reactions and responses. Thus, there is a need to develop culturally competent (or culturally sensitive) models of care and treatment that take into account the different ways in which people of different origins express their health problems and how they may respond to the care that is offered. Language barriers and level of education both need to be considered in order to reach a more holistic understanding of these women's responses in the sphere of mental health.

The role of gender and a lack of knowledge about and mistrust in a system and services that are unfamiliar to them are further aspects that need to be considered when seeking to address these issues. In this respect, some studies (Rafferty, 2008) have noted how their past experience of abuse makes it difficult for victims to trust health professionals. This highlights the importance of understanding the reactions of these survivors and of seeing them as 'normal', avoiding any kind of retaliation against them. For instance, anger and hostility are normal reactions to the experience of exploitation, and they are commonly observed among victims.

A systemic explanatory model can help us to go beyond the facts and the lived experience of individuals and to understand the ways in which different levels or contexts interact, thus enabling us to obtain a fuller picture of the person's experiences and the consequences that these have had for her.

A transcultural perspective is therefore crucial for ensuring the success of interventions (Shigekane, 2003). Furthermore, it is necessary to develop specific care models and programmes that respond to the needs of women and girls who have been trafficked for sexual exploitation, and not simply adapt existing models or programmes that have been developed for other phenomena, which may not be effective.

It is also important to consider that in addition to the direct violence that these women suffer there is also a contextual violence associated with the stigmatization that many of them experience in relation to sexual exploitation or mental health (Aberdein and Zimmerman, 2015). Therefore, any assessment of their health must be holistic and consider all spheres of their life, their personal history and the cultural context in which they are living (microsystem, mesosystem, ecosystem and macrosystem). In addition, the assessment needs to be carried out by properly trained professionals with an awareness of the field and who are able to adapt their way of working to the social and cultural reality of the individual in question, avoiding any judgmental reactions. Only by taking a holistic approach to the health and wellbeing of these women will we be able to provide them with satisfactory care, empowering and informing them and supporting them in accessing their rights (information, freedom, control over their own bodies, privacy...).

The success of interventions also requires that women are treated as participants in the process. In summary, all these elements are crucial for the design and implementation of effective care and treatment programmes for women who have been subjected to sexual exploitation.

Effects on Health

Victims of sexual exploitation frequently present a set of symptoms and health problems linked to their traumatic experiences. The use of physical, sexual, psychological, economic and social violence against them impacts on various dimensions of their health. On the physical side they may suffer contusions, fractures or burns, while the effects on their mental health may lead to suicide ideation or attempts, depression, anxiety or post-traumatic stress disorder. In the sexual sphere these women are at risk of sexually transmitted infections, sterility, fistulas, unwanted pregnancies or forced abortions. Substance abuse is also a potential problem, and they commonly experience psychosocial difficulties due to the marginalization and discrimination they suffer. The consequences of economic violence include poor nutrition and hygiene, aspects that, coupled with their confinement, can lead to serious infections.

The threats and coercion to which most trafficked women are subjected usually prevents them from accessing health services or even the medication they need, leading to chronic pain and illnesses and a marked deterioration in their general health. Research in this regard highlights the very poor health of these women. It should also be remembered that many of them have experienced trauma prior to being trafficked and sexually exploited, and thus they may present a complex combination of multiple trauma-related health problems. In this respect, the International Organization for Migration (IOM) notes (in its publication *Caring for Trafficked Persons: Guidance for Health Providers*) that current knowledge suggests that more than half of trafficked women and girls may have been exposed to physical and/or sexual abuse prior to being trafficked. This prior experience means that they are already psychologically vulnerable and merely adds to the problems that they are likely to suffer later.

Given this situation, some researchers have begun to use the term 'complex trauma' to refer to the multiple traumas to which these women and girls have been subjected during their lives, the effects of which are long-lasting and which are then exacerbated by the trauma experienced when trafficked. However, the lack of research in this field means that much remains to be understood about the effects of trafficking on health. From the few studies that have been conducted it is possible to begin developing a broad picture of the health consequences for women, although there are no definitive symptoms indicating that a person has been trafficked for the purpose of sexual exploitation. Nevertheless, the presence of the aforementioned symptoms, together with the post-traumatic reactions that will be described below, are signs that a person has been exploited.

