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Risks and Interventions to Combat against Human Trafficking

On January 1, 1863, Abraham Lincoln issued the Emancipation Proclamation. It declared freedom for slaves in the United States (The White House). According to the United Nations act sheet No.14, slavery was the first human rights issue that caused concerns across international borders. While slavery is seemingly condemned universally, practices comparable to slavery are still present. Some of the examples of contemporary forms of slavery include debt-bondage labor, forced labor, child labor, child prostitution and human trafficking (United Nations).

Human trafficking is defined as “transport of a person for work or services within or across national borders through force, deception, or abuse of authority” (Beck-Sague et al., 2004). The types of work include child camel drivers, boy soldiers, domestic servants, nannies, and men and women forced into agricultural work and sweat shops as workers (U.S. State Department). Men are at risk of forced labor for the "three D-jobs" – dirty, difficult and dangerous (UNODC, 2006). Women are at risk for becoming a part of the sex industry. According to BBC (2006) 77% of cases involves women worldwide, and of that 87% involves sexual exploitation. Human trafficking is a multi-dimensional threat to the world as it challenges moral, criminal, migrational, human rights, public order, labor, and health issues (Abraham, 2001).

Human trafficking is one of the fastest growing worldwide concerns. However, obtaining accurate occurrence of human trafficking and investigating its root and nature has been difficult. There is a strong need to have more research, and strengthen the

criminal justice system and law regarding human trafficking. Also, raising awareness and providing training to support and protect the victims is needed across the nations. The victims have the right to be protected, and they would be the key persons to provide evidence to prosecute the criminals (UNODIC, 2006) Thus, nurses and health care providers have a crucial role in identifying the victims when they come to seek medical treatment. The purpose of this paper is to increase the awareness of human trafficking, to promote understanding of the risks of the victims and how individuals and health care provider could contribute to the victims' needs.

Objective Data

There is a lack of reliable statistics data about the occurrence of human trafficking. There are many factors contributing to this deficiency in data. Many countries do not have legislation for anti-human trafficking or coordinated statistics systems. Many victims may be hesitant to provide information and may not cooperate with authorities due to fear of the criminal networks or the legal authorities (U.S. State Department.). Also few governments provide information of human trafficking mixed with smuggling or illegal migration (Laczko, 2002). Thus, the statistical data provided below will not reflect the actual prevalence/occurrence of human trafficking. Some researchers state that the number of actual cases is about ten times more than its estimate.

In July 2001, the U.S. Department of State introduced their first Trafficking in Persons Report. This is an annual report that the Secretary of State submits to Congress on the status of severe forms of world wide human trafficking. In 2001, this report stated there are at least 700,000 persons trafficked each year across international borders,

and an estimate of 45,000 to 50,000 people, primarily women and children, were trafficked to the U.S. annually.

In 2003, the annual report stated that approximately 800,000- 900,000 people were trafficked across international borders worldwide each year, and between 18,000 and 20,000 of those victims were trafficked into the United States. In 2004, an estimated 600,000-800,000 men, women, and children were trafficked across international borders.

The reports from 2005 and intermediate 2006 maintained the same approximate of 800,000-900,000 persons who are trafficked across international borders worldwide annually and added estimates of 12.3 million people who are enslaved in forced labor, bonded labor, forced child labor, sexual servitude, and involuntary servitude at any given time within their own national borders. There are other estimates from non-governmental organizations that the existence of trafficking cases range from 4 million to World Vision (2006)'s 27 million. It is recognized in many articles and governmental resources that human trafficking is a growing trade.

Global Patterns

According to the United Nations Office on Drugs and Crime (UNODC)'s *Trafficking in Persons: Global Patterns* documents, the prevalence of human trafficking involves 137 countries (p.17). Very high incidences of reporting for countries that force people into human trafficking are, Albania, Belarus, Bulgaria, China, Nigeria, Romania, Thailand and Ukraine (p.18). Very high incidences of reporting for slave destination countries are Belgium, Germany, Greece, Israel, Italy, Japan, Netherlands, Thailand, Turkey and the United States of America (p.20) (See Figure 1.).

