Sex trafficking and violence against women
Guest Editor: Sarbinaz Bekmuratova
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Violence against women is recognized as a human rights and public health issue worldwide (World Health Organization, 2017) and manifests itself in various forms, such as intimate partner violence, domestic violence, sexual violence, child abuse, child marriage, reproductive coercion and human trafficking among others (UN Women, 2020). Human trafficking, particularly sex trafficking, as one of the manifestations of violence against women, is often a gendered crime, because victims are primarily women and girls (UNODC, 2018). Sex trafficking violates the fundamental human rights of women and girls, but owing to its illegal and hidden nature, it is challenging to estimate its true prevalence across the world and therefore to fully understand the dynamics among all parties involved in this second largest criminal industry.

To tackle violence against women and sex trafficking particularly, growing awareness, the advancement of knowledge, continuous discussion at international and national levels and aggressive regulatory measures are required by world leaders and global communities. Empirical research on sex trafficking is very limited. This special issue is dedicated to shedding light on the current state of scholarly work, bringing together different perspectives at various levels and moving the understanding of these issues forward theoretically, empirically and practically. The papers draw on current research, practice and policies focused on sex trafficking and violence against women. The first paper “Minor sex trafficking of girls with disabilities” (Franchino-Olsen et al., 2020) focuses on one of the youth groups targeted by sex traffickers because of their vulnerability. This article is notable for its contribution to the current body of knowledge as the research focusing on girls with disabilities is very limited; but using a nationally representative US sample, this article establishes that this group of youth is at heightened risk to become sex trafficking victims.

The second article “The integral role of relationships in experiences of complex trauma in sex trafficking survivors” (Evans, 2020) explores the nature of complex trauma and its impact on human trafficking survivors and how this intersects with human relationships. Through qualitative interviews with female survivors, the study investigates the effect of trafficking on identity, sexuality, relationships and the search for services after surviving the experience. Of particular importance are the voices of survivors expressed throughout the research design, which will potentially inform survivor-driven interventions focused on the healing process for human trafficking survivors.

The third paper entitled “Multiplicity of stigma: cultural barriers in anti-trafficking response” (Fukushima et al., 2020) explores stigma as a societal and cultural barrier that human trafficking survivors face at micro, meso and macro contexts, as well as systems of oppression. Informed by survivor voices, the article highlights the role of anti-trafficking responders in the multiplicity of stigma toward human trafficking survivors and urges them to re-evaluate their organizations’ policies and procedures that may further exacerbate human trafficking survivors’ trauma.

The following paper “Legislative discrepancies: an analysis of Missouri’s current policies and its need to decriminalize and protect victims of human trafficking” (Kappler and Richie-Zavaleta, 2020) draws the attention to the present gap in the legislation through analysis of...
the current policies in the case study of Missouri, USA. The authors discuss the significant role of legislation in supporting the rehabilitation of the individuals who experienced inhuman abuse and how laws can contribute to further harming the survivors if legislations fail to see them as victims.

The paper highlights the need for the application of public health models and human rights principles in strengthening the legal protection of human trafficking survivors.

In the fifth article “Raising awareness of human trafficking in key professional fields via a multidisciplinary approach” (Awerbuch et al., 2020), the authors evaluate the impact of educational intervention conducted among professionals who participated in a full-day conference focused on raising awareness and knowledge on human trafficking. The study’s findings indicate that the baseline knowledge of the medical community vs the legal community may differ, and the authors conclude that the educational initiatives may serve to bridge the gap. This type of research is necessary for supporting the allocation of resources to the professionals working with survivors on the education of trafficking.

The next paper in this collection “A very lucrative liquid: the emerging trade in human milk as a form of reproductive exploitation and violence against women” (Steele and Hernandez-Salazar, 2020) sheds light on a rapidly emerging global issue, the sale of human milk, by viewing it as an exploitation of women’s bodies. This viewpoint paper takes the perspective that human milk sale is gender-based violence and reproductive exploitation that may lead to the trafficking of women. The authors argue that human milk, a female-produced substance, is an issue of gender justice and equality and calls for state leaders to critically analyze this emerging exploitation of women and provide support for women with breastfeeding and maternity.

The final article of the special issue entitled “A transgender girl’s experience: sexual exploitation and systems-involvement” (Hammond et al., 2020) provides a narrative of the challenges of a transgender girl who experienced commercial sexual exploitation while under the institutional system’s care. Through this case study of a transgender girl using the gender minority stress theory as a theoretical framework, the authors illustrate the structural barriers this girl faced at each step of the service delivery system, while highlighting the unmet needs of transgender youth experiencing sexual exploitation. The study has significant implications for multidisciplinary clinical interventions, which must account for the unique needs of this vulnerable youth population.

Together, these papers contribute to the understanding of sex trafficking through the reflection of the survivor voices and demonstrate gaps in current anti-trafficking efforts and legislative actions, challenges associated with structural systems and vulnerable populations. The past evidence with complex public health issues indicate that there are multiple factors that play a role and therefore factors at multiple levels should be addressed to eradicate the problem. This special issue has given timely attention to this human rights ailment, and we are grateful to the Series Editor, Dr Theo Gavrielides, for providing the platform and support to this special issue dedicated to sex trafficking as an issue of violence against women.

References


Minor sex trafficking of girls with disabilities

Hannabeth Franchino-Olsen, Hannah A. Silverstein, Nicole F. Kahn and Sandra L. Martin

Abstract
Purpose – The purpose of this paper is to investigate the associations between minor women’s (girls’) disability status and victimization via minor sex trafficking.

Design/methodology/approach – This investigation used data from the National Longitudinal Study of Adolescent to Adult Health, a large, nationally-representative sample of in-school adolescents in the USA that began in 1994. The analysis included bivariate associations between physical disability status or low cognitive ability and minor sex trafficking among female survey respondents (n = 5,430).

Findings – Girls with any disability had a higher prevalence of minor sex trafficking than their peers without disabilities. Odds of minor sex trafficking were significantly higher for those with severe physical disabilities (5.83) and for those with low cognitive abilities (4.86) compared to the odds of their peers without their respective disabilities. Results for girls with mild or moderate physical disabilities were not statistically significant compared to peers without disabilities.

Social implications – These nationally-representative survey data reinforce the trends present in smaller populations and case study research: female adolescents with disabilities are at a heightened risk for sex trafficking. On both a national and global scale, the human rights gaps in policy and practice must be addressed to adequately reach, intervene and protect this vulnerable population.

Originality/value – Research about minor sex trafficking typically relies on small-scale surveys and/or convenience samples. This study used a nationally-representative survey to demonstrate the link between disability status and women’s experiences with minor sex trafficking.

Keywords Sexual exploitation, Minor, Female, Girl, Disability, Physical, Intellectual, Add health, Adolescent

Paper type Research paper

Introduction
Sex trafficking of minors is a form of abuse and a type of commercial sexual exploitation of children that occurs across the globe (Greenbaum and Crawford-Jakubiak, 2015). Commercial sexual exploitation of children is defined by the United Nations (UN) as “any actual or attempted abuse of a position of vulnerability, differential power or trust for sexual purposes including but not limited to profiting monetarily, socially or politically” from the exploitation (UN Secretary-General, 2003). The United Nations Convention on the Rights of the Child (1989) considers the vulnerability and limited power held by those who have not yet reached adulthood (those under 18 years of age). Whether occurring on their own or via an intermediary or third-party trafficker, minors trading sex (for money, drugs, shelter, food or other item of commercial value) violates the United Nations Convention on the Rights of the Child (1989), particularly the rights to be protected from being hurt (Article 19), from work that is bad for a child’s health or education (Article 32), from sexual abuse (Article 34), from being sold (Article 35) and from any other kind of exploitation (Article 36).

The United Nations Convention on the Rights of Persons with Disabilities (2006, p. 2) considers the vulnerability of people with disabilities, “who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder
their full and effective participation in society on an equal basis with others.” Article 16 specifically protects the rights of people with disabilities to be free from “exploitation, violence and abuse” (United Nations Convention on the Rights of Persons with Disabilities, 2006). The intersection of the two human rights conventions regarding sex trafficking of minors and persons with disabilities sets the context for this article. More specifically, this research investigates the vulnerability of girls with disabilities (including physical and cognitive disabilities) to minor sex trafficking.

In the USA, any minor being sold for sex, with or without a third-party trafficker, is considered to be sexually exploited because of their age and inherent vulnerability (Choi, 2015; Gerassi, 2015). This legal delineation of minor sex trafficking as the involvement of a minor in a commercial sex act was enacted as US federal law in 2000 with the passage of the Trafficking Victims Protection Act (TVPA), which codified definitions of sex and labor trafficking at a national level (Choi, 2015; Gerassi, 2015; IOM & NRC, 2013). Prior to the TVPA, minors involved in commercial sex exchange or sex trade were viewed as engaging in juvenile prostitution, and literature on the issue from the 1990s and earlier reflect this paradigm (Choi, 2015). Despite shifting terminology around minor sex exchange and how it is contextualized in the previous three decades – whether as a criminal act or form of victimization – the issue of minor sex trafficking remains relevant in the USA with seemingly little progress made in better identifying victims, determining the population prevalence of minor sex trafficking or affecting, which groups of minors are most vulnerable to or at risk for trafficking (Countryman-Roswurm, 2015; IOM & NRC, 2013).

Research on minor sex trafficking in the USA has identified certain vulnerabilities, which seem to increase risk. Commonly cited risk factors include previous child maltreatment or abuse, compromised parenting or caregiver strain, poverty, juvenile delinquency, history of running away and conflicts with parents or caregivers (Franchino-Olsen, 2019). Highlighted throughout the literature is the theme that marginalized youth and youth with less power are at a heightened risk of minor sex trafficking victimization; this includes homeless or runaway youth, sexual minority (LGBTQ+þ) youth or otherwise disempowered populations (Administration for Children, Youth and Families, 2013).

Girls with disabilities are particularly vulnerable and marginalized, as they have limited social influence in nearly every nation, with less power and fewer advantages than adults (women and men) and boys (Box, 2008; D'Cunha, 2002). When vulnerability – brought about by being both female and a minor – is considered alongside other intersecting identities or experiences such as living in poverty, previous abuse or disability status, these compounding disadvantages and vulnerabilities can further marginalize and disempower these girls, placing them at greater risk. In fact, the trafficking in person report from 2016 specifically emphasizes that children with disabilities are especially vulnerable to trafficking in general (US Department of State, 2016). Furthermore, a 2013 report on minor sex trafficking suggests that disability status is a risk factor, largely because there often is a relationship between experiences of maltreatment and minor sex trafficking. As children with disabilities are more likely to experience maltreatment, including sexual abuse, the report theorizes that these children are, therefore, at higher risk of sex trafficking (IOM & NRC, 2013).

Despite the widespread recognition that disability status is likely a risk factor for minor sex trafficking, there is very limited population-level research to support this claim. A study reviewing case records from Florida found that 15 of 54 (28 per cent) cases of girls who had experienced minor sex trafficking had an intellectual disability compared to the 1-3 per cent national prevalence of intellectual disability (Reid, 2018). Although this study has been important for demonstrating an association between disability status and minor sex trafficking, their results are limited to the case reports in a small geographical region, and thus, cannot be reliably generalized to the US population.
Much of the research around sex trafficking, particularly minor sex trafficking, is limited by small data sets collected from convenience samples; however, there have been efforts to estimate the overall prevalence of minor sex trafficking among girls using nationally-representative data (Greenbaum and Bodrick, 2017; Migration Data Portal, 2019). For example, Edwards et al. (2006) used data from the National Longitudinal Study of Adolescent to Adult Health (Add Health) to examine minor sex trafficking in the USA using a measure that asked the youth about their history of exchanging sex for drugs or money. They found that 2.4 per cent of adolescent women reported trading sex as minors, thus qualifying these girls as having experienced minor sex trafficking (Edwards et al., 2006). Unfortunately, no such nationally-representative research has focused on girls with disabilities. Such research is important because the intersection of these two marginalized identities (being girls and having a disability) may create a cumulative disadvantage that further exacerbates minor sex trafficking risk (Barnartt and Altman, 2013).

Accordingly, the current paper aimed to answer the following question: is there an association between disability status and minor sex trafficking among adolescent girls in a large, nationally-representative sample? We used Add Health data to investigate whether the disability is related to experiences of sex trafficking. Based on the aforementioned research and the cumulative disadvantage associated with having more than one marginalized identity, we hypothesized that girls with physical disabilities or low cognitive abilities would report more minor sex trafficking than their peers without these disabilities.

Methods

Sample

The study sample was drawn from participants in the Add Health, a large, nationally-representative, quantitative, longitudinal study with a sample of more than 20,000 in-school adolescents in the USA who were in 7th-12th grade (approximately ages 12-18) in 1994-1995 (Harris et al., 2009). In addition to surveying adolescents in the sample, data were also collected from the parents of adolescents (Harris et al., 2009). The nationally-representative nature of Add Health makes it a highly valuable data set for addressing the issue of minor sex trafficking. Exploited minors are often undetected as victims of sex trafficking. Thus, the inclusion of questions around this type of exploitation (though defined as juvenile prostitution in the 1990s) on a large scale, nationally-representative data set makes this data highly valuable in its applicability and generalizability to the whole population of adolescents in the USA at the time of data collection.

This paper uses data from the first two waves of data collection, comprising the Waves I and II in-home interviews with the adolescents and the parent interview. Wave I included the original 20,745 respondents (10,480 women and 10,263 men) 12-20 years of age in 1994-1995 and Wave II included 14,738 respondents (7,556 women and 7,182 men) of the original respondents who were 12-22 years of age in 1996[1] (Harris et al., 2009). The average time between Waves I and II interviews was approximately one year, however, for a few respondents, the intervening time was a bit shorter or longer. All Add Health study procedures were approved by the institutional review board for the protection of human subjects at the University of North Carolina at Chapel Hill. Present analyses were deemed exempt.

This analysis focused on female respondents 18 years of age or younger at Wave II with valid sampling weights and complete data on all of the primary variables of interest for this study. This complete-case analysis included 5,430 female respondents.
Measures

The following variables were examined in our sample of adolescent women (n = 5,430):

Sociodemographic characteristics. The biological sex of the respondents was identified from school records at Wave I. Participants’ ages at the Wave I interview was calculated by subtracting the respondent’s birth date from the interview date. Race and ethnicity were self-reported at Wave I and categorized as Hispanic, non-Hispanic White, non-Hispanic Black, non-Hispanic Asian and non-Hispanic other races (Udry et al., 2003). Socioeconomic status was measured using the highest parental education attained by either parent.

Physical disability. Physical disabilities were assessed using the physical disability index (PDI) developed by Cheng and Udry (2002) using data from the Wave I survey, a measure that has been used successfully in other research studies (Haydon et al., 2011; Kahn et al., 2019). During in-home interviews with adolescents and parents, physical disabilities were identified via a series of questions on blindness, deafness and long term/permanent difficulties using hands, arms, legs or feet. Responses from the adolescents and parents were coded independently to calculate a PDI score for each respondent. PDI severity scores were created for both the adolescent and parent interviews, assigning one point for each of the following: having limb difficulties; using medical equipment; needing assistive care; perceiving or believing others perceived the adolescent to have a disability; difficulty walking, standing, extending, grasping or holding items; and having more than three body parts affected (parent interview only). The higher of the two scores (adolescent or parent) was selected, and then the conditions of whether the respondent was blind and deaf were incorporated using scoring methods from Kahn et al. (2019). The final physical disability severity measure consisted of a score ranging from 0 to 3, indicating no physical disability, mild physical disability, moderate physical disability or severe physical disability. Additional information on the construction of the PDI is available elsewhere (Cheng and Udry, 2002).

Low cognitive ability. Cognitive ability was assessed using the 87-item Add Health Picture Vocabulary Test (AHPVT) that was administered at Wave I. The AHPVT is an abridged version of the Peabody Picture Vocabulary Test and is moderately correlated with other measures of intelligence, including the Stanford–Binet intelligence scale and the Wechsler intelligence scale for children (r = 0.4 – 0.6; α = 0.61 – 0.88; Dunn and Dunn, 1981; Carolina Population Center, 1998; Becker, 2003; Wechsler, 2004; Beres et al., 2000). AHPVT scores were standardized to mimic an intelligence quotient (IQ) metric with a mean of 100 and a standard deviation of 15 (Carolina Population Center, 2003). Given that the AHPVT does not require reading comprehension skills, it is considered to be a particularly appropriate cognitive ability measure for those with scores on the lower end of the cognitive distribution (Cheng and Udry, 2005).

To identify those with low cognitive ability, AHPVT scores were dichotomized to approximate guidelines for IQ indicators of intellectual disability that are typically reported as having an IQ of 65-75 or lower (standard deviation: 5 points; American Psychiatric Association, 2016). Individuals with extremely low AHPVT scores (<71) were categorized as having a low cognitive ability, while those with AHPVT scores of 71 or greater were considered not to have the low cognitive ability and will be referred to as “typical” throughout this work.

Minor sex trafficking. Minor sex trafficking was assessed at Waves I and II by asking whether the adolescent had “given someone sex in exchange for money or drugs” (Add Health Codebook Explorer (ACE), 2020). Wave I asked about the time period “ever” prior to the first interview, while Wave II asked about the time period between the Waves I and II interviews. Additionally, subsequent questions about romantic and sexual relationships of the respondent asked if they had ever exchanged sex with specified partners. Girls who responded “yes” to any of these questions were considered to have experienced sex trafficking.
Analysis

First, descriptive analyses were computed to examine the sample’s sociodemographic characteristics, disability status and experience of sex trafficking. Next, the percentages of girls who experienced sex trafficking was computed for girls with severe, moderate, mild and no disabilities, and for girls with low cognitive ability and typical cognitive ability. Next, bivariate logistic regression was used to generate odds ratios (OR and associated 95 per cent confidence intervals) comparing the odds of experiencing minor sex trafficking among girls with each type of disability to girls without that disability. All analyses used sampling weights and adjusted variance estimates for the Add Health complex survey design and were completed using Stata Version 15.1 (StataCorp, 2017).

Results

Sociodemographic characteristics of the study sample

Table I shows that the girls in the sample ranged in age from 12 to 18 years at Wave II, with 25.63 per cent 12-14 years of age, 41.66 per cent 15-16 years of age and 32.71 per cent 17-18 years of age (note that the mean age of the girls during the Wave II interview was 15.68 years [se = 0.11 years]). Respondents with Hispanic ethnicity (any race) comprised

<table>
<thead>
<tr>
<th>Sociodemographic characteristic</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>12-14 years</td>
<td>1,094 (25.63)</td>
</tr>
<tr>
<td>15-16 years</td>
<td>2,219 (41.66)</td>
</tr>
<tr>
<td>17-18 years</td>
<td>2,117 (32.71)</td>
</tr>
<tr>
<td>Race and ethnicity</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>825 (10.87)</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>2,940 (68.12)</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>1,243 (15.68)</td>
</tr>
<tr>
<td>Asian, non-Hispanic</td>
<td>284 (2.77)</td>
</tr>
<tr>
<td>Other, non-Hispanic</td>
<td>138 (2.56)</td>
</tr>
<tr>
<td>Highest parental education</td>
<td></td>
</tr>
<tr>
<td>Less than high school</td>
<td>680 (11.33)</td>
</tr>
<tr>
<td>High school graduate</td>
<td>1,418 (28.21)</td>
</tr>
<tr>
<td>Some college</td>
<td>1,531 (29.27)</td>
</tr>
<tr>
<td>College graduate</td>
<td>1,801 (31.19)</td>
</tr>
<tr>
<td>Disability status</td>
<td></td>
</tr>
<tr>
<td>Physical disability</td>
<td></td>
</tr>
<tr>
<td>Severe</td>
<td>49 (0.89)</td>
</tr>
<tr>
<td>Moderate</td>
<td>70 (1.25)</td>
</tr>
<tr>
<td>Mild</td>
<td>188 (3.68)</td>
</tr>
<tr>
<td>None</td>
<td>5,123 (94.19)</td>
</tr>
<tr>
<td>Cognitive ability</td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>82 (1.55)</td>
</tr>
<tr>
<td>Not low</td>
<td>5,348 (98.45)</td>
</tr>
<tr>
<td>Experienced sex trafficking</td>
<td></td>
</tr>
<tr>
<td>At any time period</td>
<td>127 (2.28)</td>
</tr>
<tr>
<td>Only prior to the Wave I interview</td>
<td>35 (0.63)</td>
</tr>
<tr>
<td>Between the Waves I and II interviews</td>
<td>97 (1.74)</td>
</tr>
</tbody>
</table>

Notes: The n’s are actual numbers of participants; the percentages are weighted to be demographically representative youth in the USA at the time of the survey. Age in years at Wave I. Physical disability was defined using PDI. Low cognitive ability was defined using AHPVT. The race was defined as described in Udry, Li and Hendrickson-Smith (2003)
10.87 per cent of the sample, while among the non-Hispanic respondents, 68.12 per cent were White, 15.68 per cent were Black, 2.77 per cent were Asian and the remaining 2.56 per cent fell into another racial group. Nearly 60 per cent of the sample had at least one parent with some college (29.27 per cent) or a college degree (31.19 per cent), and most of the remaining girls had a parent who had graduated high school (28.21 per cent).

Disability status of the study sample

Table I also presents information on the disability status of the girls in the sample. Approximately 6 per cent had a physical disability, with 0.89 per cent having a severe physical disability, 1.25 per cent having a moderate physical disability and 3.68 per cent having a mild physical disability. In addition, 1.55 per cent of the girls in the sample had the low cognitive ability.

Minor sex trafficking experiences of the study sample

Slightly more than 2 per cent of the sample had experienced minor sex trafficking at some time during their lifetime. A greater percentage of participants had experienced this in the approximate year between Waves I and II (1.74 per cent) compared to when they were younger prior to Wave I (0.63 per cent).

Minor sex trafficking among those with physical disabilities

Table II shows that a much greater percentage of participants with severe physical disabilities experienced minor sex trafficking (11.79 per cent) compared to participants with moderate physical disabilities (1.12 per cent), mild physical disabilities (1.31 per cent) or no physical disabilities (2.24 per cent). Moreover, participants with severe physical disabilities were significantly more likely to experience minor sex trafficking compared to those without physical disabilities. More specifically, girls with severe physical disabilities had 5.83 times greater odds of experiencing minor sex trafficking compared to girls without physical disabilities (95 per cent CI: 1.55, 21.91). Although somewhat smaller percentages of participants with moderate or mild physical disabilities experienced minor sex trafficking compared to participants without disabilities (1.12 and 1.31 per cent vs 2.24 per cent), these differences were not statistically significant (for moderate physical disabilities OR = 0.49, 95 per cent CI = 0.06-3.88; for mild physical disabilities OR = 0.58, 95 per cent CI = 0.14-2.38).

<table>
<thead>
<tr>
<th>Type/severity of disability</th>
<th>Experienced sex trafficking (%)</th>
<th>Did not experience sex trafficking (%)</th>
<th>Odds ratio (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe</td>
<td>11.79</td>
<td>88.21</td>
<td>5.83 (1.55-21.91)</td>
</tr>
<tr>
<td>Moderate</td>
<td>1.12</td>
<td>98.88</td>
<td>0.49 (0.06-3.88)</td>
</tr>
<tr>
<td>Mild</td>
<td>1.31</td>
<td>98.69</td>
<td>0.58 (0.14-2.38)</td>
</tr>
<tr>
<td>None</td>
<td>2.24</td>
<td>97.76</td>
<td>Referent group</td>
</tr>
<tr>
<td>Cognitive ability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>9.70</td>
<td>90.30</td>
<td>4.86 (1.58-14.91)</td>
</tr>
<tr>
<td>Not low</td>
<td>2.16</td>
<td>97.84</td>
<td>Referent group</td>
</tr>
</tbody>
</table>
**Minor sex trafficking among those with low cognitive ability**

Table II shows that 9.70 per cent of female participants with low cognitive ability had experienced minor sex trafficking compared to only 2.16 per cent of female participants without low cognitive ability. Thus, those with low cognitive ability were significantly more likely than those with AHPVT scores over 70 to have experienced minor sex trafficking. More specifically, those with low cognitive ability had 4.86 times greater odds of experiencing minor sex trafficking compared to those with AHPVT scores over 70 (OR = 4.86, 95 per cent CI = 1.58-14.91).

**Discussion**

This paper studied potential associations between physical disability and low cognitive status linked to minor sex trafficking among girls using a large, nationally-representative sample. We found that girls with severe physical disabilities and those with low cognitive ability were more likely than other girls to experience minor sex trafficking. To our knowledge, this study is the first study to use nationally-representative data to clarify this important association, and the findings are consistent with those of smaller-scale or non-probability samples (IOM & NRC, 2013; Reid, 2016, 2018).

Our hypothesis that girls with physical or cognitive limitations experience more minor sex trafficking than their peers without disabilities was supported. For physical disabilities, girls with severe physical disabilities had almost 6 times greater odds of experiencing minor sex trafficking compared to peers without physical disabilities. However, there were no significant associations linking mild or moderate physical disabilities with a greater or lesser, the likelihood of sex trafficking. This may be because those with severe physical disabilities had more observable physical limitations, and thus, were more easily targeted for exploitation by third-party traffickers and/or those buying sex.

Also, consistent with our hypothesis, girls with low cognitive ability had almost five times the odds of experiencing minor sex trafficking compared to their peers with typical cognitive ability. This may reflect that girls with low cognitive ability were less likely than other girls to identify risky situations, and may, therefore, were more likely to be compliant with the wishes of their exploiter (Tharinger et al., 1990).

These results rely on data collected over 20 years ago. While the framework and policy for how we consider minors participating in the commercial sex trade have shifted from the classification of a criminal act to victimization via exploitation, these findings remain relevant today. This analysis relies on Add Health data from the mid-1990s and there have been subsequent policy changes, as data was collected, however, minors are still criminalized for their activities that happen alongside victimization (e.g. substance use, delinquency, etc.) while failing to receive proper care and services to address their victimization (Bath et al., 2019; IOM & NRC, 2013). Additionally, it is widely recognized patterns of exploitation and victimization to be similar to contemporary patterns with most victims going unrecognized and third-party exploiters and/or buyers of minor sex using vulnerability and marginalization to facilitate minor exploitation and abuse (Sedlak et al., 2010). Minors are still inadequately protected from such abuse and those who are the most marginalized or with the least social capital seem to be most at-risk for victimization.

The context has not dramatically shifted around disability either. There is evidence that the prevalence of disability among children in the USA has not decreased since the 1990s. According to two articles using national health interview survey data, there has been a significant increase in the overall prevalence of developmental disabilities over the past two decades from 12.84 to 17.76 per cent between 1997 and 2017 (Boyle et al., 2011; Zablotsky et al., 2019). More specifically, the prevalence of autism spectrum disorders increased drastically from 0.19 to 2.49 per cent for 1997-1999 and 2015-2017 survey periods, respectively. Additionally, prevalence trends for hearing impairment, blindness
and cerebral palsy remained statistically unchanged for both analyses (Boyle et al., 2011; Zablotsky et al., 2019). Consequently, this increase in the prevalence of disability may indicate that minors in today’s context are more vulnerable to exploitation such as minor sex trafficking.

The associations examined in this work highlight the compounding vulnerability to minor sex trafficking brought about by the intersection of two marginalized identities (being a young female and having a disability). This concept of marginalization and its role in creating sex trafficking vulnerability for minors has been explored previously and seems relevant here as girls with disabilities may be more likely to exist outside the mainstream of resources for, identification and prevention of, and victim outreach around minor sex trafficking (Box, 2008; D'Cunha, 2002; Zimmerman and Kiss, 2017). Girls facing marginalization because of their disability status may also be more invisible to society and easier to exploit as a result of the limited social capital inherent to a marginalized identity. The increased vulnerability of minors with disabilities to minor sex trafficking fits within the broader context of research on the cycle of child disability and maltreatment, which depicts children with disabilities as more vulnerable to experience various forms of maltreatment. Other literature has shown that children with various forms of disabilities have higher risk of experiencing abuse and neglect in general, including sexual abuse, can experience more severe offenses of sexual abuse, and have higher incidence of maltreatment that resulted in serious harm (Haydon et al., 2011; Hershkowitz et al., 2007; Kahn et al., 2019; Schenkel et al., 2014; Sedlak et al., 2010).

This analysis emphasizes the importance of including people with disabilities in minor sex trafficking prevention efforts, particularly the need to protect girls with disabilities against the compounding vulnerabilities they face, which make them particularly susceptible to sexual exploitation (Tharinger et al., 1990; Barger et al., 2009; Mikton et al., 2014). Human rights frameworks such as the UN Convention on the rights of the child and persons with disabilities were designed to set the foundation for preventing exposure to minor sex trafficking, identifying victims and prosecuting perpetrators. The USA has not signed these treaties, and although there are specific legal protections for children in general, there is still not a unifying legal document that provides similar protections for people with disabilities. Specifying legal protections is necessary because some research has shown that under- and delayed reporting of abuse is common among children with disabilities who are less likely to understand what constitutes as sexual abuse (Hershkowitz et al., 2007). Having specific policies that consider the physical, cognitive and emotional limitations that contribute to the increased vulnerability to minor sex trafficking among children with disabilities will be crucial to solidify the protection of these essential rights.

