VICTIMS OF TRAFFICKING CAUGHT IN TRANSIT IN MOROCCO

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Medicos Sin Fronteras
MSF - OCBA

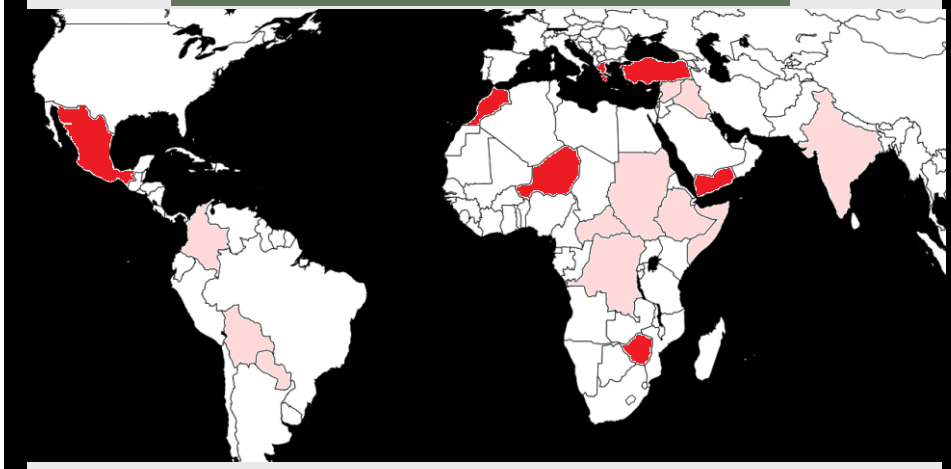
SVRI Forum October 2013

MEDECINS SANS FRONTIERES

http://www.trappedinmorocco.org

MEDECINS SANS FRONTIERES

BACKGROUND



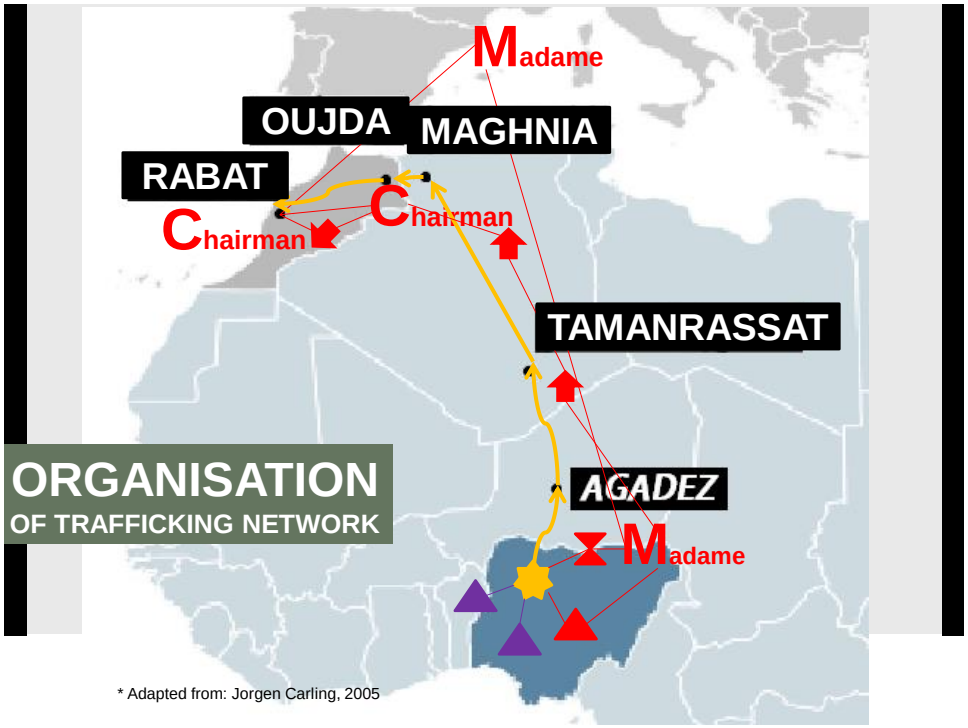
MSF Projects with trans-migrants 2012

MEDECINS SANS FRONTIERES

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.

Boilsoft


Madame
OUJDA
MAGHNIA
RABAT
Chairman
Chairman
TAMANRASSAT
ORGANISATION
OF TRAFFICKING NETWORK
AGADEZ
Madame
* Adapted from: Jorgen Carling, 2005

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)

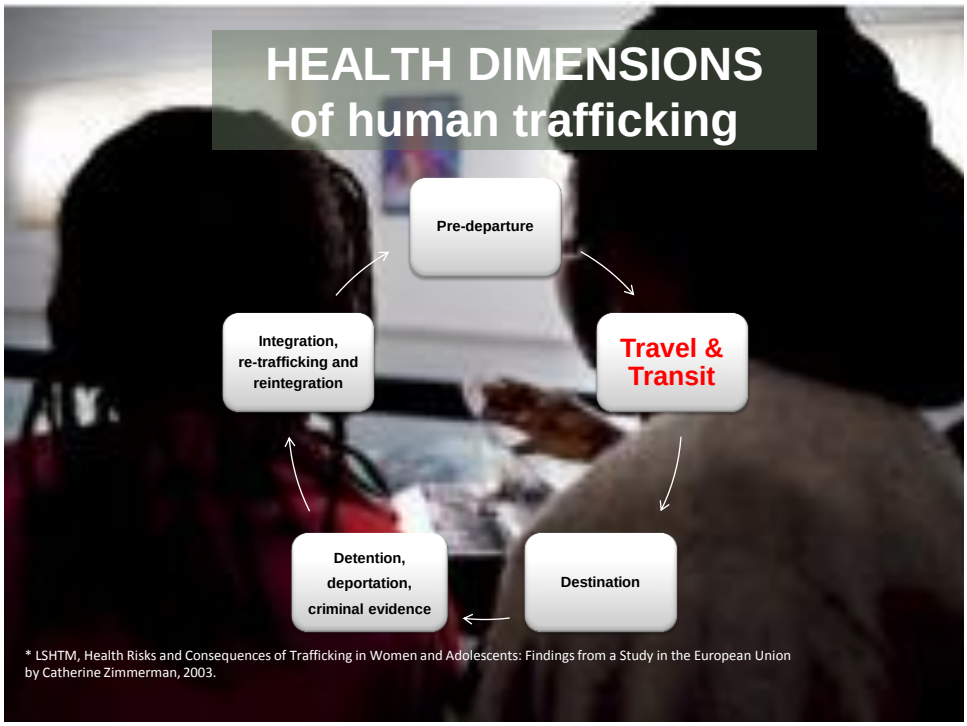
PHYSICAL violence and FOOD deprivation

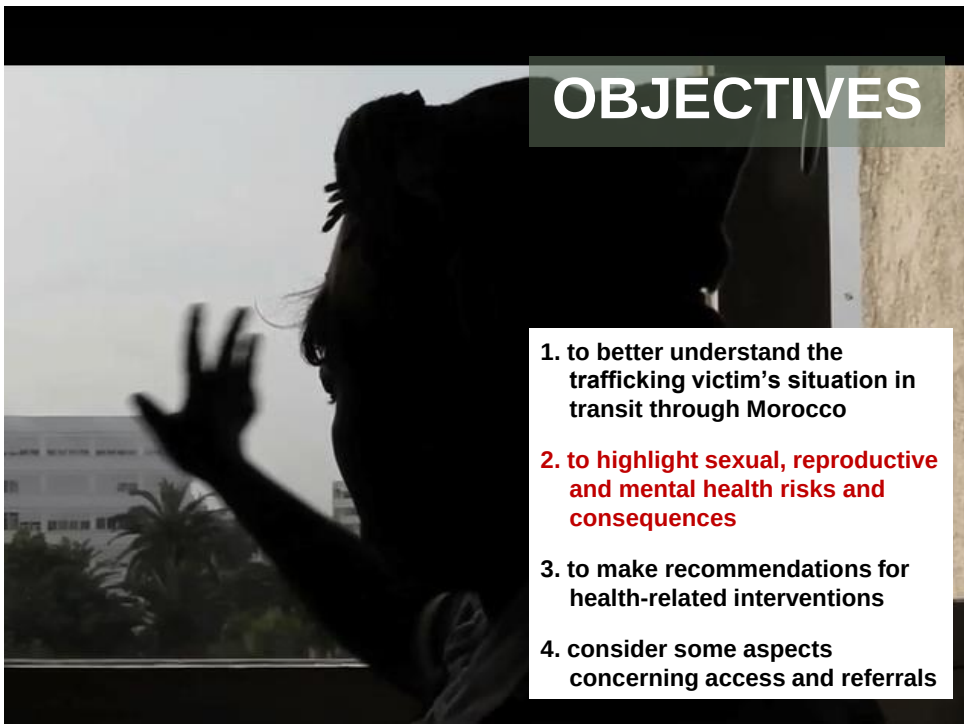
SEXUAL abuse

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, ….

MEDECINS SANS FRONTIERES


HEALTH DIMENSIONS
of human trafficking
Pre-departure
Travel & Transit
Destination
Detention, deportation, criminal evidence
Integration, re-trafficking and reintegration
* LSHTM, Health Risks and Consequences of Trafficking in Women and Adolescents: Findings from a Study in the European Union by Catherine Zimmerman, 2003.


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**

- *SRH clinical histories : 106 included in database – Jan. 2011 – June 2012*
- *MH Clinical Histories : 73 in MH database – Jan. 2011 – June 2012*

*** Semi- structured interviews**

- *Moroccan health providers – June 2012*
- *MSF Staff : 17 Semi-structured interviews – July 2012*

*** Exit Survey Questionnaire (SRH) for VoT**

- *45 questionnaires (Sexual Health consequences)– July – Sept. 2012*

*** Focus Group MH MSF staff**

- *Working Group Rabat, Oujda and Rabat (Capital) – June – July 2012*

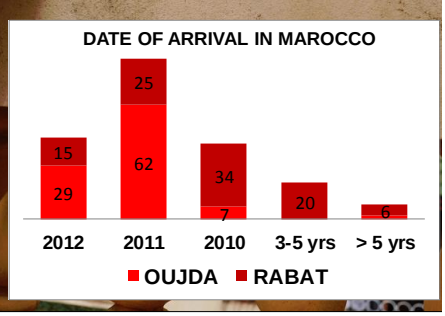
RESULTS

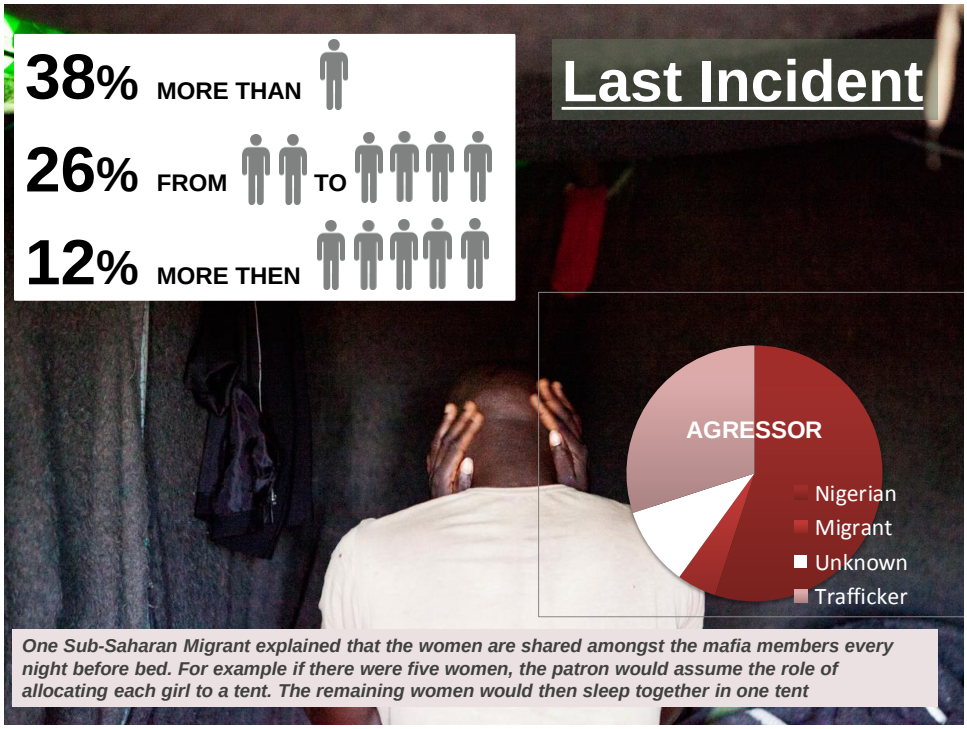
Victims of Trafficking Profile

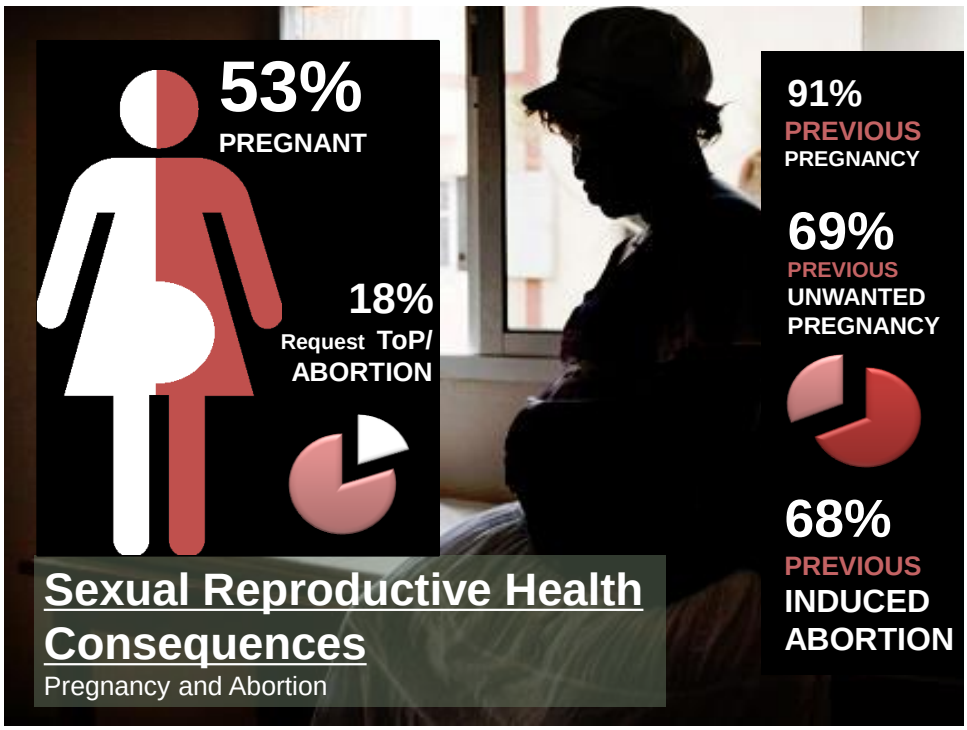
NIGERIA

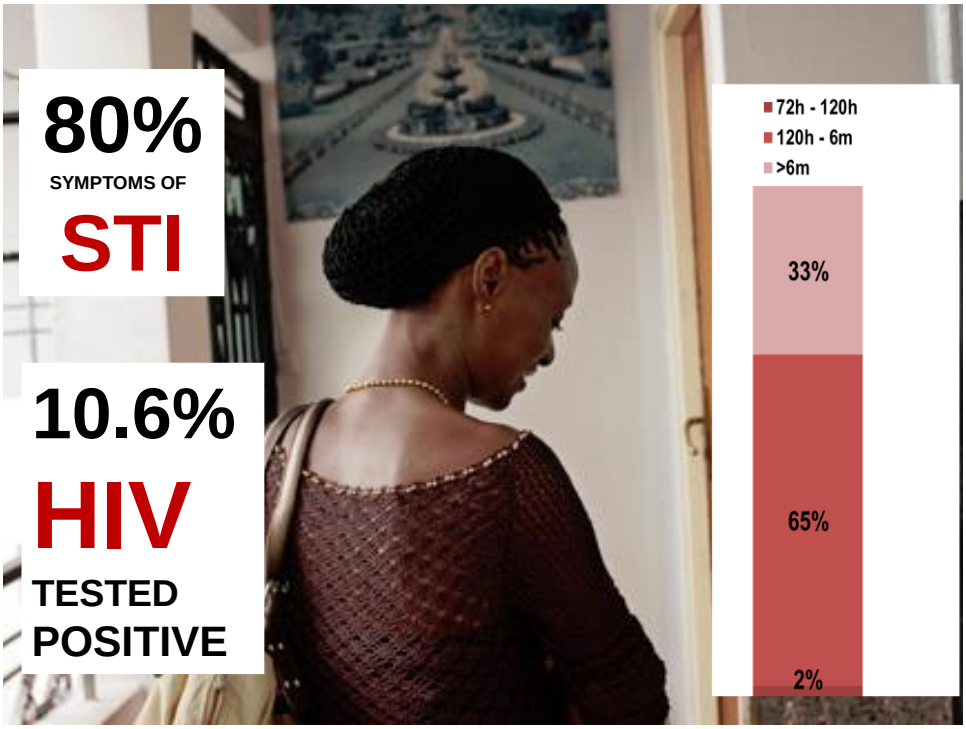
CAMEROON, TOGO, MALI

< 18	5%
18-23	43%
24-28	46%
>28	6%




38% MORE THAN
26% FROM TO
12% MORE THEN
Last Incident
AGRESSOR
Nigerian
Migrant
Unknown
Trafficker
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


53%
PREGNANT
18%
Request ToP/
ABORTION
91%
PREVIOUS
PREGNANCY
69%
PREVIOUS
UNWANTED
PREGNANCY
68%
PREVIOUS
INDUCED
ABORTION
Sexual Reproductive Health Consequences
Pregnancy and Abortion


80%
SYMPTOMS OF
STI
10.6%
HIV
TESTED
POSITIVE
72h - 120h
120h - 6m
>6m
33%
65%
2%

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 ?

CONCLUSION

I. ADAPTED Interventions and Protocols

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

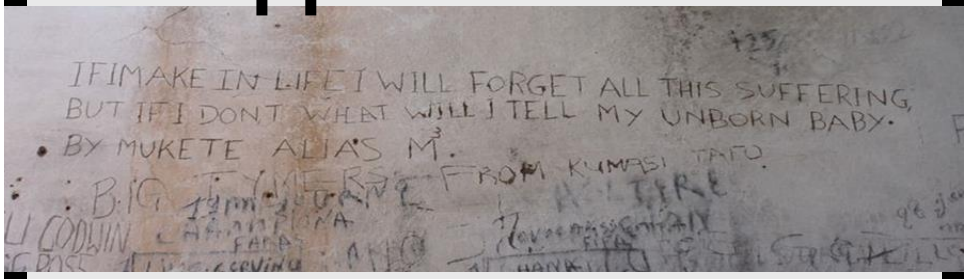
→ **Mental Health Capitalisation Report**

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

→ **One shot**

→ **Harm reduction approach**

appreciations



*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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