



## Letter

## COVID-19: Compounding the health-related harms of human trafficking

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Those affected by human trafficking are exposed to multiple severe health risks, including physical, sexual, and psychological violence, occupational hazards, and deprivation, and usually require urgent medical care to address the physical and psychological consequences of extreme exploitation [1]. COVID-19 threatens to exacerbate the health disparities faced by this vulnerable group.

Existing inequalities are being globally compounded by the pandemic's widespread socio-economic impacts, representing an international crisis that disproportionately affects society's most vulnerable groups. COVID-19 has increased job insecurity and unemployment, informal and unskilled labour, food and housing insecurity, poverty, and healthcare unaffordability. These drivers of enslavement increase the risk of sexual and labour exploitation, and are being used by criminal groups to scale-up modern slavery activities [2]. Simultaneously, as health systems and law enforcement refocus on COVID-19, and governments impose strict physical distancing policies, efforts to identify trafficking are significantly undermined, as healthcare providers, labour inspectors, social workers, and third sector actors are limited in their actions and contact with at-risk groups. The resulting rise in trafficking is similar to previous outbreaks [3], reflecting a significant burden of unmet physical and psychological needs in an invisible group of all genders and ages.

Victims of trafficking are disproportionately at risk of COVID-19 infection due to pre-existing health needs, unregulated and unsafe working environments, over-crowded living conditions, poverty, malnutrition, and substance misuse. They also face significant barriers to healthcare both during and post-trafficking, including controls

imposed by exploiters, fear of repercussions from traffickers, law enforcement, or immigration authorities, language barriers, lack of knowledge of healthcare availability or entitlements, and lack of identity documentation [4]. Restrictive public health strategies exacerbate these barriers, while health systems worldwide are redesigned to prioritise COVID-19, significantly reducing the availability of services, and inequitably transferring them online. This further prevents timely or confidential access to healthcare, increasing morbidity and mortality due to untreated acute and long-term conditions including communicable diseases, physical injuries, mental illness, substance misuse, and suicide attempts [5], while opportunities are missed for healthcare workers to screen, identify, and disrupt trafficking activity.

The rights and health needs of those who have experienced trafficking must be urgently prioritised during COVID-19. Health workers must be educated to expect a rise in trafficking, and health services preserved, equitable care facilitated, and access barriers removed. This will require reimagining approaches to identifying and appropriately responding to trafficking, and strengthening coordination between healthcare providers, statutory services, and third sector organisations.

We declare no competing interests.

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