**Strengths and limitations**

This study used data from a large, nationally-representative sample of adolescents that had a sufficient sample size to clearly examine associations between disabilities and minor sex trafficking. Add Health is an especially valuable sample for studying physical disability because of the intentional oversampling of adolescents with a broad range of physical limitations (Kahn et al., 2019). Add Health’s recruitment and survey methodologies – such as the inclusion of schools designated for youth with disabilities and the use of in-home surveys and computer technologies in interviews – follow best practice recommendations for surveying populations with disabilities and represents strength of this data set (Kahn et al., 2019). Future sex trafficking research should continue these efforts to include participants with disabilities, as they represent an underrepresented health disparity population, perhaps, focusing on the connections between disability and exploitation across demographic categories such as gender or race (Krahn et al., 2015).

Our study findings should be considered in light of the limitations of the data used for this analysis. Waves I and II surveys in Add Health were collected between 1994 and 1996,
meaning this population of adolescents reached adulthood approximately 20 years ago. Though the supposed mechanisms around vulnerabilities, disability, and minor sex trafficking will have likely remained the same in the intervening decades, policies, practices and awareness around both disability and minor sex trafficking may have altered the associations presented here. In addition, the questions used to assess minor sex trafficking lacked a precise time measure for when sex exchange occurred for the respondent. For Wave I, the questions asked if the participant had “ever” exchanged sex, while Wave II asked whether sex exchange had occurred between the Waves I and II interviews (approximately 1 year apart). Our analysis sample included girls 18 years of age and younger at Wave II, as these individuals were minors for at least a portion of the time covered by the Wave II sex exchange question and they were minors when asked about any previous sex exchange in their lifetime in Wave I. To ensure the results reported here were not driven solely by those respondents at the upper end of the age limit, the analysis was repeated not including the 18 years of age. This narrowing of the sample, which removed 23 girls from the minor sex trafficking group; 5 who reported sex exchange at Wave I; 16 who reported sex exchange at Wave II; and 2 who reported sex exchange at both waves – did not affect the patterns of associations or significance of the results, and thus, the final results presented include these 18-year-olds who were eligible for some portion of the question window to increase the precision of our estimates. Finally, the reliance on data for adolescents based on self-report and parental-report has inherent limitations around accuracy and disclosure.

Conclusion

These study results fill a critical knowledge gap by demonstrating a clear association between girls’ disability status (both physical and cognitive) and their experiences of minor sex trafficking, using a large, nationally-representative sample. This connection between disabilities and sexual exploitation deserves attention as both a national and global priority to provide both preventive and therapeutic services as needed and to ultimately stop such abuse.

Note

1. Youth from Wave I who had graduated high school were not included in Wave II.

References


StataCorp (2017), Stata Statistical Software: Release 15.1, StataCorp LP, College Station, TX.


Appendix. Add health Waves I and II: survey questions/categories examined for the study sample

Codebooks for Wave I and Wave II data in Add Health are available online: available at: www.cpc.unc.edu/projects/addhealth/documentation/restricteduse/datasets, along with a searchable index to explore the survey (www.cpc.unc.edu/projects/addhealth/documentation/ace/tool)

Disability questions in the survey can be found here: www.cpc.unc.edu/projects/addhealth/documentation/ace/tool/topic?TopicId=112

For more information on the PDI, please see Cheng and Udry (2002).

Demographic questions used to construct included variables can be found here:

- Age: www.cpc.unc.edu/projects/addhealth/documentation/ace/tool/topic?TopicId=101
- Race/ethnicity: www.cpc.unc.edu/projects/addhealth/documentation/ace/tool/topic?TopicId=103

The following variable names can be located using the searchable index (www.cpc.unc.edu/projects/addhealth/documentation/ace/tool):

- AHPVT, standardized Scores: AH_PVT; and
- Minor sex trafficking (Waves I and II): H1NR3, H1NR4 and H2NR4.

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The integral role of relationships in experiences of complex trauma in sex trafficking survivors

Heather Evans

Abstract
Purpose – Human sex trafficking is a global rights violation prevalent nationally and globally. This study aims to contribute to the limited research conducted directly with survivors with the goal of building sustainable aftercare from their feedback.

Design/methodology/approach – For this qualitative, retrospective study, 15 adult female survivors completed open-ended interviews, took photos and participated in online focus groups to explore identity, sexuality, relationships and factors of community reintegration. Data analysis included multi-level conceptual and thematic coding.

Findings – Participants identified with all aspects of complex trauma and domains of post-traumatic growth. Participants highlighted relationship development as the primary source of healing and growth, emphasizing the value of peer-based support and survivor leadership.

Research limitations/implications – The findings affirm the need for ecological and relational perspectives in care of survivors and approaches using a trauma-informed, victim-centered lens. Findings affirm the value of understanding the nuances of complex trauma as well as celebrating the capacity for post-traumatic growth. Furthermore, while relationships are most significantly impacted from the trafficking experience, they are also considered the greatest instrument of healing, offering long-term commitment and belief in the individual. This research excluded males and international trafficking survivors. Participants were recruited through service organizations, and many participants are active in advocacy work, which may hinder generalizable data for all trafficking survivors. Finally, this study did not distinguish data between geographic location or range or length of time since exiting trafficking.

Originality/value – This study highlights the voices of survivors throughout research design and data findings. Their lived experiences provide key recommendations for interaction and intervention. Data include rich expression through photography.

Keywords Gender, Human rights, Crime, Photovoice, Human trafficking, Complex trauma, Sex trafficking, Post-traumatic growth

Paper type Research paper

Introduction
Human trafficking is a human rights violation, enslaving women, men and children around the globe. The Palermo Protocol to Prevent, Suppress and Punish Trafficking in Persons defines trafficking as the recruitment, transportation, transfer, harboring or receipt of persons, by improper means (such as force, abduction, fraud, or coercion) for an improper purpose including forced labor or sexual exploitation. Sex trafficking is defined as a commercial sex act induced by force, fraud, or coercion, or in which the person induced to perform such acts has not attained 18 years of age (UNOCHR, 2000).

Human sex trafficking is not new to history, yet was only formally recognized as a criminal act in 2000 with the passage of the United Nations’ Palermo Protocol and the United States’ Trafficking Victims Protection Act. Since 2000, worldwide assessment and monitoring of
protection, prevention and prosecution efforts have strengthened the response to this form of modern-day slavery (Department of State, Trafficking in Persons Report, 2017).

**Demographics of victims**

The USA is a source, destination and transit country for trafficked individuals (Department of State, Trafficking in Persons Report, 2017). The National Human Trafficking Hotline has received reports of human trafficking cases in all 50 states (Polaris, 2017). Found in urban, rural and suburban areas, many Americans are still unaware that the majority of sex trafficking victims in the USA are women and children from their own neighborhoods (Sher, 2011).

Victims of sex trafficking span multiple demographic characteristics, such as age, socioeconomic status, nationality, education level and gender. Traffickers target vulnerability and isolation (Smith et al., 2009). Victims of human trafficking have characteristics that may increase risk of being trafficked, including: poverty, age, limited education, lack of support system (orphaned, child welfare system), family instability/abuse, runaway/throwaway, homelessness, history of previous sexual abuse, health/mental health challenges, living in vulnerable areas, (e.g. high crime, economic/political instability). In addition, being female, transgender or homosexual increases risks when combined with the above factors, such as lack of social support or homelessness. (Clawson, 2009; Army, 2006; Orme and Ross-Sheriff, 2015). Family histories may not provide adequate models for close relationships, as survivors have described poor choices of partners as a “weakness” that came from their desperation and uncertainty (Hedin and Mansson, 2003).

Histories of trauma, violence and household instability are known risk factors that increase susceptibility to recruitment into the commercial sex industry. Traffickers exploit these histories with physical and sexual violence and psychological control during the time of sexual exploitation (Hardy et al., 2013). Traffickers employ nonphysical coercive techniques that result in submission of the victims to the trafficker without physical force or restraint. This control ultimately leads to long-term physical and mental effects on the victim (Baldwin et al., 2014).

**Complex trauma and survivors of human sex trafficking**

The effects of physical, sexual and emotional violence continue after the exploitation ends leading to layered and complex long-term impact. Upon separation from the trafficker and identification as a victim, a survivor faces unique factors and needs, including but not limited to: basic living essentials and crucial aspects of ongoing independent functioning. Issues of poverty, homelessness and absence of a safe social support network are challenges that face trafficking victims and can generate a cycle of exploitation that requires immense social and health interventions to pause and reverse (Clawson, 2009; Farley, 2003).

Themes described by victims of human sex trafficking are indicative of complex trauma. Complex trauma (Courtois and Ford, 2009) or disorders of extreme stress not otherwise specified (DESNOS) (Spinazzola et al., 2001) is terminology formulated to capture trauma that is extreme, chronic or repetitious, interpersonal, and premeditated. Complex trauma is:

[…] resulting from exposure to severe stressors that are repetitive or prolonged, involves harm or abandonment by caregivers or other adults, and occurs at developmentally vulnerable times in the victim’s life (Courtois and Ford, 2009, p.13)

Complex trauma or DESNOS, while not an official diagnosis listed in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition, more accurately describes the trauma seen in victimization within human sex trafficking (Choi et al., 2009). Complex trauma emphasizes alterations in six areas: regulation of affect and impulses, attention or
As we consider the vulnerability of isolation in those who are trafficked, the trafficker's exploitation of trust in relationship during recruitment, and the isolation experienced during the time of exploitation, it is evident that the role of relationship is critical and therefore must be considered a key target for change and growth after the trafficking experience.

**Purpose of study**

Limited empirical work investigates survivor experiences using their own direct expressions. Further, the nature of complex trauma, its impact on survivors of trafficking and its intersection with human relationships suggests the nature of relationships is an important area for study. To begin filling this gap, this qualitative retrospective study recruited female survivors of domestic human sex trafficking who separated from their trafficker. Specifically, this study sought to understand the experiences of adult female domestic sex trafficking survivors; how survivors viewed the impact of trafficking on identity, sexuality, relationships and seeking services after separation from trafficker; and factors that contribute to community reintegration.

**Methods**

This study utilized a phenomenological qualitative framework with the goal of amplifying the voices of survivors of human sex trafficking. This study was approved by the University of Pennsylvania human subjects review board.

**Recruitment and sample**

Inclusionary criteria included English-speaking adult female victims of domestic human sex trafficking, separated from the trafficker one to ten years. Recruitment included distributing information through regional and national networks of service organizations and survivors. Interested participants contacted the researcher for an introductory telephone screening and interview arrangements, conducted face-to-face or video/phone call.

**Data collection**

Language used within the consent forms and interviews promoted freedom of expression and choice for all aspects of participation in the study. Consent was also obtained for how survivors wanted to be identified throughout the research publication. Participants were given the freedom to use the name of their choice or a general Participant number. Their choice of name or participant number will be utilized throughout this article.

Interview topics included impact of experiences during exploitation and escape, but highlighted their experiences of survivorship, to determine what impacts the reintegration process. Furthermore, through the theoretical lenses of ecological systems, complex trauma and post-traumatic growth, interviews probed about survivor experience of services, support systems, barriers and what factors seem to be most helpful and pertinent. Photovoice methodology was incorporated into the interview process as an additional means for survivors to express their experiences. The mission was to share their experiences in a way that promotes the nuanced impact of their experiences, while upholding their humanity and the fullness of their identities.
Personal semi-structured interviews and Photovoice pictures and captions highlighted their experiences after leaving the trafficking situation to determine factors that impact their reintegration into community.

Photovoice participants were encouraged to submit photos with a caption that described their experiences as survivors. Over a thirty day period, the only limitation to the number and content of photos was no identifying information, such as faces. Participants were then given the option to participate in a video call focus group where they saw the other participants’ photos and captions and were given the opportunity to share feedback on how these photos expressed the lived experiences of trafficking survivors. Finally, these participants gave input into how they would like these photos to be displayed as a way to raise awareness.

Data analysis

Analysis encompassed multi-level conceptual and analytic coding, including utilizing field notes, creating case studies, and selecting three transcripts that provided maximum variation of participant characteristics and experiences (i.e. age and length of time of being trafficked; gender of trafficker; familial vs non-familial trafficker) for identifying key themes and developing a codebook. In this study, sensitizing concepts included aspects from the research questions and theoretical orientations of complex trauma and post-traumatic growth, which formed a priori codes as well as *in vivo* codes derived directly from the participants’ feedback (Padgett, 2017). Software was useful for coding as well as finding relationships between codes. Finally, seasoned methodologists, content experts and the survivor advisory committee were consulted throughout the analysis process.

Photovoice analysis included a narrative analytic approach, also uses by Photovoice researcher, Laura Lorenz (2010). In summary, this included interaction between what the researcher saw in the photos, how the participants labeled the photos, and how the group analyzed the pictures into descriptions and themes. These key themes were connected to codes from the interview transcripts. Ultimately it was the individual and collective feedback from reviewing each other’s photos that confirmed how the photos were served as vivid illustrations of key findings from the interview data.

Data quality

To aim for a survivor-centered research study, the primary researcher formed a Survivor Advisory Council for consultation, comprised of individuals who are domestic sex trafficking survivors and survivor leaders within the field of anti-human trafficking advocacy and aftercare work. Their feedback based on personal and professional experiences was incorporated into all aspects of study design. Their feedback, in conjunction with the mentorship of experienced qualitative researchers, subject experts, and previous studies were utilized to test credibility, confirmability and validity of Photovoice and interview findings.

Findings

The findings detailed in this article are derived from a collection of themes from the analysis of semi-structured interviews with 15 adult women who were trafficked within the USA (Table I and Figure 1).

The research participants ranged in age from 21-55, with the average age 38. The average age of entry into trafficking was 16, with the youngest age 5 and the oldest age 23. The average length of time being trafficked was 19.4 years with the highest at 25 years and the lowest range at 2 years. The average length of time after separation
from the trafficker was 7.6 years with the highest range being 29 years and the lowest length of time 1 year.

As a core component of complex trauma and post-traumatic growth, this study explored the relationships of domestic sex trafficking survivors and the impact of relationships before, during, and after the trafficking victimization. Findings revealed how integral relationships were throughout their experiences as well as the healing process. Their feedback exposed how traffickers utilize relationship as a tool of deception, the trafficking experience isolates victims from relationship and greatly impacts trust, yet healing happens in the context of relationships where survivors have ongoing, learning experiences of trust and safety.

Emerging from the interviews of every participant was a continual theme of trust and distrust in relationships. Their gathered feedback defined experiences of trust and distrust as a person’s experiences of reliance, confidence and interaction between her and another, including the challenges, obstacles and benefits of trust within relationship. The following sections will further describe the impact on and experiences of relationship before, during, and after the trafficking experience.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Age</th>
<th>Age of entry</th>
<th>Years of exploitation</th>
<th>Years since exit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cat</td>
<td>40</td>
<td>19</td>
<td>17</td>
<td>4</td>
</tr>
<tr>
<td>Grace</td>
<td>25</td>
<td>20</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>31</td>
<td>18</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Emerald</td>
<td>21</td>
<td>18</td>
<td>2</td>
<td>1.2</td>
</tr>
<tr>
<td>7</td>
<td>23</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>9</td>
<td>46</td>
<td>13</td>
<td>25</td>
<td>8</td>
</tr>
<tr>
<td>10</td>
<td>21</td>
<td>15</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Kristine</td>
<td>47</td>
<td>14</td>
<td>3.5</td>
<td>29</td>
</tr>
<tr>
<td>14</td>
<td>30</td>
<td>5</td>
<td>23</td>
<td>8</td>
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<td>15</td>
<td>30</td>
<td>12</td>
<td>13</td>
<td>5</td>
</tr>
<tr>
<td>16</td>
<td>55</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Megan</td>
<td>32</td>
<td>23</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>18</td>
<td>Middle age</td>
<td>8</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Audrey</td>
<td>55</td>
<td>16</td>
<td>14</td>
<td>25</td>
</tr>
<tr>
<td>Victoria</td>
<td>24</td>
<td>19</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

Figure 1   

Ethnicity of participants
**Pre-trafficking experiences of relationship**

For all of the participants in this study, they described experiences that contributed to loss of trust prior to the trafficking experience, and many described these events as setting the stage for exploitation. Two-thirds of participants disclosed a childhood history of sexual abuse. Almost all participants described a lack of emotional support or abuse within the family. Four of the participants reported being in foster care during childhood. Two-thirds discussed the divorce of parents or other significant family challenges. One-third lived in families with substance abuse. One-third experienced abusive relationships (Table II).

Participant 7 shared her experience which included some of these factors, including sexual abuse, parental divorce and entry into foster care:

I was raped by my neighbor and, after that, my parents just started losing their mind and that’s when they split up and then they just stopped caring for us pretty much, so, that’s when we went into the system.

Grace is one example of several who had multiple challenges within her family, including substance use, abuse and divorce:

Both my parents are alcoholics. They were alcoholics when I was a child so I dealt with that a lot. I was sexually abused at 11 or 12 from a family member. So, although my parents were very successful in their careers, they weren’t very successful as parents. They weren’t there for me emotionally. They weren’t there through all the stuff that I had gone through. And then, through high school, my parents got divorced. So, again, I lost that support going back and forth between mom and dad.

Participant 7 and Grace discussed these adverse childhood experiences and subsequent neglect from primary caregivers in the context of explaining factors of vulnerability that contributed to eventual exploitation, which then will perpetuate a loss of trust that continues beyond the trafficking victimization.

**Pre-trafficking experiences of relationship**

*Traffickers’ use of trust and relationship as tools.* Almost all participants described the traffickers’ use of relationship and trust as his greatest tools of engagement, deception and coercion. A repeated theme of the majority of research participants was proclaimed empty promises made by the trafficker with the sole intention of exploitation.

Participant 14 described what a female trafficker said to her, in the midst of building a relationship that would eventually lead to luring her into the commercial sex industry. She was previously trafficked by family members throughout her life and the trafficker was preying upon this vulnerability:

She said “I can see that you want a family and I am your mom now and I want to be your mom. I want to take care of you and I want to love you and I want you to be my family” [...] Because my

<table>
<thead>
<tr>
<th>Participant factors of vulnerability</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect/abuse within family</td>
<td>95</td>
</tr>
<tr>
<td>Childhood sexual abuse</td>
<td>67</td>
</tr>
<tr>
<td>Divorce/family challenges</td>
<td>67</td>
</tr>
<tr>
<td>Foster care</td>
<td>35</td>
</tr>
<tr>
<td>Substance abuse within family</td>
<td>33</td>
</tr>
<tr>
<td>Life stressors leading to financial need</td>
<td>33</td>
</tr>
<tr>
<td>Domestic/intimate partner abuse</td>
<td>33</td>
</tr>
</tbody>
</table>
first trafficking experience had been familial and my familial people took me to the locations
where the pimps were at and took me in were the ones behind the trauma, to have this woman
who had built this friendship with me and then exploit that friendship and those vulnerabilities
almost seemed to be a deeper layer of betrayal because I trusted her to help me and she took
that trust and she exploited it

Victoria had a similar experience of lacking a cohesive family foundation due to abuse:

They promised me a family. The promised me birthdays and Christmases. They promised to
always take care of me. I would drive the nicest cars. I would live in the nicest apartment. I would
always be provided for [. . .] And, then, if I didn’t behave, I would be punished as well.

The traffickers capitalized on these voids, luring her with empty promises.

Some participants shared how the trafficker combined words that conveyed love, care, and
protection, but interactions with his victims that included threats or violence, and always
included control and deception. This not only created distrust, but distortion of what trust
and love are within relationship. Cat described two experiences with one of her traffickers
that conveyed contradiction of words and actions:

He took out the bat from behind – and he didn’t hit me but he popped me with that bat right in my
mouth and it wasn’t painful but it shocked me. And he was like, ‘I don’t believe in being brutal. I
don’t believe that women should be forced to do anything. If you don’t like my program, you can
go. But if you stay, you’re going to work my program and you ain’t gonna tell me that you didn’t
know.’ And I was like, ‘I didn’t know.’ And, he put that bat up again and he was like, ‘I’m letting
you know now, the next time I put this bat on you, it’s not going to be a pop.’ And, I was prepared.
I was like, ‘I didn’t see or take anything’ and he believed me

His words implied that he was offering choice and fairness, but his actions included threat,
punishment, control and abuse. Another incident conveyed how was processing an act of
sexual violence from him, while recalling previous things he said that promised choice and
freedom. It became a defining moment for questioning what she had believed, but also
implied another layer of betrayal and loss of trust:

He knew that and he took that and he used it and my head just kept spinning and I kept thinking,
this is not the game. This is not the way the life is supposed to be. It’s a choosing game. You’re
supposed to be able to choose what you want to do, like to a degree. You’re not supposed to be
raped by your pimp who you’re supposed to trust and feel safe with. He totally took everything
away and like – at that point, like everything that I felt for him, like I didn’t feel it anymore

Isolation from relationship during trafficking experience. Most participants reported isolation
from loved ones and others in society during the trafficking experience. Cat explained this
social isolation:

I didn’t have friendships and I didn’t have relationships […] the relationship between my
trafficker was my only relationship and then maybe my wife-in-law but it’s affected me greatly
[…] trust was out the window […] but I would not let people to get close to me because how do
you become friends with someone in the world when you’re in the life, you know. What do you talk
about? What do you say to them? What do you have in common, you know? I mean, even a small
conversation of your kids or something like that or grocery shopping or, you know, that would be
to the extent of any conversation that I would be able to have with anybody square […] and, it
still remains difficult for me sometimes [. . .].

She was describing not only isolation from the trafficker or other women, but how shame from her
experiences hindered her from connecting with others during and after being trafficked.

Participant 15 was not physically isolated, but still described a separation from loved ones
based on perception of experience:
I wasn’t particularly private at that point about the fact that I was doing it, but everybody around me was sold on this idea that I chose it and I wanted to do it and not like I was given the money to him and he had control over my finances and I was afraid for my life.

The role of relationship in exit. As participants shared their stories of exit, the majority of those interviewed left with the support and encouragement of someone else, including clinicians, law enforcement, social service support, or concerned community members. Specifically, the support of these individuals empowered the victims. This is an illustration of the significant emerging theme of the role of supportive relationships and the survivor’s restoration of power.

Post-trafficking experiences of relationship

The role of relationship in aspects of complex trauma and post-traumatic growth. Findings from this study displayed how the complex trauma experienced by these survivors had significant impact on their relationships. Furthermore, there was also evidence of the crucial role of relationship in expressed aspects of post-traumatic growth, including appreciation for life, finding personal strength, spiritual change, perception, and finding greater meaning in life experiences (Calhoun and Tedeschi, 2006).

Their photos also depicted the value of relationships with friends, family and peers. All five Photovoice participants are active in some form of survivor leadership training, advocacy or activity with girls or women. While their photos conveyed ongoing challenges, memories and struggle, they portrayed the purpose, inspiration, enjoyment and hope found in helping others.

Trust and relationship development after trafficking experience. When participants were asked about how the trafficking experience impacted their post-trafficking relationships, distrust of others was a repeated in vivo theme for the majority of participants, describing distrust and shame as factors hindering relationship development.

Kristine described how the experiences of shame separate from relationships: “I think that I have held back because I always feel like I have this thing lurking that nobody can really understand.” Participant 10 discussed having fear and mistrust in both friendships and romantic relationships:

I think there’s been some impact in terms of like romantic relationships but, also in terms of building friendships and stuff like that in that, this is such a big part of my life but it also scares a lot of people away. It caused me to be very untrusting of people and very skeptical and very aware of my surroundings. And my relationship with men, I’m very untrusting and very on guard and I’m very fearful, initially, and, that’s just throughout the whole relationship. When I am dating and trying to meet men, I’m just very skeptical about their intentions or are they a trafficker in disguise? If they’re not, what do they want from me? Like, they’re using me for something [. . .] So, that’s how it impacted my relationships.

The majority of interviewed survivors described this lack of trust as hindering friendship. For Participant 9, the lack of trust was connected to how others may perceive her experiences.

Yeah, I mean, you can’t tell people shit. You can’t tell regular people about this because they don’t understand and they look at you like you’re a ho or something. But, they just don’t understand what you really go through.

Emerald expressed it as related to her disinterest in relationship due to lack of trust. “There’s like people who want to get to know me, but, I don’t really want to.” Participant 3 remains distant from others because of mistrust. “I’m very standoffish with friends. I don’t really trust anybody”. Most participants described how it impacts relational intimacy, one survivor claimed physical intimacy as easier than emotional intimacy.
I’ve been single for a couple of years and I would like to start dating but, it terrifies me, you know, and, so, I think there’s been some impact in terms of romantic relationships but, also in terms of building friendships in that, this is such a big part of my life but it also scares a lot of people away (Participant 15).

A consistent in vivo theme for many participants was describing their preference of having a small support system. Participants’ choice to have a smaller circle of friends seemed related to choosing carefully and exercising discernment for whom to trust. Cat explained:

I’m not a person that needs a bunch of people around me to feel like I have friends or relationships. I’m kind of a recluse in that way but it has affected me trying to get to know people because of feeling judged, feeling like an outcast. How do you relate? So, the friends that I have are the friends that know about my life and the amazing thing is that we don’t have to talk about anything that has to do with the life now and I found that I do have rewarding relationships that are based on respect and trust and that means a great deal to me.

This small circle of friends most often includes other survivors. All of the participants have had some level of peer support within services they have received, including interaction with other survivors or survivor leaders. The majority of participants expressed how support from other survivors is valuable and an integral aspect of their healing and form of coping because of the bond and mutual understanding of shared experiences.

Trust was described as an obstacle for receiving support. “I feel like a bother to people if they’re trying to help me” (Emerald). Some survivors expressed impact on trust of law enforcement and service providers, and at times mistrust was reinforced by their experiences when receiving services:

I’ve experienced some very horrific experiences with service providers that have actually deeply wounded me and have made it even harder to trust – organizations that might actually be very well-intentioned and actually really be able to help me (Participant 14).

Rebuilding trust in relationships. The experience of trust within relationship was repeatedly attributed as a primary source of healing and growth from almost all of the participants. Participant 14 eloquently described how relationships may provide the opposite of the abuse in the trafficking experience:

I really believe that just as the trauma takes place in relationships – I believe that healing takes place in relationships as well and just as I have seen the pure sickness of individuals, I believe now that there is a lot of good individuals in this world and, so, those people are very much a part of my life on a daily basis and I know I can call them at any moment.

Grace explained how she found relationships that were exceptions to her past experiences and perceptions, and how these relationships impacted her:

The smallest things are the people that I’ve come in contact with […] and I can’t deny it and I know that I’m walking the right way. And, if it wasn’t for those signs, I think I’d probably have given up because, when you’re surrounded by people that don’t understand or don’t know what you’re thinking, feeling, or what it’s even like, it’s hard to see that there’s a path and that you can kind of come out of it […] Just people that kind of surrounded me and said that I could do this. And, I’m like, if you say so, and I just kept walking and here I am.

Grace gives high attribution to individuals who express understanding and confidence in her, different from her past experiences of betrayal.

Post-trafficking relationships with partners. Emerging themes included their experiences within romantic relationships. They described the challenges of fear, mistrust, and the barrier of their own self-perception. While their shared experiences reflected the risk for re-entering abusive relationships, their responses also reflected how long-term committed relationships may be a source of healing.
Approximately one-third were currently in dating or long-term relationships. They described how they were navigating symptoms of trauma, challenges with trust, their sexual relationship, and described the relationship in a positive way as a source of healing. Grace discussed her current relationship and being aware of symptoms of trauma, particularly in the sexual relationship:

Understanding my own triggers and trying to relay that to somebody else. It’s not been easy. I still struggle with it […] Like in the relationship that I’m in now […] I’ve said what I’ve been through. It’s not something we dwell on. But, if there is a time that I feel a certain way I’ll say it, but if somebody truly loves you in that sense they are not looking at what you’ve done. There not looking at you as that person, but I think definitely understanding that there are sexual triggers that could bring somebody back in that sense.

Her example described the importance of open and ongoing communication and the reality of ongoing reminders of the trauma. Many survivors provided examples that revealed relationships can provide an exception to past experiences, giving a model of health. Participant 14 is now married, and described the journey of challenges and rewards:

I am so grateful for him walking into my life but, not just that, but being okay with just the messiness of my story and – it’s not easy. It took a lot for me to trust him, too […] we were very intentional to have pre-engagement counseling […] Long story short, it’s been a process […] We still go through a lot of like normal fights and like marital stuff but, it’s been kind of cool to see healing is possible.

