Consequences of Trafficking on Women's Health

Master of Public Health Integrating Experience Project

Professional Publication Framework

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LIST OF ABBREVIATIONS

RA	Republic of Armenia
UN	United Nations
NRM	National Referral Mechanism
ILO	International Labor Organization
MLSA	Ministry of Labor and Social Affairs
UMCOR	United Methodist Committee on Relief
IOM	International Organization for Migration
OSCE	Organization for Security and Co-operation in Europe
UNDP	United Nations Development Program
NGO	Non-Governmental Organization
STI	Sexually Transmitted Infection
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome

ABSTRACT

Introduction: Human trafficking is a modern form of slavery. Trafficked women and men are exploited in the service of illicit and criminal services and labor, including sex work and labor in the garment industry and domestic service. Women and children are most likely to be trafficked. Trafficked persons are most commonly transported to distant locales and forced to perform services and labor that are often dangerous without compensation and under coercive and abusive conditions.

Study purpose: The primary aim of the current study is to characterize physical, psychological, and emotional health of women trafficked in and through Armenia from the narratives of women who have been trafficked and representatives from various organizations (e.g., governmental, international, and non-governmental) currently working in the field of trafficking. The secondary aim is to describe the barriers to access to healthcare for trafficked women through the narratives of the same study groups.

Methods: This study employs directed content analysis in a cross sectional design. The cross sectional design relays on in-depth interviews using a semi-structured approach. Two groups of participants contributed their narratives to address the primary and secondary aims of the study. In-depth interviews with trafficked Armenian women and with representatives of organizations who work with these women provided the data for this project. Direct content analysis allows for confirmation of the concepts in data analysis, which are: mental health, physical health, access to healthcare, and opportunities for improved health and healthcare. Content codes are clustered into categories that fit the concepts directing analysis. Codes that do not fit the guiding concepts are categorized, collapsed into more abstract themes and then arranged into categories and themes.

Results: Five women who were trafficked in the past and eight organizational representatives from both governmental and non-governmental agencies participated in in-depth interviews. Three categories are confirmed through directed content analysis (mental health, physical health, health care access, and opportunities to improve health and health care) and two additional categories are discovered during the study (causes of trafficking and trafficking trajectories). Causes of human trafficking, discussed in relation to Armenian social and economic forces, emerged during the analysis. Findings highlight the fact that all trafficked women fell into trafficking based on deception of the traffickers. They were then forced into prostitution and other forms of illegal and dangerous work. These conditions contribute to adverse health consequences. Trafficked women experienced psychological and physical violence during the trafficking. Psychological disorders are the most often reported negative impact of the trafficking on women's health. Damage to women's physical health is substantial. As a common punishment method some of the traffickers kept women without food and water, forced them to work longer hours, kept isolated and some of them were beaten for refusing to perform the job, which worsened the health conditions of women. Trafficked women did not have access to health care even in urgent circumstances during trafficking. Even after these women returned from trafficking they have limited access to health care.

Implications: Future research is needed including children and men to more fully understand the consequences of trafficking on health. Despite the efforts to improve trafficked women's health and access to health care in Armenia, there is much more to be done to improve the services available to them.

Introduction

Human trafficking is a modern form of slavery (1-4). Trafficked women and men are exploited in the service of illicit and criminal services and labor including sex work and labor in the garment industry and domestic service (2). Exploitation commonly occurs because of vulnerabilities incurred by virtue of poverty and other social disadvantages and inequities (5). Women and children are most likely to be trafficked. Trafficked persons are most commonly transported to distant locales and forced to perform services and labor that are often dangerous without compensation and under coercive and abusive conditions. The work produced by trafficked persons profits only those who control them and those to whom their services are sold(1-4). Trafficked persons, their families, and communities likely incur manifold specific traumas as their communities and societies bear significant social and economic damage.

Background and Significance

Problem of Trafficking

The global magnitude of human trafficking is difficult to estimate and the range of existing published estimates varies widely (6). The International Labor Organization, the United Nations (UN) agency charged with addressing labor standards, employment, and social protection issues, estimates that there are 12.3 million people in forced labor including forced child labor and sexual servitude at any given time (6). Other estimates range from 4 million to 27 million persons trafficked worldwide (6). The United States of America's (US) Department of State estimates that approximately 80% of persons trafficked across national borders are women and girls and up to 50% are minors (6). Imprecision in prevalence of trafficking and the

absolute numbers and demographics of those trafficked stems from both fundamental criminality as well as cross-national obstacles in legislation, intervention, and reporting (6). Social phenomena, including social stigmatization of victims, social legitimacy of prostitution in some societies, fear among those trafficked and at risk for trafficking, and corruption among law enforcement officials, may further limit data collection in some societies; thus, thwarting efforts to delimit the full scope of the problem (3).

Causes of Trafficking

Human trafficking is thought to have multiple etiological risk factors and to be sustained through a variety of mechanisms. Human trafficking is a profitable criminal business. Poverty and the persistent hope of economic fortune are almost certainly among the most common forces that promote trafficking. Civil unrest and mobilization of vulnerable communities of people within their own or neighboring countries likely contribute to additional susceptibility to trafficking (7). In addition to poverty, natural disaster and war, fragmented family and community structures often drive individuals away from home or toward some reward, making these individuals too open to the importunate promises of traffickers. Additionally, genuine belief in deceptions posed by traffickers often emerges from limited education and awareness of trafficking.

Most of the identified victims of trafficking are young women from rural areas. Children or young adults who have been orphaned, or left behind by migrating parents, are especially vulnerable (8,9). Parental abuse and lack of parental support appears common among victims of trafficking in many societies (8,9).

Health Consequences of Human Trafficking

Health consequences of human trafficking, while little investigated, are easily outlined given knowledge of conditions and environments of trafficking. Trafficked persons are compelled to engage in forced labor, sex work, and other involuntary behaviors in hazardous environments. As a result, these activities and the environments in which they occur almost certainly damage physical, sexual, emotional, psychological, and spiritual health (2,5,10). A variety of injuries resulting from rough treatment are present in trafficked persons. Finally, poor living conditions and lack of access to health care lead to undetected diseases and systemic problems like malnutrition and related diseases and conditions (2,5).

Specific health concerns facing trafficked women include sexually transmitted and blood born infections, food and water born infections resulting from poor sanitation, and infections like tuberculosis that spread easily in crowded conditions (5). Moreover, as a result of the violence, women have health problems such as: fractures, contusions, head and neck trauma, headaches, infectious diseases linked to poor sanitation, dermatological problems including scabies and lice, unplanned weight loss and malnutrition as well as other gastrointestinal problems (5,11). Sexual exploitation results in many physical sequelae including abortion and complications; genital, anogential, and breast trauma; menstrual cycle dysfunction; urinary tract infection; pelvic inflammatory disease; and sexually transmitted disease including HIV/AIDS (5,11). Physical risks often engender negative psychological consequences, which can lead to additional physical health problems (5).

Commonly recognized psychological reactions to trafficking include sleep disturbances including frequent nightmares, chronic anxiety, and depression, suicidality, homicidality, memory problems, dissociation, and limited concentration (5). In addition, many trafficked women feel stress related to the stigma that is associated with trafficking, forced prostitution, and

sexual violence (5). Health outcomes mainly depend on the duration and the degree of the violence and also the capacity of the individuals to cope, which is strongly related to the availability and quality of the support provided to the person (5).

Despite some epidemiological data, health risks and consequences associated with human trafficking are not well-recognized and documented. There is extremely limited data of questionable quality that defines and describes health impact and needs of trafficked persons (12,13). Therefore, investigation of health consequences for trafficked persons and begin to define opportunities limit trafficking and improve health and healthcare for survivors (12,13).

Trafficking in Armenia

Armenia is primarily a country of origin for human trafficking, though there is a trend toward it being a country of transit and destination as well (17). Persons from Armenia are mainly trafficked in Turkey, Greece, Russia, Western Europe, and the Middle East (14). Specific causes of trafficking in Armenia are posited to include war, disasters, low socioeconomic conditions, poor border control, high unemployment, and lack of relevant legislation (14). The collapse of the Soviet Union created economic decline with commensurate decline in living conditions and increased illegal migration, contributing to potential for trafficking by increasing social vulnerability (15). The 2007 report "Trafficking in Human Beings in the Republic of Armenia: an Assessment of Current Responses" observes that data on trafficking in, from, and through Armenia is rudimentary and lacks credibility (15). Existing knowledge of trafficked persons, factors influencing trafficking, and actions taken by traffickers emerges from information collected from Armenian victims of trafficking who have returned home, are identified as victims and offered health or social services. Importantly, these

trafficked persons are mostly women trafficked for sex work (15). In 2008, the Government of the Republic of Armenia (RA) adopted the National Referral Mechanism (NRM) on Trafficking, which consists of an overall system developed for preventing people from trafficking and protecting those already trafficked mainly in the sense of protection of their rights (15,16). The NRM, as an important policy document, outlines areas in need of further investigation to document threats to public health posed by trafficking (15). Trafficked women in Armenia likely experience manifold physical and mental health consequences as a result of trafficking. However, the nature and magnitude of these consequences are poorly understood and documented.