Physical health

Women who have been trafficked are at risk of a wide range of health problems, but few specific studies have been conducted in this area. The research that has been carried out nonetheless highlights how the violence to which they are subjected or the conditions they experience while being trafficked and exploited can impact on various aspects of their health. In this context, the study by Zimmerman et al. (2008) found that 95% of women reported physical or sexual violence while trafficked or exploited.

Eating and sleep disturbances, neurological symptoms, gastrointestinal and cardiovascular symptoms, muscular problems and skin problems are just some of the health consequences of trafficking. Several reports have noted the relationship between the intense stress to which victims are subjected and the severe health consequences that follow. For example, the study by Lesserman, Li, Drossman and Hu (1998) highlights how recurrent gastrointestinal problems are a common post-traumatic effect of such experiences. Similarly, in one of the most important studies of the relationship between sexual exploitation and health, Zimmerman, et al. (2011), 63% of women reported stomach or abdominal pain during the first interview after escaping from a trafficking situation. In many cases, these symptoms improved over time.

Other studies such as that by Segerstrom and Miller (2004) note that the experience of prolonged stress has a direct impact on the immune system, heightening the risk of illness or disease. In this context, studies of women who have been subjected to violence indicate that they suffer much higher rates of infection than do women who have not been abused in this way (Campbell et al., 2002).

The damage to the immune system, coupled with the frequent impossibility of providing these women with the treatment they need, leads eventually to complications and may have a permanent effect on their health, regardless of whether they one day escape from the trafficking situation.

For these women the possibility of recovery from their symptoms is also hampered by the conditions of the trafficking situation, in which their basic needs for safety, rest and good nutrition are not met. In this respect, the study by Zimmerman et al. (2003), highlights the extreme fatigue that women experience, the result of being forced to work long hours (12-14 hours a day) while being permitted few hours of sleep or rest, leading to important neurological symptoms -81% of women reported headaches and problems with concentration and memory- (Moldofsky, 2001).

The health-related quality of life of women who have been abused is severely undermined, not least because the inability to identify the root cause of the problem (which is often a somatization) means that the symptoms or illness persist over time (Dickinson, DeGruy, Dickinson and Candib, 1999).

Many of the studies of women's health draw attention to the large number of symptoms and problems they experience, with a high degree of comorbidity. In the study by Zimmerman et al. (2008), for instance, 63% of women reported more than 10 concurrent physical health symptoms when interviewed within 14 days of entry into post-trafficking services. The most common symptoms were headaches (82%), feeling easily tired (81%), dizzy spells (70%), back pain (69%) and memory difficulty (62%).

Although women's symptoms and wellbeing may improve significantly during the first month to six weeks post-trafficking, deleterious health complications requiring medical attention often persist, even after several months of receiving care.

Women trafficked for sex are also prone to substance abuse and the consequences that follow from prolonged use. In the study by Muftic and Finn (2013), 53% of women reported drug and alcohol problems, and many of them said that these substances were used as a way of dealing with the reality they had to face on a daily basis.

Sexual and reproductive health

The reproductive health of sex trafficking victims is far too often severely compromised. Almost 80% of all sex trafficking victims are women and girls and therefore, it is essential for recovery to be gender specific when treating victims. In the study by Zimmerman et al. (2006), 95% of the women they interviewed reported being physically assaulted or coerced into a sexual act while trafficked. Furthermore, more than 60% reported pelvic pain, vaginal discharge and gynaecological infection, and 25% reported vaginal pain. These data highlight the importance of providing treatment for these problems, which women themselves request.

A further point to consider is that although the perceived importance and intensity of physical symptoms tends to decrease over time, this is not the case for the psychological support that these women need, which generally becomes even greater. This is consistent with the psychology of emergencies: first stabilize basic functions and alleviate pain, and then begin the psychological work.

According to Echeburúa and Corral (2007), guaranteeing the victim's safety is a prerequisite for any therapeutic intervention. In fact, when the traumatic event is prolonged and current (for example in cases of trafficking in human beings), the initial stage of treatment must necessarily consist on establishing a framework for security and extinction of risks. Only after having guaranteed this premise can be initiated the psychological treatment.