Relationships with support persons

Trust in supportive relationships. Some of the interviewed survivors described the power of learning how to trust within the context of supportive relationships during the post-trafficking experience as one of their greatest needs and what they found as most helpful:

I needed everything. Everything. From clothes to food to shelter. Medical care. Personal needs […] but I also needed people not to give up on me […] I’ve experienced people that just kinda say they’re gonna do something then not do it – and that really had a profound effect on me because it made me feel like I can’t trust people even when I really wanted to start to begin to love people again and to trust people again. There’s that underlying feeling of desperately wanting to fit in and trust people but not being able to because people would say they were gonna do something and then they didn’t do it. And, by having consistent people – a support system […] that just stayed and didn’t leave. That has been probably one of the major things that has helped me […] When a woman survivor starts to see this person’s not going anywhere, they really care because most of the time they’re dealing with abandonment and they’re dealing with a whole variety of other things. And, they see a constant person and figure, it helps to open up and trust. I always tell people just love her, don’t have any expectations, because, you can’t. You just gotta love them where they are and just keep loving them where they’re at (Cat).

Many of the survivors stated that they learn from the models offered in relationships. Adopted mothers and fathers as well as support persons become a new framework to understand healthy relationships:

I would say that if it wasn’t for the adopted dad in my life I would have never been in a place to open myself up to the possibility of being in a relationship with a man or woman (Participant 14).

It’s helped me – that I was in a home with a husband and a wife and I was able to see the dynamics of their relationship and what it looked like and it was baffling to me […] I did not understand […] but it started to stick and because of that, I started to be more aware of what a healthy friendship, relationship, work relationship look like. And, it’s been very beneficial to me (Cat).
Grace emphasized the value of having a mentor, as providing a model of something she can aspire to be:

I found it very important to find a mentor to bounce stuff off of or just to find somebody that you want what they have and you see the direction that they're going in (Grace).

As participants described what was helpful about their experiences with support persons in the post-trafficking phase, almost everyone said it was helpful when someone believed in them, including judges, probation officers, mentors, or service providers:

That judge was the first person to believe in me and to see something in me that I did not see. I spent a year in that program and they mandated meetings and outpatient therapy and everything that I needed that I didn't know that I needed […] My probation officer was a huge support. He believed in me […] has inspired me, has made me think about there is a life after the life and you can overcome the trauma. It's a process and it's going to be a long, lengthy process, but I felt all along, that this person is in that race with me (Grace).

I think the surprising part was a lot of people seen a lot in me that I wasn't seeing in myself, so, I had a lot of people believing in me and referring me to this type of work and I felt I wasn't ever good enough (Participant 9).

They also described the role of unconditional love and having someone who would not give up, would provide acceptance for where they were at and who provided presence, tangible support, and accountability. Participant 14 described her relationship with a mentor, who provided presence, accountability, and the opportunity to practice healthy attachment:

To have received mentorship services and I’m currently in a mentor program and that has been absolutely incredible having a community, being able to build relationships with a person who I’ve been able to create attachments with that are healthy attachments. But, knowing that they have accountability, knowing that it’s not an isolation which is an isolation which absolutely terrifies me because my trauma happened in isolation […] So, she has been through a lot of life with me, sat in a lot of doctor’s appointments with me and stuff […] People that are safe have really changed my life.

Participant 9 gave insight into how involvement with a program included the kind of love and acceptance that kept her coming back, even during her time in the trafficking experience.

The love was unconditional and not just because you go out there and you do drugs or you sell yourself and you come back, that they’re gonna say, why do you keep doing this? It was still with open arms. And, it was like, that’s okay, baby. I’m glad to see you still here. It was enough love that I was getting to make me want to keep coming back […] The place that kinda helped build me up mentally. Just giving me encouragement and trying to motivate me, and unconditional where they wasn’t judging. I can’t really explain what I was going through at the time because, whatever it was, it felt good. So, I just knew I wanted more of that:

Another theme for the majority of the participants is that the supportive persons in their life had long-term influence and became like family for them, including staff from therapeutic homes, professors, probation officers, 12-step support group sponsors and mentors met through local coalitions or organizations. Participant 9 described her relationship with some key individuals:

And, to this day, one of them became like my spiritual mom. And I love her to death because it wasn’t for her encouragement […] you can feel the sincerity of these providers. We are very observant people because we have to be being out in the life. So, we feel the love coming unconditionally and that’s what attracts us. I can tell you any and everything you want to know because I feel you would keep that in confidence and help me just walk through it […] It’s two people […] one of my probation officers is my support till today and then my mentor. That’s my spiritual mom. But, when I call them and when I talk to both of them, they say the same thing to me but in a different way so I understand it a little bit better. It helps a lot to keep people that want your best interest in your corner. So if this go to any other ladies, it’s a lot of people out there that
Participants described how they learn more about becoming trustworthy within relationships:

[…] learning to balance time in a relationship with people. I always make sure to keep in contact with people, not say I'm going to do something and not show up. That's like a thing I have to do. And, even if I don’t see them for a while, stay in contact with them.

Grace’s description reflects post-traumatic growth. “I think I’m more willing to ask for help now and I’m more open-minded to taking direction from others. I think I value relationships a lot more”.

Personal growth in relationships. For those who expressed growth in their identity formation, it was within the context of supportive relationships after trafficking, specifically with key support persons or service providers who were on a journey with them of naming and helping them to discover their beliefs, values, skills, interests, and preferences. These individuals also had confidence in them and verbalized what they saw. This provided a mirror for which the participants could begin to see and further develop themselves.

Implications

As a core component of complex trauma and post-traumatic growth, this study explored the relationships of domestic sex trafficking survivors and the impact of relationships before during and after the trafficking victimization. Findings revealed how integral relationships were throughout their experiences as well as in the healing process. Participant narratives exposed how traffickers created dependencies through relationship, using relationships as a tool of deception, manipulation, and isolation from relationship, leaving long-term challenges with trust. Yet, participants recognized that healing happens in the context of relationships where survivors can learn trust, boundaries, and safety. The experience of trust within relationship was continually attributed as the greatest need of the post-trafficking experience and the primary source of healing and growth from almost all of the participants. When expressing what they wish they had during the trafficking experience, they recurrently described someone to intervene or to offer options and resources. As participants described what was helpful about their experiences with support persons in the post-trafficking phase, almost everyone described it helpful when someone believed in them, including judges, probation officers, mentors, therapists or other service providers. They credit relationships as a primary source of hope and help.

These findings are significant for anyone working with survivors. Findings support the importance of providing ample opportunities for relationships that model mutuality, shared power, authenticity, and trust through services and communities. These findings suggest the importance of training families, faith communities and organizations about the needs of trafficking victims, and the importance of providing supportive relationships for survivors. Service providers should address aspects of healthy relationships when working with survivors. Finally, what seems most important is service provision within the context of a safe relationship.

In the midst of establishing optimal services, participant narratives suggest we consider creative ideas for connecting survivors to supportive relationships in settings where they can have models, envision who they want to be in relationship, and provide a vision for future relationship. Non-traditional services for survivors, such as placing survivors in living situations within families, could be further explored in both program development and future research. This could not only address the major need of housing, but provide a context for relational elements of trust, communication, boundaries, and mutuality to be modeled, practiced and developed.
In addition, when we consider their description of needs and what they found helpful, we must consider the barriers of traditional social services that are time-limited, often with rigid boundaries in the access and interaction with service providers. If the majority of trafficking survivors struggle with trust, how does it impact them when they are expected to initiate receiving services? What is the impact on developing trust if services are cut off after a period of time? Is it realistic to expect them to schedule and maintain appointments and find the resources to transport and attend services?

In summary, it is recommended to explore nontraditional service models that provide trafficking survivors with a relational context that includes survivors, professionals and community members who are committed to a long-term, empowering, trauma-informed approach. These services should meet the primary needs for physical and mental stabilization, but within a context that is fostering relational development. Key aspects include models of intimacy, teaching and practicing communication and boundaries, and building trust in a mutual relationship. These things must not only be taught in theory, but must be modeled and practiced in the context of long-term committed supportive relationships.

Any program or individual involved with serving trafficking survivors must teach and facilitate the necessary foundational life skills towards achieving sustainable independent living. According to their feedback, this is most effectively done in the context of a supportive relationship. Busch-Armendariz et al. (2014) and Walsh (2016) recommended life skill development, yet it cannot be underestimated that survivors discovery of new possibilities seems to happen most powerfully within a long-term committed relationship with a supportive person/s. Hence, this highlights relating to others, another domain of post-traumatic growth as prominent in the findings.

If supportive relationships are attributed as key needs and factors of healing of trafficking survivors, traditional social services are not sufficient. Therefore, we must further explore through program development and research how to train and utilize formal and informal relationship and resources within our communities.

Limitations
This research did not include minors, males or international trafficking survivors, whose stories are also critical to understanding. In addition, mainly utilizing service providing organizations to recruit participants may have limited the research by not having access to survivors who have not received or pursued services. Therefore, it is difficult to know if these experiences are generalizable for all sex trafficking survivors.

Many participants served as survivor leaders or were active in anti-trafficking advocacy or service provision. This may represent a recruitment or participation bias. This data contribute to the research on survivor leaders, but may not provide generalizable data for all trafficking survivors. In addition, this study did not distinguish differences in impact and experiences based on differing types of trafficking or geographic location which could also impact clarity of data.

This study also provided a broad range of age as well as time after exiting the trafficking experience and did not specifically parse feedback based on length of time after exit. Additional research, such as a longitudinal study, could explore the range of experiences with complex trauma and post-traumatic growth based on differing ages or times of exit, nontraditional services for trafficking survivors that capitalize on the significant value of relationships, and further research to explore effective ways to address sexuality and healthy relationships.
Conclusion

An ideal outcome of this study was to highlight the voices and wisdom of survivors to further define and recommend effective interventions and support systems. Because the impact is complex and the barriers to reintegration are numerous, this issue deserves multi-faceted strong models that not only are trauma-informed, but facilitate stabilization and quality of life for those who have been victimized.

While relationships are most significantly impacted from the trafficking experience, they are also considered the greatest instrument of healing, through offering long-term commitment and belief in the individual. These relationships include mentors, clinicians, service providers, family members, community members and more. While there is significant loss in the trafficking experience, including trust, voice, power, identity and relationships, these participants exhibited extraordinary evidence of finding and utilizing their voice and power in significant ways, including their contribution to this study.

References


Clawson, H.D. (2009), Study of HHS Programs Serving Human Trafficking, US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.


Polaris (2017), *2016 Statistics from the National Human Trafficking Hotline and Be Free Textline*, Polaris, Washington, DC.


Further reading


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Multiplicty of stigma: cultural barriers in anti-trafficking response

Annie Isabel Fukushima, Kwynn Gonzalez-Pons, Lindsay Gezinski and Lauren Clark

Abstract

Purpose – The purpose of this study is to contribute to the social understanding of stigma as a societal and cultural barrier in the life of a survivor of human trafficking. The findings illustrate several ways where stigma is internal, interpersonal and societal and impacts survivors’ lives, including the care they receive.

Design/methodology/approach – This study used qualitative methods. Data collection occurred during 2018 with efforts such as an online survey (n = 45), focus groups (two focus groups of seven participants each) and phone interviews (n = 6). This study used thematic analysis of qualitative data.

Findings – The research team found that a multiplicity of stigma occurred for the survivors of human trafficking, where stigma occurred across three levels from micro to meso to macro contexts. Using interpretive analysis, the researchers conceptualized how stigma is not singular; rather, it comprises the following: bias in access to care; barriers of shaming, shunning and othering; misidentification and mislabeling; multiple levels of furthering how survivors are deeply misunderstood and a culture of mistrust.

Research limitations/implications – While this study was conducted in a single US city, it provides an opportunity to create dialogue and appeal for more research that will contend with a lens of seeing a multiplicity of stigma regardless of the political climate of the context. It was a challenge to recruit survivors to participate in the study. However, survivor voices are present in this study and the impetus of the study’s focus was informed by survivors themselves. Finally, this study is informed by the perspectives of researchers who are not survivors; moreover, collaborating with survivor researchers at the local level was impossible because there were no known survivor researchers available to the team.

Practical implications – There are clinical responses to the narratives of stigma that impact survivors’ lives, but anti-trafficking response must move beyond individualized expectations to include macro responses that diminish multiple stigmas. The multiplicity in stigmas has meant that, in practice, survivors are invisible at all levels of response from micro, meso to macro contexts. Therefore, this study offers recommendations for how anti-trafficking responders may move beyond a culture of stigma towards a response that addresses how stigma occurs in micro, meso and macro contexts.

Social implications – The social implications of examining stigma as a multiplicity is central to addressing how stigma continues to be an unresolved issue in anti-trafficking response. Advancing the dynamic needs of survivors both in policy and practice necessitates responding to the multiple and overlapping forms of stigma they face in enduring and exiting exploitative conditions, accessing services and integrating back into the community.

Originality/value – This study offers original analysis of how stigma manifested for the survivors of human trafficking. Building on this dynamic genealogy of scholarship on stigma, this study offers a theory to conceptualize how survivors of human trafficking experience stigma: a multiplicity of stigma. A multiplicity of stigma extends existing research on stigma and human trafficking as occurring across three levels from micro, meso to macro contexts and creating a system of oppression. Stigma cannot be reduced to a singular form; therefore, this study argues that survivors cannot be understood as experiencing a singular form of stigma.

Keywords Social care, Human trafficking, Stigma, Healthcare, Bias, Cultural barriers

Paper type Research paper

Introduction

In 2018, Cami, a survivor of human trafficking, was found dead in a suburban area in Utah, USA. News reporter Stephen Dark described, “The way the [police] saw it, she had brought
her death on herself” (2018). In her life, Cami was an advocate for survivors of trafficking who were dealing with substance use, homelessness and being marginally housed. In 2017, she posted on social media, “The only reason nothing gets done is because we are drug addicts and homeless” (Dark, 2018). Cami illuminated how survivors continue to face stigma as they navigate systems, where this stigma continues after death. Cami’s story was not an isolated incident, but rather reflected the conditions of human trafficking and the consequence of stigma occurring in the USA and this study’s site: Salt Lake City, UT. It is compelling to understand human trafficking and Cami’s experience with stigma through the case example of Salt Lake City, the most populous city in Utah and one that is increasingly becoming more diverse. Questions one is left with regarding Cami’s experience:

Q1. How did bias, shaming, shunning, othering, misidentification and mislabeling create barriers for Cami?

Q2. Was she misunderstood from micro to macro contexts?

Q3. Did a culture of mistrust impact her ability to have her needs met?

Cami’s story is tragic and unfortunately far from unique. Human trafficking survivors systematically face barriers in their attempts to access services; barriers that are products of bias, shaming, shunning, othering, misidentification and mislabeling. From micro to macro contexts, systemic forms of stigma create a culture of mistrust that impact survivors’ abilities to have their needs met. This study seeks to understand, beyond an individual case example, how stigma continues to impact survivors of human trafficking, where stigma is multiple and layered.

In the USA, human trafficking is legally defined in the Trafficking Victims Protection Act (22 USC § 7102) as occurring when a person is induced by force, fraud or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery (2000). Human trafficking is internationally recognized as a contemporary human rights concern affecting migrants and nationals alike (Brysk and Choi-Fitzpatrick, 2012; Chapkis, 2003; Jordan, 2002). Despite nearly 20 years of anti-trafficking response efforts, the survivors of human trafficking (henceforth referred to as survivors) continue to face a culture where stigmatizing behaviors and responses lead them to face devaluation, rejection from society and unsympathetic responses from law enforcement and service providers when they are seeking support (Blakey and Gunn, 2018; Goffman, 1963). The intangible construct of concealable stigma (Jones et al., 1984) can be traced to stigmatizing behaviors with material consequences such as psychological distress and poor health status (Quinn and Chaudoir, 2009). Stigma may encompass experiences with poverty, working in informal economies, immigration status, mental health and ability and status as a “victim”.

Stigma is a central research topic for those interested in how social forces shape “life chances” (Schnittker and John, 2007, p. 115). Research on human trafficking and stigma includes the following: health care interventions and HIV (Vijeyarasa and Stein, 2010); survivor “rehabilitation” and integration post-trafficking (Brunovskis and Surtees, 2013; Dahal et al., 2015; Vijeyarasa, 2010); stigma and criminalization (Vanwesenbeeck, 2017); homelessness and human trafficking (Mostajabian et al., 2019) and gender-based stigma (Russell, 2013). Research on stigma has been conceptualized as occurring in micro to macro contexts such as self-stigma, structural stigma and public stigma (Blakey and Gunn, 2018). Moreover, research suggests that acceptance of human trafficking myths in service and law enforcement responses to trafficking predicts whether or not a survivor is believed or blamed (Cunningham and Cromer, 2016; Sprankle et al., 2018). Belcher and DeForge (2012) define stigma as the co-occurrence of labeling, stereotyping, separation, status loss and discrimination in a power situation that allows it to unfold. The consequences of stigma are both physiological and psychological and alter health and help-seeking behaviors (Lazarus et al., 2012) as well as erode one’s growth and adjustment (Mak et al., 2007). This study contributes to social understandings of stigma as a societal and cultural barrier in the
life of a survivor of human trafficking; in particular, the approach to this study offers a novel synthesis of theories on stigma to define what we refer to as a *multiplicity of stigma*.

Building on this dynamic genealogy of scholarship on stigma, this study offers a theory to conceptualize how survivors of human trafficking experience stigma through a *multiplicity of stigma*. A multiplicity of stigma extends existing research on stigma and human trafficking as occurring across three levels from micro, meso to macro contexts and as creating a system of oppression (Blakey and Gunn, 2018; Link and Phelan, 2001; Wagner et al., 2016). In addition to the definitional understanding of stigma as the co-occurrence of labeling, stereotyping, separation, status loss and discrimination in a power situation (Belcher and DeForge, 2012), stigma cannot be reduced to a singular form (i.e. the stigma of poverty, substance use/addiction, legal status, criminality and race and gender). Therefore, this study argues that survivors cannot be understood as experiencing a singular form of stigma. Advancing the dynamic needs of survivors both in policy and practice necessitates responding to the multiple and overlapping forms of stigma they face in enduring and exiting exploitative conditions, accessing services and integrating back into the community. Thus, outlined in this study is a conceptual framework for the multiplicity of stigma in anti-trafficking response, which comprises the following: bias in access to care; barriers of shaming, shunning and othering; misidentification and mislabeling; multiple levels of furthering how survivors are deeply misunderstood and a culture of mistrust. To conclude, we offer recommendations that inspire how anti-trafficking responders may move beyond a culture of stigma.

**Human trafficking and stigma – responding to a multiplicity of stigma**

Studies on human trafficking and stigma theorize a particular form of stigma – internalized stigma or what others may refer to as self-stigma (Blakey and Gunn, 2018; Sukach et al., 2018). The devalued self-perception affects how survivors view themselves and their relationships with family members. Self-stigma impacts a survivor’s self-efficacy, thus diminishing their ability to leave trafficking conditions (Blakey and Gunn, 2018). Self-stigma can include accepting one’s “less-than” status where survivors and non-survivors alike engage in a negative internal conversation (Benoit et al., 2018; Benoit et al., 2019). Alternatively, survivors may choose to ignore society’s perceptions of their work or actively portray their occupation positively (Benoit et al., 2018; Benoit et al., 2019).

Research shows that stigma can initiate victimization, perpetuate cycles of violence and prevent survivors from leaving exploitative conditions (Dahal et al., 2015). Moreover, stigma reinforces systems of oppression in healthcare settings, thus affecting a survivor’s ability to seek help (Wagner et al., 2016). Stigmatizing behaviors in organizations responding to human trafficking may both fail to engage survivors and further traumatize them (Rajaram and Tidball, 2018). Analyses of stigma and sexual economies (Fitzgerald-Husek et al., 2017; Sukach et al., 2018) illuminate how survivors’ lives are tethered to sexual economies where they are simultaneously viewed as at-risk and risky (Krüsi et al., 2016), thus highlighting the power of language. In criminal justice responses to human trafficking, the latter label contributes to law enforcement minimizing a survivor’s experience with abuse or right to protection and justice (Krüsi et al., 2016). Survivors face stigmatization not only for working in sex industries but also for having a criminal record (Schwarz et al., 2017). However, human trafficking extends beyond sexual economies to comprise a range of industries (i.e. agriculture, domestic work, hotel, janitorial, restaurant and even street-based economies). Race, national origins (i.e. US citizens, immigrants or indigenous peoples), sexuality, gender identity and class all culminate to impact how a person is perceived.

Current responses to stigmatizing behaviors in services (i.e. health care and social services) have led to recommendations for practitioners to examine themselves and recognize internalized perceptions of marginalized groups (Sukach et al., 2018). Further,
disrupting stigma is linked to extending compassion (Blakey and Gunn, 2018). Such individualized responses include recommendations such as narrative therapy, which can:

[…] help clients to challenge the stigmatizing views that are held by western societies (i.e., sex workers are immoral) and support clients to challenge the ways this dominant discourse is influencing their narrative (Sukach et al., 2018, p. 1435).

Research notes the importance of using neutral, non-negative language, decriminalizing criminalized industries and furthering a rights-based approach (Sprankle et al., 2018; Weitzer, 2018). Survivors may find empowerment via collective agencies or associations (Benoit et al., 2018; Bettio et al., 2017). However, stigma is not limited to perceptions of sex. As such, these recommendations and responses to stigma, although commendable, are limited because they do not account for multiple forms and layers of compounded stigma.

Therefore, this study contributes to the research on stigma to offer a theory for how stigma manifests for trafficking survivors, and not as a monolith or singular experience but rather as a variety – a multiplicity of stigma. Human trafficking survivors present with additional requirements that are accompanied by multiple stigmas such as stigma because of gender discrimination (Russell, 2013), poverty (Reutter et al., 2009; Waxman, 1983), perceptions of homeless or marginally housed people (Kidd, 2007; Mostajabian et al., 2019), mental health concerns and addiction (Ahern et al., 2007; Corrigan et al., 2009), criminal justice involvement, immigration status (Abrego, 2011), racism, racial bias and phobias of transgender, queer and gender nonconforming people (Kidd, 2007).

Methods

This study relied on a qualitative data collection approach as a means to gain both a more nuanced understanding of barriers survivors face when accessing services in Salt Lake City. Overall, this study combined qualitative data collection and quantitative data collection of demographics (Driscoll et al., 2007), which allowed the research team to triangulate data (Denzin, 1978; Jick, 1979; Reichardt and Rallis, 1994; Venkatesh et al., 2013). In 2018, the researchers facilitated a city-wide study on the needs of human trafficking survivors. Data collection occurred from March 2018 to July 2018 with efforts such as an online survey (n = 45), focus groups (n = 7) and interviews (n = 6). The survey was distributed to anti-trafficking stakeholders via an anonymous email link via the local Human Trafficking Task Force, service agency leadership and survivors. The online survey garnered insight into how human trafficking survivors access and receive services. Sample questions included “What gets in the way of survivors accessing services?” and “What barriers to service have you observed?”.

The quantitative data comprised a survey and demographic information asked of qualitative participants. Survey participants were recruited through convenience; an email was sent to the Salt Lake City human trafficking task force where participating task force members forwarded the survey on to their own list-servs, thus leading to a total of 45 participants (unknown how many received the survey). The survey comprised 36 questions, drawing on the Laboratory to Combat Human Trafficking’s (2013) questionnaire – the questionnaire included multiple choice option, multiple choice text-box options and open-ended questions, which took participants approximately 17 min to complete. The questions elicited participants’ perceptions of strengths and shortcomings to their organizations’ delivery of services to human trafficking survivors. Frequencies and percentages were obtained for these questions. Because count and percentage data were the only insights gleaned from the quantitative portion, no manipulations were made to adjust for missing data. On completion of the survey, participants were asked to list known anti-trafficking stakeholders in the area to assist with further recruitment efforts.
Central to this study was the qualitative data collection. Qualitative data were collected through two focus groups ($n = 7$) and phone interviews ($n = 6$). For the qualitative portion of the study, participants were recruited via convenience sampling. Flyers advertising focus groups and interviews were drafted and distributed to area stakeholders for recruitment purposes. Interested participants completed an online registration form to review study details, give consent and complete a short survey of basic demographic information. Then, a research assistant contacted the participant to schedule an interview or focus group time. In-person, semi-structured focus groups were conducted in a private meeting room at the university. Focus groups were 90 min in length, and the facilitator used a focus group guide. One researcher facilitated each focus group while another offered content expertise and was a note-taker. Because of difficulties in recruiting participants for the focus groups, the research team agreed to adapt the research study to increase participation. Therefore, the research team conducted phone interviews, in addition to the two scheduled focus groups. These semi-structured interviews were approximately 60 min in length and used an interview guide. All interviews and focus groups were audio-recorded and transcribed verbatim. Participants’ time and expertise were recognized with a US$20 gift card. The qualitative data collection fulfills the consolidated criteria for reporting qualitative research checklist for interviews and focus groups (Tong et al., 2007).

The interviewers bring a wealth of knowledge regarding qualitative methods from multiple fields of studies: ethnic studies, gender studies, nursing and social work. Dr Annie Isabel Fukushima has nearly 15 years of experience interviewing survivors of human trafficking; has served as an expert on human trafficking for civil, criminal, and immigration court cases; and has authored multiple publications on human trafficking including the one most recently Migrant Crossings: Witnessing Human Trafficking in the US published with Stanford University Press as part of the series on law, law and society, sociology, immigration law, human rights and civil rights and law and criminology. Dr Lindsay Gezinski has 10 years’ experience conducting research with particularly marginalized populations, including human trafficking survivors, specially related to qualitative interview and focus group methods. Dr Lauren Clark has a 25-year experience base of funded qualitative health research, including interview and focus group studies of low-income, refugee and immigrant women. Furthermore, the researchers bring a wealth of experiences working in human trafficking task forces in California, Texas and Utah, ranging from 3 to 15 years of experiences of working on human trafficking.

Analysis

This study used thematic analysis, a qualitative method where the researcher has competency in pattern recognition (Boyatzis, 1998; Clarke and Braun, 2017; Patton, 2015). After focus groups and interviews were completed, a research assistant transcribed the audio recordings. Moreover, the researcher took notes during focus groups to highlight emerging themes. From the survey data results, a codebook was created where codes were agreed on by the research team. One researcher coded the qualitative data with the assistance of this codebook. Initially, analyses produced results illuminating 11 themes such as stigma. Before coding a second time, the research team conducted an extensive desk review on scholarly discussions of human trafficking with specific focus on stigma (Mostajabian et al., 2019; Sprankle et al., 2018; Sukach et al., 2018; Vanwesenbeeck, 2017; Vijeyarasa, 2010; Vijeyarasa and Stein, 2010; Weitzer, 2018). Then, the research team created a codebook that prioritized the following aspects of stigma: bias, being misidentified, being misunderstood, resilience, shame and trust. The research coder then returned to the focus groups and interviews and used a second level of thematic analysis.

Drawing on deductive analysis, a theory-driven analysis, the descriptive methods of coding were used, i.e. a label was created for themes representing common forms of stigma identified in the literature. Although qualitative researchers are skeptical of “reliability tests because their data do not take the form of a clearly standardized set of measurements,” this study depended
on a knowledgeable coder who has expert knowledge of the content being coded to ensure coding reliability (Campbell et al., 2018). An initial testing of these dimensions of stigma was conducted by coding one focus group transcript before applying these stigma sub-codes to the rest of the interviews and focus groups. The final analysis led to 175 quotes being hand-coded from approximately 10 h of interviews and focus groups. In addition to the qualitative analysis, the research team analyzed the surveys produced from the study. Data collected from the online survey was cleaned in Excel and uploaded into SPSS v25 for descriptive analyses. Open-ended survey responses were categorized by themes to gain an accurate count of the main issues identified. On October 1, 2018, the research team presented the study findings in a community presentation. Study participants offered their input into the study’s preliminary findings.

Participants

Forty-five people participated in the online survey, including advocates (n = 16, 36 per cent), service providers (n = 24, 53 per cent), law enforcement personnel (n = 11, 24 per cent) and lawyers (n = 3, 6 per cent). These categories are not mutually exclusive where several participants selected multiple roles (e.g. advocate and trafficking survivor) (Table I).

Qualitative data collection encompassed telephone interviews (n = 6) and two in-person focus groups (n = 7) for a total of 13 participants of the qualitative portion of the study. Interviewees were predominantly white (n = 5, 83 per cent) with an equal number of participants identifying as male and female. Participants were between the ages of 26 and 65 years and professionals ranging in fields of law enforcement, legal professional and service provider with participants identifying as a survivor (Table II). The focus groups participants comprised a little over half identifying as white (n = 4, 57 per cent) and female (n = 4, 57 per cent) where participants were between the ages of 26 and 55 years. Years of experience working with survivors ranged from 2 to 40 years (median = 5 years) where the participants included advocates (n = 2, 29 per cent), health care professionals (n = 2, 29 per cent), social service providers (n = 3, 43 per cent) and a human trafficking survivor (n = 1, 14 per cent) (Table III).

