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The Public Health Implications of Trafficking in Women and Children for the Purpose of Sexual
Exploitation

Tami L. Ashbridge

Culminating Experience
Wright State University
Master of Public Health

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Abstract

Trafficking in human beings is a serious and complex human rights issue. Trafficking for the purpose of sexual exploitation has grave public health implications. The vulnerability of women and children increases their risk of becoming victims of trafficking for the purposes of sexual exploitation. Review of the literature on this subject demonstrates a direct link between the trafficking of women and children for sexual exploitation and the prevalence of HIV/AIDS, STIs and Reproductive/Gynecological Issues, Mental Health, Violence, Abuse and Social Issues. This review supports the concept of human trafficking as a serious public health issue and the need for improved resources for victims of trafficking and prevention efforts in communities most affected by this practice. Additionally, this review demonstrates the need for improved and standardized data collection methods related to the health issues associated with human trafficking. These results have important implications for the public health community as a whole as it considers how to address the continued spread of HIV/AIDS, the impact of mental health and social problems on communities and the health concerns of women and children.

Introduction

It is estimated that 600,000-800,000 people are trafficked across international borders annually with 80% of those being women and girls (Silverman, Decker, Gupta, Maheshwari, Patel, & Raj, 2006). The United States ranks second only to Germany as the world's largest destination country for women and children trafficked for purposes of sexual exploitation in the sex industry (Schauer & Wheaton, 2006). The CIA estimates that 50,000 women and children

are trafficked into the United States annually (Pan-American Health Organization, 2002). The number of U.S. citizens trafficked within the country each year is even higher, with an estimated 200,000 American children at risk for trafficking by the sex industry (NCVIRW Resource Guide, 2007). It is estimated that Americans comprise 25% of all child sex tourists (Song, 2004). (See table “Annual Profits made from exploitation” Appendix B).

While the researcher was unable to locate a single data base or any significant collective information source quantifying the health risks associated with human trafficking, independent studies have found that considerable risks exist for the victim, the fautor and the fautor’s other sexual partners. Victims of trafficking have been assessed as being at risk for problems related to physical, sexual, reproductive and mental health. Additionally, these victims are at an increased risk for substance abuse and misuse and problems related to occupational and environmental exposures.

Purpose

This paper reviews the scientific literature on trafficking in women and children for the purpose of sexual exploitation with the intention of exploring the public health implications related to this practice.

Definitions

Child Sex Tourism: The United Nations defines child sex tourism as “tourism organized with the primary purpose of facilitating the effecting of a commercial-sexual relationship with a child” (Song, 2004).

Fautor: Schauer and Wheaton suggest the use of this term to describe those that purchase sexual favors. In middle English it meant transgressor or miscreant. In modern day usage the term means patron, supporter, or abettor (Schauer & Wheaton, 2006).

Debt Bondage: “the status or condition arising from a pledge by a debtor of his personal services or of those of a person under his control as security for a debt, if the value of those services as reasonably assessed is not applied towards the liquidation of the debt or the length and nature of those services are not respectively limited and defined” (Article 1, 1956 Supplementary Convention on the Abolition of Slavery, the Slave Trade, and Institutions and Practices Similar to Slavery). Sometimes used as a mechanism to control and coerce victims of trafficking in persons” (IOM Handbook, 2007).

Health: As defined by the World Health Organization “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, the ability to lead a socially and economically productive life.”

Human Smuggling: As defined by the United Nations “The procurement, in order to obtain, directly or indirectly, a financial or other material benefit, of the illegal entry of a person into a State Party of which the person is not a national or a permanent resident” (Art. 3(a), UN Protocol Against the Smuggling of Migrants by Land, Sea and Air, supplementing the United Nations Convention against Transnational Organized Crime, 2000).

Involuntary Servitude: As defined by The U.S Department of State “includes a condition of servitude induced by means of (a) any scheme, plan, or pattern intended to cause a person to believe that, if that person did not enter into or continue in such condition, that person or another

person would suffer serious harm or physical restraint; or (b) the abuse or threatened abuse of the legal process” (U.S. Department of State, 2007).

Johns: Men who solicit sex acts. Also called “customers,” “clients,” “consumers,” and “consumers of sex acts” (Hughes, 2004).

Prostitution: “The practice of engaging in sexual activity, usually with individuals other than a spouse or friend, in exchange for immediate payment in money or other valuables” (IOM Handbook, 2007).

Sexual Exploitation: “In the context of trafficking, sexual exploitation takes many forms, including prostitution, pornography, exotic dancing, sex tourism, or forced marriage. Victims can be men, women or children. Sexual exploitation is prohibited by a variety of international instruments, including the Geneva Conventions and the 1993 Declaration on the Elimination of Violence against Women” (IOM Handbook, 2007).

Sex trafficking: As Defined by the U.S. Department of State “the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act” (U.S. Department of State, 2007).

Slavery: “The status or condition of a person over whom any or all the powers attaching to the right of ownership are exercised (Art. 1, Slavery Convention, 1926 as amended by 1953 Protocol). Slavery is identified by an element of ownership or control over another’s life, coercion and the restriction of movement and by the fact that someone is not free to leave or to change employer (e.g., traditional chattel slavery, bonded labour, serfdom, forced labour and slavery for ritual or religious purposes)” (IOM Handbook, 2007).

Trafficker:

1. As defined by Zimmerman, et al. “Any person that commits the crime of trafficking in persons. This is not limited to those involved in recruitment or transportation of people but includes employers and all those involved in the exploitation of the trafficked person.”
2. “Person responsible for, or knowingly participating in the trafficking of women. In this report, perpetrators of trafficking include recruiters, agents, pimps, madames, pimp-boyfriends, employers, or owners of venues that exploit trafficked women” (Zimmerman, et al., 2003)

Trafficking in persons: Article 3 of The UN Protocol to Prevent, Suppress and Punish

Trafficking in Persons Especially Women and Children (“The Palermo Protocol”) defines Trafficking in persons in the following manner:

- (a) “the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs;”
- (b) “The consent of a victim of trafficking in persons to the intended exploitation set forth in subparagraph (a) of this article shall be irrelevant where any of the means set forth in subparagraph (a) have been used;”

(c) “The recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation shall be considered “trafficking in persons” even if this does not involve any of the means set forth in subparagraph (a) of this article;”

(d) “Child” shall mean any person under eighteen years of age.”

