

HEALTH ISSUES AFFECTING TRAFFICKED INDIVIDUALS

The Asian & Pacific Islander Institute on Domestic Violence has been addressing issues affecting trafficking victims since 2002.

Definition

Trafficking is defined as the recruitment, harboring, provision, receipt, transportation and/or obtaining of individuals by using force or threats, coercion, fraud and/or using systems of indebtedness or debt bondage for purposes of sexual or other forms of economic exploitation. Trafficking is distinct from human smuggling, which involves transporting individuals for a fee, typically across borders. There is no relationship between smuggler and smuggled, beyond transportation. However, the manner and circumstances of entry do not necessarily preclude someone from becoming a victim of trafficking. For example, a smuggler may use threats of serious harm or physical restraint to force someone into involuntary servitude, peonage, debt bondage, or slavery. Trafficking therefore includes some or all the following: recruitment, unsafe migration, systems of indebtedness, and forced or highly exploited labor.

Statistics

According to the U.S. Department of State, 600,000 to 800,000 people are trafficked globally each year.¹ Of the 45,000 to 50,000 that are brought to the U.S., 30,000 come from Asia, 10,000 from Latin America and 5,000 from other regions, such as the former Soviet Union. The primary Asian source countries to the U.S. are China, Thailand, and Vietnam.² Each year, two million children are forced into prostitution, half of whom live in and are trafficked within Asia.³ For example, 15,000 children are trafficked in Cambodia⁴ and 200,000 Nepali girls, many under the age of 14, are prostituted in India.⁵ The Thai government reports that 60,000 Thai children have been sold into prostitution, but non-governmental organization (NGO) experts estimate that the number is closer to 800,000 children.⁶ Although trafficking into the U.S. and Europe has gained a lot of attention in recent years, anti-trafficking advocates in Asia have been addressing this problem on the continent for decades.

¹ U.S. Department of State (2005) *Facts about Human Trafficking*. Washington D.C.: Author

² Foo, Lora Jo. (2002). *Asian American Women: Issues, Concerns, and Responsive Human and Civil Rights Advocacy*. New York: Ford Foundation <http://www.aapip.org/about.php?section=book>

³ Smolenski, Carol. Director of End Child Prostitution in Asian Tourism (ECPAT), USA, quoted in "Activists Unleash Campaign to Shut Down Sex Tours" in *Christian Science Monitor*, 16 Jan. 1999.

⁴ Cambodia's Women Development Association (no date) quoted in *Pamphlet on Trafficking Coalition Against Trafficking in Women*.

⁵ ECPAT (1995) *End Child Prostitution in Asian Tourism: A short introduction to ECPAT and the issue of child sexual exploitation*.

⁶ Smolenski, C. See footnote 3.

Individuals may be trafficked to be coerced into forced labor for domestic, industrial or agricultural work; prostitution, pornography and sex tourism; removal and sale of organs; servitude, including servile marriages; and slavery. This modern-day form of slavery has become a global industry, with estimated profits ranging from \$5 billion to \$7 billion per year.⁷

Analysis

In our view, trafficking is about:

- Violence against and exploitation of women;
- The exploitation of female poverty (including mothers who ‘sell’ their children);
- Demands for cheap, exploitable labor which have increased with globalization;
- The impunity of male demands for commodified sex;
- Complex ‘push-pull’ factors that influence those who are trafficked: including economic factors such as paying off family debts, escaping poverty, remitting earnings, and/or escaping gender violence in the hopes of greater safety.

Political positions about sex trafficking are cause for heated controversy because they are connected to positions that argue for abolishing, decriminalizing or legalizing prostitution. We recommend that advocates become informed about these positions when dealing with anti-trafficking programs. Some countries view trafficking as the only form of migration available to labor because all other sources are restricted or closed. They advocate safe migration as the way to halt trafficking.

Considerations about status and legal proceedings

How individuals and their health problems are treated will depend on where arrested trafficked individuals are located and what kind of evidence is required for legal proceedings.

- Arrested adults can be held at an Immigration and Customs Enforcement (ICE)* detention center or jail;
- Accompanied minors will generally be separated from the adults they came with on the assumption that the adults are part of the trafficking operation. Minors can be held (depending on their age) in ICE juvenile detention, Juvenile Hall, foster home placement assigned by Child Protective Services, domestic violence shelters, placed with relatives (if there are any), or inadvertently placed with fictitious relatives (traffickers posing as relatives).
- Unaccompanied minors may have different legal procedures applied to them and are generally held in ICE juvenile detention.
- Victims will have to deal with multiple legal matters involving immigration law, criminal prosecution, access to benefits and services, juvenile law and/or civil litigation.