<table>
<thead>
<tr>
<th>Occupation</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocate</td>
<td>16 (36)</td>
</tr>
<tr>
<td>Educator</td>
<td>1 (2)</td>
</tr>
<tr>
<td>Healthcare provider</td>
<td>1 (2)</td>
</tr>
<tr>
<td>Housing provider</td>
<td>1 (2)</td>
</tr>
<tr>
<td>Law enforcement</td>
<td>11 (24)</td>
</tr>
<tr>
<td>Legal services</td>
<td>3 (6)</td>
</tr>
<tr>
<td>Service provider</td>
<td>24 (53)</td>
</tr>
<tr>
<td>Unknown</td>
<td>14 (31)</td>
</tr>
<tr>
<td>Other**</td>
<td>4 (9)</td>
</tr>
</tbody>
</table>

Number Trafficking Victims Encountered***

<table>
<thead>
<tr>
<th>Number Encountered</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5</td>
<td>5 (11)</td>
</tr>
<tr>
<td>6-10</td>
<td>2 (4)</td>
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<tr>
<td>11-15</td>
<td>3 (6)</td>
</tr>
<tr>
<td>16-20</td>
<td>2 (4)</td>
</tr>
<tr>
<td>21-50</td>
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</tr>
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<td>1 (2)</td>
</tr>
<tr>
<td>100+</td>
<td>4 (8)</td>
</tr>
<tr>
<td>Unsure</td>
<td>3 (6)</td>
</tr>
<tr>
<td>Unknown</td>
<td>23 (55)</td>
</tr>
</tbody>
</table>

Notes: *Participants could choose more than one option. Percentage based on number of participants; **Other: volunteer, grant analyst; ***Participants were invited to provide information on how many trafficking survivors they themselves encountered (as a responder or as a survivor; survivor and responders was not disaggregated)
Although saturation in qualitative studies is identified as occurring when 7 to 12 interviews are conducted (Francis et al., 2009), new beliefs elicited started to plateau after around six interviews. Therefore, after conducting six interviews and two focus groups (7 participants), the research team agreed that saturation had been met.

**Utah**

To examine stigma and human trafficking, this study draws on data gathered from multiple stakeholders in Salt Lake City, UT, a metropolitan city in the Western United States. Salt Lake City is the most populous city in Utah, one that is increasingly becoming more diverse in terms of race, gender identity and sexuality. It is projected that over the next fifty years, UT’s minority population will increase by 75 per cent (Hollingshaus et al., 2019). The traffic of native women continues to be a concern, where Utah is one of 10 states reported to have the highest numbers of missing and murdered indigenous people (Lucchesi and Echo-Hawk, 2018); a phenomenon that cannot be delinked from human trafficking (Deer, 2010). Furthermore, anti-trafficking efforts have existed in this city for the past 11 years. Although the city is located in a state where residents are predominantly Christian and white, UT serves as an important site for understanding how to respond to human trafficking where diversity is growing. Despite more than a decade of effort in Utah, the research team found cultural and societal barriers of stigma persisted for survivors.

**Results**

Participants were queried about their perceptions of barriers to service access or human trafficking survivors. Common barriers to service included survivors’ lack of knowledge of available services \((n = 37, 82\text{\%})\), lack of trust in the system \((n = 33, 73\text{\%})\), not self-identifying as victims \((n = 33, 73\text{\%})\) and feelings of shame or embarrassment \((n = 28, 62\text{\%})\). When given the option to elaborate, other barriers listed in the text box

<table>
<thead>
<tr>
<th>Age</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>26-35 years old</td>
<td>2 (33)</td>
</tr>
<tr>
<td>46-55 years old</td>
<td>3 (50)</td>
</tr>
<tr>
<td>56-65 years old</td>
<td>1 (17)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>3 (50)</td>
</tr>
<tr>
<td>Male</td>
<td>3 (50)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
<td>1 (17)</td>
</tr>
<tr>
<td>White</td>
<td>5 (83)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Human trafficking survivor</td>
<td>1 (17)</td>
</tr>
<tr>
<td>Law enforcement</td>
<td>2 (33)</td>
</tr>
<tr>
<td>Legal professional (lawyer, judge, etc.)</td>
<td>2 (33)</td>
</tr>
<tr>
<td>Service Provider</td>
<td>1 (17)</td>
</tr>
<tr>
<td>Other</td>
<td>2 (33)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number Trafficking Victims Encountered</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>21-40</td>
<td>1 (17)</td>
</tr>
<tr>
<td>41-60</td>
<td>2 (33)</td>
</tr>
<tr>
<td>81-100</td>
<td>1 (17)</td>
</tr>
<tr>
<td>More than 100</td>
<td>1 (17)</td>
</tr>
<tr>
<td>Unknown</td>
<td>1 (17)</td>
</tr>
</tbody>
</table>

**Notes:** ‘Participants could choose more than one option. Percentage based on number of participants.”
included victim bias; language and cultural barriers; shame; hopelessness; feeling worthless and social stigma. Participants were then asked what resources were required to address these barriers. Their responses further highlight the complexity in aiding trafficking survivors. Therefore, qualitative data were analyzed for the following categories: bias, being misidentified, being misunderstood, resilience, shame and trust. Notably, these deductive categories were simultaneously present in micro, meso and macro contexts. Overall, discussions of stigma illuminated how survivors simultaneously experience multiple stigmas. Trafficking survivors presented with substance use issues and addictions, making it difficult for them to access services, partly because they were not deemed “compliant” by organization staff. However, stigmas were not only related to substance use and addiction. Stigma related to the criminal justice system with survivors reportedly mistrusting law enforcement, regardless of citizenship status, stemming from their fear of criminalization. The compounding of multiple stigmas (i.e. addiction/substance use, criminalized behaviors and people) was evident across levels of influence, which affected individual self-efficacy, client-provider interactions and service delivery and systems-level practices. Survivors explained how prejudice reduced their access to care through the pathway of stigma; therefore, what follows next is a discussion of bias in service provision.

**Bias in access to care**

We might have judgements about the people that we work with […] the judgments occur in various systems on the part of people that they might not realize that they’re passing a judgment or that they’re viewing that individual in a different light […] that’s a huge barrier, I mean would someone even be welcome[d] to walk in and be received well? They can walk in the door and they could walk into some places to talk to somebody about things that are going on with them.

<table>
<thead>
<tr>
<th>Table III</th>
<th>Demographics of focus group participants ( (n = 7) )</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>( n (%) )</td>
</tr>
<tr>
<td>26-35 years</td>
<td>3 (43)</td>
</tr>
<tr>
<td>36-45 years</td>
<td>2 (29)</td>
</tr>
<tr>
<td>46-55 years</td>
<td>1 (14)</td>
</tr>
<tr>
<td>Unknown</td>
<td>1 (14)</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>4 (57)</td>
</tr>
<tr>
<td>Male</td>
<td>2 (29)</td>
</tr>
<tr>
<td>Unknown</td>
<td>1 (14)</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
</tr>
<tr>
<td>Hispanic of Latino</td>
<td>2 (29)</td>
</tr>
<tr>
<td>White</td>
<td>4 (57)</td>
</tr>
<tr>
<td>Unknown</td>
<td>1 (14)</td>
</tr>
<tr>
<td><strong>Occupation</strong></td>
<td></td>
</tr>
<tr>
<td>Advocate</td>
<td>2 (29)</td>
</tr>
<tr>
<td>Healthcare professional</td>
<td>2 (29)</td>
</tr>
<tr>
<td>Social Service Provider</td>
<td>3 (43)</td>
</tr>
<tr>
<td>Human Trafficking Survivor</td>
<td>1 (14)</td>
</tr>
<tr>
<td>Unknown</td>
<td>1 (14)</td>
</tr>
<tr>
<td><strong>Number Trafficking Victims Encountered</strong></td>
<td></td>
</tr>
<tr>
<td>21-40</td>
<td>2 (29)</td>
</tr>
<tr>
<td>61-80</td>
<td>1 (14)</td>
</tr>
<tr>
<td>More than 100</td>
<td>3 (43)</td>
</tr>
<tr>
<td>Unknown</td>
<td>1 (14)</td>
</tr>
</tbody>
</table>

**Notes:** *One participant did not complete the demographic form; **Participants could choose more than one option. Percentage based on number of participants; ***Participants were invited to provide information on how many trafficking survivors they themselves encountered (as a responder or as a survivor; survivor and responders was not disaggregated)*
But, how would they be received? And what kind of vibe would be shared or given off to that person? – Service Provider

Many of the participants described trafficked persons as being, “not like one set group” with a range of forms of human trafficking occurring. When describing bias against survivors of human trafficking, participants described how organizations’ bias stemmed from a lack of knowledge regarding difference – sexuality, gender, class, race and national origins. Service providers who were biased left survivors feeling unhealed or feeling unwelcome. As illuminated during the focus groups, bias is perceived by survivors, even if implicitly, in service provision.

Participants in the study illuminated their own biases. This bias occurred on the individual level where experts on human trafficking reported their sentiments about survivors:

If I had to characterize [survivors of human trafficking], I would say, they didn’t grow up in too good [of an] environment, they’ve been around drugs […] it seems like they want attention, they want to find somebody that will take care of them and hold them and love them. We’ve also dealt with people that don’t have legal status here in the US. – Law Enforcement Agent

Regardless of intention, the participants of the study illuminated their own biases, suggesting a culture of “victim-blaming” persevered: survivors were sometimes described as “attention-seekers,” suggesting they may not have experienced abuse, a common bias towards people with addictions, substance use, undocumented, or those who participate in sexual economies where rape myths continues. The consequence of such bias is these survivors were often viewed as criminals. As illuminated by another participant, polarized views of survivors as criminals impacted care even in medical contexts:

[Survivors of human trafficking] are in Juvie or in a detention, they need housing as soon as they’re released and they need immediate medical [attention]. Then you’re navigating this legal to judicial system […] [when they are] taking a minor to a local medical facility in cuffs in a jumpsuit for a rape kit and it just becomes […] complicated […] the staff doesn’t understand and people are wanting to take the cuffs off because of the exam. And you can’t [remove the handcuffs]. – Health Care Provider

At the meso level, survivors of human trafficking experienced bias when accessing services, where they were treated as criminals to be handcuffed. This contradicted trauma-informed care, where a carceral response was privileged (handcuffing a “criminal”). This contradiction was not unbeknown to providers, where such experience was described as being met with confusion.

However, one cannot separate the macro forces of the cultural context of religiosity, particularly in Utah, which impacted service provision and response to human trafficking. As conveyed by an interviewee:

The [religious] population […] we like to put our blinders on […] and we don’t want to know about the problem […] because we just want to believe that our community is you know all really nice [religious] people and it’s just a wonderful community […] so that is a barrier and it’s not just the barrier here, it’s everywhere but maybe a little bit more here because of [the active involvement of the religious community]. – Lawyer

While religion may be essential for some survivors’ healing, it impacted public perception as to whether or not trafficking was occurring in Salt Lake City, UT, and the state more broadly. In addition to experiencing bias, survivors experienced overt forms of stigmatizing behaviors that encompassed what is discussed next: shaming, shunning and othering in anti-trafficking responses to human trafficking.
The barrier of shaming, shunning, and othering

As articulated by Elspeth Probyn:

Etymologically shame comes from the Goth word Scham, which refers to covering the face. The crucial element that turns sham into shame is the level of interest and desire involved. There is no shame in being a sham if you don’t care what others think or if you don’t care what you think. But if you do, shame threatens (2010, p. 73).

Moreover, shame is inextricably linked to the self in relation to others (Tangney and Dearing, 2002, p. 2); therefore, for survivors of traumatic events, shame was an ongoing barrier to connecting with much needed services, including medical and housing services. Shame was discussed in complex ways with survivors who experienced multiple forms of stigma, from surviving in sexual economies, addiction, participating in criminalized industries to undocumented status. As described by an interviewee, shame is both internalized and societal, where the perception of trafficked people is that they are a “shame-based population”:

Sure, they [survivors] don’t access clinics. [They access] hospitals very rarely. I think that when it comes to maybe incarceration, they might access medical services, but that is about as far as it gets. There is such a face of shame and guilt and it is a pretty shamed-based population, so you don’t really want to be seen. – Survivor

For some survivors, the internalized experience of shame was bound to the social experience of stigma, where the common belief was that survivors “[chose] this, you said you wanted it.” or “You’re worthless’ and all those kinds of things, the fears and insecurities.” These derogatory beliefs became ingrained in some survivors’ sense of self-worth. Participants discussed how survivors did not access services because they did not want to share their experiences of sexual abuse, sexual exploitation, or being sex trafficked because it would result in feelings of shame.

Shame, shunning and othering was reified in anti-trafficking responses in the justice system. As conveyed by a participant discussing law enforcement responses to migrants working in massage parlors:

And you know another barrier [related to] not understanding the culture that the person comes from: let me explain. We have a gal just come to America […] to work off the family’s debt […] She’ll go back home and she’ll be seen as successful. She’s helped a family. And then we go in and we bust [the] massage parlor […] And they’re mad at us […] Because we have now not understood what’s going on. We [anti-trafficking responders] have wrecked their lives. They don’t feel that they can go back to their home because they’re now a disgrace to the family, because they didn’t fulfill what their role was in the family. They didn’t fulfill [paying off their debt].

– Lawyer

The stigmatizing behaviors migrated into social services. As illuminated by a participant referring to shelter-based housing:

The language, the way that [survivors] are talked to, the way they are felt about, they’re not fitting in, they don’t feel accepted or like they should be able to stay there […] With the other shelters, it is rare that they will even take one of our women, because maybe they are addicted […] Just the name [human trafficking survivor] in general, there is just a huge stigmatism around the population as a whole. – Survivor

Shelter responses and the stigma of addiction made it difficult for survivors dealing with substance use. Moreover, moral values were bound to religion, having unintentional consequences:

A lot of people won’t talk about [experiences of being trafficked], so they carry it themselves, so there isn’t a social support. There is a lot of shame. And it’s not an understood injury […] For instance, if someone is, I will use prostituting but I am trying to get away from that word, down on
[the street] again, people will judge that and think “this is their choice, why don’t they do something else? They could do this or that or this or that.” So they are judged and they are categorized […] There is not an invitation there to enter a social circle, for instance. Or some people will see what is happening as sin for instance, or they are not welcome in church. – Survivor

The link between sin and shunning, and direct discussions of being unwelcomed in church, reified how moral values, culturally based because of religion, could lead survivors to further marginalization by the very communities that are seen as the providers of support. As one interviewee aptly phrased it, “[Homophobic service providers] don’t tell [the survivor] to leave, they shun [the survivor] to leave”.

The othering effects are not limited to survivors who are bound to sexual economies and substance use, but also to the stigma of being undocumented. To be undocumented is assumed to be “illegal”, in effect “criminal” and “other”:

I think that there’s an “Other[ing]” that comes with human trafficking […] immigrants, they’re here illegally [undocumented], they don’t speak English. These especially vulnerable populations are […] othered.” – Service Provider

The stigmas of human trafficking were wrapped in class perceptions of educational attainment:

There are tons of disparities, education is a disparity. If you don’t have a very good education it’s difficult for you to realize what’s going on and to do anything about it […] So, imagine a girl who barely finished high school maybe got her GED, [went to] jail or something like that, and now she’s working through a strip club, she drinks an inordinate amount of vodka. So, education is a huge barrier, stigma. – Service Provider

The consequence of stigmatizing behaviors is that they continue to be perpetuated when survivors are misidentified and mislabeled.

Misidentification and mislabeling

I feel like [survivors] are often misidentified persons especially here […] There are a number of different trafficking survivors, there are those exploited by pimps, there’s survival trafficking survivors who I work with mostly and I am one myself, who maybe start out with a pimp and then go to sexual exploitation by themselves on the streets. There are labor trafficking survivors […] Servitude marriage trafficking survivors, foreign born trafficking survivors. – Survivor

As conveyed by a survivor, the mislabeling of survivors is a common experience for survivors of human trafficking, a form of stigmatization – to fail to accurately label survivors of human trafficking. Survivors continued to experience being mislabeled as criminals, “delinquent,” “runaway,” “throwaway,” or “illegal.” The mislabeling cuts across into ableism. An advocate described a survivor who also lived with autism: “For them to speak up and speak out […] they’re not labeled […] [making them] the perfect victim.” This illuminated how notions of perfect victimhood impacted who is seen as trafficked, and who is unseen (Fukushima, 2019; Srikantiah, 2007).

Mislableing is a multifaceted phenomenon; in micro-contexts, the witnesses of human trafficking recognize that trafficking in itself is a form of labeling. As described by a participant:

Well most people that I worked with would not say that they have been trafficked. It would take a lot of explanation for them to say “oh yeah okay, I would identify myself as being trafficked.”

A myriad of terms tied to trafficking continued to be ascribed to survivors. For some, this ascription is a form of mislabeling. As described by a participant: “they’d say prostitution and I’m like “no it’s called: I’m sexually exploited.” The difference is between criminality and
victimhood where prostitution continues to be criminalized. The categorical constructions that shape human trafficking continue to impact how identification occurs, even in its most stereotypical way. As conveyed by another participant:

Typically, what we’ve been seeing, and of course we know it could be anybody, it crosses all socioeconomic classes and age. But typically, what I’ve been seeing or dealing a lot with has been female domestic [violence victims] usually entering into sex trafficking around 15-16 passing themselves off as older. Then it usually a lot of the boyfriend, Romeo, type situations. Which, I know it’s kind of stereotypical. – Service Provider

Mislabeling effaces a survivor’s complex needs. Using substances as a coping tool made entering and staying in treatment programs difficult if not impossible, especially if organizations have zero-tolerance substance use policies. Survivors may present with a cluster of symptoms as a result of their poly-victimization. As one survivor described:

The presenting symptoms like for me I cut, I overdosed on sleeping meds all the time, I had a serious eating disorder, flashback, people don’t really know what to do with that. So, they will try to make it make sense to them, like labels, label you in one way or another as oppositional or whatever, borderline and not understand how deeply the effects of trauma go. – Survivor

Gender stereotypes of who may be trafficked prevailed. One interviewee reported that certain types of trafficking victims, such as male victims, are “less accessible” to law enforcement:

I think a lot of the boys that are involved in that end up committing suicide or are self-medicating with drugs and start becoming addicts and stuff like that. Generally, [they are] the survivors that aren’t really accessible to law enforcement.

There is a consequence to mislabeling and misidentifying. This mislabeling means that subgroups of trafficked individuals “tend to be overlooked.” These communities include immigrants, indigenous, people with disabilities, religious minorities, sexual and gender minorities, the marginally housed, homeless and those living in poverty. The misidentification is tethered to who is seen as a perpetrator of abuse. As conveyed by an interviewee, common perceptions continued to be the “Romeo,” “pimp” and even cartels. Mislabeling occurred even in the context of identifying exploiters:

We don’t ever talk about the fact that a lot of these “Johns” are 40-year-old middle-aged white WASPs [White Anglo-Saxon Protestants] that go home to their families after having sex with the 15-year-old. – Service Provider

Participants illuminated how misperception and misidentification of trafficking meant that there were stereotypes and biases regarding people who participate in economies that facilitate trafficking (i.e. sexual economies). For survivors who were criminalized, it was best described by one interviewee as being “kicked in the face by my record all the time” where their criminalization haunts them even in a life after trafficking. Misidentifying a person because of stigma reduced community response to trafficking and slowed outreach to survivors. As illuminated by an interviewee:

If they know what they are looking at, if they know what they are seeing and they can identify that as human trafficking they treat it so differently, they are not handcuffing the woman for instance and adding to her trauma.

Multiple levels of being misunderstood

Bias, shunning, othering and mislabeling impacted survivors because they interacted with a range of institutions from social services to law enforcement. As one interviewee stated, when attempting to place survivors in domestic violence shelters, they were rejected because the links between domestic violence and human trafficking were unrecognizable.
Other denials of services because of misunderstanding populations occurred when survivors were trafficked in homosocial violence (i.e., when women traffic women). Other misunderstandings occurred when survivors of human trafficking did not meet the standard of being chronically homeless because of “couch surfing” or being “housed” by their trafficker; thus, they were excluded from the advantages of Housing First policies. Most participants recognized that trafficking occurs in a range of industries but continued to perpetuate trafficking myths of the intimate partner or “boyfriend-pimp” who traffics a “stable” of women and girls. Although true for some, trafficking is very diverse and such images perpetuate misperceptions of trafficking through trafficking myths. As described by a participant:

The labor trafficking is more like “oh my gosh I haven’t been paid in a year. I haven’t been able to support my family at home. Oh no what do I do?” It’s not kind of a long history of abuse and neglect, it’s more of a “I’m right in this traumatic situation right now” and I need somebody to help me talk through it and guide me through it and go through it. And I come out on the other end with some coping skills and things have all been lined up and put together and I’m good. I’m ready to go. And it’s not a long term [form of exploitation], it’s a much different looking process than when you get a child who has substance abuse and neglect and is in the Foster Care system and that mental health piece as well. – Service Provider

The misperception of labor trafficking is that it is not a form of long-term abuse. Moreover, the survivors of labor trafficking, who also have long-term needs, may experience addiction, neglect, have family concerns and continue to face the stigma of being an immigrant or face racism. The misunderstandings of human trafficking were highlighted through a range of exemplars, including law enforcement returning survivors to their traffickers, law enforcement using arrest against survivors to force them into being witnesses, mandating undocumented migrant victims to detention based on the perception of their being a threat or punitive responses towards victims in shelter for them being perceived of as “aggressive.” Misunderstandings of experience arose even for survivors who appeared to be on a path towards healing or, as summarized by one participant, the perception is that survivors “end up falling off the wagon and taking off.” As one participant said, “the system just doesn’t know how to handle them.” The lack of knowledge has meant responses to trafficking have, in many incidents, been ill-informed. As reported by one participant and the opening of this study’s example of Cami, misunderstandings have consequences where survivors’ lives may end in death.

A culture of mistrust

In the flurry to respond to human trafficking across the USA, a persistent challenge in anti-trafficking responses is a culture of mistrust. Several stakeholders discussed the power of affirmation and trust-building in impacting survivors’ lives. Trust was crucial and multidirectional, operating between survivors and service providers, survivors and law enforcement and others. Participants discussed how the current methods of criminalization need to be revisited. Common perceptions of criminalization viewed it as a means to further assist survivors through arrest, followed by diverting survivors into programs or bringing them into the fold of a legal response as witnesses. Moreover, it was seen as a “safety” response, where law enforcement and providers alike described the arrest of survivors, even minors, under prostitution charges, as being beneficial because of immediately separating the survivor from the trafficker. Unfortunately, traffickers use this stigma to their advantage – particularly with undocumented victims or survivors with a history of criminalization or fear the stigma of being incarcerated – threatening survivors with deportation or being arrested and jailed. It was not uncommon for participants to discuss tactics used by perpetrators, for example a participant stated: “[Traffickers state they will] call ICE [Immigration Customs Enforcement] and they are going to take [survivors and their] family”. To respond to the
culture of mistrust, one law enforcement participant discussed changes rippling through police groups where some officers are “switch[ing] the way they do these investigations from ‘we are out to bust prostitutes’ to ‘we’re looking for traffickers.”’ The participant emphasized this approach as being coupled with a reduction in the use of arrest against potential victims. However, these responses continued to be limiting where “there are still departments throughout the state that […] have an] arrest first, ask questions later mentality. I think that really destroys trust with [survivors]”.

As described by the participant below, there is a need for responses that are stigma-free:

These women are so shamed and they are so depleted and demoralized and deconstructed so there has to be some ignition of some kind of rebuild of that of “Like you are worth it! I don’t feel sorry for you! I see you, you are worthy, you are enough, you are a beautiful soul!” Once that starts to take hold, then they can start responding to other things. – Survivor and Service Provider

Study limits & future directions

While this study was conducted in a single US city, it provides an opportunity to create dialogue and appeal for more research that will contend with a lens of seeing a multiplicity of stigma, regardless of political climate of the context. It was a challenge to recruit survivors to participate in the study. However, survivor voices are present in this study and the impetus of the article’s focus was informed by survivors themselves. Finally, this study is informed by the perspectives of scholars who are not survivors; collaborating with survivor researchers at the local level was impossible because there were no known survivor researchers available to the team. This study invites future research that is a comparative site of multiplicity of stigma, where survivors are leading the research. By studying Utah, we hope this study serves as an important exemplar for understanding responses to human trafficking in a context where a city is rapidly diversifying yet maintains a dominant religion and white majority demographic profile. Future research that may build upon this study includes research that will engage with the same themes found in this study – bias in access to care; barriers of shaming, shunning and othering; misidentification and mislabeling; multiple levels of furthering how survivors are deeply misunderstood and a culture of mistrust. Human trafficking continues to be theorized as human trafficking and a singular issue such as homelessness (Belcher and DeForge, 2012; Kidd, 2007), HIV (Vijeyarasa and Stein, 2010), immigration status (Abrego, 2011), incarceration (Schnittker and John, 2007), mental health (Mak et al., 2007), poverty (Reutter et al., 2009), sexuality and the stigma of prostitution (Benoit et al., 2018; Bettio et al., 2017; Blakey and Gunn, 2018; Fitzgerald-Husek et al., 2017; Krüsi et al., 2016; Lazarus et al., 2012; Sprankle et al., 2018), substance use (Ahern et al., 2007; Corrigan et al., 2009) or a problem individuals face (Dahal et al., 2015). The unique contribution of this study is to conceptualize stigma as multi-faceted. Given anticipated demographic changes in the Western United States, the way socio-political entities respond differently to trafficking as they experience rapid growth in both population and diversity is a question yet to be considered. Purposeful, multi-level efforts comprising of multiple collaborators across fields and life-experiences are essential to reshaping the stigma dialogue in times of rapid social change.

Conclusions: moving beyond a culture of stigma

The multiplicity of stigma, combined with intrapersonal and interpersonal ramifications, supports our call for an empathy-focused response to human trafficking that grapples with the multiple forms of stigma shaping the lives of trafficking survivors as they navigate communities and services. Stigma is not a novel phenomenon, yet this
insidious form of status loss and discrimination has yet to be resolved for survivors. Therefore, for cultural change to emerge, survivors must first be viewed as humans experiencing multi-faceted, layered and ongoing stigmas. Participants discussed how survivors were mislabeled, misidentified, shunned, othered, impacted by mistrust and internalized stigma.

There are clinical responses to the narratives of stigma that impact survivors’ lives, but anti-trafficking response must move beyond individualized expectations to include macro responses that diminish multiple stigmas. The multiplicity in stigmas has meant that, in practice, survivors are invisible at all levels of response from micro, meso to macro contexts. Moreover, complex responses to multiple stigmas co-occurring in a single environment are essential to creating more robust and informed cultural responses to human trafficking. Organizations must re-evaluate the types of stigmas their organizations may be continuing to perpetuate. Changing culture requires acknowledgement that the existing policies and procedures are inherently stigmatizing, further traumatizing or ill-informed. Cultures where sex is not openly discussed, where the stigma of addiction, poverty and the “other” persists collectively create an environment where exploitation can thrive. Therefore, organizational policies and community practices are required to contend with the multiple forms of stigmatizing behaviors occurring at the responder, service, institutional and community level. Communities must be able to talk about sex without judgment, address substance use in the context of trauma and view undocumented status as merely a legality. No person is a criminal, but rather, they are people who have participated in criminalized activities.

References


Further reading


Hua, J. (2011), Trafficking Women’s Human Rights, University of MN Press, Minneapolis, MN.


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Legislative discrepancies: an analysis of Missouri’s current human trafficking laws and the need to improve its legal protection of victims

Rachel Kappler and Arduizur Carli Richie-Zavaleta

Abstract
Purpose – Human trafficking (HT) is a local, national and international problem with a range of human rights, public health and policy implications. Victims of HT face atrocious abuses that negatively impact their health outcomes. When a state lacks protective laws, such as Safe Harbor laws, victims of HT tend to be seen as criminals. This paper aims to highlight the legal present gaps within Missouri’s anti-trafficking legislation and delineates recommendations for the legal protection of victims of HT and betterment of services needed for their reintegration and healing.

Design/methodology/approach – This case-study is based on a policy analysis of current Missouri’s HT laws. This analysis was conducted through examining current rankings systems created by nationally and internationally recognized non-governmental organizations as well as governmental reports. Additionally, other state’s best practice and law passage of Safe Harbor legislations were examined. The recommendations were based on human rights and public health frameworks.

Findings – Missouri is a state that has yet to upgrade its laws lately to reflect Safe Harbor laws. Constant upgrades and evaluations of current efforts are necessary to protect and address HT at the state and local levels. Public health and human rights principles can assist in the upgrading of current laws as well as other states’ best-practice and integration of protective legislation and diversion programs to both youth and adult victims of HT.

Research limitations/implications – Laws are continually being updated at the state level; therefore, there might be some upgrades that have taken place after the analysis of this case study was conducted. Also, the findings and recommendations of this case study are limited to countries that are similar to the USA in terms of the state-level autonomy to pass laws independently from federal law.

Practical implications – If Safe Harbor laws are well designed, they have greater potential to protect, support and assist victims of HT in their process from victimization into survivorship as well as to paving the way for societal reintegration. The creation and enforcement of Safe Harbor laws is a way to ensure the decriminalization process. Additionally, this legal protection also ensures that the universal human rights of victims are protected. Consequently, these legal processes and updates could assist in creating healthier communities in the long run in the USA and around the world.