Among the women interviewed by Zimmerman et al. (2006), 44% reported having been diagnosed and treated for a sexually transmitted infections (STI) or RTI, and 2% self-reported as being HIV positive.

The sexual violence to which these women are subjected often means that they are forced to engage in high-risk sexual practices, which frequently lead to STIs. The latter need to be properly diagnosed and treated in line with the recommendations of the World Health Organization (Guidelines for the Management of Sexually Transmitted Infections, 2003, WHO: Geneva).

Women who are diagnosed as HIV positive must be given access to adequate treatment. In this context, Tsutsumi, Izutsu, Poudyal, Kato and Marui (2008) noted that women and girls who have been sexually exploited have a high risk of acquiring sexually transmitted infections. More specifically, these authors found, in their study of female survivors of trafficking in Nepal, that the rate of HIV infection was much higher in the sex workers group (29.6%) than in the forced labour group (0%).

Another area of important concern for these women is the impact of their experiences on their fertility and future ability to have a family (Zimmerman et al., 2006). Also note that 17% of the women they interviewed reported having at least one abortion during the time they were trafficked and sexually exploited.

Experiences such as unwanted pregnancies, induced abortions or forced sterilizations are direct attacks on women's wellbeing and their reproductive and sexual health. Furthermore, the cultural stigma that many communities attach to events of this kind means that these women's experiences are often silenced, thus becoming a further unacknowledged trauma to add to all they have suffered while trafficked.

Mental health

The extreme nature of the experiences suffered by women who have been trafficked for sexual exploitation means that their mental health is also severely affected. However, few studies have specifically examined these effects, and there is a need for more systematic research that can provide more objective and robust data. Nevertheless, the studies conducted to date, which are fewer in number than those regarding physical health, indicate that sexual exploitation has a severe impact on women's mental health.

It is therefore important that both physical and mental health are considered in order to develop a more effective and holistic understanding of the impact of trafficking on women's health. As noted by authors such as Zimmerman et al. (2003), the multiple forms of violence to which these women are subjected leads to a progressive deterioration in their health and a fuller understanding of the impact and strategies for addressing their health is still lacking.

The few studies that have examined the impact on mental health indicate that more than 70% of women report concurrent symptoms of this kind –ten or more mental symptoms- (Zimmerman et al., 2006).

The most common concurrent symptoms are depression, anxiety and hostility.

Many authors have linked and found similarities between the experiences of people who are trafficked and those who are subjected to other forms of extreme violence such as torture. In this regard, studies such as that by Cascardi, Daniel O'Leary and Schlee (1999) highlight how women who have been physically victimized may present a series of psychological reactions, including depression, anxiety and hostility.

According to the IOM (2002), trafficked persons often experience situations of extreme violence and psychological abuse during their enslavement.

As Williamson, Dutch and Clawson (2008) point out, the experience of being trafficked for sexual exploitation is associated with a wide range of mental health symptoms, including mood and anxiety disorders, dissociative states or substance abuse.

In terms of the effects on children, who are not considered in the present study because the PHIT project focuses on women aged 18 or over, the study by Kiss et al. (2015) found high rates of mental problems among the children aged 10-17 they interviewed in post-trafficking services in Thailand, Cambodia and Vietnam. Specifically, 56% presented symptoms of depression, 33% had symptoms of anxiety and 26% reported symptoms of post-traumatic stress disorder. The authors of this study also found that a history of physical or sexual violence was associated with higher rates of depression, anxiety or self-harm.

