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COMILLAS

IMPACTO EN LA SALUD Y BIENESTAR DE LAS VÍCTIMAS DE TRATA DE SERES HUMANOS

LA PANDEMIA DEL CORONAVIRUS EN ESPAÑA Y BÉLGICA

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RESUMEN

Objetivos: El propósito de esta tesis doctoral es recopilar información sobre el estado de salud de las víctimas de trata de seres humanos, incluyendo el bienestar social, físico, psicológico, sexual y reproductivo de las víctimas. Con la aparición del COVID-19, esta investigación incluye también como objetivo analizar el impacto de la pandemia en este colectivo.

Metodología: Se han llevado a cabo dos revisiones de la literatura sobre la salud de las víctimas de trata antes de la llegada del COVID-19. Para conocer los impactos de la pandemia, se realizaron entrevistas a víctimas de trata en España (n=19) además de a trabajadoras que atienden a este colectivo como a víctimas en Bélgica (n=8).

Resultados de las revisiones: El principal hallazgo de las revisiones es la relación entre la trata y el bienestar relacionado con aspectos sociales, habitacionales, nutricionales, espirituales/religiosos, físicos, mentales y sexuales-reproductivos. Además, es importante prestar atención para evitar los sesgos de género y el foco exclusivo en la investigación de trata con fines de explotación sexual, abordando el bienestar integral de todas las víctimas de trata. De esta forma, se indica la importancia de desarrollar investigaciones sobre los hombres víctimas de trata que incluyan aspectos como la paternidad, la salud sexual y reproductiva.

Resultados de las entrevistas en España: Las mujeres víctimas de trata con fines de explotación sexual han vivido un deterioro de su salud durante la pandemia relacionado, entre otras cosas, con: limitaciones de revisiones de la salud sexual y reproductiva, problemas en la salud mental, verse obligadas a continuar en prostitución, colapso sanitario en el sistema público y deterioro de la salud física. Por su parte la inseguridad en la vivienda impactó negativamente en este colectivo durante la pandemia. Se han identificado obstáculos en el acceso a alimentación y trastornos alimentarios, aspecto crucial para el bienestar y recuperación de las víctimas de trata. Además, aspectos relacionados con la religiosidad o la cultura deben ser tenidos en cuenta para mejorar la intervención con ciertas víctimas de trata.

Resultados de las entrevistas en Bélgica: Se han identificado obstáculos en el acceso a alojamientos seguros, aspecto crucial para el bienestar y recuperación de las víctimas de trata. Las residencias colectivas y especializadas para estas víctimas no se ajustaron

adecuadamente a las necesidades de todas las personas, debido a preocupaciones relacionadas con la privacidad, la autonomía o la obligación de compartir alojamiento con otras víctimas que experimentaban traumas graves. Durante los primeros meses de pandemia estos problemas se unieron al distanciamiento social y las restricciones. En el mercado de vivienda privada, los propietarios contribuyeron a la perpetuación de desigualdades sociales al ofrecer viviendas de baja calidad, estereotipos de género, xenofobia y discriminación. Los estereotipos de género impactaron negativamente en los hombres solteros víctimas de la muestra. Por ello, se recomienda implementar controles y sanciones para evitar situaciones de discriminación o de alojamiento inadecuado, además de promover la disponibilidad de viviendas sociales y asequibles. En términos de buenas prácticas, las residencias especializadas en Bélgica albergaron a todas las víctimas, independientemente de su género o finalidad de trata. Otro aspecto positivo apunta a cómo la solidaridad entre algunas víctimas y sus redes de apoyo han reducido la inseguridad habitacional durante la pandemia.

Conclusiones: Por un lado, se destaca la importancia de seguir investigando la salud y bienestar de las víctimas de trata para mejorar su detección y recuperación. Por otro lado, se han encontrado sesgos de género y mayores dificultades de acceso a recursos por parte de las víctimas hombres. Se aporta información que evidencia la importancia de estudiar el bienestar ampliamente, incluyendo dimensiones como la nutrición, la espiritualidad/religiosidad, el acceso a una vivienda o la salud sexual de todas las víctimas de trata, independientemente de su género, finalidad de explotación, nacionalidad u otra característica. En relación a los resultados relativos a la pandemia, ésta ha repercutido de forma negativa en la mayoría de los aspectos necesarios para la recuperación de las víctimas.

ABSTRACT

Objectives: The purpose of this PhD is to gather information on the health of human trafficking victims encompassing their social, physical, psychological, sexual, and reproductive well-being. With the emergence of COVID-19, this research also aims to analyse the impact of the pandemic on this group.

Methodology: Two literature reviews have been conducted to understand the state of the art of studies on the health of trafficking victims prior to the pandemic. To explore the impacts of the coronavirus pandemic, interviews were conducted with trafficking victims in Spain (n=19) as well as with workers who assist this group and with victims in Belgium (n=8).

Results of the literature reviews: The most relevant finding is the relationship between human trafficking and well-being related to various aspects (social, housing, nutritional, spiritual/religious, physical, mental, and sexual-reproductive). Furthermore, it is essential to pay attention to avoid gender biases and the exclusive focus on research into trafficking for sexual exploitation, addressing the overall well-being of all trafficking victims. This highlights the importance of conducting research on male trafficking victims, including aspects such as fatherhood, sexual health, and reproductive health.

Results of the interviews in Spain: Women victims of trafficking for sexual exploitation experienced a deterioration in their health during the pandemic, which is related, among other factors, to limitations in sexual and reproductive health check-ups, mental health problems, being forced to continue in prostitution, the collapse of the public healthcare system, and physical health deterioration. In addition, housing insecurity had a negative impact on this group during the pandemic. Obstacles in accessing food and eating disorders have been identified, which are crucial aspects for the well-being and recovery of trafficking victims. Furthermore, aspects related to religiosity or culture should be taken into account to improve intervention with certain trafficking victims.

Results of the interviews in Belgium: Obstacles have been identified in accessing safe accommodations, a crucial aspect for the well-being and recovery process of trafficking victims. Collective and specialized residences for these victims did not adequately meet the needs of all individuals due to concerns related to privacy, autonomy, and the obligation to share accommodation with other victims experiencing severe traumas. During the first months of the pandemic, these problems were coupled with social

distancing and restrictions. In the real estate market, landlords contributed to perpetuating social inequalities by offering low-quality housing and fraud, reinforcing gender stereotypes, xenophobia, and discrimination. Gender stereotypes had a negative impact on single male victims in the sample. Therefore, it is recommended to implement controls and sanctions to prevent situations of discrimination or inadequate housing, as well as promote the availability of social and affordable housing. In terms of good practices, specialized residences in Belgium accommodated all victims, regardless of their gender or purpose of trafficking. Another positive aspect highlights how solidarity among some victims and their support networks has reduced housing insecurity during the pandemic.

Conclusions: On one hand, the importance of continuing to research the health and well-being of trafficking victims to improve their detection and recovery is highlighted. On the other hand, gender biases and greater difficulties in accessing resources by male victims have been found. The information provided underscores the importance of studying well-being comprehensively, including dimensions such as nutrition, spirituality/religiosity, access to housing, or sexual health for all trafficking victims, regardless of their gender, purpose of exploitation, nationality, or other characteristics. Regarding the results related to the pandemic, it has had a negative impact on most aspects necessary for the recovery of the victims.

ÍNDICE

1. Introducción

1.1 Justificación personal

Desde que comencé mi grado en Sociología en la Universidad de Salamanca he estado muy vinculada con la investigación como herramienta de transformación social. Siento una vocación hacia la investigación y la denuncia de los problemas sociales, con el objetivo de aportar conocimiento específico que permita mejorar la intervención de profesionales y mejorar la vida de las personas. A finales de 2019 tuve la oportunidad de hacer el curso de Experta en Lucha contra la Trata de Seres Humanos impartido por la Universidad de Alcalá de Henares. Durante esos meses me explicaron la complejidad del fenómeno de la trata, sus diferentes causas y sus consecuencias en la vida de las personas y en la sociedad en general. Motivada por la formación recibida, opté por emprender una investigación en forma de tesis doctoral sobre dicho tema.

Esto coincidió en el tiempo con la concesión de la beca predoctoral de la *Fundación para la investigación Oriol-Urquijo,* que me permitió iniciar esta investigación doctoral. Además, a finales de 2020 me concedieron el contrato FPU (Formación al Profesorado Universitario) predoctoral del Ministerio de Universidades, lo que me vinculó al *Departamento de Sociología y Trabajo Social* como docente en formación. Elegí desde el principio la realización de la tesis por compendio de publicaciones porque facilita la lectura tanto por parte de profesionales del sector como por personas interesadas fuera del mundo académico. Además, se han publicado también textos divulgativos (ver Meneses-Falcón y García-Vázquez, 2020) para sensibilizar a la población general y para ayudar directamente a este colectivo, incluidos en el apartado "Otras contribuciones de la doctoranda" (Anexo 1).

Los primeros meses de la tesis realicé una amplia revisión de la literatura sobre la trata de seres humanos y los posibles vacíos en la investigación. Durante este tiempo, coincidente con el inicio de la pandemia y el confinamiento, llegué a la conclusión de la necesidad de estudiar la salud y bienestar de las víctimas de trata. De esta forma realicé una revisión profunda sobre el estado de la investigación en salud de las víctimas de trata.

Adicionalmente, he formado parte del grupo de investigación en *Género, Riesgo y Vulnerabilidad Social* de la Universidad Pontificia Comillas, el cual cuenta con la participación de la directora de la tesis, además de otros compañeros y compañeras. Con la llegada del Coronavirus, desde el grupo de investigación recibimos información sobre

la precariedad y las condiciones extremadamente difíciles en las que vivían tanto las mujeres en situaciones de prostitución como las mujeres en situaciones de trata con fines de explotación sexual. Se propone una colaboración para investigar cualitativa y cuantitativamente[1] el impacto de la pandemia en estos colectivos con los proyectos sociales de Oblatas en España, Italia y Portugal. De esta forma participé activamente en el grupo de investigación, aprendiendo diferentes metodologías y colaborando en publicaciones que se detallan en el Anexo 1. En un intento de resumir los resultados generales de toda la investigación publicamos un libro desde Universidad de Granada (Meneses-Falcón, Rúa-Vieites, y García-Vázquez, 2022). En dicha investigación se recogen crónicas y experiencias de las trabajadoras de los proyectos sociales, además de entrevistas y cuestionarios a las usuarias de los proyectos.

De todo el material que se recaba durante esta investigación realizada durante 2020 y 2021, recojo para esta tesis doctoral los aspectos cualitativos relacionados con la salud y bienestar de las entrevistas exclusivamente a las mujeres víctimas de trata con fines de explotación sexual en los proyectos sociales de Oblatas en España. Esta información está publicada en el artículo 3 de la tesis por compendio. De esta forma, se incorpora el objetivo relacionado con estudiar el impacto de la llegada del COVID-19 en la vida de las víctimas en el territorio español.

En la segunda parte de la tesis, durante finales de 2021, realicé una estancia de investigación en Bélgica para entender el impacto de la pandemia en otras víctimas de otros países de la Unión Europea. En Bélgica, la escasez de investigación en trata ha sido reportada con anterioridad a la crisis provocada por el coronavirus (Raets y Janssens, 2021). El profesor Jelle Janssens me acogió para realizar una pequeña investigación cualitativa sobre el impacto de la pandemia en las víctimas de trata en el territorio belga. Durante esta estancia entrevisté a profesionales y a hombres víctimas de trata con fines de explotación laboral (principalmente), intentando así reflejar la realidad de otro país europeo, otro colectivo de víctimas y otra finalidad de trata.

[1] Durante este tiempo también profundicé en la metodología de investigación cuantitativa gracias al *Curso de Posgrado de Formación de Especialistas en Investigación Social Aplicada y Análisis de Datos* ofrecido por el Centro de Investigaciones Sociológicas, lo que facilitó la publicación de algunas investigaciones cuantitativas (Anexo 1) que no forman parte del compendio de esta tesis por la temática investigada.

Tras los aprendizajes relacionados con la primera estancia, realizo una segunda estancia a finales de 2022 en Reino Unido para proseguir con la investigación comparativa sobre el impacto de la pandemia en las víctimas de trata. Sin embargo, la profesora Ella Cockbain, experta en materia y tutora de la estancia, tenía información preocupante relacionada con la poca literatura y los riesgos en el desplazamiento de personas desde Ucrania a Reino Unido por la invasión rusa de 2022 (Cockbain y Sidebottom, 2022). Por ello, durante la estancia se exploran los riesgos de trata y explotación con finalidad sexual y laboral en Reino Unido de las personas desplazadas desde Ucrania. Por motivos relacionados con la temática y con los tiempos de publicación, los resultados de dicho trabajo de campo no serán incluidos como parte de la tesis.

Por último, la intención de la tesis doctoral fue desde un principio tener la mención internacional, que pasa por hacer la estancia de investigación extranjera, obtener los informes de las revisoras externas, publicar en otros idiomas y defender la tesis con miembros del tribunal de otros países. La intención de cumplir con la mención internacional se debe a diversas razones. La primera, la trata de seres humanos es un crimen que supera los límites nacionales, por lo que la cooperación y estudio de diferentes países puede ofrecer explicaciones más acertadas a la realidad. La segunda, la importancia de publicar los hallazgos de la investigación en inglés, el idioma generalizado de la ciencia, a la vez que ofrecer resultados en castellano para posibles profesionales hispanohablantes. Por último, la necesidad de ser evaluada por dos revisoras externas expertas en el tema ha mejorado la calidad de la tesis doctoral.

1.2 Antecedentes

La categoría de trata tiene una historia extensa que, aunque no es objeto de estudio de esta tesis, merece una breve mención. La trayectoria histórica de la trata se remonta a la esclavitud, que implica la "posesión legal" de otras personas para utilizarlas en actividades como las guerras, el trabajo doméstico, la construcción, la minería y la agricultura, entre otras. Una de las claves durante la historia para el mantenimiento de la esclavitud fueron los motivos económicos, es decir, que hubiera una ganancia económica de la explotación de las personas (Bales, 2000). De esta forma, la esclavitud se remonta a la Edad Antigua, y está muy presente en civilizaciones como Egipto, Roma o Grecia, entre otras, donde tenían sistemas de esclavitud y leyes para regularla (Welton, 2008). Por supuesto, en cada zona del mundo ha habido diferencias temporales y diversas formas de esclavitud.

Durante la época feudal, la población de Europa estaba constituida por hombres libres, siervos y esclavos, y durante el Renacimiento se dio una disminución de la esclavitud en el continente europeo (Welton, 2008). Los motivos de ello volvieron a ser económicos, ya que la esclavitud se volvió menos práctica y rentable: la manutención de los esclavos era cara y la creciente población aumentó la disponibilidad de mano de obra barata. Otros autores consideran que no se sabe exactamente cuáles fueron los factores que produjeron la reducción de la esclavitud, entre ellos el gobierno central y el aumento del feudalismo (Phillips, 2010), pues la esclavitud ha ido evolucionando y adaptándose a los cambios sociales (Bales, 2000).

Durante la época colonial, siglo XVI - XIX, la trata de esclavos se convirtió en una realidad extendida por los imperios colonizadores (Rediker, 2021). Esta práctica involucró la captura de esclavos originarios del continente africano, quienes fueron transportados a través del Atlántico y vendidos como propiedad en las colonias americanas y el Caribe. En aquella época ya se utilizaban ciertos métodos de captación, de control y existían malas condiciones de vida tanto durante el traslado como durante la explotación en el país de destino (*ibidem*). Por su parte, la categorización de "raza" fue utilizada para crear ideologías destinadas a justificar las actitudes desiguales y el trato diferenciado entre los conquistados y esclavizados por parte de los europeos durante el siglo XIX (Kottak, 2011).

De esta forma, la historia de la esclavitud también ha tenido etapas. Poco a poco se ha tomado conciencia de la importancia de la libertad del sujeto, reflejándose tanto en los tratados legales como en la cultura y las percepciones sociales a nivel internacional en contra de las situaciones de esclavitud o captura (Welton, 2008). Durante los siglos XVIII y XIX aumentó el número de países que condenaban la esclavitud, y durante el siglo XX se promulgaron las primeras prohibiciones legales a nivel internacional (ibídem). Entre ellas destacan: la Convención sobre la Esclavitud de la Sociedad de Naciones en 1926 (y asumida después por la ONU), el Convenio para la Represión de la Trata de Personas y de la Explotación de la Prostitución Ajena de la ONU de 1949, y la Convención suplementaria sobre la abolición de la esclavitud, la trata de esclavos y las instituciones y prácticas análogas a la esclavitud en 1956.

Finalmente, en la década de los noventa del siglo XX, esta preocupación adquirió una mayor relevancia a nivel internacional, dando lugar a la legislación actual y ampliamente consensuada sobre la trata (DoCarmo, 2020) que supone el Protocolo de las Naciones

Unidas para Prevenir, Reprimir y Sancionar la Trata de Personas, Especialmente Mujeres y Niños (2000) -conocido como Protocolo de Palermo. A pesar de la estrecha relación entre esclavitud y trata, la trata no sólo engloba a la esclavitud (la finalidad de la trata), sino el proceso por el cual se consigue explotar a una persona.

A pesar de la prohibición de la esclavitud por la mayoría de los países en el mundo, ésta sigue existiendo en algunos lugares como Sudán o Mauritania (Bales, 2000) y en algunos sectores como la industria de ladrillo, la minería, la industria textil, la prostitución, la de joyas, el servicio doméstico, la limpieza y el carbón. Una vez resumidos los antecedentes, se procederá a explicar el marco legal y el marco teórico de la trata.

1.3 Marco legal actual

Fueron numerosos los debates y controversias durante la elaboración del Protocolo de Palermo, siendo uno de los temas cruciales el consentimiento de las víctimas y la relación entre la trata y la prostitución (Doezema, 2005). Diversos grupos de presión feministas se enfrentaron entre sí durante la aprobación de dicho Protocolo. Por un lado, estaban aquellas que consideraban la prostitución una forma de violación de los derechos humanos de las mujeres, mientras que otras la reconocían como un trabajo (*ibídem*).

Actualmente, y desde hace unas décadas, la trata de seres humanos se entiende como un crimen contra lesa humanidad, una violación de los derechos humanos y un proceso que culmina en la explotación de una persona. El Protocolo de Palermo (2000) define la trata como "el reclutamiento, transporte, traslado, acogida o recepción de personas, bajo amenaza o por el uso de la fuerza u otra forma de coerción, secuestro, fraude, engaño, abuso de poder o una posición de vulnerabilidad, o recibir pago o beneficios para conseguir que una persona tenga bajo su control a otra persona, para el propósito de explotación".

Por tanto, requiere de tres elementos: una acción, un medio y una finalidad concreta (Tabla 1). Este Protocolo ha sido ampliamente ratificado por multitud de Estados a nivel mundial, siendo el instrumento de referencia para la lucha contra la trata. El Protocolo de Palermo reconoce unos estándares básicos en las regulaciones y unos ejes de acción. En relación con los ejes, gracias a dicho Protocolo se utiliza un enfoque y paradigma llamado 3P (proteger-perseguir-prevenir). Esta estrategia es comúnmente conocida y ampliamente adoptada por gobiernos y organizaciones para: investigar este grave delito de trata y

penalizar a sus infractores (persecución), abordar las causas subyacentes (prevención), y asistir a las víctimas a nivel social, económico y sanitario (protección).

Tabla 1: Elementos que definen la trata de seres humanos

Requiere una acción:	Captación
	Reclutamiento
	Traslado
	Transporte
	Alojamiento
	Recepción
	Acogida
Con un medio:	Amenaza
	Violencia
	Intimidación
	Engaño
	Compra
	Aprovechamiento de la situación de vulnerabilidad
	Abuso de una situación por superioridad o poder
Para una finalidad:	La explotación sexual
	La explotación laboral
	Los matrimonios forzados
	La mendicidad forzosa
	La extracción de órganos
	La explotación para actividades delictivas

A pesar del marco común que representa, la definición de trata del Protocolo de Palermo y su implementación en la práctica pueden acarrear ciertas problemáticas relacionadas con la ambigüedad e imprecisión de sus términos. Algunos de los mencionados son: la falta de definición del concepto de "vulnerabilidad", de "consentimiento", de "coerción", de la explotación sexual o el trabajo forzado, cuya implementación dependen de cada Estado (Perez Solla, 2009; UNODC, 2013).

Por su parte, el Consejo de Europa aprobó el Convenio sobre la lucha contra la trata de seres humanos en Varsovia el 16 de mayo de 2005, también llamado "Convenio de Varsovia". Este documento proporciona varias finalidades de explotación, además de puntualizar la magnitud de la trata en mujeres y niñas, y establecer medidas de apoyo a las necesidades específicas de género. Uno de los pilares más llamativos de este documento es el énfasis por la protección de las víctimas y la creación del Grupo de Expertos en la lucha contra la trata de seres humanos (GRETA), que recopila y analiza

datos sobre este crimen. Además, el Tribunal Europeo de Derechos Humanos ha sentado jurisprudencia mediante varios casos de trata a nivel internacional.

Por su parte, en el Tratado de Funcionamiento de la Unión Europea (TFUE) de 2010 atribuye (art. 79) a la UE la competencia para prevenir y luchar contra la trata de seres humanos. La regulación en la UE sobre trata se encuentra principalmente en dos directivas. La Directiva 2004/81 CE, del 29 de abril de 2004 del Consejo, que dicta la expedición de permisos de residencia a víctimas de trata de terceros países cuando exista cierta colaboración de la víctima en la persecución de los tratantes. A pesar del intento de armonizar las regulaciones, es cada Estado miembro quien desarrolla estas obligaciones a través de su legislación nacional, siendo diferente en cada uno de los países. La crítica que se hace a dicha Directiva se debe a lo abstracto de su reglamento, pues permite revocar los permisos si se considera que la víctima no coopera o se pone en contacto con los tratantes.

Por su parte, la Directiva 2011/36/UE, del 5 abril de 2011 del Consejo y del Parlamento Europeo, es un intento de prevenir y luchar contra la trata, además de proteger a las víctimas. Se pretende tanto una armonización de las regulaciones de los Estados Miembros como una definición de términos como el de vulnerabilidad "situación en que una persona no tiene otra alternativa real o aceptable excepto someterse al abuso" (art. 2.2). Además, se propone trabajar en desincentivar la demanda, informar y concienciar a la población (art. 18) para acabar con este delito. Según esta Directiva, la trata de seres humanos es un delito grave y una violación de los derechos humanos. Se prevén medidas de asistencia y apoyo antes, durante y después del proceso penal (art. 11) y niveles mínimos de asistencia para asegurar la subsistencia de las víctimas. En esta directiva, el Artículo 1 establece la importancia de aplicar la perspectiva de género para mejorar la prevención y la protección de las víctimas.

Aunque la legislación europea presenta similitudes, existen diferencias nacionales entre los Estados Miembros. Como característica común, tanto Bélgica como España cumplen plenamente con los estándares mínimos establecidos por la Ley de Protección a las Víctimas de Trata de Personas y Violencia de 2000 (Trafficking in Persons Report, 2022). Sin embargo, ambos países tienen una regulación nacional particular, que explicaremos a continuación.

1.3.1 El caso de España

En España, el art. 177 bis del Código Penal, tipificó este delito a nivel nacional en el 2010 y amplió las modalidades de trata a partir del 2015, sentando un gran antecedente. Consiguió también favorecer la modificación de la Ley de Extranjería para trasponer la Directiva europea. Además de tener menciones en el Código Penal, se ha utilizado la Ley de Extranjería en muchos casos para dar protección y residencia a las víctimas, no sólo de terceros países, sino también de Estados Miembros de la Unión Europea (destacando países del este). Sin embargo, el fenómeno de la trata es relativamente nuevo en España ya que, aunque el Protocolo de Palermo se fundó en el año 2000, España se incorpora a las medidas años más tarde con la incorporación del artículo 177 bis del Código Penal en el 2010. Esto ha supuesto un retraso importante sobre todo en la investigación social, en la formación de profesionales y en la intervención sociosanitaria. Por todo ello, este trabajo tiene como objetivo continuar con la investigación de la trata de seres humanos en España.

De acuerdo con las evaluaciones y recomendaciones internacionales (Trafficking in Persons Report, 2022)[2], España ha aumentado los procesamientos y condenas en comparación con el año anterior, se adoptaron dos planes de acción nacional contra la trata, se incrementó la financiación y los servicios para la asistencia a las víctimas en comparación con el año anterior. Sin embargo, hubo una disminución en las investigaciones y una menor identificación de víctimas por segundo año consecutivo, especialmente entre solicitantes de asilo y migrantes indocumentados.

Por su parte, GRETA (2023) ha solicitado a las autoridades españolas que aseguren el acceso efectivo a la compensación económica para las víctimas de trata (tanto por parte de los perpetradores como por el Estado). Esta compensación es fundamental para reparar parte del daño y para que las víctimas puedan iniciar su recuperación e integración. Según este informe, España es un país de destino y tránsito para las víctimas de trata. Por último, el informe de GRETA (2018) enfatiza la importancia de identificar y proteger a las víctimas de trata entre los solicitantes de asilo y los migrantes irregulares.

[2] Las estimaciones y evaluaciones sobre la lucha contra trata deben ser utilizar y analizadas con precaución, al tener con diseño único que evalúa a países muy diferentes, por lo que no siempre se presta la atención suficiente a los contextos y particularidades locales (Salazar Parreñas, 2006).

Los tres últimos informes de GRETA (2013, 2018 y 2023) han hecho hincapié en que el gobierno de España intensifique las investigaciones activas sobre la trata de seres humanos con fines de explotación laboral, garantizar que las inspecciones laborales dispongan de suficientes recursos para llevar a cabo sus labores, especialmente abordando los riesgos de trata en el sector agrícola y el doméstico. En esta línea, anteriores publicaciones identifican cuatro carencias en este tipo de finalidad que están relacionadas con la detección, identificación formal, intervención y reparación (Villacampa, 2022). En este sentido, GRETA (2018) destaca que las cifras actuales no reflejan la verdadera dimensión de la trata de seres humanos en España, y es probable que la explotación laboral esté infra reportada.

En España, según los datos oficiales del Centro de Inteligencia contra el Terrorismo y el Crimen Organizado, entre 2020 y 2021 se han identificado formalmente 458 casos de víctimas de trata (296 con fines de explotación sexual, 150 con fines de explotación laboral, 7 para criminalidad forzada y 5 matrimonios forzosos). Principalmente se ha identificado a mujeres víctimas de trata con fines de explotación sexual, con nacionalidades predominantes como la rumana, colombianas y venezolana (UNODC, 2023). Este número corresponde a la identificación formal por parte de las Fuerzas y Cuerpos de Seguridad del Estado. Si miramos los datos de la Fiscalía General del Estado, durante el año 2020 se han incoado un total de 120 diligencias de seguimiento del delito de Trata de Seres Humanos. Con relación al papel de las entidades del tercer sector, la provisión de apoyo a las víctimas de trata es brindada por una cuarentena de ONGs en los diferentes territorios y con diferentes intervenciones (Ministerio de Igualdad, 2022), que no está completamente estructurado y coordinado a nivel nacional.

Previo a este estudio, se han documentado casos de violación de los derechos laborales y el incumplimiento de las condiciones mínimas de trabajo decente en España (García Sedano, 2018). Asimismo, investigaciones anteriores han señalado algunas de las causas y problemáticas relacionadas con la falta de identificación de víctimas de trata con fines de explotación laboral en España (GRETA, 2023; Meneses Falcón, 2019a), que incluyen la atención prioritaria dada a la trata sexual, las dificultades para distinguirla de la explotación laboral o los abusos, y la escasez de organizaciones especializadas en este ámbito. El hecho de que se reivindique una mayor importancia a la trata con fines de explotación laboral no pretende eximir de responsabilidades respecto a la trata con otras finalidades de explotación.

1.3.2 El caso de Bélgica

En Bélgica, en 2005 se adopta una ley para reforzar la lucha contra la trata (European Comission) que, de acuerdo con las directivas europeas, establece la distinción entre la trata y el tráfico de personas, define los delitos en el Código Penal y las formas de trata indicadas en el Protocolo de Palermo (artículo 433). En 2013 se aprueba el Real Decreto en relación con el reconocimiento de los centros especializados en la asistencia a víctimas de trata, ciertos agravantes de trata, y la autorización para iniciar acciones legales. En 2016 se adoptó una versión revisada de la circular que define los procedimientos para la identificación, remisión y asistencia de posibles víctimas de trata y las condiciones que deben cumplirse para obtener el estatus de víctima.

De acuerdo con las evaluaciones internacionales (Trafficking in Persons Report, 2022), Bélgica ha conseguido un aumento de las investigaciones, más del doble de procesamientos y la implementación de un plan de acción nacional. Sin embargo, se señaló que los tribunales suspendieron parcial o totalmente la mayoría de las sentencias de los condenados, además de imponer a las víctimas condiciones como la participación en un caso penal para acceder a servicios.

Según el último informe de GRETA (2022b), también ha solicitado a las autoridades belgas el acceso efectivo a la compensación para las víctimas de trata, como en el caso español. Además, GRETA insta a asignar recursos humanos y económicos suficientes a la policía contra la trata y a los inspectores laborales para que puedan desempeñar su papel de manera proactiva. Según este informe, Bélgica no solo es un país de destino para las víctimas de trata, sino también un país de origen y tránsito.

Según los últimos datos oficiales de la Policía Judicial Federal en Bélgica, se abrieron 301 expedientes de investigación por trata de seres humanos entre 2020 y 2021 (231 para la explotación sexual y 105 para la explotación laboral). La provisión de apoyo a las víctimas es brindada por tres ONG especializadas, Pag-Asa en Bruselas, Payoke en Amberes y Sürya en Lieja, supervisadas por Myria (2023). Es un sistema estructurado a nivel nacional, con estas 3 entidades especializadas en atención a víctimas de trata, con funcionamientos similares y con pautas claras.

Previo a este estudio, se ha documentado que, a pesar de que Bélgica ha sido pionera en la lucha contra la trata, aún existe un conocimiento limitado sobre la realidad de este delito en el país (Raets y Janssens, 2021). En términos generales, la mayoría de las

víctimas de trata entre 2017 y 2020 eran hombres para la finalidad de explotación laboral (GRETA, 2022b). Si nos fijamos en los últimos datos, las víctimas de trata identificadas en Bélgica suelen ser mujeres y hombres sometidos a trata laboral y sexual, con frecuencia de nacionalidad nigeriana, marroquí o brasileña (UNODC, 2023).

1.4 Marco teórico

Todo lo que se expone en la introducción requeriría de un mayor detalle, pero dado que esta tesis está estructurada en forma de compendio de artículos, solo se han presentado los debates fundamentales de manera general, sin profundizar en ellos. Si bien se reconoce la necesidad de un análisis más exhaustivo de sus causas estructurales (apartado 1.4.1), la perspectiva de género (apartado 1.4.2) o los debates sobre la trata (apartado 1.4.3), hemos dado mayor importancia al enfoque sobre el impacto en la salud de las víctimas de trata porque era nuestra meta principal (a partir del apartado 1.4.4).

1.4.1 Causas estructurales de la trata

Existe un consenso en la comprensión de que los mecanismos subyacentes a la trata de seres humanos involucran una combinación de factores de atracción en los países de destino, como las promesas de empleo, la demanda del mercado laboral, el sistema económico global, y las redes de trata, así como factores de repulsión en los países de origen, entre ellos la pobreza, la violencia, los conflictos, la discriminación y los desastres naturales (Bales, 2007).

La trata de seres humanos está estrechamente unida a la movilidad humana, con el uso de la lucha contra la trata como pretexto para controlar los flujos migratorios (Anderson y Andrijasevic, 2008; Anderson, 2013; Connell Davidson, 2006), las políticas anti-migratorias y la explotación laboral de personas migrantes (Brennan, 2014), los vínculos entre el negocio del control migratorio y otras actividades ilegales, como la venta de armas y la trata (Akkerman, 2016). Unido a ello, se ha observado que la falta de vías legales para la migración y las políticas de externalización de Europa con algunos países africanos puede dar lugar a violaciones de derechos humanos y fomentar el negocio ilícito de estas redes (Ferré Trad, 2021). Esta falta de alternativas seguras puede empujar a las personas a recurrir a redes de tráfico ilegal de migrantes, elegir rutas más mortíferas o peligrosas, contraer mayores deudas para llegar a su destino o terminar en situaciones de explotación y de trata (O'Connell Davidson, 2013). Esto se une a la dificultad para distinguir en algunas ocasiones el fenómeno de la trata con el fenómeno del tráfico,

especialmente en lo que se refiere a la deuda y la vulnerabilidad de ambos (O'Connell Davidson, 2013).

A pesar de las similitudes y a veces la incapacidad de distinguir ambas situaciones, la trata de seres humanos o "*Human Trafficking*" y el tráfico de personas "*Smuggling*" son fenómenos diferentes (O'Connell Davidson, 2013; UNODC, 2009). Primeramente, mientras que en la trata el consentimiento está en debate, en el tráfico las personas han consentido ser trasladadas para entrar de forma ilegal en un territorio. Segundo, la trata acaba con la explotación de las personas en el lugar de destino, mientras que el tráfico acaba cuando la persona llega a su destino y ha pagado. Tercero, el traslado en situaciones de tráfico es siempre trasnacional, mientras que en la trata no conlleva necesariamente el cruce de una frontera.

Por otro lado, la trata de seres humanos es un fenómeno relacionado los conflictos armados y catástrofes medioambientales que generan movimientos de personas. Esta inseguridad y pérdida de hábitat a nivel mundial ha sido reportada por autores como Sassen (2017). Los conflictos y desplazamientos forzados son factores que pueden generar circunstancias favorables para abusos y situaciones de trata, ya sea en áreas de conflicto o en contextos de desplazamiento (GRETA, 2022a; Kidd, 2020; UNODC, 2018a). Sin embargo, existen diferencias notables a la hora de responder a ciertas nacionalidades de personas desplazadas que buscan seguridad en Europa, como ha sido el caso de la guerra de Ucrania (Reilly y Flynn, 2022; Cockbain y Sidebottom, 2022), lo que acarrea debates sobre la justicia o neutralidad de las legislaciones migratorias.

La trata de seres humanos está también intrínsecamente relacionada con el ámbito laboral y las situaciones de explotación. De esta forma, la conexión entre ambos fenómenos a menudo difiere sutilmente, formando lo que se ha denominado un "continuum de explotación" (Thieman, 2016; Skrivankova, 2010). A nivel macrosocial sabemos que la búsqueda de mano de obra barata y la maximización de los beneficios a menudo conducen a la precariedad laboral, donde algunas personas se ven obligadas a aceptar condiciones laborales inhumanas, bajos salarios, falta de protección social y condiciones propicias para la trata de seres humanos. Unido a ello, la escasa regulación en ciertos sectores económicos, como la recogida de fruta, el sector hostelero, la construcción o el empleo del hogar, aumenta el riesgo de explotación y de trata (Rodríguez Montañés, 2014). De la misma forma, anteriores investigaciones indicaron que la trata de seres humanos no

suele darse tanto mediante secuestro de personas, sino mediante falsas promesas de trabajo (Rodríguez Montañés, 2014) y no se restringe únicamente al ámbito del empleo informal, sino que puede manifestarse en el ámbito del empleo formal o regulado (Cockbain, Bowers y Hutt, 2022). Por su parte, la globalización permite que las grandes empresas sean capaces de minimizar sus costes y maximizar beneficios a base de contratar mano de obra en condiciones de esclavitud en los países con regulaciones laborales más laxas (Bales, 2000). Lamentablemente, la trata de seres humanos existe y persiste debido a individuos, empresas o redes criminales que quieren obtener beneficios económicos a expensas de la explotación de personas y de la flagrante violación de los derechos humanos. La trata se basa en extraer valor de "seres humanos desechables", convirtiéndolos en mercancía para la venta y desvinculándolos de la humanidad, como ocurre en la trata con fines de extracción de órganos (Yousaf y Purkayastha, 2015). Por esta y otras razones, algunos autores han subrayado la importancia de un enfoque contra la trata basado también en el trabajo y no sólo en el enfoque de los derechos humanos (Shamir, 2012).

1.4.2 Perspectiva de género[3]

La trata de seres humanos es un fenómeno muy complejo que está intrínsecamente relacionado con las desigualdades entre hombres y mujeres y, por tanto, requiere aplicar una perspectiva de género para combatirla (Carmona Cuenca, 2019). La perspectiva de género se plantea en diferentes niveles y dimensiones, como son la legal, jurídica, sanitaria, social y económica, entre otras. El primer documento que recoge las especificidades de género en la prevención y protección contra la trata es el Convenio de Varsovia. Aunque no se habla directamente sobre "perspectiva de género" sí se incorporan ciertos aspectos que pueden analizarse desde dicha perspectiva. Por su parte, en la Directiva 2011/36/UE si se hace referencia explícita a la importancia de aplicar la perspectiva de género. Unido a los anteriores, la Comisión Europea (Walby et al. 2016) ha presentado un informe con los objetivos para abordar la relación entre género y vulnerabilidad o reclutamiento, perfiles en función del género de actores involucrados en

[3] A pesar de la importancia en las categorías que utilizamos para hablar sobre la realidad social, no se ha profundizado en el debate de los conceptos de sexo-género. Se ha unificado y simplificado todo bajo el concepto y categoría de análisis "género", siguiendo una visión clásica de las ciencias sociales para referirnos a las construcciones sociales y culturales asociadas a los géneros (Ortíz Gómez, 1999), que pueden o no coincidir con el sexo entendido como las características biológicas o anatómicas. Sin embargo, sabemos que estas definiciones y términos actualmente están en disputa, y el concepto de sexo también supone una construcción (Butler, 2006; Puleo, 2000).

la trata, además de una revisión de las respuestas políticas y legales desde la perspectiva de género.

Diversos factores subyacentes enlazan la trata con esta perspectiva. Primeramente, el hecho de que aproximadamente el 60% de las víctimas sean mujeres y niñas, siendo éstas el 91% en el caso de hablar sólo de la trata con fines de explotación sexual (UNODC, 2023). Factores como la feminización de la pobreza, las desigualdades económicas de género, la expansión de redes delictivas que explotan a mujeres para satisfacer la demanda sexual -principalmente masculina- contribuyen a este problema (Sassen, 2003). Por su parte, Bernstein (2012) argumenta que en lugar de abordar la trata de mujeres como una cuestión de justicia de género en el contexto neoliberal, muchas veces se convierte en una cuestión de seguridad nacional, lucha contra el terrorismo y el control de fronteras, lo que resulta en la criminalización de las personas que se ocupan en contextos de prostitución. Unido a ello, las mujeres desarrollan estrategias de supervivencia para ellas y para sus familias -como son las migraciones internacionales y la inserción en la economía informal- que les permiten enviar remesas de dinero y superar las restricciones migratorias o laborales de los países de destino (Rodríguez y Lahbabi, 2002; Oso, 2010; Sassen, 2003).