Social implications – From a public health and human rights perspectives, communities in the USA and around the world cannot provide complete protection to victims of HT until their anti-trafficking laws reflect Safe Harbor laws.

Originality/value – This case study, to the best of the authors’ knowledge, is a unique analysis that dismantles the discrepancies of Missouri’s current HT laws. This work is valuable to those who create policies at the state level and advocate for the protection of victims and anti-trafficking efforts.

Keywords Human trafficking, Law, Safe harbour, Protection, Criminalisation, Human rights, Public health

Paper type Case study
Introduction

Human trafficking (HT) is modern-day slavery. Victims of HT are trapped under the control of their traffickers and suffer constant inhumane abuses (Polaris Project, 2019; United Nations Office of Drugs and Crime, 2014; US Department of Justice, 2018). The outcomes of their victimization lead to long-lasting morbidities and even mortality. Therefore, HT is a public health and human rights concern that requires prompt attention from the legal, health care and social service systems both locally and globally (Beauchamp, 1976; Bromfield, 2016; Clayton et al., 2013; Greenbaum and Crawford-Jakubiak, 2015; Jordan et al., 2013; Maclas-Konstantopoulos, 2016; Polaris Project, 2019; Reid and Piquero, 2014). Although most victims of HT are found mostly in regions of Africa and Asia, the USA is not exempt from such criminal activity. In the past two decades, countries around the world have created some anti-trafficking laws. Even though the USA ranks high (3rd place) out of the ten top countries in the world that are working toward better protective policies on behalf of victims of HT, anti-trafficking state-level laws lack uniformity with federal law across the country (Global Slavery Index, 2019; Share Hope International Center for Justice & Advocacy, 2018). This lack of uniformity, at the state level, places victims as criminals within the justice system. It also creates barriers to receive needed assistance as victims try to reintegrate into the society (Polaris, 2015).

Therefore, this case study analyzes the current status of Missouri’s anti-trafficking laws and the protection or lack of thereof, of victims of HT with the goal to call state-level legislators in Missouri, the rest of the states in the USA and countries abroad to ensure their laws are protecting victims of HT and not criminalizing them. Missouri, although it also receives high or somewhat acceptable rankings in terms of its progress made in the past several years for creating anti-trafficking laws, it continues to fail to fully protect its victims of HT; especially those who have experienced sex trafficking. Just like Missouri, many states throughout the USA, have lagged to upgrade their anti-trafficking laws to completely protect victims of HT within their jurisdictions and are far from being uniform across the country (National Conferences of State Legislatures, 2020). Unfortunately, when states fail to upgrade their laws in alignment with federal laws, these inconsistencies lead to the criminalization of both nationals and foreign-born victims of HT. When victims are not pardoned and their trafficking forced criminal activity not vacated or sponged by the state-level legal systems, victims of HT will continue to face legal barriers even after entering their healing process. Lastly, as the world continues to move forward by integrating protective laws and suitable assistance to victims of HT, this analysis can abet with providing foundational approaches that aim protective legislative passage. In particular, this analysis can be useful to countries that follow a similar legal system where states have the autonomy to pass state-level laws that do not necessarily are required to mirror federal law.

Contextualizing human trafficking in the USA and abroad

In the USA, sex and labor trafficking are common manifestations of HT. HT is a crime that is not limited to any race, sex, age or location (US Department of Justice, 2018; Polaris Project, 2019). Victims of HT suffer a range of abuses that impact their whole persona – physically, emotionally, psychologically, sexually and spiritually (Baldwin et al., 2015; Crisp, 2012; Estes and Weiner, 2001; Greenbaum, 2014; Macy and Graham, 2012; Reid, 2016; Reid and Piquero, 2014; Ravi et al., 2017; Richie-Zavaleta et al., 2019). Sex trafficking victims besides being subjugated to grotesque daily abuse by perpetrators and sex buyers, the secretive nature of the crime leaves victims isolated, as well as unidentified or unnoticed by social and health-care providers (Barnert et al., 2016; Ravi et al., 2017; Recknor et al., 2017; Richie-Zavaleta et al., 2019). In the past decade, the adverse health outcomes of HT victims have been researched and observed. Some of these well-known consequences of trafficking trauma comprise:
reproductive health issues such as sexually transmitted infections (STIs);

severe intentional physical and sexual injuries such as punches, broken bones, burns and rapes; and

mental health issues such as post-traumatic stress disorder and depression (Greenbaum, 2014, 2016; Greenbaum and Crawford-Jakubiak, 2015; Hossain et al., 2010; Jordan et al., 2013; Munsey et al., 2018; Ravi et al., 2017; Reid, 2016; Richie-Zavaleta et al., 2019; Tracy and Macias-Konstantopoulos, 2017).

While foreign-born victims are brought into the USA in the thousands, 14,000-17,000 annually; it is estimated that 1 in 7 homeless youth is at risk of becoming a victim of sex trafficking given their high vulnerability (Share Hope International Center for Justice & Advocacy, 2018). The estimated prevalence of HT in the USA and internationally is yet completely reliable because of both the complexity of the issue and the lack of a unified data collection system. Nonetheless, some international collaborative efforts have worked together to established an estimated prevalence of those trapped in HT around the world and nationally. In 2016, 40.3 million people globally were estimated to be slaves; for the USA, the estimated number was 403,000 (Global Slavery Index, 2018). According to Polaris Hotline Report (2018), there are 4.8 million sexually trafficked people globally. From those who face sex trafficking, 25 per cent of victims are children between the ages of 11-14 years, and most often, 75 per cent are female when compared to their male counterparts (Polaris, 2018b; Toney-Butler and Mittel, 2018). Approaches to address their risks before victims are trapped in this trauma are essential to prevent future victimization.

Research also points to the fact that victims of sex trafficking are typically recruited and trapped during their youth; thus, creating adverse sequels throughout their lifespan (Bromfield, 2016; Smith and Vardaman, 2011; Reid and Piquero, 2014). As a result, victims of HT are robbed of their human rights, dignity and the opportunity to live a healthy life (Greenbaum and Crawford-Jakubiak, 2015). Understanding the risk factors that are present for youth and their recruitment will further assist public health officials at identifying youth in the community that perpetrators may pursue and establish laws that prevent, protect and assist at-risk populations. Comprehending sex trafficking risk factors also allows for better intervention approaches within the USA and abroad. Consequently, understanding the multi-level complexities of this inhumane crime, it has the potential to address the issue more holistically (Table I).

According to Toney-Butler and Mittel (2018), childhood trauma, specifically sexual abuse, has the highest indication for exploitation in HT. Specific populations are at a higher risk of sex trafficking on an individual level including those whose gender is not-conforming, lesbian, gay, bisexual, transgender and questioning groups, foster-care recipients, youth with substance abuse disorder, those with physical impairments, intellectual disabilities, ethnic minorities and Native Americans (Clayton et al., 2013; Reid and Piquero, 2014; Toney-Butler and Mittel, 2018). Identifying vulnerable populations and creating protective

<table>
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<tr>
<th>Table I</th>
<th>Multi-level analysis of key risk factors for HT</th>
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<tbody>
<tr>
<td>Levels</td>
<td>Key risk factors for HT</td>
</tr>
<tr>
<td>Intrapersonal level</td>
<td>History of child abuse, neglect, maltreatment, homeless, runaway, lesbian, gay, bisexual, transgender and queer youth, history of systems involvement (juvenile justice/child welfare), substance misuse, feeling unwanted, unloved and rejected</td>
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<tr>
<td>Interpersonal level</td>
<td>Family conflict, disruption, dysfunction-abuse, neglect, maltreatment and rejection of child/behavior</td>
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<tr>
<td>Community level</td>
<td>Peer pressure, social norms, social isolation, gang involvement, under-resources schools, neighborhoods, communities and part of judicial system</td>
</tr>
<tr>
<td>Societal level</td>
<td>Lack of awareness of commercial and sex trafficking, hyper-sexualized cultural values, lack of resources for at-risk youth or adults, lack of protective laws for victims and the deterring criminalization of perpetrators</td>
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laws will assist in the prevention of such atrocities and eventually reduce the prevalence rates locally and globally.

**US criminalization of sex trafficking and lack of uniformity of federal law at the state level**

For the first time, in the year 2000, the US Government criminalized trafficking of persons through the creation of the Trafficking Victims Protection Act (TVPA). In the USA, the two most-common forms of trafficking are sex and labor. This public law describes sex trafficking as a “commercial sex act induced by the force, fraud or coercion, or in which the person induced to perform such an act has not attained 18 years of age” (22 USC § 7102 (11)(A)). The term sex trafficking also includes the “recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act” (22 USC § 7102 (12)). Labor trafficking, also known as involuntary servitude is described as, “any scheme, plan, or pattern intended to cause a person to believe that, if the person did not enter into or continue in such condition, that person or another person would suffer serious harm or physical restraint” (22 USC § 7102 (8)). TVPA (2000) has gone through several reauthorizations since its initial passage with the purpose of creating a more comprehensive law including the creation of Safe Harbor laws and the reposition of assets to assist victims as they transition to social services for their healing process as well as other changes (Richie-Zavaleta et al., 2019). Although the USA passed the TVPA two decades ago, state-level laws of HT continue to fail in ultimately protecting victims and criminalizing suspects because they do not fully reflect the federal law. They also have been very slow in creating anti-trafficking laws and their definitions are, at times, not comprehensive (Richie-Zavaleta et al., 2019; Wagner and Wagley, 2017). Thus, state-level laws and policies that do not continuously update their HT regulations and reflect federal laws leave victims of HT unprotected (National Conferences of State Legislatures, 2020; Polaris, 2015; Share Hope International Center for Justice & Advocacy, 2018). As a result, many times, victims are treated as criminals in the judicial system or lack the support needed to have a successful transition to full rehabilitation. Missouri’s current trafficking laws, just like many other states, fail to fully protect victims of HT because they have not incorporated complete immunity. As of 2020, 17 provide immunity and diversion programs and 3 more provide only immunity. Based on the analysis of authors, only 35 states vacate criminal records of victims of sex trafficking who were forced to prostitution and other criminal activities during their trafficking victimization. Two others vacate only minors (National Conferences of State Legislatures, 2020). Unfortunately, state-level inconsistencies not only leave victims of HT unprotected legally, but also, they fail to protect their human rights.

**Case study policy analysis methodology**

This case study is a policy analysis of Missouri’s HT laws. This analysis and recommendations proposed throughout this paper are based on Safe Harbor laws and the Uniform Act on Prevention of and Remedies for Human Trafficking (Uniform Act) (Polaris, 2015). Safe Harbor laws create immunity from prosecution related to any prostitution-related crimes during victims’ trafficking exploitation to minors (anyone under the age of 18 years old) and in few cases even adults (National Conferences of State Legislatures, 2020). These types of regulations also encompass the provision of needed services to the victims of HT when exiting victimization. The Uniform Act broadens the definition of Safe Harbor laws by including minor victims of labor trafficking who may have a criminal record (National Conferences of State Legislatures, 2020). Additionally, recommendations also include a financial-based benefit approach, public health and human rights frameworks.

These recommendations resulted from the detailed analysis and the review of two major ranking systems created by Shared Hope International and Polaris. These two nationally
and internationally recognized non-governmental organizations provide a grading system based on different rubrics that allow policymakers to see whether their state-level laws mirror federal anti-trafficking legislation [Shared Hope International, 2017; Shared Hope International, 2018, Polaris Hotline Report (2018)]. Another goal of these ranking systems is to rate each state in the USA in terms of effectiveness on the decriminalization, protection and assistance of victims of HT within their state legislation. The ranking systems analyzed in this case study included:

- Toolkit 2018 State Action. National Change, Protected Innocence Challenge (2017 and 2018); and

Additionally, Missouri Trafficking laws and the US Department of Health and Human Services Region VII 2017 Report were analyzed in this case-study as well. Missouri laws related to HT encompassed:

- Abusing an Individual Through Forced Labor Penalty §566.203;
- Federal Trafficking Victims Protection Act of 2000 to Apply, When – Affirmative Defense – Procedures to Identify Victims, Training on Protocols §566.223;
- Contributing to Human Trafficking: Penalty §566.215.1;
- Property Subject to Forfeiture §513.607; and

Missouri was chosen for this case study policy analysis because although Missouri ranks high in some aspects of its HT legislation through the already stated ranking systems and reports, there are still areas that require policy enhancement to protect victims of HT better. The areas that are needed to be upgraded comprise the following:

- the decriminalization of youth who are forced to prostitution and gang-related activities resulting from their trafficking victimization; and
- stronger criminalization of suspects to deter their engagement in trafficking.

It is easy to miss critical components of such HT legislation as there is a lack of evaluation of such laws throughout the USA and the rest of the world. When state-level legislation lacks Safe Harbor legislative protection and uniformity across the country, victims of HT are left forgotten and seen as criminals instead of protected. Worse yet, when victims of sex trafficking are finally able to exit their victimization, they lack the legal protection and adjudication of previous criminal records needed to reconstruct their lives and reintegrate successfully back into society (Global Slavery Index, 2019; Polaris, 2015).

**Human rights and public health – creating stronger approaches**

HT, as established earlier, is a violation of universal human rights (United Nations Office of the High Commissioner of Human Rights, 2019; United Nations Office of Drugs and Crime, 2014). Therefore, the constant abuse and atrocities from rapes, STIs and physical assaults to the mental health sequels of this victimization even after leaving their suspects call for suitable human rights-based legal protection of such victims (Greenbaum, 2014; Hossain et al., 2010; United Nations Office of the High Commissioner of Human Rights, 2019). Universal human rights established through conventions, treaties and international law point to the need for protection of fundamental freedoms and liberties for all (United Nations General Assembly, 1948). Although international law and enforcement mechanisms are yet to be perfected, they present a legal obligation for each country in creating legal systems to protect vulnerable
populations within their jurisdiction, in this case, the legal protection of victims of HT. Therefore, creating protective laws in the context of HT ensures the decriminalization and support of victims of HT. Nonetheless, these legal efforts cannot be accomplished in silos. Collaboration of different sectors of society including public health efforts, medicine and social service providers and civil and legal society are needed to create the support required for such trauma and victimization (Richie-Zavaleta et al., 2019).

Public health is defined by the World Health Organization (WHO) as the field that seeks to promote, assure, assess and monitor the health of communities through policy creation at the national and local levels of all communities throughout the world (World Health Organization, 2019). WHO’s definition of public health, points to the existing connections between human rights and public health and their overlapping goals to protect and create mechanisms that ensure foundational structures that pave the way for healthy communities and the legal protection of everyone’s universal human rights. Therefore, public health and human rights based-approaches must go together when addressing not only the legal state-level gaps but also the coordination of all services that are directed to victims of HT (Barnert et al., 2016; Richie-Zavaleta et al., 2019). One way of bringing public health and human rights goals together is by the passing of Safe Harbor laws and implementing the recommendations under the Uniform Act in a local and global context.

Victims of human trafficking and the anti-trafficking laws in Missouri

According to the US Department of Health and Human Services Region VII 2017 report, in Missouri there were 388 reported cases and 997 potential victims of HT. This report also indicates a higher number of trafficked adult females when compared to their male counterparts and children. Polaris (2018a) confirms this gender-based discrepancy through its hotline report statistics as well (US Department of Health and Human Services, 2017). In this state, sex trafficking is the most common type of trafficking victimization (US Department of Health and Human Services, 2017; Polaris, 2018a). Sex trafficking in Missouri is mostly vis-a-vis massage parlors, escort services and pornography (Polaris, 2018a). It is important to note that although the report from Polaris (and the US Department of Health in Missouri) contains higher numbers of adult HT victims, there is also a high number of minors – 43 vs 63, respectively (Polaris, 2018a).

Even though Missouri has established some HT laws to protect victims of such abuses and prosecute their suspects (See Missouri’s HT Laws):

**Missouri’s HT Laws**
- Abusing an Individual Through Forced Labor Penalty §566.203.
- Procedures to Identify Victims, Training on Protocols §566.223.
- Property Subject to Forfeiture §513.607.
- Sexual Trafficking of a Child: Penalty §566.212.
- Trafficking for the Purpose of Slavery, Involuntary Servitude, Peonage or Forced Labor: Penalty §566.206.

It has also remained stagnant in the past several years concerning passing and implementing strong Safe Harbor laws. Missouri’s stagnation has resulted in a lack of protection of HT victims, especially minors (Share Hope International Center for Justice & Advocacy, 2018). When victims of HT are pardoned from crimes during their victimization period, they have more significant opportunities to transition into survivorship and societal reintegration (Malkin, 2013). Suitable services at a minimum encompass rehabilitation and pardoning of crimes committed during the time trafficked (Shared Hope International, 2017;
National Conference of State Legislatures, 2017). Nonetheless, Missouri’s trafficking law is missing this protective component. Thus, Missouri is an example of the importance of state-level laws in mirroring federal laws. When states fail to follow through with these recommendations and actions, their minors who are being forced into commercial sexual exploitation, they become criminals because of their forced prostitution and other related criminal activity under the state-level law. Victims of HT under the federal law are unable to consent to illegal sexual activity if they are younger than 18 years; therefore, they are protected legally from falling into criminalization. Missouri’s state law has yet to follow the federal law status to legally protect minors even when they are a 17-year-old. Under federal law, even an adult who has experienced trafficking is protected from criminalization (Walsh, 2016). Because victims of HT are under the control of their suspects, their victimization represents coercion, including force and fraud, which are actions penalized by HT federal law (Toney-Butler and Mittle, 2018). Therefore, states that have yet to mirror such federal legislative laws should push to closing these current gaps. Failing to do so only perpetuates the re-victimization and criminalization of such populations in society.

**Ranking systems and Missouri’s scores**

In the process of keeping states accountable in terms of the legal protection of HT victims, two organizations focus their efforts on the examination of HT laws and regulations. These organizations are: Shared Hope International and Polaris. Shared Hope International provides a grade system for each state on a yearly basis. It reflects how a state did on their progress and strengthening of their HT laws in crucial areas being:

- decriminalization of juvenile victims of HT;
- addressing demand;
- legislative updates on the criminalization of perpetrators; and
- supporting systems to investigate and prosecute cases.

This organization not only centers its efforts on strengthening the law, but also focuses on law implementation and its effectiveness. In 2018, through the ranking of Shared Hope International, Missouri received a score of a B and an 87 out of 100 points for their HT laws (Shared Hope International, 2018). However, despite these high scores, there continue to be gaps in the laws. The progress report for Missouri was a zero for 2018 because of the lack of advancement of laws regarding sex trafficking (Shared Hope International, 2018). The assessment by Shared Hope International on Missouri’s HT laws displays the opportunities present in current laws with detailed policy recommendations to strengthen the weakest components. These are as follows:

- criminalization of minor domestic sex trafficking;
- protective provisions for child victims; and
- coordination of services and evaluation of such initiatives (Shared Hope International, 2018).

Experts would quickly argue that the two most essential components of sex trafficking laws are: the decriminalization of victims and the protection of exploited youth (Polaris, 2015).

The second analyzed ranking was based on Polaris’ assessment system. This system focuses on the progress of states as they move toward solving the issue of HT from legal protection as well as decreasing the demand. Polaris uses a tier grading system to rate the strength of HT laws throughout the USA. A tier 1 being the best score possible and tier 5 being the lowest score within the assessment. Some key categories Polaris uses to rate states on state-level laws include:

- definitions of both sex trafficking and labor trafficking;
investigative tools for law enforcement;
training on HT for law enforcement;
lower burden of proof for sex trafficking of minors; and
Safe Harbor laws to protect and assist victims of HT with past criminal records.

Under Polaris Hotline Report (2018) Missouri is rated in tier 3 because of the lack of victims’ assistance laws in place.

Safe Harbor laws of Missouri

At the state level, gaps in HT laws are highlighted in the lack of victims’ recognition and traffickers’ penalization of their crime. Part of the reasons as to why these gaps exist are related to the age of consent established in the current state laws (Leary, 2015; Smith and Vardaman, 2011). Safe Harbor laws focus on pardoning and decriminalizing victims of sex trafficking to transition them into survivorship and not seeing them as the perpetrators of crime, especially when it relates to prostitution (National Conference of State Legislatures, 2017). Under the TVPA, federal law does not require proof of fraud, force or coercion to be present to convict someone of trafficking and provide victim status to children under 18 years of age (Shared Hope International, 2017). However, each state enjoys the freedom to determine the age of consent within their jurisdiction. Typically, states tend to establish consent, even if the victim is less than 18 years old. Additionally, even if the state has adopted Safe Harbor laws, there are inconsistencies throughout them all (Barnert et al., 2016; Shared Hope International, Center for Justice & Advocacy, 2018). Therefore, these inconsistencies result in treating minors as adults at the state level, which leads to the criminalization of victims – minors and adults alike.

Another area in need of improvement is the section of Missouri sex trafficking law regarding criminal activity and gang-related behavior penalized under Missouri’s jurisdiction. Under Missouri’s HT law, minors (younger than 17 years) are pardoned if they were forced to prostitution during their time of HT victimization. However, if these minors were forced to engage in other crimes that were linked to gang activity, under Missouri’s criminal law, these acts supersede HT law, and they are prosecuted as criminals and not as victims (Shared Hope International Center for Justice & Advocacy, 2018). This lack of legal protection possesses different ramifications. It perpetuates cycles of oppression, retraumatizes the victim of HT and blocks possible exiting of such inhumane victimization. This criminalization of victims also violates national and international laws that protect victims of HT (TVPA (2000); United Nations Office of the High Commissioner of Human Rights, 2019). Most importantly, it fails to protect minors under the state law.

Because of the discrepancies at the state-level legislative system and the lack of social service systems in place to support domestic minors who are sexually exploited, such victims continue to fall into the cracks of the system (Barnert et al., 2016). This means that juvenile victims of sex trafficking are either prosecuted as criminals or they are unidentified when encountering social and medical services (Smith and Vardaman, 2011; Greenbaum, 2014; Maclas-Konstantopoulos, 2016). This lack of protection and criminalization again violates both federal and international law (United Nations Office of the High Commissioner of Human Rights, 2019). According to Shared Hope International (2018), victims become retraumatized when they are restrained, contained and expected to prove their innocence. Therefore, this inefficient process places burdens and blame on the exploited minor. Juveniles may also experience further trauma when in diversion courts because they are required to testify against their perpetrator to prove their innocence.

Nevertheless, another vital disaccord that is present is child abuse and statutory rape laws, which are disconnected to the contextualization of HT laws. This disconnects results in the lack of protection and unjust treatment of victims and a direct violation of the federal HT
laws (Smith and Vardaman, 2011). Laws that criminalize not only place the blame on the victims, but also are directly related to adverse outcomes and further traumatization. There is extensive literature that points to the trauma and crisis these youth experienced before, during and after victimization of HT (Moore et al., 2017; Reid and Piquero, 2014). Numerous advocates, public health professionals, social workers and researchers consistently point to the fact that prevention and access to rehabilitation are essential components for the healing process (Shared Hope International Center for Law and Policy, 2016). From a national perspective, within the USA, there are merely 14 states that have services for specifically sex trafficking victims (Bromfield, 2016). Missouri has limited services for victims of sex trafficking (US Department of Health and Human Services, 2017).

Lastly, a critical component that Safe Harbor laws offer is the coordination of suitable services for victims of HT. Regrettably, within Missouri’s HT law and other similar state laws, there is a lack of coordination between state and federal law, compounding the risk for perpetuating victimization and criminalization of HT victims. The lack of application of federal recommendations and support on the state laws continue to limit resources, including crucial funding and efforts for the creation of a sustainable approach to solving this inhumane social peril (National Conferences of State Legislatures, 2018; US Department of Health and Human Services, 2017). Moreover, when a state lacks strong laws to protect victims of HT, it enables trafficking to thrive and victimization to continue. Here lies the urgent need in creating anti-trafficking law that is comprehensive and protective.

**Recommendation for comprehensive laws**

**Higher ranking states as role models**

Understanding Missouri’s HT law, vis-à-vis sex trafficking and recognizing the need for its victims to have access to suitable and sustainable resources at multi-level approaches can lead to better health outcomes in the lives of the HT victims and provide comprehensive approaches that contain both public health and human rights frameworks (Wasch et al., 2016). Following the example of other states such as New Jersey, could be a tremendous systemic change within Missouri to better protect its victims of HT. New Jersey, as a state, has received a 100 per cent score in relationship to sex trafficking laws. The recognition of states that received a high score, such as New Jersey, assists state lawmakers in formulating similar laws that prevent, protect and provide necessary services for HT victims. The New Jersey Human Trafficking Prevention, Protection, and Treatment Act was put into effect in May 2013 and its revisions enacted in July 2013 (US Department of Health and Human Services, 2017). A total of 19 different extensive sections cover the provisions for protection, pardoning, service provision and criminal charges associated with those involved in trafficking (Malkin, 2013). One key component of the anti-trafficking laws within New Jersey is the established monetary fund that is directly for survivors and prevention efforts. This funding source allows for Safe Harbor laws to have financial support within the system and become sustainable throughout the years to come. In New Jersey, victims of sex trafficking are treated as victims by the judicial system and not as criminals. Victims are pardoned for crimes that were committed during their trafficking and are offered protection and social services, including an intensive Prostitution Offender Program (Malkin, 2013).

Nebraska and Wyoming are other exemplary states. These two states are the only ones that provide both immunities from criminal charges and a diversion program for minors and adults. Besides immunity and diversion programming, vacating, sponging or sealing all criminal records can pave the way for a brighter future for victims of HT. These legal processes can avoid future barriers for survivors of HT when seeking social service assistance for housing, obtaining employment, pursuing higher education and fully engaging in their civil rights and obligations (National Conferences of State Legislatures, 2020). Yet, another example of decriminalization is Illinois. Under Safe Children’s Act
enacted in 2011, Illinois has been successful at the decriminalization and protection of minors who have experienced sex trafficking as well (Tiwari, 2018).

**Coordination, collaboration and evaluation**

Moreover, coordination and collaboration of services – social and medical are essential for the transition of victimization into survivorship. For example, with the implementation of the New Jersey Human Trafficking Prevention, Protection, and Treatment Act updates of 2013, a HT commission was established as well as a 24-h hotline service with resources for survivors as they exit their victimization and need services (Malkin, 2013). The coordination of social and medical services including mental health are also important as part of any exiting programming. In addition to upgrading the state-level legislation to reflect federal updates, comprehensive and collaborative approaches are essential if trafficking is to be fought and overcome (Richie-Zavaleta et al., 2019).

Lastly, once states have upgraded and integrated these above-mentioned suggestions, the evaluation of such legislations must be evaluated through scientific measures. For example, Florida and Minnesota have been successful in their evaluation efforts (Wasch et al., 2016). The state of Minnesota was one of the first states to evaluate their Safe Harbor law called No Wrong Door and published a report called The Safe Harbor First Year Evaluation Overview (Wasch et al., 2016). This report provided statistical data on child welfare referrals and victims, among the local efforts present to fight sex trafficking (Wasch et al., 2016). The program was able to identify the strengths and weaknesses of the current law and implied the need for increased monetary support to meet the needs of victims such as housing and other social services needed. By implementing Safe Harbor laws, Minnesota has seen increased collaborative efforts with law enforcement, which has impacted the higher number of traffickers’ convictions as well (Wasch et al., 2016). Another state that provides a model for research-based evaluation is Florida. Florida launched a pilot program called Citrus Helping Adolescents Negatively impacted by Commercial Exploitation (Wasch et al., 2016). This program was able to gather qualitative and quantitative data related to services given by the program. The results from their evaluation pointed to the lower rates of risky behavior, intentional misbehavior, delinquency, running away, sexual aggression and danger to others while receiving care (Wasch et al., 2016). Furthermore, evaluation and research efforts can support the passing of comprehensive and protective laws as well. Well-designed evaluations include:

- efficiency and efficacy of intervention;
- build on existing literature; and
- provide examples that can serve as models for states that lack current legislative and victim-centered services – social and medical.

Therefore, these evaluation efforts are critical in moving states forward to reach higher rankings under the different HT legal assessment systems hereinbefore mentioned.

**Financial benefits in addressing human trafficking**

Beyond the need for state-level legislation to reflect federal law and aiming for uniformity across the country and abroad, including a perspective based on positive monetary incentives could lead to best results in the anti-trafficking efforts (Rawal et al., 2013). The costs that are accrued by a child who is convicted and sentenced to the juvenile detention center are $179,400 per year (Rawal et al., 2013). Children who are assisted and placed in safe homes resulted in only half of the cost of a child in the juvenile system. A study in Minnesota prevention efforts yielded a $34 return on every $1 investment. Children who are prosecuted for their time spent as a victim not only cost the state’s financial burden, but it also negatively impacts the outcomes of post-victimization. Youth who are placed in juvenile
systems are more likely to go back to jail as they enter adulthood (Adams, 2011; Rawal et al., 2013). Protecting victims of HT instead of criminalizing them begins to decrease their likelihood of being criminalized and retraumatized. Minors who are not penalized as a result of their victimization are more likely to seek services as well (Rawal et al., 2013). Nonetheless, it is eminent that social service providers within the child welfare system are trained to best serve victims of HT. If not so, victims of HT who enter the child welfare system will continue to be targeted by traffickers. In 2012, 60 per cent of all children arrested for prostitution in Los Angeles were found recipients of the foster care system. Unfortunately, it is estimated that by the near future, sex trafficking crimes will exceed the demand and profits from illegal drugs and guns (Jordan et al., 2013). This prognostication highlights the needed prioritization of protective law development, upgrade, coordination of victim-centered efforts and evaluation of current legislation’s impacts.

