VICTIMS OF TRAFFICKING CAUGHT IN TRANSIT IN MOROCCO

VALERIE MINNE
Medicos Sin Fronteras MSF - OCBA

SVRI Forum October 2013

http://www.trappedinmorocco.org
BACKGROUND

MSF Projects with trans-migrants 2012

MOROCCO PROJECTS

Improve access of undocumented migrants to the health care system, to provide attention to victims of physical and sexual violence and to advocate for the recognition of the universal right to health.
* Adapted from: Jorgen Carling, 2005

ORGANISATION OF TRAFFICKING NETWORK

AIMEE (1,5 min)

MADAME

CHAIRMAN

MADAME

CHAIRMAN

RABAT

OUJDA

MAGHnia

Tamanrassat

Agadez

**Boilsoft**
VIOLENCE and COERCION

“They left us in the desert and we walked for seven hours to get to Tamanrasset. There each nationality has a house. I was welcomed by the president and he took me to a house … he told me that he was going to introduce me to a man who would take care of me, that I would live with him and no-one would bother me. This man would be my husband … The men there had sex with you like a dog, morning, noon and night, they have sex with you constantly. If you don’t want to, they make you leave and the police come and take you” (Marie, 30 years old)

PHYSICAL violence and FOOD deprivation

SEXUAL abuse

PSYCHOLOGICAL violence

Forced pregnancy, coerced use of drugs and alcohol, Social restrictions and manipulation, Economic exploitation and debt bondage, Legal insecurity, abusive working and living conditions, ….

CHALLENGES

ACCESS PROTOCOLS PROTECTION ON THE MOVE

IDENTIFICATION SITUATION ETHICAL DILEMMAS

“It’s extremely frustrating, we provide medical and psychological assistance to victims of trafficking but we know that as soon as they leave the consultation room they face the same, horrific levels of violence and abuse that brought them to us in the first place” MSF Medical Coordinator
HEALTH DIMENSIONS of human trafficking

Pre-departure

Integration, re-trafficking and reintegration

Travel & Transit

Detention, deportation, criminal evidence

Destination

OBJECTIVES

1. to better understand the trafficking victim’s situation in transit through Morocco

2. to highlight sexual, reproductive and mental health risks and consequences

3. to make recommendations for health-related interventions

4. consider some aspects concerning access and referrals

METHODOLOGY

* Literature review and project documentation
* Data collection and analysis
* Semi-structured interviews
  - Moroccan health providers – June 2012
  - MSF Staff: 17 Semi-structured interviews – July 2012
* Exit Survey Questionnaire (SRH) for VoT
* Focus Group MH MSF staff

RESULTS

Victims of Trafficking Profile

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<tr>
<th>&lt; 18</th>
<th>18-23</th>
<th>24-28</th>
<th>&gt;28</th>
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<tr>
<td>5%</td>
<td>43%</td>
<td>46%</td>
<td>6%</td>
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DATE OF ARRIVAL IN MAROCCO

NIGERIA
CAMEROON, TOGO, MALI

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<th></th>
<th>2012</th>
<th>2011</th>
<th>2010</th>
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<th>&gt; 5 yrs</th>
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<td>15</td>
<td>25</td>
<td>29</td>
<td>34</td>
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<tr>
<td>RABAT</td>
<td>6</td>
<td>34</td>
<td>15</td>
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One Sub-Saharan Migrant explained that the women are shared amongst the mafia members every night before bed. For example if there were five women, the patron would assume the role of allocating each girl to a tent. The remaining women would then sleep together in one tent.

**Sexual Reproductive Health Consequences**

- **Pregnancy and Abortion**
  - 53% Pregnant
  - 18% Request ToP/Abortion
  - 91% Previous Pregnancy
  - 69% Previous Unwanted Pregnancy
  - 68% Previous Induced Abortion
Psychological Consequences
Category of symptoms expressed by patients (in %)

- 40% symptoms of anxiety
- 34% depression
- 23% Psychosomatic symptoms

FOLLOW-UP CONSULTATIONS
- 2nd consultation 22%
- 3rd consultation 5%
Barriers to access health services

WOMEN’S LACK OF AUTONOMY
- Control of MOVEMENT, need for consent
- Control of MEDICATION
- Control of SEXUAL and REPRODUCTIVE HEALTH

CONCLUSION?
I. ADAPTED Interventions and Protocols

→ Sexual Health Medical Protocol Migrants in Transit and Victims of Trafficking, MSF-OCBA 2013

→ Mental Health Capitalisation Report

II. Report with RECOMMENDATIONS for Medical and MHPS interventions of working with Victims of Trafficking in Transit

→ One shot

→ Harm reduction approach

CONCLUSION

to all the participants in this assessment, who increased our understanding on the search for the best possible response to their suffering

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