Study Purpose

The primary aim of the current study is to characterize physical, psychological, and emotional health of women trafficked in and through Armenia from the narratives of women who have been trafficked and representatives from various organizations (e.g., governmental, international, and non-governmental) currently working in the field of trafficking. The secondary aim is to describe the barriers to access to healthcare for trafficked women through the narratives of the same study groups.

Methods

Study Design

This study employs directed content analysis in a cross sectional design. Directed content analysis is a methodological approach that allows for use of an existing framework or

apriori concepts to be confirmed or rejected in a descriptive summary of content in qualitative data (18). The cross sectional design relied on in-depth interviews using a semi-structured approach. Two groups of participants contributed their narratives to address the primary and secondary aims of the study. In-depth interviews with trafficked Armenian women and with representatives of organizations who work with these women provided the data for this project. Directed content analysis allows for confirmation of the concepts in data analysis, which are: mental health, physical health, access to healthcare, and opportunities for improved health and healthcare. Content codes are clustered into categories that fit the concepts directing analysis. Codes that do not fit the guiding concepts are categorized, collapsed as possible into more abstract themes and then arranged into categories and themes.

Participant Recruitment

The study used different sampling strategies to account for differential vulnerabilities of potential participants and their relationship to trafficking. Trafficked women and organizational representatives were recruited using purposive sampling. Armenian women, older than 18 years of age who had been trafficked in any country at any time in the past, were invited by shelter organizations to participate in a single semi-structured interview. Attempts at snowball sampling approach to enhance recruitment with the aim of allowing women to network with peers offered negligible results. The organization representatives who knew trafficked women introduced the idea of the study to them; interested women contacted the student investigator by phone or during in-person visits to the organization. Five women participated. Women gave the interviews in a setting of their choice that emphasized control and safety for them. Representatives of organizations doing work related to health and welfare of trafficked persons

participated in a single semi-structured in-depth interview. The organizations and institutions from which representations are sought include governmental: Ministry of Labor and Social Affairs (MLSA); international: United Methodist Committee on Relief (UMCOR), International Organization for Migration(IOM), Organization for Security and Co-operation in Europe(OSCE), United Nations Development Program (UNDP), International Labor Organization (ILO); and local NGO “Hope and Help”. Each organization nominated a representative to participate, and “Hope and Help” NGO identified two representatives. Overall, eight organizational representatives participated. The organizations provided the contacts of representatives. The study team contacted all the identified representatives by phone to get their permission in participating in the study. No one refused. All interviews with representatives were conducted in organizational offices.

Protection of Human Subjects

The Institutional Review Board of the American University of Armenia reviewed and approved the study protocol. The study of human trafficking poses concerns about participant vulnerability and physical threat. Consultation with senior leadership in the Center for Health Services Research and Development and the American University of Armenia Institutional Review Board resulted in a plan for full review with oral consent to protect both the trafficked women and the organizational representatives. The consent process included specification of anonymity and confidentiality as well as destruction of audio-recordings to reduce the risk of participation. Consent also included a description of data management and security procedures. In addition, participants who had questions were offered further explanation of procedures for securing anonymity. Provisions were made for potential distress that participants might

experience during their interviews. While two of the trafficked women stated they felt uncomfortable describing some aspects of their experiences, they continued with their narratives declining offers to avoid discussing the particular topics discomforting them. No participant expressed distress and thus no referrals for additional support were made. In recognition of these women's financial straits, travel costs were reimbursed and refreshments provided. No specific demographics beyond age range and self-identified gender were collected. No data were shared beyond the project team. Any quotes used in the final analysis are de-identified using the strategy of distorting all possibly identifying detail without disrupting content.

Procedures and Data Collection

The student investigator provided information about the project, obtained oral consent and specific permission for audio recording from women and organization representatives interested in the study. Each trafficked participant was interviewed using a semi-structured guide that initially built trust by asking the woman about herself as a person and then proceeded to collect demographic data. The interview progressed to questions about their experience of trafficking and about physical, psychological, and emotional health before, during and after trafficking. The interview concluded with questions soliciting the woman's thoughts on access to healthcare and perspectives on services, policies, and other initiatives to address trafficking and improve the health of the victims. Women were provided with a phone number in the case if they wished to share further thoughts regarding the interview with the student investigator or if they identified other potential participants. The mean duration of interviewing trafficked women was 52 minutes.

Each organizational representative participant was interviewed using a semi-structured guide that elicited pertinent personal and professional demographics and then explored perspectives on the causes and experience of trafficking, physical, psychological, and emotional health of trafficked women, their access to healthcare and other services, needed healthcare and other services, and perspectives on policy and other initiatives to address trafficking and providing protection and support to its victims. Representatives of the organizations received a contact number to convey any thoughts they might have after the interview concluded. The mean duration of interviewing organizational representatives was 38 minutes.

Data Management

The student investigator transcribed all recordings and notes in Armenian. She then translated all materials into English, seeking guidance from the bilingual members of her committee as needed to clarify translation of specific phrases and nuanced meanings of words and phrases. All transcripts are de-identified in both Armenian and English. The student investigator verified and reviewed both the Armenian and the English transcripts in sequence. All data and data sources are maintained in a secure location with password security known only to the student investigator. Any data related to the study are transported only under password secured conditions.

Data Analysis

English transcripts are coded first for words and phrases representing the concepts with which the study began, seeking initial confirmation of these ideas in the narratives of the women and organizational representatives who participated. The perspectives of the trafficked women

and the organizational representatives are compared to achieve a more complete description of the concepts being confirmed. Further analysis clustered codes into categories that represented the original concepts with which the study began. Codes that do not fit these categories are scrutinized for possible new categories and themes not present among the concepts that guided the study design. Finally, the analysis compared categories emerging from the two different groups of participants and refined to enhance representation of the concepts directing the content analysis.

Results

Participants

Five women who had been trafficked in the past and eight organizational representatives from both governmental and non-governmental agencies participated in in-depth interviews. All participants agreed to audio recording of the interviews. The age of trafficked women who participated ranged from 18 to 55 years old. All women identified themselves as Armenian. Among trafficked women, only one had education beyond secondary school. The duration of trafficking for these women ranged from 15 days to 2 years. The countries of destination were Armenia, Russia, the United Arab Emirates, and Turkey. Three women were trafficked for sex work and two for forced physical labor. The age of organizational representatives ranged from 26 to 55 years old. Two of the representatives are men and all are Armenian. The working experience of the organizational representatives in the field of trafficking ranged from four years to eleven.

Three categories were confirmed through directed content analysis (mental health, physical health, health care access, and opportunities to improve health and healthcare) and two

additional categories were discovered during the study (causes of trafficking and trafficking trajectories). Thus, five primary categories describe consequences of trafficking on women's health: (1) causes of trafficking, (2) trafficking trajectory, (3) mental health, (4) physical health, and (5) health care access.

Causes of Trafficking

Importantly, all participants emphasized information about the determining factors of trafficking though this was not a concept included in the design of the project and thus was not part of the initial directed content analysis. However, all participants emphasized and provided detailed information of the causes of the trafficking in Armenia. Most of the participants noted that the majority of the causes of the trafficking are already damaging factors to women's health prior to the trafficking. Poverty, violence, and homelessness are cited as forces pushing women toward the risk-laden circumstance of being trafficked.

Socioeconomic Forces

All the participants of the study are unanimous in their belief that trafficking results from poor socioeconomic status at both national and local levels. They offered that unemployment, poverty, and pressures to migrate in order to ameliorate these socioeconomic forces put women at risk of being trafficked. Some representatives went on to note that risk is increased for the women when men leave their families, seeking employment outside Armenia:

"*When Armenia got its independence and had a low economy, the social conditions were too bad, we had significant migration flow to Russia…thus the women, who remained alone,*

started to think about earning money themselves and were falling into the traps of traffickers. Also, trafficking is closely interrelated with migration… and at the same time people easily believe in all information provided by neighbors, relatives and without checking it they make certain steps.”