There is hardly any research on the psychological needs of people who have been trafficked and sexually exploited in Europe, and few studies to date have described the consequences of this exploitation. Furthermore, the results that have been published on this topic show considerable variability. This is likely due, at least in part, to the fact that different instruments have been used to measure key aspects of mental health such as anxiety, depression and post-traumatic stress disorder, which are considered by the majority of studies. Thus, for example, Hossain et al. (2010) report a 48% prevalence rate for symptoms of anxiety, whereas the corresponding figure in the study by Tsutsumi et al. (2008) was 97%. A similar picture emerges with regard to symptoms of depression: Ostrovschi et al. (2011) found that only 16.7% of women fulfilled criteria for major depression (assessed through the Structured Clinical Interview for DSM-IV), whereas other authors such as Cwikel et al. (2004) and Hossain et al. (2010) reported (using different instruments) prevalence rates of 57.1% and 54.9%, respectively. Tsutsumi et al. (2008), using the Hopkins Symptoms Checklist, reported a prevalence of 100% for symptoms of depression. As regards post-traumatic stress disorder, Hossain et al. (2010) reported a prevalence of 77% (based on the Harvard Trauma Questionnaire), as compared with 19.5% in the study by Cwikel et al. (2004) and 35.8% according to Ostrovschi et al. (2011).

A further factor that may account for the different results obtained is that aside from using different measurement instruments the studies also involve samples of women with different characteristics in terms of personal history and experiences of sexual exploitation, and thus the impact on their mental health is likely to be different. In this respect, the study by Hossain et al. (2010) concludes that the use of violence and the injuries sustained while trafficked are associated with an increased risk of anxiety and depression symptoms and post-traumatic stress disorder.

Regarding the extent to which these mental health problems persist, Zimmerman et al. (2006) reported a slight improvement in women's psychological symptoms 28 days after entry into post-trafficking services (although less than what was observed for physical symptoms). Nevertheless, 52% of women continued to report ten or more concurrent psychological symptoms at 28 days. At 90 days the authors observed a clear reduction in psychological symptoms, which were reported by only 6% of respondents. The report

does not specify whether this improvement was spontaneous or the result of psychological interventions.

In summary, there are two main points to highlight:

- There is a close relationship between the impacts on physical health and mental health and a high concurrence of physical and/or psychological symptoms

- Physical health appears to improve considerably once women are out of the trafficking situation, whereas the corresponding improvement in psychological symptoms, and hence in emotional wellbeing, is slower and less marked. According to Zimmerman et al., it is likely to be three months before psychological symptoms begin to show any notable improvement (an aspect that is no doubt related to the process of PTSD and which requires further investigation to determine possible patterns in recovery from this disorder).

It seems likely, therefore, that the intensity of psychological symptoms will diminish once women cease to be sexually exploited and begin to receive appropriate support, and it is during this period that the right moment must be chosen to initiate more in-depth psychological intervention.

What is clear from all the studies that have examined this topic is that the prevalence of problems related to physical, mental and sexual health is very high among women who have been trafficked and sexually exploited.

Post-traumatic impact

The most severe cases of trafficking for sexual exploitation may, due to the extreme violence involved and the psychological impact on victims, bear similarities to the experience of torture (Zimmerman et al., 2003). As these authors note, both trafficking and torture may involve the threat of death, permanent exposure to stressors and constant danger.

Studies of torture victims have shown how the uncontrollable and unpredictable stress they experience plays a key role in their subsequent psychological reactions (Basoglu

and Mineka, 1992), and this kind of stress is also a feature of the experience of people who are trafficked. Indeed, the most common post-traumatic symptoms observed among trafficked persons are those associated with PTSD, depression and anxiety, and many victims also experience irritability and hostility. The intensity of these symptoms will vary depending on the nature of the individual's experiences, both during and prior to being trafficked, and the coping mechanisms that are available to her.

The phenomenon of THB must be considered in its entirety and this means paying attention not only to women's experiences during or after the process of trafficking but also to their previous history, their needs and the context in which they grew up; this is important so as to obtain information about any prior abuse and how social and cultural aspects of their community may complicate their reaction to their experiences, hampering an understanding of them.

Other aspects that need to be considered in order to appreciate the complexity of these women's traumatic experiences are their current legal status, debt bondage and the possibility of continued threats against them or their families (whether back home or in the country to which they have trafficked).

Many victims show a delayed response, whether physical and/or psychological, to the threat of death and having to cope with situations of prolonged and intense violence. This hidden trauma may not therefore become apparent for some time, and both the individual herself and health professionals may then fail to make the link between current symptoms and past experiences, thereby hampering their proper identification and management. It is important to be aware of this kind of process, since mental health symptoms may appear or re-appear years after the original experience of being trafficked.