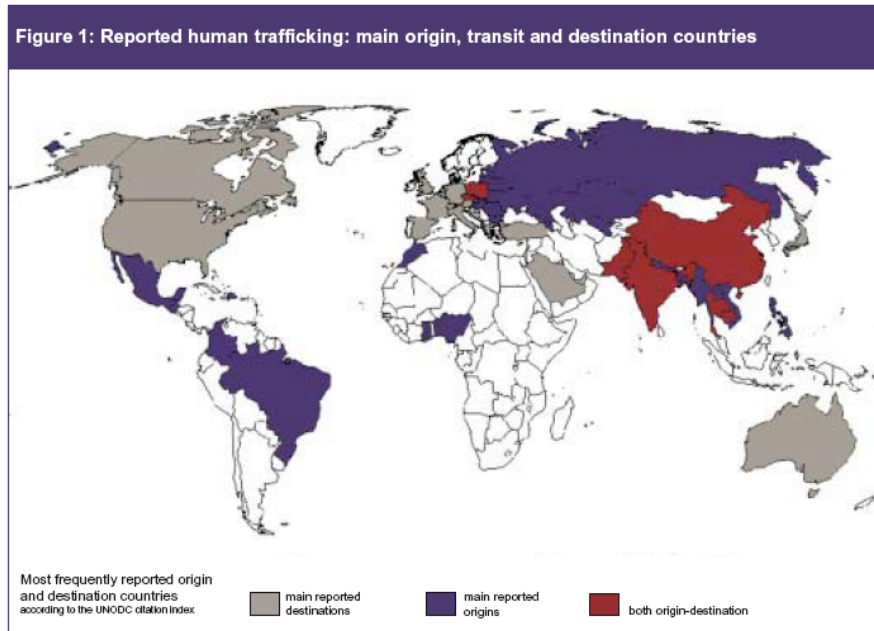


Figure 1. Reported human trafficking: main origin, transit and destination countries. *Note.* From United Nations Office on Drugs and Crime. (2006, April). *Trafficking in Persons: Global Patterns.* (17/128). Retrieved November 13, 2006. from http://www.unodc.org/pdf/traffickinginpersons_report_2006ver2.pdf

Factors

Human trafficking has many factors associated with it. A socio-cultural aspect of this problem involves gender equality and poverty. Unemployment related to gender inequality allows the existence of human trafficking in women and children, as there is a demand among men who purchase sex. The demands for women and children in massage parlors, strip club, escort services, and brothels are so high that the trade is lucrative (Pan-American Health Organization [PAHO]). According to Moynihan (2006), human trafficking becomes a 12 billion dollars global industry each year worldwide. Thus, people with low socioeconomic status and poverty are in significant danger of becoming victims of human trafficking. When there is limited choice due to a lack in resources or a lack in employment, people may dream for a better life to support their

families. The despair of their current condition may play a big role when traffickers recruit them for a promised better life.

Organizational factors involving human trafficking include law and corruption. There are inadequate laws and enforcement of these laws, and ineffective penalties to eliminate this human trade, internationally and domestically. Also, because human trafficking, especially for the sex industry associated with tourism is profitable, some governments may be hesitant to take a strict action when police or immigration officials are bribed. Therefore, especially women and children in poverty and from corrupted societies are under high risk to be trafficked. Also a history of sexual and physical violence increases the risk of being trafficked, as the victims may be more vulnerable to manipulation (PAHO).