1. Organizational representative

Poverty is a major force, according to both women and representatives, creating vulnerability to traffickers as women sought financial security. One woman described how she initially came to be trafficked:

“*I had a poor living life, my family life is very bad…I live in concrete…I do not have any normal living conditions, we have suffered all our life…My neighbor's brother-in-law came to me and said that you do not have any means to live here, why don't you work at my place…you'll work a bit, will earn some little money, will bring and construct a house for you, will have a better life…*”

2. Trafficked woman

Like poverty homelessness place women in further jeopardy. A trafficked woman spoke of her experience of being homeless and poor:

“*I do not have money. I sleep outdoor. …I will survive for 10 days if I get 5,000 drams. I will buy oil, rice for me and live with that for 10 days…*”

1. Trafficked woman

Organizational representatives described a desire on the part of trafficked women to find better and "easy" life. This desire seemed to make women vulnerable to traffickers' promises and put them at risk for their deception. A desire to escape the extreme poor living conditions of poverty may specifically drive women into trafficking. Therefore, all organizational representatives noted that the only way to prevent trafficking and to re-integrate those trafficked women is the improvement of the socio-economic situation of the country. As long as Armenia remains a low-middle income country, these representatives argued, trafficking and its consequences will remain a persistent problem. One representative suggested a comprehensive approach must be developed:

"Women should be aware and confident of their own rights. The country should improve economically, decrease the risks of corruption in all spheres, and improve the jurisprudential, educational and healthcare systems. A complex approach is needed."

5. Organizational representative

Limited Education and Awareness

Some organizational representatives spoke about lack of education and awareness of trafficking as reasons for incurred risk of being trafficked. The limited awareness of trafficking as a present day phenomenon is thought to be a special threat particularly for rural communities. Women seemed, according to the arguments put forth, so unaware that they failed to critically judge the overtures of traffickers. In fact, none of the trafficked women knew of trafficking until they personally experienced it:

"…before that I was not aware of trafficking at all, since the youth from regions are more unaware…"

1. Trafficked woman

"One of the main reasons leading to the trafficking is that they [trafficked women] *are not intelligent, not well-educated, they are not informed that a phenomenon called trafficking exists. That is why some of them are naïve and easily believe that the suggested work will lead to a "better life."*

3. Organizational representative

Some representatives suggested that a lack of awareness about trafficking alone is not sufficient to explain trafficking. They noted that many international and local organizations focus efforts on raising awareness about human trafficking:

"If we say that awareness level in the field of prevention is low…I do not know how much the awareness is low. Many programs are being implemented in Armenia on raising awareness, but speaking frankly I have a little doubt concerning their effectiveness…"

5. Organizational representative

Organizational representatives explained that sometimes women are trafficked even when they are aware of their risk of being so. Most participants perceived that these women who were knowingly trafficked felt as though they did not have other alternatives to poverty, homelessness,

and absent family support. Some, organizational representatives noted, for example, that many people who are trafficked return to it even after surviving and escaping a specific trafficking experience. Women who escape trafficking and return to persistent homelessness, poverty, and unemployment may easily return to trafficking as the only option they can see. An organizational representative explained this risk:

"*Because the same person may say "good, you told me that it is dangerous, but what are you offering me instead? Are you offering at least a job in this country, not to leave the country or do you give me the guarantee that the local employers also won't cheat me or exploit me?" How many times can we tell them avoid dangers, learn that there is a danger and so on?*"

5. Organizational representative

Therefore, the majority of the participants of the study emphasized the importance of the Government's effort to maximally assist the improvement of women's social conditions, creation of the employment opportunities in order to help to re-integrate trafficked women into society and not to take the same way again.

Family Structure

Problematic family dynamics and fragmented family structures put women at risk of being trafficked. Some representatives identified orphan children, children who are physically abused or come from homes where other forms of abuse and violence are present, and children from single parent households as being at big risk for trafficking. Representatives suggested that

desires to escape such circumstances made women and children prone to believe blandishments offered by traffickers:

"The family instability, which makes women to escape the situation, they are running away from them, from their surroundings, they are told couple of attractive things, they immediately agree without consultation."

3. Organizational representative

Family discord or other problems seem to put these women at risk of being trafficked as they try to avoid the family instability, problems and thereby engage in the so called "work opportunities" offered by traffickers:

"I had family problems then [before trafficking]… *I wanted to go away from home or rent an apartment. This* [suggested work abroad] *was an opportunity...*"

3. Trafficked woman

Trafficking Trajectories

All participants of the study described the trajectory of the trafficking. Trafficking began for them with a primary deception, a mechanism portrayed by both trafficked women and organizational representatives. Traffickers persuade each woman in different ways, often by offering fictious job opportunities abroad as a lure into forced labor or sex work. In addition, according to the organizational representatives, many trafficked women are excited and enticed

with the “shining future” promised by the traffickers, without understanding the nature of the work they are suggested for and possible consequences:

“They [trafficked women] *believed in so called “Golden Mountains”* [big money]*... If a woman is told that she would find a good job abroad and earn big money or become the sheikh’s lover, she believes in that and never imagines that she may end up in slavery…”*

4. Organizational representative

All participants of the study noted that traffickers make false promises and make pretenses about work that will provide remuneration. Common deceptions include offering legal work when women will be trafficked into illicit enterprises or offering illegal work – sex work for example – for enviable remuneration when no monies at all will be paid:

“*I was told that I would work at a café, take care of ill persons for three months, and all would be based on a contract…but I was involved in prostitution.”*

3. Trafficked woman

However, some trafficked women were aware of the type of work they would perform but had no inkling of the context in which that work would be conducted. Working through the night or in dangerous environments was common:

“…we were baking all the night, but when we wanted to eat a pie, he [trafficker] *told that we had to pay... we worked for 3 months without receiving any money…”*

2, 4. Trafficked women

The trafficked women reported being coerced through physical violence or the threat of it. They were held against their will in other countries without the ability to contact others. Their activities were always under the control of traffickers:

"Well, usually everything happens like this, traffickers keep them in closed areas and customers [for sex work] *are coming and going* [sex work episodes], *or they are escorted out. They don't give the documents back, usually do not give money at all, they are under constant supervision, phone is one sided that only others can call them..."*

6. Organizational representative

Many participants noted that the conditions created by the traffickers are employed to punish women for refusing to work and to make them dependent as possible. Refusing to work was dangerous for these women. Resistance was met with abusive efforts at control. Food and water were withheld:

"Since my behavior was aggressive, I didn't obey them, I was taken out of the room and my bed became the floor without any mattress. I was not provided with food and water for several days. They [traffickers] *were thinking this kind of punishment could change everything."*

1. Trafficked woman

The trafficked women exploited for the sex work described trying to protect themselves, but they had little opportunity to do so. The extents of deceptions employed by traffickers were

commonly extreme. One woman detailed her experience of being injected by her female trafficker who promised protection from infection:

"We tried to use condoms there, whenever it was possible. Except that, she [trafficker] *was making anti-virus drug injections every 15th day. She was making injections at home. But she was not a physician; she was making the injections and saying we needed it for not having any infections."*

5. Trafficked woman

Physical Health

Jeopardy to physical health and safety was an everyday experience described by the women participants and representatives. The organizational representatives underscored the monumental damage to physical health through description of cases familiar to them through their work and programmatic needs within NGOs. Physical abuse is commonly cited as was exposure to sexually transmitted infection among those trafficked for sex work. Extreme situations seemed almost expected, part of an illicit industry with no limits on measures of control and little apparent respect for human life. For example, a representative told of a situation in which a woman was thrown out of a window, receiving a spinal cord injury. This representative continued, describing another instance of physical abuse that resulted in marked permanent disability:

"We had a girl, she had a brain tumor, traumatic, after she was beaten…she was beaten and hit in the head. No surgery is possible, the girl lives up to now always taking drugs…the tumor is not growing now, but she is actually disabled..."

6. Organizational representative

Most of the women talked about being kept without food and water for days, which resulted in serious health consequences. This tactic was a common punishment for refusing to work. One woman, who had Familial Mediterranean fever, experienced this sort of abuse regularly:

"... I have a Mediterranean disease, when I had attacks, I was informing my friends, asking them to come and save me, since he was beating me again. My friends brought some money and paid him not to beat me. All my body was aching; I stayed hungry and thirsty for three days, in a room, like thrown garbage."