Understanding the current state-level legislation on whether it reflects federal law or not, it is a critical process to address the decriminalization of victims of HT in the USA and around the world. In the case of Missouri, there are already multiple agencies, coalitions and organizations that are working already in collaboration and partnership with local law enforcement agents. These collaborative efforts seek to improve not only the identification of sex trafficking victims – minors and adults alike, but also they are ready to continue the needed support for identified victims once regulations are upgraded. By revising and rewriting HT laws to provide immunity, diversion programming and vacating criminal records alongside financial support by resizing traffickers’ assets, these efforts and collaboration will allow for better comprehensive victim-centered practices. If state-level laws become more reflective of federal law and uniform, victims of HT in the USA and abroad will possess greater opportunities to transition from victimization into reintegration. They will also most likely be able to receive the necessary support to overcome their trauma (Figure 1). Failing to upgrade state-level law will only continue the cycle of trauma and the lack of protection of victims of HT’s universal human rights as they continue to be seen as criminals and not as victims of such inhumane crimes.

Lack of uniformity in the state-level legislation and its negative impacts

There are certainly challenges with the creation of Safe Harbor laws when they are not fully reflective of all the federal upgrades that have taken place in the past two decades. In New York, for example, their Safe Harbor law called New York Safe Harbor for Exploited Children Act, is drafted in a manner that fails to fully protect victims of sex trafficking (Tiwari, 2018). In New York, youth can still be arrested for child prostitution. Even though New York has incorporated a diversion program in its legislation, it only provides such services and opportunities if it is their first arrest (Tiwari, 2018). Laws with such gaps continue to fail victims in receiving full protection when their criminal record results from their trafficking experience. It also creates cycles of endless trauma stemming from the ineffective legal system (Tiwari, 2018). Connecticut’s Safe Harbor for Protected Children law was established in 2010 and is the first to decriminalize children below age 16. However, knowing that victims of HT enter their victimization between the ages of 13 and 18, this legislation misses anyone above the age of 16 years (Tiwari, 2018). These discrepancies highlight the importance of including anyone who is 16 years old and older. Although, Connecticut is paving the road for comprehensive law, these modifications and upgrades are still required to protect all victims of trafficking fully. Understanding the challenges that other states are facing even when they have included Safe Harbor laws in their legislation is essential in ensuring comprehensive upgrades and amendments in the near and far future (Tiwari, 2018).

Future needs and limitations

Future needs and opportunities include evaluating long-term outcomes of diversion programs and current Safe Harbor laws. The wide difference of Safe Harbor laws
throughout the country calls for evidence-based research and evaluation of their different impacts. It also calls for a comprehensive analysis and continuous assessment of the gaps and strengths. Another opportunity encompasses the application of frameworks here presented when updating or passing state-level law. Although federal law has been upgraded to contain comprehensive approaches to victims of HT, there continues to be a need for evaluation of such upgrades. Lastly, more research is greatly needed in assessing best laws to deter trafficking and demand.

This case study of Missouri’s trafficking laws is limited to the ranking reports used for this policy analysis. These ranking reports although comprehensive, they represent the work of their non-governmental institutions. Additionally, the recommendations here presented are limited to those states within the USA and other similar countries that reflect a similar legal system. States in the USA have the authority and autonomy to create their own legislation independently from the federal government, something that not all countries possess.

Conclusion

This paper analyzes the HT laws of Missouri and its lack of Safe Harbor updates. By lacking Safe Harbor laws at the state level, victims of HT are more likely to be criminalized and retraumatized. Consequently, they are more likely to continue suffering the negative impacts of their inhumane victimization. Moreover, this case study highlights the need to apply public health and human rights frameworks when upgrading current laws as well as seeking to reflect federal laws and upgrades when creating state-level legislation. By
understanding risk factors, discrepancies of current HT laws, best state-level practices that incorporate Safe Harbor laws and applying public health and human rights frameworks, the chances to protect and assist victims of HT are higher. Using Safe Harbor laws in Missouri, and any other state that has yet to pass such laws, is essential to move toward improving the protection and decriminalization of victims of trafficking. Lastly, collaborative efforts are of essence when creating victim-centered legal protection and suitable services.

References


Further reading


Legal Information Institute (2018), Trafficking Victims Protection 22 USC § 7102 (11)(A))


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Raising awareness of human trafficking in key professional fields via a multidisciplinary educational approach

Adam Awerbuch, Naiomi Gunaratne, Juhi Jain and Panagiota Caralis

Abstract

Purpose – Human trafficking (HT) for sex and labor services is among the fastest growing criminal enterprises, causing significant physical and psychological morbidity to victims. Although many survivors encounter medical, legal and social work professionals during their captivity, lack of awareness of HT in these fields results in under-recognition of victims. The purpose of this study is to evaluate the effectiveness of a multidisciplinary educational conference on raising awareness of HT in these fields.

Design/methodology/approach – A single-day educational conference on HT was hosted in Miami, Florida. Participants were recruited from medical, law enforcement, social work and political fields. The research team issued a ten-item HT survey at the start and end of the conference. Results were analyzed for improvement in survey score using an exact Wilcoxon sign rank test. The results were analyzed both as a single cohort and stratified by profession.

Findings – For all participants, there was a significant improvement in post-survey score (0.355, \( p < 0.05 \)). When stratified by profession, significant improvement was noted in the legal subgroup (0.561, \( p < 0.05 \)). No significant changes were noted for the other individual professional cohorts, although all subgroups trended toward improvement.

Research limitations/implications – A multi-disciplinary educational conference may be effective in raising awareness of HT. Further research is needed to determine the effect of increased awareness on actual outcomes for trafficking survivors.

Originality/value – This study represents unique, original research which provides valuable data as to the effectiveness of educational conferences on raising awareness of HT for professionals with the best opportunity to make meaningful interventions.

Keywords Social care, Human trafficking, Human rights, Mental health, Public services, Crime, Health care

Paper type Research paper

Introduction

Human trafficking (HT) is among the world’s fastest growing criminal industries (Human Trafficking, 2019). HT is generally defined as the recruitment, harboring, transportation, provision or obtaining of a person for labor and services, including sex work, through the use of force, fraud and coercion (Oram et al., 2011). Accurately quantifying the scale of the HT epidemic is difficult because of most cases being unreported, and because of the variation in how illegal trafficking activities are defined (Oram et al., 2011). Estimates are also hampered by a reluctance of HT victims to self-identify, because of fear of criminalization or other repercussions (Oram et al., 2011). Despite these limitations, international labor organizations have estimated that greater than 20 million HT victims are currently suffering worldwide (ILO, I, 2012). In the USA alone, HT is estimated to be a $150bn industry fed by the exploitation of up to 300,000 victims (The Facts, 2015; de Cock and Woode, 2014).
In the USA, authorities have struggled to control the problem, with less than 32,000 total cases reported between 2006 and 2015 (NHTRC, 2015). Part of the discrepancy between the number of victims and reports can be explained by poor awareness of HT among authorities in position to help. The Polaris Project, a non-profit organization dedicated to fighting HT, has identified five arenas which can be targeted as intervention points in the aid of HT victims: social services, law enforcement, friends/family, health-care services and the child welfare system (The Facts, 2015). To complicate matters for professionals in these fields, the criminal perpetrators of HT undergo great lengths to disguise the situation when forced to confront authorities. The efforts of perpetrators, combined with a lack of awareness, explain the startling fact that nearly 88 per cent of HT victims had contact with a health-care provider during their captivity (Lederer and Wetzel, 2004). It is clear that there is a significant need to educate authorities in the USA about HT and to recognize and support its many victims.

Health-care workers are in a particularly strong position to make a difference and yet may lack the knowledge and training to intervene (Greenbaum and Crawford-Jakubiak, 2015). In a study assessing medical student and physician awareness of domestic sex trafficking of minors, over 90 per cent of physicians had never suspected that a patient they assessed was trafficked (Titchen et al., 2017). The same study shows that 69 per cent of medical students, 71 per cent of resident physicians and 80 per cent of practicing physicians value knowing about HT, but less than 16 per cent of medical professionals correctly estimated the number of US trafficked youth and less than 40 per cent of practicing physicians, 20 per cent of resident physicians and 9 per cent of medical students know of a resource for assistance if they encounter a patient who was a victim of trafficking (Titchen et al., 2017). Another study has shown that only 60 of 5,686 examined hospitals had an existing protocol in place for treating patients who are trafficked, estimating that 95 per cent of emergency room personnel are not trained to treat victims of trafficking (Tolley, 2011).

Miami, Florida, a coastal tourist destination city in the southeastern USA, is a hotbed for sex and labor HT activity. The trade in HT is supported by Miami’s position as an international commerce hub and the strong agricultural industry in the region. In Florida, the most prevalent types of HT are labor trafficking in the agriculture, tourism and hospitality industries, and the trafficking of domestic minors for the purposes of sex work. It is estimated that 30,000-40,000 preteen and teen runaways reside in Florida and are involved in or are vulnerable to the trade (Zimmerman et al., 2010).

Recognizing the importance of awareness and a multidisciplinary approach, medical students and faculty from the University of Miami, Miller School of Medicine commissioned a full-day educational conference titled “Human Trafficking: An Emerging Epidemic.” The conference invited law enforcement, health-care personnel, social workers and others from across the USA to educate them on their role in identifying HT victims as well as providing them with the appropriate resources available in their profession. To study the effectiveness of this intervention, the research team administered pre- and post-surveys to the participants. The intent of the project was to evaluate the impact of a multidisciplinary educational intervention on the various disciplines likely to encounter HT victims with the hope that increased awareness will result in eventual improved outcomes for the survivors.

Methods

Project Freedom is a medical students-run organization dedicated to ending HT, founded at the University of Miami, Miller School of Medicine in Miami, Florida. On March 25th, 2016, member students and assisting faculty held a full-day, multidisciplinary conference focusing on raising awareness and knowledge of HT as well as approaches for recognizing and assisting victims of HT. The conference was supported by the Arsht Ethics Research Grant Award, sponsored by the Arsht Ethics Initiative, which was established to support projects which address contemporary moral issues. Hosted in Miami, Florida, attendees
were recruited from various fields including social work, medicine and law enforcement, as well as those involved in local and federal politics. The conference included an introduction that defined and stated the scale of HT globally and domestically, and the speaker roster was designed to appeal to the diverse interests and positions of the attendees. To promote interdisciplinary collaboration, a portion of the event was dedicated to “breakout sessions” in which participants from different fields joined together in small groups for personal discussions regarding HT in their field. The schedule of speakers and their topics in greater detail are outlined below:

“Human Trafficking: An Epidemic” presentations

1. Social impact of HT and screening and identifying victims
   - Juhi Jain
     - Medical Student
   - Special Agent Victor Williams
     - Program Manager Certified, Undercover Operation Safeguard, Immigration and Customs Enforcement/Homeland Security Investigations/Special Agent in Charge, Human Smuggling/Trafficking Group

2. A comparative study of commercially exploited adolescents with sexually abused adolescents
   - Dr Jon Shaw
     - Supervising and Training Psychoanalyst at the Florida Psychoanalytic Institute, Professor and Director Division of Child and Adolescent Psychiatry at University of Miami, Miller School of Medicine

3. Understanding trauma bonding and post-traumatic stress disorder
   - Bonnie Martin, LPC
     - Psychotherapist

4. Communication skills-building trust with victims
   - Katariina Rosenblatt, PhD, LLM
     - Founder and President of There is H.O.P.E for Me, Survivor of HT

5. Current state and federal laws; immigration issues
   - Brenda Mezick, JD
     - Assistant State Attorney, HT Unit
   - Barabra Martinez, JD
     - Chief Special Prosecutions, HT and Public Service Commission Coordinator, Southern District of Florida, Miami U.S. Attorney’s Office
   - Kimberly Grabert, MPA, CPM
     - Statewide Human Trafficking Prevention Director, Florida Department of Children and Families

6. Expert Panel Q&A
   - All speakers
   - Dr Charles Nemeroff, Doctor of Medicine (MD), PhD
To assess the effectiveness of this full-day educational intervention, the research team designed surveys to gauge the level of knowledge of HT among participants. The surveys consisted of ten short, multiple-choice questions that focus on awareness of HT and the basics of interventions (Figure 1). Question content was chosen based on material that was presented at the conference and to ensure clear comprehension of the questions. Pre- and post-surveys were identical to best show changes in knowledge after attending the conference.

The team delivered pre- and post-surveys in a folder that included additional materials relevant to the conference as attendees first arrived. Completed pre-surveys were collected by members of the research team prior to the first presentation. Attendees were instructed to complete the post-survey during the afternoon. Completed surveys were collected at the end of the conference and scored for correctness independently by members of the research team.

The research team used an exact Wilcoxon sign rank test to analyze the results. We chose this method to compensate for ties that exist in the data from the exact RankTests package in R; therefore, allowing us to determine differences in change in scores (Munzel and Brunner, 2002). The test was used to analyze the differences in scores between the pre- and post-tests. The test was first run for the entire “combined” cohort. Then, the attendees were stratified according to their profession and the test was run for each of the three subgroups: “medical” attendees, “legal” attendees and “social work” attendees. Medical attendees include doctors, nurses, first responders, medical students, public health students and mental health providers. Legal attendees include attorneys, politicians, law enforcement and law students. Social work attendees include masters in social work and social work students. The results were analyzed on a total and per-question basis for both the total cohort and for each of the subgroups.

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**Figure 1** Pre- and post-survey questions

1. The definition of human trafficking is the recruitment, harboring, transportation, provision, or obtaining of a person or attempt to for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery
   a. True  b. False

2. What group is at very high risk for domestic trafficking in Florida?
   a. Adults, women only
   b. Children, boys and girls
   c. Children, girls only
   d. Adolescent run-aways and throw-aways, male and female
   e. Adolescent run-aways and throw-aways, female only

3. What is the most prevalent form of trafficking present in Florida?
   a. Labor trafficking
   b. Domestic sex-trafficking
   c. International sex trafficking
   d. Domestic and international sex trafficking

4. When do you report minors who are suspected of or identified as victims of trafficking in your practice?
   a. Only if there is evidence of physical restraint, physical force, or physical bondage
   b. Always
   c. Only if the patient admits to being trafficked

5. Sex trafficking of girls and women is the only form of human trafficking
   a. True  b. False

6. Trafficking victims always come from situations of poverty or small rural villages
   a. True  b. False

7. Trafficked persons are only foreign nationals or immigrants
   a. True  b. False

8. Trafficking must involve some form of travel, transportation or movement across national borders.
   a. True  b. False

9. Victims of trafficking will immediately ask for help or assistance and will self-identify as a victim of a crime.
   a. True  b. False

10. If a trafficked victim consented to be in their initial situation or was informed about what type of labor they would be doing or that commercial sex would be involved, then it cannot be trafficking or against their will because they “knew better.”
    a. True  b. False
To assess long-term results, the research team emailed a follow-up survey to attendees two months following the conference (Figure 2). This survey was long-response and allowed attendees to express their personal growth and use of the skills they learned from the conference. No statistical analysis was done on this survey because of its difference in assessment from the pre- and post-surveys and the inability to evaluate the long-term survey quantitatively.

Results

In total, we collected 138 completed pre- and post-survey pairs which underwent statistical analysis. The total included 31 in the “medical” subgroup, 57 in the “legal” subgroup, 38 in the “social work” subgroup and 12 whose profession was unknown. A nonparametric Wilcoxon sign rank test was executed on the pre- and post-surveys. The test was completed for the combined responses of the entire 138-subject cohort, defined as the “combined” group (Table I), as well as for individual subgroups by profession: “legal,” “medical” and “social work” (Tables II-IV).

Significant changes between pre-and post-survey scores were noted in the “combined” group, with an increase in survey score of 0.355 ($p < 0.05$) (Table V). The score increase was most notable for question numbers 3 and 8 which showed respective improvements of 36.4 and 16.8 per cent. Less substantial improvement was noted for questions 4, 6, 9 and 10, with no change or worse results for questions 1, 5 and 7.

Furthermore, significant changes were noted in the “legal” subgroup of attendees, who averaged 0.561 points higher on the post-survey ($p < 0.05$). Similar to the “combined” group, the “legal” subgroup showed the greatest improvement in questions 3 and 8, with respective increases of 92.3 and 25.6 per cent. There were no statistically significant differences between pre- and post-survey scores revealed in the remaining subgroups. The

<table>
<thead>
<tr>
<th>Question</th>
<th>Score Increase</th>
<th>Significance</th>
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<tbody>
<tr>
<td>Question 3</td>
<td>36.4%</td>
<td>$p &lt; 0.05$</td>
</tr>
<tr>
<td>Question 8</td>
<td>16.8%</td>
<td>$p &lt; 0.05$</td>
</tr>
<tr>
<td>Question 4</td>
<td>3.2%</td>
<td>$p &gt; 0.05$</td>
</tr>
<tr>
<td>Question 6</td>
<td>2.1%</td>
<td>$p &gt; 0.05$</td>
</tr>
<tr>
<td>Question 9</td>
<td>0%</td>
<td>$p &gt; 0.05$</td>
</tr>
<tr>
<td>Question 10</td>
<td>0%</td>
<td>$p &gt; 0.05$</td>
</tr>
<tr>
<td>Question 1</td>
<td>0%</td>
<td>$p &gt; 0.05$</td>
</tr>
<tr>
<td>Question 5</td>
<td>0%</td>
<td>$p &gt; 0.05$</td>
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<tr>
<td>Question 7</td>
<td>0%</td>
<td>$p &gt; 0.05$</td>
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Figure 2  Two-month follow-up survey questions

<table>
<thead>
<tr>
<th>Profession:</th>
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<tbody>
<tr>
<td>A. As part of your job, do you work with human trafficking victims?  Yes  No</td>
</tr>
<tr>
<td>B. Have you utilized the information you learned at the conference in your work?  Yes  No</td>
</tr>
<tr>
<td>C. If yes, how have you utilized this information?  NA</td>
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</table>

2. How would you rate your sensitivity and awareness of human trafficking and identifying victims?  Please circle, on a scale of 1 to 10, (1 being not sensitive and aware at all, 10 being extremely sensitive and aware),

<table>
<thead>
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<th>BEFORE THE CONFERENCE</th>
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<tbody>
<tr>
<td>1  2  3  4  5  6  7  8  9  10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AFTER THE CONFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  2  3  4  5  6  7  8  9  10</td>
</tr>
</tbody>
</table>

| 3a. Have you identified any victims in the past 2 months since you attended the conference?  Yes  No |
| 3b. If yes, how many?  # |

| 4a. How useful has the information from the conference been for you?  (1 - not useful, 10 - extremely useful) |
| 4b. What information from the conference has been most useful to you at the workplace? |
“medical” and “social work” subgroups demonstrate an improving trend but did not reach statistically significant levels.

Regarding the two-month post-survey, many respondents indicated that the training and education delivered at the conference has helped to inform their professional practices. For instance, one police detective noted better understanding of why trafficking victims are
reluctant to cooperate with investigations, and a nurse practitioner stated that she is “more likely to suspect human trafficking when seeing certain signs in a patient.”

Selected two-month follow-up survey results by profession

**Medical**

It increased awareness when working with girls who are victims of human trafficking. I appreciated the review of complex trauma and the neurobiology of resistance. I also really appreciated the presentation by Katarina Rosenblatt. Hearing her story really made an impact on how I can address victims and understand the complexities of human trafficking. – Mental Health Counselor

At the workplace, I have become more aware of the issue especially when we see foster kids and DCF families. – Registered nurse (RN)

I am more likely to suspect human trafficking when I see certain signs in a patient. I know what questions to ask if I suspect and I have resources to refer patients for assistance. I have a greater understanding of why someone would be vulnerable to trafficking, what their experience may have been like and how it affects one’s psycho/social health. – Advanced registered nurse practitioner

I feel more confident in my ability to recognize a trafficking victim in a medical setting and would now know how to be sensitive to his or her needs. – RN

It has increased awareness and I now ask better questions with some teenage clients. – MD

**Legal**

At the workplace, the most useful information was general victim and trafficker characteristics and the reasons for the reluctance of victims to cooperate with investigations and/or prosecutions. – Police Detective

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**Table IV** Social workers, number of participants: 38

<table>
<thead>
<tr>
<th>Question number</th>
<th>No. of participants who answered correctly pre test</th>
<th>No. of participants who answered correctly post test</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>37</td>
<td>38</td>
<td>+1</td>
</tr>
<tr>
<td>2</td>
<td>26</td>
<td>28</td>
<td>+2</td>
</tr>
<tr>
<td>3</td>
<td>17</td>
<td>21</td>
<td>+4</td>
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<tr>
<td>4</td>
<td>36</td>
<td>37</td>
<td>+1</td>
</tr>
<tr>
<td>5</td>
<td>38</td>
<td>38</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>38</td>
<td>38</td>
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<tr>
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<tr>
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<tr>
<td>10</td>
<td>37</td>
<td>37</td>
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<tr>
<td>Overall mean score</td>
<td>8.894737</td>
<td>9.157895</td>
<td>+0.2631579</td>
</tr>
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</table>

**Table V** Statistical significance of results by profession

<table>
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<th>Profession</th>
<th>p-value</th>
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<tbody>
<tr>
<td>All</td>
<td>9.207e-06</td>
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<tr>
<td>Medical</td>
<td>0.1309</td>
</tr>
<tr>
<td>Legal</td>
<td>1.033e-05</td>
</tr>
<tr>
<td>Social</td>
<td>0.09915</td>
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<tr>
<td>Unknown</td>
<td>1</td>
</tr>
</tbody>
</table>
Social work

I have a greater understanding of chronic or complex trauma and its impact on the brain. – Master of Social Work (MSW)

Part of our job includes conducting interviews with children and we have incorporated questions to ensure that we can assess for potential victims of trafficking. Learning the indicators of victims of human trafficking has allowed us to be more sensitive and aware of details when talking to our clients. – MSW

Discussion

Our data reveals that an educational intervention focused on HT can improve awareness and knowledge among participants. Conference attendees improved most on the questions relating to Florida-specific trafficking trends and the legal definition of trafficking (questions 3 and 8, respectively), indicating possible baseline deficits of knowledge in these areas and potential points for targeted educational initiatives.

Interestingly, the post-survey score for the “legal” subgroup, 9.07, was nearly equivalent to the pre-survey score for the “medical” subgroup, 9.06. The “social work” subgroup’s pre-survey score was more similar to the “medical subgroup,” with an average of 8.89. These results may indicate a greater baseline awareness and knowledge of HT in the medical community vs the legal community, and that educational initiatives can help to bridge the gap. In addition, future initiatives targeted toward the medical and social work communities may be better served by using higher-level education given their communities’ relatively strong baseline knowledge.

Among the subgroups, only the legal subgroup showed significant improvement in survey scores, particularly in the same areas noted for the “combined” group. It is important to note that the legal subgroup is the largest in the sample, which will therefore drive the difference seen in the overall sample, as it is the best powered when it comes to the tests by profession. Given that each professional group in this study is not equally represented, it is not strictly appropriate to make direct comparisons between the effects of the intervention between professions. More appropriate conclusions to be made are regarding the intervention being effective for a singular professional group. This study included many more legal professionals which results in higher power for tests of difference in this group vs the others. Therefore, there may still be a difference present for the other groups but these hypotheses may have been too underpowered to detect given our methods and this is a limitation of this study. Although no objective inferences can be made regarding the two-month post-survey, the breadth and quality of response garnered indicates potential long-term, sustained improvement in knowledge and awareness of HT resulting from an educational conference.

The results demonstrated in our study are an encouraging response to other studies which reveal a paucity of awareness and knowledge regarding HT in occupations which have a high likelihood of encountering a victim of HT (Lederer and Wetzel, 2004; Greenbaum and Crawford-Jakubiak, 2015; Titchen et al., 2017). Law enforcement has historically been an arena in which victims of HT are often treated as voluntary sex workers and therefore apprehended as criminals as opposed to receiving treatment. In some states, including Florida, “Safe Harbor” acts have been passed which enables law enforcement officers to bring minors to a safe house and to have them not be considered criminals. With proper training and implementation of more Safe Harbor acts nationwide, law enforcement can correctly identify victims and prevent further victimization. Additionally, once a victim is identified and removed from the trafficking situation, an interdisciplinary approach from social work, non-profit agencies and legal professions can work together with law enforcement and medical professionals to further provide immediate assistance for victims.
Unfortunately, many victims are afraid to seek help as they fear being criminalized, resulting in a lack of trust in the system. Thus, they may exhibit signs of trauma: hostility, self-destructive behavior, shame, depression and guilt (Greenbaum and Crawford-Jakubiak, 2015).

The lack of proper services in health care is especially concerning, given the high rates of medical and mental health injury among trafficking victims. A study completed across 14 countries worldwide revealed that 57 per cent of victims reported 12-23 physical medical problems and 70 per cent presented with 10 or more mental health problems when they entered the health-care system (Zimmerman et al., 2008). The ability of health-care providers to identify victims and make interventions is particularly important as this study indicates that there is substantial physical and mental health symptom reduction after 1-2 months of continued health care (Zimmerman et al., 2008). Therefore, it is essential for the well-being of victims, and for the greater economic benefit of society, to ensure victims have access to safe and trauma-informed aftercare. After one month of care, this global study demonstrated that only 7 per cent of participants had >11 physical health symptoms and 50 per cent had >10 mental health symptoms, indicating significant reduction in health outcomes with proper care (Zimmerman et al., 2008). Three months of care resulted in continued benefits, and an even further reduction in depression, anxiety and hostility was seen in patients (Zimmerman et al., 2008). The health benefits resulting from trauma-informed intervention not only benefit the survivors but will help reduce society’s economic health-care burden by reducing long-term complications of trauma.

Traditionally, physicians have been reluctant to participate in “non-medical” issues. Many physicians will decline to inquire into a suspicious case based on the falsehood that they would be violating ethical principles of privacy, and therefore, do not wish to intervene on a patient’s “lifestyle.” Many providers are under the misperception that victims of trafficking still have their right to self-determination and can easily leave the situations that they are in but choose not to. Having knowledge about this important topic and their ethical duties can empower physicians to confidently identify victims and help them gain access to resources important for their recovery process. A Family Violence Prevention Fund and World Childhood Foundation study in 2005 interviewed 21 trafficking survivors in the San Francisco Bay Area, Los Angeles and Atlanta (Fund, 2005). The research confirmed that for some trafficked victims, health care was a missed opportunity for early intervention. Per the study, trafficking victims need programs that reach them in all stages of their plight, including: identification, acquainting survivors with their rights and available resources, educating victims on leaving captivity and providing them with services after their departure (Fund, 2005). Each individual victim has survived an experience of extreme violence and life-changing intimidation that requires the utmost individual attention and care.

Efforts to educate health-care workers and raise awareness of HT victims have increased in the past decade, though the efforts have varied widely in quality, content and recommendations (Miller et al., 2019). Experts have identified an absence of a framework or guidelines to direct these educational directives, and have noted a lack of evidential basis and victim perspective (Miller et al., 2019). In response, researchers in recent years have sought to synthesize both survivor and physician perspectives, as well as the best available evidence and data, to recommend targeted educational programs for health-care workers (Miller et al., 2019; Chisolm-Straker et al., 2019; Stoklosa et al., 2019; Miller et al., 2016). These efforts are the first from the health-care community to initiate an evidenced-based approach to educational initiatives regarding HT. Recommendations include a focus on longitudinal, multiphase approaches to best ensure retention and depth of understanding (Miller et al., 2019; Miller et al., 2016). Additional recommendations advocate for initiatives addressing entire multidisciplinary teams, including nursing and social work, which accentuates further the importance of non-physician health-care worker’s involvement in identifying and treating victims of HT (Miller et al., 2019; Miller et al., 2016).
systematic review of HT educational interventions confirmed previous research that found low baseline awareness of HT among health-care workers and that health-care workers may harbor negative attitudes toward victims of HT (Fraley et al., 2019). The review made similar recommendations with regards to future educational initiatives, also emphasizing the importance of targeting entire health-care teams (Fraley et al., 2019). In concordance with these recent findings, our study shows that an educational conference directed at multidisciplinary teams can be effective for raising awareness for participants. We believe allowing key disciplines to interact with each other and understand each other’s role in working with victims, allows for more fluid transfer of information in service to the goal of ending HT.

In summary, our study demonstrates that a multidisciplinary educational conference can be effective and indicates that participants acquired new knowledge that will hopefully lead to a better understanding of HT, greater identification of victims and more comprehensive care delivered to survivors. Additional research is needed to determine if increased educational initiatives will have significant impacts on actual recognition and outcomes for HT survivors.