In light of the above it has been suggested that the experience of these women should be considered a complex trauma, since the concurrent presence of different kinds of symptoms and the multiple traumas they have suffered at different points in their lives produces an emotional burden that is clearly distinct from that associated with other kinds of traumatic event. This is an aspect that needs to be taken into account when deciding what kind of intervention might be most appropriate, and also as research

further confirms the value of this approach, which is already supported by the work of several authors such as Brewin et al., (2017).

Understanding the post-traumatic consequences of THB is crucial to the development of adequate intervention and support programmes for these women, and also for ensuring that legal procedures are adapted to the reality of their experiences as victims of a crime that constitutes a direct attack on their liberty, dignity and lives.

Stressors associated with the process of trafficking

Few studies have established causal relationships between aspects of the trafficking process (such as the duration of exploitation) and effects on health. Nevertheless, long periods in a trafficking situation have been associated with more mental health symptoms.

It is important to note that not all women report having experienced violence (physical or sexual), although this does not mean they have not been subjected to criminal exploitation, since a common feature of these situations is that violence becomes naturalized and normalized, thus making it more difficult to identify.

Some studies also note that not all women equate their experience as sex workers with sexual violence. All these aspects need to be taken into account, because the impact of trafficking and exploitation on a woman's health will depend, among other things, on the meaning she ascribes to these events.

Aside from the consequences of sexual exploitation, some studies have considered other aspects that may contribute to the overall impact of trafficking on health. In fact, Tsutsumi et al. (2008) suggested that the combined effect of several factors should be contemplated. Thus, the duration of trafficking, the conditions under which the person lived and worked, the use of violence and the availability or not of social support are all factors that should be considered and analysed when seeking to identify the mental health consequences of what is a fundamental violation of the person's rights.

The study by Tsutsumi et al. (2008) also noted differences in the symptoms reported by female survivors of trafficking according to the type of work they had been forced to do. Specifically, sex workers scored higher on symptoms of anxiety, depression and post-traumatic stress than did those women who had been exploited in other ways, such as domestic servitude.

In a study of Moldovan women survivors of trafficking, Abas et al. (2013) reported that a longer duration of trafficking was associated with an increased risk of subsequent mental disorder. The authors also found that childhood sexual abuse and certain post-trafficking stressors such as poor social support and greater unmet needs were predictors of post-trafficking mental health problems.

According to Hossain et al. (2010), physical violence during trafficking is another possible predictor of subsequent mental health symptoms. Specifically, they found that injuries sustained during trafficking were associated with higher levels of anxiety, depression and post-traumatic stress. The exposure to direct or indirect violence, combined with the prolonged experience of stress, threat and sexual exploitation, leaves women highly vulnerable to the development of mental health problems. In this respect, a study by Kiss et al. (2015a) of 1102 victims of trafficking found that threats, severe violence, poor living conditions, long working hours and unfair loss of pay were factors associated with an increased likelihood of developing symptoms of depression, anxiety and post-traumatic stress disorder.

Another important aspect to consider from these two studies is that those women who perceived that their freedom had been greatly restricted while being trafficked had increased rates of anxiety (Hossain et al., 2010) and double the overall risk of poor mental health (Kiss et al., 2015a) compared with those who had not felt markedly restricted.

CONCLUSIONS

The methodological limitations of the studies and reports analysed means that the results of this review may not be generalizable. The majority of published studies have involved women who have entered post-trafficking services, a population that may not

be representative of trafficked women as a whole. It is not clear, therefore, whether those women who do not access such services or who remain in a trafficking situation would present similar or different characteristics to those described in the studies reviewed. Given this issue of sample representativeness, as well as the different methods and instruments used to obtain results, caution must be exercised when extrapolating the results.

Almost all the studies conclude that the reported prevalence of physical, psychological and sexual violence is likely to be an underestimate, and further research is therefore needed to determine the extent of a phenomenon that is largely invisible. The review also highlights the need for validated instruments to assess violence and health problems among populations of trafficked people so as to enable more rigorous and comparable studies in the future.