⁷ Rehn, Elizabeth and Sirleaf, Ellen J. (2002). Women War Peace: The Independent Experts’ Assessment on the Impact of Armed Conflict on Women and Women’s Role in Peace-building. *Progress of the World’s Women*, 1, p. 14.

* Immigration and Customs Enforcement (ICE), formerly Immigration & Naturalization Services (INS). Immigration matters are in the Department of Homeland Security as three different departments: Border Patrol; ICE which handles investigations and enforcement; and BCIS (Bureau of Customs and Immigration Services) handling documentation services.

- All detained or released victims, minors or adults, enter into multiple proceedings about their immigration status. They may be deported; or allowed to stay with the issuance of T-Visas (Trafficking Visas), humanitarian parole, J-Visas (Juvenile Visas), asylum claims under the Violence Against Women Act; and have access to benefits and/or a temporary EAD (Employment Authorization Document). These procedures can take months or years.
- Victims can be questioned by federal agencies such as the US Attorney's Office, Immigration and Customs Enforcement (ICE), the Federal Bureau of Investigation (FBI), Office of Refugee Resettlement (ORR), and others. They may need different types of health related information for the legal case and therefore require a variety of tests and reports. These agencies can also have different approaches to addressing the health needs of victims/survivors.

Governmental and non-governmental advocates and agencies working with trafficked victims should be clear about each others' procedures and responsibilities. We recommend they:

1. Determine who has responsibilities for producing victim(s) at medical appointments, who is making arrangements for their transportation, for health interpreters to be at appointments, and who is providing and paying for interpreters.
2. Explain to the witnesses, in coordination with their attorneys, the reasons for medical examinations and tests, how the results may be used in the investigation and prosecution of the case.
3. Utilize certified interpreters for all processes: have each party bring their own, determine who will provide proceedings interpreters, and ensure that bi-lingual advocates stay in their role and do not provide interpretation.
4. Identify how privileged communication will be protected and when it may be jeopardized, e.g., the co-occurrence of privilege should not be presumed between various victim advocates, in order to protect the integrity of the proceedings.

Health Problems

Health problems affecting trafficked individuals forced into commercial sex work and/or involuntary labor can be contracted because of the conditions in unsafe immigration routes utilized by traffickers and those in sending or receiving countries. Socio-economic determinants like substandard housing, illiteracy, racism, etc., affect health and access to healthcare.

- Coerced sexual initiation and attendant increased risk of developing cervical cancer for women trafficked into sex work;⁸
- Depression, anxiety, fear, severe isolation, lack of physical safety;
- Exhaustion from working extremely long hours (such as 18-20 hrs/day), sleep deprivation, harsh working conditions;
- HIV and AIDS in children, women and men – children may be born to infected, trafficked, mothers; trafficked women may be placed in prostitution or assaulted in other workplaces; and trafficked men may be prostituted, or in an increasingly common practice, picked up from the casual, day labor queue to have sex with men;
- Infectious diseases, with strains that are not typically seen in the U.S.;
- Lack of access to contraception;⁹
- Lack of access to pediatric care for victims with children or who are children;
- Malnutrition, hunger, starvation, and lack of food security;

⁸ Allen, Charlene, Raimer, John, and Rothman, Emily. (2004) Sexual Abuse. *Massachusetts Executive Office of Public Safety Programs Division*. http://66.218.69.11/search/cache?ei=UTF-8&p=coerced+sexual+abuse+and+cervical+cancer&fr=yfp-t-501&u=www.mass.gov/Eoohs2/docs/dph/com_health/violence/bi_curriculum.pdf&w=coerced+coerce+coercing+sexual+abuse+cervical+cancer&d=j03w4Rg5RTLb&icp=1&intl=us

- Medications can be withheld or just not provided by traffickers for new or pre-existing health conditions;
- Physical abuse such as withholding food, heat, adequate clothing;
- Physical violence and untreated injuries;
- Pregnancy related issues include: unwanted pregnancies; lack of pre-natal care; lack of control over decisions to complete or terminate pregnancies; and/or being forced into abortions, carrying a pregnancy to term, having a hysterectomy, or giving up a child for adoption;
- Rape and other forms of sexual abuse by family members, by ‘clients’, pimps and traffickers, and/or system personnel;
- Sexually Transmitted Infections (STIs) for sex workers and other female labor vulnerable to sexual violence, that include HPV, HIV, AIDS, etc;
- Skin rashes, asthma and other reactions from exposure to pesticides;
- Substance abuse or addictions because traffickers push victims into drug use, or drug them to do the work, or because victims use substances to numb their pain;
- Tropical diseases that may not normally be seen here *and* are untreated;
- Tuberculosis, including MDR (Multi-Drug Resistant) TB and extra-pulmonary TB;
- Urinary Tract Infections (UTIs) exacerbated by unsanitary conditions and/or lack of access to toilets in factories and farms; and
- Workplace injuries or work-related illnesses, particularly when combined with some of the above symptoms like exhaustion.