References
Fund, F.V.P. (2005), Turning Pain into Power: Trafficking Survivors’ Perspectives on Early Intervention Strategies, Family Violence Prevention Fund and World Childhood Foundation.
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A very lucrative liquid: the emerging trade in human milk as a form of reproductive exploitation and violence against women

Sarah Louise Steele and Eduardo E. Hernandez-Salazar

Abstract

Purpose – An emerging market in human milk exists for both nutritional and biomedical research purposes. This commercialisation of human milk, however, raises issues about the exploitation and violence against women.

Design/methodology/approach – This paper explores the framing of the issues as one of human rights, and whether the shifting of gender issues away from gender-specific spaces in legal and ethical debates, makes their ethical consideration and the tangible consequences from these considerations, into a potential further sources of exploitation and other forms of violence against women.

Findings – The authors find the commoditisation of human milk as a nutritional product deprives women from the centrality of their roles and, therefore, from the upholding of women rights and the adequate prevention of violence against women. They identify an emerging space where trafficking in women and girls can occur for their milk as part of a broader set of practices of reproductive exploitation. They also identify that existing legal, ethical and research discussions often frame labour or organ trafficking as the appropriate framework but find this inadequate to address the inherently gendered aspect of reproductive exploitation. The current response makes trafficking in women for their milk a potential practice while concealing the structural inequalities that underpin women’s experiences as the buyers and sellers of human milk.

Practical implications – The regulation of human milk sale should therefore move from a public health paradigm focused on safety to one of health and women’s rights, whereas human trafficking laws around the world should explicitly address reproductive exploitation.

Originality/value – Emerging forms of exploitation, such as human milk sale remain underdiscussed alongside other more prominent forms of reproductive exploitation, such as surrogacy. The authors call for explicit consideration of the emerging trade as its burdens fall exclusively on women and existing frameworks for addressing exploitation often overlook these emerging practices and the structural inequalities faced by women that drive these trades.

Keywords Gender, Human rights, Crime, Civil society

1. Introduction

In recent decades, extensive work has been done worldwide to promote breastfeeding (Akre et al., 2011). Health-care professionals routinely emphasise that human milk is the gold standard for infant feeding, whereas research continues to show the benefits of breastfeeding to both mother and infant. Demand for human milk has therefore expanded, especially in developed settings, such as the USA and UK, as increasingly diverse families perceive the benefits of milk for feeding even where a parent is unavailable or unable to produce it (Dutton, 2011). However, markets now exist in human milk not only for infant feeding but also that market milk as a nutritional or fitness supplement, an alternative medicine or treatment regime and a clean eat for those shunning dairy and other
recently, technology has offered new ways for those seeking human milk to find it easily, with websites, social media platforms and companies offering opportunities to buy, share and sell milk (Geraghty et al., 2013; Keim et al., 2014).

Awareness of milk banking – a provision where a service collects, screens, processes and hands out, usually by prescription, milk that has been donated by women not biologically related to the recipient – and the online sharing and sale of human milk, as well as medical research using the milk and its components, have brought its value into sharper focus and consequently raised ethical issues. In some jurisdictions, human milk, such as blood, is regulated as a body product and thereby only able to be given altruistically, whereas other jurisdictions either are silent on sale, or instead, regulate milk as a food or via private law, allowing it to be bought and sold (David, 2011). The legal frameworks around human milk sale are varied. Some now argue, though, human milk should have an explicit monetary and economic value, even proposing its inclusion in gross national product (Aguayo and Ross, 2002). Others suggest women should be paid for its production, both for breastfeeding and expressing milk, as these are forms of work, whereas some engage a more limited proposal of compensation where a woman is feeding a child other than her own (Carter and Reyes-Foster, 2016). What is clear is that these claims have (re)opened discussion both of human milk as a commodity and breastfeeding as a service. Although the ethics of breast milk sale continue to be debated, for-profit entities have moved into the space. Mirroring what happened with human blood, which resulted in the World Health Assembly (1975) expressing serious concerns about the impact of for-profit enterprises in interfering with health services in developing countries, as well as in crowding out altruistic-driven blood donations, we are left with questions about the ethics of commodifying human milk and concerns about exploitation and trafficking.

Most recently issues around the emerging market were highlighted when Utah-based Ambrosia Labs, sold human milk collected from Cambodian women to be sold in the USA, drawing international controversy and comment (AFP, 2017; Boseley, 2017; Forster, 2017; Wong, 2017). The company, on its now defunct website, claimed to be the first company to make breast milk produced overseas commercially available in the USA. It stated that it provided an income opportunity for women in Cambodia, whose own babies are older than six months old. However, the government swiftly suspended the operation, citing concerns about local children’s nutritional needs and laws on trafficking in body parts (AFP, 2017; Boseley, 2017; Forster, 2017; Wong, 2017).

The exploitative nature of the business operation was also discussed as it was noted by investigative journalists that the women were being paid a mere US$0.64 an ounce, typically making a little over US$7 a day pumping as their primary job, whereas the company was selling the milk for US$4 an ounce (Wilson, 2017). Ros Sopheap, the director of NGO Gender and Development for Cambodia, was cited stating that there had been intentional targeting of poor women who lack other job options, whereas others noted substantial issues around the market and the failing to address the structural issues that drove these women to sell their milk (Wilson, 2017). Indeed, although explicit charges around “trafficking in persons” and “violence against women” were not directly raised by the government, only trafficking in body parts and products, UNICEF’s Cambodia spokeswoman Iman Morooka highlighted that “[b]reast milk banks should not be operated by exploiting vulnerable and poor Cambodian women for profit and commercial purposes”. UNICEF also stated to Reuters that “[b]reast milk could be considered as human tissue, the same as blood, and, as such, its commercialisation in Cambodia should not be supported” (Thomson Reuters Foundation, 2017).

The ethical considerations, and also the issue of regulating the trade worldwide, became apparent. Although many believe that consent lies at the heart of whether the arrangement is exploitative or violent, others were quick to suggest that structural issues mean that all
milk sale by intermediaries amounts to the wrongful commoditisation of women's bodies and therefore violence against women through reproductive exploitation. Questions arise, including:

Q1. Is the commercialisation of milk a form of exploitation of women's bodies?

Q2. Does human milk sale raise specific issues around trafficking in persons, such as we have seen with surrogacy, where women are held, their diets dictated and their freedom limited?

Q3. Are the current ethical and international legal approaches sufficient to address the continuum of exploitation that could exist around this new trade?

Notably, much of the literature to date has focused on the nutritional integrity of the milk and the health risks for infant and adult consumers (Geraghty et al., 2013; Keim et al., 2014; Steele et al., 2015a, 2015b). Ethical concerns of a broader nature, such as whether human milk should be commercialised, collected by public entities as a collective resource or altruistically given, have all been tenuously linked to women through the figure of consent (see, for example, Hartmann, 2019 for a comprehensive list of hazards related to human milk use and exchange). Although discussions about ethical concerns in relation to the use of women's bodies exist from feminist or gender justice perspectives (Dickenson, 2002), the bulk of the debate tends to remain limited to the consideration of technical and operational hazards, without being explicit enough in recognising gender-specific issues and potential inadequacies of the current framework to address potential forms of exploitation around human milk.

By responding to the Cambodian case as one of trafficking in body parts, an implicit assumption was exposed: considerations around human milk allow ethical resolutions that are not gender focused and exist within generic ethical spaces. However, international press coverage laid bare the issues around reproductive exploitation and the potential for this industry to draw towards behaviours of the past where slaves were exploited to feed other women's infants. We therefore begin by exploring the current issues in the space, detailing both historic and contemporary structural injustices experienced by women selling their milk and exploring the ethical and legal issues marked out at present. We then move to explore potential issues for the future as the market evolves further, detailing considerations for policymakers and the international community. We finish by exploring what steps must be taken to prevent further exploitation and violence against women in this space.

2. Contemporary issues around human milk sale and exploitation

Human milk has most commonly been discussed with relevance to explicit rights for the mother and infant to engage in breastfeeding. The ethical relevance of human milk lies, principally, on the considerable and growing evidence of the central role that breastfeeding plays in the health and long-term development of infants (World Health Assembly, 1992, 2018). Human milk’s ethical relevance is hence, of course, even greater when placed in the context of the inherent dignity and worth of the human person enshrined in the Universal Declaration of Human Rights (United Nations, 1948). We note that breastfeeding and the expression of human milk cannot be in fairness disassociated from that which should only result from the appropriate exercise of women’s reproductive rights (i.e. pregnancy and birth), breastfeeding cannot be possibly seen as an isolated bodily function. In the spirit of the brotherhood and sisterhood that humans should behave (United Nations, 1948), the moral logical consequence from the inseparability of pregnancy, birth and any form of human milk expression, is that women who can express milk in excess of that which is required to feed their own infants, could as well help those who cannot produce enough or any. From this perspective, the challenge of making this happen is, then, one of collective/social coordination. Such coordination has taken multiple forms, including peer-to-peer
sharing (a largely community based, informal practice) and milk banking (often a formalised, regulated practice).

Notably, however, demand for milk has been growing. Increased awareness about milk’s beneficial qualities, preference for using donated human milk over formula (American Academy of Pediatrics, 2012) and increasing family diversity have resulted in considerable increases in the demand for human milk (Fein et al., 2008). Indeed, technological and legal developments have meant that a nursing mother may not exist within a family structure. For example, the mother may be deceased, having passed away during or after birth or even prior to conception, as egg freezing and *in vitro* fertilisation making posthumous conception now possible, yet controversial (Collins, 2005; Simana, 2018). Further, a mother may never have been part of the intended family unit at all, with some gay, queer, transgender, non-binary and others using surrogates who do not then form part of the family and may have no further involvement in the infant’s feeding after delivery. Additionally, the rise of risk reducing surgeries and breast cancer detection in younger women, alongside elective surgical procedures, such as breast implants that may impact on ability to breastfeed, have increased the pool of mothers unable to feed themselves but who may still prefer human milk, alongside mothers who for milk supply or other reasons may be unwilling or unable to feed the infant themselves (Roberts et al., 2015; Williams, 2018).

Meanwhile, adult intake has increased as consumers see uses in sports nutrition, alternative medicine and “clean” eating (Forgues et al., 2017; Steele et al., 2015a). With such growing demand, as well as because of limited supply, there has been insufficient milk available for all of those seeking it for infant feeding, especially in the milk-banking provision, where limitations on who can access the banks and for what purpose have been implemented (DeMarchis et al., 2017). Alongside informal sharing networks (Akre et al., 2011; Fein et al., 2008; O’Sullivan et al., 2016), companies and online commercialisation spaces have emerged. Other options, such as Prolacta are expensive and may be out of reach for many caregivers and therefore private mechanisms for sale or exchange may be preferred (Pollack, 2015). These private mechanisms are not new in many respects, with human milk banks having existed since the early 1900s, and wet-nursing, both in paid and unpaid forms, existing for millennia (Mayerhofer, 1954; Moro, 2018).

However, new technologies and improved logistics have changed previous practices and created the possibility for new ones. Among these, perhaps the most important ones have been online platforms that facilitate trade, devices and accessories that facilitate the expression, adequate storage and transportation of human milk across vast distances and developments in biomedical research that require cells or proteins from human milk (O’Sullivan et al., 2016). Indeed, these very developments made it possible for a US-based company to initiate collection of milk from mothers in poverty in Cambodia, ship it internationally and distribute it to buyers in the USA.

Such a capacity to move milk, locally, nationally and internationally to meet growing demand raises ethical, legal and social questions, but notably, whereas these considerations are beginning to be discussed, commercial interests are already crowding out altruist interest in the appropriation of available supplies. For example, Miracle et al. (2011) show that the International Breastmilk Project (IBMP), a not-for-profit created to ship human milk from the USA to developing countries in need, had by 2011 sent donations of about 260,000 ounces of human milk; these donations represented only about 25 per cent of the human milk donations received by IBMP. The remaining milk – all 75 per cent of it – was sold by IBMP to Prolacta, a private company, which sells at a considerable profit, human milk products for neonatal care. Further to this, although corporations have the proprietary ability via their technology to greatly reduce the risks potentially posed by milk, this technology is not widely available at a low cost to most caregivers, having been subject to intellectual property protections and reduced the potential for research into scalable solutions. With increased adult consumption, such reallocation may mean that there is a
shift from meeting the demand from hospitalised neonates, one of the most vulnerable populations in need (Kim and Unger, 2010), to the adult market.

Another consideration met with some interest has been the safety of the milk for consumption both by infants and those adults who are immune compromised in light of an emerging pricing structure that sells the milk by volume and thereby incentivises “watering-down”. Studies have found, for example, the presence of bovine DNA in samples acquired through online channels that were supposed to exclusively contain human milk (Keim et al., 2015). Bacterial, viral and contaminant risks have also been highlighted (Keim et al., 2014; Steele et al., 2015b). Consequently, government and professional bodies have recommended against acquiring milk online. For example, United States Food and Drug Administration guidelines recommend against the use of human milk obtained directly from individuals or through online means (US Food and Drug Administration, 2019). This is recommended as well by the American Academy of Pediatrics (Committee on Nutrition, Section on Breastfeeding, 2017).

However, the Cambodia case internationalised existing questions about the exploitation of minority women’s bodies which were already emerging in the USA, where commercialisation had progressed rapidly in the digital age. Indeed, local protests against biomedical companies in Detroit in the USA resulted in grass-roots campaigns against a company that evoked imagery of slavery and using African-American women, such as dairy cows (Harrison, 2019). In the USA, where commercialisation of human milk and the operation of Ambrosia Labs took place, it is notable that wet-nursing historically marked out forms of racialised reproductive labour, which served to divert breast milk from marginalised babies to more privileged ones. Estimates suggest that roughly 20 per cent of slave-owning families in the USA used enslaved women as wet nurses for their white infants (Blum, 1999). Newspapers from the eighteenth and early nineteenth centuries featured advertisements for black wet nurses, either to use or to purchase as slaves (Spruill, 1988). Such connections were drawn directly to commercial practices of milk banking in the USA, and around biomedical companies use of minority women, particularly African-American women, for commercial gain and for the use of the socio-economically privileged, many of whom are white (Harrison, 2019). Indeed, in exploring why Ambrosia Labs had used Cambodian women, it was noted how difficult the American market in milk had become in light of recent protests and boycotts, and thereby how international markets offered a more perfect solution (Wilson, 2017).

Given the possibility that for-profit companies have to considerably increase the perceived value of their products through investments in research and development, capital and marketing (Dutton, 2011; Ganapathy et al., 2012, 2017), the relative competitive and comparative advantages they can build and acquire through these can create perverse incentives to export human milk to locations where the price and therefore profits might be bigger, as well as to import human milk from locations where the costs is much lower, and even perhaps its availability bigger. In practical terms, this situation could result in the draining of human milk from poorer countries into richer ones, the exploitation of women and girls in developing settings and even potentially the recruitment and harbouring of women for the purpose of milk “farming” like has been seen around surrogacy and “baby farming”. We explore this potential in the sections that follow.

3. Future issues around human milk sale

At present, much of the human milk industry rests on either the sale of milk by women who have produced an excess or on women in socio-economic deprivation who are engaged to pump in exchange for financial or other incentives. Where pumping milk is done explicitly for sale of that milk, we have seen already that there are demands for dietary shifts by the women expressing the milk (no caffeine or alcohol, vegetarian/vegan/gluten free/paleo/clean-eating, etc. all feature in advertisements on onlythebreast.com, for example) and also
behavioural changes around exercise, residency and number of times pumping per day (Keim et al., 2014). Where excess milk is produced, it is often shared, as the conditions of expressing it and storing it often do not meet commercial demands (American Academy of Pediatrics, 2012). It is therefore likely that the commercial market will move more towards engaging women for the purposes of pumping, rather than the purchase of pre-existing excess supplies.

Links to surrogacy exploitation becomes apparent in this new configuration where lifestyle and diet become part of the contractual terms of sale. Surrogacy arrangements reported in research have observed women being kept in hotels or other residences where their activities and in-takes can be monitored to comply with the demands of intended parents (Duong, 2012), although framing is often placed on these provisions as a benefit to the surrogate who often comes from poverty and therefore is provided with food and care she otherwise would not receive. Past cases have involved women reporting control being placed over their movement, their sleeping patterns and what they are given to eat and drink. The international press therefore picked up on the need to urgently consider surrogacy internationally and to revise laws. Notably, in 2011, the European Parliament highlighted how:

[...] women and children are subject to the same forms of exploitation and both can be regarded as commodities on the international reproductive market, and that these new reproductive arrangements, such as surrogacy, augment the trafficking of women and children and illegal adoption across national borders (European Parliament, 2011, para. 21).

Again, in 2015, European Parliament condemned:

[...] the practice of surrogacy, which undermines the human dignity of the woman since her body and its reproductive functions are used as a commodity; considers that the practice of gestational surrogacy which involves reproductive exploitation and use of the human body for financial or other gain, in particular in the case of vulnerable women in developing countries, shall be prohibited and treated as a matter of urgency in human rights instruments (European Parliament, 2014, para. 115).

Previously, a report from the European Parliament (2009, p. 25) noted that:

Respecting, promoting sexual and reproductive health, and protecting and fulfilling reproductive rights is a necessary condition to achieve gender equality and the empowerment of women to enable them to enjoy all their human rights and fundamental freedoms, and to prevent and mitigate violence against women.

It is not unforeseeable that the more extreme cases of human milk commercialisation may result in similar exploitation of women and control over them to deliver on demands from buyers about diet and exposure to chemicals and other carcinogens by those producing the milk.

Issues arise around the adequacy of existing international agreements and national laws in covering this possible form of reproductive exploitation. Article 3, paragraph (a) of the Protocol to Prevent, Suppress and Punish Trafficking in Persons defines “Trafficking in Persons” as:

[...] 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.

What is unclear here is whether forced milk sale should rightly be considered forced labour or the removal of organs, or whether the inherently gendered nature of this exploitation is
deserving of the addition of a further category of reproductive exploitation. Cambodia in its
statements clearly devised that it was able to stretch its laws on trafficking in organs to
include products from human organs including human milk, which marks a stark departure
from the law in other jurisdictions in which human milk is often classified differently due to its
renewable nature (although such a clarification ignores the energy, nutrients and labour of
the producer of the milk – the mother). Although Cambodia investigated the case,
suspending the company from operating in the country, the language government officials
used in the international press drew direct links to the organ trade and surrogacy, both of
which have attracted interest internationally.

However, law reform has not yet been considered internationally, and the human milk and
reproductive exploitation remain under-discussed in the anti-trafficking and violence against
women context. For example, the WHO’s Principles on the donation and management of
blood, blood components and other medical products of human origin: Report by the
Secretariat (World Health Organization, 2017) classifies breast milk among a group of
medical products of human origin. These “biological materials that are derived wholly or in
part from the human body and are intended for clinical application” also include blood,
plasma, ova, sperm and other types of tissue. Most of those materials come with guidance
around how they should be selected, screened and tested, but notably have been
interpreted not as organs for the purposes of international laws on trafficking, by-and-large.

There is also a failing to address the potential for overlapping forms of exploitation, where
women are exploited as surrogates and then forced to provide milk not only for the infant
they birthed but also potentially for others. Indeed, we have seen cases of women deprived
of their liberty for the purposes of surrogacy and decoupling this from their production of
milk for infant feeding would be problematic. It is further to be considered that women may
be forcibly engaged as surrogates in the most egregious cases, where an overlap with sex
trafficking may emerge through the rape of the women (Abdullah, 2019). It is therefore
critical to consider reproductive trafficking alongside other forms of violence against
women, as but one expression of the various human rights violations that women
experience by virtue of their gender.

By placing the most extreme cases of exploitation for human milk as a form of labour
trafficking, alternatively, the issue becomes the overlooking of the implicitly gendered nature of
the violence which can only be directed at women who are lactating. It ignores that many
women who are engaged in developing settings have few financial options, low levels of
literacy and by virtue of being new mothers often lack options to gain other employment due to
discriminatory, patriarchal systems. Knowledge about the health risks to both the mother and
their infant of her pumping for profit is also problematic, and many investigations by the press
have raised questions about levels of knowledge and whether consent is real (Forster, 2017;
Wilson, 2017; Wong, 2017). It is also worth noting that such obfuscation of the gender-based
aspects of the trade also overlooks that demand for human milk also arises from inadequacies
in healthcare for mothers (e.g. a lack of availability or insurance coverage for lactation
consultation) and also by a lack of leave for new mothers and support for breastfeeding in
workplaces in places, such as USA. Indeed, by moving discussion outside of a gendered lens
and by covering the most extreme cases of human milk exploitation under a framework of
labour trafficking, the structural causes of reproductive exploitation may be concealed.

However, moving beyond the most extreme cases of deprivation of liberty as an evident
and concerning form of violence against women, it is worth noting that milk production for
commercial sale even with consent inherently raises gendered exploitation as an issue. To
meet unmet demand for human milk, it is notable that this can only be satisfied by women
and their bodies given they are the only humans who produce human milk. Therefore, in
principle, there is an unequal burden by design on women that is likely to have a physical
and emotional toll on them. The physical demands these impose exclusively on women
which not only consume the energy that characterises labour but also actually transforms
their physical and emotional states differently than any other job (Hartmann, 2019). The transaction nature of a commercial arrangement equates payment as remunerating women for these inconveniences and the energy spent – a right also enshrined in the Universal Declaration of Human Rights, Article 23 (United Nations, 1948). However, such compensation cannot offset many of the physical and emotional burdens being placed directly on women’s bodies and only on women’s bodies.

It is notable that the commercial human milk sale is inordinately enticing for women who lack other remunerable options, such as the women who were identified in the Cambodian case, or even for women in USA who, while used, have been shown to experience steep declines in their annual income due to breastfeeding constraints faced in the labour markets (Rippeyoung and Noonan, 2012). A simple analysis of the economics of human milk can help illustrate why this is the case. In the USA, members of a form of human milk bank termed Mother Milk Cooperatives can receive compensation for human milk “donations” in the order of US$500-800 (Clinton Global Initiative, 2019). This represents between US$17-27 a day, levels of compensation that are between 3 to 5 times higher than those of about 46 per cent or about 3.5 billion people who rely on US$ 5.5 a day to survive (World Bank, 2019). Indeed, the income that “donating” human milk can generate has been discussed as a taxable source of income (Zelenak, 2017). This is not surprising given that several studies (Bartick et al., 2017; Bartick and Reinhold, 2010) have shown not only that the opportunity costs of breastfeeding not being the exclusive source of nutrition during the first six months of infant life are in the order of US $13-14bn. Another study (Smith, 2013), quantifies the annual value of human milk production at exceeding US$3.6bn in Australia, under US$1bn in Norway and a massive US$45bn in the USA. This study estimates, however, that annually about US$63bn in the USA, about US $600m in Norway and US$4bn in Australia are lost because women’s right to lactate are not protected, and because competing milk sources (e.g. infant formula) crowds out human milk production. Aguayo and Ross (2002) estimated that in Francophone West Africa, children under 35.9 months old consume more than 1.1 billion litres of human milk in a year; this, the authors estimate, could have an opportunity cost of about US$2bn or about US$412 per infant (US$1.13 per day), if the same milk were to be sourced from breast milk substitutes.

Another way to understand the economics of human milk and the perverse incentives that commodifying it can create is by looking at the potential volume of milk that a woman can generate and the income she could collect for this volume. The studies mentioned above assume an estimate milk production per woman at about 850 mL or about 30 ounces (this is for women who are exclusively breastfeeding) (Smith, 2013). US human milk banks and internet-based trading sites sell an ounce of milk at around US$3 or more, which means that a lactating woman could sell her daily production for about US$90 a day. Compensation for wet-nursing can range between US$50-200 per day in the USA and in China (Smith, 2013). Private producers of even more specialised human milk-based products, such as “fortifiers” can earn up to about US$5,300 (Fentiman, 2009; Smith, 2013). In yearly terms, these differences add up to astonishing differences: even if a woman manages to maintain her milk production at the estimated 850 mL for every single day in a year, she could earn a maximum total of US $32,850, whereas private companies can earn for the same volume of human milk between US$367,025 and US$1,939,000. Many have argued that these disparities in income
evidence serious on-going ethical issues and also clearly indicate the exploitation of women with unfair and unequal levels of compensation. The transactions involving unequally vulnerable parties and considerable market asymmetries must be addressed.

It is also worth noting non-financial impacts of the growing number of intermediaries. Intermediaries between donors, mothers and infants remove the possibility of such bonds and might ignore as well cultural sensitivities that if transgressed may result in negative consequences, such as reduced donation, refusal to accept donated milk and others (Gürol et al., 2014). Emphasis on efficiency, effectiveness and quality, as in the case of the commercial manufacturing of goods and the provision of services, contributes to further commodify women and the fruits of their body and labour. The emphasis on productivity is made clear by a patent granted on a human milk pumping device:

US Pat. No. 4,772,262, which is hereby incorporated by reference in its entirety, is directed to technology for milk removal. As disclosed in that patent, milk yields increase due to the sensory stimulus provided by the patented breast pump equipment. When milk yield increases, the formulation of milk including many of the valuable immunoglobulins also increase along with living cells, such as macrophages and lymphocytes. Lipids also increase and the mother’s body responds to the stimulus by producing higher levels of prolactin that will trigger continuing milk Supply and the secretion of additional nutrients into her milk. (United States Patent and Trademark Office, 2010, pp. 7-8).

Furthermore, it would be difficult to deny that the advertisement of human milk as a product for sale that is presented professionally packaged, with colourful labels and memorable names, all while removed from images of the women who expressed it, does not contribute significantly in future commodifying, if no women, at least the biological expression of their bodies. Likewise, by focusing marketing-oriented messaging used in their promotion on the “value added” characteristics that separate one company’s product from that of another – being the most likely those related to safety and quality – it is likely as well that with time, the deeply human and moving image of a women breastfeeding her child and the maternal bond they represent, will be substituted by one of fear and concern about the quality of the “product”.

Indeed, by allowing the commercialisation of human milk, the transactional structure of breastfeeding and expressed milk sharing changes. Although breastfeeding is the preferred and recommended choice for the well-being of mothers and infants, this is at odds with the “wellbeing” of the private enterprise which profits from the cases where there is no breastfeeding. It is also of the interest of these enterprises that no altruistic organisations crowd-in the spaces on which they can profit. This creates considerable incentives for the for-profit enterprises to exercise all their skills and dedicate important resources to absorb as much as the demand for human milk as it is possible, which means displacing breastfeeding (Hartmann, 2019). Among the problematic things these enterprises could do that affect women are as follows:

- taking advantage of good will of potential donors through questionable emotional and financial inducements;
- influencing regulators to create barriers of entry that result in market consolidation and therefore less competition;
- offering suboptimal conditions that could result on emotional and physical harm to donors who because of their disadvantageous position might be improperly induced to accept such condition – this could be worsen if women in even direr conditions, for example, from other countries, are available (Hartmann, 2019; Pirnay et al., 2010); and
- this and other actions can end up discouraging and deteriorating altruistic attitudes that can lead to donation and facilitation (Pirnay et al., 2010).

Although human milk has an extremely high inherent value, the expression of this value in monetary terms, as well as the allocation of this value among those involved, in particular women
who play the most relevant role, is not a “naturally occurring” event. It is regulation or the lack thereof, what translates value into money and what determines the allocation of such value among those who participate as producers, intermediaries and consumers (Dickenson, 2002). Even those who believe in “free markets” would be able to appreciate that the mix of historical and structural abuse, violence and exploitation against women, incomplete information (e.g. not all participants are well informed nor able to engage in a consensual and free market transaction) and asymmetric power and information (e.g. for-profit enterprises have the advantage in an unregulated market), make consent problematic and law reform necessary.

4. Conclusion

The sale of human milk marks a new market where the exploitation of women’s bodies becomes possible through the commodification of a purely female produced substance. We have argued that this is therefore an issue of gender justice and equality that must not be structurally removed from exploring violence against women by regarding milk production as labour and human milk as a product that can be bought and sold, especially through intermediaries. Entrenched and evident structural injustices mean that this and other gender-related issues should remain in gender-specific ethical and legal spaces, making explicit consideration of trafficking in women and girls for reproductive exploitation critical to consider while addressing alongside it the commercialisation of body products alongside organ trafficking.

Allowing the sale of milk would reflect a commodifying and commercialist approach to public health, holding women and girls responsible for improving health outcomes in their communities that are, in reality, tied to systemic and structural racism, classism and inequalities more broadly. This approach privatises infant nutrition at the expense of true reproductive justice, which demands broad social support for women’s human rights (Ross, 2017). With developments in biotechnology facilitating the commodification of reproduction, including the production of human milk and its use (not just for feeding but also biomedical applications), we should note that a new door that has been opened for yet further disregard and degradation of women and girls’ humanity, as well as their physical and emotional wellbeing. Respect for human rights and equal justice – particularly for the most vulnerable globally – must be first and foremost in consideration and policy development.