Another issue to consider is that not all studies define human trafficking in the same terms, further hampering the comparison of results. The highly complex nature of the phenomenon also makes research difficult.

Clearly, research on human trafficking is in its infancy, and the main focus so far has been on trafficking for sexual exploitation. However, as already noted, the small sample sizes, the difficulty of obtaining certain kinds of information and methodological problems (due to the impossibility of controlling certain variables) make it difficult to extrapolate the results. Nevertheless, the information obtained so far provides clear evidence of the enormous impact that being trafficked for sexual exploitation has on women's health.

The task now is to obtain a much fuller understanding of the experiences of women who are trafficked for sexual exploitation and of how their previous life experiences may influence their reaction to it, as only thus will it be possible to develop adequate intervention and support programmes for them. In this respect, we also need to know more about resilience and coping strategies in trafficked women and how these aspects influence the impact of their experiences on their health.

Comparative analyses of different intervention models are clearly lacking and it is now crucial to conduct longitudinal studies so as to determine the most effective approaches for improving the physical and mental health of victims.

The multiple traumas to which many of these women are exposed pose considerable challenges, and it is questionable whether the concept of PTSD can adequately capture the extent and complexity of their experiences. Hence, the notion of complex trauma is now increasingly used to conceptualize the impact of their experiences on health.

Notwithstanding the lack of research and the limitations of existing studies, there is consensus about the severe impact of trafficking on women's health and the needs they have as a result. The findings should encourage us to continue investigating the problem and to develop effective programmes and methods for supporting the victims of what is one of the most extreme and serious acts that a person may be subjected to.

This is the ultimate aim of the PHIT project: to extend or obtain knowledge through case studies, taking a holistic view of the complex experiences of these women through interviews that consider their lives as a whole and to document the impact that their experiences have had on them.

In addition, professionals and others working in the field need to be aware of the symptoms that these women may present as a result of their experiences and how this affects them on a daily basis. Finally, the goal is to offer recommendations regarding intervention or suggest good practices in relation to meeting the needs of these women.

REFERENCES

Abas, M., Ostrovschi, N., Prince, M., Gorceag, V.I., Tribuf, C., & Orams, S. (2013). Risk factors for mental disorders in women survivors of human trafficking: A historical cohort study. *BMC Psychiatric*, *13*, 204.

Aberdein, C., & Zimmerman C. (2015). Access to mental health and psychosocial services in Cambodia by survivors of trafficking and exploitation: a qualitative study. *International Journal of Mental Health Systems*, *9*(1), Article 16.

Bales, K. (2000). *La nueva esclavitud en la economía global*. Madrid, España: Siglo XXI Editores.

Başoğlu, M., & Mineka, S. (1992). The role of uncontrollable and unpredictable stress in post-traumatic stress responses in torture survivors. In M. Başoğlu (Ed.), *Torture and its consequences: Current treatment approaches* (182-225). Cambridge: Cambridge University Press.

Brewin, C.R., Cloitre, M., Hyland, P., Shevlin, M., Maercker, A., Bryant, R.A.,...Reed, G.M. (2017). A review of corrent evidence regarding the ICD-11 proposals for diagnosing PTSD and complex PTSD. *Clinical Psychology Review*, *58*, 1-15.

Campbell, J., Jones, A.S., Dienemann, J., Kub, J., Schollenberger, J., O'Campo, P.,...Wynne, C. (2002). Intimate partner violence and physical health consequences. *Archives of Internal Medicine*, *162*(10), 1157-1163.

Cascardi, M., O'Leary, K.D., & Schlee, K.A. (1999). Co-occurrence and Correlates of Posttraumatic Stress Disorder and Major Depression in Physically Abused Women. *Journal of Family Violence*, *14*(3), 227-249.

Cwikel, J., Chudakov, B., Paikin, M., Agmon, K, & Belmaker, R.H. (2004). Trafficked female sex workers awaiting deportation: comparison with brothel workers. *Archives of Women's Mental Health*, *7*(4), 243-249.

Dickinson, L.M., DeGruy, F.V., Dickinson, W.P., & Candib, L.M. (1999). Health-related quality of life and symptom profiles of female survivors of sexual abuse. *Archives of Family Medicines*, *8*(1), 35-43.