Subjective Data

In order to obtain subjective data, Cynthia Staton, a coordinator of Elkhart County Women's Shelter, was interviewed. Due to a lack of time, a telephone interview was conducted. There were six questions regarding to her own experiences working with the victims and opinions related to human trafficking. Staton stated that human trafficking around the South Bend area involves drugs. Often it starts by pimps or abusers trying to get young women addicted to drugs. Once they are addicted, some women sell their daughters in order to buy drugs. Staton shared two such encounters she had about 13 years ago while she was working for domestic violence at a women's shelter in South Bend, IN. One of the cases involved a pimp keeping an addicted woman's young daughter for sex for 10-15 years after her mother sold her. The girl received harsh treatments upon her attempts to escape. One of the cases also involves suspected

international crime, because the pimp was a foreigner. Staton believes that Elkhart also has cases of human trafficking. However, she cannot be sure about the cases because not every victim confesses the cases. They are involved in illegal action and “they don’t like to talk about it because they trust no one.”

Staton believes that the greatest public health concerns related to the victims of human trafficking are AIDS and HIV. She states, “AIDS is becoming an epidemic in the South Bend area.” Education regarding how to change their lifestyle is very important and needed, according to Staton. She continued and said, “They need to be informed of what they are doing to themselves.”

When asked about any community or public movement addressing health for the victims, Staton mentioned AIDS ministries that are working with the issue of the AIDS epidemic on a regular basis. Staton views human trafficking as a growing trend. She believes there are many factors attributing to its growth, such as population growth. At the end of the interview, Staton added that all women she involved with have histories of molestation as children, and many of them have very low self-esteem and values. Human trafficking is a global and national issue, yet this personal interview revealed that it also is a local issue that needs to be addressed.

Literature Review

In October 2000, U.S. Trafficking Victims Protection Act of 2000 (TVPA) was established to prevent human trafficking overseas, to protect victims of trafficking and to prosecute their traffickers. Under this law, victims of human trafficking are be granted medical care, appropriate facility access, protection, and status of criminal victims, rather than criminals. TVPA also requests the countries receiving economic and security

assistance from the United States to demonstrate minimum standards of compliance in order to receive further assistance (PAHO). As a further step of implementing the TVPA, the new U.S. “T” visa program was established on January 24, 2004. The “T” visa allows the victims to become permanent residents of the U.S. and after three years eventually apply for citizenship. With these law enforcements, the number of trafficking investigations has more than doubled from 2001 to 2005 (See Figure 2.). Thus, increased numbers of victims are protected and given proper care for their health and living.

All Trafficking Prosecutions ⁶	2001	2002	2003	2004	2005
Investigations – Total	63	65	82	129	139
Cases Filed					
Labor	6	3	6	6	8
Sex	4	7	8	23	26
Total	10	10	11	26	34
Defendants Charged					
Labor	9	17	6	7	20
Sex	26	27	21	40	75
Total	35	41	27	47	95
Convictions					
Labor	8	5	5	3	10
Sex	15	23	16	30	25
Total	23	28	21	33	35

Figure 2 All Trafficking Prosecutions. Note. From United States Department of Justice. (2006, September). *Assessment of U.S. Government Efforts to Combat Trafficking in Persons in Fiscal Year 2005.* (14/37) Retrieved December 1, 2006, from http://www.usdoj.gov/ag/annualreports/tr2006/assessment_of_efforts_to_combat_tip.pdf

As a health care provider, there is a high demand for assessing and identifying cases of human trafficking in order to rescue the victims. The victims may seek medical care only in case of severe need. Thus, culturally sensitive and careful questioning is required to break the silence and provide opportunity to rescue them. Some suggestions from governmental and nongovernmental organizations for assisting the victims of trafficking are recognizing and identifying the cues in potential victims, and calling local

law enforcement or local emergency centers with a crises intervention team. A typical characteristic of the victims is not having available legal documents. Often, the clues of the victims are similar to the domestic violence cues: for example, the presence of injury that does not match with the given explanation. The victims may be reluctant to give any information of self, the injury, home or the working environment. They may appear fearful, and be accompanied by a “friend”, “translator” or “sponsor” who is actually a pimp. Comments about long working hours, unhealthy working conditions, inappropriate pay issues, or living with an employer may provide raised consideration of human trafficking. Using a third person translator for providing care if possible and reporting to local and regional social service organizations to assist victims with counseling and certification of benefits are crucial roles of a health care professional (Spear, 2004). No evaluative comments about these strategies were mentioned. However, these interventions are a good starting place for promoting health for the victims.