Methods

This study is based on a review of the available English language scientific literature on the subject of the public health issues related to trafficking of women and children for sexual exploitation. The researcher aims to demonstrate why human trafficking should be viewed as a significant public health issue. Information was obtained from a search of the following databases and internet search engines: *Academic Search Complete, AccessUN, Article First (OCLC), Columbia International Affairs Online (CIAO), Contemporary Women's Issues, EBSCO, Electronic Journal Center (Ohio Link), Gender Studies Database, GenderWatch, Google Scholar, International Issues: e-reference books, The Inter-University Consortium for Political and Social Research (ICPSR), ISI Web of Knowledge/Science, Journals@OVID, JSTOR, LexisNexis Academic, MasterFILE Premier, MEDLINE, netLibrary, OhioLINK Library Catalog, PubMed, Social Sciences Citation Index (ISI Web of Science), SocINDEX, TOPICsearch, Women's Studies International, WorldCat, World News Connection.* The following terms were used in the search: *human trafficking, trafficking, white slavery, modern day slavery, public health and trafficking, health impacts of trafficking, forced prostitution, child exploitation, trafficking in persons, human smuggling, debt bondage, exploitation of women, human rights violations women and children, sex workers and HIV, STIs/STDs, sex workers, characteristics of men who pay for sex, and men who purchase sex.* References not relating to the topic of trafficking in women and children for the purpose of sexual exploitation were

excluded. Also excluded were references that did not address issues related to the health and social welfare of women and children trafficked for sexual exploitation. Exceptions to this were made for references that provided significant statistical data on the issue of human trafficking, references used for comparison data and information on men who purchase sex. The following questions were addressed as part of this review:

What are the public health implications of trafficking in women and children relating to the issues of 1) HIV/AIDS 2) STIs and Reproductive and Gynecological Health Issues 3) Mental Health, Violence, Abuse and Social Consequences. The issues of vulnerability and demand are also briefly addressed.

Results/Review of Literature

Vulnerability and Demand

Reports of human trafficking are documented throughout multiple nations. This practice continues to thrive due to vulnerability and demand. The UN Office on Drugs and Crime defines vulnerability as it pertains to human trafficking as “a condition resulting from how individuals negatively experience the complex interaction of social, cultural, economic, political and environmental factors that create the context for their communities” (The United Nations Office on Drugs and Crime: Background Paper, 2008). The men (and sometimes women) who purchase sex acts are the primary drivers of demand. If these people no longer made the decision to engage in this practice prostitution and trafficking might very well cease to exist (Hughes, 2005). The people who profit from selling sex acts (i.e. traffickers, pimps, brothel owners, madams, etc) serve as a secondary source of demand. These people have an economic interest in

maintaining the practice of trafficking in women and children for sexual exploitation (Hughes, 2005).

The UN has developed a list of conditions that affect vulnerability through a review of publications that address the “root causes” of trafficking. The hope is that this list will serve as a starting point for identifying vulnerable individuals. The following is a list and brief explanation of each of the “conditions of vulnerability” cited by The UN (The United Nations Office on Drugs and Crime: Overview, 2008):

1. Children: Vulnerable to demands and expectations of those in authority; Physically unable to protect themselves; Usually unaware of laws that exist to protect them; Unable to negotiate fair treatment.
2. Gender: Women are vulnerable because they are frequently excluded from economic and social systems (i.e. employment and higher education); and hold a relatively unequal status in the family & society.
3. Poverty: This term is used to refer to numerous conditions including, but not limited to, lack of food and resources; hunger and malnutrition; ill health; limited/no access to education and other basic services; increased morbidity/mortality from illness; homelessness and inadequate housing and unsafe environments.
4. Social & Cultural Exclusion: Based on factors such as ethnic, linguistic or religious differences; low social status or “involuntary minority status,” certain groups are prevented from receiving benefits and protections that are intended for all citizens.
5. Limited Access to Education: Those with limited education or illiteracy have fewer opportunities for employment and limited ability to negotiate terms of employment.
6. Political Instability, War & Conflict: Increases vulnerability of women and children due to disruption of community life and “protective framework”; displacement; abuse of power by relief workers and limited access to resources.
7. Social, Cultural & Legal Frameworks: Vulnerabilities due to status in an

individual's environment. Examples include "discriminatory labor practices, patriarchal social structures, women's role in the family, and forced marriage." 8. Movement: Movement under duress can worsen already existing vulnerabilities. Examples of individuals impacted by this include refugees, internally displaced persons and asylum seekers. 9. Demand: More important in countries of destination. Vulnerability increases due to lack of familiarity with social, cultural and legal customs; language barriers; isolation; and fear of reprisal or mistrust of authorities. (See Map of Origin and Destination sites attached as Appendix C).

In general studies have found that men are the primary purchasers of sex acts. For this reason review of research into the characteristics of those who purchase sex acts was focused on the male gender. Men who purchase sex acts are often referred to as "Johns." In her paper "Myths and Realities Concerning Child Trafficking" Donna M. Hughes states that this term "normalizes men's behavior." She goes on to state that these men should be referred to as "criminals, perpetrators, predators, child molesters, child rapists, or something more precise that does not normalize their activities and instead conveys the harm they are doing" (Hughes, 2004).

Due to the clandestine nature of trafficking little information is available on the johns and traffickers. The majority of the information that is reported is extrapolated from surveys and interviews with men who have been arrested for soliciting sex acts. These studies have found that men who purchase sex come from all nationalities, races and income classes. A great number of them are married or in a long term relationship. A U.S. study conducted through interviews with women in the sex industry reported that the majority of customers are "white, mostly married, and from the suburbs." Several of these women reported numbers of married men who purchased their services as high as 70%-90% (Raymond, 2004). In a study of 80 men who purchase sex in the Greater Vancouver British Columbia Regional District, 49% of respondents

reported that they had a regular sex partner and 24% reported that they were married or lived in a common law relationship (Lowman & Atchison, 2005). A study done on Indonesian men who purchase sex from prostitutes reported that 75% of these men were married (Raymond, 2005). There is a wide range reported for the age and educational status of men who purchase prostitutes. Women in the sex industry report buyers come from all age groups and endorse experiences with men ranging from age 15 to 90 (Raymond, 2005). Women interviewed in Venezuela report that the educational level of Johns ranged from “illiterate to Ph.Ds.” (Raymond, 2005). In a U.S. study women reported occupations of men ranging from working class (truck drivers, warehouse workers, military) to professional men (doctors, lawyers, politicians). Many of these women report that police authorities have asked for sex in exchange for dropping charges against them (Raymond, 2005).

These results show that men who purchase sex come from all demographic groups. One of the most disturbing points is that many of these men are married or have a regular sex partner. This trend further demonstrates that men who purchase sex are not only putting themselves at risk, but also risking the health of others including wives, children and other sexual partners.

HIV/AIDS

Much of the available data pertaining to HIV/AIDS in victims of trafficking comes from Asia and Africa. The need to address the consequences of trafficking has been a focus in these regions for some time. Studies report that HIV/AIDS is a major concern for victims of trafficking from all regions. Due to data availability the majority of the information covered in

this review comes from countries in Africa and Asia. UNAIDS reports “Significantly higher rates of HIV infection have been documented among sex workers and their clients as compared to most other population groups within a country” (UNAIDS, 2002). In some communities, up to 86% of sex workers are infected with HIV (Willis & Levy, 2002). The results of one study show that, among Indian men, contact with commercial sex workers poses a 70% increased risk of HIV (Silverman, Decker, Gupta, Maheshwari, Patel, & Raj, 2007). Countries with large commercial sex industries and a significant trafficking problem have very high rates of HIV infection. Physicians for Human Rights reports that “In India thirty to sixty percent of prostitutes and up to fifteen percent of all truck drivers are infected with HIV/AIDS. Research into HIV/AIDS and the sex industry in Mumbai, India indicated that 70% of the sex workers in Mumbai are HIV-positive” (Physicians for Human Rights, 2004).

In her 2004 testimony before The U.S. House International Relations Committee, Holly Burkholter, U.S. Policy Director for Physicians for Human Rights stated that “victims of sex trafficking are at an even greater risk for contracting HIV because they have no ability to insist upon condom use and are vulnerable to dangerous sexual practices most associated with transmission. Additionally, they are forced to have intercourse with multiple partners and violence is common in commercial sex, particularly when women or children are forcibly subjected to sex against their will. Injuries sustained during sexual contact heighten physical vulnerability to AIDS transmission” (Physicians for Human Rights, 2004). A study of Burmese sex workers conducted by Beyrer & Stacowiak found that “HIV rates are approximately two to three times higher among trafficked Burmese sex workers in Thailand, than among Thai women voluntarily working in the industry. It is estimated that 30-40% of Burmese trafficked women became infected with HIV through their sex work” (Beyrer & Stachowiak, 2003). In one study

approximately 1 in 4 (22.9%) of trafficked individuals tested positive for HIV (N=175) (Silverman, et al., 2007). In a study of repatriated Nepalese sex-trafficked girls and women (n=287), 109 (38%) tested positive for HIV. This study compared those trafficked at 18 years or older to girls trafficked prior to age 15 and found that those trafficked prior to age 15 years were at increased risk for HIV, with 20 of 33 (60.6%) infected among this age group (Silverman, Decker, Gupta, Maheshwari, Patel, & Raj, 2007).

Willis & Levy report that “In a study by the Economic and Social Commission for Asia and the Pacific (ESCAP) 15 of 176 prostituted children in six countries, HIV infection rates ranged from 5% in Vietnam to 17% in Thailand.” They also reported that 50-90% of children rescued from brothels in parts of Southeast Asia are infected with HIV (Wills & Levy, 2002). Results of a study conducted in India show that the majority of trafficking in India happens for the purpose of sex work. Over 60% of those trafficked into sex work are adolescent girls age 12—16 years. In many cities, girls as young as eight are sold at auctions. There are an estimated 2,000,000 prostitutes in India and 60% of these women in prostitution in Mumbai are HIV positive. Demand for young girls is fueled by many myths. One common myth perpetuating the demand for young girls in South Asia is that sex with a virgin can cure sexually transmitted infections (STIs) and HIV/AIDS (Huda, 2006). Across Africa myths fueling incidence of sexual abuse and commercial sexual exploitation of children include: “Children cannot transmit HIV because they lack the sexual fluid that may contain the virus.” – “Children can survive HIV as they are resistant.” – “Sex with a virgin cures HIV/AIDS.” These myths are making children and adults more vulnerable to contracting HIV (ECPAT International, 2007).

Huda states that “Sex trafficking has direct cause and effect linkages to the spread and mutation of the AIDS virus and sex trafficking is aiding the global dispersion of HIV subtypes” (Huda, 2006). The same vulnerabilities and risks for HIV that are present in commercial sex workers also exist in victims of trafficking. These vulnerabilities are compounded by the fact that trafficking victims are “often unable to access health information and services because they are held captive through physical and/or psychological means, are unfamiliar with their local environment, are afraid of being deported, do not speak the local language, or have been threatened with violence or deportation by their traffickers” (PAHO, 2003).

STIs and Reproductive/Gynecological Health Issues

Several studies have found that the prevalence of STIs is higher among women in prostitution than in the general population. For example, The Pan-American Health Organization: Women, Health and Development Program reports that in a 2002 study 60.8% of 997 female prostitutes in Mexico City were seropositive for Herpes simplex virus 2, compared to a prevalence of 29.3% in a sample of women not involved in prostitution (Phinney, 2002). In a study conducted by Willis & Levy in Brazil it was found that 18 (2.7%) of 645 sex workers were infected with HBV and 12 (2.5%) of 464 were infected with HCV (Willis & Levy, 2002). Willis & Levy also reported that “In Japan, 55% of men with Chlamydia urethritis and 65% of men with gonorrhoea presenting at an STD clinic had been infected by sex workers. Likewise, sex workers were identified as a key factor in the huge HIV epidemic in Thailand. In addition, the clients of sex workers further the transmission of infections in communities through infecting their partners” (Willis & Levy, 2002).

Prostituted women and children are at high risk of acquiring STDs such as Gonorrhea, Chlamydia, Syphilis, Human Papilloma Virus (HPV) and Hepatitis; transmitting these diseases to their infants and clients, and developing drug-resistant forms of STDs (Willis & Levy, 2002). In prostituted children in a study by the Economic and Social Commission for Asia and the Pacific (ESCAP), STD rates were far higher in Cambodia (36%), China (78%), and Thailand (38%) than the 5% yearly incidence of these diseases in adolescents worldwide. Prostituted children who are infected with an STD that causes genital ulcers, such as Syphilis or Chancroid, have a four times increased risk of HIV infection (Willis and Levy, 2002). Sexually active adolescents who do not use contraception have a 90% chance of becoming pregnant within one year. Many prostituted girls do not have access to contraceptives, thus increasing their risk of becoming pregnant. Willis & Levy report that “Maternal morbidity in girls younger than 18 years is two to five times greater than in women aged 18-25 years, and pregnancy-related deaths resulting from obstructed labor, infections, hemorrhage, abortion, and anemia, are the leading cause of death for girls aged 15-19 years worldwide” (Willis & Levy, 2002). Trafficked and prostituted children are at an increased risk for adverse health effects. Using specific health data on prostituted children and data from studies in sex workers and adolescents Willis and Levy estimated the global morbidity and mortality associated with child prostitution. From this they reported the yearly estimated occurrence of these health effects as follows: “Infectious Disease: STDs 2,000,000, HIV Infection 300,000, HPV Infection 4,500,000, HBV Infection 500,000; Pregnancy: Maternal Deaths 4752, Spontaneous Abortions 900,000, Induced Abortions 1,224,000, Abortion-related Complications 367,200, Abortion-related Deaths 710. Data on Adverse Health Effects in Infants Born to Prostituted Children is also listed: Infant Deaths

190,080, Complications of STDs 237,000, HIV Infection 249,480, Deaths from HIV Infection 54, 886, HBV Infection 8316” (Willis & Levy, 2002) (copy of table attached as “Appendix D”).

In one study of women trafficked for sexual exploitation nearly one-quarter of twenty-two respondents reported having had at least one unintended pregnancy and a subsequent termination of pregnancy. It was found that in one of these women illegal abortion resulted in near-fatal complications (Zimmerman, Watts & Shvab, 2003). Consequences of trafficking for the purpose of sexual exploitation can include cervical cancer, which is common among women who have frequent sexual encounters with many men (Jones, Engstrom, Hillard & Diaz, 2007). The International Organization for Migration reports that “Victims of trafficking are subjected to abuses and sexual violence that include forced vaginal, oral or anal sex; gang rape; degrading sexual acts; forced prostitution, inability to control number or acceptance of clients; forced unprotected sex and sex without lubricants; unwanted pregnancy, forced abortion, unsafe abortion; sexual humiliation, forced nakedness; coerced misuse of oral contraceptives and other contraceptive methods; and the inability to negotiate sexual encounters” (IOM, 2006). The IOM also reports that “These abuses can lead to multiple reproductive and sexual health consequences including sexually transmitted infections, reproductive tract infections and related complications, including pelvic inflammatory disease, urinary tract infections, cystitis, cervical cancer and infertility; Amenorrhea/dysmenorrhea; acute or chronic pain during sex; tearing and other damage to the vaginal tract; negative outcomes of unsafe abortion, including cervix incontinence, septic shock, unwanted birth, maternal death; and difficulties forming intimate sexual relationships” (IOM 2006).

The following data was reported by A. Maheshwari as part of her thesis submitted to The Yale University School of Medicine. Maheshwari performed a retrospective review of medical records and case files of residents at a major NGO specializing in the rescue of sex trafficked women and girls in India. From the records of 195 women and girls it was found that 5 (2.6%) tested positive for Tuberculosis, 83 (42.5%) were treated for reproductive health issues, 43/127 (25.29%) tested positive for HIV, 14 (7.2%) were treated for respiratory health issues and 7 (3.6%) were documented as having a Fever of Unknown Origin. The first 59 cases in this sample were also tested for syphilis with 8.5% found to be positive. Additionally, 29.2% of the rescued women were diagnosed with urinary tract infection, over 1 in 10 (11.8%) had complaint of abnormal vaginal discharge and 7.7% had complaint of abdominal pain unrelated to gastrointestinal complaints (Maheshwari, 2006).

Mental Health, Violence and Social Consequences.

Traffickers employ various techniques to gain control over their victims. Psychological abuse is a key element used by traffickers to manipulate individuals. This type of abuse can include use of intimidation and threats, lies and deception, emotional manipulation and the imposition of unsafe, unpredictable and uncontrollable events. The abuse is persistent and extreme with the intent being to destroy an individual's psychological and physical defenses (Szilard, Weekers, & Jaffee, 2004). Victims of trafficking commonly exhibit multiple stress related symptoms and behaviors. Studies list the following as the most common: Headaches, neck pain, back and body aches, nausea, stomach aches, unhealthy weight-loss, trembling, sweating, heart palpitations, sleeping problems, dizziness, vision disturbances immuno-suppression; Hopelessness, despair,

suicidal thinking, self-harm, explosive or extremely inhibited anger, violent, altered states of consciousness, amnesia, dissociative episodes, reliving experiences, isolation, withdrawal, distrust, memory problems, chronic anxiety, nightmares, chronic fatigue, frequent crying, general lack of interest; Overdose, addiction, physical damage (brain/liver), needle introduced infections, dependence on drugs, alcoholism, participation in high risk behaviors such as promiscuous unprotected sexual acts, violence, crime; Feelings of isolation, loneliness, inability to establish or maintain meaningful relationships, mistrust, rejection by family or community, risk of being re-trafficked(The London School of Hygiene and Tropical Medicine, 2003), (Jones, Engstrom, Hillard & Diaz, 2007) .

Victims of trafficking are also at a significant risk for Post Traumatic Stress Disorder (PTSD). In one study of female brothel workers 17% of the sample were found to exhibit symptoms of PTSD, and 29% were likely to have clinical symptoms of depression. Forty one per cent admitted to having suicidal thoughts, and 18.5% tried to commit suicide at least once (Cwikel, Ilan, & Chudakov, 2003). In a study of 475 sex workers in five countries 67% met the diagnostic criteria for post-traumatic stress disorder (Willis & Levy, 2002). PTSD and depression can have a considerable negative impact on the victim's ability to seek help. Jones, Engstrom, Hilliard and Diaz reported that "A trafficking victim who is experiencing symptoms such as decision-making problems, lack of energy, hopelessness, and feelings of guilt is unlikely to mobilize the resources needed to escape a trafficking situation (Jones, et al., 2007)." Physical abuse is also employed by traffickers to gain control over their victims. In a study of trafficking victims in the European Union it was found that 95% had been violently assaulted or coerced into a sexual act (Jones, et al., 2007). Researchers from The London School of Hygiene &

Tropical Medicine performed interviews with victims of trafficking and reported the following results (Zimmerman, Yun, Shvab, Watts, Trappolin, Treppete, Bimbi, Adams, Jiraporn, Beci, Albrecht, Bindel, & Regan, 2003): “Before starting work in a destination setting, nearly half of the 23 trafficked women interviewed had been confined, raped, or beaten during the journey. Twenty-five of 28 women reported having been “intentionally hurt” since they left home. The majority of reported injuries and illness were the result of abuse. All women reported having been sexually abused and coerced into involuntary sexual acts, including rape, forced anal and oral sex, forced unprotected sex, and gang rape.”

Children trafficked for the purpose of sexual exploitation are at risk of injuries as a result of violence from pimps, clients, police, and intimate partners. Willis and Levy report that “Girls are often beaten to induce miscarriages. Children can be killed by such violence” (Willis & Levy, 2002). Jones et al. report that “Exposure to violence often results in self-blame and learned helplessness on the part of the victim, making it even less likely that victims will seek help or accept it if it should become available” (Jones, et al., 2007).

Victims of trafficking also suffer many social consequences. Watts & Zimmerman report that “These women and children often lack access to appropriate medical care, are shunned by their families and communities, become victims of addiction, are unable to obtain paperwork needed to leave the country and have difficulty re-integrating into society. Often times they are afraid to return to their homes. Most victims of trafficking have vital documents, such as their passports and visas, confiscated” (Watts & Zimmerman, 2002). In a study of women brothel workers in Israel 82% were trafficked into the country illegally, effectively depriving them of access to discretionary health care. (See table “Common Barriers to Accessing” Appendix E) The

significant proportion of these women reported being sold or transferred between brothel owners, and lacked access to their personal documents (passport) (Cwikel, et al. 2003). Beyrer & Stanchowiak found that “Trafficked Burmese women working illegally and in debt-bondage in the Thai sex industry have little or no access to health care services. Consequences of this include lack of care, late treatment, septic abortions (instead of contraception), and chronic untreated infections like gonorrhea and syphilis” (Beyrer & Stanchowiak, 2003).

Prostituted children are often responsible for providing financial support (income remittances) to their families. Social, cultural, and economic factors contribute to child prostitution. In some communities, prostitution is widely accepted and/or laws against child prostitution are not enforced. Willis & Levy reported that “Based on rates of substance abuse by sex workers of nearly 100% in some locations, a high percentage of prostituted children probably abuse various substances from tobacco and alcohol to inhalants and opiates, incurring health risks such as overdose; permanent kidney, liver, and brain damage; infection with HIV, HBV, HCV, and other blood-borne infections; and cancer” (Willis & Levy, 2002).

Victims of trafficking often fear returning to their community of origin due the stigma that may be attached to what has happened to them. Attitudes and beliefs towards prostitution can prevent the victims from being accepted by their families and communities. “In some cultures the entire family could be ostracized as a result of the victim’s past” (The United Nations Office on Drugs and Crime: Background Paper, 2008). Poudel & Carryer reported that “Most of the girls and women currently trafficked to India and other destinations are abducted by traffickers, having been sold by their own next-of-kin, parents, relatives of their husbands, or friends of the family. In Nepal there is widespread ignorance and prejudice about HIV/AIDS-related illness

and death. HIV-positive ex-prostitutes are usually rejected by their families and ostracized by society. If the HIV-positive status comes to the attention of the police, the victim may be subjected to physical and mental torture, enforced medical examinations, and public exposure, resulting in lifetime stigmatization” (Poudel & Carryer, 2000) (See Graph “Number of victims by recruitment method” Appendix F).

Data from the International Organization for Migration office in Kosovo show that, of the 130 trafficked women who were assisted during the first four months of 2001, 72% were promised false opportunities abroad, 11% were kidnapped, and 91% received no payment for their services. 60% had no access to medical services despite the high-risk nature of their work (Watts & Zimmerman 2002).

Discussion

The health of women and children trafficked for the purpose of sexual exploitation is an issue of great importance. The impacts of health problems related to this practice have serious implications not only for the victim, but also for the victim’s country of origin and country of destination. While the researcher was unable to find a single collaborative data source on health and human trafficking, results of the individual studies and reports reviewed above demonstrate the need to view this as a serious public health concern. In 2007 the United Nations Joint Program on HIV/AIDS estimated that 33.2 million people worldwide were living with HIV (15.4 million women & 2.5 million children under 15 years); an estimated 2.5 million became newly infected with HIV (2.1 million adults & 420,000 children under 15 years) and an estimated 2.1

million lost their lives to AIDS (1.7 million adults & 330,000 children under 15 years) (UNAIDS, 2007). This review demonstrates that a primary link exists between human trafficking and the spread of HIV/AIDS. This is demonstrated by study findings of HIV rates as high as 90% in some children rescued from brothels (Willis & Levy, 2002) and a study finding of a 70% increased risk rate for contracting HIV for those who have contact with commercial sex workers (Silverman, et. al, 2007). Additionally, this review has demonstrated that these victims suffer from serious health problems related to infectious diseases and reproductive health. Often times, complications of these health issues are passed on to infants born to the victims of trafficking. The practice of trafficking in human beings represents a serious violation of basic human rights. Many of these victims have been sold into trafficking by family or friends. They suffer from ongoing physical and psychological abuse and are deprived of all basic rights and access to even the most basic health services. Even if these victims are able to escape they face the possibility of being arrested, outcast from their community or re trafficked (Poudel & Carryer, 2000).

Attempts at addressing the issue of human trafficking are being made by several governmental and non-governmental groups. It is difficult to organize a targeted campaign to address any issue without thorough and reliable data. In the 2006 publication ASEAN and Trafficking in Persons: Using Data as a Tool to Combat Trafficking in Persons (p. 2-4), the IOM reports "Trafficking is an underground and organized criminal activity that cannot be measured by traditional data collection methods. Victims are often unwilling or unable to come forward and report their experiences to the authorities. If officials do not recognize a case as "trafficking", then data on these cases will not be collected, or alternatively, valuable data about trafficking cases may be misclassified under other categories of crime, such as illegal migration,

illegal prostitution or sexual assault.” In March 2007 The UN launched a program to “coordinate the global fight on human trafficking.” This program entitled The United Nations Global Initiative to Fight Human Trafficking (UN.GIFT) lists expansion of the knowledge base on trafficking as one of its primary goals stating: “The most significant challenge facing UN.GIFT is the creation of a comprehensive knowledge base. Many governments, organizations and individuals around the world are committed to fighting human trafficking, but the absence of reliable data cripples their efforts. The very clandestine nature of human trafficking makes the gathering of relevant and useful information difficult. We need far more data on the extent of this crime, its geographical spread and the many forms it takes. Lacking primary data makes it difficult to identify the factors that cause trafficking, to establish best practices to prevent it and to assess its impact. This needs to be rectified. The knowledge gap needs to be filled if we are to formulate an effective strategy. The research component of UN.GIFT aims to deepen understanding of human trafficking by better data collection, analysis and sharing, as well as joint research initiatives” (UN Office on Drugs and Crime, 2008).

What data is available has shown that the problem of human trafficking is too pervasive to wait until a full analysis of all of the issues can be performed. In the interim, programs created by governmental agencies such as The United Nations Educational, Scientific and Cultural Organization (UNESCO) and UN.GIFT have taken a prevention approach to addressing this issue. The UNESCO Project includes a minority language radio drama against HIV/AIDS, Trafficking and Drugs. The programs are aired as a “dramatic soap opera” based on actual stories collected during group discussions at the village level. UNESCO has collaborated with radio stations with “established listener-bases of minorities in minority languages” (UNESCO,

2003) (An excerpt from a program is included as Appendix G). In an effort to raise awareness about human trafficking, The UN.GIFT campaign has produced multiple public service announcements, distributed literature and put up billboards in vulnerable areas. Additionally, in the 2008 publication from The United Nations Office on Drugs and Crime entitled UN.GIFT Human Trafficking; An Overview, the following recommendations are made to member countries in regards to complying with the prevention portion of the Palermo Protocol: “1. To establish, together with NGOs and civil society, comprehensive regional and national policies and programmes to prevent and combat human trafficking and to protect the victims. 2. To implement, together with NGOs and civil society, research, information and media campaigns and social and economic initiatives to prevent and combat trafficking in persons. 3. To take measures to alleviate the vulnerability of people (women and children in particular) to human trafficking, such as measures to combat poverty, underdevelopment and lack of equal opportunity. 4. To take measures to discourage demand, that fosters exploitation, that in turn leads to trafficking in persons. 5. To provide training to relevant officials in the prevention and prosecution of trafficking in persons and in the protection of the rights of the victims. 6. To exchange information on human trafficking routes, modus operandi, trafficker profiles and victim identification. 7. To take measures to prevent means of transport operated by commercial carriers from being used in the commission of human trafficking offences. 8. To strengthen cooperation among border control agencies by, inter alia, establishing and maintaining direct channels of communication.”

The researcher supports the current prevention activities and data collection goals of UN.GIFT as positive steps towards addressing the issue of human trafficking. In addition to

these initiatives, it is imperative that programs be developed to address gaps in healthcare services, follow up medical treatment, spread of infectious disease and social re-integration and community awareness. The majority of these victims are powerless to impact their risk factors on their own. These programs need to be carried out in a manner that does not further endanger the victims of trafficking and people suspected of participating in sex work. Campaigns focusing on education and dissuasion of the factors would also be of benefit. Currently such campaigns are geared mostly towards warning them of the legal implications of their behavior.

Informational campaigns targeting men who purchase sex should provide information on the potential health risks of the behavior and should be formulated in such a manner as to break the myth of children and trafficked women as safe avenues for sex. Finally, efforts need to be made to address the issues that contribute to victim vulnerability. Political and community leaders need to work towards developing economic programs that provide their people with safe options for caring for their families.

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Appendix A

Public Health Competencies Achieved

1. Domain #1 Analytic Assessment Skill
 - 1) Defines a problems
 - 2) Evaluates the integrity and comparability of data and identifies gaps in data sources
 - 3) Identifies relevant and appropriate data and information sources
2. Domain #3 Communication Skills
 - 1) Communicates effectively both in writing and orally, or in other ways
 - 2) Solicits input from individuals and organizations
 - 3) Effectively presents accurate demographic, statistical, programmatic, and scientific information for professional and lay audiences
3. Domain #4 Cultural Competency Skills
 - 1) Identifies the role of cultural, social, and behavioral factors in determining the delivery of public health services
 - 2) Develops and adapts approaches to problems that take into account cultural differences
4. Domain #6 Basic Public Health Sciences Skills
 - 1) Defines, assesses, and understands the health status of populations, determinants of health and illness, factors contributing to health promotion and disease prevention, and factors influencing the use of health services
 - 2) Identifies and applies basic research methods used in public health
 - 3) Applies the basic public health sciences including behavioral and social sciences, biostatistics, epidemiology, environmental public health, and prevention of chronic and infectious diseases and injuries
 - 4) Identifies and retrieves current relevant scientific evidence
 - 5) Identifies the limitations of research and the importance of observations and interrelationships

5. Domain #8 Leadership and Systems Thinking Skills

- 1) Creates a culture of ethical standards within organizations and communities
- 2) Helps create key values and shared vision and uses these principles to guide action
- 3) Identifies internal and external issues that may impact delivery of essential public health services (i.e. strategic planning)

Appendix B

Annual Profits Made From Exploitation

The United Nations Office on Drugs and Crime, 2008)

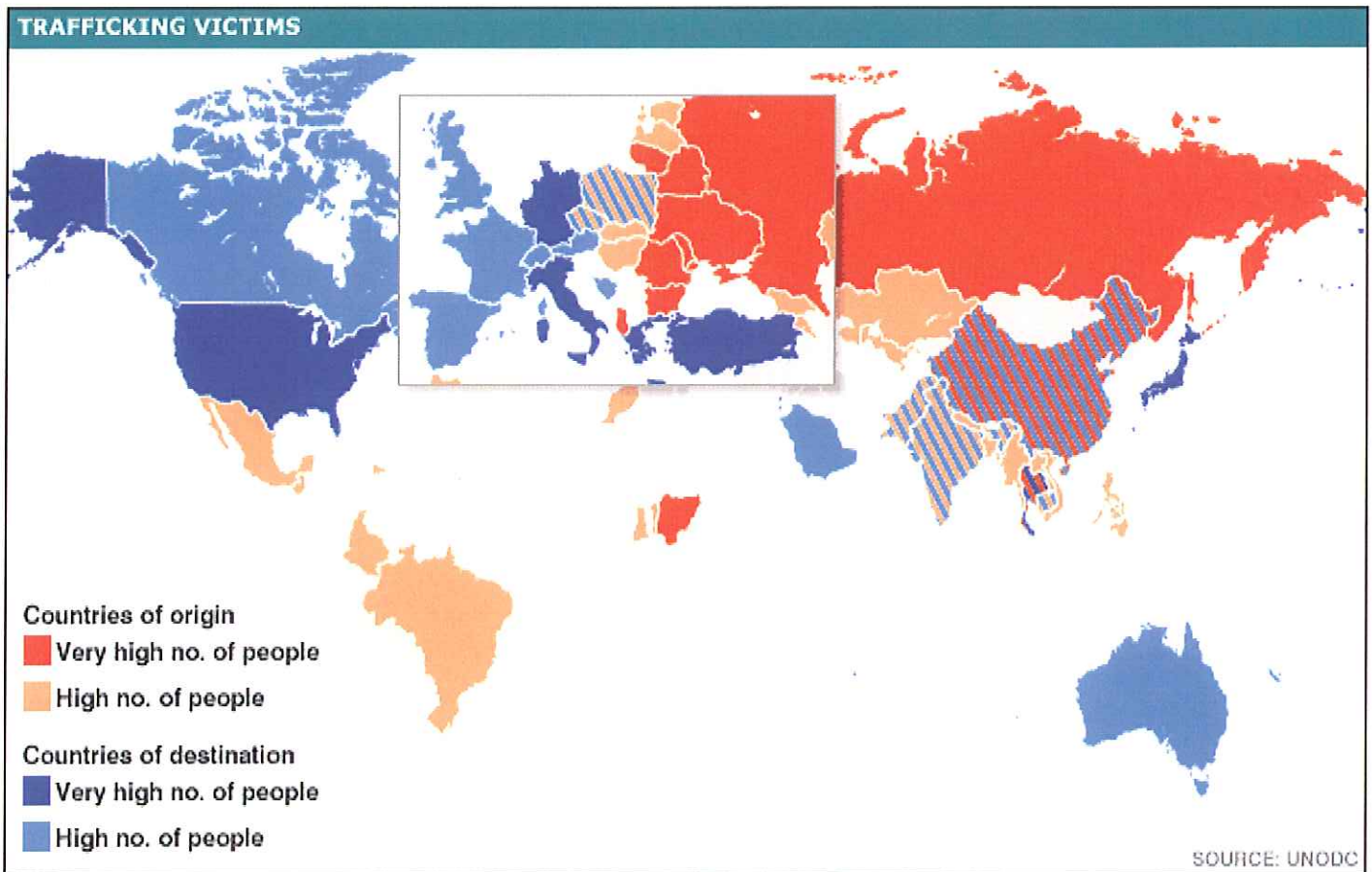
According to ILO,10 the annual profits made from the exploitation of all trafficked forced labor are as follows:

| | Millions of United States dollars |
|--|-----------------------------------|
| At the global level | 31.7 |
| Industrialized economies | 15.5 |
| Countries with economies in transition | 3.4 |
| Asia and the Pacific | 9.7 |
| Latin America and the Caribbean | 1.3 |
| Sub-Saharan Africa | 1.6 |
| Middle East and North America | 1.5 |

Appendix C

Origin and Destination of Trafficking Victims

United Nations Office on Drugs and Crime (2007)



Appendix D

Table Copied from: Willis, B.M. & Levy, B.S. (2002). Child prostitution: global health burden, research needs and interventions. *The Lancet*, V359(9315).P.1418.

| Estimated yearly occurrence | |
|--|--------------------|
| Adverse health effects in prostituted children* | |
| Infectious disease | |
| STDs | 2 000 000 |
| HIV infection | 300 000 |
| HPV infection | 4 500 000 |
| HBV infection | 500 000 |
| Pregnancy | |
| Maternal deaths | 4752 |
| Spontaneous abortions | 900 000 |
| Induced abortions | 1224 000 |
| Abortion-related complications | 367 200 |
| Abortion-related deaths | 710 |
| Mental illness | |
| PTSD | 6 700 000 |
| Attempted suicide | 1640 000 |
| Substance abuse | |
| All substances | 9 000 000 |
| Violence | |
| Physical assault | 2 500 000 |
| Rape | 2 500 000 |
| Murder | 6900 |
| Malnutrition | Unable to estimate |
| Adverse health effects in infants born to prostituted children; | |
| Infant deaths | 190 080 |
| Complication of STDs | 237 000 |
| HIV infection | 249480 |
| Deaths from HIV infection | 54 886 |
| HBV infection | 8316 |

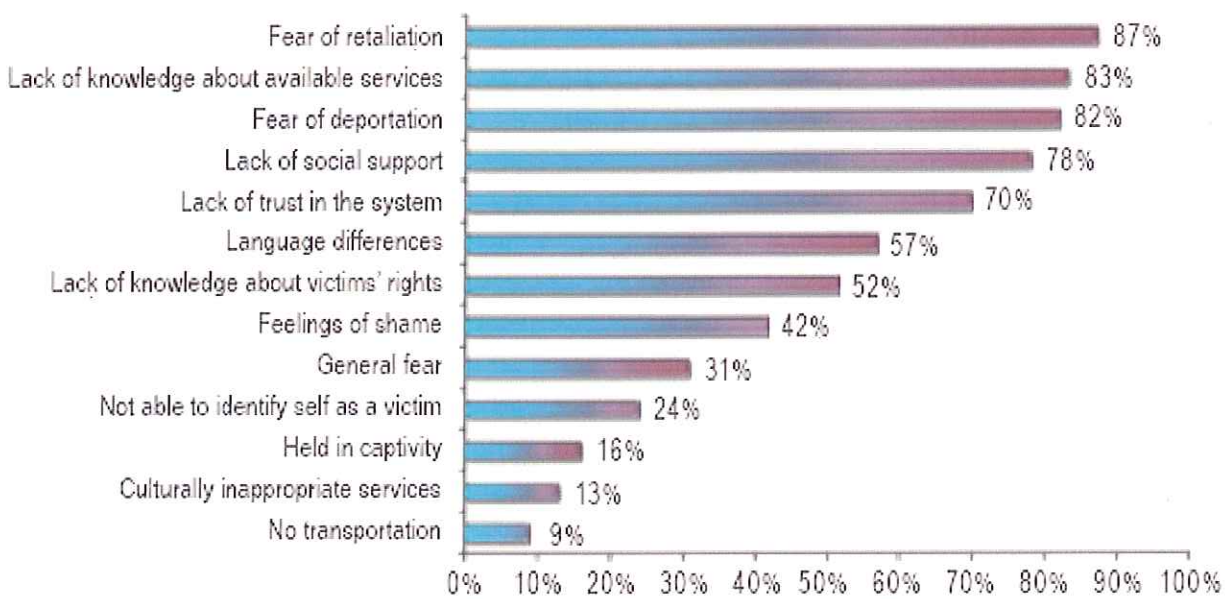
STD=sexually transmitted disease. HPV=human papillomavirus. HBV=hepatitis B virus. PTSD=post-traumatic stress disorder. *Based on an estimated 9 million girls and 1 million boys prostituted per year. †Based on an estimated 2 376 000 infants born to prostituted children per year.