3. Trafficked woman

However, representatives noted that increasingly traffickers apparently use methods of physical harm that do not result in scars or other evidence of trauma. They explained that traffickers are likely interested in avoiding damage to insure that trafficked women's bodies remain unblemished in sex work and to avoid suspicion if women are seen and trafficking exposed:

"Recently it was noticed that traffickers try to avoid beating the victims. Nowadays the governments are fighting against this phenomenon and the police in our and other countries are more attentive to such things. That is why traffickers try not to leave any signs on the body."

6. Organizational representative

Organizational representatives offered a larger picture of the threats to physical health. They listed sexually transmitted diseases, dental problems, respiratory diseases, cardiovascular disease, malnutrition, gastrointestinal disease, traumatic injuries, unwanted pregnancy, and abortion. According to the representatives, health problems varied by the type of work women were forced to do. Those women who were forced into sex work had at least one sexually transmitted infection. Unprotected and violent sex during sex work as well as rape in the context of trafficking are reported by both trafficked women and organizational representatives as common, imparting risk for sexually transmitted infection:

"We had a victim who told us that she had 24 clients [for sex work] *per day. This of course resulted negatively on woman's health. Mainly women suffer from reproductive system diseases, almost all victims who provided sex had STI's, particularly Chlamydia…"*

3. Organizational representative

Also, according to some organizational representatives, besides STI's the HIV/AIDS is quite common among trafficked women. Interestingly, representatives who have direct contact with trafficked women mentioned that women who survived trafficking underwent voluntary

assessment for HIV and paradoxically no positive HIV/AIDS cases were detected. As one organizational representative noted:

"We did not have HIV/AIDS cases, we checked all, but of course all this was a voluntary check-up, if they agree. We found no positive cases."

6. Organizational representative

Some organizational representatives mentioned traffickers may also force women to use narcotics and alcohol as addictive substances to increase control over the women:

"Even to prevent the escape of the victims, or consolidation of their efforts, the traffickers make them addicted to narcotics and the victims will do anything to get narcotics."

4. Organizational representatives

The representatives who work directly with trafficked women believed that women trafficked in Armenia were not using narcotics, by force or by choice to mitigate the psychological distress of trafficking. The implied that the trafficking experience in Armenia was therefore different than in some societies where narcotics use is common among victims. However, they did note that alcohol abuse was common among Armenian victims and that some women experienced severe alcohol addiction.

Mental Health

Unsurprisingly, all participants of the study reported significant detriments to mental health and emotional distress experienced by trafficked women. Effects on mental health described by the women are extensive, offered in profound and horrific detail. Organizational representatives mentioned that many trafficked women are very depressed after surviving the experience. One representative provided the following summary of psychological effects, connecting matters of perceived religious transgression and depression:

"After the terrible stress they [trafficked women] *are very depressed and great efforts are needed to bring them back into normal life, to feel equal with others, since they come back feeling guilty due to sin, especially those who were trafficked for the first time. I am telling this since there have been cases when a person was trafficked several times."*

8. Organizational representative

Psychological Problems

All the trafficked women described feeling fearful and crying in pain, desperation, and distress during abuse that included beatings, starvation, and dehydration. The organizational representatives noted that threats are also often made against women's family members to induce fear and create consequent dependence:

"Traffickers try to repress women psychologically, threaten that will revenge from the family, children, parents…making them extremely vulnerable."

6. Organizational representative

Trafficked women spoke of escape as being impossible to achieve, despite the mental duress they experienced. One of the main factors mentioned by the majority of the participants of the study is that the traffickers have strong supporters such as other criminal groups who have authority, power and could help traffickers to act as they wish. The support of these criminals to the traffickers is noted as the main element bounding victims of the trafficking to try to escape. Attempts to escape were rumored to result in extreme physical abuse or death. One participant described the constant fear she experienced:

"The thing that you were going out [for sex work] *without having any idea where and with whom... all of us thought one day we would never come back from there. There were some groups of people of their nation, which were very bad, if you only spoke to them in a little bit bad manner... so many girls had been taken to desert, to Sahara, were beaten, killed and buried in the sand...Everybody was unhappy, but trusted no one."*

5. Trafficked woman

Pregnancy complicated psychological distress. Women reported not being able to control their pregnancies and additionally manipulated by the trafficker, leading to even deeper distress:

"I got pregnant there and the trafficker promised to send me back to Armenia when the pregnancy would be 5 months, so I could give birth in Armenia. I agreed to keep the pregnancy...I was cheated...I learned later that the trafficker was going to give my baby to her relative who did not have children."

5. Trafficked woman

Another tactic employed by traffickers that resulted in risk to mental health was depriving women of comfort and privacy during bathing and dressing:

"I was not allowed to take a shower…only with cold water…when I was taking a shower, he [brother of the trafficker] *did not let me close the door of the bathroom…he told me he was admiring my naked body…it is terrible to tell all this…"*

1. Trafficked woman

An organizational representative noted that psychological problems are among the most deleterious consequences of trafficking. Women who were trafficked and escaped often isolated themselves, enduring persistent and severe mental health problems. A woman who was beaten so often that she was too fearful to try to escape felt such fear constantly, even after her unexpected escape:

"I was extremely frightened. He [trafficker] *was telling me that he will hammer my feet as Jesus and no one would know about it. I knew he would do that…Once he pushed my head into the heater, my hair got burnt, I had long hair… I survived because girls came in and saved me, otherwise he was trying to push me completely into the heater. When he was drunk he was totally mad and wanted to kill me."*

2. Trafficked woman

According to some organizational representatives, many women need a long time to recover and overcome such psychological consequences. However, according to the organizational representatives, mental health problems like depression, anxiety, and other psychological and spiritual disorders remained with trafficked women for a long time:

"…there are psychological problems… and of course… it is isolation, and low self-esteem, full split of personality, they do not understand the environment, they create for themselves a world trying to somehow survive… so their psychological traumas are very deep and need long time to overcome."

6. Organizational representative

Stigma

Trafficking stigmatizes women who survive and return to Armenia. According to the representatives, stigmatization as a consequence of the trafficking, leads to deeper mental disorders and social isolation of trafficked women. Women trafficked for sex works are especially vulnerable, as a parallel is drawn between trafficking and voluntary prostitution. Moreover, some of the organizational representatives stated that police and other officials may consider the "phenomenon of trafficking" voluntary prostitution. In opposite to it, some organizational representatives stated that even if women offer a job as prostitutes and agree to that, the real conditions are not known to them. Trafficked women did not know that they would not be paid and would be kept isolated without right to return home:

"…Government stated there was no trafficking in Armenia and that we were increasing it as a phenomenon and there was no need to be concerned for "bunch" of prostitutes, since they knew where they were going and why…. It is painful that 10 years have passed since, though the mentality has not changed a lot and very often they/people consider trafficking as prostitution …"

1. Organizational representative

Organizational representatives noted that voluntary prostitution is viewed in Armenia as a socially marginal, unacceptable behavior that results in revulsion and social exclusion. The trafficked women corroborated this belief. One woman who was trafficked told of an encounter with the police:

. *"… they* [police] *were cynical, they thought I was pretending that I didn't have any sexual contact with men…The head of Police insisted that I write in my indication…that I had sexual relations* [though she didn't]… *saying I will receive reimbursement for that… I refused to do that… Communicating with policemen I understood that there were many among them who had no right to be called even a "human being". In many cases it is them who break us… after my indication…some of them were suggesting me to go out with them to prove if I am a virgin…and I felt myself debased as never…"*

1. Trafficked woman

In addition to being publically stigmatized and humiliated by police officers, women are commonly ostracized by others in society which only compounded their social isolation. The

participants argued that trafficked women are stigmatized in their communities and even in their families:

"The social stigma is everywhere…When they [trafficked women] *suddenly return, fully sick, miserable, without money, without anything and community gets informed about exploitation, that is a big stigma for the family and of course for the trafficked women."*

6. Organizational representative

Healthcare Access

Healthcare during Trafficking

Trafficked women reported having little or no access to any healthcare during trafficking. Even severe and urgent medical conditions commonly went untreated. Conversely, the women as well as representatives described ways in which traffickers often pacified women with sham treatments. For example, one woman described how her traffickers induced an abortion with medication at about seven-month gestation. She aborted the fetus and continued to bleed:

"They [traffickers] *gave me some pills at home when my pregnancy was about 7 months, so miscarriage started. And all this was done at home. I was bleeding during the first days. I was bleeding for 14 days, then it stopped …one of my clients was asking me* [to provide sex]…*she* [trafficker] *sent me to work in that state, to bring the money for those 14 days."*

5. Trafficked woman

Another woman spoke about how trafficker broke her arm. She was offered no medical care and the fracture healed poorly with the bones out of alignment. According to the organizational representatives traffickers do not consider the women as human beings and treat women in extremely rude manner:

"We had a trafficked girl who was beaten and hit on the head with the belts, with the buckles of the belts..."