The Sonagachi Project in Calcutta, India, does not directly relate to human trafficking. However it provides useful intervention to decrease the risk of HIV/STD infection for the victims of sex trafficking. The Sonagachi project has been recognized as effective intervention with lowering HIV rates among sex workers. In 2002, the World Health Organization estimated that over 4 million people are living with HIV/AIDS in India. 50%-90% of sex workers are reported as HIV positive in Bombay, Delhi, and Chennai. The HIV infection rate among sex workers for Calcutta, however, appears to be about 11%. The rate of condom use has risen among sex workers in Calcutta from 3% in 1992, to 90% in 1999.

The Sonagachi project began in 1991 as the Sexually Transmitted diseases/HIV intervention project in Calcutta. HIV prevention in this project consisted of three-level intervention. In community-level intervention, it suggested that the community view sex workers as both a labor force and an industry. Landowners who rent rooms to sex workers, madams who arrange their work, police officers who may be paid to keep sex workers out of jail, and politicians who may need votes in the coming election, may be under risk if large numbers of sex workers become ill as a result of HIV infection. Thus, condom use was advocated as a benefit to the economy. The project also redefined sex work as employment; thus, sex workers obtained power for decision-making and rights for speaking out about their health.

In group-level intervention, social relationships were utilized in order to build relationships with the sex workers. Often proposed projects fail, because they involve mandating STD testing or treating sex workers as carriers of infection. Instead, the Sonagachi Project recruited sex workers to provide outreach to other sex workers. These women provided free medication for STD treatment, such as antibiotics, and tried to help peers with a range of problems. This approach was successful because the sex worker was perceived as being viewed equally rather than being looked down upon.

At an individual level, the Sonagachi Project emphasized HIV awareness and prevention technique among the sex workers. Outreach sex workers educated their peers and also served as role models. Observing the outreach peers gave the workers hope that it was possible to gain respect, knowledge, employment and self-confidence (Jana et al. 2004). Thus, the Sonagachi Project succeeded to decrease HIV rate significantly, and to increase condom use, and to improve the sex workers' health.

Community Diagnosis

1. *Increased risk* of HIV/AIDS infection *among* victims of human trafficking *r/t* forced prostitution *as demonstrated* in “up to 86% of sex workers are infected with HIV” (Willis, 2002).
2. *Increased risk* of complicated and untreated infections *among* victims of human trafficking *r/t* the inability to receive health care, *secondary* to fear of detection; lack of permission from pimps; financial inadequacy *as demonstrated* in many human trafficking articles, such as fact sheets by Pan-American Health Organization [PAHO].
3. *Increased risk* of drug use *among* victims of human trafficking *r/t* a high level of emotional, psychological, physical, & environmental stress, ineffective coping system, and helplessness, secondary to lack of control in their lives or situation *as demonstrated* in many human trafficking articles, such as fact sheets by PAHO.
4. *Increased risk* of Post-Trauma Syndrome *among* victims of human trafficking *r/t* experience of trafficked and inhumane treatment *as demonstrated* by the definition of human trafficking.
5. *Increased risk* of Grieving *among* victims of human trafficking *r/t* loss of family, friends and social support secondary to being transported *as demonstrated* by the definition of human trafficking.
6. *Increased risk* of Rape, & physical, sexual and emotional abuse *among* victims of sex trafficking *r/t* forced prostitution *as demonstrated* in many articles such as fact sheets by PAHO.