Echeburúa, E., y Corral, P. (2007). Intervención en crisis en víctimas de sucesos traumáticos: ¿Cuándo, cómo y para qué?. *Psicología Conductual*, *15*(3), 373-387.

European Commission (2002). *A pilot study on three European Union key immigration points for monitoring the trafficking of human beings for the purpose of sexual exploitation across the European Union* (3). Retrieved from <http://www.transcrime.it/pubblicazioni/transcrime-reports-n-3/>

European Commission (2016). *Report on the progress made in the fight against trafficking in human beings*. Retrieved from https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/trafficking-in-human-beings/docs/commission_report_on_the_progress_made_in_the_fight_against_trafficking_in_human_beings_2016_en.pdf

European Union (2000). *Charter of fundamental rights of the European Union*. Retrieved from http://www.europarl.europa.eu/charter/pdf/text_en.pdf

EUROSTAT (2014). *Trafficking in Human Beings*. Retrieved from https://ec.europa.eu/antitrafficking/sites/antitrafficking/files/eurostat_report_on_trafficking_in_human_beings_-_2015_edition.pdf

Gutiérrez, G. (2014). Mujeres y Globalización. Las formas de esclavitud contemporáneas. *Dilemata*, (16), 55-66.

Hossain, M., Zimmerman, C., Abas, M., Light, M. & Watts, C. (2010). The relationship of trauma to mental disorders among trafficked and sexually exploited girls and women. *American Journal of Public Health*, 100(12), 2442-2449.

International Labour Office (2017). *Global estimates of modern slavery: Forced labour and forced marriage*. Retrieved from http://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/documents/publication/wcms_575479.pdf

International Organization for Migration (2012). *Caring for Trafficked Persons: Guidance for health providers*. Retrieved from http://publications.iom.int/system/files/pdf/ct_handbook.pdf

Kiss, L., Pocock, N.S., Naisanguansri, V., Suos, S., Dickson, B., Thuy, D.,...Zimmerman, C. (2015). Health of men, women and children in post-trafficking services in Cambodia, Thailand and Vietnam: An observational cross-sectional study. *The Lancet Global Health*, 3(3), 154-161.

Leserman, J., Li, Z., Drossman, D.A., & Hu, Y.J. (1998). Selected symptoms associated with sexual and physical abuse history among female patients with gastrointestinal disorders: the impact on subsequent health care visits. *Psychological Medicine*, 28(2), 417-425.

Murillo, P.A., Gallego, M.A., y Botero, C.V. (2017). Efectos del aborto en la salud mental de la mujer. *Psyconex: Psicología, psicoanálisis y conexiones*, 9(14).

Moldofsky, H. (2001). Sleep and pain. *Sleep Medicine Reviews*, 5(5), 387-398.

Muftic, L.R., & Finn, M.A. (2013). Health outcomes among women trafficked for sex in the United States: a closer look. *Journal of Interpersonal Violence, 28*(9), 1859-1885.

Ostrovski, N., Prince, M.J., Zimmerman, C., Hotineanu, M.A., Gorceag, L.T., Gorceag, V.I.,...Abas, M.A. (2011). Women in post-trafficking services in Moldova: Diagnostic interviews over two time periods to assess returning women's mental health. *BMC Public Health, 11*(1), 232

Rafferty, Y. (2008). The Impact of Trafficking on Children: Psychological and Social Policy Perspectives. *Child Development Perspectives, 2*, 13-18.

Seegerstrom, S.C., & Miller, G.E. (2004). Psychological Stress and the Human Immune System: A meta-analytic study of 30 years of inquiry. *Psychological Bulletin, 130*(4), 601-630.

Shigekane, R. (2003)

Tsutsumi, A., Izutsu, T., Poudyal, A.K., Kato, S., & Marui, E. (2008). Mental health of female survivors of human trafficking in Nepal. *Social science & medicine, 66*(8), 1841-1847.

