Title: Labour exploitation and health: a case series of men and women seeking post-trafficking services.

Suggested running head: Labour exploitation and health

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Abstract

Background

Research on the health of trafficked men and on the health problems associated with trafficking for labor exploitation are extremely limited.

Methods

Case series of anonymised case records of a consecutive sample of 35 men and women who had been trafficked for labor exploitation in the UK and who were receiving support from a non-governmental service between June 2009 and July 2010.

Results

Over three-quarters of our sample was male (77%) and two-thirds aged between 18-35 years (mean 32.9 years, SD 10.2). 40% reported experiencing physical violence while they were trafficked. 81% (25/31) reported one or more physical health symptoms. 57% (17/30) reported one or more post-traumatic stress symptoms.

Conclusions

A substantial proportion of men and women who are trafficked for labor exploitation may experience violence and abuse, and have physical and mental health symptoms. People who have been trafficked for forced labor need access to medical assessment and treatment.

Key Words: Human trafficking; forced labor; violence; trauma

Background

Human trafficking has been defined as the movement of persons, by means of the threat or use of force or coercion or deception, for the purposes of exploitation.[1] Although trafficking for sexual exploitation has historically been the focus of anti-trafficking programming, people are commonly trafficked into various forms of forced labor, frequently including low-skill sectors, such as construction, catering, food packaging and processing, and domestic servitude.[2] Indeed, the International Labour Organisation suggests that one third of the estimated 20.9 million people in situations of forced labor globally have been trafficked for labor exploitation.[3]

The health problems associated with human trafficking, and the importance of providing healthcare for trafficked people, have been recognised at the international and regional level [1, 4] and there is a critical need for evidence to inform policies and services. Research on trafficking and health has, to date, focused on the health problems associated with sexual exploitation.[5] Although there has been research suggesting that violence and a range of serious health problems are associated with trafficking of women for sexual exploitation,[6-9] few studies have been conducted on the health of trafficked men and there is equally scant research on health problems associated with trafficking for various forms of forced or exploited labor.[10]

Using a case series of people supported by the non-governmental organisation (NGO) Migrant Help, this study aimed to:

a) Describe the living and working conditions experienced by men and women who had been trafficked for labor exploitation in the UK;

b) Describe the prevalence of abuse and of physical and mental health symptoms experienced by men and women who had been trafficked for labor exploitation in the UK.

Methods

Study design

Case series using anonymised case records of a consecutive sample of men and women receiving post-trafficking support from Migrant Help between June 2009 and July 2010. At this time, the primary focus of anti-trafficking programming in the UK was for women who had been trafficked for forced sex work, with many fewer victims identified in other sectors. Migrant Help was the only provider of government funded accommodation and support to men and women who had been trafficked for labor exploitation in the UK at the time of the study. Trafficked men and women could be referred for support from a variety of agencies, including the police, immigration services, and other NGOs.

Participants

Migrant Help service users who consented to share their data were eligible for inclusion in this study if they were aged 18 years or over and had been referred to Migrant Help after having been trafficked for labor exploitation. Service users were excluded if they were aged less than 18 years, lacked capacity to consent, had been referred to Migrant Help after being trafficked for sexual exploitation, or had not been trafficked (e.g. service users who were non-trafficked asylum seekers or other vulnerable migrants). Trafficking was defined in accordance with the United Nations Optional Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (the "Palermo Protocol"), i.e. a person had been (a) recruited or moved, (b) by the use of threat, force, coercion or deception, (c) for the purposes of exploitation.[1] All participants had been referred to Migrant Help following exploitation in the UK (i.e. no participants had been detected and referred to Migrant Help prior to the onset of the intended exploitation).

Data collection

Data on service users' socio-demographic characteristics, physical and mental health symptoms, and experiences in the trafficking situation were routinely collected by Migrant Help caseworkers at the

point of entry using health intake assessment forms, with the assistance of interpreters where necessary. Interpreters had previously worked with Migrant Help and were experienced in working with trafficked people. Prior to the introduction of the health assessment forms, a member of the research team conducted training with Migrant Help caseworkers, including on conducting ethical and safe research with trafficked people. Informed consent to share these data with the research team was sought from service users. Caseworkers explained to each service user that their support would be in no way affected by their decision to, or not to, share their anonymised data. Anonymised files were stored securely. Trafficked people who reported physical or mental health problems were assisted to access appropriate health services by Migrant Help.

