

Your excellencies, distinguished fellow panelists, dear ladies and gentleman,  
Good morning, my name is Sabjola Bregu. I am a psychologist who has been working with women in Albania's most vulnerable communities for the past 8 years. My remarks today are based on my personal experiences.

Suffering human trafficking and exploitation massively impacts a person's health. Physical and mental traumas are almost universal. PTSD, anxiety, mood and dissociative disorders are extremely common. Unwanted pregnancy risks are high; sexually transmitted diseases, and infections are increasingly common. Disease is rife, leading to long-term complications for the women, often with new health complications emerging years after freedom. I could go on.

**[SLIDE 1]** Access to adequate health services is key for the recovery of survivor. They need tailored, long-term support by professionals who have been sensitised to their specific needs. This support, moreover, needs to be provided by healthcare professionals who are trusted by these victims. Often this means that they need to be local to their community, and not seen to be biased, corrupted or judgemental.

Long-term mental health support is key. The psychological trauma someone suffers when they are trafficked is extreme. Doctors, nurses and counsellors need to support survivors as they process events, deal with underlying issues and rebuild their lives. This cannot be done if they are understaffed and oversubscribed as is too often the case.

**[SLIDE 2]** For example within the whole of Albania, which has a population of nearly 3 million, there are only 4 psychiatric hospitals with a total of 615 beds; and there are only 3 psychiatrists per 200,000 people. Now consider that in 2017, in the UK alone, 746 Albanians were confirmed as victims of trafficking. Many of these will be returned to Albania. How can we as a society effectively support these people at their most vulnerable?

We should also be careful not to let ourselves be trapped into thinking that healthcare professional's only interaction with trafficking is with survivors. It is not. Healthcare professionals are on the frontlines in communities. They have unique access to people, including those most vulnerable. Doctors and nurses, if correctly trained, can be eyes and ears within a community, alerting those most vulnerable to common tactics and offering trusted support where most needed.

**[SLIDE 3]** However, most commonly those communities most at risk are also those with the lowest access to healthcare services. The Roma community I worked with in Albania have almost half the healthcare access level of the rest of the population. In order for doctors and nurses to be at the frontline of this battle, they need to be present in the communities most at

need. Access to healthcare for these communities will also reduce a massive driving factor behind trafficking and increase community's resilience.

**[SLIDE 4]** Let me illustrate this with a story. Sara is a 28 year-old Roma woman with two children. She left school at 11 and was married off soon after. Her husband sexually exploited her and got her hooked on hard drugs. She escaped him, but ended up sleeping rough with her young daughters. That is when I came into contact with her. Her children are incredibly at risk, but neither of them are enrolled in school or had ever seen a doctor, neither had they been registered nor vaccinated. Indeed Sara herself does not qualify for a state health card, and so her only option for methadone or psychiatric treatment are NGOs who themselves are reliant on funding.

There are four points I wish to expand upon.

**[SLIDE 5]** Firstly, the social protection afforded by a functioning and community-based healthcare system cannot be ignored in combatting slavery. Access to a standard of living for good health is a human right. This includes medical treatment. Those most at need are unfortunately those most likely not to access it. We need to focus on changing this.

**[SLIDE 6]** Secondly, healthcare professionals need to be placed at the centre of discussions around combatting exploitation and slavery. Many indicators of vulnerability could be spotted by health professionals. However, to do this we need to collectively change our thinking on how to combat exploitation to a wider position than just legal, judicial and NGO structures.

**[SLIDE 7]** Thirdly, the medical services need to be trained and supported to understand the needs of trafficked and exploited people. Health professionals need to be sensitised to language and behaviour that will not re-traumatise survivors. This requires training, invested in by the governing bodies and regularly updated. The benefits will far outweigh any costs.

**[SLIDE 8]** My final, overarching point is central to the previous ones. Mental health support can no longer be side-lined and underfunded. It might be complicated and often messy, but it is crucial in creating societies resilient to exploiters and assist those who have unfortunately suffered. My personal experience is that many I treat have underlying mental health issues that made them vulnerable to exploiters. We can no longer turn our backs to this reality. Academics, governments and civil society must come together to place mental health work central to the support of victims as they recover and rebuild their lives. .

Thank you for listening.