United Nations (1989). *Convention on the Rights of the Child*. Retrieved from <http://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf>

United Nations (2018). *Report of the Secretary General on conflict-related sexual violence*. Retrieved from <https://undocs.org/en/S/2018/250>

UNODC (2000). *United Nations Convention against Transnational Organized Crime*. Retrieved from https://www.unodc.org/documents/middleeastandnorthafrica/organised-crime/UNITED_NATIONS_CONVENTION_AGAINST_TRANSNATIONAL_ORGANIZED_CRIME_AND_THE_PROTOCOLS_THEREO.pdf

UNODC (2000). *Protocol against Illicit Manufacturing and Trafficking in Firearms*. Retrieved from https://www.unodc.org/documents/middleeastandnorthafrica/organised-crime/UNITED_NATIONS_CONVENTION_AGAINST_TRANSNATIONAL_ORGANIZED_CRIME_AND_THE_PROTOCOLS_THEREO.pdf

UNODC (2000). *Protocol against the Smuggling of Migrants by Land, Sea and Air*. Retrieved from https://www.unodc.org/documents/middleeastandnorthafrica/organised-crime/UNITED_NATIONS_CONVENTION_AGAINST_TRANSNATIONAL_ORGANIZED_CRIME_AND_THE_PROTOCOLS_THEREO.pdf

UNODC (2000). *Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children*. Retrieved from <https://www.unodc.org/documents/middleeastandnorthafrica/organisedcrime/UNITE>

D_NATIONS_CONVENTION_AGAINST_TRANSNATIONAL_ORGANIZED_CRIME_AND_TH
E_PROTOCOLS_THEREFO.pdf

UNODC (2013). *Global Report on Trafficking in Persons*. Retrieved from https://www.unodc.org/documents/data-and-analysis/glotip/Trafficking_in_Persons_2012_web.pdf

UNODC (2014). *Global Report on Trafficking in Persons*. Retrieved from http://www.unodc.org/res/cld/bibliography/global-report-on-trafficking-in-persons_html/GLOTIP_2014_full_report.pdf

UNODC (2016). *Global Report on Trafficking in Persons*. Retrieved from http://www.unodc.org/documents/data-and-analysis/glotip/2016_Global_Report_on_Trafficking_in_Persons.pdf

UNODC (2018). *Global Report on Trafficking in Persons*. Retrieved from https://www.unodc.org/documents/data-and-analysis/glotip/2018/GLOTIP_2018_BOOK_web_small.pdf

Williamson, E., Dutch, N.M., & Clawson, H.J. (2008). National symposium on the health needs of human trafficking victims: Post-symposium brief. Office of the Assistant Secretary for Planning and Evaluation U.S. Department of Health and Human Services. Washington, DC.

World Health Organization (2003). *Guidelines for the Management of sexually transmitted infections*. Retrieved from http://www.who.int/hiv/topics/vct/sw_toolkit/guidelines_management_sti.pdf

Zimmerman, C., Hossain, M., Yun, K., Gajdaziev, V., Guzun, N., Tchomarova, M.,...Watts, C. (2008). The Health of Trafficked Women: A Survey of Women Entering Posttrafficking Services in Europe. *American Journal of Public Health, 98*(1), 55-59.

Zimmerman, C., Hossain, M., Yun, K., Roche, B., Morison, L., & Watts, C. (2006). Stolen smiles: A summary report on the physical and psychological health consequences of women and adolescents trafficked in Europe. London: London School of Hygiene & Tropical Medicine. Retrieved from <https://www.icmec.org/wp-content/uploads/2015/10/Stolen-Smiles-Physical-and-Psych-Consequences-of-Traffic-Victims-in-Europe-Zimmerman.pdf>

Zimmerman, C., Yun, K., Shvab, I., Watts, C., Trappolin, L., Treppete, M.,...Regan, L. (2003). The health risks and consequences of trafficking in women and adolescents. Findings from a European study. London: London School of Hygiene & Tropical Medicine (LSHTM). Retrieved from <http://www.oas.org/atip/global%20reports/zimmerman%20tip%20health.pdf>

Zimmerman, C., Hossain, M., & Watts, C. (2011) Human trafficking and Health: A conceptual model to inform policy, intervention and reserach. *Social Science & Medicine*, 73(2), 327-335.