En última instancia, la trata se reconoce como una forma de violencia de género en varios tratados internacionales, entre ellos la Declaración sobre la eliminación de la violencia contra la mujer de la Asamblea General de Naciones Unidas (1993) y la Plataforma de Acción de Beijing (1995). De esta forma, las diversas manifestaciones de la violencia de género, como la violencia doméstica, sexual y la mutilación genital, así como las menores oportunidades de empleo, educación y acceso a derechos legales y políticos, contribuyen a la vulnerabilidad de las mujeres ante la trata (UNODC, 2008).

A pesar del consenso a la hora de entender las desigualdades de género evidentes en la prostitución y la trata con fines de explotación sexual, con las mujeres predominantemente en el rol de prostitución y los hombres como clientes, las causas subyacentes varían según la posición feminista (Kempadoo, Sanghera y Pattanaik, 2016). Tanto es así, que el debate a menudo se denomina "guerras del sexo" (Gimeno, 2012). En varios países occidentales, el debate sobre la prostitución y la trata de seres humanos con fines de explotación sexual es complejo y polarizado, donde el consentimiento de la prostitución está en el centro del debate (Doezema, 2005). En términos muy generales y resumidos, ya que no es tarea de esta tesis debatir sobre la prostitución, se considera

importante mencionar las relaciones entre prostitución y trata con fines de explotación sexual. Por un lado, la postura neo-abolicionista, siguiendo el modelo Sueco implementado en 1999, aboga por penalizar a los clientes de prostitución para desincentivar la demanda, para luchar contra la desigualdad de género, y para luchar contra la trata o explotación. Desde esta postura no se reconoce el consentimiento sexual de las mujeres en dichas relaciones económicas, sino que son consideradas víctimas de diferentes situaciones y desigualdades que limitan su libertad de elección (Bindel, 2017; Farley, 2006). Por su parte, la postura regulacionista, enfatiza en la idea de proteger a las mujeres que se dedican a esta ocupación como una estrategia más de supervivencia. En esta postura se reconoce el consentimiento sexual y la autonomía de las mujeres en dichas relaciones económicas, y se diferencian las situaciones de trata, explotación y prostitución (Agustín, 2005; Weitzer, 2006).

En conclusión, la diversidad de opiniones y posturas dentro del movimiento feminista queda especialmente reflejado en el debate sobre la prostitución y sus relaciones con la trata para la finalidad de explotación sexual. Estos debates nos ayudan a entender la complejidad actual en el fenómeno de la trata.

1.4.3 Las cifras y debates sobre la trata

Como es ampliamente conocido, obtener datos precisos sobre la trata es extremadamente difícil por muchas razones. Primero, estos desafíos incluyen la naturaleza oculta del fenómeno, la desconfianza de las víctimas hacia la policía, la falta de equipos psicosociales especializados para identificarlas formalmente y el hecho de que muchas víctimas no se reconocen como tal (Farrell y Vries, 2020; Meneses Falcón, 2019a; Villacampa, Gómez, y Torres, 2023).

Segundo, la difusión de imágenes estereotipadas y simplificadas de qué es una víctima de trata puede afectar negativamente a la identificación de otras víctimas que no cumplieran con dicha imagen (Saiz-Echezarreta, Alvarado, y Gómez-Lorenzini, 2018; Wilson y O'Brien, 2016). Las campañas contra la trata han sido criticadas por ser paternalistas, etnocéntricas, con soluciones basadas en estereotipos occidentales (Kempadoo, 2004 y 2015). Además, los relatos mitificados sobre las víctimas de trata han sido denunciados por ser racistas, representando las perspectivas de héroes-rescatadores del Norte Global y silenciando o seleccionando un tipo muy particular de testimonios de supervivientes (Brennan, 2014). Dichas campañas han producido respuestas ineficaces y han perpetuado relaciones desiguales de poder entre los países occidentales y los países de origen de las

víctimas. Por ello, Kempadoo sugiere un enfoque distinto, comprometido con la justicia, la descolonización, la redistribución de la riqueza y el respeto hacia las experiencias de los grupos subalternos.

Tercero, la carencia de datos confiables está relacionada con los diferentes intereses de los agentes clave o las partes interesadas. A pesar del consenso en la gravedad y la necesidad de luchar contra la trata de seres humanos, los diversos grupos de presión y organizaciones a menudo tienen diferentes agendas políticas con respecto a ella y la identifican como un problema por diferentes razones (Anderson, 2007). Unido a esto, existen diferencias notables en las cifras sobre trata recogidas por las diferentes organizaciones, dado que cada una aplica metodologías y persigue objetivos distintos (Gao, 2006). En este sentido, Laura Agustín (2008) critica la industria del rescate y las organizaciones o actores que sobreponen sus intereses y sus agendas a las propias necesidades de las víctimas de trata.

Cuarto, la trata de seres humanos es un campo politizado y sensacionalista que ha visto en los últimos años una sobreestimación en el número de víctimas de trata que realmente existen, con la difusión de datos incorrectos y de base empírica (Cockbain y Sidebottom, 2022; Feingold, 2011; Meneses-Falcón y Urío, 2021; Steinfatt, 2011; Weitzer, 2014). En la literatura se ha señalado cómo se construyen socialmente los datos relacionados con la trata, que influyen en la percepción pública y en las políticas gubernamentales (Feingold, 2011; Weitzer, 2014). Aunque se critique la sobreestimación de la cifra de víctimas, la mera existencia de la trata de seres humanos, independientemente de su alcance, es inaceptable y debe atajarse. Las campañas contra la trata en España han tenido éxito en llamar la atención sobre este problema y en sensibilizar a la población, pero también han sido objeto de controversia centrándose en el enfoque punitivo hacia la trata o equiparando la prostitución y la trata (Saiz-Echezarreta, Alvarado, y Gómez-Lorenzini, 2018). A pesar de las relaciones existentes entre ambos fenómenos, es importante no confundir las situaciones de trata con fines de explotación sexual con las de prostitución (Butcher, 2003; Izcara, 2020). Algunas estimaciones en País Vasco sugieren que en torno al 9% de las personas en contextos de prostitución están en situación de trata (Meneses et al., 2020), en Ámsterdam estiman que en torno al 20% (Dijk, 2015) y en Camboya en torno al 21.5% (Steinfatt, 2011).

Por último, existen diferentes retos a la hora de conocer la profundidad y las cifras de este fenómeno. A nivel internacional, la Organización de Naciones Unidas contra la Droga y

el Delito (UNODC) con sus *Global Report on Trafficking in Persons*, el Departamento de Estado de los Estados Unidos con sus *Trafficking in Persons Report (TIP Report)* o la Comisión Europea con sus *Data collection on trafficking in human beings in the EU* llevan tiempo trabajando en la recopilación de datos y cifras en el ámbito de la trata de seres humanos. A pesar de los esfuerzos por detectar y registrar a las víctimas, la trata es un delito con una alta cifra oculta que no aparecen en las estadísticas sobre las víctimas detectadas (Dijk, 2015; UNODC, 2017 y 2018b)[4]. Además, tras ratificar el Protocolo de Palermo, muchos países aprobaron leyes y políticas contra la trata con un marco notablemente uniforme en todo el mundo. Sin embargo, esta uniformidad, enfoque universal y de única forma para combatir la trata presenta ciertas desventajas (Salazar Parreñas, 2006), como la falta de atención a los contextos y particularidades locales –por ejemplo los TIP Reports de Estados Unidos.

1.4.4 Enfoques de salud

Además, por los impactos que ocasiona en el bienestar de las víctimas, la trata ha sido definida como un problema de salud pública (Zimmerman, Hossain y Watts, 2011). Utilizar el marco de la salud pública en materia de trata tiene ciertas ventajas, como ver la realidad con una perspectiva más amplia y dar importancia a la colaboración interdisciplinar (Reynolds and McKee, 2010). En este contexto de pandemia, y según el Protocolo de Palermo (2000), los Estados serían los responsables de proporcionar asistencia sanitaria a las víctimas de la trata desde un enfoque multidimensional.

Uno de los modelos teóricos que ha influenciado la investigación y la práctica en el campo de la salud es el "Modelo Biopsicosocial" de George Engel (1977). En él se hacía referencia a la importancia de no reducir la salud a lo puramente médico. A pesar de las críticas por ser un modelo vago e inútil (Bolton y Gillett, 2019), lo hemos usado de forma general para entender la salud desde una perspectiva más amplia —la médica y la social. En línea con esta visión, está la definición de la OMS de salud como un estado de completo bienestar físico, mental y material, y la importancia de los determinantes sociales de la salud para garantizar el derecho fundamental el acceso sanitario (OMS, 2008). De hecho, avanzar en la investigación sobre las desigualdades y los determinantes

[4] En este momento el Instituto Universitario de Estudios sobre Migraciones de la Universidad Pontificia de Comillas está llevando a cabo un proyecto de investigación con el objetivo de detectar el número o cifra oculta de víctimas de trata en España mediante la metodología de Multiple Systems Estimation (MSE). Ya con anterioridad se aplicó dicha metodología en la Comunidad de Madrid, donde se indicó que por cada víctima identificada otras tres permanecen ocultas o invisibles para las organizaciones, las autoridades y la sociedad en general (Castaño Reyero et al., 2022; UNODC, 2023).

sociales de la salud es fundamental desarrollar políticas eficaces (Borrell y Malmusi, 2010). De forma más concreta, esta tesis se basa inicialmente en las categorías establecidas por Zimmerman et al (2003), una categorización muy similar a las utilizadas en otras investigaciones sobre la salud integral de las víctimas de trata de seres humanos.

Además de utilizar estos enfoques multidimensionales, la salud de las víctimas de trata se estudiará desde la perspectiva de género. Los estereotipos, roles, posiciones, condiciones adquiridas, comportamientos, actividades y atributos considerados apropiados para hombres y mujeres por cada sociedad pueden dar lugar a desigualdades, las cuales a su vez pueden convertirse en diferencias en la salud y el acceso sanitario (OMS, 2011). Aplicar la perspectiva de género en la salud es importante para mejorar el bienestar de las víctimas y pasa por examinar los datos de la trata desglosándolos por género, no generalizar resultados de muestras exclusivamente de un género a la población general y analizar las desigualdades relacionándolas con las diferencias biológicas, sociales y el acceso a recursos (Gil García y Romo Avilés, 2007). Por ejemplo, esto se puede concretar en detectar la cantidad de estudios sobre salud y de recursos sociosanitarios destinados a hombres víctimas de trata, en comparación con las mujeres.

2. Objetivos y preguntas de investigación

El objetivo de este estudio es describir y analizar la situación de salud y bienestar de las víctimas de trata de seres humanos. A través de una investigación exhaustiva, se busca comprender los problemas físicos, psicológicos, sexuales-reproductivos, y sociales de las víctimas de trata. Mediante la consecución de estos objetivos, se espera contribuir a la lucha contra la trata de seres humanos y al bienestar de las personas que han pasado por estas situaciones. Desde el principio de la tesis se plantearon las preguntas ¿por qué es importante estudiar la salud de las víctimas?, ¿por qué hacerlo desde la perspectiva sociosanitaria? Algunas de las razones son: a) tener criterios diversos a la hora de detectar e identificar a las víctimas; b) asistir de forma efectiva e integral a las víctimas en su recuperación; c) denunciar la situación que sufren y tomar medidas que erradiquen las dificultades u obstáculos en el acceso a derechos.

De forma más concreta, se han recogido varias preguntas de investigación correspondientes a los tres momentos a lo largo de la tesis doctoral. La literatura existente dice que existen pocos estudios sobre trata y la salud (Sweileh, 2018). Por ello, las preguntas de investigación de esta tesis doctoral serían: ¿qué literatura existe sobre el

bienestar de las personas que han sufrido la trata de seres humanos? ¿Qué aspectos siguen siendo necesarios en el estudio de la trata y sus relaciones con la salud? ¿Cuáles son las necesidades específicas de las mujeres y los hombres víctimas?

Durante 2020 las víctimas de trata detectadas e identificadas disminuyeron un 11% en comparación con el año anterior (UNODC, 2023) siendo en gran parte explicado por la crisis producida por el COVID-19, los confinamientos, las restricciones de movimiento y las menores oportunidades para operar por parte de las redes de trata. Con la llegada del COVID-19, la tesis se propone no sólo investigar la salud de las víctimas de trata, sino también investigar el impacto de la pandemia. Esta línea de investigación surge de forma no prevista, pues inicialmente se iba a centrar sólo en el estado de salud de las víctimas. Sin embargo, la información que nos llegaba durante el confinamiento sobre esta población es que tuvieron que seguir trabajando en prostitución, en línea con anteriores publicaciones (Burgos y Del Pino, 2021). Además, varias preocupaciones fueron reportadas a nivel internacional, como los obstáculos en la atención sanitaria a las víctimas de trata, la falta de medios para protegerse contra el COVID-19, las precarias situaciones para superar la enfermedad y la dificultad para acceder a bienes básicos como alimentación adecuada (OSCE, 2020). En el contexto nacional, la mayoría de las víctimas de trata en España han sido mujeres (UNODC, 2023). Por ello, nos preguntábamos entre otras cosas: ¿cuáles son las carencias de salud de las mujeres víctimas de la trata con fines de explotación sexual en España? ¿Cómo ha mermado su salud durante la pandemia del COVID-19?

En Bélgica, la pandemia ha agravado la situación y ha generado mayores dificultades en la identificación de las víctimas (Myria, 2020). Según los datos oficiales, en este país se identifican más casos de víctimas hombres y de trata laboral (UNODC, 2023) que en España. De esta forma la estancia de investigación pudo incluir una pequeña muestra con fines de explotación laboral, con otro perfil de víctimas que correspondió fundamentalmente a hombres. Por eso, las preguntas de investigación fueron: ¿cuáles son las preocupaciones relacionadas con el bienestar en las víctimas de trata laboral en Bélgica durante la pandemia? ¿Qué particularidades existen en las víctimas de trata hombres en Bélgica?

Por tanto, el objetivo general persigue analizar la situación de salud biopsicosocial de las víctimas de la trata de seres humanos. Además, se quiere integrar el impacto de la

pandemia en las víctimas, para entender cuáles han sido las situaciones y experiencias vividas por estos colectivos en España y Bélgica. A nivel específico, los objetivos de esta investigación doctoral son:

1. Revisar qué se sabe sobre salud en las mujeres y hombres víctimas de trata de seres humanos en todas sus finalidades.
2. Entender las carencias en la salud que han tenido las mujeres víctimas de trata con fines de explotación sexual en España durante la pandemia.
3. Analizar cuáles eran las carencias en el bienestar de las víctimas de trata con fines de explotación laboral (la mayoría hombres) en Bélgica durante la pandemia.

El objetivo 1 ha sido realizado mediante dos revisiones de la literatura correspondientes a un capítulo de libro en castellano y un artículo indexado en inglés. El objetivo 2 ha sido recogido en la tercera publicación, correspondiente a un artículo científico ya publicado que estudia el impacto de la pandemia en la salud en las mujeres víctimas de trata con fines de explotación sexual en España. El objetivo 3 ha sido recogido en la cuarta publicación, correspondiente a un artículo pendiente de publicación que habla sobre las grandes preocupaciones que experimentaron en Bélgica las víctimas de trata con fines de explotación laboral -la mayoría hombres.

Además, esta tesis busca integrar la Agenda 2030 de las Naciones Unidas y sus Objetivos de Desarrollo Sostenible (ODS), con el propósito de evaluar el posible impacto social de esta investigación y promover la transparencia en relación con las poblaciones de destino. En general, la lucha contra la trata está recogida en varios ODS, como el 5.2 relacionado con la violencia contra las mujeres, el 8.7 relacionado con el trabajo decente y el 16.2 relacionado con la reducción del maltrato, el acceso a la justicia y a instituciones sólidas. Además, por la temática de esta tesis la información que se proporciona pretende contribuir al ODS 3 “salud y bienestar”.

3. Metodología

3.1 Revisión de la literatura

Durante la primera parte de la tesis se realizó una revisión para poder conocer qué literatura científica había hasta el momento sobre el impacto en la salud de la trata de seres humanos. De esta forma se identificaron los aspectos menos investigados y la importancia de llenar esos campos del conocimiento. Toda esta investigación culminó en dos publicaciones. Dadas las implicaciones en la salud, las diferencias entre hombres y mujeres, y la relevancia de que estos indicadores llegaran a la máxima población posible, vimos importante hacer dos revisiones: una en castellano y otra en inglés.

Para las revisiones de la literatura, especialmente para la segunda, se revisó la bibliografía específica sobre revisiones de la literatura como metodología de investigación (Grant y Booth, 2009; Snyder, 2019). Siguiendo con los criterios de Grant y Booth (2009) la primera publicación en castellano consiste en una revisión de la literatura sobre los materiales publicados anterior a la pandemia, e incluye algunos hallazgos de investigación, una búsqueda no exhaustiva, y una revisión que no incluye la evaluación de calidad de cada artículo incorporado.

Esta publicación derivó en un segundo artículo como revisión en inglés, mejorada gracias al *peer review* que incorporaba las diferencias del impacto en la salud de hombres y mujeres. Según la clasificación de Grant y Booth (2009), esta segunda publicación busca evaluar y sintetizar de manera más exhaustiva la evidencia ya publicada, donde la evaluación de calidad -de forma cualitativa- de los artículos revisados puede determinar la inclusión de estos en el resultado final. De esta forma, se ha pretendido mostrar lo que se conoce del tema salud en las víctimas de trata, hacer recomendaciones para la práctica sociosanitaria y apuntar los aspectos todavía sin investigar. Esta segunda revisión estuvo inspirada en los criterios de PRISMA para revisiones sistemáticas (Page et al., 2021).

A pesar de las contribuciones de esta revisión de la literatura en materia de bienestar de las víctimas de trata, es necesario apuntar ciertas limitaciones relacionadas con la falta de inclusión de todas las fuentes de datos disponibles, otros idiomas a parte del inglés o castellano, y estimaciones numéricas para medir la calidad de los artículos incorporados (Page et al. 2021).

3.2 Entrevistas en España

En relación a la situación sociosanitaria en la que se enmarca esta tesis, a comienzos de 2020 un virus desconocido hasta entonces (el SARS-CoV-2) se propagó rápidamente por numerosos países alrededor del mundo. En enero la Organización Mundial de la Salud (OMS) emitió la declaración de emergencia global. A finales de marzo de 2020, los países con más casos confirmados reportados según la OMS fueron Estados Unidos (140.640), Italia (101.739) y España (85.195). Durante este mes, el número de infecciones en España aumentó de forma exponencial, lo que llevó a las instituciones gubernamentales a imponer órdenes de confinamiento en el hogar y a cerrar todos los servicios considerados "no esenciales" durante más de dos meses.

A finales de 2020 se colabora con los proyectos sociales de las Hermanas Oblatas y las trabajadoras de la Fundación Serrá-Schönthal, que acompañan a mujeres víctimas de trata y en situaciones de prostitución. Como se ha mencionado anteriormente, se realizan crónicas de investigación con las trabajadoras de la Fundación para entender los contextos de prostitución y de trata. Esta información ha sido muy importante como paso previo para entender el contexto pandémico y diseñar el cuestionario de investigación con las mujeres víctimas. Como la información de las trabajadoras era relativo a ambos fenómenos (prostitución y trata) y como se intentaba reflejar las experiencias de las mujeres víctimas en primera persona, la información directa de las trabajadoras ha sido incorporada como “otras contribuciones de la doctoranda”.

Por tanto, de todas las entrevistas realizadas, se seleccionaron solamente las de víctimas de trata para ser analizadas como parte de esta investigación doctoral. Se realizan 19 entrevistas en profundidad aplicando un guión de entrevista semiabierta a víctimas de trata en España. Además de las entrevistas, en algunos casos se han hecho llamadas posteriores a la entrevista para recoger más de información sobre aspectos sanitarios o para completar la historia de las mujeres. Esta segunda recogida de información se llevó a cabo de forma telefónica con las profesionales de la ONG que realizaron la entrevista con las víctimas.

La entrevista abierta fue la técnica de investigación elegida por ser dinámica, flexible y poco intrusiva, poniendo el protagonismo en la persona entrevistada y su bienestar. Gracias al análisis de las entrevistas reflejamos las experiencias y carencias de las víctimas durante la pandemia. Entrevistar a víctimas de trata es un proceso delicado que

deber tener en cuenta ciertos aspectos (Zimmerman y Watts, 2003) como: a) establecer un entorno seguro donde la víctima se sienta cómoda y protegida; b) mostrar empatía y respeto hacia las situaciones que cuente; c) garantizar la confidencialidad; d) utilizar un lenguaje claro y sencillo durante la entrevista para facilitar la comprensión; e) permitir que la víctima cuente su historia -si quiere- sin interrupciones a la vez que evitar preguntas re-victimizantes; f) formular preguntas abiertas y evitar hacer suposiciones; g) ofrecer apoyo emocional y recursos durante y después de la entrevista; h) entender que cada persona es única y tiene una experiencia individual.

Por los confinamientos y restricciones de movilidad durante la pandemia, las entrevistas fueron realizadas por las trabajadoras de los proyectos sociales. Éstas fueron llevadas a cabo principalmente en las instalaciones de los proyectos y en algunos casos donde las víctimas lo pidieron. De esta forma, fueron las propias trabajadoras que ya conocían y atendían a las víctimas las que hicieron las entrevistas. Esto ha tenido muchas ventajas: realizar las entrevistas presencialmente, contacto más cercano, poder parar la entrevista, reconfortar a las víctimas cuando fue necesario y contar su historia a profesionales ya conocidas.

La pandemia impidió que la doctoranda pudiera desplazarse a los diferentes proyectos sociales para recopilar los datos y llevar a cabo el trabajo de campo de manera presencial. Realizar presencialmente las entrevistas con las víctimas habría sido enriquecedor. Algunas de las desventajas y limitaciones de no haber realizado personalmente las entrevistas son: perderse información importante relacionada con el contexto, la comunicación no verbal y la imposibilidad para explorar a fondo temas inesperados que surgiesen. De esta forma, la capacidad de seguir los hilos de conversación y profundizar en áreas de interés puede estar limitada cuando el investigador no está directamente involucrado (Mason, 2002).

Para suplir de alguna forma estas limitaciones de las entrevistas, desde el equipo de investigación se mandaron los guiones, instrucciones y recomendaciones a todos los proyectos sociales. Además, también se fue monitorizando el proceso con las primeras entrevistas para mejorar ciertos aspectos de las siguientes.

En relación con el muestreo, para ser consideradas en este estudio, las participantes debían cumplir con los siguientes criterios: tener más de 18 años, poder comunicarse en castellano, inglés, italiano o portugués, mostrar disposición para participar sin sufrir

consecuencias perjudiciales y mantener contacto con los proyectos sociales. La selección de las participantes fue realizada por la ONG mediante un muestreo conveniente para reflejar diversidad de circunstancias, considerando variables como la nacionalidad, lengua materna, edad, situación administrativa, permiso de trabajo, lugar de trabajo, tiempo de residencia en España, oportunidades laborales durante el confinamiento, comunidad autónoma de residencia y acceso a servicios de atención médica. Además, se incluyó la variable "detección como víctima" para indicar si fue detectada por la ONG de Oblatas o identificada formalmente por las Fuerzas y Cuerpos de Seguridad del Estado (Tabla 2).

Tabla 2: Perfiles sociodemográficos de las personas entrevistadas

Nombre ficticio	Región de origen	Género	Edad	Detectada como víctima
Joy	África	Mujer	20-30	Por Oblatas
Macarena	América	Mujer	20-30	Formalmente
Sol	América	Mujer	20-30	Por Oblatas
Verónica	América	Mujer	30-40	Por Oblatas
Nelly	África	Mujer	20-30	Formalmente
Gift	África	Mujer	30-40	Formalmente
Flor	América	Mujer	20-30	Formalmente
Azucena	América	Mujer	40-50	Por Oblatas
Bea	América	Mujer	30-40	Por Oblatas
Carolina	América	Mujer	40-50	Por Oblatas
Daniela	América	Mujer	50-60	Por Oblatas
Lucía	América	Mujer	30-40	Por Oblatas
Adamna	África	Mujer	20-30	Formalmente
Bilma	América	Mujer	30-40	Formalmente
Iris	América	Mujer	30-40	Por Oblatas
Liz	América	Mujer	30-40	Formalmente
Mariana	América	Mujer	40-50	Por Oblatas
Carlota	América	Mujer	20-30	Formalmente
Ainara	América	Mujer	30-40	Formalmente

3.3 Entrevistas en Bélgica

A finales de 2021 realicé una estancia de investigación para entender cómo estaba impactado la pandemia en las víctimas de trata en Bélgica. Las primeras semanas se trabaja con el profesor Jelle Janssens para proponer una posible investigación con las ONGs especializadas en este colectivo. Se consigue finalmente colaborar con una de las tres ONGs especializadas belgas para recoger el trabajo de campo. La entrevista abierta

ha seguido un procedimiento similar al aplicado en España. La investigación pertenece a un proyecto más amplio que intentó recoger aspectos relacionados con los ámbitos económico, legal, social, sanitario y habitacional de las víctimas de trata. A pesar de que la tesis está relacionada con la salud y bienestar, las entrevistas ofrecieron gran cantidad de información sobre la vivienda y su gran importancia en la recuperación de las víctimas de trata. Tanto las víctimas como las trabajadoras ofrecieron mucha información sobre este tema. Unido a ello, la vivienda ha sido reportada como determinante social de la salud física y mental en las personas (Krieger y Higgins, 2002). En el caso de las víctimas de trata, la falta de vivienda es tanto un precursor como un efecto de la trata (Parker, 2021). Por todo ello, la cuarta publicación se ha centrado en la habitabilidad y el acceso a la vivienda como una dimensión del bienestar.

Gracias al análisis de las entrevistas a víctimas, pude recoger sus propias experiencias y dificultades durante la pandemia en el territorio belga. Se tomó en cuenta ciertos aspectos (Zimmerman y Watts, 2003) tales como la creación de un espacio seguro en las instalaciones de la entidad, donde se preguntó a la víctima sobre la apertura o no de ventana, la apertura de la puerta, el uso de mascarilla, la barrera para proteger del COVID-19, etc. Las trabajadoras de la ONG estuvieron muy pendientes de cualquier cosa que necesitaran las víctimas antes, durante y después de la entrevista. Las preguntas versaron sobre el bienestar y la pandemia, sin entrar a preguntar sobre su experiencia de trata. A pesar de no preguntar sobre el tema, en algunas entrevistas las víctimas espontáneamente contaron parte de su historia.

En esta ocasión la pandemia me permitió realizar 8 entrevistas presenciales, de las cuales 4 fueron a trabajadoras de la ONG durante mediados de octubre. Tras estas primeras entrevistas, se modificó el guion de la entrevista para las víctimas, como en el caso de España. Se realizaron también 4 entrevistas a víctimas de trata con fines de explotación laboral a principios de noviembre. Ese día estaban citadas 6 víctimas pero sólo aparecieron 4 y las citas que se tenían para el segundo día fueron canceladas por los confinamientos. En Bélgica, el número de contagios aumentó de manera preocupante en noviembre de 2021 (Europa Press, 2021), coincidente con el último mes de la estancia de investigación. En un principio se habían apuntado de forma voluntaria 10 víctimas, además de las 4 trabajadoras sociales, pero los confinamientos hicieron imposible realizarlas. La investigación tampoco se pudo seguir desarrollando de manera online, porque resultó muy difícil seguir colaborando con la ONG desde España, una vez

terminada la estancia el 1 de diciembre de 2021. Esto supuso una de las limitaciones de esta investigación.

Para ser considerados en este estudio, los participantes debían cumplir con los siguientes criterios: tener más de 18 años, poder comunicarse en español, inglés, francés o flamenco, mostrar interés respondiendo al correo invitación para participar sin sufrir consecuencias perjudiciales y mantener contacto con la ONG. Todas las entrevistas fueron realizadas finalmente en inglés por elección de las personas participantes y se intentó utilizar un lenguaje sencillo. La selección de los participantes fue realizada por la ONG mediante un muestreo no probabilístico y de cupo que intentó reflejar diversidad de circunstancias, entre ellas la edad y la nacionalidad (Tabla 3).

Tabla 3: Perfiles sociodemográficos de las personas entrevistadas

Nombre ficticio (trabajadoras)	**Roll**	**Género**		
Blake	Asistente de la residencia	Mujer		
Barbara	Asistente de vivienda	Mujer		
Vanessa	Asistente psicosocial	Mujer		
Virginia	Asistente jurídico	Mujer		
Nombre ficticio (víctimas)	**Región de origen**	**Género**	**Edad**	**Detectada como víctima**
John	Europa	Hombre	40-50	Formalmente
James	África	Hombre	50-60	Formalmente
Jack	África	Hombre	30-40	Formalmente
Dora	África	Mujer	30-40	Formalmente

3.4 Análisis

En este epígrafe se presentan los aspectos más llamativos al analizar la información de esta tesis doctoral. En relación con las revisiones de la literatura, el tipo de análisis empleados para evaluar la información recopilada ha diferido según la revisión. La primera revisión de la literatura se enfocó principalmente en la descripción de la información como punto inicial, y con sus limitaciones, mientras que fue explorado en profundidad en la segunda revisión para indagar en las tendencias sobre la investigación de trata y salud (Palmatier, Houston y Hulland, 2018). Concretamente, la primera revisión en castellano correspondió a un análisis narrativo temático sobre salud en las mujeres víctimas de trata, mientras que la segunda revisión en inglés buscó sintetizar de manera

más exhaustiva la evidencia ya publicada sobre salud y trata, con algunos análisis de corte cualitativo sobre la calidad de los artículos revisados (Grant y Booth, 2009).

Independientemente de la variedad de análisis de información cualitativa existentes, se ha optado por el análisis de contenido en las dos investigaciones empíricas. El objetivo fue detectar, categorizar y analizar los temas o conceptos emergentes de las entrevistas (Mayring, 2000), explorar a fondo el contenido de los datos y entender las experiencias más allá de lo textual. Implica un proceso de codificación, en el que se asignan etiquetas a segmentos de texto relevante. Posteriormente se analizan una serie de nodos y sub-nodos para identificar temas, relaciones y conceptos clave. Para lograr resultados neutrales, se ha triangulado la investigación con varias muestras, varios lugares, varias entrevistadoras y varias investigadoras.

Para el apoyo en el análisis de los datos generalmente es útil la utilización de programas informáticos de análisis de datos cualitativos o software como Nvivo o ATLAS.ti (Abela, 2002). Gracias a las orientaciones de la directora y las formaciones necesarias para utilizar correctamente dichos programas finalmente se utilizó el programa Nvivo, versión 12 (Meneses Falcón, 2019b). El análisis de contenido ha sido usado como técnica de interpretación de textos escritos, que han sido transcritos de los audios de entrevista.

En una primera instancia del análisis de la investigación se procedió al descubrimiento de los datos y familiarización con el contenido de las entrevistas. Una vez familiarizada con la información, se procedió a la reducción de la información a categorías o códigos. En el análisis de la muestra española dos miembros del equipo identificaron los códigos y categorías, requisito importante para la fiabilidad en la codificación-categorización del análisis de contenido (Abela, 2002). Se comprobó el alto grado en el cual ambas investigadoras generaron categorías similares con la información de las entrevistas. Por su parte, la codificación de la muestra belga se realizó principalmente por parte de la doctoranda, con cierta supervisión de la directora en la codificación-categorización. Se desarrolló un sistema de categorización sistemático basado en el guión de la entrevista, los objetivos del estudio y los temas generales identificados en las entrevistas. Se generaron y codificaron las grandes categorías o temas iniciales, que resultaron en la creación y el acuerdo de categorías relacionadas con lo económico, social, salud, laboral y legal.

La creación de categorías adicionales y la refinación de categorías anteriores fue comprobándose (Hernández Sampieri, Fernández Collado y Baptista Lucio, 2014). Partiendo de la teoría fundamentada (grounded theory), se consiguió alcanzar la saturación de las categorías, es decir, ya no se encontraron categorías nuevas o los nuevos datos encajaron dentro del esquema de categorías previas (*idídem*). La saturación depende del contexto y la complejidad del tema de investigación, presentando diferencias en los artículos de investigación empírica. En la investigación en España se logró alcanzar la saturación de las categorías, mientras que en el artículo empírico de la muestra belga no se consiguió la saturación de todas las categorías, pero sí se alcanzó la saturación de la información de la categoría de vivienda, por lo que los resultados mostrados se centraron en esa categoría.

A pesar de la subjetividad inherente al proceso de análisis, han ido ganando importancia los procedimientos para hacer más sistemáticas la recolección y el análisis cualitativo de datos, para así evitar posibles sesgos de las personas investigadoras (*ibídem*). Alcanzar la saturación total o temática de datos fue necesario para comenzar con la interpretación de los resultados. De esta forma, se procedió a la interpretación de la codificación y la vinculación de los resultados a modelos teóricos. Esto fue relativamente fácil en el artículo empírico de muestra española, pues seguía la clasificación de salud de la investigación de Cathy Zimmerman. En el caso del artículo empírico de muestra belga, los resultados se relacionaron con anteriores investigaciones tanto de víctimas de trata como de otras investigaciones sobre personas refugiadas en Bélgica.

3.5 Requisitos éticos

Dadas las condiciones de este trabajo, este proyecto de investigación ha sido remitido y aprobado por el Comité de Ética de la Universidad Pontificia de Comillas el 15 de junio de 2020 (Anexo 2). Se han tenido en cuenta los principios básicos de la ética en investigación social: a) consentimiento informado -por escrito y firmado- de las personas participantes con el conocimiento de los objetivos de la investigación en la que contribuyen; b) garantizar la confidencialidad y anonimato de las personas participantes; c) garantizar la voluntariedad y posibilidad de revocación de la colaboración en la investigación en cualquier momento; d) mantener la fidelidad y rigurosidad con la información recogida y divulgación, procurando no dañar a las personas informantes.

En cuanto a la ética de la investigación, se siguieron diferentes recomendaciones, entre ellas: a) se informó a los participantes sobre los compromisos de confidencialidad a través de los consentimientos informados; b) el consentimiento para participar o ser grabado podía ser revocado en cualquier momento; c) las entrevistas han sido transcritas textualmente por la investigadora o por la ONG y se han mantenido de forma segura; d) los nombres de las entrevistadas han sido codificados para mantener el anonimato de las participantes; e) se han seguido protocolos para evitar revictimizar a las participantes (Zimmerman y Watts, 2003); f) solo se utilizará información aproximada sobre la edad (expresada en décadas), la nacionalidad (expresada en regiones) y pseudónimos en vez de nombres.

4. Resultados

A continuación se presenta un cuadro resumen de los artículos que compendian esta tesis doctoral, de acuerdo con el Real Decreto 99/2011, de 28 de enero, por el que se regulan las enseñanzas oficiales de Doctorado. Finalmente han sido incluidas dos revisiones de la literatura ya publicadas, un artículo cualitativo publicado y otro artículo cualitativo pendiente de publicación.

Tabla 4: Características de las publicaciones

Título de la publicación	**Año**	**Editorial**
1. El impacto en la salud biopsicosocial de las mujeres víctimas de trata	2020	Dykinson
2. What is the impact of human trafficking on the biopsychosocial health of victims: a systematic review	2023	Journal of Immigrant and Minority Health
3. Impact of the COVID-19 pandemic on the health of survivors of trafficking for sexual exploitation: a qualitative study in Spain	2023	International Journal of Migration, Health, and Social Care
4. Housing (in)security among survivors of trafficking for labour exploitation in Belgium during the COVID-19 pandemic: a first qualitative approach	En revisión	Housing and Society

4.1 Primera publicación

El impacto en la salud biopsicosocial de las mujeres víctimas de trata

Autora: Olaya García-Vázquez

Estado: Publicada

Editorial: Dykinson S.L. indexada SPI (Scholarly Publishers Indicators in Humanities and Social) es la 14º de 272 mejores editoriales españolas, con un factor ICEE de 20.763 puntos.

Cita: García-Vázquez, O. (2020). El impacto en la salud biopsicosocial de las mujeres víctimas de trata. En, A. M. Huesca González, J. A. López-Ruiz y M. P. Quicios García (coords.). Seguridad ciudadana, desviación social y sistema judicial (pp. 41-54). Madrid: Dykinson. https://doi.org/10.2307/j.ctv1ks0ds7.7

CAPÍTULO 4

EL IMPACTO EN LA SALUD BIOPSICOSOCIAL DE LAS MUJERES VÍCTIMAS DE TRATA

1. INTRODUCCIÓN

A pesar de que la esclavitud ha sido abolida hace varios siglos, y reconocida como ilegal en 1926 por la Sociedad de Naciones (predecesora de Naciones Unidas), sigue existiendo en el siglo XXI como Trata de Seres Humanos con fines de explotación sexual (especialmente prostitución y pornografía), laboral (de forma frecuente en mujeres el servicio doméstico e industria textil), matrimonios forzados, extracción de órganos o mendicidad forzosa.

Se sabe que la trata con fines de explotación sexual es la más estudiada, quedando las otras en un segundo plano desconocido, con poca conciencia ciudadana y política. Apenas se tiene conocimiento y detenciones de otras finalidades que no sean la explotación sexual, puesto que son escasos los artículos sobre el impacto en la salud de víctimas de otro tipo de trata. En ocasiones la trata se da combinada para varias finalidades, dificultando la identificación de las víctimas y permitiendo que las mafias maximicen sus beneficios.

Este capítulo de libro examina las investigaciones relevantes sobre el impacto que tiene la trata de seres humanos en la salud física, sexual y reproductiva, psicológica y social en las mujeres víctimas de trata. Son numerosas las investigaciones sobre infecciones de transmisión sexual (ITS) o sobre problemas psicológicos. Sin embargo, siguen siendo insuficiente el conocimiento sobre los múltiples impactos de la trata en la salud integral de las mujeres y niñas víctimas de trata. Se conoce que algunas necesidades psicosociales —como la pertenencia o el afecto— son tan básicas como las fisiológicas, lo cual nos lleva a estudiar también los impactos sociales en las víctimas de trata (Steverink y Lindenberg, 2006).

Se toma como referencia el modelo teórico bio-psico-social, propuesto por George Engel en 1977, que supuso una crítica a la medicina científica reduccionista (Ríos, 2014). Estudiar la salud desde una perspectiva más amplia —la médica y la social— es clave para entender que, el impacto de la trata en la salud de las víctimas, desborda los síntomas biológicos o somáticos. El objetivo de este capítulo de libro es estudiar la salud, entendida según define la OMS como *un estado de completo bienestar físico, mental y social*, para luego reivindicar una adecuada atención integral a las víctimas de trata.

Según el Protocolo de las Naciones Unidas para Prevenir, Reprimir y Sancionar la Trata de Personas (2000), también conocido como Protocolo de Palermo, reconoce la importancia de los Estados como proveedores de suministro a las víctimas de la trata mediante *asistencia médica, psicológica y material*. Es crucial

para la reparación y recuperación de las víctimas de este crimen la estabilidad y atención integral. Por su parte, el Protocolo Marco de Protección de las Víctimas de Trata de Seres Humanos de España (2011) responsabiliza a las administraciones competentes en materia de *asegurar su recuperación y rehabilitación física, psicológica y social*.

Esta revisión quiere identificar la privación del bienestar y de la salud de las mujeres víctimas de la trata y comprender cómo algunas características de la explotación ayudan a esta privación (lugar de trabajo, uso de preservativos, acceso a servicios sanitarios, etc). Sabiendo que las condiciones previas a la trata son un campo importante de investigación para entender la situación de partida, este estudio se centra en las consecuencias posteriores de la trata para la salud. Por un lado para avanzar en la identificación de las víctimas y la lucha contra el crimen organizado, por otro lado para establecer indicadores que guíen a los profesionales sanitarios en una adecuada intervención.

2. MÉTODO

Se realizó una revisión de la literatura existente sobre salud de las mujeres supervivientes a la trata o todavía en esa situación. La trata de seres humanos es una cuestión de género, donde hombres y mujeres juegan papeles diferentes, siendo la mayoría de las víctimas mujeres o niñas. En este estudio se centró la revisión en las mujeres víctimas porque sufren mayor vulnerabilidad, sin olvidarse la necesidad de investigar la trata de hombres y transexuales. Para esto, se revisó la literatura publicada en las siguientes áreas temáticas: salud sexual-reproductiva, salud física, salud psicológica, salud social y violencia.

La búsqueda y selección de documentación relevante sobre captación y salud procederá de las bases de datos fundamentales: Google Scholar, EBSCO, Dialnet, Web of Science, Scopus. Las palabras de búsqueda serían: "trata de seres humanos" o "víctimas de trata" y "salud" (en inglés "traffick*" y "health"). Pudieron quedar excluidas algunas finalidades de TSH por la terminología elegida.

Los criterios de selección fueron los siguientes: a) estudios en inglés o español; b) que versaran sobre condiciones de la trata y las secuelas para la salud; c) que contuvieran una muestra importante de mujeres víctimas de trata; d) estudios publicados con posterioridad al Protocolo 2000; e) estudios empíricos cualitativos y cuantitativos con análisis; f) exclusivamente estudios intersectoriales; g) cuantitativos o con datos estadísticos publicados en el artículo; h) todas las finalidades de trata; i) artículos o capítulos de libro; j) publicaciones de entidades gubernamentales, universidades o personal investigador; k) a nivel mundial, regional y nacional.

Los criterios de exclusión fueron los siguientes: a) manuales que no daban cifras sobre el impacto en la salud; b) relatos de víctimas sin interpretar; c) estudios sobre el impacto en víctimas menores o varones; d) estudios no académicos; e) identificación como víctimas de trata de forma ambigua en la muestra; f) publicados después de 2019; g) estudios que no investigasen aspectos en la salud de las víctimas según el modelo-resumen de Zimmerman et al. (2003).

Partiendo de las categorías que empleaba en la clasificación Zimmerman (2003), se analizó la información en otras cinco categorías: violencia, salud social y ambiental, salud psicológica, la salud física, además de salud sexual y reproductiva. Se encontraron más de 200 artículos sobre salud y víctimas de trata, resultando ser 25 los estudios académicos que cumplían con todos los criterios.

3. RESULTADOS

De los 25 estudios elegibles, 16 eran nacionales y 9 supranacionales (vease Anexo). En 16 de ellos se estudiaba la violencia, en 16 la salud psicológica, en 11 la salud física y en 16 la salud sexual-reproductiva. Apenas 9 estudios profundizaban en el impacto en la salud social, es decir, los determinantes socioambientales de la salud, relacionados con el bienestar de las mujeres víctimas de trata de seres humanos.

Los temas centrales en los estudios revisados se focalizaron (i) en la salud social, que abordarán las condiciones y el control que sufren las víctimas; (ii) en la violencia sexual, física y psicológica; (iii) en la salud física, dañada principalmente por la violencia y abusos a los que están sometidas; (iv) en la salud sexual y reproductiva, que incrementa las enfermedades relacionadas con el aparato reproductor femenino; (v) y en la salud mental, centrada especialmente en la depresión, ansiedad y trastorno de estrés postraumático.

3.1. Salud social y ambiental

La salud social-ambiental está poco estudiada científicamente y, sin embargo, existen numersosas circunstancias que afectan la salud de las víctimas. Alrededor del 80% ha sufrido restricción de libertad; el 36% solo podía moverse acompañadas, el 65% fueron encerradas en una habitación y el 36-100% sufrieron amenazas hacia ellas o sus familiares (Acharya, 2008; Di Tommaso et al., 2011; Hossain et al., 2010; Raymond, Hughes, y Gomez, 2001; Zimmerman et al., 2006 y 2008). Se ha encontrado también que hasta un 70% ha sufrido control mediante drogas o alcohol (Raymond et al., 2002).

El 64% fueron amenazadas con armas, el 49% dijeron haber sido inducidas a la pornografía, lo que muchas veces se convierte en amenazas o chantajes de publicar dichas grabaciones (Farley et al., 2004; Lederer y Wetzel, 2014; Raymond et al., 2001). Otras amenazas fueron el reemplazo por una hermana de la víctima, el aumento de la deuda o la revelación a su familia de que la víctima trabaja en prostitución (Zimmerman, et al., 2003).

La mayoría de las mujeres víctimas de trata con fines de explotación sexual sufrieron una negación de libertad para elegir a los clientes (96%), sobre las prácticas sexuales realizadas (88%), prohibición parcial (40%) o total (9%) del uso de preservativos (Di Tommasso et al., 2009). El porcentaje de víctimas que manifestó haber usado el preservativo variaba en torno al 9% que “nunca lo usaron” y el 37% que “siempre lo usaron”, y sin embargo el 27% habían sido obligadas a tener sexo anal desprotegidas (Zimmerman et al., 2006 y 2008). Según otro de los estudios, muchas víctimas confirman tener la experiencia de que el

cliente se niega a usarlo (70,6%) y se ven obligadas a no protegerse (Decker el al., 2011).

Las condiciones laborales en las que están generan preocupación, las víctimas afirman haber tenido más de 8 clientes al día, durante 13-16 horas diarias, más de 5 días por semana y obligadas a dormir en el mismo sitio de trabajo (Acharya, 2008; Di Tommasso et al., 2009; Gupta et al., 2011; Zimmerman et al., 2003 y 2006). Está demostrado que a mayores jornadas de trabajo sexual forzado, mayor número de problemas psicológicos como el Trastorno de Estrés Postraumático (TEPT), la ansiedad y la depresión (Rimal y Papadopoulos, 2016).

Los perpetradores castigan a las mujeres negándoles recursos básicos para sobrevivir, como son los alimentos o la atención médica (35%), privación de las horas necesarias de sueño, de contacto social o bienes de primera necesidad (Di Tommasso et al., 2009; Zimmerman et al., 2003). Dado este tipo de circunstancias, no extraña que el 61% indique necesitar atención médica, el 51% requiera apoyo social y el 38´8% señale que tienen necesidad de información sobre VIH (Farley et al., 2004; Gupta et al., 2011).

Los proxenetas y algunos dueños de establecimientos evitan el contacto con personas que hablan el mismo idioma o concede favores a algunas a cambio de chivatazos, lo cual impide lazos de solidaridad entre ellas (Zimmerman et al., 2003). En el mismo estudio se conoce que la falta de lazos interpersonales significativos incrementa el sentimiento de soledad, lo cual fomenta la idea de que huir no merece la pena, mientras que tener hijos a su cargo reduce las intenciones de suicidio. Según Abas et al. (2013) cuanto mayor apoyo familiar y social a las víctimas de trata, se tiene, menor es el riesgo de problemas psicológicos.

Por todas las condiciones mencionadas con anterioridad, el 84,3% de las mujeres víctimas de trata han recurrido al consumo de alcohol o drogas para soportar la situación, mientras que el 27,9% dicen haber sido forzada al consumo de sustancias o alcohol durante la situación de cautiverio (Lederer y Wetzel, 2014; Raymond et al., 2001; Zimmerman et al., 2006).

3.2. Violencia

Los estudios concuerdan en que casi la totalidad de las víctimas de trata (95%) sufren generalmente varios tipos de violencia durante la situación de trata: el 60%-90% reporta violencia sexual, el 70-100% reporta haber sufrido violencia física, el 57-100% dicen haber sufrido violencia psicológica (Acharya, 2008; Farley et al., 2004; Gupta et al., 2011; Hossain et al., 2010; Iglesias-Rios et al., 2018; Lederer y Wetzel, 2014; Sarkar et al., 2008; Zimmerman et al., 2006 y 2008). Según Raymond et al. (2002) los agresores más frecuentes de violencia física (80%) son los proxenetas, mientras que los agresores más frecuentes de violencia sexual (90%) son los clientes.

De las víctimas de trata que habían sufrido agresiones físicas, algunas reportan haber sufrido patadas durante el embarazo, quemaduras con cigarrillos, golpeo de la cabeza contra el suelo o paredes, ser arrastrada por el pelo; y el 30% haber sido amenazada o herida con un cuchillo, pistola u otro objeto por parte de los

proxenetas, dueños de clubs de alterne, clientes o parejas sentimentales (Zimmerman et al., 2003 y 2006).

A pesar de las similitudes entre las víctimas de violencia de género y las víctimas de trata, la recuperación de víctimas de trata es a menudo más difícil, llegando a sufrir problemas que necesitan tanta atención y trabajo como la que requerirían 20 casos de violencia doméstica (Clawson, Small, Go y Myles, 2003). Algo que se explica por las barreras idiomáticas, desconocimiento del sistema judicial, menor acceso a servicios, clandestinidad, estigma, cantidad de agresores, poder de las redes criminales y vulnerabilidad previa que existen.

Las secuelas de la violencia incluyen lesiones físicas visibles (Zimmerman et al 2006) que pueden llegar a ser profundas e incluso crónicas, se sabe que un 12% afirma tener fracturas o esguinces, un 9% informó heridas faciales, 35% problemas de visión, 15% problemas de oido, siendo más de la mitad de las víctimas agredidas las que todavía sufrían los problemas de esas lesiones.

3.3. Salud física

Los problemas de salud física en la trata son frecuentes: dos tercios de las víctimas reportaron más de 10 síntomas simultáneos, dolores de cabeza (82%), fatiga (81%), periodos de mareo (70%), dolor de espalda (69%), problemas de memoria (62%), dolor de estómago (61%), dolor pélvico (59%), infecciones ginecológicas (58%) según Zimmerman et al. (2008).

Un estudio a nivel europeo (Zimmerman et al., 2006) se confirma que los síntomas del sistema inmunológico más frecuentes son la pérdida crónica de sueño y los problemas alimenticios, de resfriados, gripe o infecciones (31%). Otros problemas del sistema inmunológico son la dificultad respiratoria como asma, enfermedad pulmonar, bronquitis y neumonía, dolor en el pecho o corazón (Farley et al., 2004; Lederer y Wetzel, 2014; Oram et al, 2012).

Los problemas cutáneos son recurrentes en las víctimas de trata en el periodo posterior a su salida. Con frecuencia (29%) sufren picazones, granos, sudoración y erupciones, precisamente producidas por infecciones de transmisión sexual, alergias, sarna o piojos, todo ello relacionado con la angustia o el abuso (Lederer y Wetzel, 2014; Oram et al., 2012; Zimmerman et al., 2003 y 2006).

Existe una alta prevalencia de problemas neurológicos relacionados con el sistema nervioso central (Zimmerman et al., 2006) como son los dolores de cabeza (81%), de espalda (69%) y de ojos por las migrañas o la violencia (35%), que persisten mucho tiempo tras ser rescatadas. Son también recurrentes los problemas de memoria, insomnio o falta de concentración (82´1%), y otros como dolores de cabeza (53´8%) y mareos (34%) (Lederer y Wetzel, 2014).

Sobre los problemas gastrointestinales (Farley et al., 2004; Lederer y Wetzel, 2014; Zimmerman et al., 2006) el 63% de las víctimas afirmaron tener dolor de barriga o abdomen, con vómitos, diarrea, estreñimiento, además de úlceras y colitis. Se conoce la frecuencia en la pérdida de peso severa (42,9%), desnutrición (35,2%), pérdida de apetito (46,7%) y trastornos alimentarios (36,2%), especialmente entre

las víctimas de explotación sexual (Lederer y Wetzel, 2014; Oram et al., 2012) que se explica por los cambiantes horarios de comidas y la pésima alimentación.

De las investigaciones sobre problemas dentales (Lederer y Wetzel, 2014; Oram et al., 2012; Raymond et al., 2002; Raymond et al., 2001; Zimmerman et al., 2006) se puede conocer que más de la mitad de las víctimas de trata entrevistadas (58%) han reportado problemas dentales, especialmente la pérdida de dientes (42,9%), por varios factores: acceso limitado a servicios de salud en los países de origen, restricciones durante la situación de trata, golpes faciales o ciertos servicios sexuales forzosos.

3.4. Salud sexual y reproductiva

Las mujeres víctimas de trata suelen quejarse de problemas en el aparato reproductor: trastornos genitales como dolor pélvico (59%), infecciones ginecológicas (58%), dolor durante el sexo (46,2%), sangrado tras relaciones sexuales (47%), infecciones del tracto urinario (43,8%), dolor en las relaciones sexuales (42%), menstruación irregular (35%) y trastornos ginecológicos como hemorragias, quistes en los ovarios y mamas o abrasiones vaginales y rectales, (Acharya, 2008; Lederer y Wetzel, 2014; Zimmerman et al., 2006 y 2008).

Por todo ello, el 44% de las víctimas de trata han manifestado haber sufrido problemas como candidiasis (33%), tricomonas (12%) o vaginosis bacteriana (11%) (Zimmerman et al., 2006). En los estudios realizados por Silverman (2006, 2007 y 2008) se reseña que entre el 23% y el 38% de las víctimas tiene VIH positivo. En otro estudio se demostró que el 67,3% de la muestra padecieron alguna forma de ITS, con mayor prevalencia de clamidia (39,4%), gonorrea (26,9%) y hepatitis C (15,4%) (Lederer y Wetzel, 2014).

Los estudios muestran resultados variables, entre el 12% y el 39% de las mujeres víctimas de trata habían experimentado al menos un embarazo no deseado y posterior interrupción del mismo (Acharya, 2008; Decker et al., 2011; Zimmerman et al., 2006 y 2008). En otros estudios se ha constatado que, el 13,5% de las interrupciones de los embarazos no son llevadas a cabo en hospitales si no en el domicilio del personal médico o en sitios clandestinos, muchas obligadas a ello por el proxeneta o la Madam (Acharya, 2015; Lederer y Wetzel, 2014).

3.5. Salud mental

De la misma forma que se ha podido comprobar cómo los síntomas psicológicos de las víctimas de trata perduran en el tiempo más que los físicos (Hossain et al., 2010), se pone de manifiesto que permanecen durante más tiempo en las víctimas de trata que entre la población media (Zimmerman et al., 2006) y son también más frecuentes (Raymond et al., 2002). Algunos estudios indican que prácticamente todas las víctimas (98´1%) sufren algún problema psicológico (Lederer y Wetzel, 2014).

Sin duda, existen evidencias para afirmar que las víctimas de trata sufren con frecuencia el TEPT (Abas et al., 2013; Farley et al., 2004; Iglesias-Rios et al., 2018;

Lederer y Wetzel, 2014; Ostrovschi et al., 2011; Rimal y Papadopoulos, 2016; Tsutsumi, Izutsu, Poudyal, Kato y Marui, 2008; Zimmerman et al., 2006). El TEPT no disminuye con el paso del tiempo como lo hacen otros problemas psicológicos (Hossain et al., 2010), a menos que las víctimas cuenten con un tratamiento profesional, reduciendo así las pesadillas, los flashbacks, la falta de concentración, la incapacidad de sentir y los problemas de memoria (Zimmerman et al., 2006).

En otros estudios realizados se demostró la prevalencia de depresión y ansiedad en las víctimas de trata (Abas et al., 2013; Hossain et al., 2010; Iglesias-Rios et al., 2018; Lederer y Wetzel, 2014; Ostrovschi et al., 2011; 2014; Raymond et al., 2002; Rimal y Papadopoulos, 2016; Tsutsumi et al., 2008). De las emociones más destacadas en su depresión, el 95% manifestaban sentirse muy tristes, el 88% señalaba sentir profunda soledad, el 78% sentir inutilidad, el 76% percibir un futuro desesperanzador, el 73% sentir apatía y desgana, includo un 38% que señalaba que tenía pensamientos suicidas, algunos de los cuales fueron llevados a cabo (Raymond et al., 2001; Zimmerman et al., 2006).

Comparando a diferentes víctimas de trata, tanto las víctimas con fines de explotación sexual como laboral, ambos colectivos reportan altos niveles de ansiedad (97,7% vs 87,5%), depresión (100% vs 80,8%) y TEPT (29,6% vs 7,5%), sin embargo las tres medidas son mayores en las víctimas con fines de explotación sexual (Tsutsumi et al., 2008). Las amenazas personales y familiares sufridas aumentan los problemas psicológicos, se asoció con una prevalencia elevada (96%) de TEPT y más del doble de la prevalencia de ansiedad (Iglesias-Rios et al., 2018).

4. CONCLUSIONES

Los resultados de este trabajo llevaron a concluir que, de los 25 artículos seleccionados, la mayoría de los estudios realizados sobre trata y salud versaron sobre aspectos psicológicos (16 trabajos), aspectos sexuales-reproductivos (16 investigaciones) y sobre violencia (16 trabajos). Se mostró una carencia de estudios sobre aspectos sociales de la salud de las víctimas como las repercusiones familiares, la integración social y el estigma. El desafío está en que la salud de las víctimas sea entendida integrando las ciencias social y las ciencias de la salud (Ríos, 2014, p. 23). Es preciso estudiar los determinantes sociales de la salud que favorecen la recuperación de las víctimas.

Respecto al contenido de la revisión lo más sobresaliente fue la unanimidad con la que se trató la violencia y su impacto en la salud. Diversos estudios (Lederer y Wetzel, 2014; Westwood et al., 2016) ponen de relevancia que las víctimas han tenido contacto con algún tipo de servicio de salud, ya fueran hospitales o clínicas de planificación familiar y, sin embargo, no llegaron a ser identificadas o asistidas como víctimas de trata.

Urge, por tanto, avanzar en la investigación sobre la detección y atención a las víctimas. Se necesitan más estudios sobre salud y trata para así poder cumplir el doble propósito de este estudio y de la agenda política de los países adscritos a los protocolos. Por un lado, conocer las necesidadades más frecuentes para poder

ofrecer una atención integral que posibilite su recuperación; por otro, tener indicadores sociosanitarios para la identificación de las víctimas.

Las limitaciones de este estudio se encuentran en los criterios de inclusión de las referencias empleadas, puesto que mucha bibliografía de otros idiomas y con accesos restringidos para la lectura fueron desestimados. En la búsqueda general no se han encontrado artículos escritos en otros idiomas, pero tampoco se ha procedido a su búsqueda específica. Las recomendaciones van orientadas a la exploración de los determinantes sociales y los impactos en la salud integral de las víctimas, especialmente en otras finalidades de trata menos atendidas.

BIBLIOGRAFÍA

Abas, M., Ostrovschi, N. V., Prince, M., Gorceag, V. I., Trigub, C. y Oram, S. (2013). Risk factors for mental disorders in women survivors of human trafficking: a historical cohort study. *BMC Psychiatry, 13*(1), 204.

Acharya, A. K. (2008). Sexual violence and proximate risks: A study on trafficked women in Mexico City. *Gender, Technology and Development, 12*(1), 77-99.

Acharya, A. K. (2015). Trafficking of Women in Mexico and Their Health Risk: Issues and Problems. *Social Inclusion, 3*(1), 103-112.

Asamblea General de Naciones Unidas. (2000). Protocolo para prevenir, reprimir y sancionar la trata de personas, especialmente mujeres y niños que complementa la Convención de las Naciones Unidas contra la delincuencia organizada transnacional. Palermo

Clawson, H. J., Small, K. M., Go, E. S., y Myles, B. W. (2003). *Needs assessment for service providers and trafficking victims*. Fairfax, VA: Caliber.

Decker, M. R., McCauley, H. L., Phuengsamran, D., Janyam, S. y Silverman, J. G. (2011). Sex trafficking, sexual risk, sexually transmitted infection and reproductive health among female sex workers in Thailand. *Journal of Epidemiology & Community Health, 65*(4), 334-339.

Di Tommaso, M. L., Shima, I., Strøm, S. y Bettio, F. (2009). As bad as it gets: Well-being deprivation of sexually exploited trafficked women. *European Journal of Political Economy, 25*(2), 143-162.

Farley, M., Cotton, A., Lynne, J., Zumbeck, S., Spiwak, F., Reyes, M. E. y Sezgin, U. (2004). Prostitution and trafficking in nine countries: An update on violence and posttraumatic stress disorder. *Journal of Trauma Practice, 2*(3-4), 33-74.

Gobierno de España (2011). Protocolo Marco de protección de las víctimas de la Trata de Seres humanos. Madrid. Ministerio del Interior.

Gupta, J., Reed, E., Kershaw, T. y Blankenship, K. M. (2011). History of sex trafficking, recent experiences of violence, and HIV vulnerability among female sex workers in coastal Andhra Pradesh, India. *International Journal of Gynecology & Obstetrics, 114*(2), 101-105.

Hossain, M., Zimmerman, C., Abas, M., Light, M. y 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.

Iglesias-Rios, L., Harlow, S. D., Burgard, S. A., Kiss, L. y Zimmerman, C. (2018). Mental health, violence and psychological coercion among female and male trafficking survivors in the greater Mekong sub-region: a cross-sectional study. *BMC Psychology, 6*(1), 56.

Lederer, L. J. y Wetzel, C. A. (2014). The health consequences of sex trafficking and their implications for identifying victims in healthcare facilities. *Annals Health L., 23*, 61.

Oram, S., Ostrovschi, N. V., Gorceag, V. I., Hotineanu, M. A., Gorceag, L., Trigub, C. y Abas, M. (2012). Physical health symptoms reported by trafficked women receiving post-trafficking support in Moldova: prevalence, severity and associated factors. *BMC Women's Health, 12*(1), 20.

Ostrovschi, N. V., Prince, M. J., Zimmerman, C., Hotineanu, M. A., Gorceag, L. T., Gorceag, V. I. y 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.

Raymond, J. G., D'Cunha, J., Dzuhayatin, S. R., Hynes, H. P., Rodriguez, Z. R. y Santos, A. (2002). A comparative study of women trafficked in the migration process. *Coalition Against Trafficking in Women University of Massachusetts PO Box, 9338*

Raymond, J. G., Hughes, D. M. y Gomez, C. J. (2001). Sex trafficking of women in the United States. *International Sex Trafficking of Women & Children: Understanding the Global Epidemic,* 3-14.

Rimal, R. y Papadopoulos, C. (2016). The mental health of sexually trafficked female survivors in Nepal. *International Journal of Social Psychiatry, 62*(5), 487-495.

Ríos Marín, A. M. (2014). Migración, Género y Salud. Las desigualdades sociales en salud y sus efectos en la salud bio-psico-social de las mujeres en contextos de prostitución. *Revista de Psicología Universidad de Antioquia,6*(1), 9-24.

Sarkar, K., Bal, B., Mukherjee, R., Chakraborty, S., Saha, S., Ghosh, A. y Parsons, S. (2008). Sex-trafficking, violence, negotiating skill, and HIV infection in brothel-based sex workers of eastern India, adjoining Nepal, Bhutan, and Bangladesh. *Journal of Health, Population, and Nutrition, 26*(2), 223.

Silverman, J. G., Decker, M. R., Gupta, J., Maheshwari, A., Patel, V. y Raj, A. (2006). HIV prevalence and predictors among rescued sex-trafficked women and girls in Mumbai, India. *JAIDS Journal of Acquired Immune Deficiency Syndromes, 43*(5), 588-593.

Silverman, J. G., Decker, M. R., Gupta, J., Maheshwari, A., Willis, B. M. y Raj, A. (2007). HIV prevalence and predictors of infection in sex-trafficked Nepalese girls and women. *Jama, 298*(5), 536-542.

Silverman, J. G., Decker, M. R., Gupta, J., Dharmadhikari, A., Seage III, G. R. y Raj, A. (2008). Syphilis and hepatitis B co-infection among HIV-infected, sex-trafficked women and girls, Nepal. *Emerging Infectious Diseases, 14*(6), 932.

Silverman, J. G., Raj, A., Cheng, D. M., Decker, M. R., Coleman, S., Bridden, C. y Samet, J. H. (2011). Sex trafficking and initiation-related violence, alcohol use, and HIV risk among HIV-infected female sex workers in Mumbai, India. *Journal of Infectious Diseases, 204*(suppl_5), S1229-S1234.

Steverink, N. y Lindenberg, S. (2006). Which social needs are important for subjective well-being? What happens to them with aging? *Psychology and Aging, 21*(2), 281.

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

Westwood, J., Howard, L. M., Stanley, N., Zimmerman, C., Gerada, C. y Oram, S. (2016). Access to, and experiences of, healthcare services by trafficked people: findings from a mixed-methods study in England. *Br J Gen Pract, 66*(652), e794-e801.

Zimmerman, C., Yun, K., Shvab, I., Watts, C., Trappolin, L., Treppete, M.,Beci, L. (2003). The health risks and consequences of trafficking in women and adolescents: *Findings from a European study*.

Zimmerman, C., Hossain, M., Yun, K., Roche, B., Morison, L. y Watts, C. (2006). Stolen smiles: a summary report on the physical and psychological health consequences of women and adolescents trafficked in Europe. *Stolen Smiles: A Summary Report on the Physical and Psychological Health Consequences of Women and Adolescents Trafficked in Europe.,*

Zimmerman, C., Hossain, M., Yun, K., Gajdadziev, V., Guzun, N., Tchomarova, M., Scodanibbio, S. (2008). The health of trafficked women: a survey of women entering posttrafficking services in Europe. *American Journal of Public Health, 98*(1), 55-59.

Anexos

Tabla 1: Características de los trabajos incluidos

Autor/Año	Muestra	País	Finalidad	Resultados destacados
Abas et al., 2013	n= 120 mujeres	Moldavia	Trata sexual 80´8% y otras	Son considerados factores de riesgo para los trastornos mentales: la duración de la trata, la cantidad de necesidades no atendidas después la situación de trata y la falta de soporte social
Acharya, 2008	n= 60 mujeres	México D.F.	Trata sexual	En el último mes muchas víctimas sufrieron abusos verbales, golpes, encierros en habitación, quemaduras, amenazas de muerte, violaciones de clientes o traficantes, violaciones grupales
Acharya, 2015	n= 60 mujeres	Monterrey, México	Trata sexual	Más de 2/3 víctimas de trata con fines de explotación sexual han sufrido algún aborto, practicados sin ir a clínicas.
Decker et al., 2011	n=815; 85 mujeres traficadas	Tailandia	Trata sexual (10´4%) y prostitución	Las víctimas de trata tienen el doble de probabilidades de sufrir violencia sexual al principio, menos de la mitad de probabilidades de usar preservativo, el triple de embarazos y el doble de número de abortos que las mujeres en situación de prostitución
Di Tommasso et al., 2009	n=4559; 89% mujeres	Europa	Trata sexual	Las víctimas de trata sufren: restricción de movimiento, agresiones, jornadas laborales ilegales, falta de derechos laborales, prohibición de acceso a servicios básicos
Farley et al., 2004	n= 854; mayoría mujeres	9 países: Colombia, México,…	Trata sexual y prostitución	Explicación detallada de impactos físicos, psicológicos y de salud sexual-reproductiva, además de un estudio sobre tipos de violencia y amenaza
Gupta et al., 2011	n=812; 157 mujeres traficadas	India	Trata sexual	Las mujeres víctimas de trata sexual sufren más violencia física y sexual, amenazas, más clientes, más días laborales y más horas, utilizan menos los servicios de atención integral, tienen menor uso de condón, menor conocimiento sobre VIH, que las mujeres en situación de prostitución
Hossain et al., 2010	n= 204 mujeres	Moldavia, Ucrania, otros	Trata sexual	La violencia sexual se asoció con niveles más altos de TEPT, más tiempo de explotación más depresión y ansiedad. Cuanto más tiempo ha pasado desde el rescate menos depresión y ansiedad, pero no con TEPT
Iglesias-Rios et al., 2018	n= 569 mujeres	Camboya, Vietnam y otros	Trata sexual, laboral, mendicidad	La violencia y la coerción son predictores de síntomas de ansiedad, TEPT y depresión. Las amenazas personales y familiares se asociaron con una prevalencia elevada de TEPT y más del doble de la prevalencia de ansiedad
Lederer y Wetzel, 2014	n= 107 mujeres	Estados Unidos	Trata sexual	El personal médico no es capaz de detectar a las víctimas de trata que utilizan los servicios médicos, a pesar de que las víctimas tienen problemas muy graves por los cuales ingresan en instalaciones médicas
Oram et al., 2012	n= 120 mujeres	Moldavia	Trata sexual 81% y laboral	Las similitudes entre ambas tratas son: dolores de cabeza, estómago, espalda y dientes. Las diferencias muestran que la finalidad sexual conlleva mayores dolores de cabeza, problemas ginecológicos y pérdidas de peso; y la laboral acarrea más problemas de espalda y visión

Ostrovschi et al., 2011	n=120 mujeres	Moldavia	Trata sexual y laboral	Los problemas en salud mental siguen existiendo después del rescate de las víctimas, entre los más destacados están el TEPT, ansiedad o estado de ánimo, problemas con alcohol o consumo de sustancias
Raymond et al., 2001	n= 35 mujeres/ 88 informantes	Estados Unidos	Trata sexual	Las mujeres declararon que su proxeneta la hizo ver pornografía al principio para "educarlas" en la prostitución o como amenaza de publicarlo
Raymond et al., 2002	n= 146 mujeres	Indonesia, Filipinas, Tailandia, Venezuela y EEUU	Trata sexual	Existen diferencia entre países: para las víctimas de trata estadounidenses, el porcentaje de compradores dispuestos a usar condones oscilaba entre el 30-80%. Las víctimas indonesias informaron que casi todos sus compradores se negaron a usar preservativo
Rimal y Papadopoulos, 2016	n=66 mujeres	Nepal	Trata sexual	El estado seropositivo y la duración de la jornada laboral (durante el período de trata) está asociada con tres problemas de salud mental: TEPT, depresión y ansiedad
Sarkar et al., 2008	n= 580;183 mujeres tratadas	India, Nepal, Bangladés	Trata sexual	Las víctimas de la trata enfrentan altos niveles de violencia especialmente la sexual, y dicha violencia está asociada con la adquisición del VIH
Silverman et al., 2006	n= 175 mujeres	India	Trata sexual	Se observa un aumento del 3% al 4% en el riesgo de contraer VIH por cada mes adicional de cautiverio en el burdel. Cuanto más tiempo víctima y cuanto más joven es traficada, más probabilidad de VIH
Silverman et al., 2007	n= 287 mujeres	Nepal	Trata sexual	Cuanto más tiempo víctima y cuanto más joven es traficada, más probabilidad de VIH
Silverman et al., 2008	n= 246 mujeres	Nepal	Trata sexual	Las víctimas que tienen VIH es más probable que tengan otras como sífilis o Hepatitis B
Silverman et al., 2011	n= 211;88 mujeres tratadas	India	Trata sexual	Las mujeres víctimas de trata con fines de explotación sexual enfrentan altos niveles de violencia sexual, consumo de alcohol y exposición a la infección por VIH en el primer mes de trabajo sexual.
Tsutsumi et al., 2008	N= 164 mujeres	Nepal	Trata sexual 36% y laboral	Tanto las víctimas de explotación sexual como laboral reportan altos niveles de ansiedad, depresión y TEPT. En las víctimas de trata sexual existe mucha VIH seropositividad, en otro tipo de trata el 80% desconoce si tiene VIH
Westwood et al., 2016	n=136; 67% mujeres	Inglaterra	Doméstico 29%, sexual 30%, laboral 38%	Una de cada cinco víctimas accede a medicina general, muchas necesitan un intérprete para ello y el 80% nunca se le ha permitido salir sin acompañante durante la trata
Zimmerman et al., 2003	n= 28 mujeres/ 107 informantes	Albania, Italia, UK, Países Bajos, Tailandia, Ucrania	Trata sexual 89% y trabajo doméstico	Las víctimas están expuestas a multitud de daños físicos, en parte ocasionados por la violencia a la que están sometidas. Es común el uso forzado de drogas y alcohol, restricciones y manipulación social, explotación económica, servidumbre por deudas, condiciones abusivas de trabajo y de vida
Zimmerman et al., 2006	n= 207 mujeres	14 países: Moldavia, Ucrania, Italia, Reino Unido,	Trata sexual 92% y trabajo doméstico	Las víctimas sufren por impactos físicos, el 57% sufren entre 12-23 síntomas concurrentes, psicológicos, sexuales y reproductivos.

Zimmerman et al., 2008	n= 192 mujeres	Bélgica, Bulgaria, República Checa, Italia, UK, Moldavia, Ucrania	Trata sexual	Casi todas las víctimas sufren violencia física o sexual, falta de libertad, amenazas para la víctima o su familia. Esto tiene repercusiones en la salud física, ya que el 63% reportaron 10 síntomas simultáneos en las últimas 2 semanas

4.2 Segunda publicación

What is the Impact of Human Trafficking on the Biopsychosocial Health of Victims: A Systematic Review

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REVIEW PAPER

What is the Impact of Human Trafficking on the Biopsychosocial Health of Victims: A Systematic Review

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Abstract

The health consequences of human trafficking have been poorly researched compared to other aspects of this crime. A systematic review was carried out to study health from a broader perspective, beyond psychophysical symptoms, to understand the global impact of human trafficking on sexual, social, physical, and psychological health. The search identified many studies focused on the violence of sex trafficking in female samples. This work leads us to conclude that social health is an important dimension of the well-being of trafficking victims. More studies are needed on aspects of social health, especially regarding research gaps related to spirituality and nutrition, thus continuing preventing and combating human trafficking. Many gender biases were also discovered: unlike studies of trafficking in women, the few studies on men did not look at parenting, sexual health, marital status, or sex trafficking.

Keywords Human trafficking · Minority health · Sustainable development goals · Social health · Violence

Background

Human trafficking (HT) is one of the most worrying crimes against humanity and has significant health consequences. The Palermo Protocol (2000) pointed out different trafficking purposes such as sexual exploitation (especially prostitution and pornography), forced labour or services (often in domestic service, textile industry, agriculture, or fishing), removal of organs, that were expanded to forced marriages, exploitation of criminal activities, and forced begging. According to the International Labour Organization [1], 40.3 million people suffer from some contemporary form of slavery; among them, 21 million people are trafficking victims. According to the United Nations Office on Drugs and Crime report [2], millions of victims remain unidentified, leaving them in a situation of insecurity. The report also indicated that 49% of HT victims are women, 23% girls, 21% men, and 7% boys. According to the European Report [3], the sexual purpose is the most frequent (56%) and the most studied, with little research on other purposes of trafficking, such as trafficking for labour exploitation (26%).

Many political statements claimed the need to study HT from a global and coordinated perspective. As a research framework, we have used the Sustainable Development Goals [4]. Because of the magnitude of this problem, trafficking is presented as a multi-causal problem. In this agenda, Target 5.2 encourages the *elimination of violence against women*, which includes *trafficking and sexual and other types of exploitation*. Target 8.7 relates not only to *achieving decent work* but also *take immediate measures to eradicate human trafficking*. In addition, Target 16.2 calls for *peace, justice, and strong institutions* to prevent *end abuse, exploitation, trafficking and all forms of violence against children*. Furthermore, the Sustainable Development Goal 3 does not explicitly mention trafficking but will be used to talk about the main consequence of the trafficking situation: the *deprivation of health and well-being*.

A literature review on HT was conducted over the last decade. The first study was a systematic review that identified 19 articles that specifically focused on the mental distress and violence suffered by trafficking victims. The

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review also called for more evidence examining these health impacts and for more coordinated support from recovery institutions [5]. Other bibliometric analyses using the Scopus database also denounced that only one-third of studies in trafficking dealt with victims' health, compared to those related to social science or humanities [6]. The importance of research collaboration between origin and destination countries was also mentioned. A study carried out in 2010 also mentioned the lack of review on health impact, especially on the mental health consequences of trafficking situations, such as PTSD, anxiety, and depression [7]. This study also pointed out the importance of the mental health community in helping victims to recover.

To date, no systematic review has comprehensively examined social health, not as a social determining factor but as an important dimension of health. This work follows the theoretical health model proposed by George Engel in 1977, which studies health from three central perspectives: biological, psychological, and social. This model is a critique of reductionist and hegemonic biomedical models [8]. We therefore adhere to World Health Organization (WHO) definition of health as "a state of complete physical, mental and social well-being". Hence, the main objective of our systematic review is to understand the impact of human trafficking on the biopsychosocial health of victims. What is more, it is intended to study how the health of trafficking victims is studied, through sexual, social, physical, and psychological health. This review opens the door to generating greater awareness and knowledge of relevant health conditions, thus making it easier for professionals to identify and assist victims. It also aims to highlight the research gaps and the need for further health research. Because of the intention to contribute to this international challenge, the main objective of this review is to help prevent and combat human trafficking (Target 5.2, Target 8.7, and Target 16.2) with biopsychosocial health research (SD3) and identified gender discrimination (SDG5) or gaps in the existing literature.

Methods

Search Strategy

Multiple search terms and several word combinations (Table 1) were used to find academic articles published between January 2001 (after the signing of the Palermo Protocol) and March 2020 (before the pandemic started). The selected studies presented the impact of HT on the physical, sexual, psychological, and social health of the victims. Grey literature and non-academic sources were not explored. The selection criteria were original papers published in English "human trafficking" or Spanish "Trata de Seres Humanos".

In this study, a "systematic review" approach was chosen because it helps to bring together all the knowledge on a topic [9]. The analytical framework called SALSA (Search, Appraisal, Synthesis, and Analysis) was followed, which includes (i) exhaustive and comprehensive search of existing research; (ii) quality assessment determined with inclusion and exclusion criteria; (iii) narrative synthesis accompanied by tables; (iv) analysis of what is known, research gaps, recommendations, and limitations. The review has been inspired by the PRISMA (Preferred Reporting Items for Systemic Reviews and Meta-Analyses) reporting guidelines. However, we have not followed the criteria exhaustively, so there may be some limitations. The electronic search was carried out in the following databases: Google Scholar, EBSCO, Dialnet, Web of Science, PubMed, and Scopus. Manual searches were also conducted based on research

Table 1 Search terms and eligibility criteria

Search terms	
trafficking, *trafficked*, *human trafficking*, *sex trafficking*, *sex trafficked*, *labor trafficking*, *child trafficking*, *trafficked children*, *woman trafficking*, *women trafficked*, *male trafficked*, *post trafficking*, *post-trafficking* *human trafficking for sexual exploitation* *human trafficking for labour exploitation* *human trafficking for forced begging* *human trafficking for removal of organs* *human trafficking for forced marriages* *human trafficking for exploitation of criminal activities*	
Inclusion criteria	Exclusion criteria
(a) Studies with a large sample of HT victims	(a) Manuals without health numbers
(b) Studies with complete texts accessible from the six databases	(b) Victim life stories or case studies (small samples)
(c) Regional, national, and supranational studies	(c) Non-academic studies
(d) Studies that have all purposes of Human Trafficking: sexual and labor exploitation, force marriage or begging…	(d) Studies not in English or Spanish
(e) Qualitative, quantitative, and mixed studies with analysis	(e) Studies prior to Palermo Protocol (2000)
(f) Scientific publications (universities, research centers, etc.)	(f) Studies with not very representative samples or with data only on prostitution
(g) Articles or book chapters	(g) Studies of victims' health before being captured

institutions using a snowball search and recommendations from field experts. The bibliography was managed through RefWorks ProQuest and Google Scholar. Most of the articles included were published in peer-reviewed journals (referred or academic), indexed in high-impact journals and accessible from the six selected databases.

Data Extraction and Synthesis

For each included trial, the authors extracted data using a form designed specifically for this review, in which the different study characteristics and the results obtained were noted. Information extracted from each eligible study included author(s), year of publication, title, study location, research institution(s), study design, health status, sample gender, age range of included participants, ethnicity, and other socioeconomic characteristics of each sample. Furthermore, a narrative review of each included trial is provided. Following Zimmerman's classification of the health impact of human trafficking [10], data from this study was analysed in 5 categories: violence, social health, psychological health, physical health, and sexual reproductive health. In the first round, more than 250 articles on health and HT victims were found. In the next reading of the texts, 60 articles we selected that appeared to meet the abovementioned inclusion criteria. Finally, a rigorous selection reduced the number to 39 studies (Table 1) that met all criteria. Most of the studies were rejected in the second phase because they involved samples of people mainly in situations of prostitution (not HT).

Data Analysis

The lead author has generated the first in-depth approach to the research review. OG conducted the initial identification (title, abstract and conclusion) for the first stage, while OG and CM were both a full review to confirm eligibility (second stage). The second author (CM) carried out a comprehensive review. Duplicates or non-academic papers were eliminated. The final stage was to confirm and make the final decision considering the quality, relevance, and inclusion/exclusion criteria (Fig. 1). On this occasion a third review was not necessary, and disagreements were resolved by discussion and consensus. For this paper, both authors have singed the *ICMJE Form for Disclosure of Potential Conflicts of Interest*.

Results

In this section, the results of the bibliographic review are described both in Table 2 and in the different sections explained. First, the theoretical frameworks and geographical contexts in which the research was carried out are explained. Second, the methodology of the selected articles is illustrated. Third, the sociodemographic characteristics of the victims are described. Finally, the last section explains the content of selected articles according to four health categories (including violence in social health).

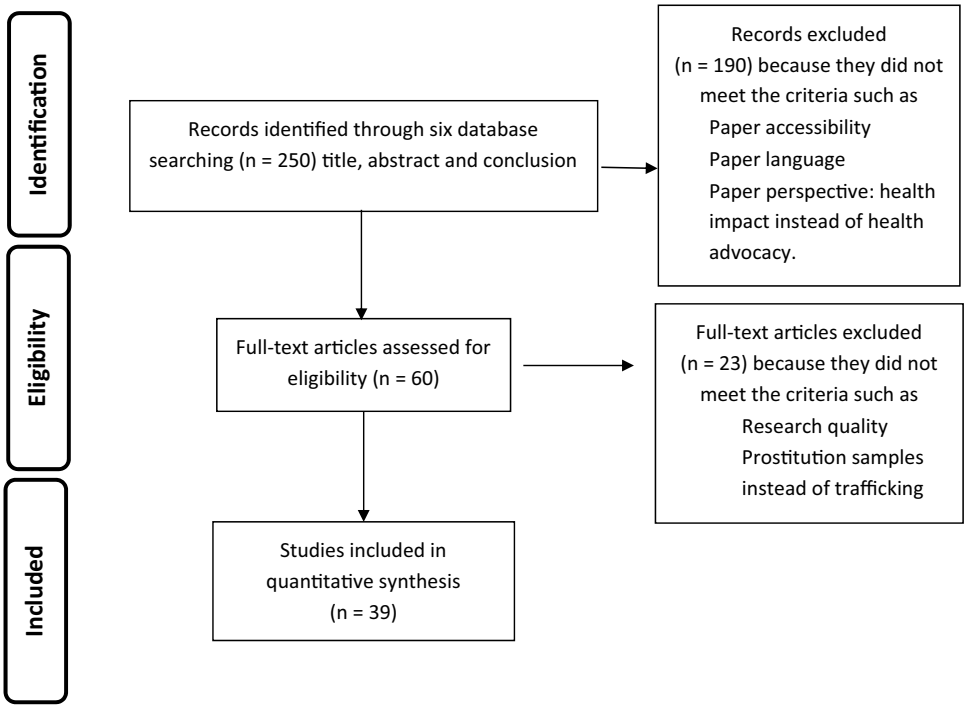

Fig. 1 Flowchart of systematic review

Table 2 Characteristics of reviewed papers

Author/year	Sample	Countries	Purpose	Main results
Abas et al., 2013	n = 120 women	Moldova	Sex trafficking (80.8%), labor trafficking	Risk factors for mental disorders are considered: duration of trafficking, number of unmet needs after the trafficking situation, and lack of social support
Acharya, 2008	n = 60 women	Mexico D.F.	Sex trafficking	Many victims suffered verbal abuse, beatings, confinement in room, burns, death threats, rapes of clients or traffickers, and group rapes
Acharya, 2015	n = 60 women	Mexico, Monterrey	Sex trafficking	More than 2/3rd of the victims of sexual trafficking have suffered an abortion, many of them not in a clinic. Victims have more than ten clients daily
Chudakov et al., 2002	n = 55 women	Israel	Sex trafficking (82%), prostitution	The victims usually suffer depression, do not use protection in oral sex, and have on average twelve clients per day
Decker, 2011	n = 815 women	Thailand	Sex trafficking (10.4%), prostitution	Trafficked women are likely to experience twice the sexual violence at the beginning, thrice the pregnancies, and twice the abortions as women in prostitution. Moreover, less than half of the women in prostitution are likely to use condom
Di Tommasso et al., 2009	n = 4559 women	Europe	Sex trafficking	Trafficking women suffer from movement restrictions, attacks, illegal working hours, lack of labor rights, and prohibition of access to basic services
Farley et al., 2004	n = 854 women, men, children, trans	Canada, Colombia, Germany, others	Sex trafficking, prostitution	Physical, psychological, and sexual reproductive health impacts are mentioned, along with a study of violence types and threats
Gezie et al., 2018	n = 1387 women, men, children	Ethiopia	Labor trafficking	Movement restriction affects anxiety, depression, and PTSD. Violence is associated with anxiety and PTSD. Social support impacts anxiety: the more the support, the less the anxiety
Gupta et al., 2011	n = 157 trafficked women	India	Sex trafficking, prostitution	Sex-trafficked women suffer more physical and sexual violence, threats, clients, and working days and hours and use less comprehensive care services and condom; moreover, they have less knowledge about HIV than other women in prostitution

Table 2 (continued)

Author/year	Sample	Countries	Purpose	Main results
Hopper et al. 2018	n = 131 women, men, children, trans	The United States	Sex trafficking, labor trafficking	Gender differences revealed that trafficking survivors who identified as transgender had more PTSD symptoms than male or female survivors
Hossain et al., 2010	n = 204 women	Moldova, Ukraine	Sex trafficking	Sexual violence is associated with higher levels of PTSD, longer exploitation time, and more levels of depression and anxiety. The longer the time elapsed since the rescue, the lesser the depression and anxiety; however, the same does not apply to PTSD
Iglesias-Ríos et al., 2018	n = 569 women	Cambodia, Vietnam, others	Sex trafficking, labor trafficking, Begging	Violence and coercion are predictors of symptoms of anxiety, PTSD, and depression. Personal and family threats are associated with a high prevalence of PTSD, and these are more than twice prevalent than anxiety
Kiss et al., 2015a	n = 1015 women, men, children	Cambodia, Thailand, Vietnam	Sex trafficking, labor trafficking, begging, forced marriage	Depression, anxiety, and PTSD are linked to excessive working hours, restricted freedom, poor living conditions, threats, or severe violence
Kiss et al., 2015b	n = 387 minors	Cambodia, Thailand, Vietnam, others	Sex trafficking (52%), labor trafficking, forced marriage	Physical violence is related to depression, anxiety, and suicidal thoughts, while sexual violence is associated with depression and suicide
Lederer et al., 2014	n = 107 women	The USA	Sex trafficking	Medical staff is unable to detect trafficked women who use medical services
Mostajabian et al., 2019	n = 129 homeless youth, trans	The USA, Texas	Sex trafficking, labor trafficking, exploitation	About 42.6% of homeless youth in the sample suffered abuse prior to exploitation, which is the main reason they left their homes. The Human Trafficking Screening Tool (HTST) identifies more trafficked victims
Nodzenski et al., 2019	n = 517 minors	Cambodia, Vietnam, Thailand	Sex trafficking (48´9%), labor trafficking, begging	Trafficked boys suffer more physical violence than girls. Trafficked girls suffer more sexual violence and depression and have more freedom. Trafficked children suffer from anxiety and PTSD

Table 2 (continued)

Author/year	Sample	Countries	Purpose	Main results
Oram et al., 2012a	n = 120 women	Moldova	Sex trafficking (81%), labor trafficking	The similarities between labor and sex trafficking women are head, stomach, back, and tooth aches. Sex-trafficked women have greater headaches, gynecological problems, and weight loss Labor-trafficked women have more back and vision problems
Oram et al., 2015	n = 133 women, men, children	The UK	Sex trafficking, labor trafficking	Physical or sexual abuse in childhood is higher (76%) than in adulthood (60%). Affective disorders have a greater impact in adulthood (34% vs 27% in minors)
Oram et al., 2016	n = 150 men, women	England	Sex trafficking (29%), domestic servitude (29.3%), labor exploitation (40.4%)	Sixty-six per cent of women reported being forced into sex during trafficking, including 95 per cent of those trafficked for sexual exploitation and 54 per cent of those trafficked for domestic servitude
Ostrovschi et al., 2011	n = 120 women	Moldova	Sex trafficking, labor trafficking	Some health problems persist after the rescue: PTSD, anxiety or mood disorders, and problems with alcohol or substance use
Pocock et al., 2016	n = 446 men	Cambodia, Myanmar, Thailand	Sex trafficking, begging	Trafficked men work without protective equipment, for 12–19 h per day, and under threats and violence. About 45.2% men who suffered injuries could not get medical attention and 47% still experienced pain
Pocock et al., 2018	n = 275 men	Cambodia, Myanmar	Labor trafficking	The most common symptoms in trafficked male are dizziness, exhaustion, headaches, memory problems, depression, PTSD, and anxiety
Raymond et al., 2002	n = 146 women	Indonesia, Philippines, Thailand, Venezuela, The USA	Sex trafficking	Different countries show different trends About 30%–80% US trafficked victims use condom (clients are willing to use protection) Indonesian trafficked victims reported that almost all clients refused to use a condom

Table 2 (continued)

Author/year	Sample	Countries	Purpose	Main results
Raymond et al., 2001	n = 35 women/n = 88 informant	The USA	Sex trafficking	Many trafficked women have suffered violence, lack of monetary freedom, control, HIV, psychological problems, and PTSD. Furthermore, pornography is used to blackmail them
Rimal et al., 2016	n = 66 women	Nepal	Sex trafficking	PTSD, depression, and anxiety are associated with HIV positive status and hours worked per day
Sarkar et al., 2008	n = 183 trafficked women	India, Nepal, Bangladesh	Sex trafficking, prostitution	Trafficked women face high levels of sexual violence and are associated with HIV. It is also related to victims under the age of 20 who suffer physical and sexual violence or forced sex
Silverman et al., 2006	n = 175 women	India	Sex trafficking	There is a 3–4% increase in the risk of contracting HIV for each additional month spent in a brothel. The longer you are trafficked and the younger you are, the more likely you are to contract HIV
Silverman et al., 2007	n = 287 women	Nepal	Sex trafficking	The longer you are trafficked and the younger you are, the more likely you are to contract HIV
Silverman et al., 2008	n = 246 women	Nepal	Sex trafficking	Victims who have HIV are more likely to have other infections, such as syphilis or hepatitis B
Silverman et al., 2011	n = 88 trafficked women	India	Sex trafficking, prostitution	Sex-trafficked women face high levels of sexual violence, alcohol consumption, and exposure to HIV infection
Stanley et al., 2016	n = 29 youth	The UK	Sex trafficking, labor trafficking, forced marriages	Young victims of trafficking generally suffer physical violence, threats, and restrictions on freedom and face deprivation, anxiety, PTSD, and suicidal thoughts
Tsutsumi et al., 2008	n = 164 women	Nepal	Sex trafficking, labor trafficking	There are many HIV positive victims of sex trafficking In other trafficking purposes, the 80% do not know if they have HIV
Turner-Moss et al., 2014	n = 35; men and women	The UK	Labor trafficking	Trafficked victims suffer from headache, back pain, fatigue, vision problems, dental pain, physical violence, and PTSD

Table 2 (continued)

Author/year	Sample	Countries	Purpose	Main results
Westwood et al., 2016	n = 136; men and women	England	Sex trafficking (30%), labor trafficking	About 19% of victims have access to general medicine; many need an interpreter for this. About 80% have never been left unaccompanied during trafficking
Zimmerman et al., 2003	n = 28 women/ n = 107 informants	Albania, Italy, The UK, Thailand, others	Sex trafficking, labor trafficking	Trafficked victims suffer from forced use of drugs and alcohol, restrictions and social manipulation, economic exploitation, debt bondage, and abusive conditions
Zimmerman et al., 2006	n = 207 women	Moldova, Ukraine, Italy, The UK, others	Sex trafficking (92%), labor trafficking	The victims suffer physical impacts (57% suffer between 12 –23 concurrent symptoms), psychological problems, reproductive impacts, and violence
Zimmerman et al., 2008	n = 192 women	Belgium, Bulgaria, Italy, The UK, others	Sex trafficking	63% of trafficked victims reported 10 simultaneous symptoms in the last 2 weeks previous to the investigation
Zimmerman et al., 2014	n = 1102 women, men, children	Cambodia, Thailand, Vietnam	Sex trafficking labor trafficking, begging, forced marriages	This is a detailed study on all the dimensions of health. It also shows the differences between trafficking purposes

Description of Reviewed Papers

In general, the selected articles began with a description of the impact of HT on victims´ health. Some of them included prevention and intervention models. Relatively little research explicitly included a theoretical framework, although a definition of trafficking was alluded to in the introduction of the studies. These studies also mentioned gender perspectives and migration issues.

The countries with the most research were India, Nepal, the United States, the United Kingdom, and Moldova (Table 2). Of the 39 articles selected, 20 were national, 15 were supranational, and 4 were regional. Most were carried out in Asia (n = 12) and Europe (n = 10), and a few were carried out in America (n = 8) and Africa (n = 2). Consistent with other reviews [6], a considerable amount of the research on health and trafficking was conducted at the *London School of Hygiene and Tropical Medicine,* and the most active author was *Cathy Zimmerman*.

Methodology of Reviewed Papers

Most studies mentioned inclusion and/or exclusion criteria (n = 26). The most commonly used design was quantitative (n = 23), followed by a mixed methodology approach (n = 11). Qualitative methodology was used in only a few cases (n = 5). In the studies that used a quantitative design, some type of regression model was used, in particular bivariable or multivariable logistic models.

Most of the research was cross-sectional and examined the health conditions of trafficking victims with few experimental models and longitudinal studies. In addition, several articles used standardized tools such as (i) Structured Clinical Interview for DSM-IV (SCID); (ii) post-traumatic stress disorder (PTSD) checklist (PCL); (iii) Brief Symptom Inventory (BSI); (iv) Harvard Trauma Questionnaire (HTQ); (v) Miller Abuse Physical Symptoms and Injury Survey (MAPSAIS); and (vi) Hopkins symptoms checklist. Interviews and questionnaires were the most commonly used research techniques, followed by medical records. Most of the selected papers used convenience or consecutive sampling.

The sample size of the studies ranged from 35 to 4559 victims. Some samples included key informants, and all of them used non-probability sampling. Most of the samples were obtained through access to services that cared for victims [7, 10–40]; the remaining samples were arranged through direct contact with prostitution places or victims [41–46], and one study was a clinical sample [47]. This means that the studies collected indirect information, especially from victim-serving organizations, such as non-governmental organizations, international migration organizations and social services in each country.

Demographic Characteristics of Reviewed Papers

All studies specified the proportion of men and women in the sample. The samples mostly comprised women (see Table 2), who were mainly involved in sex trafficking (31/39; especially in prostitution) followed by labour trafficking (14/39; especially in domestic service). There were a few studies on men (10/39), especially in labour trafficking (8/39). There has been no study exclusively on sex trafficking of men. However, there was a study on sex trafficking in women that had a significant sample of men [13] and studies with a nonsignificant sample of men [15, 35, 36, 39, 40], implying a gender bias in the research to date. In relation to gender identity, two articles reported transgendered people in the sample [13, 39], and one article has only one case [18].

Regarding HT purposes, 35 articles studied sex trafficking, 21 labour trafficking, five forced begging, and four forced marriages (see Table 2). A few studies had pointed out combined trafficking purposes [34], which makes it difficult to identify categories of victims.

Moreover, 100% of the studies mentioned aspects of the age of the victims. The age range varied from 7 to 61 years; however, most of the studies presented a mean age between 15 and 30 years, with a higher range in male samples (25–35 years). A total of 10/37 studies focused on minors (see Table 2), but only two were specific about child trafficking [16, 19] and two about youth [18, 32]. One of the studies [13] indicated that 75% of HT victims had been homeless at some point in their life. In a study of young homeless victims [18], 42.6% suffered abuse prior to exploitation, which was the main reason for leaving home; 22.5% reported having sex in exchange for food, clothing, money, or housing (70% were minors at the time).

The studies also frequently mentioned the nationality [7, 10, 13–21, 23–25, 28–30, 35–38, 41, 43–45] or ethnicity [18, 25–27, 42, 46] of the victims interviewed. The most frequently cited countries of birth or origin were Vietnam, Cambodia, Myanmar, Moldova, Russia, Ukraine, India, Nepal, Thailand, Laos, and Nigeria. According to a bibliographic review [6], regions of the world with a higher prevalence of HT had a lower contribution to the research.

Approximately 80% of the studies were carried out in a "post-trafficking" situation where victims had already been rescued. However, the remaining studies [13, 39–46] were carried out when victims were in trafficking or prostitution situations. Furthermore, 13 studies included information on child abuse or abuse prior to recruitment [7, 10, 11, 13, 16, 19–21, 25, 26, 36–41]. The results of these studies showed that between 20 and 59% of the victims had experienced physical violence and between 28 and 63% sexual violence.

Furthermore, 19 studies mentioned the marital status of the victims [7, 11, 12, 20–22, 27, 29–31, 33, 36–38, 40–43, 46, 47] approximately 20% said they were married and 60% were single/unmarried/never married. Moreover, 11/37 studies provided data on the respondents' children [10–12, 18, 20, 21, 33, 36–38, 40, 43]; between 25 and 53% were mothers. Notably, studies of exclusively male samples did not descriptions of marital status or parenthood, implying a gender bias in the research to date.

We found that 21 of the articles [11, 12, 15, 18, 19, 21–27, 30, 32, 33, 36, 40–43, 46, 47] mentioned the educational level of the victims in the sample: 40.7–53.3% had completed primary education (grades 1–5), 22.9–43.7% had completed secondary education (grades 6–8), and 5.9–51.7% were educated beyond 10th grade.

Only four publications studied the religious dimension [27, 30, 46, 47]. According to the region of the study and the nationality of the respondents, the main religions were Islam, Hinduism, Buddhism, and Christianity (Protestant and Orthodox). Only one of the studies [27] measured religiosity at three levels (very, fairly, and somewhat). These types of questions should be asked and studied further because spirituality and religiosity could impact both positive (faith, hope, and resilience) and negative (guilt, coercion, and shame) aspects of their experience.

Content and Results of Reviewed Papers

In terms of content, 29 articles studied violence, 28 psychological problems, 20 sexual-reproductive problems, 17 physical problems, and 17 social health. Because of that, these following sections therefore explain each of these dimensions of health: social, psychological, physical, and sexual.

Social Health

The term "social health" is used for this paper as the social and economic dimensions of trafficking are fundamental and have an impact on health. Social health includes many categories of what Zimmerman [10] called social well-being (isolation, social restrictions, and manipulation); economic-related well-being (debts and available money); legal security (having identification or access to resources); and occupational and environmental health (living or working conditions). The studies reviewed dealt mainly with social health, which addresses living and working conditions, violence, and access to resources (Table 3). These social factors affect physical health, as they may result in fractures or pain; sexual health, as they increase infections; and mental health, as they increase depression, anxiety, PTSD, and suicide attempts.

Research to date has characterized the inadequate food and water conditions that victims suffered when captured (Table 3). However, a gap was discovered in social health research on trafficking survivors related to the food

insecurity, eating disorders, and other cultural characteristics related to nutrition such as culture, and religion. At this point, it is worth mentioning that nutritional problems could translate into various physical or mental problems.

In this regard, the Sustainable Development Goals (SDGs) have set a target to "achieve Universal Health Coverage" (SDG 3.8). According to some studies, half of the victims were deprived of medical attention [10, 12, 13, 18, 24, 34, 36]. Approximately 19–35% had access to a doctor, health centre, or sexual health clinic during trafficking [17, 23, 26, 35, 36]; however, they were not identified or assisted as trafficking victims.

Furthermore, the SDGs also aims to "strengthen the prevention and treatment of substance abuse" (Target 3.5), such as alcohol and drugs abuse. Forced substance abuse was noted in some studies and ranged between 5.8 and 71% [10, 17, 24–26, 36, 37, 40, 42]. Voluntary use and addiction problems were mentioned to be present among 3.2% to 84.3% of trafficking victims [10, 13, 17, 18, 20, 22, 24, 26, 30, 36, 37, 44].

The victims' support network and social inclusion were also examined. Victims were asked if they had at least one trusted person [10, 11, 22]. The results showed that between 32.5 and 42.5% of victims had someone to support them. Similarly, between 51 and 70.22% said they needed support from peers or friends [13, 40, 46]. Social and family support had a positive effect on mental health problems (such as anxiety), and the risk decreased with higher levels of support [11, 46].

Due to its diverse manifestations, the study of violence is complex (Table 3). Psychological violence was only studied by three studies [12, 25, 26], in which between 8.5 and 85% of the victims reported having suffered this type of violence. Studies that have looked at perpetrators [12, 14, 17, 23, 25, 42] show that between 12.9 and 80% suffered violence from employers, partners, or traffickers. When compared by gender, the statistics on sexual violence show great differences (97.1% women vs 2.9% men); these acts of sexual violence were mostly committed by clients or pimps [36]. Compare by age, child victims were more likely to experience violence (76%) than adults (60%) [20].

Psychological health

There was great heterogeneity in methodological procedures used to collect information on psychological disorders, which made it difficult to draw conclusions. Some studies assessed the presence of the mental health problems in a dichotomous manner; others used scales to assess severity [46]. Another variable considered was timing of the interview, as the level of psychological distress decreased as time passed after the trafficking situation [7]. Most of the articles estimated mental health problems using standardized checklists or self-reported interviews (n = 17), whereas only a few articles used psychiatrist's diagnoses (n = 4).

Most victims (98.1%) reported at least one psychological problem [17]. Psychological problems have been reported to last longer than physical problems [7], to last longer in trafficking victims than in the general population [37], and to be more frequent [25]. Sexual violence in trafficked people has been associated with higher levels of PTSD, but this disorder does not diminish over time like other psychological problems [7]. However, some symptoms have been shown to reduce to 6% with appropriate professional treatment [7].

The risk factors responsible for PTSD, anxiety, and depression (Table 4) were unmet needs after the trafficking situation, lack of social support after the situation, and abuse during childhood [11]. Anxiety was related to the hours worked, duration of the trafficking situation, and HIV status of sexually exploited victims [27]. At least 12 months of psychological treatment was shown to be necessary for victims to recover after rescue [22].

Table 3 Social impact on victims of human trafficking

	Minimum %	Maximum %	Studies that mentioned it
Insufficient food	13.7	44	[10, 12, 15, 16, 18, 19, 24, 32, 34, 36, 40]
Inadequate water for drinking	8.1	52.7	[10, 15, 16, 18, 19, 24, 32, 34, 36, 40]
Poor basic hygiene	12.8	65.1	[10, 15, 16, 19, 24, 32, 34, 36, 40]
No protective equipment	13.5	46.4	[23, 24, 32, 34, 36]
Cheated of wages	27.5	70.9	[10, 18, 23, 24, 26]
Denied access to their passport or identity documents	11.7	83.1	[18, 23, 24, 32, 36, 40]
Working everyday	56	97.5	[10, 12, 15, 16, 19, 23, 24, 36]
Living and sleeping in overcrowded rooms	21.5	88.4	[10, 15, 16, 19, 24, 32, 36, 40]
No freedom to go as per wish	41.8	77	[7, 10, 12, 15, 18, 19, 23, 24, 26, 32, 35–38, 42, 40]
Threats to self or family	6.5	91	[7, 10, 12–15, 17–19, 23, 25, 26, 32, 34, 36–38, 42, 47, 40]
Physical violence	12.9	80	[7, 10, 12–20, 23, 25, 26, 32, 34, 36–40, 45, 47, 39, 40]
Sexual violence	15.7	92.6	[7, 10, 12–20, 25, 30, 32, 36–40, 47, 39, 40]

Physical health

The most common physical health problems were headaches, fatigue, and memory problems (Table 5), and despite the passage of time, half of the women still suffered from them [35]. Musculoskeletal injuries were severe, especially in trafficked people into the fishing and construction sectors [36]. Victims of sex trafficking had more headaches, gynaecological problems, and weight loss, while labour trafficking victims suffered more back and vision problems [21]. Furthermore, there was a correlation between the duration of trafficking situations and headache and memory problems [21].

Sexual health

According to previous studies, female victims often complain of problems in the reproductive system; among these problems, the most studied have been pelvic pain (25–63%) [10, 25, 37, 38, 42], gynaecological or urinary infections (43.8–61%) [17, 37, 38], pain during sex (47%) [17, 42], abnormal bleeding (23–44%) [25, 42], or worrisome vaginal discharge (33.3–45%) [17, 37, 38, 42]. There is a very large gender bias regarding studies on male trafficking, where sexual health and STIs have been systematically forgotten, in contrast to studies with female samples.

"Universal access to sexual and reproductive health" is Target 3.7 of the SDG. Studies reviewed indicated that victims had forced and unsafe abortions [10, 17, 36, 37, 41, 43, 45] as well as limited access to health services and gynaecological care [10, 26]. Only 65.9% underwent a sexually transmitted infection (STI) test, and 81.2% underwent an HIV test [45]. Similarly, a detailed study [33] showed that 25% of sex trafficked women and 80% of labour trafficked women did not know if they were HIV positive.

Regarding sex trafficking, studies reported that the percentage of people who "always use" condoms ranges from 5.6 to 55.2% [10, 12, 25, 30, 36, 42, 45, 47]. This depends on several factors, including denial of freedom to choose clients (96.3%), choose services 88% [12], and use condoms (68%) [12, 17] and inability to stop doing something against their will (17.5–16%) [18, 44]. Moreover, social health was also related to hours worked daily: the minimum reported duration was 11.8 h, and the maximum was 21 [10, 12, 15, 16, 23, 24, 27, 36].

"Ending of communicable disease transmission" is Target 3.3 of the SDG. Approximately 28.7–67.3% of victims had an STI [17, 18, 26, 37, 40, 45], and 2% to 49.6% were HIV positive [27–31, 37, 44]. Being HIV positive increased the likelihood of contracting a second STI, especially syphilis or hepatitis B [28]. As expected, there were higher HIV levels in sex-trafficked victims [33]. Each additional month spent in a brothel increased the likelihood of contracting HIV by 3–4%; additionally, child victims were at high risk of contracting HIV [29, 31]. Similarly, HIV positivity was associated not only with age below 20 years, but also with physical or sexual violence [44].

Discussion

The main finding of this review is the importance of social health (in terms of support, violence, medical care, living and working conditions) and its impact on physical, mental, and sexual health. The novelty of this review is the need for studies that integrate various aspects of health, thereby

Table 4 Psychological impact on victims of human trafficking

	Minimum %	Maximum %	Studies that mentioned it
PTSD	13	77	[11, 13–17, 19, 21, 22, 24, 27, 32–34, 36–40, 39, 40]
Depression	12	88.7	[13–19, 24–27, 33, 36, 37, 43, 46, 39, 40]
Suicidal thoughts/attempts	5.2	45	[10, 13, 15–18, 21, 24–26, 32, 35–40]
Anxiety disorder	10	97.7	[10, 13–16, 19, 24, 27, 33, 36, 37, 46, 40]

Table 5 Physical impact on victims of human trafficking

	Minimum %	Maximum %	Studies that mentioned it
Musculoskeletal symptoms	17.7	68.75	[10, 13, 15, 21, 26, 32, 34, 36–38, 42, 40]
Headaches	19.6	82.29	[10, 13, 15, 17, 21, 25, 32, 34–38, 40]
Memory problems	13.3	82.1	[15, 17, 21, 25, 32, 34–38, 40]
Breathing difficulties	17.7	82	[15, 17, 21, 25, 34–38, 40]
Skin problems and injuries	3.1	70	[7, 10, 15, 17, 19, 21, 23, 25, 26, 34–38, 40]
Loss of appetite or weight	13	64	[10, 15, 17, 21, 25, 32, 34, 36–38, 40]
Dental problems	8.4	58	[10, 15, 17, 21, 25, 26, 32, 34, 36–38, 40]

overcoming the dichotomy of medical and social studies. In this sense, we subscribe to the Engel approach [8] and suggest that it is necessary to find a new paradigm that integrates the social and medical sciences. The review highlights the number of studies on generalized violence (29 studies) and the prevalence of mental health problems (28 studies) in HT victims.

Despite similarities with other victims, trafficking victims suffer problems that require as much attention as 20 cases of domestic violence [48]. One of the greatest difficulties and differences with other victims is access to healthcare. It is known that victims sometimes went to medical facilities; however, they were not identified or assisted as victims of trafficking [17]. As mentioned previously [5], further research is needed into health impacts, and more coordinated support should be provided by care institutions. Therefore, further health research (SDG 3) is needed to improve both the identification and care of victims. This review reiterates the need to study health, as research on trafficking mainly focuses on law and criminology [6]. The more that is known about all the dimensions that impact health, the better professionals will be able to detect and support victims in recovery. The Sustainable Development Goals call for urgent investment in the prevention, treatment, and promotion of mental health, especially reductions in the suicide mortality rate (Target 3.4). Levels of depression in victims of sex trafficking were higher (100%) than in other victims (80.8%) [33]. Regarding trafficked children, sexual violence was associated with depression and suicide; physical violence was associated with depression, anxiety, and suicide [16].

Previous reviews on trafficking have denounced poor design and lack of rigorous research, methodological transparency, and explanatory techniques [49]—aspects also perceived by this study. In addition, most of the articles estimated mental health problems through standardized checklists or interviews and used standardized checklists or self-reported interviews -only few used psychiatrist's diagnoses. In addition, most of the research was conducted in "post-trafficking" situation where victims had already been rescued -only few samples were arranged through direct contact with prostitution places.

Furthermore, there is a tendency to study mostly sex trafficking in women and girls [50]. A systematic review conducted in 2016 [51] also called for more research into effective psychological interventions with trafficking victims and the factors that increased risks for mental and sexual problems. Although research on trafficking has increased, the gap in health impact research persists [6, 51]. In this line, we reiterate that the gaps in research on human trafficking remain unanswered a few years later. The recommendation is to further study and analyse the specific needs in situations with other trafficking purposes (forced begging, forced marriages, commission of crimes, organ trafficking) and other groups (minors, people with disabilities, men, transsexuals). In the same line, two articles reported important representation of transgender people in the sample [13, 39], two were specific about child trafficking [16, 19] and two about youth [18, 32].

New research gaps have been identified in this systematic review. Many gender biases have been discovered in studies with men and young male trafficking victims. It was found that fatherhood and marital status were not studied in the male samples of human trafficking, although was widely studied in female samples. This is of great concern because we do not know whether trafficked men are fathers or husbands, in which case they may have financial responsibilities to their children or families, and this could be a risk factor for coercion or vulnerability. Similarly, it was found that sexual health in male samples had not been studied, so we do not know whether male survivors suffer from sexually transmitted infections and therefore need treatment. Finally, there was only one study that had a significant sample involving male sex trafficking [13], which creates a huge research gap. In terms of nationality, few of the articles selected were conducted on the African continent, so more studies would be needed to understand human trafficking and health, specially from the perspective of the country from which the victims were recruited. In this regard, East Asia and sub-Saharan Africa were the main origin regions from trafficking victims [2]. However, regions of the world with a higher prevalence of HT had a lower contribution to the research [6].

To date, religious and nutritional conditions have not been. Religious and spiritual dimensions are an important component of identity, and examination of these beliefs should be kept in mind in future research. When professionals work with survivors of trafficking, they should be aware that this dimension of victims can have a positive or negative impact. Some beliefs make survivors more likely to feel guilty or manipulated by criminal trafficking networks, while other beliefs are a source of resilience or hope. In another sense, nutritional conditions also contribute to health: first, trafficking victims do not have food safety and cannot always afford a basic good, such as food; second, people trafficked are almost never free to buy, eat, choose, and cook their food. Third, alimentation depends on the culture and religion. Along these lines, eating disorders and their physical or psychological impact remain understudied in trafficking victims.

However, this review has some limitations. First, the only studies in English and Spanish were included due to the fluidity of the authors, so that biases in this sense may exist [51]. Second, as this was a hidden population, the study samples were not randomized, which may not reflect other health problems. Last, it is possible that other reviews not focused

on health may have collected some data on well-being but were not included in this review.

Conclusions

The major contribution of this review is to study health from a broader perspective, beyond psychophysical symptoms, to understand the global impact of human trafficking on sexual, social, physical, and psychological health (SDG 3). Thus, social health (as influenced by violence, social support, medical care, hours worked per day, duration of trafficking situation, freedom, age, and gender) is related to physical, sexual, and psychological health. More studies are needed to understand the impact of human trafficking on the biopsychosocial health of victims, especially to fill the research gaps related to nutrition conditions or eating disorders, and religiosity or spirituality.

In addition, the review detected very important gaps and gender biases (SDG 5) in knowledge in this field, such as lack of studies on trafficking in men and young males. Moreover, unlike studies conducted on samples of women, those conducted on men did not study parenthood, sexual health, marital status, or sex trafficking. These systematic gaps in research make the trafficking situation of men less visible. Coupled with this, gender bias in the literature reproduces women's gender roles (asking about motherhood, sexual health, or marital status), while men are not asked these questions (and their specific needs are not studied or known).

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References

1. International Labor Organization. Global estimates of modern slavery: Forced labor and forced marriage. 2017.
2. Kangaspunta K, Sarrica F, Johansen R, Samson J, Rybarska A, Whelan K. Global Report on Trafficking in Persons 2018. United Nations Office on Drugs and Crime (UNODC).
3. Francis B, Walby S, Pattinson B, Elliott A, Hoti-Llabjani V, Phoenix J, Verrall R, Peelo M. Data collection on trafficking in human beings in the EU. 2018. Final report. European Commission, Luxembourg. ISBN 9789279967061
4. General Assembly. Transforming our world: the 2030 Agenda for Sustainable Development: UN; 2015. Document: A/RES/70/1.
5. Oram S, Stöckl H, Busza J, Howard LM, Zimmerman C. Prevalence and risk of violence and the physical, mental, and sexual health problems associated with human trafficking: systematic review. PLoS Med. 2012;9(5):e1001224. https://doi.org/10.1371/journal.pmed.1001224.
6. Sweileh WM. Research trends on human trafficking: a bibliometric analysis using Scopus database. Glob Health. 2018;14(1):106. https://doi.org/10.1186/s12992-018-0427-9.
7. Hossain M, Zimmerman C, Abas M, Light M, Watts C. The relationship of trauma to mental disorders among trafficked and sexually exploited girls and women. Am J Public Health. 2010;100(12):2442–9. https://doi.org/10.2105/AJPH.2009.173229.
8. Engel G. The need for a new medical model: a challenge for biomedicine. Fam Syst Med. 1992;10(3):317. https://doi.org/10.1037/h0089260.
9. Grant MJ, Booth A. A typology of reviews: an analysis of 14 review types and associated methodologies. Health Info Libr J. 2009;26(2):91–108. https://doi.org/10.1111/j.1471-1842.2009.00848.x.
10. Zimmerman C, Yun K, Shvab I, Watts C, Trappolin L, Treppete M, Bimbi F, Adams B, Jiraporn S, Beci L. The health risks and consequences of trafficking in women and adolescents: Findings from a European study. 2003.
11. Abas M, Ostrovschi NV, Prince M, Gorceag VI, Trigub C, Oram S. Risk factors for mental disorders in women survivors of human trafficking: a historical cohort study. BMC Psychiatry. 2013;13(1):204. https://doi.org/10.1186/1471-244X-13-204.
12. Di Tommaso ML, Shima I, Strøm S, Bettio F. As bad as it gets: well-being deprivation of sexually exploited trafficked women. Eur J Polit Econ. 2009;25(2):143–62. https://doi.org/10.1016/j.ejpoleco.2008.11.002.
13. Farley M, Cotton A, Lynne J, Zumbeck S, Spiwak F, Reyes ME, Alvarez D, Sezgin U. Prostitution and trafficking in nine countries: an update on violence and posttraumatic stress disorder. J Trauma Pract. 2004;2(3–4):33–74. https://doi.org/10.1300/J189v02n03_03.
14. Iglesias-Rios L, Harlow SD, Burgard SA, Kiss L, Zimmerman C. Mental health, violence and psychological coercion among female and male trafficking survivors in the greater Mekong sub-region: a cross-sectional study. BMC Psychol. 2018;6(1):56. https://doi.org/10.1186/s40359-018-0269-5.
15. Kiss L, Pocock NS, Naisanguansri V, Suos S, Dickson B, Thuy D, Koehler J, Sirisup K, Pongrungsee N, Borland R. Health of men, women, and children in post-trafficking services in Cambodia, Thailand, and Vietnam: an observational cross-sectional study. Lancet Glob Health. 2015;3(3):e154–61. https://doi.org/10.1016/S2214-109X(15)70016-1.
16. Kiss L, Yun K, Pocock N, Zimmerman C. Exploitation, violence, and suicide risk among child and adolescent survivors of human trafficking in the Greater Mekong Subregion. JAMA Pediatrics. 2015;169(9):e152278. https://doi.org/10.1001/jamapediatrics.2015.2278.
17. Lederer LJ, Wetzel CA. The health consequences of sex trafficking and their implications for identifying victims in healthcare facilities. Ann Health Law. 2014;23:61.
18. Mostajabian S, Santa Maria D, Wiemann C, Newlin E, Bocchini C. Identifying sexual and labor exploitation among sheltered youth experiencing homelessness: a comparison of screening methods. Int J Environ Res Public Health. 2019;16(3):363. https://doi.org/10.3390/ijerph16030363.

19. Nodzenski M, Kiss L, Pocock NS, Stoeckl H, Zimmerman C, Buller AM. Post-trafficking stressors: the influence of hopes, fears and expectations on the mental health of young trafficking survivors in the Greater Mekong Sub-region. Child Abuse Negl. 2020;100:104067. https://doi.org/10.1016/j.chiabu.2019.104067.
20. Oram S, Khondoker M, Abas M, Broadbent M, Howard LM. Characteristics of trafficked adults and children with severe mental illness: a historical cohort study. Lancet Psychiatry. 2015;2(12):1084–91. https://doi.org/10.1016/S2215-0366(15)00290-4.
21. Oram S, Ostrovschi NV, Gorceag VI, Hotineanu MA, Gorceag L, Trigub C, Abas M. Physical health symptoms reported by trafficked women receiving post-trafficking support in Moldova: prevalence, severity and associated factors. BMC Womens Health. 2012;12(1):20. https://doi.org/10.1186/1472-6874-12-20.
22. Ostrovschi NV, Prince MJ, Zimmerman C, Hotineanu MA, Gorceag LT, Gorceag VI, Flach C, Abas MA. Women in post-trafficking services in Moldova: diagnostic interviews over two time periods to assess returning women's mental health. BMC Public Health. 2011;11(1):232. https://doi.org/10.1186/1471-2458-11-232.
23. Pocock NS, Kiss L, Oram S, Zimmerman C. Labour trafficking among men and boys in the greater Mekong subregion: exploitation, violence, occupational health risks and injuries. PLoS ONE. 2016;11(12):e0168500. https://doi.org/10.1371/journal.pone.0168500.
24. Pocock NS, Tadee R, Tharawan K, Rongrongmuang W, Dickson B, Suos S, Kiss L, Zimmerman C. "Because if we talk about health issues first, it is easier to talk about human trafficking"; findings from a mixed methods study on health needs and service provision among migrant and trafficked fishermen in the Mekong. Glob Health. 2018;14(1):45. https://doi.org/10.1186/s12992-018-0361-x.
25. Raymond JG, D'Cunha J, Dzuhayatin SR, Hynes HP, Rodriguez ZR, Santos A. A comparative study of women trafficked in the migration process. Coalition Against Trafficking in Women University of Massachusetts PO Box. 2002; 9338.
26. Raymond JG, Hughes D, Gomez CJ. Sex trafficking of women in the United States. International sex trafficking of women & children: understanding the global epidemic. 2001; 3–14.
27. Rimal R, Papadopoulos C. The mental health of sexually trafficked female survivors in Nepal. Int J Soc Psychiatry. 2016;62(5):487–95. https://doi.org/10.1177/0020764016651457.
28. Silverman JG, Decker MR, Gupta J, Dharmadhikari A, Seage GR III, Raj A. Syphilis and hepatitis B co-infection among HIV-infected, sex-trafficked women and girls, Nepal. Emerg Infect Dis. 2008;14(6):932. https://doi.org/10.3201/eid1406.080090.
29. Silverman JG, Decker MR, Gupta J, Maheshwari A, Patel V, Raj A. HIV prevalence and predictors among rescued sex-trafficked women and girls in Mumbai, India. J Acquir Immune Defic Syndr. 2006;43(5):588–93. https://doi.org/10.1097/01.qai.0000243101.57523.7d.
30. Silverman JG, Decker MR, Gupta J, Maheshwari A, Willis BM, Raj A. HIV prevalence and predictors of infection in sex-trafficked Nepalese girls and women. JAMA. 2007;298(5):536–42. https://doi.org/10.1001/jama.298.5.536.
31. Silverman JG, Raj A, Cheng DM, Decker MR, Coleman S, Bridden C, Pardeshi M, Saggurti N, Samet JH. Sex trafficking and initiation-related violence, alcohol use, and HIV risk among HIV-infected female sex workers in Mumbai, India. J Infect Dis. 2011;204(Suppl 5):S1229–34. https://doi.org/10.1093/infdis/jir540.
32. Stanley N, Oram S, Jakobowitz S, Westwood J, Borschmann R, Zimmerman C, Howard LM. The health needs and healthcare experiences of young people trafficked into the UK. Child Abuse Negl. 2016;59:100–10. https://doi.org/10.1016/j.chiabu.2016.08.001.
33. Tsutsumi A, Izutsu T, Poudyal AK, Kato S, Marui E. Mental health of female survivors of human trafficking in Nepal. Soc Sci Med. 2008;66(8):1841–7. https://doi.org/10.1016/j.socscimed.2007.12.025.
34. Turner-Moss E, Zimmerman C, Howard LM, Oram S. Labour exploitation and health: a case series of men and women seeking post-trafficking services. J Immigr Minor Health. 2014;16(3):473–80. https://doi.org/10.1007/s10903-013-9832-6.
35. Westwood J, Howard LM, Stanley N, Zimmerman C, Gerada C, Oram S. Access to, and experiences of, healthcare services by trafficked people: findings from a mixed-methods study in England. Br J Gen Pract. 2016;66(652):e794–801. https://doi.org/10.3399/bjgp16X687073.
36. Zimmerman C, Kiss L, Pocock NS, Naisanguansri V, Soksreymom S, Pongrungsee N, Borland R. Health and human trafficking in the Greater Mekong Subregion. Findings from a survey of men women and children in Cambodia, Thailand and Viet Nam. International Organization for Migration and the London School of Hygiene and Tropical Medicine. 2014; 4.
37. Zimmerman C, Hossain M, Yun K, Roche B, Morison L, Watts C. Stolen smiles: a summary report on the physical and psychological health consequences of women and adolescents trafficked in Europe. 2006.
38. Zimmerman C, Hossain M, Yun K, Gajdadziev V, Guzun N, Tchomarova M, Ciarrocchi RA, Johansson A, Kefurtova A, Scodanibbio S. The health of trafficked women: a survey of women entering posttrafficking services in Europe. Am J Public Health. 2008;98(1):55–9. https://doi.org/10.2105/AJPH.2006.108357.
39. Hopper EK, Gonzalez LD. A comparison of psychological symptoms in survivors of sex and labor trafficking. Behav Med. 2018;44(3):177–88. https://doi.org/10.1080/08964289.2018.1432551.
40. Oram S, Abas M, Bick D, Boyle A, French R, Jakobowitz S, Zimmerman C. Human trafficking and health: a survey of male and female survivors in England. Am J Public Health. 2016;106(6):1073–8. https://doi.org/10.2105/AJPH.2016.303095.
41. Acharya AK. Trafficking of women in Mexico and their health risk: issues and problems. Soc Inclusion. 2015;3(1):103–12. https://doi.org/10.17645/si.v3i1.179.
42. Acharya AK. Sexual violence and proximate risks: a study on trafficked women in Mexico City. Gend Technol Dev. 2008;12(1):77–99. https://doi.org/10.1177/097185240701200106.
43. Chudakov B, Ilan K, Belmaker RH, Cwikel J. The motivation and mental health of sex workers. J Sex Marital Ther. 2002;28(4):305–15. https://doi.org/10.1080/00926230290001439.
44. Sarkar K, Bal B, Mukherjee R, Chakraborty S, Saha S, Ghosh A, Parsons S. Sex-trafficking, violence, negotiating skill, and HIV infection in brothel-based sex workers of eastern India, adjoining Nepal, Bhutan, and Bangladesh. J Health Popul Nutr. 2008;26(2):223.
45. Decker MR, McCauley HL, Phuengsamran D, Janyam S, Silverman JG. Sex trafficking, sexual risk, sexually transmitted infection and reproductive health among female sex workers in Thailand. J Epidemiol Community Health. 2011;65(4):334–9. https://doi.org/10.1136/jech.2009.096834.
46. Gezie LD, Yalew AW, Gete YK, Azale T, Brand T, Zeeb H. Socioeconomic, trafficking exposures and mental health symptoms of human trafficking returnees in Ethiopia: using a generalized structural equation modelling. Int J Ment Heal Syst. 2018;12(1):62. https://doi.org/10.1186/s13033-018-0241-z.
47. Gupta J, Reed E, Kershaw T, Blankenship KM. History of sex trafficking, recent experiences of violence, and HIV vulnerability among female sex workers in coastal Andhra Pradesh, India. Int

J Gynecol Obstet. 2011;114(2):101–5. https://doi.org/10.1016/j.ijgo.2011.03.005.
48. Clawson HJ, Small KM, Go ES, Myles BW. Needs assessment for service providers and trafficking victims. Fairfax: Caliber; 2003.
49. Cockbain E, Bowers K, Dimitrova G. Human trafficking for labour exploitation: the results of a two-phase systematic review mapping the European evidence base and synthesising key scientific research evidence. J Exp Criminol. 2018;14(3):319–60. https://doi.org/10.1007/s11292-017-9321-3.
50. Okech D, Choi YJ, Elkins J, Burns AC. Seventeen years of human trafficking research in social work: a review of the literature. J Evid-Informed Soc Work. 2018;15(2):103–22. https://doi.org/10.1080/23761407.2017.1415177.
51. Pieper D, Puljak L. Language restrictions in systematic reviews should not be imposed in the search strategy but in the eligibility criteria if necessary. J Clin Epidemiol. 2021;132:146–7. https://doi.org/10.1016/j.jclinepi.2020.12.027.

4.3 Tercera publicación

Impact of the COVID-19 pandemic on the health of survivors of trafficking for sexual exploitation: a qualitative study in Spain

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Impact of the COVID-19 pandemic on the health of survivors of trafficking for sexual exploitation: a qualitative study in Spain

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Abstract

Purpose – *The purpose of this paper was to explore the health of trafficking survivors in Spain, which is relatively unstudied (Sweileh, 2018). Therefore, the objectives of this study are to describe the health conditions, access to health-care facilities, COVID-19 protection and health challenges in relation to the COVID-19 pandemic reported by women survivors of human trafficking in Spain.*

Design/methodology/approach – *Due to the pandemic situation, limited research and the complexity of the issue, the authors took a qualitative approach. A cross-sectional study was carried out through interviews with women survivors of human trafficking for sexual exploitation in Spain. Prior to the interviews, the researchers conducted written interviews with social workers to understand the most important challenges that the women survivors were experiencing during confinement. As a result of these written interviews, the interview script for the survivors was modified.*

Findings – *To sum up, the COVID-19 situation poses several challenges, including social difficulties (food insecurity; violence; terrible housing conditions; working pressure; poor sleeping habits; and cultural, linguistic and religious challenges), medical insecurity (due to lockdowns, negative experiences in care, lack of official documents, collapse of hospitals, telephone monitoring and fear of contagion), great emotional distress reported by women (anxiety, fear, sadness, post-traumatic stress disorder, stigma and substance use) and physical health problems (serious weight loss, muscle pains, dental problems and sexual and reproductive health-care limitations).*

Research limitations/implications – *As is usual in qualitative research, rather than obtain generalizable results, the main objective was to delve deeper into under-researched or complex issues (Polit and Beck, 2010). While this report provides a timely overview marked by COVID-19 of an important population, there are some limitations. The major limitation of this research was the sample representativity, because the sample was conducted with only one non-governmental organization and only individuals who voluntarily agreed to make the interview; as such, other victim profiles may not be represented.*

Practical implications – *The findings can provide information for detecting victims of human trafficking for sexual exploitation and contribute to understanding the pandemic's impact. Furthermore, the paper emphasizes the need to adopt measures for the recovery of victims, such as medical and psychological assistance, in accordance with the Palermo Protocol. As people transition out of the pandemic, it is crucial for Spain, along with other European countries, to guarantee that all residents, particularly the victims of human trafficking, have access to social and health-care protections during times of crisis.*

Social implications – *As already mentioned, further investigation should be done to fill the gaps on health of human trafficking (Sweileh, 2018) and improve the recovery of victims of trafficking (García-Vázquez and Meneses-Falcón, 2023 0; Sweileh, 2018). The paper acknowledges the existing research gap in the field and emphasizes the importance of future studies to delve deeper into the challenges faced by victims, calling for a more nuanced understanding of health.*

Originality/value – *The Coronavirus pandemic has increased and reinforced the vulnerability of sex-trafficked victims, especially creating different mental health problems. One of the biggest concerns for this group has been the difficulty of access to basic goods such as food. Furthermore, psychological distress impacted the well-being of trafficking victims, and many suffered from eating disorders. Less*

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Declarations.

Ethics approval: This research was approved by the ethics committee of the Universidad, 15/06/2020.

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than half of the women who were forced to continue in prostitution did not have the means to protect themselves against COVID-19 and did not have easy situations to overcome illness.

Keywords *Sexual health, Mental health, Human trafficking, Physical health, COVID-19*

Paper type *Research paper*

Introduction

At the end of 2019, a virus (COVID-19) appeared that spread rapidly throughout the planet. In just one month, it reached the European continent, initially shaking Italy and Spain. In March 2020, the number of infections in the Spanish territory increased exponentially, forcing government institutions to impose several measures. At the end of April 2020, 213,435 positive cases were identified, and 24,543 deaths from COVID-19 were registered throughout Spain (Illa, 2020). Because of that, the government imposed the first home lockdown for three months (mid-March to June 2020), where only essential services, such as health-care facilities and supermarkets, remained open. Due to the COVID-19 pandemic, numerous health, legal and social services were cancelled, postponed or shifted to online platforms.

During this time, the weaknesses of the Spanish health-care system were revealed, especially the lack of hospital beds, supplies and health personnel (Alfonso Viguria and Casamitjana, 2021). These weaknesses were especially damaging to the most vulnerable population, such as victims of human trafficking for sexual exploitation because of the exposure to infection and difficulties in accessing the public health-care system (Meneses Falcón *et al.*, 2022). In this regard, the Palermo Protocol (2000) made states responsible for providing medical, psychological and material assistance to trafficking victims, which is essential for their recovery. In the same vein, the Spanish Protocol for the Protection of Victims of Human Trafficking (2011) assigns the responsibility to the competent authorities to ensure the physical, psychological and social recovery of the victims.

Due to its impact on health, human trafficking has been recognized as an international public health problem (Zimmerman and Kiss, 2017). There are several connections between human trafficking and health. First, victims often face barriers in accessing health-care services while being trafficked due to prohibition, being accompanied by pimps or not understanding the language and health problems (Westwood *et al.*, 2016). According to the limited research on this topic thus far, while victims under trafficking networks' control sometimes seek health-care services for urgent treatment, they often were not identified by health-care staff as trafficking victims (Lederer and Wetzel, 2014). The COVID-19 pandemic further exacerbated these challenges related to health care for victims of trafficking (OSCE, 2020); thus, they were more at risk. Consequently, the role of health-care staff in identifying trafficking victims became even more crucial during the COVID-19 pandemic (Greenbaum *et al.*, 2020). Prior to the COVID-19 pandemic, violence, isolation and mental problems have already impacted the wellness of survivors of trafficking (Raymond *et al.*, 2001). Furthermore, many victims were deprived of sleep and food, were coerced to consume drugs and alcohol, were prohibited from social support, were threatened, had unhealthy weight loss or gastrointestinal problems and suffered from chronic stress or anxiety (Zimmerman *et al.*, 2003). Among the mental health problems, the number of unmet needs following the trafficking situation and the lack of social support were related to poor mental health (Abas *et al.*, 2013). Sexual and reproductive problems among victims of human trafficking were reported to be frequent, especially sexually transmitted infections (STIs) (Silverman *et al.*, 2006, 2007, 2008) related to the amount of time spent in captivity as a victim, the age of being trafficked, sexual violence or alcohol consumption. The frequency of pregnancies and unsafe abortions without medical assistance has also been reported in previous studies (Acharya, 2015; Decker *et al.*, 2011).

Previously, outbreaks of similar viruses caused a growth in human trafficking (Worsnop, 2019), which is explained by the upturn in orphans, criminal activity and instability of states.

Regarding the impact of COVID-19 pandemic, it was already highlighted: an increase of the risk of recruitment for the purpose of exploitation and raises the difficulties in detection (GRETA, 2020; Silva and dos Santos, 2020; UNODC, 2023), violence, food insecurity and lack of COVID-19 tests (Greenbaum *et al.*, 2020; OSCE, 2020); the difficulty of sexual and reproductive care (Gichuna *et al.*, 2020); and the decreased access to health care (Silva and dos Santos, 2020; Todres and Diaz, 2020). According to UNODC (2023), approximately 14 million victims of human trafficking for sexual exploitation were detected in 2020, with several difficulties because of the closure of public spaces and health restrictions. During the first year of the pandemic, there was an 11% decrease in the number of globally detected trafficking victims compared to the previous year (UNODC, 2023). Similarly, in Spain, there were 160 detected victims of trafficking for sexual exploitation in 2020, which was lower than the previous year (CITCO, 2021). The majority of those victims are women (145 out of 160), with prevalent nationalities such as Colombian, Paraguayan, Romanian and Venezuelan (CITCO, 2021; UNODC, 2023).

Studies conducted on trafficking for sexual exploitation in Spain during the COVID-19 pandemic have highlighted various challenges faced by victims. These include increased invisibility and the use of hidden networks, difficulties in accessing emergency financial assistance, feelings of uncertainty, exacerbated digital divide (Goikoetxea *et al.*, 2022), a shift in trafficking situations to less visible forms of prostitution (UNODC, 2023), heightened exposure to COVID-19, food insecurity, poor living conditions, difficulties in leaving exploitative situations (Meneses Falcón *et al.*, 2022), resurfacing of dependencies and previously treated addictions, increased levels of anxiety and depression and disruptions in sexual and reproductive care (García-Vázquez and Meneses-Falcón, 2021).

In recognition of the vulnerability faced by these groups during the COVID-19 pandemic, the Spanish Government has taken steps to provide support. This includes implementing measures and laws to improve economic assistance for vulnerable populations, specifically women victims of trafficking for sexual exploitation (Orbegozo, 2023). Internationally, the Government of Spain has received both recognition for its serious commitment to combating human trafficking during the COVID-19 pandemic and criticism aimed at improving its role in addressing the issue (GRETA, 2023).

Amid this context, the overall aim of this research was to explore the health of trafficking survivors in Spain, which is relatively unstudied (Sweileh, 2018). Furthermore, there are notable research gaps in understanding the comprehensive health and well-being of victims, encompassing both medical and social dimensions, as well as less explored areas such as nutritional habits or spiritual beliefs (García-Vázquez and Meneses-Falcón, 2023). Due to that, the study seeks to identify the health deficiencies experienced by these women, examining the various social, physical, sexual-reproductive and psychological challenges they face. Finally, the research also aims to understand the health conditions, access to health-care facilities and COVID-19 protection and health challenges in relation to the COVID-19 pandemic reported by women survivors of human trafficking in Spain.

Methodology

Design

Due to the pandemic situation, limited research and the complexity of the issue, we used a qualitative approach. A cross-sectional study was carried out through interviews with women survivors of human trafficking for sexual exploitation in Spain. Prior to the interviews, the researchers conducted written interviews with social workers to understand the most important challenges that the women survivors were experiencing during confinement. As a result of these written interviews, the interview script for the survivors was modified.

Due to the current health-care situation, the interviews were conducted in person by support workers from Oblatas non-governmental organization (NGO). This NGO has been

supporting women in prostitution or victims of human trafficking for decades, especially in social, housing and shelter, mental, economic and legal aspects. Face-to-face interviews allowed closer contact with the victims, and the interview could be stopped if necessary. Data were collected from February to August 2021. Researchers carried out the interview design, the interview script, the pre-test and the follow-up, especially collecting the missing data. Interviews were carried out in English (2) and Spanish (17), the preferred language of the participants.

Procedure

The NGO workers made a voluntary appeal for women to tell their experiences with COVID-19. All those who wanted to participate were interviewed, and many were grateful for the time to talk about their difficulties and to ask the government for some specific actions. The NGO also thanked the researchers for the feedback to improve its intervention and know more about the survivors' needs. We collected 19 in-depth interviews talking about access to health-care facilities, COVID-19 protections and health conditions during and after lockdown. Furthermore, interviews were analysed, and various criteria were selected to reflect the complexity of women's life after being rescued from trafficking nets. The interviews were held face-to-face, maintaining all the COVID-19 security measures. They were carried out in the NGO facilities or on the street. Some interviewees wanted to participate but did not have time to go to the NGO. To avoid bias, support workers conducted the interviews on the street or wherever the interviewees preferred. Because of the vulnerability of the group, interviews were carried out by the person-in-charge of each project, who was already known to the victims. All the interviews were users/beneficiaries of the NGO and remain in contact. The interview consisted of 15 socio-demographic questions to analyse quantitatively and five open questions about health. This research was more extensive and included economic and social aspects; however, for this article, only aspects related to health and well-being were selected.

As is usual in qualitative research, rather than obtain generalizable results, our main objective was to delve deeper into under-researched or complex issues (Polit and Beck, 2010). While this report provides a timely overview marked by COVID-19 of an important population, there are some limitations. The major limitation of our research was the sample representativity, because the sample was conducted with only one NGO and only individuals who voluntarily agreed to make the interview; so, other victim profiles may not be represented.

Sample

All the interviewees were living in Spain. The age range was between 21 and 53 years, and the average age was 33 years. In relation to the victim's identification, eight were identified by the police and 11 by the specialized entity (at least three trafficking indicators of Palermo Protocol were detected such as transportation of the women, by some coercive means, for the purpose of exploitation). Regarding documentation, eight had a residence permit, six were international protection, three had Spanish nationality and two were undocumented. In relation to work, five have left prostitution before the COVID-19 pandemic, whereas 13 did not work in prostitution during lockdown. None of them remained under the control of traffickers and pimps at the time of the interview. All were foreigners (seven from Venezuela, five from Colombia, four from Nigeria, one from Honduras, one from Brazil and one from Nicaragua), and 16 were mothers.

Ethics

The research followed ethical requirements and received ethical approval from (University). Written informed consent forms were signed prior to the interview by all interviewees, and

audio-recording was agreed upon by almost all participants. Those who did not want to be audio-recorded were still interviewed, but only notes were taken. Anonymity and codification of personal information of participants were maintained during all the processes. Verbatim and literal quotations contained only general information such as region of origin, approximate age and years in Spain.

Analysis

The interviews were transcribed by one of the researchers (OGV) and were analysed using the qualitative program NVivo12. This research had a bigger sample; however, only trafficking victims were analysed in this article. Content analysis was performed to detect, categorize and analyse the emerging themes or concepts from the interviews. To avoid bias, the interviews were coded separately by both authors using the constant comparative method. In the analysis, there were two phases. First, each author coded using large dimensions and an open coding process, which ended up creating and agreeing on nine categories related to economics, social status, health and prostitution. Second, codes were divided into different memos and split into other lower sub-categories. Reaching data saturation was necessary to start with the analysis of the results. This article only reports on health and welfare aspects. The results were classified in two dimensions of well-being: physical health and psychological impact.

Results

Physical health

Analysis showed that not all the women survivors of trafficking were able to stop working. Only 13 out of 19 interviewed have stopped or paused prostitution during lockdown, whereas six interviewees were forced to continue in prostitution during lockdown. The most difficult aspect mentioned was having little resources to protect themselves from COVID-19 during prostitution. They were only able to use homemade remedies due to the lack of masks and hydroalcoholic gels. Interviews suggest that prostitution decreased during lockdown but did not completely stop. Four of the victims pointed out that they had been forced to work 24 h a day, with no breaks in case a sex buyer (usually men) arrived at the flat or place where they worked:

> I had to satisfy clients 24 hours a day, without rest, without eating, if I was menstruating, I had to serve them too, that is, to sleep practically ready for when the bell rang. (Ainara, Latina, in her 30s, two years in Spain) [1]

> There was no way to prevent me [from getting COVID]. The most I did was drink hot tea, vinegar with bicarbonate, take this. When a client left I ran to take a shower and poured alcohol, I used Listerine. (Mariana, Latina, in her 40s, two years in Spain) [2]

Only four of the women (out of 19) were infected with COVID-19 before the interview in 2020; only one was infected because of prostitution occupation. Thus, the majority (three) were infected due to social contact. All COVID-positive cases reported having serious symptoms during the infection period, with some effects that persisted after the infection disappeared. They reported not having the conditions to protect themselves or cohabitants from COVID-19: not having their own bathroom, being isolated in very small rooms, not having relatives nearby to buy the basic goods, hiding the COVID-19 disease to avoid isolating cohabitants, living with unknown people or being forced to continue working despite being COVID-positive. They all overcame the COVID-19 disease at home and not in the hospital because they were afraid of having to be hospitalized alone with no social or family support. All of them were foreigners; thus, most of the participants explained that their families lived mainly in their country of origin.

> good that I didn't have to go to the hospital because if I had to go to the hospital alone [. . .] that's what scared me the most. (Bilma, Latina, in her 30s, five years in Spain) [3]

Among the interviewees, only one reported being undocumented and faced difficulties in accessing medical assistance. Out of the 11 who attended health-care services, eight participants said they received good treatment and care from the public health personnel, either in person or by phone. On the contrary, three interviewees paid private insurance and spent the few savings they had because of several reasons, including the stoppage of many public treatments, difficulties to access the public system and the deficiencies of the public health telephone assistance:

> They did not want to attend to me because I did not have a [health] card. So, I thought, what if I get infected and go to the hospital and they don't treat me? They were the things that crossed my mind. (Mariana, Latina, in her 40s, two years in Spain) [4]

Only 11 (out of 19) of the interviewed said they had seen a doctor in the past half year. According to participants, sexual and reproductive health is their priority and the most frequent health attention (5/11), for instance, pregnancy monitoring, gynaecological examinations, voluntary interruption of pregnancy, contraceptive methods and vaccines for STIs. In general, the women interviewed in this study were aware of the risk of suffering from STIs, which is why they carried out frequent sexual health examinations either in public, private or NGO services. Only one claimed to have detected an STI when going to medical services during the pandemic:

> The doctor, Whatever I needed was coming out of my savings and yes, in the end it was quite overwhelming, but [. . .] but that, fortunately I had those savings that helped me. [. . .] private gynaecologists because I didn't have access because I didn't even [. . .] the fact that I wasn't in Madrid and that the situation was congested, I opted to go on my own. Look, I'm not going to waste my time because my health was more important than waiting for other people, the appointments were too far away. (Flor, Latina, in her 20s, two years in Spain) [5]

> The CATS [sex workers' support committee] doctor was there, she was very good, she has always attended to us, so we called, made an appointment, and went to her, without any problem. I went for gynaecology, HIV tests, syphilis and hepatitis vaccinations (Lucía, Latina, in her 30s, two years in Spain) [6]. It is important to note that there were variations in the utilization of health-care services among different groups. Latina women tended to use health-care services more frequently than Nigerian women, potentially due to language barriers and religious beliefs. In terms of spiritual beliefs, three women mentioned they were religious (those from Venezuela), while two women referred to juju, and one was reported to have beliefs opposing certain medical treatments (those from Nigeria). This participant is very reluctant to go to the doctor because of cultural rejection to blood tests and some medical interventions. However, she recognizes the need for medical assistance, particularly for her sleep problems.

Six participants (out of 11) went during the pandemic to health-care services because of several difficulties, including dental problems, back pain, headache and stomach pain, high cholesterol and sugar, psoriasis, arthritis, cystitis, dermatitis, neurological problems, heart problems or blood tests. The interruption or cancellation of health-care services had a negative impact on the participants:

> If I remember correctly, I had a pending appointment at the hospital for a tooth issue, and with the pandemic, it was cancelled, and I have suffered a lot of toothaches. (Macarena, Latina, in her 20s, one year in Spain) [7]

In relation to nutrition, two extremes occurred during home lockdown. On the one hand, some alleviated the anxiety of isolation by eating more times and amounts than recommended. On the other hand, some participants experienced a decrease in appetite

and weight loss. This could be attributed to various factors, including psychological distress, lack of work, food insecurity and supporting families in the countries of origin. Seven of the interviewees experienced food insecurity during lockdown, prioritizing keeping their children to eat themselves. The most serious case was a pregnant woman who was concerned about whether her malnutrition would affect the future health of the baby:

> When I was pregnant, I was worried because there were days that I did not eat enough, and I did not know if that would affect my baby. (Nelly, African, in her 20s, three years in Spain) (original verbatim)

> The worst thing was that I ate more, I think because of anxiety and stress, because we didn't leave the kitchen, breakfast, lunch, snack, dinner and snack again. (Liz, Latina, in her 30s, four years in Spain) [8]

Mental health

According to most of the interviewees, the pandemic impacted more on an emotional level than on the physical health. This can be explained because the victims are young – the majority were between 20 and 39 years old. All interviewees said that their psychological health declined considerably during lockdown. The most reported problems were as follows: 12 of the interviewees reported feelings of anguish, concern, nervousness, overwhelm and anxiety, especially because of the relation to families and legal processes; five of the interviewees said they suffered sadness, sorrow and depression, with an attempted suicide during lockdown; three reported feelings of shame due to the stigma of engaging in prostitution; one experienced constant tension to relieve the situation of trafficking with some symptoms of post-traumatic stress disorder (PTSD); one commented that they felt instability, irritability and lack of self-control. Some of them explained that their mental health problems were caused more because of trafficking nets, others because of prostitution circumstances and others because of the COVID-19 pandemic:

> It leaves you sequels. I do not know any girl who has dedicated herself to this [prostitution] that does not have trauma. It does not let you live your private life, your life away from this job. (Flor, Latina, in her 20s, two years in Spain) [9]

> in confinement it went to the extreme [. . .] I was like in shock, I became very depressed, I even tried to commit suicide. (Lucía, Latina, in her 30s, two years in Spain) [10]

> I was afraid to go out on the street because I felt that I would encounter the people who brought me to Spain. I felt that someone would point me out or that they could harm me [. . .] and I was worried about what could happen to my family because they threatened to harm them. (Macarena, Latina, in her 20s, one year in Spain) [11]

If we talk about interpersonal problems, some women explain that the trafficking situation has made it difficult to socialize, maintain friendships, meet new people or have non-commercial sexual relationships. Another problem is that not all the victims identified themselves as survivors and "victims" of trafficking. Some participants (five) mentioned the importance of psychological therapy to improve their mental health and recovery after the trafficking situation. However, none of them mentioned having psychological assistance from the Spanish public mental health-care system. On the contrary, social entities have been indispensable for the recovery of the victims, even though it was online during lockdown:

> I believe that the most important thing is a psychological accompaniment because until you understand that this is not right – you feel it and live it -, you will not be able to get out of it. (Macarena, Latina, in her 20s, one year in Spain) [12]

Consequently, the COVID-19 pandemic has drastically increased the mental health problems of trafficking victims. One of the causes of the rise of mental problems reported

was violence from traffickers (seven), sex buyers (three) or strangers (one) and situations of fraud by sex buyers who knew their situation of vulnerability. As already seen above, participants expressed that traffickers used threats, such as harming them, harming their children in the country of origin or reporting them to the police due to their lack of documentation. Furthermore, participants who started to denounce the traffickers felt great insecurity in terms of the limitations of police protection and rescue systems during the initial months of the pandemic:

> All those months [victim reporting] I was very nervous, and I always asked you if you (social worker) had been able to talk to the police, It made me anxious not to see the end of the tunnel [. . .] I had already reported and was afraid because I knew they [traffickers] would find out and they are capable of carrying out their threats. I only had my passport. I had spoken with the police at the place where I reported, and I was waiting to speak with the judge. I had a court date on [date], and I could not testify that day. (Macarena, Latina, in her 20s, one year in Spain) [13]

Housing conditions have been identified as factors contributing to mental concerns among trafficking victims. This can be explained by frequent changes of residence, having lived in a capture situation, living in houses with too many people, living with strangers, or having severe fear of infection. Seven participants reported concerns about facing eviction due to their inability to pay rent. They resided in various locations: six lived in shared flats, four in shared flats specifically used for prostitution, one in a brothel, two in individual flats, one in an NGO's shelter, one in the home of an acquaintance, one in huts or shanty and one with the family of their pimps. Participants had mixed experiences when it came to sharing housing with other people, and some considered it a positive experience, while others had negative experiences. In terms of the landlords, three participants mentioned facing pressures from their landlords, while two mentioned feeling empathy:

> The rent, because the owner of the house was asking me to pay the rent of the house and in that time Ím getting crazy because I don't want them through me to the street for not being able to pay the rent and also the food. That was more stressful last year. (Nelly, African, in her 20s, three years in Spain) (original verbatim)

> You [NGO] also offered me a house similar to the one I was living in before [shelter] but I don't want to live in a house like that, I am grateful but I need to live alone, even if I have many other difficulties, which I am having. (Adamna, African, in her 20s, four years in Spain) [14]

Another concern identified is the impact of disrupted sleeping habits and the use of addictive substances on mental health. Six of the women reported sleeping worse, having insomnia, night terrors, going to bed late or taking pills and substances. In relation to addictive substances, two interviewees stated that they had been forced by their traffickers to consume drugs against their will. In addition, one participant turned to addictive substances (in this case, alcohol) as a coping mechanism during COVID-19 lockdowns, further exacerbating their mental health issues:

> I considered myself to be kidnaped because they force me to do things, like force me to consume drugs. (Lucía, Latina, in her 30s, two years in Spain) [15]

> I used to relieve myself by drinking, I used to drink a lot every day to [. . .] release that pressure, the confinement. (Mariana, Latina, in her 40s, two years in Spain) [16]

Discussion

This research has provided a broad description of how the COVID-19 pandemic has impacted the health of women as migrants and survivors of human trafficking for sexual exploitation in Spain. This article examines two key aspects: first, the overall health of women who are victims of trafficking for sexual exploitation, which is the most identified form of trafficking in Spain (CITCO, 2021), and second, the specific challenges they reported facing during the

COVID-19 pandemic. More than half of the women in this sample were not engaged in coerced prostitution during lockdowns. On the contrary, those who were forced to continue in prostitution did not have the means to protect themselves against COVID-19 and did not have easy situations to overcome illness (Meneses Falcón *et al.*, 2022; OSCE, 2020).

Furthermore, our study agrees with previous research (Kiss *et al.*, 2015; Lederer and Wetzel, 2014; Raymond *et al.*, 2001; Zimmerman *et al.*, 2006) that pointed out the frequent health problems suffered by victims, such as headaches, back pain, stomach pain, loss of appetite, dental problems, memory problems, loss of sleep, dermatitis, psoriasis, arthritis, cystitis and substance addiction. Because of that, the key intervention for women in prostitution during the COVID-19 pandemic is the offer of health-care services that attend to situations of violence, mental health, distribution of COVID-19 prevention material, help with addictions and sexual and reproductive care (Platt *et al.*, 2020).

Food insecurity and eating disorders (due to excess or lack of food) were reported by almost all victims in the sample. This aligns with the findings of other studies before the COVID-19 pandemic that reported how the victim vulnerability, the trafficking nets control and debts lead to serious food deficiencies, resulting in malnutrition, weight loss and gastrointestinal problems in victims (García-Vázquez and Meneses-Falcón, 2023; Turner-Moss *et al.*, 2014; Zimmerman *et al.*, 2003). However, during the COVID-19 pandemic, this worsened, and one of the biggest concerns in this group has been the increasing difficulty in accessing basic goods such as food (OSCE, 2020).

Sexual health access – either private, public or through an NGO – was reported by the women in the sample. Sexual and reproductive health issues among female trafficking victims have been extensively studied (Acharya, 2015; Decker *et al.*, 2011; Silverman *et al.*, 2006, 2007, 2008). Contrary to other studies (Gichuna *et al.*, 2020; Todres and Diaz, 2020), participants in this sample received sexual and reproductive health care, which has been the most needed service. Other reviews on access to health care in Spain found that undocumented migrants were more afraid to go to public health-care facilities and, therefore, received more assistance from NGOs (Pérez-Urdiales, 2021). Some participants of the sample also paid private insurance because of difficulties in accessing the Spanish health-care system.

According to participants, the COVID-19 pandemic has dramatically increased mental health problems among women victims of human trafficking for sexual exploitation. This was attributed to various factors such as violent situations, challenges in accessing financial aid, overcrowding, the continuation of prostitution, economic and family concerns, housing insecurity, legal paralysation, health and sleeping problems and substance abuse. In Spain, the public mental health-care system was reported to be insufficient (Jiménez Estévez, 2011); none of the participants were treated there. The most frequent problem was anxiety disorders, suffering from nervousness, constant fear and tension, sleep disorders, terror and panic (Gezie *et al.*, 2018; Iglesias-Rios *et al.*, 2018; Tsutsumi *et al.*, 2008; Kiss *et al.*, 2015; Zimmerman *et al.*, 2006). Depression was the second most prominent mental problem (5 out of 19 in our study; 1 out of 2 in other studies), reporting feltings of sadness, loneliness, uselessness, unpleasantness, hopelessness and apathy (Gezie *et al.*, 2018; Iglesias-Rios *et al.*, 2018; Tsutsumi *et al.*, 2008; Kiss *et al.*, 2015; Zimmerman *et al.*, 2006). Similar studies on women engaged in Spanish prostitution (Burgos and Del Pino, 2021) observed that anxiety disorders increased during the COVID-19 pandemic due to the pressure suffered by pimps when it comes to paying debts and maintenance. Consistent with previous studies, PTSD (Gezie *et al.*, 2018; Iglesias-Rios *et al.*, 2018; Tsutsumi *et al.*, 2008; Kiss *et al.*, 2015; Zimmerman *et al.*, 2006) and feelings of shame or guilt related to prostitution (Lederer and Wetzel, 2014) also impacted the health of the participants.

Due to the various health impacts, participants reported accessing health-care services through a combination of insurance systems, including private, public and NGOs. Although many had access to public health-care services, one reported that she was not attended to

due to lack of documentation. Regarding the attention and care of public health-care staff, interviewees generally felt well-treated or supported by health-care professionals, and only a few expressed deficiencies in treatment and lack of sensitivity. However, the use of health-care services was different among nationalities. Nigerian participants reported more difficulties in accessing health-care services, which is partly explained by exposure to COVID-19, as well as language, religious and cultural difficulties. Cultural and religious aspects play a crucial role in addressing health disparities and vulnerabilities among victims of human trafficking (García-Vázquez and Meneses-Falcón, 2023) and should therefore be considered in future studies. Furthermore, previous studies in Spain (Guijarro *et al.*, 2021) pointed out that the virus has affected different ethnic groups very differently; sub-Saharan, Caribbean and Latin American migrant population are at higher risk of COVID-19 than the national population and other migrant groups from Europe, North America, North Africa and Asia.

In addition to the physical and mental health issues discussed, participants also highlighted various social concerns that impact their well-being. These include difficulties in accessing social support services, concerns about housing stability and homelessness, limited access to employment opportunities, working more than eight hours per day, being deprived of sleep and food, being coerced to consume drugs and alcohol, being prohibited from human contact, being threatened with harm to their family members, precarious living conditions and the stigma and discrimination they face in society. Many of these social findings were also supported by previous research (Zimmerman *et al.*, 2003).

Despite the numerous challenges encountered by this group, the participants reported that access to social and health-care services, as well as COVID-19 policies related to public health, vaccination and quarantine measures, were not always feasible during the pandemic and subsequent lockdowns. Due to that, the article emphasizes the need to adopt measures for the recovery of victims, such as medical and psychological assistance, in accordance with the Palermo Protocol. As we transition out of the pandemic, it is crucial for Spain, along with other European countries, to guarantee that all residents, particularly the victims of human trafficking, have access to social and health-care protections during times of crisis.

As already mentioned, further investigation should be done to fill the gaps in the health of victims of human trafficking and improve their recovery (García-Vázquez and Meneses-Falcón, 2023; Sweileh, 2018). The paper acknowledges the existing research gap in the field and emphasizes the importance of future studies to delve deeper into the challenges faced by victims, calling for a more nuanced understanding of health.

Conclusion

To sum up, the COVID-19 situation raised several challenges, including social difficulties (food insecurity, violence, terrible housing conditions, working pressure, poor sleeping habits, cultural, linguistic and religious challenges), medical insecurity (due to lockdowns, negative experiences in care, lack of official documents, collapse of hospitals, telephone monitoring and fear of contagion), great emotional distress reported by women (anxiety, fear, sadness, PTSD, stigma and substance use) and physical health problems (serious weight loss, muscle pains, dental problems and sexual and reproductive healthcare limitations).

In conclusion, it seems that the health problems during this time have been due to the pandemic situation, the prostitution circumstances and the situation of trafficking. In other words, the already existing problems caused by the trafficking situation were aggravated because of the collapse of health-care services due to the COVID-19 pandemic. According to the participants, the COVID-19 pandemic has particularly reinforced the mental health and psychological vulnerability of the female survivors of trafficking for sexual exploitation in Spain. The findings have the potential to provide information for detecting possible victims of human trafficking for sexual exploitation and contribute to understanding the pandemic's impact.

Notes

1. “Tenía que atender a los clientes 24 horas, sin descanso, sin comer, si tenía la menstruación tenía que tratarlos igual, o sea todo, dormir prácticamente lista para cuando sonara el timbre.” (original)
2. “No había ninguna manera de prevenirme [de contagio por COVID]. Lo máximo que hacía era tomar té caliente, vinagre con bicarbonato, toma esto, cuando se iba el cliente iba corriendo a ducharme y echaba alcohol, usaba Listerine.”
3. “mejor que no me dio para ingresarme porque como me diera para ingresarme a ver qué hacía sola en el hospital. . .eso es solo que me daba más miedo.” (original)
4. “no me quisieron atender por no tener tarjeta [sanitaria]. Entonces yo pensaba ¿y si me contagio y voy al hospital y no me atienden? Eran las cosas que me pasaban por la cabeza.” (original)
5. “el médico cualquier cosa que necesitara estaba saliendo de mis ahorros y sí, al final fue bastante agobiante, pero. . .pero eso, afortunadamente tenía ese ahorro que me ayudo [. . .] ginecólogas, pero más que nada privadas porque no he tenido el acceso porque ni siquiera. . .entre que no estaba en Madrid y que la situación esta congestionada, yo optaba en ir por mi cuenta. Mira, no voy a perder el tiempo porque era más importante mi salud que el esperar por otra gente, las citas las daban muy lejos.”
6. Estaba la médica de CATS [Comité de Apoyo a las Trabajadoras Sexuales], muy buena ella, siempre nos ha atendido, entonces ya llamamos, sacamos cita y acudimos a ella, sin ningún problema. Fui para la ginecología, exámenes de VIH, vacuna contra la sífilis, contra la hepatitis.
7. “Tenía pendiente una cita en el hospital para un tema de dientes, si no recuerdo mal, y con la pandemia se canceló y he sufrido muchos dolores en las muelas.” (original)
8. “lo peor, que uno comía más, yo creo que, de la misma ansiedad y el mismo estrés, de que no salíamos de la cocina, desayuno, comida, merienda, cena y vuelve a merendar.” (original)
9. “Te deja secuelas. . . yo no conozco a ninguna niña que se haya dedicado a esto [prostitución] que no tenga traumas, que no te dejan vivir tu vida. . . digamos. . .tu vida privada. . ., tu vida alejada de este trabajo.” (original)
10. “en el confinamiento llegó a. . . al extremo. . . quedé como en shock, me quedé muy deprimida, intenté hasta suicidarme.” (original)
11. “Me daba miedo salir a la calle porque sentía que me iba a encontrar a las personas que me trajeron a España, sentía que alguien me iba a señalar o que me podían hacer daño. [. . .] y en lo que podía pasarle a mi familia, porque me amenazaban con hacerles daño.” (original)
12. “Yo creo que lo más importante es un acompañamiento psicológico, porque es que hasta que tú no entiendas que eso no está bien y lo sientas y lo vivas no vas a poder salir de eso.” (original)
13. “Todos esos meses [denuncia como víctima] estaba muy nerviosa y siempre te preguntaba si habías podido hablar con la policía, me generaba ansiedad no ver el final del túnel [. . .] Yo ya había denunciado y tenía miedo porque sabía que se enterarían y son capaces de cumplir sus amenazas. Pues sólo tenía mi pasaporte, había hablado con la policía en el lugar donde denuncié y estaba esperando a hablar con el juez. Tenía una cita en el juzgado el [fecha] y no pude declarar ese día.” (original)
14. “También me ofrecisteis una casa parecida a la que yo vivía antes [Recurso de Acogida] pero yo no quiero vivir en una casa así, estoy agradecida pero necesito vivir sola, aunque tenga muchas otras dificultades, que las estoy teniendo.”
15. “Yo me consideraba que estaba auto secuestrada porque donde te obligan a hacer cosas, como meterte droga.” (original)
16. “Me desahogaba tomando, tomaba mucho todos los días para. . . liberar esa presión, el encierro.” (original)

References

Abas, M., Ostrovschi, N.V., Prince, M., Gorceag, V.I., Trigub, C. and Oram, S. (2013), “Risk factors for mental disorders in women survivors of human trafficking: a historical cohort study”, *BMC Psychiatry*, Vol. 13 No. 1, p. 204, doi: 10.1186/1471-244X-13-204.

Acharya, A.K. (2015), “Trafficking of women in Mexico and their health risk: issues and problems”, *Social Inclusion*, Vol. 3 No. 1, pp. 103-112, doi: 10.17645/si.v3i1.179.

Alfonso Viguria, U. and Casamitjana, N. (2021), “Early interventions and impact of COVID-19 in Spain”, *International Journal of Environmental Research and Public Health*, Vol. 18 No. 8, p. 4026, doi: 10.3390/ijerph18084026.

Burgos, C.R. and Del Pino, F.J.P. (2021), "'Business can't stop.' women engaged in prostitution during the COVID-19 pandemic in Southern Spain: a qualitative study", *Women's Studies International Forum*, Vol. 86, p. 102477, doi: 10.1016/j.wsif.2021.102477.

CITCO (2021), "Trata y explotación de seres humanos en españa balance estadístico 2017-2021. Gobierno de españa. Ministerio del interior", available at: www.interior.gob.es/opencms/pdf/prensa/balances-e-informes/2021/Balance-Ministerio-TSH-2017-2021.pdf (accessed 10 March 2023).

Decker, M.R., McCauley, H.L., Phuengsamran, D., Janyam, S. and Silverman, J.G. (2011), "Sex trafficking, sexual risk, sexually transmitted infection and reproductive health among female sex workers in Thailand", *J. Epidemiol Community Health*, Vol. 65 No. 4, pp. 334-339, doi: 10.1136/ jech. 2009. 096834.

García-Vázquez, O. and Meneses-Falcón, C. (2021), "Los efectos del COVID-19 en situaciones de trata o prostitución de adultos y menores", en Durán Ruiz, F.L., Cuesta Revilla, J. and Navarro Ortega, A. (coord), *Retos de Las Migraciones de Menores, Jóvenes y Otras Personas Vulnerables En la UE y España. Respuestas Jurídicas Desde la Perspectiva de Género*, Aranzadi, Pamplona.

García-Vázquez, O. and Meneses-Falcón, C. (2023), "What is the impact of human trafficking on the biopsychosocial health of victims: a systematic review", *Journal of Immigrant and Minority Health*, doi: 10.1007/s10903-023-01496-z.

Gezie, L.D., Yalew, A.W., Gete, Y.K., Azale, T., Brand, T. and Zeeb, H. (2018), "Socio-economic, trafficking exposures and mental health symptoms of human trafficking returnees in Ethiopia: using a generalized structural equation modeling", *International Journal of Mental Health Systems*, Vol. 12 No. 1, pp. 1-13, doi: 10.1186/s13033-018-0241-z.

Gichuna, S., Hassan, R., Sanders, T., Campbell, R., Mutonyi, M. and Mwangi, P. (2020), "Access to healthcare in a time of COVID-19: sex workers in crisis in Nairobi, Kenya", *Global Public Health*, Vol. 15 No. 10, pp. 1430-1442, doi: 10.1080/17441692.2020.1810298.

Goikoetxea, I.G., Allue, N.L. and Lashayas, M.A.N. (2022), "Impacto de la covid-19 en víctimas y supervivientes de trata con fines de explotación sexual", *Covid-19, Multiverso de Disciplinas. Una Mirada Desde la Salud, la Educación y la Comunicación*, Dykinson, Madrid, pp. 814-836.

Greenbaum, J., Stoklosa, H. and Murphy, L. (2020), "The public health impact of coronavirus disease on human trafficking", *Front. Public Health*, Vol. 8, p. 561184, doi: 10.3389/fpubh.2020.561184.

GRETA (2020), "In time of emergency the rights and safety of trafficking victims must be respected and protected", available at: https://rm.coe.int/greta-statement-covid19-en/16809e126a (accessed 10 March 2023).

GRETA (2023), "Evaluation report Spain. Third evaluation round", available at: https://rm.coe.int/greta-evaluation-report-on-spain-3rd-evaluation-round-greta-2023-10-ac/1680ab8d0f (accessed 11 July 2023).

Guijarro, C., Pérez-Fernández, E., González-Piñeiro, B., Meléndez, V., Goyanes, M.J., Renilla, M.E., Casas, M.L., Sastre, I. and Velasco, M, Alcorcon COVID Investigators (2021), "Differential risk for COVID-19 in the first wave of the disease among Spaniards and migrants from different areas of the world living in Spain", *Revista Clínica Española (English Edition)*, Vol. 221 No. 5, pp. 264-273, doi: 10.1016/j.rceng.2020.10.005.

Iglesias-Rios, L., Harlow, S.D., Burgard, S.A., Kiss, L. and Zimmerman, C. (2018), "Mental health, violence and psychological coercion among female and male trafficking survivors in the greater Mekong sub-region: a cross-sectional study", *BMC Psychology*, Vol. 6 No. 1, pp. 1-15, doi: 10.1186/s40359-018-0269-5.

Illa, S. (2020), "Comparecencia Para actualizar la información sobre la situación y las medidas adoptadas en relación al COVID-19", *Ministro de Sanidad, Madrid, Spain*, available at: www.mscbs.gob.es/gabinetePrensa/notaPrensa/pdf/30.04300420153626621.pdf (accessed 10 March 2023).

Jiménez Estévez, J.F. (2011), "El papel del observatorio de salud mental y los criterios de calidad asistencial de la AEN en la evaluación y planificación asistencial: recursos de profesionales en CSM y de dispositivos de atención a pacientes con TMG en españa", *Revista de la Asociación Española de Neuropsiquiatría*, Vol. 31 No. 4, pp. 735-751, doi: 10.4321/S0211-57352011000400011.

Kiss, L., Pocock, N.S., Naisanguansri, V., Suos, S., Dickson, B., Thuy, D., . . . Borland, R. (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*, Vol. 3 No. 3, pp. e154-e161, doi: 10.1016/S2214-109X(15)70016-1.

Lederer, L.J. and Wetzel, C.A. (2014), "The health consequences of sex trafficking and their implications for identifying victims in healthcare facilities", *Annals Health L*, Vol. 23, p. 61.

Meneses Falcón, C., Rúa Vieites, A. and García Vázquez, O. (2022), "Intervención social con mujeres en prostitución y víctimas de trata", *Aportaciones y experiencias durante el COVID 19*, Universidad de Granada.

Orbegozo, I. (2023), "La situación excepcional de las víctimas de trata con fines de explotación sexual durante el estado de alarma en el estado español: especial atención en la comunidad autónoma del país vasco (CAPV): (the exceptional situation of victims of trafficking for the purpose of sexual exploitation during the state of alarm in the spanish state: special attention to the autonomous community of the Basque Country)", *Oñati Socio-Legal Series*, Vol. 13 No. 2, pp. 277-308, doi: 10.35295/osls.iisl/0000-0000-0000-1339.

Organization for Security and Co-operation in Europe Office for Democratic Institutions and Human Rights & UN Women (2020), "Guidance: addressing emerging human trafficking trends and consequences of the COVID-19 pandemic", available at: www.unwomen.org/en/digital-library/publications/2020/07/guidance-addressing-emerging-human-trafficking-trends-and-consequences-of-the-covid-19-pandemic (accessed 10 March 2023).

Pérez-Urdiales, I. (2021), "Undocumented immigrants' and immigrant women's access to healthcare services in the Basque Country (Spain)", *Global Health Action*, Vol. 14 No. 1, p. 1896659, doi: 10.1080/16549716.2021.1896659.

Platt, L., Elmes, J., Stevenson, L., Holt, V., Rolles, S. and Stuart, R. (2020), "Sex workers must not be forgotten in the COVID-19 response", *The Lancet*, Vol. 396 No. 10243, pp. 9-11, doi: 10.1016/S0140-6736(20)31033-3.

Polit, D. and Beck, C. (2010), "Generalization in quantitative and qualitative research: myths and strategies", *International Journal of Nursing Studies*, Vol. 47 No. 11, pp. 1451-8, doi: 10.1016/j.ijnurstu.2010.06.004.

Raymond, J.G., Hughes, D.M. and Gomez, C.J. (2001), "Sex trafficking of women in the United States", *International Sex Trafficking of Women & Children: Understanding the Global Epidemic*, Looseleaf Law, New York, NY, pp. 3-14.

Silva, M.V.M. and dos Santos, R.P. (2020), "The challenges of anthropological research among sex workers and victims of domestic violence in times of the Covid-19 pandemic", *Fennia*, Vol. 198 Nos 1/2, pp. 252-255, doi: 10.11143/fennia.99336.

Silverman, J.G., Decker, M.R., Gupta, J., Dharmadhikari, A., Seage, I.G. and Raj, A. (2008), "Syphilis and hepatitis B co-infection among HIV-infected, sex-trafficked women and girls, Nepal", *Emerging Infectious Diseases*, Vol. 14 No. 6, p. 932, doi: 10.3201/eid1406.080090.

Silverman, J.G., Decker, M.R., Gupta, J., Maheshwari, A., Patel, V. and Raj, A. (2006), "HIV prevalence and predictors among rescued sex-trafficked women and girls in Mumbai, India", *JAIDS Journal of Acquired Immune Deficiency Syndromes*, Vol. 43 No. 5, pp. 588-593, doi: 10.1097/01.qai.0000243101.57523.7d.

Silverman, J.G., Decker, M.R., Gupta, J., Maheshwari, A., Willis, B.M. and Raj, A. (2007), "HIV prevalence and predictors of infection in sex-trafficked Nepalese girls and women", *JAMA*, Vol. 298 No. 5, pp. 536-542, doi: 10.1001/jama.298.5.536.

Sweileh, W.M. (2018), "Research trends on human trafficking: a bibliometric analysis using Scopus database", *Globalization and Health*, Vol. 14 No. 1, p. 106, doi: 10.1186/s12992-018-0427-9.

Todres, J. and Diaz, A. (2020), "COVID-19 and human trafficking—the amplified impact on vulnerable populations", *JAMA Pediatrics*, Vol. 175 No. 2, doi: 10.1001/jamapediatrics.2020.3610.

Tsutsumi, A., Izutsu, T., Poudyal, A.K., Kato, S. and Marui, E. (2008), "Mental health of female survivors of human trafficking in Nepal", *Social Science & Medicine*, Vol. 66 No. 8, pp. 1841-1847.

Turner-Moss, E., Zimmerman, C., Howard, L.M. and Oram, S. (2014), "Labour exploitation and health: a case series of men and women seeking post-trafficking services", *Journal of Immigrant and Minority Health*, Vol. 16 No. 3, pp. 473-480, doi: 10.1007/s10903-013-9832-6.

UNODC (2023), "Global report on trafficking in persons 2022", *United Nations publication, Sales no.: E.23.IV.1*, available at: www.unodc.org/documents/data-and-analysis/glotip/2022/GLOTiP_2022_web.pdf (accessed 10 March 2023).

Westwood, J., Howard, L.M., Stanley, N., Zimmerman, C., Gerada, C. and Oram, S. (2016), "Access to, and experiences of, healthcare services by trafficked people: findings from a mixed-methods study in England", *British Journal of General Practice*, Vol. 66 No. 652, pp. e794-e801, doi: 10.3399/bjgp16X687073.

Worsnop, C.Z. (2019), "The disease outbreak-human trafficking connection: a missed opportunity", *Health Security*, Vol. 17 No. 3, pp. 181-92, doi: doi:10.1089/hs.2018.0134.

Zimmerman, C. and Kiss, L. (2017), "Human trafficking and exploitation: a global health concern", *PLOS Medicine*, Vol. 14 No. 11, p. e1002437, doi: 10.1371/journal.pmed.1002437.

Zimmerman, C., Hossain, M., Yun, K., Roche, B., Morison, L. and Watts, C. (2006), "Stolen smiles: a summary report on the physical and psychological health consequences of women and adolescents trafficked in Europe", *The London School of Hygiene & Tropical Medicine*.

Zimmerman, C., Yun, K., Shvab, I., Watts, C., Trappolin, L., Treppete, M., Bimbi, F., Adams, B., Jiraporn, S. and Beci, L. (2003), "The health risks and consequences of trafficking in women and adolescents: findings from a European study", *The London School of Hygiene & Tropical Medicine*.

Further reading

Le, P.D. (2017), "Reconstructing a sense of self: trauma and coping among returned women survivors of human trafficking in Vietnam", *Qualitative Health Research*, Vol. 27 No. 4, pp. 509-519, doi: 10.1177/1049732316646157.

Okech, D., Choi, Y.J., Elkins, J. and Burns, A.C. (2018), "Seventeen years of human trafficking research in social work: a review of the literature", *Journal of Evidence-Informed Social Work*, Vol. 15 No. 2, pp. 103-122, doi: 10.1080/23761407.2017.1415177.

Silverman, J.G., Raj, A., Cheng, D.M., Decker, M.R., Coleman, S., Bridden, C., Pardeshi, M., Saggurti, N. and Samet, J.H. (2011), "Sex trafficking and initiation-related violence, alcohol use, and HIV risk among HIV-infected female sex workers in Mumbai, India", *Journal of Infectious Diseases*, Vol. 204 No. suppl 5, pp. S1229-S1234, doi: 10.1093/infdis/jir540.

United Nations Office on Drugs and Crime (2020), "Impact of the COVID-19 pandemic on trafficking in persons: preliminary findings and messaging based on rapid stocktaking", available at: https://reliefweb.int/sites/reliefweb.int/files/resources/HTMSS_Thematic_Brief_on_COVID-19.pdf (accessed 10 March 2023).

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4.4 Cuarta publicación

Housing (in)security among survivors of trafficking for labour exploitation in Belgium

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HOUSING (IN)SECURITY AMONG SURVIVORS OF TRAFFICKING FOR LABOUR EXPLOITATION IN BELGIUM DURING THE COVID-19 PANDEMIC: A FIRST QUALITATIVE APPROACH

Abstract

This article focuses on the importance of safe housing as a crucial element in the recovery of survivors of trafficking in Belgium, with a specific emphasis on the COVID-19 pandemic. It is based on eight in-depth interviews conducted between October and November 2021, with four victims of trafficking for labour exploitation and four NGO workers specialised in the field. The results suggest that specialised shelters for survivors of trafficking are not suitable for everyone due to privacy and autonomy issues, as well as the need to share accommodation with other traumatised people. In the private housing market, landlords contribute to existing social inequalities by offering substandard housing to economically vulnerable people, and reinforcing gender stereotypes, xenophobia and discrimination. Regarding good practices, solidarity among survivors and support networks helped reduce insecurity and the risk of homelessness during the COVID-19 pandemic. The study concludes that sanctions in the real estate market are necessary in situations of discrimination or for renting substandard housing and argue that the provision of more affordable or social housing is necessary for the recovery of victims of human trafficking for labour exploitation.

Keywords: Coronavirus, Discrimination, Shelters, Affordable Housing, Belgium.

Introduction

Human trafficking is a global phenomenon that violates human rights and exploits vulnerable people for the profit of others. The Palermo Protocol, an international legal instrument adopted by the United Nations General Assembly in 2000, defines human trafficking as the recruitment, transportation, transfer, accommodation, or receipt of persons by means of coercion, fraud, deception, or abuse of power, with the aim of exploiting them for several purposes such as sexual or labour exploitation, among others. The Protocol (2000) highlights that states are responsible for providing assistance to victims, including housing, as part of their recovery process. In Belgium, the Federal Judicial Police reported 132 investigation files opened for human trafficking in 2021 and 169 in 2020, showing that the country remains a target for traffickers during the COVID pandemic. Despite Belgium's role as a pioneer in the fight against human trafficking, little is known about the reality of human trafficking in the country (Raets and Janssens, 2021).

The provision of adequate housing support for victims of human trafficking is a critical aspect of their recovery and reintegration into society. In Belgium, this support is provided by three specialized NGOs, Pag-Asa in Brussels, Payoke in Antwerp, and Sürya in Liège, overseen by Myria (2023). These NGOs offer a range of services, including housing support, and facilitated access to external services including medical assistance, education, training, employment, and social welfare services. However, despite their efforts, the housing situation for victims of human trafficking in Belgium remains challenging. In 2022, 174 new people were identified as victims of trafficking in the Borealis chemical company, stretching emergency shelters beyond capacity and leaving them unable to accommodate new admissions (Chini, 2022).

The relationship between human trafficking and housing instability is well-established in the literature. Homelessness has been identified as is both a precursor and effect of trafficking (Parker, 2021) with homeless people being at risk of being exploited or trafficked (Mostajabian, 2019). After trafficking, such exploitation may increase the likelihood of future homelessness. When asked about their housing situations, either before or during trafficking, victims often report poor living conditions such as inadequate heating, lack of basic hygiene facilities, insufficient food or water, being exploited in the same place where they lived, living in overcrowded rooms (Kiss, 2015; Nodzenski, 2020). Moreover, victims of labour trafficking, in particular, were often

exploited in the same place where they live, and housed by their employer, depending on their trafficker not only for work but also for housing (GRETA, 2017; Myria, 2021).

Survivors of trafficking may also face significant and unique problems when trying to access temporary housing including emergency shelters (Mostajabian, 2019). Existing shelters often do not have the resources or expertise to address the specific needs of trafficking survivors, who may be served on the basis of other vulnerable groups, such as survivors of domestic violence (Meneses, 2015). These specific needs may include lack of documentation and support related to trafficking and exploitation. Additionally, many survivors may find it difficult to follow the restrictions and rules of shelters, such as requirements for employment or abstinence from alcohol (Clawson and Dutch, 2008). Lastly, transitional housing for men victims of human trafficking was more difficult or limited compared to female survivors (Clawson and Dutch, 2008; McCallum et al., 2019).

Access to housing services was also impacted by the COVID-19 pandemic. In Belgium the population experienced two COVID-19 related lockdowns (mid-March to May 2020 and November 2020 to April 2021). During this time, the pandemic exacerbated existing vulnerabilities faced by survivors of human trafficking, limiting access to sheltered accommodation, availability of non-sheltered accommodation, and long-term accommodation (OSCE, 2020). The Belgian rapporteur on human trafficking (Myria, 2020) suggested that the pandemic has worsened the situation and made it more difficult to identify victims. Furthermore, international organisations noted that housing insecurity during the COVID pandemic was one of the main areas which increased in severity for victims of human trafficking, with many shelters were only operating closed or not accepting new clients, and COVID restrictions were making it difficult to visit rented accommodation and sign rental contracts (OSCE, 2020).

In relation to the housing situation in Belgium, it is already known that accommodation is relatively cheap compared to neighbouring countries (such as Switzerland, Ireland, and the UK), and the social housing -subsidized rents- availability can vary widely between regions (Expatica, 2023). Social housing has been decentralised for several decades in its three counties -the Flemish Region, the Walloon Region, and the Brussels Region- with several providers such as municipalities, public companies, civil society organizations, etc. In this context, previous research in Belgium have also reported housing as a key entry point in the recovery and inclusion of refugees in host societies (Moussawi, 2023), and yet, language barriers, discrimination, and housing insecurity led to a sense of

instability. In this line, trafficking victims face similar housing challenges as other groups such as refugees, so limited availability of suitable housing and societal attitudes have led to the creation of a system of mass accommodation and transitional housing in several European cities, especially after 2015 with the significant refugee influxes (Kreichauf, 2018).

Building upon these observed trends, this article is based on research that aimed to: (i) enhance the existing body of knowledge on the interconnectedness of housing insecurity, homelessness, and trafficking, (ii) understand the capacity and conditions necessary for victims in Belgium to access suitable housing options, (iii) reflect the experiences of survivors of labour trafficking in relation to both shelter accommodations and private housing arrangements, and (iv) contribute to ongoing efforts and initiatives advocating for the availability of affordable housing options. Additionally, the definition of homelessness that was utilized followed the HUD-Rossi framework, encompassing individuals residing in locations not intended for human habitation, emergency shelters, transitional housing, or those at imminent risk of homelessness.

Methodology

Design and sampling

Among the three specialized reception centres in Belgium that provide support to victims of trafficking, one centre willingly agreed to participate in the research study. Because of that, a qualitative design with face-to-face interviews were used to collect survivors' perspectives on various aspects including their experiences with private housing, shelters, economic challenges, overall well-being, and the availability of legal support. To triangulate information, interviews with both victims of human trafficking (VHT) and social workers were conducted. In this way, first-hand information about the victims' own experiences was combined with the extensive experience of the social workers. The design consisted of two research phases. First, interviews were conducted with NGO workers in mid-October 2021. The results found in this first phase led to the modification of the interview script for the victims of human trafficking.

Second, a place-based approach was adopted, targeting victims of human trafficking who accessed the reception centre or housing service. The centre's staff sent out a general call for volunteers to participate in the research by email, emphasizing the voluntary nature of participation to alleviate any feelings of obligation among potential victims of

trafficking. Notably, existing literature reviews (Okech, Choi, Elkins and Burns, 2018) have highlighted a disproportionate representation of women and victims of trafficking for sexual exploitation in scientific studies, leaving other trafficking groups or purposes understudied. Therefore, priority was given to conducting interviews with male victims of labour trafficking to address this gap in the literature and increase visibility. Of the initial ten volunteers who expressed interest, only four victims of human trafficking ultimately attended the scheduled interviews. Unfortunately, no information could be obtained regarding the reasons for non-participation by the other volunteers. A planned second call of participants was cancelled when Belgium entered the second lockdown in November 2021. All the interviews were conducted in English, options for Spanish, Dutch, and French were also made available.

The present study had certain limitations, primarily related to the sample size, which limits the diversity of situations the research findings. It is important to note that the professionals and victims included in this study cannot be viewed as a comprehensive representation of the entire Belgian system, because all of them were from a specific region. Despite these limitations, it is worth acknowledging that the required number of interviews can vary depending on factors such as the complexity of the research topic, the quality of the interviews conducted, the methodological approach employed, and other contextual factors (Merriam, 2014). In this sense, the majority of participants provided meaningful and highly valuable insights. As a result, this study offers an initial qualitative understanding of the housing situation for victims of human trafficking during the COVID-19 pandemic in Belgium.

Participants

The four NGO workers who were interviewed for this study have diverse areas of intervention, all of which are in some way related to the provision of housing for trafficking victims. In order to protect their anonymity, their specific roles are described without disclosing personal information. Among many other things, the NGO workers had these functions: (i) the Shelter Social Assistant supervised the shelter during the initial stages of victims' recovery; (ii) the Housing Assistant facilitated the transition of clients into private apartments or moving to better conditions; (iii) the Psychosocial Assistant provided support for victims' psychosocial needs; (iv) the Legal Assistant offered legal aid to survivors, including assistance with obtaining residence papers.

The second sample consisted of victims of human trafficking. In order to maintain their anonymity, common characteristics of the victims interviewed are described as a group: (i) they began receiving protection from the NGO in 2021; (ii) they were living in a private apartment at the time of the interview; (iii) all of them had children in their home countries; (iv) they were identified by the police as victims of Human Trafficking for labour exploitation -such as in cleaning or construction- reporting various forms of abuse, including deception regarding the job offer, non-payment, lack of legal documentation, and working in hazardous conditions; (v) their ages ranged from 32 to 50 years; (vi) three of them were male; (vii) they were originally from Ghana, Cameroon, Ukraine and Nigeria; (ix) three had previously lived in the NGO shelter for survivors of trafficking , while one had stayed in an asylum centre.

Ethics

The research followed ethical recommendations for engaging with human trafficking survivors in research, as outlined by Zimmerman and Watts (2003). The Ethics Committee of the University approved this research as part of a larger investigation. Prior to the interviews, participants were provided with detailed information regarding the research objectives, assurance of anonymity, introduction of the interviewer, and confidentiality of the collected data. The consent form emphasized the sensitivity of the participants' previous experiences and did not require their names, but rather their signatures. No concerns regarding signing the consent form were reported, and all respondents willingly signed it, receiving a copy of the informed consent document for their records.

The introductions between the interviewer (a young woman) and the interviewees were facilitated by the NGO staff within the NGO facilities. The interviews took place in a designated room within the NGO office. To ensure accurate transcription, audio recordings were made, which were stored securely and anonymously in a location accessible only to the researcher. During the interviews, breaks were taken whenever necessary to prevent re-victimization. Three of the participants consented to being recorded, while one interviewee preferred that notes be taken instead.

Analysis

The eight in-depth interviews conducted for this study were transcribed and analysed. From the analysis, several general themes emerged, including housing, social challenges,

legal challenges, and wellbeing. However, this paper focuses specifically on the findings related to housing. A systematic categorization system was developed based on the interview script, study objectives, and the identified general themes from the interviews. Employing an experiential and inductive approach, the coding development process was guided by the content of the interviews, with an emphasis on exploring the perspectives of the trafficking victims. Multiple iterations were necessary before coding the housing information, resulting in the identification of three sub-themes.

Findings

The three main results were related to different moments in the survivors' recovery process: (i) housing before being identified as a victim of human trafficking, (ii) the recovery period while living in the shelter—with its advantages and disadvantages— (iii) the private home and victims' experiences with landlords. Each of these results is presented in a separate chapter below.

Housing before being identified as victim

Half of the victims of human trafficking who were interviewed experienced housing insecurity upon leaving their countries of origin, as they were deceived by traffickers. The interviews revealed that these victims were subjected to wage exploitation, threats, and forced to live in overcrowded and unsanitary conditions. Additionally, the traffickers confiscated their identification documents and restricted their access to healthcare services. The importance of housing in the recovery process of these victims was emphasized by the workers, as they were particularly vulnerable to exploitation and faced inadequate housing conditions while in captivity.

> I think it [housing] is really important for human trafficking victims because there are so many people who really can abuse the clients in this situation, so many people. And that is why we are doing it, because we also give them a feeling that we are here, and everything has to go correct, because I think, at the beginning in trafficking situation there is nobody who go to say "you are paying too much rent, you are in an apartment bad". Key informant 2, housing assistant

> They [trafficking networks] have houses and there are living fifteen people in one house and neighbours know, police know. […] I have an offer to come here, they promise me to do the papers and everything, so I was fulfilling my responsibilities,

> they promise me they will pay, they will help me with the papers, I should not be worried about it, I should be worried about the job. So yes, there was no trouble about the job, but there were troubles at the end: no papers, no money, nothing. VHT 1, European male in his 40s

> It was scaring because there were people, without document they cannot go to the hospital. At once you injure your arm and the person that has the documents says to you "get up, you don't have anything". You are there, you need the money, so you get up with the broken arm and work. VHT 3, African male in his 30s

In terms of documentation, obtaining a residence permit was an automatic process when victims were supported by the NGO, whereas acquiring identity documents proved to be time-consuming due to the lack of passports. Regarding identification as victims during their initial lockdown, diverse experiences were reported: one interviewee was still living in an exploitative situation in Belgium, two were no longer in a trafficking situation but had not yet been identified and protected as victims, and one was being provided protection as a recognized victim. Consequently, during the first lockdown, three interviewees had not received formal recognition as victims of human trafficking by the authorities, resulting in a lack of identity documents, housing support, and legal status in Belgium. This prevented them from accessing governmental financial assistance or welfare benefits, and instead, they relied on support from the NGO. Financial concerns were frequently expressed during this period, as the victims had insufficient income to cover their own rent, food, and their children's education, and medical care. Not having enough money to pay rent and the fear of being forced to sleep on the street were among the primary concerns voiced by trafficking victims.

> People who don't have documents, because they are not from Belgium, they don't have place to sleep. […] In the lockdown I rent a room, I pay every month 450 Euro, I don't have document, I pay money. I have it at that time of Corona to take it and pay the rent every month. And after Corona finished, I don't have nothing. I cannot go and sleep outside. VHT 2, African male in his 50s

> The first lockdown I was in [borough in Belgium]. I was on the street. I had a girlfriend, sometimes I used to go there, and when the lockdown I mostly were to her place because I have nowhere to go. I had no papers, no documents, so couldn't register myself anywhere. I had a company I was working so I had a

> working place, and I had some money, but I couldn't register anything, so the only place I could go was at that place. It wasn´t easy, it was really dumb. VHT 3 African male in his 30s

In these situations, victims of human trafficking found temporary (and eventually more permanent) housing through their social networks, including couchsurfing, or staying temporarily with friends and partners (as reported by VHT 3).

Nevertheless, victims of human trafficking who had achieved a certain level of housing stability also shared their experiences of providing support by hosting other victims or vulnerable friends (VHT 2). These arrangements for temporary accommodation and support often operated through informal referral networks or connections with the NGO. In some cases, hosts themselves benefited from these arrangements, either by seeking to share housing expenses due to little savings or out of empathy for their friend's facing homelessness. However, it is important to note that these living situations often resulted in overcrowding, which posed challenges and difficulties for all involved parties.

> I was still hostelling (by his girlfriend), it was difficult, with the masks and they don't call you to go to work then you had no money. So, things were tough, really tough. VHT 3, African male in his 30s

> Even the people who also lose their places, I took them. They set four people out, and then I take four people, they are living with me. Because they don't have the money to pay the landlord. VHT 2, African male in his 50s

Living in the shelter

In Belgium, the Public Welfare Centre (Openbaar Centrum for Maatschappelijk Welzijn, OCMW in Dutch or Centre Public d'Action Sociale, CPAS in French) guarantees minimum income for vulnerable people (including trafficking victims) to pay rent and other necessities until they get a full-time job. When victims agreed to be supported by the NGO (with housing or support) and Public Welfare Centre (with money for living costs), they undertook several commitments including cooperation with the judicial authorities, maintain no contact with the traffickers and trafficking nets, acceptance of support from a specialised centre but also not working full-time and following the language classes. In order to integrate socially and in the labour market, victims were

provided by official language of the region, if necessary. It is important to note that failure to comply with any of these conditions would result in the loss of their financial support.

> As soon as I am going under the protection of [NGO] and I have to move, because I should not contact my previous bosses or team, we should be in hidden places. VHT 1, European male in his 40s

The shelter, specifically tailored to cater to the unique needs of victims of human trafficking, was noted as a sanctuary where survivors found security. The Belgian government provided financial support for victims to stay at the shelter approximately three months. Within its premises, the survivors were provided with essential amenities including internet access, a fully equipped kitchen, a bedroom, a bathroom, and opportunities for engaging in social activities. Furthermore, the dedicated social worker offered continuous support to address any challenges they encountered, such as assisting with cooking, facilitating their participation in language classes, aiding in the adjustment to a different culture, helping them overcome negative habits, and scheduling healthcare appointments.

> I lived in the shelter. Just a few months I lived there. I like to stay there but it was stressful for me. It gives me comfort, give me food, go back, sit alone, think, rearrange my life, it was a shelter. They helped us a lot. They understand us when we are stress, they try to talk. VHT 3, African male in his 30s

Amidst the pandemic, ensuring housing security became imperative for complying with house confinements and public health measures. Nonetheless, the implementation of stringent measures in shelters during lockdowns, including room lockdowns, cessation of group activities, two-metre physical distancing between housemates, floor markings, and mask mandates, which were implemented to prevent the spread of COVID-19, were occasionally perceived as impersonal and lacking sensitivity by both shelter workers and trafficking victims.

> In the shelter, I was all day there, it was quarantine and everything. VHT 1, European male in his 40s

> We have to be separated like enough space between us, and that makes it not personally anymore. It was like there is a wall between you two, because sometimes a victim needs a hug, but then you couldn´t give it, as a social worker

> that was very difficult for me but also for the victims. Key informant 1, shelter assistant

Conversely, it was noted that the shelter did not meet the needs of all survivors of human trafficking. Interviewees reported negative experiences associated with the shelter, including sharing a bedroom with other individuals, adhering to shelter rules, cohabiting with other traumatized individuals, and a lack of privacy and space to be alone. The challenge of sharing a bedroom was particularly notable during the pandemic as it was the only space where masks could be removed.

> Sometimes it is so difficult for some people to live with other people. Also traumatise people living with other traumatise people sometimes can be very stressful for them. They are seeking many time for alone-time, but most of the times is not possible, because they always have to share a room. Key informant 1, shelter assistant

To address the challenges associated with mass or group accommodation, the NGO has made significant investments in individual shelters. This particular resource has garnered positive recognition, particularly among families and independent victims, as it offers essential amenities such as a kitchen, bathroom, living room, and a one-room studio or apartment with a bedroom for those residing with their children.

> Separated room and kitchen, you don't have to pay anything. So, everything by the government, you receive eight euros a day for your pocket money. VHT 1, European male in his 40s

> That is why we have a new project, with separately apartments and studios. So that means they don't have to share their own studio and place. They have kitchen, they have bathroom, they have the living room, they have the sleeping room, they have a one-room studio, or an apartment when they have kinds. Key informant 1, shelter assistant

According to some NGO workers and victims, the shelter was perceived as a temporary solution, although it was not everyone's preferred option. The COVID-19 lockdowns further exacerbated the situation, as victims faced difficulties in securing private accommodations due to pandemic-related restrictions (OSCE, 2020). The lack of deposit funding from Public Welfare Centre meant that victims had to stay in the shelter for an

extended period, exceeding three months, while they searched for a private apartment and saved the necessary deposit amount (which usually corresponds to three months, i.e., over 1,000 euros). Given their trafficking experiences, survivors typically lacked the financial means to save money for rental deposits, which presented a significant obstacle to achieving independence.

> Everyone has to give three months of guarantee, and this is something they don't have, so they can… all of they, they do that, they save money in the shelter, but it is not enough. They can save a maximum of 200 or 300 euros, this is all. So, they have to try to save more, and that is why if we go to a house boss and we say he or she really likes the apartment, but she cannot give three months guarantee, and they will say "no". Key informant 2, housing assistant

Private housing

While residing in a shelter presented its own set of challenges and discomforts, private housing also posed its own advantages and disadvantages. As one advantage mentioned, living in a private apartment represented a fresh start, offering freedom, privacy, and independence. The Belgian government provided financial assistance for these individuals to secure private apartments. However, this financial support provided by the Public Welfare Centre only covered basic living expenses, primarily allocated towards rent, electricity, water, internet, fire insurance, and food.

> When they move alone in an apartment, it is for them a new beginning, it is like "I am safe now, I am independent". Because in the shelter there are rules they need to follow. When you are moving alone, I am sure they are safety and also a start, they can start a new life. Key informant 2, housing assistant

> The biggest part of my [Public Welfare Centre] income is going for the rent. And if it wouldn't be the access to the social shops, it would be really difficult. Because 560 is only for the rent, then I have fifty for electricity, twenty for water and sixty-six internet and telephone and seven euro is the fire insurance, and all together comes and from 1,000, you have 200 for a month. VHT 1, European male in his 40s

As highlighted as a drawback, not all individuals were prepared to live independently due to the feelings of loneliness and the stress associated with managing household expenses.

One NGO worker reported cases where victims returned to trafficking networks due to the challenges of adapting to their newfound independence. Moreover, workers interviewed recommended that victims should not live with a friend or partner, even if both individuals were victims of trafficking, as they would receive reduced financial assistance from the Public Welfare Centre as both would be eligible for funding. Only families were provided support to live together, posing a potential constraint for individuals who were unable to live alone due to specific needs.

> Sometimes we see that they are not recovering themselves, because they are living alone, they have to deal with the bills, they have to deal with the real life, without any help right beside them. Key informant 1, shelter assistant

In the context of private flats, the rental rates were reported to be double the cost of social housing. Due to that, the housing assistant regarded subsidized or social housing as a favourable housing opportunity for victims of trafficking. Nonetheless, the availability of affordable housing was reported to be severely lacking, resulting in applicants for social housing enduring lengthy waiting periods of several years. As a consequence, victims of human trafficking were compelled to reside in costly private apartments, depleting the majority of their monthly income on housing expenses.

> It is only one thing that I am worried when I moved. For example, my friend, he moves to social apartment and is paying 270 euros for the apartment, I am paying 560 because it is a private market. VHT 1, European male in his 40s

> I know social houses have waiting lists of five years. […] It really takes a lot of time, but the social house is really cheap in a month. You can pay three hundred euros for an apartment of two sleeping rooms. And in the market, it is like for two sleeping rooms seven or eight hundred euros. So that makes the difference. Key informant 2, housing assistant

The process of attaining independence for survivors in a foreign country proved challenging, necessitating support from NGOs. Typically, the housing assistant would arrange appointments for survivors, accompany them to prospective apartments, clarify lease agreements, and assess housing standards. However, due to COVID restrictions during the pandemic, NGOs experienced reduced capacity to offer their customary support, leaving victims to independently handle house visits and minimum standard

checks. This diminished support from social workers during the pandemic heightened the risk of potential landlords engaging in abusive practices.

> In the lockdown it was not possible. But after we had a rule in [NGO] that we don't make appointments, we don't visit the clients (victims) at home, we don't go to see an apartment. That was something they have to do alone and was making appointments and give them the appointment to go and see alone. And we saw it was for them not so easy, they said "what do I need to do? Can I take it or not? Is it big enough?" So, there was a bad situation or something "what do I have to do?" Key informant 2, housing assistant

Concerning landlords, certain individuals expressed willingness to assist victims in embarking on a fresh start, particularly if they were already acquainted with the NGO's mission of aiding victims of human trafficking. In such instances, landlords extended rental agreements to victims and negotiated supportive arrangements. This proved true for some of the respondents, who encountered no difficulties in securing private apartments due to their existing acquaintance with a landlord.

> You see that some house bosses they are really want help also the clients from [NGO]. Because they see they are really in a situation not easy. Key informant 2, housing assistant

Conversely, numerous landlords exhibited a reluctance to rent to Public Welfare Centre recipients due to their limited incomes, so finding an apartment was extremely difficult for victims. Certain landlords expressed worries regarding the ability of these tenants to consistently meet monthly rental payments, given their lack of employment and the relatively modest financial assistance provided by Public Welfare Centre. These attitudes reinforce housing vulnerability and contribute to the discrimination faced by individuals with low incomes.

> Because many owner houses they prefer somebody who is working, they have also more in a month than somebody with [Public Welfare Centre funding]. Every house boss they know that with the [Public Welfare Centre funding] they receive 1,000 euros in a month, with 1,000 euros you have to pay your rent, your cost of electricity, gas, water, internet, fire insurance, there are a lot of things coming and they know that, there is a little bit scared about with the amount they have they

> (victims) are not paying everything and they are scared `we are not getting the rent´. Key informant 2, housing assistant

Furthermore, the victim respondents have encountered situations of housing market discrimination stemming from racial biases. Certain landlords were reported to discriminate on the basis of skin colour, so black people had more difficulties getting an apartment. Similarly, the housing assistant reported neighbourhood segregation, where survivors were often pushed to reside in areas characterised by greater socio-economic vulnerability.

> Most of the house boss say, "we don't want somebody [of] this nationality", and the person is also hearing it, so this is something I struggle with, but also the client. Key informant 2, housing assistant

Within this context, numerous instances have been identified by both victims and NGO workers, highlighting the enduring presence of gender stereotypes among landlords. Notably, male victims were subject to the repercussion of gender stereotypes that presumed men to be incapable of cleaning and doing the housework. In addition, women were reportedly discriminated against by landlords on the basis of gender, marital or family status.

> I know it is difficult for people because I have a girlfriend, she has been looking for apartment now for four months or five months or even more. Every time she goes, they refuse her because she is mum, she is not married, she need a double assurance that she is alone to take care, because she has two kids, I know it is difficult. VHT 3, African male in his 30s

> Most of the house boss they think, "oh it is a man so he is not going to care of the apartment", so they are a little bit scared. "And is he going to clean?" so you see that a lot in the market. If it a North-African women, for example, so you see it is easier, the most of them I hear that a lot. We have for example a building with house boss say "we prefer women in the building, because they really clean, the home is going to be clean". Key informant 2, housing assistant

Various additional adverse encounters in the pursuit of private housing were cited by the interviewees. Firstly, numerous fraud risks were identified when searching for private apartments online, including scenarios where payment was required prior to viewing the

property or transactions were conducted solely in cash. Secondly, certain victims were presented with rental accommodations that failed to meet the established Housing Habitability Standards. Exploiting the victims' desperation, landlords offered substandard housing conditions. The NGO promptly reported such cases to the authorities, ensuring that necessary measures were taken to address these concerns.

> You see a lot of things that are not so okay, and so many house bosses they rent it also. But then they know also to who give it, because many people they are looking for something and they say `we just want something´, they are in a situation that also [Public Welfare Centre funding], they are not working, they will take it. But for us is like no, it is not okay, and if I see something really bad then I also give a declaration. Key informant 2, housing assistant

Discussion

Although Belgium research is significant in the fight against human trafficking, there is a surprising lack of empirical evidence (Raets and Janssens, 2021), especially trafficking victims for labour exploitation (Okech et al. 2018). Due to that, this article examined the challenges faced by survivors of labour trafficking in accessing safe and suitable housing and explores non-government programs that aim to address this issue in Belgium. Housing insecurity and homelessness were reported, in line with previous literature (Acharya, 2008; GRETA, 2017; Kiss, 2015; Nodzenski, 2020; Parker, 2021)—during the trafficking situation and afterwards. In relation to post-exploitation accommodation, both good practices and insecurity situations were found.

Housing security: good practices

First, it is the primary responsibility of states to ensure the provision of medical, psychological, and material support, including housing, for the rehabilitation of human trafficking survivors (Palermo Protocol, 2000). In line with this, Belgium support a dedicated housing program aimed at assisting victims of human trafficking, with the government assuming the financial responsibility for providing shelter or securing private apartments during their recovery process. In contrast to previous research and experiences in other countries (Clawson and Dutch, 2008; McCallum et al., 2019), no indications of limitations or restricted access to shelters for male trafficking victims were identified in this study.

Second, the importance of friends and partners in preventing homelessness among vulnerable people was emphasized. Moreover, acts of solidarity extended beyond fellow survivors, with instances of former victims assisting new survivors in securing accommodation or even certain landlords offering supportive housing conditions. The existence of numerous support networks and acts of solidarity among trafficking victims, as corroborated by earlier studies (Meneses-Falcón, Rúa-Vieites, and García-Vázquez, 2022), played a crucial role in preventing housing insecurity during the lockdowns. However, it is important to note that these arrangements were typically temporary, leading to the emergence of other forms of inadequate housing, such as couchsurfing and overcrowded residences.

Third, housing assistants have played an irreplaceable role in facilitating the recovery of the victims by providing support in both shelter accommodation and the search for affordable, secure, and habitable housing. Their involvement has been vital in identifying instances of fraud and substandard living conditions, thereby safeguarding the well-being of survivors. However, these professionals have also observed instances of racism directed towards survivors. Furthermore, it is important to recognize that landlords, in general, may not be fully aware of the unique challenges faced by victims of human trafficking, thus creating additional barriers to housing for this vulnerable population. In light of this, housing assistants from NGOs have been actively engaging in raising awareness about trafficking issues, aiming to foster a greater openness among landlords to rent to this marginalized group.

Housing insecurity: challenges and difficulties

In relation post-rescue housing, several negative aspects have been observed. Firstly, the traditional approach to housing trafficking victims followed a staggered model, starting with shelter accommodation, followed by temporary housing (sometimes poor-quality houses) and finally permanent housing. This long process resulted in frequent relocations, financial burdens, and, in some cases, victims abandoning the process. To address these challenges, the Housing First approach (Buxant, 2018) proposed prioritizing immediate access to permanent and suitable housing as the initial step in the recovery process. This approach aligns with prior research (Kreichauf, 2018) indicating that insecure and overcrowded housing conditions exacerbate pre-existing trauma and mental health issues among refugees in Europe, and thus, emphasizing long-term and sustainable accommodation solutions becomes crucial.

Secondly, the traditional shelter model proved to be inadequate for certain individuals, particularly those who sought independence or were part of a family unit. Survivors were often compelled to share living spaces with other individuals who had experienced trauma, resulting in limited privacy and adherence to schedules. Restrictions on freedom of movement, the prohibition of alcohol and drugs, as well as limitations on accommodating men, children, or extended family members, and mandatory participation in specific activities were previously observed (Clawson and Dutch, 2008; Raby et al. 2023). Consequently, the exploration of alternative temporary housing options, as shelters with single occupancy rooms or one-room studio flats offering greater independence, would better cater to the needs of these specific victims.

Thirdly, according to participants, there is a notable deficiency in the provision of affordable and social housing by governments, leaving victims of trafficking trapped in substandard living conditions. This issue is further compounded by the growing demand for smaller dwellings, primarily among individuals with lower incomes, in certain regions of Belgium (Housing Europe, 2021). As a consequence, trafficking victims were reported by participants to have been confronted with exorbitant real estate prices, exacerbating their housing challenges. Belgium, similar to other European countries, continues to grapple with a shortage of affordable housing, as evidenced by the extensive waiting lists for social housing (Housing Europe, 2021).

Fourth, numerous factors of discrimination, encompassing nationality, gender, and income, have been identified as influential in the housing insecurity. Black men faced racism from landlords while searching for housing, and gender-based discrimination manifested in notions such as "men are incapable of managing cleaning and housework". Additionally, discrimination against individuals with low incomes, particularly those receiving public subsidies, was a prevalent issue. Consequently, social workers have observed situations of neighbourhood segregation among trafficking survivors, in line with previous studies (Clawson and Dutch, 2008). Despite Belgium's regulatory framework regarding rental housing quality, including comfort levels and size, the risk of victims being deceived or coerced by landlords into leasing substandard accommodations remains high. The limited support from social workers during the lockdowns, coupled with victims having to independently seek private housing, further increased the likelihood of encountering abusive practices by landlords. It is worth noting that previous research on refugees in Belgium has highlighted constraints such as limited financial

resources, language barriers, discrimination, and housing insecurity, which perpetuate a sense of ongoing displacement and instability in their lives (Moussawi, 2023).

The COVID-19 pandemic has exacerbated housing insecurity not only in Belgium but also throughout Europe, resulting in increased challenges for low-income individuals in meeting rental deposit requirements (Housing Europe, 2021). Despite the prohibition of evictions during the lockdown period (Housing Europe, 2021), many landlords demanded a three-month deposit. It is noteworthy that the usual practice of providing or lending the necessary deposit money for transitioning into private accommodation was absent. This difficulty compounded the already limited savings and high debts typically experienced by victims of trafficking (Zimmerman and Schenker, 2014). As a consequence of the lockdown measures, a significant number of trafficking victims found themselves staying in shelters for extended periods due to inability to visit and sing contracts for available housing options (OSCE, 2020).

Conclusions

The article explores various programs that provide housing support and other services to victims of human trafficking. Some good practices have been found in this research. Raising awareness among landlords to rent vulnerable groups such as victims of human trafficking was reported to be really helpful. In this sense, the housing assistance to victims prevent them on many occasions to agree on substandard housing or deal with discrimination. On the contrary, housing discrimination and racism -due to their immigration status, language barriers, and discrimination based on their race, ethnicity, or national origin- are significant challenges faced by victims of human trafficking in Belgium. Many landlords may discriminate against these victims by refusing to rent to them, offering them substandard housing or trying to cheat them. However, there is still much work to be done to ensure that all victims of trafficking in Belgium have access to safe and affordable housing, such as promoting sanctions in the real estate market in situations of discrimination and facilitating mechanisms for house assistants to report discrimination or fraud against victims of human trafficking in the real estate market.

Despite the efforts, the lack of affordable housing and competition for the limited accommodations available remain persistent challenges in many Belgian cities. This situation can lead to overcrowded and precarious living conditions for victims of human trafficking. To address these challenges, innovative and sustainable housing solutions that

prioritize the needs of victims must be explored, such as promoting affordable and social housing by governments; prioritising permanent housing instead of temporary shelters and transitional housing, following the Housing First model; providing individual shelters for temporary housing -particularly for survivors who are more independent- rather than group and overcrowded shelter, in cases where permanent housing is not possible; investing in smaller accommodations -single housing- in the real estate market particularly for lower incomes tenants; giving or lending the deposit for rental housing to ensure survivors' access to private accommodation; enabling people who cannot live alone or who have a special need to live with other people without reducing the funding.

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Competing interests

The author declares no competing interests.

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References

Acharya, AK. (2008). Sexual violence and proximate risks: A study on trafficked women in Mexico City. Gender, Technology and Development, 12(1), 77-99, 3. https://doi.org/10.1177/097185240701200106

Buxant, C. (2018). The Challenge of Implementing the Housing First Model: How Belgium Tries to Connect Fidelity and Reality. European Journal of Homelessness, 12(3), 229-252

Chini, M. (4 August 2022). Catastrophe: Aid organisation unable to help all Borealis human trafficking victims. The Brussels Times. https://www.brusselstimes.com/266588/catastrophe-aid-organisation-unable-to-help-all-borealis-human-trafficking-victims

Clawson, H., and Dutch, N. (2008). Addressing the needs of victims of human trafficking: Challenges, barriers, and promising practices. Washington, DC: Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. https://aspe.hhs.gov/sites/default/files/migrated_legacy_files//42821/ib.pdf

Expatica. (2023). Housing in Belgium. Last update on 20/03/2023. https://www.expatica.com/be/housing/housing-basics/belgium-housing-106777/

Federal Judicial Police. Frontières, migration et trafic de personnes. Retrieved on 12/05/2023 https://rapportannuel.policefederale.be/securite/migration-trafic-personnes-biens/

GRETA. (2017). Human Trafficking for the purpose of labour exploitation, Council of Europe. https://rm.coe.int/labour-exploitation-thematic-chapter-7th-general-report-en/16809ce2e7

Housing Europe. (2021). The state of housing in Europe 2021, Sven Van Elst and Tine Hendrickx, https://www.stateofhousing.eu/The_State_of_Housing_in_the_EU_2021.pdf

Kiss, L., et al. (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), e154-e161. https://doi.org/10.1016/S2214-109X(15)70016-1

Kreichauf, René. (2018). From forced migration to forced arrival: The campization of refugee accommodation in European cities. Comparative migration studies 6.1: 1-22. https://doi.org/10.1186/s40878-017-0069-8

Meneses, C., et al. (2015). [Supporting victims of trafficking] Apoyando a las víctimas de trata. Ministerio de Sanidad Servicios Sociales e Igualdad.

Meneses-Falcón, C., Rúa-Vieites, A. and García-Vázquez, O. (2022). [Social intervention with women in prostitution and victims of trafficking. Contributions and experiences during COVID 19.] Intervención social con mujeres en prostitución y víctimas de trata. Aportaciones y experiencias durante el COVID 19. Universidad de Granada.

Merriam, Sharan. (2014). Qualitative Research: A Guide to Design and Implementation.

Mostajabian, S., et al. (2019). Identifying sexual and labour exploitation among sheltered youth experiencing homelessness: a comparison of screening methods´. International journal of environmental research and public health, 16(3), 363. https://doi.org/10.3390/ijerph16030363

Moussawi, H. (2023). 'Finding housing was an illness': refugees' sense of continued displacement in Belgium. Housing Studies. https://doi.org/10.1080/02673037.2023.2180493

Myria. (2021). Annual Evaluation Report 2021 Trafficking and smuggling of human beings. Visibly invisible. Federal Migration Centre, Brussels.

Myria. (2020). Annual Evaluation Report 2020 Trafficking and smuggling of human beings. Behind closed doors. Federal Migration Centre, Brussels.

Myria. `Shelters for victims´. Retrieved on 12/05/2023. https://www.myria.be/en/traff-and-smuggling/shelters-for-victims

Nodzenski, M., et al. (2020). Post-trafficking stressors: The influence of hopes, fears and expectations on the mental health of young trafficking survivors in the Greater Mekong Sub-region. Child Abuse Neglect, 100:104067, https://doi.org/10.1016/j.chiabu.2019.104067

Okech, D., Choi, J., Elkins, J., and Burns, A. (2018). Seventeen years of human trafficking research in social work: A review of the literature. Journal of evidence-informed social work, 15(2):103-122. http://dx.doi.org/10.1080/23761407.2017.1415177

OSCE and UN Women. (2020). Guidance: addressing emerging human trafficking trends and consequences of the COVID-19 pandemic. OSCE, ODIHR, UN Women. https://www.unwomen.org/en/digital-library/publications/2020/07/guidance-addressing-emerging-human-trafficking-trends-and-consequences-of-the-covid-19-pandemic

Parker, S. (May 2021). No way out and no way home: modern slavery and homelessness in England, Wales and Northern Ireland. Crisis. https://www.crisis.org.uk/media/245122/no-way-out-and-no-way-home-final-designed.pdf

Raby, K., Chazal, N., Garcia-Daza, L., y Mebalds, G. (2023). 'No Income, Temporary Visa, and Too Many Triggers': Barriers in accommodating survivors of human trafficking and slavery in Australia. Anti-Trafficking Review, (20), 92–110. https://doi.org/10.14197/atr.201223206

Raets, S., Janssens, J. (2021). Trafficking and Technology: Exploring the Role of Digital Communication Technologies in the Belgian Human Trafficking Business. Eur J Crim Policy Res 27, 215–238. https://doi.org/10.1007/s10610-019-09429-z

United Nations. (2000). Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime. Palermo. General Assembly resolution 55/25.

Zimmerman, C., and Watts, C. (2003). World Health Organisation Ethical and Safety Recommendations for Interviewing Trafficked Women. WHO, Geneva.

Zimmerman, C., and Schenker, MB. (2014). Human trafficking for forced labour and occupational health. Occupational and environmental medicine, 71(12), 807-808. http://dx.doi.org/10.1136/oemed-2014-102452

5. Limitaciones

Como se ha mencionado con anterioridad, el marco teórico de esta tesis doctoral podría ser más extenso y abarcar todos los debates actuales sobre la trata de seres humanos, el género y otras cuestiones relevantes. Sin embargo, por motivos de espacio, de elección de tesis por compendio y del enfoque sociosanitario principalmente, se ha limitado a una breve introducción que repasa la regulación y las cuestiones más relevantes.

A pesar de las contribuciones de la revisión sistemática en materia de bienestar de las víctimas de trata, es necesario apuntar ciertas limitaciones. Algunas de ellas están relacionadas con la falta de inclusión de: todas las fuentes de datos disponibles, de otros idiomas, de estimaciones numéricas para medir la calidad de los artículos y de todos los criterios PRISMA (Page et al., 2021).

Por su parte, la irrupción de la pandemia y las restricciones de movilidad impactaron de forma negativa tanto en la muestra en España como en Bélgica. Varias de las limitaciones de la parte de investigación empírica de esta tesis doctoral fueron resultado de las restricciones de la pandemia del coronavirus. Esta crisis sociosanitaria produjo un cambio en la metodología inicial de la tesis doctoral, que se enfocó en entender principalmente los impactos más inmediatos de la pandemia reportados por este colectivo. Unido a ello, las muestras no cumplieron con los criterios de representatividad, ya que se obtuvieron mediante la colaboración una única organización participante y de individuos que participaron voluntariamente en las entrevistas.

Para la primera muestra, la pandemia impidió que la doctoranda pudiera desplazarse a los diferentes proyectos sociales para recopilar los datos y llevar a cabo el trabajo de campo de manera presencial. Algunas de las desventajas de no haber realizado personalmente las entrevistas fueron la posibilidad de perderse información importante relacionada con el contexto, la comunicación no verbal y la incapacidad para explorar a fondo temas inesperados que surgiesen (Mason, 2002).

Para la segunda muestra, es necesario apuntar una limitación relacionada con el tamaño de la muestra. La organización inicial incluía una muestra mayor, sin embargo, durante el último mes de la estancia de investigación se dio un pico de contagios por el Covid-19 en la zona y las prohibiciones de movilidad, además del riesgo para la salud de las víctimas, hicieron muy difícil seguir con las entrevistas. A pesar de estas limitaciones, es importante reconocer que el número requerido de entrevistas puede variar según factores

como la complejidad del tema de investigación, la calidad de las entrevistas realizadas, el enfoque metodológico empleado y otros factores contextuales (Merriam, 2014).

Por último, se necesitan más investigaciones que incorporen el enfoque de interseccionalidad para entender los factores o dimensiones de desigualdad que afectan a las víctimas de la trata. En esta investigación no ha sido posible aplicar dicho enfoque por las limitaciones anteriormente mencionadas relacionadas principalmente con la pandemia. De esta forma, se deben tener en cuenta en un futuro dimensiones y ejes de desigualdad como el género, la identidad de género, la nacionalidad, las características étnico-raciales, la situación administrativa, el idioma o el nivel educativo, entre otros. Esto pasaría por realizar, entre otras cosas, revisiones de la literatura que incluyan y analicen estas variables, un marco teórico que incorpore la comprensión de estas variables como ejes de desigualdad y vulnerabilidad a la trata, la recopilación de datos con criterios de diversidad y heterogeneidad, además de la presentación de resultados de investigación con perspectiva interseccional.

6. Conclusiones e investigación futura

Esta tesis ha hecho tres aportaciones importantes: la primera, relacionada con la revisión de la literatura sobre la salud de las víctimas de trata; la segunda, relacionada con las dificultades vividas por las mujeres víctimas de trata con fines de explotación sexual en España durante la pandemia de COVID-19; la tercera, relacionada principalmente con hombres víctimas de trata con fines de explotación laboral en Bélgica durante la pandemia. Para conocer con mayor profundidad los resultados de las investigaciones ir a apartado 8 “Resultados”, donde se incluyen los cuatro artículos completos que componen el compendio de esta tesis. Como resultado, nuestras conclusiones se han dividido en tres secciones para responder a los tres objetivos de investigación, con sus correspondientes hallazgos y recomendaciones, que se explicarán a continuación.

5.1. Revisión de la literatura sobre salud y trata

La revisión concluye en la necesidad de investigar la trata también desde la dimensión de la salud, además de estudiarlo desde otras ramas del conocimiento. Comprender la salud de las víctimas es fundamental para mejorar tanto la detección de las víctimas de trata por parte de los cuerpos de seguridad, como la atención y recuperación de las víctimas por parte de gobiernos y ONGs. Además, la salud de las víctimas debe ser investigada desde una perspectiva multidimensional, que englobe factores físicos, psicológicos, sociales,

sexuales y reproductivos, entre otros. Incorporar los aspectos sociales de la salud de las víctimas es importante para comprender algunos de los problemas relacionados con la salud física y psicológica.

De forma resumida, los principales problemas de salud en las víctimas de trata han sido: a) la violencia física, sexual, verbal y psicológica; b) los problemas en la salud mental (con altos niveles de ansiedad, depresión y trastorno de estrés postraumático); c) la pérdida de la salud o bienestar relacionado con aspectos sociales (restricciones de movimiento, falta de apoyo social, encierro en la vivienda, escasa seguridad en el trabajo y la vida); d) daños en la salud física (problemas neurológicos, gastrointestinales, inmunológicos, cutáneos, dentales); f) complicaciones en la salud sexual y reproductiva (infecciones de transmisión sexual y problemas en el aparato reproductor).

Por su parte, la revisión sistemática señala que la literatura sobre la salud de las víctimas se centra sobre todo en aspectos psicológicos, en aspectos sexuales-reproductivos y en la violencia. Por el contrario, no se han estudiado en profundidad otras dimensiones fundamentales de la salud de las víctimas, como puede ser la alimentación o la espiritualidad. En línea con anteriores revisiones sobre salud y religiosidad (De Diego y Guerrero, 2018; Koenig, 2012), esta tesis aboga por la necesidad de incorporar la dimensión de religiosidad/espiritualidad en la investigación sobre la salud, y los impactos tanto positivos como negativos que puede tener. Un ejemplo de ello lo encontramos en las ceremonias del ritual *Juju* que hacen que algunas mujeres víctimas nigerianas se sientan vinculadas a las redes de trata (Meneses-Falcón, Rúa-Vieites y García-Vázquez, 2022), impidiéndoles en muchos casos huir de la situación. Además, la religiosidad también puede afectar a la búsqueda de asistencia sanitaria (como se indica en el artículo 3 del compendio de publicaciones). Por ello, es necesario investigar cómo la religiosidad/espiritualidad de las víctimas de trata puede facilitar o disminuir su bienestar y su libertad.

Otra de las conclusiones de la revisión está relacionada con los sesgos de género. Por un lado, existe un menor número de estudios que incorporan muestras de hombres o jóvenes. Estas carencias en investigación hacen que la situación de los hombres víctimas de trata sea menos visible, teniendo menos información para su detección y asistencia. Además, la literatura también refleja un sesgo de género al perpetuar los estereotipos tradicionales donde a las mujeres se les preguntas sobre la maternidad y las cargas familiares, el estado civil o la salud sexual. De las pocas investigaciones con muestras importantes sobre salud

en los hombres víctimas, éstas no estudian aspectos importantes como la paternidad o el estado civil como posibles factores de vulnerabilidad ante la trata. Además, la dimensión de salud relacionada con lo sexual -como las posibles infecciones de transmisión sexual- o la trata con fines de explotación sexual en hombres no ha sido todavía estudiada en profundidad. Por ello, para entender de forma integral los riesgos e impactos de la trata en los hombres, es importante que futuras investigaciones incorporen el estudio de estos aspectos.

Un último aspecto o conclusión se relaciona con el rol de las y los profesionales sociales y sanitarios. Las revisiones enfatizan el ya mencionado papel fundamental del personal sanitario en la detección de víctimas de trata (Lederer y Wetzel, 2014; Westwood et al., 2016). Sin embargo, éste personal no siempre tiene información específica sobre los diferentes aspectos sociosanitarios relacionados con el bienestar de las víctimas, muchos de ellos mencionados en esta tesis.

5.2. La salud de las víctimas en España durante la pandemia de COVID-19

Las aportaciones de este artículo se centran en dos realidades muy importantes. Por un lado, el estudio de la salud integral de las mujeres víctimas de trata con fines de explotación sexual (en línea con el capítulo 1 del compendio de publicaciones), que es el colectivo más detectado en España. Por otro lado, el artículo incorpora las denuncias y dificultades que han expresado sobre la salud o bienestar multidimensional de las propias mujeres durante la pandemia del Coronavirus.

En primer lugar, entre los impactos negativos se mencionan las dificultades para acceder a la atención médica a causa de los confinamientos, la atención sanitaria telefónica, la percepción de un trato no adecuado, la falta de documentos oficiales o las barreras lingüísticas. Además, se encontraron relaciones entre el acceso sanitario y la religiosidad o la cultura. Algunas víctimas tienen creencias que las llevan a evitar ciertas intervenciones médicas como análisis de sangre. Estos aspectos culturales y religiosos desempeñan un papel fundamental en el abordaje de las víctimas de la trata de seres humanos (como se indica en el artículo 2 del compendio de publicaciones) y, por lo tanto, deben ser considerados en futuras investigaciones.

En segundo lugar, hubo un empeoramiento generalizado de la salud mental, explicada por la violencia, las preocupaciones económicas y familiares, verse obligadas a seguir en contextos de prostitución durante la pandemia sin poder seguir con los protocolos básicos

contra el COVID-19, el miedo, el consumo de sustancias, los problemas de sueño, la ansiedad o nerviosismo y la depresión con sentimientos de soledad, tristeza o apatía. Ninguna de las participantes era atendida psicológicamente en el sistema público sanitario, sino que la terapia era ofrecida por las psicólogas de la ONG.

En tercer lugar, las entrevistadas hablaron de un ligero deterioro en la salud física, como dolores de cabeza, de espalda, de estómago, el contagio de COVID-19 o la falta de atención a la salud sexual como uno de los servicios frecuentes e importantes para las participantes. Otros problemas encontrados estaban relacionados con la inseguridad alimentaria y los problemas en la alimentación causados por la pandemia, el confinamiento o la falta de recursos económicos para comprar alimentos principalmente (como se indica en el artículo 2 del compendio de publicaciones).

Por su parte, la inseguridad en la vivienda y las malas condiciones han sido identificadas como un factor que contribuye a los problemas de salud en las víctimas de trata (como se indica en el artículo 4 del compendio de publicaciones). Esto puede atribuirse a diversos factores mencionados, como cambios frecuentes de residencia, experiencias previas de captura, hacinamiento, convivir con desconocidos o incluso con su proxeneta, miedo al contagio del COVID-19 y dificultades para pagar el alquiler.

Desde el Protocolo de Palermo (2000) se insta a cada Estado miembro a considerar la adopción de medidas que permitan la recuperación física, psicológica y social de las víctimas, como la asistencia médica y psicológica. Por ello, es fundamental abordar las dificultades en el acceso sanitario que ha enfrentado este colectivo, como fue el caso durante la pandemia con las medidas de protección y vacunación. A pesar de las múltiples limitaciones que sufrió este colectivo de mujeres, existen más recursos para ellas que para otros colectivos de víctimas (GRETA, 2023). Por lo tanto, se necesitan más investigaciones que reflejen las carencias sociosanitarias de otras víctimas como hombres, menores, trans o mujeres víctimas de trata laboral (como ha sido apuntado también en el artículo 2 del compendio).

5.3. La vivienda de las víctimas de trata en Bélgica durante la pandemia de COVID-19

Las conclusiones de esta publicación están relacionadas con la salud, el bienestar y la vivienda. En relación con la salud, hace años que se ha evidenciado la conexión entre vivienda y salud (Krieger y Higgins, 2002), donde las condiciones deficientes en el alojamiento están asociadas a problemas de salud física y mental. La vivienda digna es

considerada como un determinante social de la salud, y como un problema que atajar de forma multidisciplinar, incluida la salud pública (*ibidem*). Los propios entrevistados mencionaron el acceso a un hogar seguro como elemento fundamental como para su salud y su recuperación. En línea con Parker (2021; y con el artículo 3 del compendio), se ha apuntado la importancia de una vivienda segura para el bienestar de las víctimas, ya que su falta es tanto un precursor como un efecto de la trata.

Además, el artículo se centra en tres realidades que son muy desconocidas: primera, en bienestar en las víctimas de trata con fines de explotación laboral (Okech et al. 2018); segunda, las experiencias de los hombres víctimas de trata (en línea con el artículo 2 del compendio); y tercera, la incorporación del impacto de la pandemia de COVID-19. Otra contribución ha sido la incorporación de las voces de las propias víctimas hombres, que expresaron sus limitaciones y preocupaciones durante este tiempo.

Las conclusiones más relevantes en cuanto a la vivienda son: a) las residencias colectivas no fueron adecuadas para algunas víctimas debido a preocupaciones de privacidad, autonomía y compartir alojamiento o habitación con otras víctimas con traumas graves, especialmente durante la pandemia por el miedo al contagio; b) algunas residencias solo funcionaban cerradas o no aceptaban nuevas víctimas durante los primeros meses de pandemia, por lo que aumentó la inseguridad en la vivienda; c) algunas víctimas permanecieron en las residencias durante períodos prolongados, principalmente por la incapacidad de visitar y firmar contratos de alquiler durante la pandemia (OSCE, 2020). En el mercado de la vivienda privada, los propietarios contribuyeron a las desigualdades sociales, al ofrecer viviendas de baja calidad a las víctimas, segregando a ciertos colectivos y perpetuando estereotipos de género, xenofobia y discriminación. Con respecto a los estereotipos de género los hombres solteros víctimas de trata consideraron enfrentar situaciones de discriminación con respecto a su género, como el hecho de no alquilarles un piso por la idea de que “no van a limpiar y tener la casa ordenada”.

Además, el enfoque tradicional para alojar a las víctimas de trata seguía un modelo escalonado, comenzando con alojamientos temporales, seguidos de viviendas temporales (a veces de mala calidad) y finalmente viviendas permanentes. Este proceso prolongado resultaba en reubicaciones frecuentes, cargas financieras y, en algunos casos, víctimas que abandonaban el proceso. Para abordar estos desafíos, el enfoque *Housing First* (Buxant, 2018) propuso priorizar el acceso inmediato a viviendas permanentes y adecuadas como el primer paso en el proceso de recuperación. Este enfoque se alinea con

investigaciones previas sobre cómo las condiciones de vivienda inseguras y hacinamiento agravan los traumas preexistentes y los problemas de salud mental entre los refugiados en Europa (Kreichauf, 2018).

En términos de buenas prácticas, la solidaridad entre algunas víctimas y sus redes de apoyo redujeron el riesgo de quedarse sin hogar o en situaciones de inseguridad en la vivienda durante la pandemia de COVID-19. A diferencia de otros países, en este estudio realizado en Bélgica no se encontraron señales de dificultades en el acceso a alojamientos especializados entre los hombres víctimas de trata, en comparación con las mujeres.

Por ello, las conclusiones de este artículo plantean la implementación de algunas medidas para garantizar el acceso a una vivienda segura, siendo responsabilidad de los Estado la adopción de medidas para la recuperación de las víctimas, como puede ser una vivienda adecuada (Protocolo de Palermo, 2000). Primero, mejorar los controles y canales para reportar la discriminación, las situaciones de infravivienda y el fraude en Bélgica. Segundo, proveer viviendas sociales o asequibles para garantizar un entorno adecuado y la recuperación de las víctimas en dicho territorio. Tercero, invertir en algunas residencias individuales para las víctimas más independientes y autónomas en Bélgica. Cuarto, basándonos en el caso belga, y unido a las recomendaciones de GRETA (2023), se insta a las autoridades españolas a ampliar las opciones de alojamientos para víctimas hombres y víctimas de todas las finalidades de trata.

En definitiva, esta investigación doctoral contribuye al conocimiento en la investigación sobre la salud de las víctimas de trata. Se aporta información que evidencia la importancia de estudiar el bienestar ampliamente, incluyendo dimensiones como la nutrición, la espiritualidad/religiosidad, el acceso a una vivienda o la salud sexual de todas las víctimas de trata, independientemente de su género, finalidad de explotación, nacionalidad u otra característica. De esta forma, la tesis reconoce la trata de seres humanos como un problema de salud multidimensional y enfatiza en la necesidad de reconocer los derechos sociosanitarios de las personas que han sido víctimas de trata como obligación de los Estados.

7. Conclusions and future research

This thesis has made three important contributions: the first one is related to the literature review on the health of trafficking victims; the second ones is related to the difficulties

experienced by women victims of trafficking for sexual exploitation in Spain during the COVID-19 pandemic; and the third one is related mainly to male victims of trafficking for labour exploitation in Belgium during the pandemic. To delve deeper into the research findings, please refer to section 8, "Results," where the four complete articles comprising this thesis compilation are included. As a result, our conclusions have been divided into three sections to address the three research objectives, along with their respective findings and recommendations, which will be explained below.

6.1.Literature Review on health and trafficking

The review concludes with the need to investigate human trafficking from a health perspective, in addition to studying it from other branches of knowledge. Understanding the health of victims is crucial for improving both the detection of trafficking victims by law enforcement agencies and the care and recovery of victims by governments and NGOs. Furthermore, the health of victims should be investigated from a multidimensional perspective, encompassing physical, psychological, social, sexual, and reproductive factors, among others. Incorporating the social aspects of victims' health is important for understanding some of the issues related to physical and psychological health.

In summary, the main health problems in trafficking victims have been: a) physical, sexual, verbal, and psychological violence; b) mental health problems (high levels of anxiety, depression, and post-traumatic stress disorder); c) loss of health or well-being related to social aspects (movement restrictions, lack of social support, confinement in housing, lack of safety in work and life); d) physical health damage (neurological, gastrointestinal, immunological, dermatological, dental problems); e) complications in sexual and reproductive health (sexually transmitted infections and reproductive system issues).

On the other hand, the systematic review points out that the literature on the health of victims mainly focuses on psychological aspects, sexual-reproductive aspects, and violence. Conversely, other fundamental dimensions of victims' health, such as nutrition or spirituality, have not been deeply studied. Consistent with previous reviews on health and religiosity (De Diego y Guerrero, 2018; Koenig, 2012), this thesis advocates for the need to incorporate the dimension of religiosity/spirituality in research on health and both positive and negative impacts it may have. An example of this is found in the *Juju* ritual ceremonies that make some Nigerian victims feel bound to trafficking networks

(Meneses-Falcón, Rúa-Vieites, y García-Vázquez, 2022), often preventing them from escaping the situation. Furthermore, religiosity can also affect the seeking of healthcare assistance (as indicated in article 3 of the publication compendium). Therefore, it is necessary to investigate how the religiosity/spirituality of trafficking victims can facilitate or diminish their well-being and freedom.

Another conclusion of the review is related to gender bias. On one hand, there is a smaller number of studies that include samples of men or young males. These research gaps make the situation of male trafficking victims less visible, with less information available for their detection and assistance. Furthermore, the literature also reflects a gender bias by perpetuating traditional stereotypes where women are asked about motherhood, family responsibilities, marital status, or sexual health. Among the few studies with significant samples on the health of male victims, they do not examine important aspects such as parenthood or marital status as potential vulnerability factors to trafficking. Additionally, the dimension of health related to sexuality, such as potential sexually transmitted infections, or trafficking for sexual exploitation in men, has not yet been thoroughly studied. Therefore, to comprehensively understand the risks and health of trafficking in men, it is important for future research to incorporate the study of these aspects.

A final aspect or conclusion is related to the role of social and healthcare professionals. The reviews emphasize the already mentioned crucial role of healthcare personnel in the detection of trafficking victims (Lederer y Wetzel, 2014; Westwood et al., 2016). However, this personnel does not always have specific information on the various socio-health aspects related to the well-being of victims, many of them mentioned in this thesis.

6.2.The health of victims in Spain during the COVID-19 pandemic

The contributions of this article focus on two very important aspects. On one hand, it examines the overall health of women victims of trafficking for sexual exploitation (in line with chapter 1 of the publication compendium), which is the most detected group in Spain. On the other hand, the article incorporates the complaints and difficulties expressed by the women themselves regarding their multidimensional health or well-being during the Coronavirus pandemic.

Firstly, among the negative impacts, difficulties in accessing medical care due to lockdowns, telephonic healthcare, perceptions of inadequate treatment, lack of official documents, or language barriers are mentioned. Furthermore, relationships were found

between healthcare access and religiosity or culture. Some victims have beliefs that lead them to avoid certain medical interventions such as blood tests. These cultural and religious aspects play a fundamental role in addressing human trafficking victims (as indicated in article 2 of the publication compendium) and, therefore, should be considered in future research.

Secondly, there was a widespread worsening of mental health, explained by violence, economic and family concerns, being forced to continue in prostitution settings during the pandemic without being able to follow basic COVID-19 protocols, fear, substance use, sleep problems, anxiety or nervousness, and depression with feelings of loneliness, sadness, or apathy. None of the participants were receiving psychological care within the public healthcare system; instead, therapy was provided by the psychologists from the NGO.

Thirdly, the interviewees spoke about a slight deterioration in physical health, such as headaches, back pain, stomach aches, COVID-19 infection, or the lack of attention to sexual health as one of the frequent and important services for the participants. Other problems encountered were related to food insecurity and eating issues caused by the pandemic, confinement, or lack of economic resources to buy food primarily (as indicated in article 2 of the publication compendium).

On the other hand, housing insecurity and poor conditions have been identified as a factor contributing to health problems in trafficking victims (as indicated in article 4 of the publication compendium). This can be attributed to various mentioned factors, such as frequent changes of residence, previous experiences of being captured, overcrowding, living with strangers or even with their pimp, fear of COVID-19 transmission, and difficulties in paying rent.

Since the Palermo Protocol (2000), each member state has been urged to consider adopting measures that enable the physical, psychological, and social recovery of victims, such as medical and psychological assistance. Therefore, it is essential to address the difficulties in healthcare access that this group has faced, as was the case during the pandemic with protective measures and vaccination. Despite the multiple limitations experienced by this group of women, there are more resources available for them compared to other victim groups (GRETA, 2023). Hence, further research is needed to reflect the socio-healthcare deficiencies of other victims such as men, minors, transgender

individuals, or victims of labour trafficking (as indicated in article 2 of the publication compendium).

6.3.The housing of victims in Belgium during the COVID-19 pandemic

The conclusions of this publication are related to health, well-being, and housing. In relation to health, the connection between housing and health has been evidenced some years ago (Krieger and Higgins, 2002), where poor housing conditions are associated with physical and mental health problems. Adequate housing is considered a social determinant of health and a problem to be addressed in a multidisciplinary manner, including public health (*ibidem*). The interviewees themselves mentioned access to a safe home as a fundamental element for their health and recovery. In line with Parker (2021; and article 3 of the publication compendium), the importance of secure housing for the well-being of victims has been emphasized, as its absence is both a precursor and an effect of trafficking.

Furthermore, the article focuses on three realities that are very poorly understood: first, the well-being of victims of labour exploitation (Okech et al. 2018); second, the experiences of male trafficking victims (in line with article 2 of the compendium); and third, the incorporation of the impact of the COVID-19 pandemic. Another contribution has been the inclusion of the voices of the male victims themselves, who expressed their limitations and concerns during this time.

The most relevant conclusions regarding housing are as follows: a) Collective residences were not suitable for some victims due to concerns about privacy, autonomy, and sharing accommodation or rooms with other victims with severe traumas, especially during the pandemic due to fear of contagion; b) Some residences only operated closed or did not accept new victims during the early months of the pandemic, which increased housing insecurity; c) Some victims remained in residences for extended periods, mainly due to the inability to visit and sign rental contracts during the pandemic (OSCE, 2020). In the private housing market, landlords contributed to social inequalities by offering low-quality housing to victims, segregating certain groups, and perpetuating gender stereotypes, xenophobia, and discrimination. Regarding gender stereotypes, single male trafficking victims reported facing gender-based discrimination, such as the belief that "they won't clean and keep the house tidy," leading to landlords refusing to rent to them.

Furthermore, the traditional approach to accommodating trafficking victims followed a stepwise model, starting with temporary accommodations, followed by temporary (sometimes poor-quality) housing, and finally permanent housing. This protracted process resulted in frequent relocations, financial burdens, and, in some cases, victims dropping out of the process. To address these challenges, the Housing First approach (Buxant, 2018) proposed prioritizing immediate access to permanent and suitable housing as the first step in the recovery process. This approach aligns with previous research on how unsafe housing conditions and overcrowding exacerbate preexisting traumas and mental health issues among refugees in Europe (Kreichauf, 2018).

In terms of best practices, the solidarity among some victims and their support networks reduced the risk of becoming homeless or facing housing insecurity during the COVID-19 pandemic. Unlike in other countries, in this study conducted in Belgium, there were no signs of difficulties in accessing specialized accommodations among male trafficking victims, compared to women.

Therefore, the conclusions of this article suggest the implementation of certain measures to ensure access to secure housing, with it being the responsibility of the state to adopt measures for the recovery of victims, such as providing adequate housing (Protocol of Palermo, 2000). Firstly, improving controls and channels for reporting discrimination, substandard housing situations, and fraud in Belgium. Secondly, providing social or affordable housing to ensure a suitable environment and the recovery of victims in that territory. Thirdly, investing in individual residences for the more independent and autonomous victims in Belgium. Fourthly, based on the Belgian case and in line with the recommendations of GRETA (2023), Spanish authorities are urged to expand accommodation options for male victims and victims of all forms of trafficking.

In conclusion, this doctoral research makes a valuable contribution in the field of research on the health of trafficking victims. It provides information that highlights the importance of studying well-being in a comprehensive manner, including dimensions such as nutrition, spirituality/religiosity, access to housing, or sexual health for all victims of trafficking, regardless of their gender, exploitation purpose, nationality, or other characteristics. In this way, the thesis acknowledges human trafficking as a multidimensional health issue and emphasizes the need to recognize the socio-health rights of individuals who have been victims of trafficking as an obligation of states.

8. Referencias

Abela, J. A. (2002). Las técnicas de análisis de contenido: una revisión actualizada. Fundación Centro de Estudios Andaluces.

Agustín, L. (2005). New Research Directions: The Cultural Study of Commercial Sex. *Sexualities*, 8(5), 618–631. https://doi.org/10.1177/1363460705058400

Agustín, L. (2008). *Sex at the margins: Migration, labour markets and the rescue industry*. Bloomsbury Publishing.

Akkerman, M. (2016). Guerras de Frontera. Los fabricantes y vendedores de armas que se benefician de la tragedia de los refugiados en Europa. *Anuario CEIPAZ*, (9), 79-108. https://www.tni.org/files/publication-downloads/guerras-de-frontera-web.pdf

Anderson, B. (2007). *Troubling Trafficking: why I am worried about motherhood and apple pie but don't endorse slavery*. Danish Institute for International Studies.

Anderson, B., y Andrijasevic, R. (2008). Sex, slaves and citizens: The politics of anti-trafficking. *Soundings*, (40), 135-145. http://dx.doi.org/10.3898/136266208820465065

Anderson, B. (2013). *Us and them?: The dangerous politics of immigration control*. OUP Oxford.

Asamblea General de Naciones Unidas. (1993). Declaración sobre la Eliminación de la Violencia contra la Mujer. Resolución, 48(104), 20.

Bales, K. (2000). Expendable People: Slavery in the Age of Globalization. *Journal of International Affairs*, 53(2), 461–484. http://www.jstor.org/stable/24357761

Bales, K. (2007). What Predicts Human Trafficking? *International Journal of Comparative and Applied Criminal Justice*, 31 (2), 269-279. https://doi.org/10.1080/01924036.2007.9678771

Bernstein, E. (2012). Carceral politics as gender justice? The traffic in women and neoliberal circuits of crime, sex, and rights. *Theory and society*, 41(3), 233-259. https://doi.org/10.1007/s11186-012-9165-9

Bindel, J. (2017). *The Pimping of Prostitution Abolishing the Sex Work Myth*. Macmillan Publishers.

Brennan, D. (2014). *Life interrupted: Trafficking into forced labor in the United States*. Duke University Press.

Bolton, D., y Gillett, G. (2019). The Biopsychosocial Model 40 Years On. In: *The Biopsychosocial Model of Health and Disease*. Palgrave Pivot, Cham. https://doi.org/10.1007/978-3-030-11899-0_1

Borrell, C., y Malmusi, D. (2010). La investigación sobre los determinantes sociales y las desigualdades en salud: evidencias para la salud en todas las políticas. Informe SESPAS 2010. *Gaceta Sanitaria*, 24, 101-108. https://doi.org/10.1016/j.gaceta.2010.05.005

Butcher, K. (2003). Confusion between prostitution and sex trafficking. *The Lancet*, 361(9373): 1983. http://dx.doi.org/10.1016/S0140-6736(03)13596-9

Butler, J. (2006). *Dehacer el género*. (Trad. P. Soley-Beltrán). Paidós.

Carmona Cuenca, E. (2019). La Trata de Personas con Perspectiva de Género. Apuntes Módulo: Título de Experto en Trata de Seres Humanos. Universidad de Alcalá de Henares.

Castaño Reyero, M. J., Barrio Lema, C. I., Diez Velasco, I., Maffeis Pacheco, G., y Olaguibel Echevarría-Torres, A. (2022). What do we know and how we tell it: data culture in human trafficking. Madrid: Instituto Universitario de Estudios sobre Migraciones y UNICEF España. http://dx.doi.org/10.14422/iuem.20220214

Cockbain, C., y Sidebottom, A. (2022). War, displacement, and human trafficking and exploitation: Findings from an evidence-gathering roundtable in response to the war in Ukraine. *Journal of Human Trafficking*. https://doi.org/10.1080/23322705.2022.2128242

Cockbain, E. Bowers, K., y Hutt, O. (2022). Examining the geographies of human trafficking: Methodological challenges in mapping trafficking's complexities and connectivities. *Applied Geography*, 139. https://doi.org/10.1016/j.apgeog.2022.102643

Consejo de Europa. (2005). Convenio Europeo Contra la Trata de Seres Humanos. Varsovia. Serie de los Tratados del Consejo de Europa nº 197.

De Diego Cordero, R., y Guerrero Rodríguez, M. (2018). La influencia de la religiosidad en la salud: el caso de los hábitos saludables/no saludables. *Cultura de los Cuidados*, 22(52): 167-177. https://doi.org/10.14198/cuid.2018.52.15

Dijk, J. (2015). *Estimating Human Trafficking worlwide: A Multi-mode strategy*. United Nations Office on Drugs and Crime journal Forum on Crime and Society, 8. http://digital.casalini.it/9789210571111

Doezema, J. (2005). Now You See Her, Now You Don't: Sex Workers at the UN Trafficking Protocol Negotiation. *Social & Legal Studies*, 14(1), 61-89. https://doi.org/10.1177/0964663905049526

DoCarmo, T. E. (2020). *The Construction and Implementation of International Human Trafficking Law*. (Doctoral dissertation, University of California, Irvine)

Europa Press. (2021). Bélgica endurece las restricciones y acelerará la dosis de refuerzo para contener el repunte de la COVID. https://www.europapress.es/internacional/noticia-belgica-endurece-restricciones-acelerara-dosis-refuerzo-contener-repunte-covid-20211126134318.html

European Comission. Migration and Home Affairs. General information: situation on trafficking in human beings: Belgium. https://home-affairs.ec.europa.eu/policies/internal-security/organised-crime-and-human-trafficking/together-against-trafficking-human-beings/eu-countries/belgium_en

Farley, M. (2006). Prostitution, Trafficking, and Cultural Amnesia: What We Must Not Know in Order To Keep the Business of Sexual Exploitation Running Smoothly. *Journal of Law & Feminism*, 18, Yale. https://digitalcommons.law.yale.edu/yjlf/vol18/iss1/5

Farrell, A., y De Vries, I. (2020). Measuring the nature and prevalence of human trafficking. En J Winterdyk y J Jones (eds) *The Palgrave International Handbook of Human Trafficking*. London: Palgrave Macmillan, 147–162. https://doi.org/10.1007/978-3-319-63058-8_6

Ferré Trad, N. (2021). *Mecanismos de protección ante el rechazo en frontera y principio de non-refoulement en las fronteras exteriores de la Unión Europea: especial referencia al caso de Ceuta y Melill*a. (Tesis doctoral, Universidad Pontificia Comillas).

Fiscalía General del Estado. (2022). Diligencias de seguimiento del delito de Trata de Seres Humanos año 2020 Unidad de Extranjería. Madrid: Ministerio de Justicia.

García Sedano, T. (2018). En las antípodas del trabajo decente: el trabajo forzoso. *Lan Harremanak - Revista De Relaciones Laborales*, (39). https://doi.org/10.1387/lan-harremanak.20078

Gil García, E., y Romo Avilés, N. (2007). Reflexiones en torno a la importancia de la perspectiva de género para comprender los procesos de salud y enfermedad. En P. Fernández Pantoja, M.J. Cruz Blanca (Coor.), *Igualdad de oportunidades y conciliación: una visión multidisciplinar* (pp. 33-44). Universidad de Jaén. ISBN 978-84-8439-374-0

Gimeno, B. (2012). *La prostitución*. Barcelona: Editorial Bellaterra.

GRETA. (2013). Evaluation report Spain. First evaluation round. https://rm.coe.int/greta-2013-16-fgr-esp-public-en/168071c836

GRETA. (2018). Evaluation report Spain. Second evaluation round. https://violenciagenero.igualdad.gob.es/otrasFormas/trata/normativaProtocolo/internacional/pdf/InformeGretaSegundaRonda.pdf

GRETA. (2022a). `States must act urgently to protect refugees fleeing Ukraine from human trafficking´, Council of Europe. https://www.coe.int/en/web/anti-human-trafficking/news/-/asset_publisher/fX6ZWufj34JY/content/greta-statement-states-must-urgently-protect-refugees-fleeing-ukraine

GRETA. (2022b). Evaluation report Belgium. Third evaluation round. Accessed 14 June 2023: https://rm.coe.int/3rd-greta-evaluation-report-on-belgium/1680a8940b

GRETA. (2023). Evaluation report Spain. Third evaluation round. Accessed 14 June 2023: https://rm.coe.int/greta-evaluation-report-on-spain-3rd-evaluation-round-greta-2023-10-ac/1680ab8d0f

Hernández Sampieri, R., Fernández Collado, C., y Baptista Lucio, M. (2014). Parte 3. El proceso de la investigación cualitativa. En (Ed.), Hernández Sampieri, Metodología de la investigación (pp. 355-528). Editorial McGRAW-HILL. ISBN: 978-1-4562-2396-0

Izcara-Palacios, P. (2020). Recruitment Strategies Used by Mexican Sex Traffickers. *Migration Letters*, 17(5), 669-679. https://doi.org/10.33182/ml.v17i5.754

Kempadoo, K. (2004). *Sexing the Caribbean: gender, race, and sexual labor*. Psychology Press.

Kempadoo, K. (2015). The Modern-day White (Wo)Man's Burden: Trends in Anti-trafficking and Anti-slavery campaigns. *Journal of Human Trafficking*, *1*(1), 8-20. https://doi.org/10.1080/23322705.2015.1006120

Kempadoo, K., Sanghera, J., y Pattanaik, B. (2015). *Trafficking and prostitution reconsidered: New perspectives on migration, sex work, and human rights*. Routledge.

Kidd, A. (2020). Unavoidable Exploitation? Conflict, Agency and Human Trafficking. En J. Muraszkiewicz, T. Fenton, H. Watson (eds), *Human Trafficking in Conflict*. Crime Prevention and Security Management. Palgrave Macmillan, Cham. https://doi.org/10.1007/978-3-030-40838-1_3

Koenig, H. G. (2012). Religion, spirituality, and health: The research and clinical implications. *International Scholarly Research Notices*, 1-33. https://doi.org/10.5402/2012/278730

Kottak Phillip, C. (2011). *Antropología Cultural*. Decimocuarta edición. Universidad de Michigan. Mc Graw Hill. (pp. 3-22).

Krieger, J., y Higgins, D. L. (2002). Housing and health: time again for public health action. *American journal of public health*, 92(5), 758-768. https://doi.org/10.2105/AJPH.92.5.758

Mayring, P. (2000). Qualitative content analysis. *Forum: Qualitative Social Research*, 1(2), Art. 20. http://nbn-resolving.de/urn:nbn:de:0114-fqs0002204.

Mason, J. (2002). *Qualitative researching.* (2nd ed.). Sage Publications.

Meneses Falcón, C. (2019a). ¿Por qué se identifican tan pocas víctimas de trata de seres humanos? *ICADE Revista cuatrimestral de las Facultades de Derecho y Ciencias Económicas y Empresariales*, (107). https://doi.org/10.14422/icade.i107.y2019.001

Meneses Falcón, C. (2019b). Apuntes para trabajar con Nvivo 12 plus. Métodos de Investigación Cualitativa. Programa de Doctorado en Competitividad Empresarial y Territorial, Innovación y Sostenibilidad.

Meneses Falcón, C., et al. (2020). La trata de mujeres y niñas con fines de explotación sexual en Euskadi: necesidades y propuestas. Informe Final de Resultados. https://www.emakunde.euskadi.eus/contenidos/informacion/publicaciones_informes/es_emakunde/adjuntos/trata_mujeres_ninas_exp_sexual_euskadi.pdf

Meneses-Falcón, C., y Urío, S. (2021). La trata con fines de explotación sexual en España: ¿Se ajustan las estimaciones a la realidad? *Revista Española de Investigaciones Sociológicas*, 174, 89-108. http://dx.doi.org/10.5477/cis/reis.174.89

Ministerio de Igualdad. (2022). Acreditación de la condición de víctima de trata. Relación de entidades y organismos que acreditan. https://violenciagenero.igualdad.gob.es/otrasFormas/trata/acreditacion/vgenero.htm

Naciones Unidas. (1926). Convención sobre la Esclavitud de la Sociedad de Naciones. https://www.ohchr.org/es/instruments-mechanisms/instruments/slavery-convention

Naciones Unidas. (1949). Convenio para la Represión de la Trata de Personas y de la Explotación de la Prostitución Ajena. https://www.ohchr.org/es/instruments-mechanisms/instruments/convention-suppression-traffic-persons-and-exploitation

Naciones Unidas. (1956). Convención suplementaria sobre la abolición de la esclavitud, la trata de esclavos y las instituciones y prácticas análogas a la esclavitud. https://www.ohchr.org/es/instruments-mechanisms/instruments/supplementary-convention-abolition-slavery-slave-trade-and

Naciones Unidas. (1995). Cuarta Conferencia Mundial sobre la Mujer. Plataforma de Acción de Beijing.

O'Connell Davidson, J. (2006). Will the real sex slave please stand up? *Feminist Review*, 83(1), 4-22. https://doi.org/10.1057/palgrave.fr.9400278

O'Connell Davidson, J. (2013). Troubling freedom: Migration, debt, and modern slavery. *Migration Studies*, 1(2), 176–195. https://doi.org/10.1093/migration/mns002

Office to Monitor and Combat Trafficking in Persons. (2022). 2022 Trafficking in Persons Report. United States Department of State. https://www.state.gov/wp-content/uploads/2022/10/20221020-2022-TIP-Report.pdf

Ortíz Gómez, T. (1999). Feminismo, ciencias naturales y biomédica: debates, encuentros y desencuentros. La Aljaba. Revistas de Estudios de la Mujer, 4, 11-30.

OMS. (2008). Subsanar las desigualdades en una generación: alcanzar la equidad sanitaria actuando sobre los determinantes sociales de la salud: resumen analítico del informe final (No. WHO/IER/CSDH/08.1). World Health Organization. https://apps.who.int/iris/bitstream/handle/10665/69830/WHO?sequence=1

OMS. (2020). Coronavirus disease 2019 (COVID-19) Situation Report – 71. World Health Organization. https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200331-sitrep-71-covid-19.pdf?sfvrsn=4360e92b_8

Oso, L. (2010). Money, Sex, Love and the Family: Economic and Affective Strategies of Latin American Sex Workers in Spain. *Journal of Ethnic and Migration Studies,* 36 (1), 47-65. https://doi.org/10.1080/13691830903250899

Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., ... y Moher, D. (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *International journal of surgery*, 88, 105906. https://doi.org/10.1136/bmj.n71

Palmatier, R. W., Houston, M. B., y Hulland, J. (2018). Review articles: purpose, process, and structure. *Journal of the Academy of Marketing Science*, 46, 1-5. https://doi.org/10.1007/s11747-017-0563-4

Perez Solla, M. F. (2009). *Slavery and human trafficking international law and the role of the World Bank*. Social Protection Discussion Paper. Washington, DC. The World Bank. http://go.worldbank.org/RLT3SQR7H0

Phillips, W. D. (2010). *La historia de la esclavitud y la historia medieval de la Península Ibérica*. Espacio, Tiempo y Forma, Serie III, H.a Medieval, t. 23.

Puleo, A.H. (2000). *Filosofía, género y pensamiento crítico*. Universidad de Valladolid Editorial.

Raets, S., y Janssens, J. (2021). Trafficking and Technology: Exploring the Role of Digital Communication Technologies in the Belgian Human Trafficking Business. *European Journal on Criminal Policy and Research,* 27, 215–238. https://doi.org/10.1007/s10610-019-09429-z

Reilly, R., y Flynn, M. (2 March 2022). *The Ukraine CRISIS double standards: Has Europe's response to refugees changed?* Global Detention Project.

Rediker, M. (2021). *Barco de esclavos. La trata a través del Atlántico*. CAPITÁN SWING.

Reynolds, L., y McKee, M. (2010). Organised crime and the efforts to combat it: a concern for public health. *Globalization and Health*, 6 (21). https://doi.org/10.1186/1744-8603-6-21

Rodríguez Martínez, P., y Lahbabi, F. (2002). Intervención social con mujeres migrantes: El caso de las mujeres marroquíes que trabajan en la industria del sexo en Almería. *Portularia*, 2, 213-230. http://hdl.handle.net/10272/135

Rodríguez Montañés, T. (2014). Trata de seres humanos y explotación laboral: reflexiones sobre la realidad práctica. *La ley penal: revista de derecho penal, procesal y penitenciario*, (109), 1.

Saiz-Echezarreta, V. S., Alvarado, M. C., y Gómez-Lorenzini, P. (2018). Incidencia política de las campañas contra la trata: Un relato controvertido. *Comunicar: Revista científica iberoamericana de comunicación y educación*, (55), 29-38. https://doi.org/10.3916/C55-2018-03

Salazar Parreñas, R. (2006). Trafficked? Filipino Hostesses in Tokyo's Nightlife Industry. *The Yale Journal of Law & Feminism*, 18, 145-180.

Sassen, S. (2003). *Contrageografías de la globalización: género y ciudadanía en los circuitos transfronterizos*. 87-115. Madrid: Traficantes de sueños.

Sassen, S. (2017). La pérdida masiva de hábitat. Nuevas motivaciones para la migración. *Iglesia viva: revista de pensamiento cristiano*, (270), 11-38. https://iviva.org/revistas/270/270-11-SASSEN.pdf

Shamir, H. (2012). *A labor paradigm for human trafficking*. 60Ucla Law Review, 76.

Skrivankova, K. (2010). Between decent work and forced labour: Examining the continuum of exploitation. York: Joseph Rowntree Foundation.

Snyder, H. (2019). Literature review as a research methodology: An overview and guidelines. Journal of business research, 104, 333-339. https://doi.org/10.1016/j.jbusres.2019.07.039

Steinfatt, T. M. (2011). Sex Trafficking in Cambodia: Fabricated Numbers Versus Empirical Evidence. *Crime, Law and Social Change*, 56(5), 443-462. https://doi.org/10.1007/s10611-011-9328-z

Thieman, I. (2016). Villains and Victims, but No Workers: Why a prosecution-focussed approach to human trafficking fails trafficked persons. *Anti-trafficking Review*, 6, 126-129. https://doi.org/10.14197/atr.201216612

The United States Government Accountability Office (GAO). (2006). Human Trafficking. Better Data, Strategy, and Reporting Needed to Enhance U.S. Antitrafficking Efforts Abroad. Washington, DC: GAO. http://www.gao.gov/new.items/d06825.pdf

Unión Europea. (2005). Convenio del Parlamento Europeo y Consejo de la Unión Europea sobre la lucha contra la trata de seres humanos. Directiva 2004/81/CE del Consejo de 29 de abril de 2004 relativa a la expedición de un permiso de residencia a nacionales de terceros países que sean víctimas de la trata de seres humanos o hayan sido objeto de una acción de ayuda a la inmigración ilegal, que cooperen con las autoridades competentes. Diario Oficial de la Unión Europea, 6, 2004.

Unión Europea. (2011). Directiva 2011/36/UE del Parlamento Europeo y del Consejo de 5 de abril de 2011 relativa a la prevención y lucha contra la trata de seres humanos y la protección de las víctimas y por la que se sustituye la Decisión marco 2002/629/JAI del Consejo. Diario Oficial de la Unión Europea, (101), 1-11.

UNODC. (2008). Human Trafficking: An Overview. Vienna, Austria. UNODC. http://www.ungift.org/docs/ungift/pdf/knowledge/ebook.pdf

UNODC. (2009). Anti-human Trafficking Manual for Criminal Justice Practitioners. Vienna: UNODC. https://www.unodc.org/unodc/en/human-trafficking/2009/anti-human-trafficking-manual.html

UNODC. (2013). Issue Paper: Abuse of a position of vulnerability and other "means" within the definition of trafficking in persons. United Nations Office on Drugs and Crime. https://www.unodc.org/documents/human-trafficking/2012/UNODC_2012_Issue_Paper_-_Abuse_of_a_Position_of_Vulnerability.pdf

UNODC, Dutch National Rapporteur on Trafficking in Human Beings and Sexual Violence against Children. (2017). Monitoring Target 16.2 of the United Nations Sustainable Development Goals; A multiple systems estimation of the number of presumed human trafficking victims in the Netherlands in 2010-2015 by year, age, gender, form of exploitation and nationality. Research Brief. United Nations Office on Drugs and Crime.

UNODC. (2018a). Global Report on Trafficking in Persons 2018. Booklet 2: Trafficking in persons in the context of armed conflicto. United Nations publication. https://www.unodc.org/documents/data-and-analysis/glotip/2018/GloTIP2018_BOOKLET_2_Conflict.pdf

UNODC, Walk Free Foundation. (2018b). Ireland - Monitoring Target 16.2 of the United Nations Sustainable Development Goals: multiple systems estimation of the numbers of presumed

victims of trafficking in persons. Research Brief. United Nations Office on Drugs and Crime.

UNODC. (2023). Global Report on Trafficking in Persons 2022. Country profiles Central and South-Eastern Europe. United Nations publication, New York.

Villacampa, C. (2022). Trata de Seres Humanos y Explotación Laboral. *Revista de Derecho Penal y Criminología*, 28(28). https://doi.org/10.5944/rdpc.28.2022.33491

Villacampa, C., Gómez, M. J., y Torres, C. (2023). Trafficking in human beings in Spain: What do the data on detected victims tell us? *European Journal of Criminology*, 20(1), 161–184. https://doi.org/10.1177/1477370821997334

Walby, S., Apitzsch, B., Armstrong, J. E. , Balderston, S., Szmagalska-Follis, K., Francis, B. J., Kelly, L., May-Chahal, C. A., Rashid, A., Shire, K., Towers, J. y Tunte, M. (2016). *Study on the gender dimension of trafficking in human beings*. Luxembourg: Publications Office of the European Union. https://doi.org/10.2837/698222

Weitzer, R. (2006). Moral crusade against prostitution. *Society*, 43, 33-38. https://doi.org/10.1007/BF02687593

Weitzer, R. (2014). New Directions in Research on Human Trafficking. *The Annals of the American Academy of Political and Social Science*, 653(1): 6-24. https://doi.org/10.1177/0002716214521562

Welton, M. (2008). *El derecho internacional y la esclavitud*. Military Review.

Wilson, M., y O'Brien, E. (2016). Constructing the ideal victim in the United States of America's annual trafficking in persons reports. *Crime, Law and Social Change*, 65, 29–45. https://doi.org/10.1007/s10611-015-9600-8

Yousaf, F. N., y Purkayastha, B. (2015). I am only half alive: Organ trafficking in Pakistan amid interlocking oppressions. *International Sociology*, 30(6), 637-653. http://dx.doi.org/10.1177/0268580915605648

Zimmerman, C., Hossain, M., y Watts, C. (2011). Human Trafficking and Health: A Conceptual Model to Inform Policy, Intervention and Research. *Social Science and Medicine*, 73 (2), 327-335. http://doi.org/10.1016/j.socscimed.2011.05.028

9. Anexos

Anexo 1: Otras contribuciones de la doctoranda

A parte de las publicaciones que compendian los resultados de esta investigación doctoral, se mostrarán otras aportaciones que la investigadora ha hecho a la literatura.

García-Vázquez, O. (2023). The experiences of Latina transgender women in prostitution in Spain during Covid-19 pandemic. *International Journal of Interdisciplinary Social and Community Studies,* 18 (1), 97-115. https://doi.org/10.18848/2324-7576/CGP/v18i01/97-115

García-Vázquez, O. (Julio, 2023). Factores que influyen en las percepciones de la juventud española sobre la regularización o abolición de la prostitución. *Tendencias Sociales. Revista de Sociología*, (10), 55-78. https://doi.org/10.5944/ts.2023.37975

García-Vázquez, O. y Meneses-Falcón, C. (2023). Providing Services to Women in Situations of Prostitution and Human Trafficking during the COVID-19 Pandemic in Spain, Italy, and Portugal. *Anti-trafficking Review*, 21, 141-144. https://doi.org/10.14197/atr.201223219

García-Vázquez, O. y Meneses-Falcón, C. (2021). *Los efectos del COVID-19 en situaciones de trata o prostitución de adultos y menores*. En (Ed.), Retos de las migraciones de menores, jóvenes y otras personas vulnerables en la UE y España. Respuestas jurídicas desde la perspectiva de género. Aranzadi, Pamplona. ISBN 978-84-1346-243-1.

García-Vázquez, O. & Meneses-Falcón, C. (2021). Análisis de las situaciones de trata de seres humanos o prostitución de mujeres y menores en España durante la pandemia. En E. Said-Hung (Ed.), Ensayos sobre migración y pandemia global: retos y reflexiones. Comares, Granada. Pág. 9-15.

Meneses-Falcón, C. y García-Vázquez, O. (abril de 2023). *Prostitución, violencia y migraciones femeninas en España*. Revista CIDOB d'Afers Internacionals, n.º133, p. 113-135. http://doi.org/10.24241/rcai.2023.133.1.113

Tabernero, C., Gutiérrez-Domingo, T., Luque, B., García-Vázquez, O., y Cuadrado, E. (2019). *Protective behavioral strategies and alcohol consumption: the*

moderating role of drinking-group gender composition. International journal of environmental research and public health, 16(5), 900. https://doi.org/10.3390/ijerph16050900

Meneses-Falcón, C., Rúa-Vieites, A. y García-Vázquez, O. (julio de 2022). *Intervención social con mujeres en prostitución y víctimas de trata. Aportaciones y experiencias durante el COVID 19*. Universidad de Granada, Granada. ISBN: 978-84-338-6971-5.

Meneses-Falcón, C. y García-Vázquez, O. (2020). *Prostitución y trata con fines de explotación sexual de mujeres y adolescentes*. Cuadernos para la salud de las Mujeres, 8. Escuela Andaluza de Salud Pública. ISSN 2695-4729.

Meneses-Falcón, C., Rúa-Vieites, A. y García-Vázquez, O. (2023). The Perceptions of Prostitution, Sex Work and Sex Trafficking among young people in Spain. *Sociological Research Online*. [aceptado y en edición]

Anexo 2: Dictamen comité de ética

COMILLAS
UNIVERSIDAD PONTIFICIA
ICAI ICADE CIHS

Madrid, 15 de junio de 2020

Para: Excmo. Sr. Vicerrector de Investigación, Desarrollo e Innovación

Asunto: Juicio del Comité de Ética acerca del proyecto intitulado "EL IMPACTO EN LA SALUDDE LAS VÍCTIMAS DE TRATA DE SERES HUMANOS".

Siguiendo el procedimiento establecido, el Comité de Ética de la Universidad Pontificia Comillas de Madrid analizó en junio de 2020 el proyecto de tesis doctoral sometido por Dª Olaya García Vázquez, y emitió el siguiente dictamen:

> *El proyecto presenta los objetivos generales y específicos con claridad, fundamenta la relevancia del proyecto, determina los criterios para la selección de la muestra para la realización de las entrevistas, tiene en cuenta los riesgos y beneficios para las entrevistas a las víctimas de trata, presenta el formato de consentimiento Informado y el compromiso de confidencialidad. Además explícitamente se compromete a cumplir la Ley Orgánica 15/1999 de Protección de Datos de Carácter Personal.*
>
> *El proyecto, por tanto, cumple con todos los requisitos exigidos en una investigación de estas características y cuenta con la aprobación del Comité.*

Atentamente,

UNIVERSIDAD PONTIFICIA COMILLAS – CATEDRA DE BIOETICA – MATRITI SSNAT

Raúl González

Dr. D. Francisco Javier de la Torre
Presidente

Dr. D. Raúl González Fabre
Secretario

Anexo 3: Email de la cuarta publicación

De: Housing and Society
Enviado: jueves, 4 de mayo de 2023 17:33
Para: Olaya García Vázquez
Asunto: 231739460 (Housing and Society) A revise decision has been made on your submission

Ref.: Ms. No. RHAS-2023-0005
231739460
Housing (in)security among survivors of trafficking for labour exploitation in Belgium
Housing and Society
Editor decision: Reject & resubmit

Dear Olaya García,

Your manuscript entitled "Housing (in)security among survivors of trafficking for labour exploitation in Belgium" which you submitted to Housing and Society, has been reviewed. The reviewer comments are included at the bottom of this letter.

The reviewers have identified some areas of improvement for the paper, which would require to be addressed before it can be accepted for publication. These include the need for a theoretical framework and enhanced literature review, further analysis of the case study region and considered of associated policy, and a discussion that highlights the unique contribution of the paper. The reviewers have also identified a concern with the number of interviews that have been conducted and the detail provided on interviewees. Given the small number of interviews, the paper would need to make a very strong conceptual contribution, highlighting conceptual and policy implications relevant to the broader literature on housing, migration and precarity (for instance).

If you wish to revise and resubmit your paper, addressing the reviewers' concerns, we would be happy to send this for further peer review, but please note that resubmission does not guarantee eventual acceptance. Your manuscript would be subject to re-review before a decision is rendered and the comments of the reviewers suggest that a rewrite may be required. You are also free to submit the paper elsewhere if you choose.

If you decide to revise the work, please submit a list of changes or a rebuttal against each point which is being raised when you submit the revised manuscript.

If you choose to resubmit the paper, this would be due by Nov 03, 2023.

To resubmit, go to
https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Frp.tandfonline.com%2Fsubmission%2Fflow%3FsubmissionId%3D231739460%26step%3D1&data=05%7C01%7Cogarciav%40comillas.edu%7Ccf04d09b35164afa1cf708db4cb4ed5d%7Cbcd2701caa9b4d12ba20f3e3b83070c1%7C0%7C0%7C638188112196218253%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=xNgerrJgw%2B5u75OLzBeiSxfSg3XsJJQBmeRqKvmzrNE%3D&reserved=0.

If you have any questions or technical issues, please contact the journal's editorial office at RHAS-peerreview@journals.tandf.co.uk.