Measures

Using the health intake assessment forms, Migrant Help caseworkers collected data on a range of socio-demographic and trafficking characteristics, including gender, age, country of origin, languages spoken, immigration status, type of exploitation, time since leaving exploitation, and on how they were referred to Migrant Help for support. Data were also collected on service users' living and working conditions and on their experiences of physical violence and threats while trafficked, using a structured questionnaire from Zimmerman et al's study of trafficking for sexual exploitation.[11] Questions that were specific to trafficking for sexual exploitation or were not relevant in a UK setting were adapted in collaboration with Migrant Help staff (e.g. "How often could you use condoms with clients?" was adapted to "How often were you provided with protective equipment to use when you were working?").

The presence and severity of self-reported physical health symptoms were measured using a modified version of the Miller Abuse Physical Symptom and Injury Survey (MAPSAIS).[12] Service users were asked whether they had experienced 21 physical health symptoms in the previous two weeks and severity was measured on a four point Likert scale. MAPSAIS has been validated for abuse-related health problems among victims of intimate partner violence and has previously been used in research with trafficked women.[13-15]

Symptoms of anxiety and depression in the past two weeks were measured using the relevant subscales of the Brief Symptom Inventory (BSI), a shortened version of the SCL-90-R.[16] Studies indicate a very high correlation between the BSI and SCL-90-R.[17] Standard scoring was used for subscales (i.e., a mean symptom score calculated and response items scored 0–4, with 0 meaning "not at all" and 4 meaning "extremely"). Mean scores are calculated by summing the values (i.e. 0-4) for the items in each subscale and dividing the sum of each subscale by the number of endorsed items in that subscale.[17] In order to compare scores with reference groups, mean scores are converted to standardized T scores.

Post-traumatic stress symptoms in the past two weeks were measured using the Harvard Trauma Questionnaire (16 item).[18, 19] Standard scoring was used (i.e. response items were scored 1-4, with 1 meaning "not at all" and 4 meaning "extremely"). Post-traumatic stress symptoms were considered to have been endorsed if service users reported that they had been distressed or disturbed by them quite a bit or extremely over the past two weeks.[20]

Service users were also asked how often they drank alcohol during the time they were trafficked (not at all, occasionally/sometimes, most days, or every day) and whether they used any type of legal or illegal drug while trafficked. If service users reported using legal or illegal drugs while trafficked they were asked to specify which drugs they had used.

Analysis

Descriptive statistics included the prevalence of violence and abuse, poor living and working conditions, and self-reported physical health symptoms; prevalence of probable post-traumatic stress disorder (PTSD); and mean scores for anxiety, depression and hostility. Mean scores for anxiety, depression and hostility were calculated and compared to US population norms for adults. All analyses were conducted in STATA 11.[21]

Ethics

The study adhered to the World Health Organisation guidelines on conducting research with people who have been trafficked.[22] Ethical approval for this study was granted by the ethics committee of the [identifiable text removed] (Reference A191 5354).

Results

Socio-demographic characteristics

[Table 1 about here]

During the study period, 108 men and women who had been trafficked for labor exploitation and were aged 18 years and over were supported by Migrant Help. The duration of support ranged from 1 to 635 days. 35 men and women (32.4%) consented for their data to be shared with the research team. The majority of our sample was male (n=27, 77%) and aged between 21-35 years (mean 32.9 years, SD 10.2, range 19-56 years) (see Table 1). Over half of the sample (n=19, 54%) originated from South or Southeast Asia. However, nearly one third of the sample was UK or EU nationals and could live and work legally in the UK. Forty one percent reported not being able to speak English.

Three quarters of the sample (n=26, 74%) had been out of the trafficking situation for less than a month at the time of interview. The main labor sectors into which service users were trafficked were domestic work (37%), food packaging and processing (29%) and construction (20%). People were also trafficked for exploitation in a range of other settings, however, including shop, nail bar and restaurant work, stealing petrol, and car cleaning. 31% of service users were trafficked for more than one form of exploitation.

Experiences in the trafficking situation

[Table 2 about here]

Forty percent (12/30) of participants reported experiencing physical violence while they were trafficked: 37% reported being hit or kicked, 17% reported being hurt with a gun or a knife, and 10% reported being intentionally burned (see Table 2). 23% of people had witnessed violence while trafficked: 7% witnessed violence perpetrated against member of their family and 20% towards others. Forty percent had been threatened with violence against themselves or their families.