Meanwhile, our research on human milk sale must move beyond discussions of public health harms and peer-to-peer exchange to explore the broader commercialisation of human milk at an international level. Biomedical developments and also technological capacities for shipping and processing milk across vast distances fundamentally shift existing discussions of wet nursing and milk donation which have assumed to be between women or between women and children, rather than to involve legal entities (e.g. companies). Such a discussion must occur within a space that carefully respects breastfeeding and long-held customary practices around infant feeding in diverse cultures but that addresses the exploitative elements of commercialised trade.

Ultimately, it seems preferable not only to prohibit any kind of financial gains related to human milk by legal entities but to also explore and enact regulations that address the present and forthcoming issues we detail in this paper. It is critical that governments around the world address the emerging exploitation of women within their countries and across borders while affording women and girls substantial support and protections around maternity and breastfeeding.

References


Wilson, A. (2017), “Americans can now buy breast milk from Cambodian women paid less than $10 a day”, *Vice*, available at: www.vice.com/en_us/article/43gx3w/americans-can-now-buy-breast-milk-from-cambodian-women-paid-less-than-10-a-day


World Health Assembly (1992), “Resolution WHA45.34 – infant and young child nutrition and status of implementation of the international code of marketing of breast-milk substitutes”, available at: www.who.int/nutrition/topics/WHA45.34_lycn_en.pdf?ua=1


Further reading


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A transgender girl’s experience: sexual exploitation and systems involvement

Ivy Hammond, Sarah Godoy, Mikaela Kelly and Eraka Bath

Abstract
Purpose – The available research on specialized interventions for youth experiencing commercial sexual exploitation almost exclusively focuses on the impact and efficacy related to cisgender girls, despite the inclusion of youth who identify as transgender in these programs. This paper aims to present a case study on the experience of a transgender adolescent girl who experienced commercial sexual exploitation and provides a narrative of the multifarious challenges she faced while involved in institutional systems of care.

Design/methodology/approach – This paper conducted an in-depth case review of all records on “Jade,” a white adolescent transgender girl who experienced commercial sexual exploitation, from a specialty court program in the juvenile justice system between 2012 and 2016. Her experiences throughout childhood exemplify many of the unique challenges that transgender girls and young women with histories of exploitation or trafficking may encounter within service delivery and socioecological systems. This paper applied concepts adapted from the gender minority stress theoretical model to understand how minority gender identity can shape the experiences and outcomes of the youth impacted by commercial sexual exploitation.

Findings – Jade’s narrative underscores the interplay of gender-based sexual violence, heteronormative structural barriers, transphobia and their intersectional impact on her experience while receiving specialized care. The intersectional hardships she experienced likely contributed to adverse biosocial outcomes, including high rates of medical and behavioral health diagnoses and expectations of further rejection.

Originality/value – This paper highlights the extraordinary challenges and barriers faced by an often under-recognized and overlooked subset of the youth impacted by commercial sexual exploitation, who may receive services that do not account for their unique needs related to gender expression and identity. This paper exemplifies how internalized stigma along with expectations of further rejection and victimization have implications for clinical and multidisciplinary intervention settings. Jade’s case underscores the need for improved access to supportive services for youth with minority gender identities, including peer community-building opportunities. Finally, this paper identifies a critical gap in US legislation and social policy. This gap contributes to the structural harms faced by transgender and gender-nonconforming youth receiving services during or following experiences of commercial sexual exploitation.

Keywords Commercial sexual exploitation, Sex trafficking, Sexual violence, Transgender, Gender nonconforming, Juvenile justice system

Paper type Case study

Background
In the USA, commercial sexual exploitation of children is widely recognized as a child abuse issue and has recently become a priority among service providers, law enforcement, policymakers and researchers (Hounmenou and O’Grady, 2019; Roby and Vincent, 2017). The USA federally defines child sex trafficking, commonly referred to as commercial sexual exploitation of children, as the induction of any individual under 18 years of age in sexual acts in exchange for any item of value (Victims of Trafficking and Violence Protection Act, 2000). Historically, however, youth experiencing commercial sexual exploitation were
detained by the justice system for status offenses and crimes related to their victimization (Anderson et al., 2017; Bath et al., 2019; Cole and Sprang, 2014; Finklea et al., 2015). In recent years, safe harbor policies have emerged at the state level to decriminalize youth experiences of exploitation and divert young people to non-punitive systems offering specialized supportive programming (Barnert et al., 2016). Still, these youth are a heterogeneous group that continues to encounter the juvenile justice system and, as a result, may still benefit from specialized services within the juvenile justice system.

Nascent research on the topic suggests that rehabilitative interventions and specialized service delivery models may improve the outcomes for youth impacted by commercial sexual exploitation by improving their safety, well-being and health (Moynihan et al., 2018). Notable efforts in the juvenile justice system include specialty court programs that reshape traditionally punitive responses into restorative, multidisciplinary service delivery (Bath et al., 2019; Cook et al., 2018; Liles et al., 2016). Additionally, emergent conceptual models emphasize the need for service providers to address the multiple intersectional identities of survivors (Kelly et al., 2018; Showden and Majic, 2018) and increase survivors' level of agency and autonomy within decision-making processes (Barnert et al., 2019). The available literature on this topic is largely focused on cisgender girls and young women, rarely addressing the perspectives, voices or experiences of youth who identify as transgender or gender nonconforming.

The majority of research on youth impacted by commercial sexual exploitation reinforces the claim that cisgender females are disproportionately victimized as compared to cisgender males. Lesbian, gay, bisexual, transgender and queer (LGBTQ) youth are often also identified as being at a heightened risk of victimization (Atteberry-Ash et al., 2019; Choi, 2015; McCoy, 2019). It is asserted that the consequences of transphobia, such as bullying, social isolation, rejection from one's family and home, substance use, depressive symptoms, sexual marginalization and exclusion from legal employment, are contributing factors to transgender youth's heightened vulnerability to commercial sexual exploitation (Alessi et al., 2020; Xian et al., 2017; Choi, 2015; Martinez and Kelle, 2013). A study on sexual exchanges among youth experiencing homelessness found that every transgender study participant (N = 4) reported engaging in commercial sex activity due to “perceived lack of constructive employment opportunities” (Bigelsen and Vuotto, 2013). There remains, however, a paucity of research that specifically focuses on transgender youth’s experiences of commercial sexual exploitation (Barron and Frost, 2018; Showden and Majic, 2018) and their involvement in social institutions such as the juvenile justice system.

Gender-nonconforming individuals involved in the sex trade often face unique forms of physical, social and structural harm that result from the expression of their gender identities (McBride, 2019). Transgender women involved in the sex trade often share common experiences of harm and criminalization through “transphobic violence, clients’ discovery of participants gender identity, and negative police responses to experiences of violence” (Lyons et al., 2017, p. 182). Moreover, youth who identify as LGBTQ are overrepresented in the juvenile justice and child welfare systems and often face significant barriers to obtaining fair and equitable treatment that meet their rehabilitative needs (Majd et al., 2016). Overall, the experiences of systems-involved transgender youth who have been impacted by commercial sexual exploitation remain understudied, and little is known about their intersectional experiences or specific treatment needs related to exploitive experiences, psychosocial development and gender identity formation.

**Gender minority stress and transgender youth**

Psychosocial and structural harms experienced by gender-nonconforming individuals during childhood and adolescence contribute to *gender minority stress*, the impact of which can extend to adulthood (Hendricks and Testa, 2012). Gender minority stress is a concept that emerged from Meyer’s (2003) minority stress and resilience model and was developed
as a framework to examine prejudice, social stress and mental health among people with minority sexual orientations. This concept was based on the premise that prejudice toward lesbian, gay and bisexual individuals creates unique stressors that contribute to adverse biopsychosocial outcomes, including psychological distress and physical ailments (Meyer and Frost, 2013).

Later, Hendricks and Testa (2012) adapted Meyer’s framework for clinical utility with transgender and gender-nonconforming populations to focus on the ramifications of experiencing gender minority stress. The adapted model asserts that experiences of transphobia and microaggressions related to one’s gender identity and expression can lead to the development of expectations for future victimization or rejection as well as internalized transphobia among transgender or gender-nonconforming individuals. Further, microaggressions – defined as subtle forms of discrimination – may lead to a myriad of behavioral, cognitive and emotional reactions that serve as coping mechanisms (Nadal et al., 2014). Behavioral reactions (e.g. direct and indirect confrontation), cognitive reactions (e.g. vigilance and self-preservation) and emotional reactions (e.g. hopelessness and distress) are not mutually exclusive (Nadal et al., 2014). This perspective is widely used to conceptualize the mental health and socioemotional functioning of transgender and gender-nonconforming populations (Bockting et al., 2013; Nadal et al., 2012; Testa et al., 2015). Yet, there is a dearth of available literature on how gender minority stress may impact transgender youth experiencing commercial sexual exploitation who are involved in the juvenile justice system.

Services for transgender youth impacted by commercial sexual exploitation

Specialized services for youth with histories of commercial sexual exploitation often focus on stabilization, yet rarely include rehabilitative strategies to address distress related to gender identity. Further, efforts to assess the feasibility and efficacy of these specialized interventions have focused almost exclusively on the experiences of cisgender girls experiencing commercial sexual exploitation (Powell et al., 2018; Salisbury et al., 2015). Understandably, small sample sizes may lead researchers to omit transgender girls from their studies to protect participant anonymity or preserve statistical power (Irvine, 2010). Nevertheless, case characteristics and service-related outcomes of transgender and gender-nonconforming youth involved in specialized therapeutic and rehabilitative interventions remain largely unstudied. Transgender youth impacted by commercial sexual exploitation may experience additional service barriers or recovery-related challenges resulting from a lack of cultural competence or transphobia within service delivery systems (Nadal et al., 2012).

Methods

This research is part of a larger mixed-methods, multi-phase study in which researchers conducted a retrospective case review of justice-involved youth (N = 364) who participated in a specialty court within the study period of 2012 and 2016. The specialty court is a voluntary court program for youth-at-risk, suspected, or with confirmed histories of commercial sexual exploitation and is located in a large southwestern region of the USA. Youth may opt-in to the court program during their probationary period. The full methodology has been reported in prior publications (Bath et al., 2019; Cook et al., 2018). Research activities were approved by the authors’ corresponding university institutional review board and county superior court.

This case study presents findings from an exhaustive review of administrative and case records of an adolescent transgender girl who disclosed experiences of commercial sexual exploitation while under juvenile justice supervision. The case file included administrative data from the judicial system, child welfare services, department of probation, education
institutions, mental health agencies and supplemental documentation reported to the court. Data included demographic information, physical and behavioral health diagnoses, treatment records and historical information about systems involvement, including experiences of maltreatment, out-of-home placements and delinquency citations. Data collection was longitudinal and included information collected before and during the youths' involvement in the specialty court. Data were systematically collected and entered into the secure Research Electronic Data Capture (REDCap) database.

Researchers conducted a second, in-depth review of case narratives for the small number of transgender youth involved in the specialty court to capture additional information and further contextualize their experience. Given the limited number of transgender youth that participated in the specialty court during the study period, researchers applied the gender minority stress framework to a single transgender girl's experience to better understand and conceptualize the impact of gender minority stress. This paper discusses the experiences of "Jade," a white transgender adolescent girl with extensive involvement in the juvenile justice and child welfare systems before and following experiences of commercial sexual exploitation.

Results

**Family context**

Jade came from a single-parent household and had eight siblings. Documentation depicted a strained relationship between Jade and her biological mother, as detailed below, but no information was available about the identity, whereabouts or involvement of her biological father. Before entering the specialty court program, Jade had been under the supervision of the juvenile justice system for two years and resided in a restrictive group home setting, which is considered to be the higher level of care than an in-home living arrangement (i.e. more staff supervision and restrictions on time off-campus). Multiple experiences of gender minority stress are evident throughout her childhood and adolescence – a large portion of which was initiated and exacerbated by the institutional systems of care.

**Adversity within childhood**

Jade had extensive child welfare system involvement during her early childhood. Before entering the specialty court, Jade was the subject of 42 allegations of abuse or neglect, including 4 that were substantiated. At the age of two, she was taken into protective custody and placed in foster care because of substance use and physical abuse by her mother and returned to out-of-home care again at the age of six. Jade experienced a high level of placement instability. As a toddler, Jade resided in six different foster care homes within a year. By her 18th birthday, she experienced 17 out-of-home placements. Jade displayed early external indicators of trauma-related symptoms that persisted and escalated throughout her adolescence. At nine years old, Jade began running away from home, which placed her at a heightened risk of commercial sexual exploitation. Jade experienced continued trauma after returning to her mother's care, and at the age of 11, she was raped by a man who sold drugs to her mother. Jade later disclosed suicidal thoughts and several symptoms consistent with post-traumatic stress disorder, including anxiety and trouble sleeping due to intrusive thoughts and memories related to the assault.

She was taken into protective custody following the sexual assault/rape and experienced further placement instability, residing in four additional foster homes before being placed in a group home at the age of 15. She spent the next three years moving between the highest levels of care available through the child welfare and juvenile justice systems. Administrative records indicate that Jade's mother communicated skepticism about her gender identity and gender dysphoria diagnosis and indicated that she was not supportive of Jade engaging in the biomedical gender confirmation process. Her mother expressed that Jade was young and “did not know who he was." Family reunification efforts were
ultimately terminated, and Jade remained under court jurisdiction until she reached the age of majority.

Experiences in the juvenile justice system

Like many youths with early child welfare system involvement, Jade’s trajectory led her to the juvenile justice system. Jade became involved at the age of 12 after being cited for vandalism, burglary and petty theft and placed on informal probation. Although Jade completed her probationary period and all charges were dismissed, she continued to have contact with the criminal justice system. She was recovered by law enforcement on multiple occasions after running away from foster care placements between the ages of 13 and 14. While a dependent of the court, Jade exhibited escalating externalizing behaviors and was cited for two counts of battery against a school employee, resulting in a second period of informal probation supervision. At the age of 15, she was detained by law enforcement on charges of criminal threats and assault with a deadly weapon, both of which were directed toward staff in her group home. These charges were sustained, resulting in her first formal detention in a juvenile detention facility. While detained, Jade was perceived by school, group home and law enforcement personnel as male and was treated as such.

Jade was detained in gender-segregated detention facilities with male youth on multiple occasions on account of violating her terms of probation. On one occasion, she spent a five-month period in a detention facility placed with male youth. This occurred despite explicit documentation in her case file that Jade had already disclosed her female gender identity to officers of the juvenile justice system. While under the jurisdiction of the judicial system, documentation revealed that Jade interacted with some probation officers who acknowledged and accepted her gender identity, whereas others continued to misgender her. This subjected her to inconsistent messaging regarding the acceptance of and sensitivity toward her identity. Because of the advocacy by Jade and group home staff, one court permitted Jade’s relocation to the girl’s unit within her group home placement and authorized gender-affirming hormone therapy. However, deliberation over those processes was slow and did not carry over following placement changes or probation violation incidents.

Over the next two years, Jade received multiple citations for violating the conditions of her probation, and as a result, was repeatedly held in detention facilities and moved to new residential treatment placements. Jade frequently ran away from probation placements, including during her home visits. She was eventually recovered by law enforcement because of concerns that she was being commercially sexually exploited in the community.

Specialty court intervention

At the age of 17, Jade was the subject of a law enforcement report to the child protection hotline because of concerns of commercial sexual exploitation. Following this incident, Jade disclosed to a probation officer that she had been commercially sexually exploited and was subsequently offered the opportunity to have her probation case transferred to the specialty court. Jade opted-in to the program – a voluntary post-adjudication program specifically designed to offer a trauma-informed, therapeutic and multidisciplinary service plan for juvenile justice-involved youth at-risk of or impacted by commercial sexual exploitation. No information was documented in Jade’s probation case records about how she first became exploited or whether she continued to experience exploitation while involved in the specialty court. As such, little can be gleaned about her history of exploitation. Jade’s extensive involvement in institutional systems, however, provides insight into her experiences before and potentially during exploitation.

During the five months in which Jade was offered rehabilitative services through the specialty court, she appeared at two hearings and was absent from one due to being away
without permission. Although she did not accrue any new citations while involved in the specialty court, two months into the program, a bench warrant was issued for 51 days following her missed hearing. The case was closed two months after Jade reached the age of majority. At case closure, Jade had dropped out of school. Her highest level of educational attainment was the 10th grade. Jade was considered by the juvenile court to be out of compliance with her rehabilitative services and the conditions of her probation. As a result, she was ineligible for federal- or state-funded independent living services designed to support basic needs (e.g. housing and job readiness) during the transition into adulthood. Jade’s transition plan was for her to reside with her mother following her last probation-supervised placement, although reunification services had been terminated years prior. Unsurprisingly, Jade did not return to her mother’s residence and her whereabouts remained unknown at case closure.

**Mental health and psychosocial functioning**

Throughout adolescence, Jade received numerous psychiatric diagnoses, including attention-deficit/hyperactivity disorder, depression, anxiety and conduct disorder. She was also prescribed psychotropic medications. She described experiencing distressing flashbacks related to the rape she experienced as a child. Efforts to engage Jade in family therapy resulted in an escalation of her psychological distress, including self-harm and suicidal ideation which resulted in psychiatric hospitalization. Jade was hospitalized a total of 15 times throughout her adolescence.

Despite receiving early and ongoing psychological services at the placement and detention facilities, Jade did not appear to be diagnosed with gender dysphoria until late adolescence. The personnel at one of Jade’s last group home placements were proactive in supporting her gender identity expression and connected her with a psychologist who specialized in serving transgender youth. Together, Jade and the service providers advocated for the presiding judge to authorize gender-confirming hormone therapy and participation in group counseling sessions for transgender youth at a local hospital over the objection of her mother. Notably, the mental health treatment plans dictated by the court lacked opportunities to seek or build community with transgender or gender-nonconforming youth until the end of her time under supervision.

Jade experienced difficulty engaging in school, including frequent truancies and school transfers. Despite extensive childhood trauma, multiple psychiatric diagnoses and designation as a special education student, there was no record of an individualized education plan. The school appeared to serve as a source of interpersonal conflict for Jade. In one instance she was arrested for an altercation that occurred in the classroom, in which school personnel characterized her as having a “disrespectful attitude toward authority figures, disruptive behaviors, and suspensions for misbehavior.” Given the high level of placement instability Jade experienced, it is likely that she also experienced displacement as a result of her relocation.

Jade was known to use methamphetamine, alcohol and marijuana. As a result, she was ordered by the court to participate in substance use treatment. Once enrolled in substance counseling and drug testing, a male probation officer was assigned to watch her collect urine samples. Jade reported feeling uncomfortable being watched by the male probation officer. This discomfort resulted in trauma reminders, causing intrusive thoughts about the rape she experienced as a child.

**Discussion**

The gender minority stress theory suggests that interactive and internalized minority stress processes occur when a transgender person’s identity is not acknowledged or accepted, which can lead to internalized stigma, identity concealment behaviors and expectations of
rejection across social interactions (Valentine and Shipherd, 2018). Applying the concept of
gender minority stress to our review of Jade’s experiences and outcomes guided our
findings on specialized service treatment, which warrants future inquiry.

Like many cisgender girls who experience commercial sexual exploitation, Jade’s
psychosocial development and attachment formation were negatively impacted by adverse
experiences in her childhood (Cimino et al., 2017; Naramore et al., 2017). However, the
intrafamilial conflict appeared to have been compounded by her mother’s rejection of her
gender identity along with any judgment and stigma she likely experienced as a result of
her exploitive experiences (Pflum et al., 2015; Rood et al., 2016). Jade’s family system
appeared to potentiate, rather than protect her from, adverse biopsychosocial outcomes
caused by experiences of gender minority stress (Meyer, 2015). Interpersonal violence in
the form of rejection by natural supports appears to be a common and even normalized
reality for many transgender and gender-nonconforming individuals (Rood et al., 2016).

Further, experiences of misgendering following identity disclosure can contribute to
psychosocial distress, including symptoms of depression and stress, particularly when
social support is not in place to serve as a protective buffer (McLemore, 2018), placing
youth in a vulnerable psychosocial state while they attempt to stay safe in exploitive
experiences.

Existing literature on the experiences of juvenile justice–involved transgender youth
suggests that the structural barriers that deter identity expression and transmission of
microaggressions related to minority gender identities experienced by Jade are common
(Marksamer, 2008). The consequences of recurring and flagrant disregard for Jade’s
identity by her family and personnel within institutional systems may have been
exacerbated by the lack of available culturally competent or gender-specific behavioral
health services.

Depression, self-harm and suicidal ideation, for which Jade was psychiatrically hospitalized
multiple times throughout her adolescence, are additional adverse outcomes known to be
associated with minority stress (Tebbe and Moradi, 2016; Valentine and Shipherd, 2018).
However, connection with the transgender and gender-nonconforming community has
been identified as a buffer against depressive symptoms (Pflum et al., 2015) and can
facilitate resilience in the context of minority stress (Meyer, 2015). Absent from case records
were any documented efforts to connect Jade with transgender or gender-nonconforming
peers. Given the existing evidence to suggest that a sense of community connectedness
has beneficial implications for the mental health of transgender individuals into adulthood,
future research should explore the utility of including social connections in case planning for
transgender youth receiving rehabilitative services (Bockting et al., 2013; Valentine and
Shipherd, 2018).

The field would benefit from qualitative research focused on centering the voices of this
highly marginalized and disenfranchised subpopulation of youth impacted by commercial
sexual exploitation. Research that includes the views and perspectives of transgender and
gender-nonconforming youth may increase awareness of their specific needs and identify
recommendations for future service planning and scientific inquiry. Further, an exploration
of intragroup differences, accounting for the various axes of identity (e.g. race, class,
religion) is necessary to develop culturally competent curricula for use with service
providers. Moreover, empirical research is needed to better understand the interactions
between experiences of transphobia, gender minority stress and commercial sexual
exploitation to inform the development of gender-responsive specialized services for young
people impacted by commercial sexual exploitation. Findings also underscore the need to
rigorously assess the generalizability of specialized recovery services – many of which are
piloted with cisgender girls – with transgender and gender-nonconforming youth (Moynihan
et al., 2018).
Absent from case records was any mention of how Jade’s behavioral and psychosocial responses may have been influenced by her minority gender identity or her experiences of social and structural harm. For example, hormone therapy is known to cause changes in mood and social functioning (Mahfouda et al., 2017). Along with her history of traumatic experiences, this may have contributed to Jade’s behavior that school personnel perceived as a “disrespectful attitude.” Additionally, because Jade was not provided gender-confirming services until late adolescence, it is possible that her physical presentation continued to be interpreted as the actions of a male adolescent (McGuire et al., 2010) and interpreted as more aggressive during interpersonal interactions. Third, recent research indicates that Jade’s gender identity likely heightened her risk of experiencing the multitude of abuses (e.g. rape and exploitation) and structural harm (e.g. genderism and transphobia) she endured within her family, community and social institutions (Alessi et al., 2020).

Case records suggest that Jade demonstrated notable resilience in response to events that elicited minority stress (Meyer, 2015). By disclosing her discomfort at having a man supervise her drug tests to trusted placement providers, she was able to alleviate the effects of minority stress on her day-to-day experiences. Specifically, her self-advocacy catalyzed a multidisciplinary team meeting that resulted in Jade being moved to a girls’ residential placement unit and enabled her to be supervised by female probation staff.

**Limitations**

Three notable limitations impacted this analysis. A notable limitation of this analysis was its reliance on secondary, non-electronic (i.e. paper) administrative records. Case records provide a broad picture of the youth’s experiences within social institutions but offer little information about the internal, emotional or cognitive reactions and processes of a young person. Additionally, non-electronic records cannot be updated in response to changes in agency standards for documentation, which may explain why so little information about Jade’s experiences of commercial sexual exploitation was found in her case records. Unfortunately, the lack of information collected about Jade’s experience being exploited perpetuates the pervasive issue of invisibility and unsupported claims that are made related to the exploitation of transgender youth (Barron and Frost, 2018). Finally, these findings are not representative or generalizable to the larger population, as findings are specific to one youth’s experience in a large urban county. Further research should examine the generalizability of this analysis among a larger sample of transgender girls across a range of settings (e.g. urban, suburban, rural).

**Conclusions**

This study applied the gender minority stress theory to examine how gender minority stress impacted the life of a systems-involved transgender girl who experienced commercial sexual exploitation. Findings from the analysis of Jade’s case contribute to the small body of existing literature about youth with minority gender identities who experience commercial sexual exploitation. Specifically, themes that emerged from Jade’s case have important implications in the areas of research, practice and policy development.

Our findings underscore the profound impact that gender identity development and experiences of gender minority stress can have on youth outcomes among system-involved children. An initial review of Jade’s case exposed a history of noncompliance with the conditions of her probation and poor engagement in the specialty court. However, taking a closer look at her case file through the lens of the gender minority stress theoretical model offers an alternative perspective. Jade was placed in numerous lockdown facilities, including juvenile hall, psychiatric hospitals and group homes – all of which segregate youth based on the sex they are assigned at birth – where she was surrounded by cisgender...
boys and surveilled closely by male adults. While such protocols are implemented to serve a protective function for cisgender minors, in the case of transgender youth such as Jade it can serve as a form of structural violence, increasing their experience of gender minority stress and causing more harm than good (Testa et al., 2015). Jade’s narrative elucidates biopsychosocial and judicial outcomes for youth with sustained histories of trauma and experiences of gender minority stress, recurring rejection and invalidation. Due to an extensive history in institutional systems of care, Jade’s expectation of further rejection and victimization may have contributed to her reluctance to participate in a specialty court — though the court may have been better equipped to meet her needs through a trauma-informed and survivor-centered approach. These findings may inform future efforts to prioritize young people with experiences of commercial sexual exploitation in research.

Second, this analysis highlights the pervasive unmet needs of transgender youth experiencing commercial sexual exploitation. Research suggests that youth who experience commercial sexual exploitation and identify as transgender or gender nonconforming rarely receive gender-responsive services (Institute of Medicine and National Research Council, 2013). Further, the prevailing use of female-oriented language in programming (e.g. empowerment workshops for girls; Cohen et al., 2011) may have the unintended consequence of alienating and further stigmatizing transgender and gender-nonconforming youth. Specific areas in need of improvement include improved social support and access to transgender and gender-nonconforming communities, cultural competency among service providers in the juvenile justice system and enhanced collaboration across substance use, psychiatric and gender confirmation care providers (Rood et al., 2016). Jade’s particular case exemplifies the need for targeted psychosocial interventions to address internalized transphobia, expectations of further rejection and hypervigilance regarding violent victimization.

Finally, this paper contributes to the existing body of literature by identifying a critical gap in the US policy and programming on the protection of youth impacted by commercial sexual exploitation that is involved in institutional systems. First, it addresses structural barriers faced by individuals with minority gender identities and identifies concrete examples of the structural harm inflicted upon transgender youth within existing social institutions. This is particularly relevant given the paucity of protective policies for incarcerated and judicially involved gender-nonconforming people in the USA (King, 2019; Malkin and DeJong, 2019; Squatriglia, 2007). Second, it highlights the need for comprehensive and recurring training related to the identification of transgender or gender-nonconforming youth experiencing commercial sexual exploitation and appropriate trauma-informed and culturally attuned responses. Third, it underscores the need for systems-level change through policy and directives that support ongoing and comprehensive assessments of needs, a treatment that upholds their safety and privacy and connections to culturally and age-appropriate community groups and services.

Youth with minority gender identities experience unique forms of violence, structural harms and marginalization. The needs of transgender youth experiencing commercial sexual exploitation may not be met through the provision of services designed for cisgender youth. Future efforts to improve existing policy, research and practice related to commercial sexual exploitation, should take into consideration the voices and experiences of transgender and gender-nonconforming youth.

References


Institute of Medicine & National Research Council (2013), Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States, National Academies Press, Washington, DC.


Further reading


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International Journal of

Human Rights in Healthcare

Number 2

Sex trafficking and violence against women
Guest Editor: Sarbinaz Bekmuratova

93 Guest editorial

97 Minor sex trafficking of girls with disabilities
Hannabeth Franchino-Olsen, Hannah A. Silverstein, Nicole F. Kahn and Sandra L. Martin

109 The integral role of relationships in experiences of complex trauma in sex trafficking survivors
Heather Evans

125 Multiplicity of stigma: cultural barriers in anti-trafficking response
Annie Isabel Fukushima, Kwynn Gonzalez-Pons, Lindsay Gezinski and Lauren Clark

143 Legislative discrepancies: an analysis of Missouri’s current human trafficking laws and the need to improve its legal protection of victims
Rachel Kappler and Arduizur Carli Richie-Zavaleta

159 Raising awareness of human trafficking in key professional fields via a multidisciplinary educational approach
Adam Awerbuch, Naomi Gunaratne, Juhi Jain and Panagiota Caralis

171 A very lucrative liquid: the emerging trade in human milk as a form of reproductive exploitation and violence against women
Sarah Louise Steele and Eduardo E. Hernandez-Salazar

185 A transgender girl’s experience: sexual exploitation and systems involvement
Ivy Hammond, Sarah Godoy, Mikaela Kelly and Eraka Bath