7. *Increased risk of Social Isolation among* victims of human trafficking *r/t* repeated abuse, deceit, inhumane treatment *as demonstrated* many human trafficking articles, such as fact sheets by PAHO.
8. *Increased risk of ineffective verbal communication among* victims of human trafficking *r/t* being transported to another country *as demonstrated* by the definition of human trafficking.

Interventions

The primary intervention addressing the global level is to reduce the occurrence of human trafficking by stabilizing the economy, reducing financial disparities and poverty, and monitoring the sex industry locally, nationally and globally. Each state and national government should establish and enforce legislation against human trafficking. The primary intervention targeting the local level is to raise awareness and to educate the citizens, especially those vulnerable: young girls and women. County health departments, multi-media companies, and schools should hold public campaigns, fundraising events, and PTA meetings to inform the community about human trafficking, who is at risk of becoming a victim, and what techniques traffickers may use.

The primary interventions for already existing cases of human trafficking are redefining sex work and producing public campaigns of condom use. Each local government should talk about legalizing prostitution to increase autonomy and rights of sex workers, as mentioned in the Sonagachi project in Calcutta, India. Also, local health department should provide free condoms in brothels, and peer education opportunities among the sex workers about STDs, HIV, AIDS, and safe sex. Community nurses are encouraged to build a trusting relationship with the owners of brothels and the sex

workers, and to provide free HIV testing for them. These interventions were chosen as primary interventions because they reduce the likelihood of human trafficking or the risk of infection to STDs, HIV, AIDS when trafficking occurs.

The secondary interventions for human trafficking involve careful screening, identification, and protection of the victim or the vulnerable population. Once organizations and local governments assess and identify the presence of trafficking criminal groups and the population that is in a vulnerable environment to be trafficked, action to protect the population should be taken. Social welfare services, medical care, protection order, and other legal actions should be provided. Criminal groups should be prosecuted to prevent further occurrences of trafficking.

For individual levels of secondary prevention, health care providers should receive education and be aware of the indicators, signs and cues of victims of trafficking. The information of appropriate organizations or offices to contact should be posted in a clinic to protect the client. Also, laboratory tests, treatments any illness or infections, and references to counseling or shelter services should be provided to the victims without legal documents. These interventions are secondary because they involve early diagnosis and prompt treatment to prevent further damage by the traffickers or on the victims.

The tertiary intervention to eliminate the human trafficking case is further investigation of the criminal group and the movement. Conviction and correction services for the criminals by local correction center should be provided in local, state, or national governments to prevent the further occurrence of victimization by the group. As for an individual level of tertiary intervention, the clients should continue to receive medical care, counseling, legal assistance, translation, and other support. Language

training and education will further help the client with the risk factors associated with human trafficking, and thus prevent repeated victimization. These interventions are tertiary because they involve treatment, care and rehabilitation to prevent further progression of the harm by traffickers or on the victims. .

Evaluation

Evaluation of the primary interventions mentioned above should be done annually. The trends in implementing anti-human trafficking laws or interventions addressing governmental, organizational and public scale could be evaluated by the report from U.S. Department of State, such as *Trafficking in Persons: Global Patterns*, and non-governmental organizations, such as United Nations and Humantrafficking.org. These are reliable sources and have updated information for practices to combat against human trafficking. For STDs, HIV, and AIDS risk reduction, statistics of the prevalence should be evaluated locally, nationally and globally.

For the secondary preventions, the statistics of prosecution, conviction, and protection for the trafficking criminals and vulnerable population should be evaluated annually as well. This data can be obtained through governmental and nongovernmental organizations' annual reports. Also verbalization by health care workers on raised awareness and understanding about human trafficking indicates the effectiveness of education.

Lastly, statistics of convictions on human trafficking cases evaluate tertiary intervention.

The number of applications and especially, the approval of "T" visa are also useful methods to evaluate tertiary intervention to protect the victims. The status of the "T" visa can be obtained through the U.S. Department of State's annual report.

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