A high proportion of service users reported having endured poor working conditions while trafficked. Fifty-seven percent reported they had received no health and safety information for their work and 46% had not been provided with any protective equipment (see Table 2). Thirty percent of participants said their working conditions were unsafe and likely to result in illness or injury. Poor living conditions during the trafficking situation were also commonly reported; 37% reported that their living conditions had been unhygienic and 41% unsafe. Thirty percent reported having been deprived of food and water and 43% reported being deprived of medical care while trafficked.

Physical health

[Table 3 about here]

Eighty-one percent (25/31) of participants reported one or more symptoms of poor physical health; and 30% reported five or more concurrent symptoms (mean 3.1, SD 3.5, range 0-14). The most commonly reported symptoms included headache (43%), back pain (35%), fatigue (30%), vision problems (23%), and dental pain (23%) (see Table 3). Chronic health problems, including cardiovascular disease, diabetes, and epilepsy, were reported by 37% of participants. The prevalence of self-reported substance use during trafficking was very low: only two service users reported drug use (both cannabis) and only 3 reported heavy alcohol use (drinking most days or everyday).

Mental health

[Table 4 about here]

Among male service users, the mean scores for symptoms associated with anxiety and depression were 0.75 and 0.86. Among females, the equivalent scores for anxiety and depression were 0.75 and 1.03, respectively. Fifty-seven percent (17/30) of participants reported one or more symptoms of post-traumatic stress. Each of the hyperarousal and re-experiencing symptoms (except "feeling irritable or having bursts of anger") were endorsed by at least one fifth of the sample (see Table 4). Between one quarter and one third of the sample endorsed the following symptoms: "recurrent thoughts or memories of the most hurtful or terrifying events" (33%), "recurrent nightmares" (27%), "trouble sleeping" (27%), and "feeling on guard" (27%). There were low rates of endorsement of avoidance and numbing symptoms, with the exception of "feeling as though you don't have a future", which was endorsed by a third of the sample.

Discussion

Main findings

There was a very high prevalence of violence and abuse among men and women trafficked for labor exploitation and a high proportion endured unsanitary and unsafe living and working conditions that are likely to have posed a risk to their physical and psychological health. Four fifths of participants reported having experienced at least one symptom of poor physical health in the past two weeks and nearly one third reported having experienced five or more symptoms. Such symptoms may represent somatic manifestations of psychological distress or may relate to physical health problems arising from violence, prolonged exposure to poor living and working conditions, and inadequate nutrition and medical care.[15] Despite the wide range of sectors into which the people had been trafficked, a number of physical symptoms were commonly reported, including headache, back pain, fatigue, and vision and dental problems.

Our findings corroborate previous research on physical health conducted with female victims of trafficking for labor exploitation conducted six months after they returned to their country of origin and with female victims of trafficking conducted within two weeks of their leaving the trafficking situation.[14, 15] Previous research with a sample of women who had been trafficked for sexual

exploitation and were receiving support from European NGOs found that three quarters had experienced physical violence while trafficked.[15] A lower, but still significant, prevalence of physical violence - two fifths – was reported by the men and women in this study.

Both men and women in this study also reported high levels of depressive and anxiety symptoms since leaving a situation of exploitation, though levels of symptoms were lower than reported among women who had recently entered into post-trafficking support services following trafficking for sexual exploitation.[9, 15] Among male participants, symptom levels were in the 92nd percentile compared to men in a general US population; among female participants, the symptom levels were in the 82nd percentile compared to women in a general US population. High levels of post-traumatic stress symptoms were also reported, particularly with regards to hyperarousal and re-experiencing traumatic events; many also disclosed feelings of hopelessness.

The industries into which the participants in our study were trafficked are commonly associated with a range of health risks and problems. Domestic work, into which nearly two-fifths of our participants were trafficked, is, for example, associated with musculoskeletal problems, dermatitis and other skin problems, accidents and injuries, and psychiatric morbidity.[23-26] Construction work, into which one-fifth of our participants were trafficked, poses risks such as musculoskeletal problems, acute and chronic respiratory disease, and accidents and injuries.[27-31] These types of occupational risks may be heightened in trafficking situations,[32, 33] in which people are likely to be doing hazardous work over long hours with few breaks, receive little to no equipment or safety training, little to no personal protective equipment, and may be subjected to violence and abuse and are likely to be residing in deprived, overcrowded living conditions.[34-38] Further research is now needed to identify the similarities and differences between the health risks and problems experienced by trafficked and non-trafficked workers in specific labor settings.

Strengths and limitations

Although trafficking for labor exploitation comprises substantial proportion of the total number of trafficking cases worldwide, there has been extremely little research on the harms and health problems resulting from this crime.[5] To our knowledge, this is the first study to collect data on the experiences and health needs of trafficked men and only the second to report on the physical health of people trafficked for labor exploitation.[14] We collected data from a consecutive series of people trafficked for labor exploitation and used standardised measures of physical and mental health validated in traumatised and culturally diverse populations.[39, 40]

However, our study had a number of limitations. Firstly, there are no reliable estimates of the number of people trafficked for labor exploitation in the UK, and it is unclear to what extent our findings are generalisable to broader groups of people trafficked for labor exploitation. The people in our sample were receiving support from Migrant Help and consented for their data to be shared with the research team. We are unable to assess whether there are differences either between service users who did and did not consent to share their data or between trafficked people who were and were not referred to Migrant Help. To date, the majority of studies of trafficking and health have recruited people who are free from their traffickers and who are in contact with support services.[5] Although there are likely to be differences between trafficked people who do and do not engage with services,[41] conducting research with trafficked people who are not in contact with statutory or voluntary support services is both logistically and ethically challenging.[22] Secondly, although we used instruments that have previously been used in research on trafficking and health,[15] the tools have not been validated for measuring physical or psychological distress in trafficked people (and to our knowledge, there are no tools that have been validated specifically for this population). However, these scales include fewer items that are of limited relevance to trafficked people (e.g. normal functioning in the previous fortnight) than do other commonly used measures. The future trajectory of the psychological symptoms reported is also unclear as because the majority of participants received support from Migrant Help for a relatively short period of time (<1 month), follow up of this sample was not possible. Furthermore, due to the small size of the sample, we were unable to test whether either the level of physical or psychological symptoms was influenced by the length of time since leaving the

trafficking situation or by factors such as immigration status, experiences of violence, or access to medical care. Finally, interpretation of results is limited by the small number of trafficked people, most of whom had been out of the trafficking situation for a very short period.

Implications

The harms caused by trafficking for labor exploitation have, to date, received much less attention than those caused by trafficking for sexual exploitation. Our findings suggest, however, that men and women trafficked for labor exploitation who have recently left the trafficking situation are likely to experience a range of physical and mental health problems, which should be assessed as part of an immediate service package during crisis-stage support.[11] As physical and mental health problems may relate to experiences of violence, poor living and working conditions, or inadequate nutrition and medical care while trafficked, health assessments for men and women who have been trafficked for labor exploitation, including forensic medical examinations, should be provided, as needed. Forensic medical examinations may offer corroborative evidence to support victims during criminal and immigration proceedings and should be conducted in accordance with international standards, including relevant guidance in the Istanbul Protocol.[42-44] Healthcare professionals may require specific training in the area of human trafficking to enable them to evaluate the complex physical and psychological needs of people in post-trafficking situations.[32] Although trafficked people may have very limited access to medical care, our findings suggest that some may reach health facilities Healthcare professionals should be alert to potential indicators of exploitation, for example presence of 'minders', migrant workers with multiple injuries associated with abuse or high-risk, low-skilled working conditions, and migrants who seem fearful and/or do not speak the local language.[32] Further research with a larger sample of people who have been trafficked for labor exploitation is urgently required to explore the health problems associated with labor exploitation; to assess their relationships to socio-demographic characteristics, trafficking characteristics, immigration status, and occupational sectors; and to establish their prognosis and response to interventions.

Conclusions

People who are trafficked into various low-skill labor sectors are highly likely to emerge with significant physical and mental health needs that require assessment and appropriate health care. Health needs assessments and medical service provision, including forensic examinations, should be a fundamental component of post-trafficking services that are offered to all survivors of trafficking and forced labor situations.