Table 2: Estimated yearly occurrence of adverse health effects of child prostitution

Appendix E

Common Barriers to Accessing Services

Clawson, H.J., Small, K.M., Go, E.S., Myles B.W. (2004). Needs Assessment for Service Providers and Trafficking Victims. *Report for the U.S. Department of Justice*. Fairfax, Virginia: Caliber.

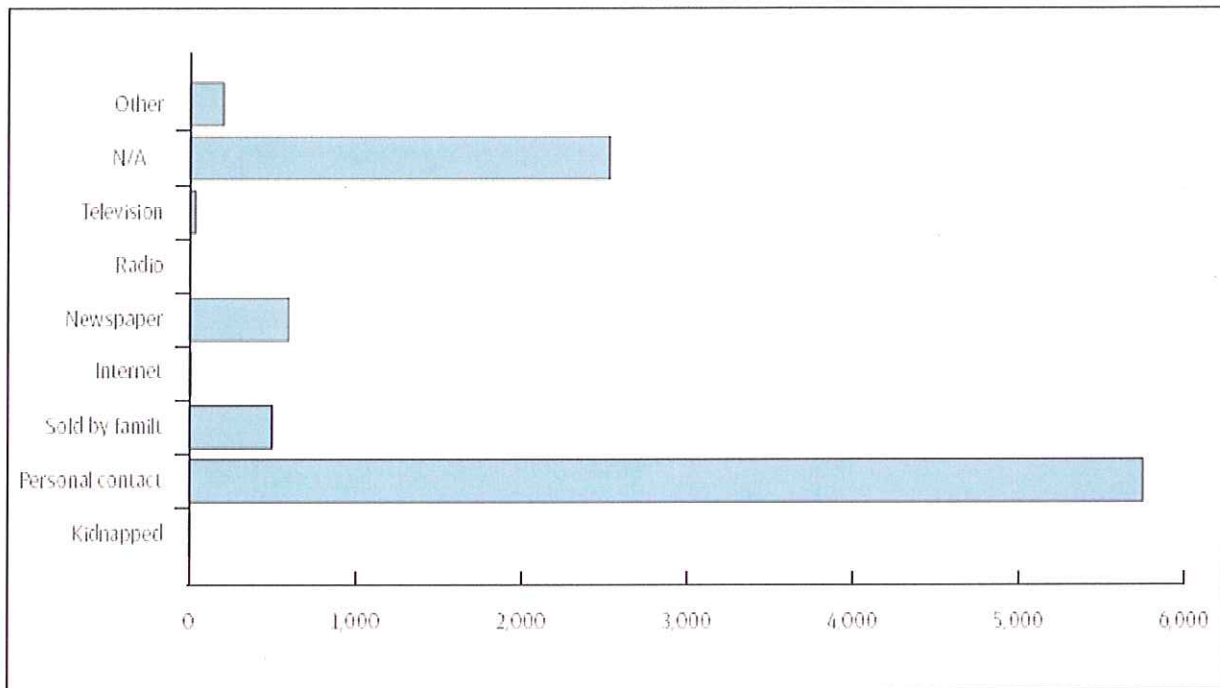


Appendix F

Number of Victims by Recruitment Method

International Organization for Migration, Counter-Trafficking Database, 78

Countries, 1999-2006 (1999). Page 12



Source: IOM Counter-Trafficking Database.

Appendix G

Excerpt of Radio Drama Copied from: The United Nations Educational, Scientific and Cultural Organization (UNESCO) (2003). *Final Report Asian Development Bank-UNESCO-SEAMEO; Joint Project on ICT Preventive Education in the Cross Border Areas of the Greater Mekong Sub-region*. Bangkok, Thailand: de Lind van Wijngaarden, J.W, Feingold, D., Peters, H., Lertcharoenchok, Y., Wisesjindawat,W., Achilles,V., Wrigley, O. and Thanh Loan, N. P. 13-14

Box 3 – Lahu Soap Opera Excerpt: “A nyi hta ve hpa vaw ve” (Yesterday's Sweet Flower)

“Yesterday's Sweet Flower” is a story of a 14-year-old girl, Na ha ve, who grows up in a poor family in a remote Lahu village. Both her parents are opium addicts. Her older brother and brother-in-law were killed in a drug trafficking incident, leaving behind their jobless widows and young children.

Like many Lahu teenagers, Na ha ve dreams of a beautiful future, of meeting a nice good man, with whom she will marry and establish a family. One day, a well-dressed Lahu woman and a rich-looking Thai couple appeared in the village, looking for young girls to work in town. Despite her illiteracy, Na ha ve is promised an easy job with a good boss and a nice pay.

With no paid job in the village to support their families, Na ha ve and her two friends, Na mi teh and Na u di, decide to leave with the job agents. Their lives turn up-side-down as each of them is sold directly to different brothels.

Following a police crackdown, Na ha ve and a number of other girls and women are sent to an NGO-run shelter for victims of trafficking. A medical check-up shows that Na ha ve is HIV positive.

At the village, Na ha ve's father passes away and her ageing mother is left unattended as her children either die or live elsewhere. Na ha ve's return to the village is not welcome as people are afraid of contacting HIV/AIDS disease. The mother and daughter become village outcasts. Na ha ve's village boyfriend, who promised to wait for her, has left for construction work in the city and got married to another woman.

Shortly after a training workshop on HIV/AIDS, trafficking and drugs, the villagers' view and attitude towards HIV/AIDS and positive people change. Na ha ve and her mother are looked after and provided for by their neighbors. But time is running out for the young girl.

Appendix H
Contributors

1. The researcher was assisted in the search for and evaluation of information by the following experts in the field of human trafficking:
 - 1) Mr. Tim Delvecchio, Strategic Police Matters, Human Trafficking, OSCE-Vienna
 - 2) Mr. Christiann Martens, Strategic Police Matters, Human Trafficking, OSCE-Vienna
 - 3) Mr. Brian M. Willis, JD, MPH of ECPAT-USA (Ending Child Prostitution, Child Pornography, and trafficking of Children for Sexual Purposes-USA).
 - 4) Capt Walter A. Ashbridge, Ohio State Highway Patrol (RET); Investigator, Madison Correctional Institute (RET); Ohio Joint Gang Task Force.