6. Organizational representative

Healthcare after Trafficking

According to the majority of the participants of the study, access to healthcare is difficult for women who have survived trafficking. The stigma of trafficking and association with prostitution made it difficult for women to receive healthcare for which they were eligible. Some representative stated a belief that theoretical accessibility and practical access to healthcare services are quite different. In theory, accessible healthcare services are provided to those who were trafficked. However, negligence and disrespectful attitudes on the part healthcare workers towards trafficked women is stressed as the main cause of poor access and limited health care. Importantly, some representatives felt women who had escaped trafficking experienced very low self-esteem and would isolate themselves, at least initially, and refuse any services:

"Generally these people very often refuse to get any help... "I do not need, don't touch me, I don't want anything from you, I want to stay at my home", then they begin to open."

6. Organizational representative

The majority of the representatives mentioned that in general healthcare services are limited for all vulnerable groups of the society in Armenia and for trafficked women as well. Additionally, some representatives noted, trafficked women are not treated well in the hospitals and polyclinics by the physicians and nurses. They do not apply to the polyclinics; they fear that someone in the village or in the polyclinic will learn about their experience of being trafficking:

"Naturally they [healthcare workers] *have negative attitude toward trafficked women, which is not so pleasant, is not so relevant, no one will like it... the second time you will not apply to a doctor, and it's a stress."*

6. Organizational representative

Not all representatives agreed that trafficked women are neglected by physicians and other healthcare workers. According to them, victims of trafficking are not treated badly; they are served by NGOs, and are not identified: they are presented to the medical institutions as just patients to get the health care available for all patients. All participants of the study emphasized the value of NGO services in gate keeping and initial service provision after escape. In general, recently escaped women are served first by NGOs that offer shelter, immediate medical care, and psychological services:

"We work with them in a quite limited period of time….We appeal and receive whatever a person needs. I.e., when they are in the shelter, they will receive assistance for free of charge,

but this cannot last for a long time… and after that, when they try to manage their own destiny themselves, I see problems there…"

3. Organizational representative

Many representatives mentioned that the National Referral Mechanism (NRM) adopted by the RA Government in 2008, for the victims of the trafficking is well structured and all trafficked women are referred to the Ministry of Social and Labor Affairs, where the Ministry decides the assistance. Additionally, some representatives spoke about the value of current policies which facilitated referral and offered extra or specialized health care services to trafficked persons:

"Starting from September, 2009 by the decision of the RA Government there has been a list approved to provide free health care within the state order. To the existing vulnerable social groups, the group of trafficking victims has been added and through the Ministry of Labor and Social Affairs a ticket is submitted to the Ministry of Health which provides everything: medical check-ups, aid, and surgery, if serious problems are present."

7. Organizational representative

However, for some representatives, the new mechanism of medical support is unclear and length of time during which trafficked women could be considered vulnerable for the purposes of receiving support:

"I do not know how the mechanism works; we did not have such experience yet. But I think that a victim will not go by herself and present that she is a trafficked person; additionally, I do not know for how long a person could be considered as vulnerable."

6. Organizational representative

Trafficked women argued that although the polyclinics in Armenia are free of charge, but the majority of them are poor and could not afford buying the medications and paying for the additional services in the polyclinics, which are not free of charge and are expensive for them. This mainly concerned trafficked women who no longer have the support and protection of NGOs:

"Basically the problem is the money…check-ups are free, but the drugs, sonography, etc…it all costs money…now everything is related to money."

2. Trafficked woman

Discussion

To our knowledge, this project is the first study conducted in Armenia which investigates health and healthcare access among trafficked women. The results of the study describe conditions that precede and promote trafficking, the consequences of trafficking on women's health, and healthcare services for those women during and after trafficking.

Causes of Trafficking

Causes of human trafficking, discussed in relation to Armenian social and economic forces, emerged during the analysis. Socioeconomic limitations at both societal and individual levels are emphasized in this study. This finding is commensurate with existing literature (7, 15). The specific factors of unemployment, orphanage, poverty and family violence are detailed within these data in this study. These findings are also corroborated in the international literature (15,17). Unawareness about human trafficking plays a big role in being exposed to trafficking. This study suggests that trafficked women have never heard about trafficking before becoming victims and have never imagined the circumstances and conditions that surround it. However, the study also highlights that re-trafficking may occur if trafficked women are not re-integrated into society, cannot find jobs and do not have other alternatives.

Trafficking Trajectory

Findings highlight the fact that all trafficked women fall into trafficking based on deception of the traffickers which is also reflected in the literature (1-4,7,19,20). Most often, people are offered jobs by their relatives and neighbors and accept them without investigating further and, thus, entering trafficking. Women are often deceived into believing that they will have safe jobs as waitresses, baby sitters or dancers. They are then forced into prostitution and other forms of illegal and dangerous work. Traffickers create dangerous and threatening conditions to manipulate victims. These conditions contribute to negative health consequences. The findings from this study are consistent with the literature showing that when women arrive to a destination country, they are usually isolated and possibly confined, making it more difficult for them to find available essential life-saving information during their transit (5). A

consequence of the trafficker's initial violence or threats involves making the woman accept her dependence, where forced dependence becomes a key factor of captor-captive relationships (5).

Mental and Physical Health

This study results highlight that violence experienced by women lead to psychological distress and often to diagnosable mental disorders. The women often experience violence before being trafficked. This aspect of their experience is corroborated by the organizational representatives' work with larger groups of women. Zimmerman and colleagues show that women trafficked for sexual exploitation commonly experienced violence prior to being trafficked, which may have contributed to their vulnerability to being trafficked and may put them at greater risk of mental disorders later (21). Trafficked women experience psychological and physical violence during the trafficking. Psychological disorders are the most often reported negative impact of the trafficking on women's health. Zimmerman and colleagues corroborate this finding, noting that psychological manipulation and control keeps women under threat and women are more likely to comply with traffickers' demands (5). Physical violence and psychological duress are connected to impaired mental health, resulting in anxiety, sleeping and eating problems, suicidal thoughts, and increased use of alcohol and drug abuse (5,11).

Finally, this study highlights the negative impact of trafficking on women's physical health. As a common punishment method some of the traffickers kept women without food and water, forced them to work longer hours, kept isolated and some of them were beaten for refusing to work. These actions may contribute to worsening health status and lead to specific conditions exacerbated by malnutrition, dehydration, and sleep deprivation. In general, the

reported alterations in physical health and the environmental stressors that complicate or cause these conditions are similar to those reported in the literature (11).

Health Care Access

The study findings reveal that trafficked women do not have access to health care, even in urgent circumstances, while being trafficked. This finding is also supported by literature suggesting that women forcibly kept in brothels are not allowed to leave to seek health care (22). Health care access is limited too for women who survive trafficking and return to Armenia. In spite of the fact that the Government of RA took some steps to improve access to healthcare, trafficked women's access to healthcare is remained limited in Armenia either due to social stigma or due to health care personnel's inappropriate attitude towards these women. However, victims of trafficking have been added to the existing list of socially vulnerable groups and they qualify for free medical check-ups and urgent medical aid, including surgeries if needed. At the same time, there is no specific recommendation on how long trafficked women should be considered victims of trafficking to qualify for social and health support.

Strengths and Limitations

The study is the first attempt to investigate the consequences of trafficking on women's health in Armenia. Although, the number of participants is relatively small, the richness of data collected offset the number of sources within the group of trafficked women. Additionally, participation from five women likely represents significant success in recruiting these vulnerable individuals. The study is limited by the inclusion of only those women who survived, escaped,

and received support from only one shelter organization. The study focuses only on women over age 18 and do not investigate the problem of trafficking among children and men.

Implications

Future research that includes children and men who are victims of trafficking is needed to more fully understand the consequences of trafficking on health.