Complex Traumas and Oppressions

The issues described below focus on trafficked women who are victims/survivors of gender-based violence. However, issues like shame and fear can apply to all trafficked individuals.

- The contexts of victims’ lives include oppression, violence, ambivalence and conflict.
- Many come from abusive and oppressive environments, so they may be angry, resigned, or decide to tolerate these conditions.
- In groups of trafficked victims, there will be differing degrees of loyalty towards the traffickers, so there can be hostility within the group. Women may feel attached to their pimp/trafficker (as battered women do to their abuser).
- They may have fled traumatic bonds with their families.
- Amongst a group of victims, there is no automatic solidarity – in fact there can be competitiveness, sexual jealousy about who was the ‘favorite’, and class and regional differences.
- Some of the victims’ behavior is based on extreme fear for themselves, their children, and/or families in the home country. They will also be fearful of being returned home, and the attendant shame, scorn and danger.
- Sexual violence and attendant trauma depends on the brutality of the initial rape, who else in the family is/has been assaulted, and the frequency of current assaults by the traffickers and/or other men.
- Labels like ‘prostitutes’, ‘sex workers’, or ‘sex slaves’ are stigmatizing terms that affect self-worth and future integration into the community.
- Trafficked women can feel responsible for and be blamed for bringing down the trafficker, or causing harm to their family in the home country.
- The extent of pre- and post-trafficking traumatic factors such as rupture from parents, siblings and the familiarities of home, or being a victim of child abuse play a role in healing and the resolution of trauma.
- Victims experience anxiety and depression when apprehended - there is a lack of information and uncertainty about their immigration status, about the investigation and their safety during and after the

process, about economic hardships and debts to pay off to traffickers, and about what will happen to their families here and in their home countries.

Healthcare Providers

Healthcare providers should be particularly alert to groups of patients who present with similar symptomology and individual patients who:

- Cannot properly explain how they were injured or sickened;
- Manifest a complex constellation of some of the symptoms enumerated above;
- Are accompanied by someone who does not let the patient speak, insists on being present throughout all examinations, and refuses an interpreter for the patient; and
- Cannot provide basic information like their address or even the name of the town they live in (traffickers maintain additional control by keeping their victims ignorant of such details).

Medical Records and Care

Considerations:

- Medical information and patient's rights are complicated in any language and may not be well understood by victims.
- Medical or psychological tests and evaluations may be ordered by the Federal Prosecutor's office and other governmental investigating agencies to establish sexual abuse, psychological harm, and/or pregnancy. Do the reports and results belong to the medical patient or to the government agency that required them? What about the medical records of a victim who is a minor, particularly an unaccompanied minor?
- The confidentiality of reports raises several questions. How will the confidentiality of medical and psychological records and results obtained for the investigation be protected? Will the traffickers' lawyers have access to them? How and when will the medical patient's consent be sought to release any part of the records? What about particularly sensitive information such as a person's HIV status?
- Consenting to treatment is another thorny area. Are traumatized adults, unfamiliar with the language and practices in the U.S., able to give informed consent and sign releases of information? What if they withhold consent, can examinations still be required?
- Are treatment decisions confidential? Furthermore, if a trafficked victim is pregnant, what are the implications of her decision to either continue or terminate pregnancy?
- Who signs medical consent forms for minors? Who makes treatment decisions for minors?

Recommendations for Advocates:

1. Require health providers to have medically trained interpreters present for all medical and administrative procedures; advocates should not provide medical interpretation.
2. Obtain precise information about consents to testing and treatment, confidentiality, and releases of information and convey it clearly to trafficked women.
3. Establish who will accompany minors and what their roles will be.
4. Provide support and counseling that take trauma and health issues (described above) into account.
5. Clarify issues about payment for medical and psychological treatments, certified interpreters at therapy sessions and whether reports will be used in legal proceedings and therefore be made available to opposing counsel.
6. Identify and utilize health and mental health professional therapists who work with victims of torture or war, specialize in Post Traumatic Stress Disorder (PTSD), are experienced in working with interpreters present, and experienced and willing, if required, to testify as expert witnesses.

7. Victims need to be prepared psychologically for testifying and seeing their traffickers in court.
8. Empower victims/survivors of trafficking to strengthen the legal case against their abusers, make their voices heard and obtain justice.

Trafficking: Considerations & Recommendations for Battered Women's Advocates: A technical assistance brief by the Asian & Pacific Islander Institute on Domestic Violence is available at www.apiidv.org.

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