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Tables

Table 1: Characteristics of men and women trafficked for labor exploitation: UK, 2009-2010 (n=35)

	n (%)
Gender	
Male	27 (77.1)
Female	8 (32.9)
Age	
18-20	3 (8.6)
21-25	6 (17.1)
26-30	8 (22.9)
31-35	6 (17.1)
36-40	4 (11.4)
41-45	4 (11.4)
46-60	4 (11.4)
Area of Origin	
Europe	12 (34.3)
Central Asia	1 (2.9)
South Asia	17 (48.6)
South-East Asia	2 (5.7)
Africa	3 (8.6)
Type of exploitation[1]	
Domestic work	13 (37.1)
Food Packaging/Processing	10 (28.5)
Construction	7 (20.0)
Other	14 (40.0)

Time since trafficking	
<1 month	26 (74)
1-2months	6 (17)
>2 months	3 (9)
Referral agency	
NGO	3 (9.4)
Police	13 (40.7)
Immigration services	13 (40.6)
Multiple agencies	3 (9.4)
English spoken	
Yes	17 (58.6)
No	12 (41.4)
Immigration status	
UK National	2 (7.4)
EU National	6 (22.2)
Current Visa	15 (55.5)
Expired Visa	1 (3.7)
Seeking humanitarian protection	3 (11.1)

Table 2: Violence, abuse and neglect reported by men and women trafficked for labor exploitation in the UK (n=30)

	n (%)
Violence	
Physical violence	12 (40.0)
Witnessed violence	7 (23.3)
Threats to family or to worker	12 (40.0)
Working conditions	
Unhygienic working conditions	6 (21.4)
Unsafe working conditions	8 (29.6)
No information on how to work safely	16 (57.1)
No protective equipment provided	13 (46.4)
Long periods of harsh conditions	12 (42.9)
Living conditions	
Deprived of food and water	9 (30.0)
Deprived of medical care when needed	13 (43.3)
Unhygienic living conditions	11 (36.7)
Unsafe living conditions	11 (40.7)

Table 3: Physical symptoms reported by men and women trafficked for labor exploitation (n=30)

Symptom	**n (%)**
Constitutional symptoms	
Significant weight loss	4 (13.3)
Fatigue	9 (30.0)
Loss of appetite	7 (22.6)
Neurological symptoms	
Headaches	13 (43.3)
Fainting or losing consciousness	2 (6.7)
Dizzy spells	3 (10.0)
Difficulty remembering things	4 (13.3)
Gastrointestinal symptoms	
Pain in stomach/abdomen	3 (10.0)
Upset stomach, vomiting or other digestive problems	5 (16.1)
Cardiovascular symptoms	
Breathlessness	3 (10.0)
Chest pain or palpitations	4 (13.3)
Musculoskeletal symptoms	
Back pain	11 (35.5)
Fractures or sprains	0 (0.0)
Joint or muscle pain	3 (10.0)
Facial injuries	2 (6.7)
Eye, ear and upper respiratory symptoms	
Eye pain, injury or difficulty seeing	7 (22.6)
Ear pain, injury or difficulty hearing	3 (10.0)
Colds, sinus infections or flu	5 (16.1)
Dermatological symptoms	

Rashes, red areas, unusual bumps, sores or itching	3 (10.0)
Burns	2 (6.7)
Dental symptoms	
Toothache or mouth/gum problems	7 (22.6)

Table 4: Endorsement of post-traumatic symptoms by men and women trafficked for labor exploitation (n=30)

Symptom	**n (%)**
Re-experiencing symptoms	
B1. Recurrent thoughts or memories of the most hurtful or terrifying events	10 (33.3)
B2. Recurrent nightmares	8 (26.7)
B3. Feeling as though the event is happening again	6 (20.0)
B4/B5. Sudden emotional or physical reaction when reminded of the most hurtful or traumatic events	7 (23.3)
Avoidance/numbing symptoms	
C1. Avoiding activities that remind you of the traumatic or hurtful event	4 (13.3)
C2. Avoiding thoughts of feelings associated with the traumatic or hurtful events	3 (10.0)
C3. Inability to remember parts of the most traumatic or hurtful event	3 (10.0)
C4. Less interest in daily activities	3 (10.0)
C5. Feeling detached or withdrawn from people	0 (0.0)
C6. Unable to feel emotions	2 (6.7)
C7. Feeling as though you don't have a future	10 (33.3)
Hyperarousal symptoms	
D1. Trouble sleeping	8 (26.7)
D2. Feeling irritable or having bursts of anger	4 (13.3)
D3. Difficulty concentrating	6 (20.0)
D4. Feeling on guard	8 (26.7)
D5. Feeling jumpy, easily startled	6 (20.0)