Our findings suggest that there are efforts to improve trafficked women's health and health care access in Armenia. Nevertheless, there is much more to be done to understand needs and improve services. Assistance in improving education, trainings, and employment may be important in preventing trafficking and re-trafficking (17). Consequently, future studies should explore these factors and develop intervention plans and policy. Given our current findings, we recommend the following interventions in Armenia to address the problem of trafficking among women:

1. Awareness raising among medical staff on providing information on trafficking and importance of confidentiality to reduce stigma.
2. Awareness raising among policemen about consequences of trafficking on women's health and confidentiality.
3. Investigation of opportunities to create employment and civil engagement for women at risk.
4. Investigate means to enhance financial and social support to trafficked women.

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APPENDICES

Interview Guides

Consequences of trafficking on women's health

Interview Guide

Organizational Representatives

Date___________Time____________________Number_____________

Thank you again for participating in this interview. As a reminder, please do not use any real names for people or places as we are talking.

1. To confirm, you are representative of an organization that has some influence on or connection to human trafficking. Is that correct? If no, then stop the interview.
2. Let us begin with some questions about you. First, your age – stop me when I get to your age group. are you 18-25,26 to 35, 36 to 45, 46 to 55, 56 to 65, over 65? ____
3. How would you describe your work?
4. Tell me about your thoughts on human trafficking?
5. What do you think about trafficking in Armenia?
6. Could you say what is the prevalence and in your opinion how much could be the unrevealed population?
7. Tell me why you think Armenian women are trafficked?
8. What factors do you think contribute to trafficking of Armenian women?
9. How does that trafficking happen here in Armenia?
10. What are the health effects of trafficking on women?
    a. Physical health?
    b. Mental and emotional health?
11. What are the common health concerns and problems among trafficked women?
    a. Physical health?
    b. Mental and emotional health?
12. Describe access to healthcare for trafficked women for me.
13. What concerns you about access to healthcare for trafficked women?
14. What are your thoughts about other services for these women?
15. What do you think is needed to improve healthcare for trafficked women?
16. What else might be done to address the needs of trafficked women?

17. What do you think should be done about trafficking in the future?
18. What else do you think is important for me and others who want to provide healthcare to women who have been trafficked to know?

Thank you so much for your thoughts and your time. In thinking about our interview, if you have any further thoughts you wish to share with me, you can contact me at mobile number XXX. I am the only person who answers that phone.

Consequences of trafficking on women's health

Interview Guide

Trafficked Women

Date___________Time_____________________Number______________

Thank you again for participating in this interview. Are you comfortable? Do you have any questions about the study or can we begin? As a reminder, please do not use any real names for people or places as we are talking.

1. To confirm, you are an Armenian woman over the age of 18 who has been trafficked. Is that correct? If no, then stop the interview.
2. Let us begin with some questions about who you are. First, your age – stop me when I get to your age group. Are you 18-25,26 to 35, 36 to 45, 46 to 55, 56 to 65, over 65? ____
3. How would you describe yourself as a person, by that I mean are there things that are important about you as a person?
4. Tell me about your experience of being trafficked.
5. How long were you trafficked?
6. Were you in Armenia or elsewhere?
    a. Can you tell me the region where you were if you were not in Armenia?
        i. Another former Soviet nation?
        ii. Europe?
        iii. The Middle East
        iv. Asia?
        v. North America?
7. Tell me about the work or other activities you did when you were being held by traffickers?
8. How did they treat you?
9. Tell me about the places where you lived during that time.
10. How would you describe your health before you were trafficked?
11. What kind of health concerns did you have then?
12. What healthcare did you have then?
13. How would you describe your health during trafficking?
14. What sort of health concerns did you have then?
15. What kind of healthcare did you have then?
16. How did you feel mentally and emotionally then?
17. How would you describe your health after the trafficking?

    a. What effect did trafficking have on your physical health?
    b. What effect did trafficking have on your mental and emotional health?
18. What healthcare do you have now?
19. What do you think should be done to support women like you?
20. What do you think should be done about trafficking in the future?
21. What else do you think is important for me and others who want to provide healthcare to women who have been trafficked to know?

Thank you so much for your thoughts and your time. What are your travel costs for today? (provide cash reimbursement). In thinking about our interview, if you have any further thoughts you wish to share with me, you can contact me at mobile number XXX. I am the only person who answers that phone.

Armenian Version of the Guides and Consent Forms

Թրաֆիքինգի հետևանքները կանանց առողջության վրա

Հարցազրույցի ուղեցույց

Կազմակերպությունների ներկայացուցիչներ

Ամսաթիվ Ժամանակ Թիվ

Մեկ անգամ ևս շնորհակալություն այս հարցազրույցին մասնակցելու համար: Որպես հիշեցում. խնդրում եմ, խոսակցության ընթացքում մի՛ նշեք մարդկանց կամ վայրերի իրական անուններ:

1. Եվս մեկ անգամ հաստատենք այն, որ դուք այն կազմակերպության ներկայացուցիչն եք, որն ունի որևէ ազդեցություն կամ կապ թրաֆիքինգի /մարդկանց շահագործում/ հետ: Այնպես չէ՞: *Եթե ոչ, ապա դադարեցրեք հարցազրույցը:*
2. Եկեք սկսենք մի քանի հարցերից Ձեր մասին: Նախ, Ձեր տարիքը (խնդրում եմ նշել, թե ո՞ր տարիքային խմբին եք պատկանում). 18-25, 26-30, 36-45,46-55, 56-65, 65-ից բարձր_______
3. Ինչպե՞ս կնկարագրեք Ձեր աշխատանքը:
4. Ի՞նչ է թրաֆիքինգն ըստ Ձեզ:
5. Ի՞նչ եք կարծում թրաֆիքինգի մասին Հայաստանում:
6. Կարո՞ղ եք ասել, թե այն ինչ տարածում ունի, և թե Ձեր կարծիքով որքան են կազմում չբացահայտված դեպքերը:
7. Ի՞նչ եք կարծում, ինչու են հայ կանայք ենթարկվում թրաֆիքինգի:
8. Ձեր կարծիքով, ի՞նչ գործոններ են նպաստում հայ կանանց թրաֆիքինգին:
9. Ինչպե՞ս է այն տեղի ունենում/իրականացվում Հայաստանում:
10. Որո՞նք են թրաֆիքինգի հետևանքները կանանց առողջության վրա.
    ա. ֆիզիկական առողջություն
    բ. հոգեկան առողջություն
11. Որո՞նք են հիմնական առողջական խնդիրները թրաֆիքինգի ենթարկված կանանց շրջանում:
    ա. ֆիզիկական առողջություն
    բ. հոգեկան առողջություն

12. Նկարագրեք թրաֆիքինգի ենթարկված կանանց համար առողջապահական ծառայությունների հասանելիությունը:
13. Ի՞նչն է Ձեզ մտահոգում թրաֆիքինգի ենթարկված կանանց համար առողջապահական ծառայությունների հասանելիության մեջ:
14. Ի՞նչ եք կարծում այս կանանց համար նախատեսված այլ ծառայությունների մասին:
15. Ձեր կարծիքով, ի՞նչը պետք է բարելավել թրաֆիքինգի ենթարկված կանանց համար առողջապահական ծառայություններից օգտվելու համար:
16. Ի՞նչ այլ անհրաժեշտ քայլեր են պետք թրաֆիքինգի ենթարկված կանանց կարիքները հոգալու համար:
17. Ի՞նչ եք կարծում, ի՞նչ պետք է անել ապագայում թրաֆիքինգի կանխարգելման համար:
18. Կա՞ ինչ-որ բան, որը չքննարկվեց և դուք կուզենայիք ավելացնել:

Շատ շնորհակալություն ժամանակ տրամադրելու համար: Հարցերի դեպքում կարող եք կապ հաստատել ինձ հետ XXX բջջային հեռախոսահամարով: Ես միակ մարդն եմ, ով պատասխանում է այդ հեռախոսահամարին:

Թրաֆիքինգի հետևանքները կանանց առողջության վրա

Հարցազրույցի ուղեցույց

Թրաֆիքինգի ենթարկված կանայք

Ամսաթիվ Ժամ Թիվ

Ներկայացնել համաձայնության ձևը:

Մեկ անգամ ևս շնորհակալություն այս հարցազրույցին մասնակցելու համար: Եթե ամեն ինչ կարգին է, կարո՞ղ ենք սկսել հարցազրույցը: Դուք ունե՞ք ինչ-որ հարցեր այս հետազոտության վերաբերյալ, եթե ոչ՝ եկեք սկսենք:

Որպես հիշեցում. խնդրում եմ, մի՛ օգտագործեք մարդկանց կամ վայրերի իրական անուններ մեր զրույցի ընթացքում:

1. *Հաստատելու համար:* Դուք հայ կին եք, ում տարիքը բարձր է 18-ից և ով ենթարկվել է թրաֆիքինգի: Դա ճի՞շտ է: *Եթե ոչ, ապա ընդհատեք հարցազրույցը:*
2. Եկեք սկսենք Ձեր մասին մի քանի հարցերից: Ձեր տարիքը (նշեք խնդրեմ, թե որ տարիքային խմբին եք պատկանում) 18-25, 26-30, 36-45,46-55, 56-65, 65-ից բարձր______
3. Մի փոքր պատմեք Ձեր մասին: Ինչպե՞ս կնկարագրեիք ինքներդ Ձեզ: *Ի՞նչն է կարևոր Ձեր անձի համար*:
4. Խնդրում եմ պատմել թրաֆիքինգի Ձեր փորձի մասին:
5. Որքա՞ն ժամանակ եք ենթարկվել թրաֆիքինգի:
6. Հայաստանո՞ւմ եք եղել, թե՞ այլ երկրում.
   Կարո՞ղ եք նշել այն երկիրը, եթե եղել եք այլ երկրում.
   ա/մեկ այլ նախկին խորհրդային երկիր
   բ/Եվրոպա
   գ/Մերձավոր Արևելք
   դ/ Ասիա
   ե/Հյուսիսային Ամերիկա
7. Ձեզ ի՞նչ էին ստիպում անել:
8. Ինչպե՞ս էին Ձեզ վերաբերվում:
   ա. Շահագործողները,
   բ. Հաճախորդները,

գ. Այլ մարդիկ

9. Պատմեք այն վայրերի մասին, որտեղ ապրել եք այդ ժամանակ:
10. Ինչպե՞ս կնկարագրեիք Ձեր առողջական վիճակը նախքան թրաֆիքինգի ենթարկվելը:
11. Ի՞նչ առողջական խնդիրներ ունեիք այն ժամանակ:
    ա. Գինեկոլոգիական
    բ. Սրտանոթային
    գ. Մաշկային և այլ.

12. Ինչպե՞ս կնկարագրեիք Ձեր առողջական վիճակը թրաֆիքինգի ժամանակ:
13. Ի՞նչ տեսակ բժշկական ծառայություններ եք ստացել այդ ժամանակ:
14. Ի՞նչ կարգի առողջական խնդիրներ ունեիք այդ ժամանակ:
15. Ինչպե՞ս կնկարագրեիք Ձեր հոգեկան վիճակը այդ ժամանակ:
16. Ինչպե՞ս կնկարագրեիք Ձեր առողջական վիճակը վերադառնալուց հետո:
    ա) Ի՞նչ հետևանք է թողել թրաֆիքինգը Ձեր ֆիզիկական առողջության վրա:
    բ) Ի՞նչ հետևանք է թողել թրաֆիքինգը Ձեր հոգեկան առողջության վրա:

Եթե 16-րդ հարցում նշվում է ոչ, ապա՝ անցնել 19-րդ հարցին:

17. Բուժվո՞ւմ եք հիմա:
18. Եթե ոչ՝ ինչու:
19. Ձեր կարծիքով ի՞նչ աջակցություն պետք է ցուցաբերվի թրաֆիքինգի ենթարկված կանանց:
20. Ձեր կարծիքով ի՞նչ պետք է արվի ապագայում թրաֆիքինգը կանխելու կամ դրա դեմ պայքարելու համար, որ նման բան չկրկնվի, չլինի:
21. Կա՞ ինչ-որ բան, որը չքննարկվեց և դուք կուզենայիք ավելացնել:

Շատ շնորհակալություն ժամանակ տրամադրելու համար: Ի՞նչ տրանսպորտային ծախսեր եք կատարել այստեղ հասնելու համար: Եթե կունենաք հարցեր կամ կցանկանայիք ինչ-որ բան լրացնել, կարող եք կապնվել ինձ հետ XXX բջջային հեռախոսահամարով: Ես միակ մարդն եմ, ով պատասխանում է այդ հեռախոսահամարին:

Հայաստանի ամերիկյան համալսարան

Իրազեկման համաձայնագիր

Հաստատման/թույլտվության ձևաթուղթ

Գրավոր հաստատման ձևաթուղթ տարբեր կազմակերպությունների համար

Հետազոտության նախագծի անվանումը՝ Թրաֆիքինգի հետևանքները կանանց առողջության վրա

Հետազոտության նախագծի նկարագիր/բացատրություն
Ո՞վ է իրականացնում ուսումնասիրությունը: Իմ անունը Արմինե Պողոսյան է: Սովորում եմ Հայաստանի ամերիկյան համալսարանի հանրային առողջություն բաժնում: Իրականացնում եմ հետազոտություն Հայաստանի ամերիկյան համալսարանի ֆակուլտետի անմիջական վերահսկողության ներքո:

Հետազոտության գլխավոր նպատակն է բնութագրել Հայաստանում և Հայաստանից դուրս թրաֆիքինգի ենթարկված կանանց ֆիզիկական և հոգեկան առողջությունը՝ ելնելով այդ կանանց տրամադրած նկարագրական բնութագրից և ունեցած փորձից: Գլխավոր նպատակը համալրվում է երկրորդական նպատակով, որը նկարագրում է առողջապահական ծառայությունների հասանելիությունը թրաֆիքինգի ենթարկված կանանց համար տարբեր կազմակերպությունների (կառավարական, միջազգային և հասարակական) ներկայացուցիչների կողմից, ովքեր տվյալ պահին աշխատում են այդ կանանց հետ:

Ինչո՞ւ եք Դուք հրավիրված մասնակցելու. Դուք հրավիրված եք մասնակցել այս հետազոտությանը որպես թրաֆիքինգի ոլորտում աշխատող պրոֆեսիոնալ: Ձեր մասնակցությունը մեր հետազոտության համար շատ կարևոր է, քանզի Դուք կարող եք տրամադրել տեղեկություն, որը կօգնի մեզ հասկանալ թրաֆիքինգի ազդեցությունը կնոջ առողջության վրա: Մենք հետաքրքրված ենք այս ոլորտում Ձեր ունեցած անձնական փորձով:

Հետազոտության ընթացք. Եթե Դուք համաձայն եք, Դուք կմասնակցեք անհատական հարցազրույցի: Հարցազրույցը կկազմակերպվի Ձեզ հարմար ժամին և վայրում: Այն կտևի մոտավորապես մեկ ժամ: Եթե Դուք համաձայն եք,

հետազոտության նպատակով ես կձայնագրեմ հարցազրույցը համոզված լինելու համար, որ Ձեր մտքերից և ոչ մեկը բաց չի թողնվել: Ձայնագրությունը կվերացվի անմիջապես այն պահից հետո, երբ ես թղթին կփոխադրեմ մեր հարցազրույցը և կստուգեմ այն՝ համոզվելու համար, որ ամբողջությամբ ճիշտ է: Եթե Դուք համաձայն չլինեք ձայնագրմանը, ես կկատարեմ գրառումներ: Դուք համաձա՞յն եք, որպեսզի Ձեզ ձայնագրեմ, թե՞ Դուք գերադասում եք, որ փոխարենը միայն գրառումներ կատարվեն:

Ռիսկեր և օգուտներ
ա/ Ռիսկեր. Ձեզ համար գրեթե ոչ մի ռիսկ չկա այս թեման քննարկելիս: Այնուամենայնիվ, հնարավոր է՝ Ձեզ սահմանափակված զգաք այս թեման քննարկելիս Ձեր ունեցած մտահոգությունների պատճառով, որոնք կապված են թրաֆիքինգի ցանկացած զոհի պաշտպանության հետ, ում հետ Դուք աշխատում եք: Կամ, միգուցե Ձեզ կմտահոգի այն, որ Ձեր մասնակցությունը կարող է այլ կերպ վնասել թրաֆիքինգի ոլորտում Ձեր աշխատանքին:
բ/ Օգուտներ. Դուք չունեք ոչ մի անմիջական օգուտ մասնակցությունից, բայց Դուք կարող եք արժևորել Ձեր ներդրումը այս հետազոտությանը, որը կօգնի մեզ առավել լավ հասկանալու թրաֆիքինգի ենթարկված կանանց առողջական վիճակը:

Գաղտնիություն և անանունություն. Ձեր մասնակցությունը հետազոտությանը խիստ գաղտնի է և անանուն: Ոչ մի տեղ հետազոտությունում մենք չենք օգտագործի Ձեր անունը կամ Ձեր մասին տեղեկություն: Ձեր տրամադրած տեղեկությունը չի բացահայտի Ձեր անձը հետազոտության արդյունքում:

Մասնակցության այլընտրանք. Դուք կարող եք չմասնակցել այս հետազոտությանը և հրաժարվել նրանից ցանկացած ժամանակ:

Հետազոտության կամավոր բնույթը. Ձեր մասնակցությունը բացառապես կամավոր է: Ձեզ համար չի լինի որևէ բացասական հետևանք, եթե Դուք որոշեք չմասնակցել այս հետազոտությանը:

Ցանկացած ժամանակ հետազոտությունից դուրս գալու իրավունք. Դուք իրավունք ունեք չմասնակցել հետազոտությանը ցանկացած ժամանակ առանց որևէ հետևանքների: Եթե Դուք որոշեք դուրս գալ հետազոտությունից, Ձեր տրամադրած տեղեկությունը ամբողջությամբ կվերացվի:

Նախքան մեր հարցազրույցը սկսելը, Դուք պիտի ունենաք Ձեզ հուզող բոլոր հարցերի պատասխանները: Դուք ստացե՞լ եք դրանք: Ունե՞ք հիմա այլ հարց, որը դեռ հուզում է Ձեզ: Կուզենայի նշել, որ հետագա հարցերի դեպքում կարող եք դիմել Հայաստանի ամերիկյան համալսարանի առողջապահական

գիտությունների քոլեջ, փոխդեկան Վարդուհի Պետրոսյանին՝ զանգահարելով 512592:

Եթե կարծում եք, որ Ձեզ հետ ճիշտ չեն վարվել կամ որևէ կերպ վիրավորել են հարցազրույցի մասնակցության ընթացքում, Դուք կարող եք դիմել Հայաստանի ամերիկյան համալսարանի ադմինիստրատոր, գիտական էթիկայի հանձնաժողովի քարտուղար Հռիփսիմե Մարտիրոսյանին հետևյալ հեռախոսահամարով՝ 512561: Եթե մտադիր եք մասնակցել, ուրեմն կարող ենք սկսել:

Հայաստանի ամերիկյան համալսարան

Իրազեկման համաձայնագիր

Հաստատման/թույլտվության ձևաթուղթ

Բանավոր հաստատման ձևաթուղթ թրաֆիքինգի ենթարկված հայ կանանց համար

Հետազոտության նախագծի անվանումը՝ Թրաֆիքինգի հետևանքները կանանց առողջության վրա

Ո՞վ է իրականացնում ուսումնասիրությունը: Իմ անունը Արմինե Պողոսյան է: Սովորում եմ Հայաստանի ամերիկյան համալսարանի հանրային առողջություն բաժնում: Իրականացնում եմ հետազոտություն Հայաստանի ամերիկյան համալսարանի ֆակուլտետի անմիջական վերահսկողության ներքո:

Հետազոտության նպատակն է թրաֆիքինգի ենթարկված անձ հանդիսացող հայ կանանց ֆիզիկական և հոգեկան առողջության նկարագրությունը, և պարզել, թե ինչպես են այս կանայք ստանում առողջապահական խնամքի ծառայություններ:

Ինչո՞ւ եք Դուք հրավիրված մասնակցելու. Դուք հայ կին եք, ով ենթարկվել է թրաֆիքինգի, և Ձեր տարիքը բարձր է 18-ից: Ձեր մասնակցությունը այս հետազոտության մեջ կարևոր է, որովհետև Ձեր անձնական փորձը կօգնի մեզ հասկանալ առողջության և առողջապահական խնամքի ծառայությունների հասանելիությունը թրաֆիքինգի ենթարկված անձ դարձած կանանց համար:

Հետազոտության ընթացք. եթե Դուք համաձայն եք՝ կմասնակցեք անհատական գաղտնի հարցազրույցի, որտեղ Ձեր անունը չի նշվի և չի օգտագործվի: Մենք կարող ենք իրականացնել հարցազրույցը այն ժամանակ և այն վայրում, որն առավել հարմար է Ձեզ: Այն կտևի մոտավորապես մեկ ժամ: Եթե Դուք համաձայն եք, հարցազրույցը կձայնագրվի միայն այն պատճառով, որ Ձեր որևէ միտք բաց չթողնվի: Ձայնագրությունը կվերացվի անմիջապես այն պահից հետո, երբ ես Ձեր տրամադրած տեղեկությունները կգրառեմ: Եթե Դուք համաձայն չեք ձայնագրությանը, հարցազրույցի ընթացքում միայն կգրառվեն Ձեր ասածները:

Դուք համաձա՞յն եք, որպեսզի ես Ձեզ ձայնագրեմ, թե՞ Դուք նախընտրում եք, որ միայն գրառվի:

Ռիսկեր և օգուտներ
ա/ Ռիսկեր. Այս հարցազրույցի կամ որոշ հարցերի պատճառով հնարավոր է, որ Դուք վատ զգաք կամ նեղվեք: Դուք կարող եք ցանկացած ժամանակ դադարեցնել հարցազրույցը և դուրս գալ հետազոտությունից: Հարցազրույցի ընթացքում խնդրում եմ ինձ տեղեկացնել,եթե Դուք չցանկանաք պատասխանել մեկ կամ մի շարք հարցերի: Հարցազրույցին մասնակցելիս Ձեզ կարող է մտահոգել այն հարցը, թե ով կարող է հարցազրույցի բովանդակության մասին տեղյակ լինել: Ոչ ոք չի իմանա Ձեր մասնակցության մասին, անգամ այն մարդիկ, ում միջոցով Դուք եկել եք ինձ մոտ: Հարցազրույցի ժամանակ, ոչ մի կերպ չի նշվի Ձեր անունը կամ անձնական տվյալները: Ոչ մի տեղեկություն որը կբացահայտի Ձեր անձը, չի փոխանցվի նրանց, ովքեր չեն աշխատում այս հետազոտության մեջ:

բ/ Դուք ոչ մի ուղղակի օգուտ չունեք այս հարցազրույցին մասնակցելուց, բացի նրանից, որ կարող եք Ձեր ներդրումն ունենալ` օգնելով մեզ ավելի լավ հասկանալ թրաֆիքինգի ենթարկված անձ դարձած կանանց առողջական վիճակը:

Գաղտնիություն և անանունություն. Ձեր մասնակցությունը հետազոտության մեջ խիստ գաղտնի է և անանուն: Ոչ մի տեղ հետազոտությունում մենք չենք օգտագործի Ձեր անունը կամ Ձեր մասին որևէ տեղեկություն: Ձեր տրամադրած տեղեկությունը չի բացահայտի Ձեր անձը հետազոտության արդյունքում:

Մասնակցության այլընտրանք. Դուք կարող եք չմասնակցել այս հետազոտությանը և դուրս գալ ցանկացած ժամանակ:

Հետազոտության կամավոր բնույթը. Ձեր մասնակցությունը բացառապես կամավոր է: Որևէ բացասական հետևանք Ձեզ համար չի կարող լինել, եթե Դուք որոշեք չմասնակցել այս հետազոտությանը:

Ցանկացած ժամանակ հետազոտությունից դուրս գալու իրավունք. Դուք իրավունք ունեք դուրս գալ ցանկացած ժամանակ առանց որևէ հետևանքների: Եթե Դուք որոշեք դուրս գալ հետազոտությունից, Ձեր տրամադրած տեղեկությունը ամբողջությամբ կվերացվի:

Նախքան հարցազրույցը սկսելը, Դուք պիտի ունենաք Ձեզ հուզող բոլոր հարցերի պատասխանները: Ունե՞ք հիմա այլ հարց, որը դեռ հուզում է Ձեզ:

Կուզենայի նշել, որ հետագա հարցերի դեպքում կարող եք դիմել Հայաստանի ամերիկյան համալսարանի առողջապահական գիտությունների քոլեջ, փոխդեկան Վարդուհի Պետրոսյանին՝ զանգահարելով 512592:

Եթե կարծում եք, որ Ձեզ հետ ճիշտ չեն վարվել կամ որևէ կերպ վիրավորել են հարցազրույցի մասնակցության ընթացքում, կարող եք դիմել Հայաստանի ամերիկյան համալսարանի ադմինիստրատոր, գիտական էթիկայի հանձնաժողովի քարտուղար Հռիփսիմե Մարտիրոսյանին հետևյալ հեռախոսահամարով՝ 512561:

Եթե մտադիր եք մասնակցել, ուրեմն սկսենք: