



Published in final edited form as:

Behav Med. 2018 ; 44(3): 175–176. doi:10.1080/08964289.2018.1465269.

Advancing the Science on the Biopsychosocial Effects of Human Trafficking

PhuongThao D. Le^a and Perry N. Halkitis^b

^aSchool of Public Health, Johns Hopkins University

^bSchool of Public Health, Rutgers University

Keywords

human trafficking; health; health research; human rights; slavery; gender and gender identity; sexual identity; children; adolescents; adults

The issue of human trafficking gained global public and governance consciousness in the 1990s and reached a significant milestone at the beginning of the 21st century when the United Nations adopted in 2000 the Palermo Protocol – the *Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially in Women and Children*.¹ Trafficking in persons is defined as an act that can range from recruitment, transfer, harboring, to receipt of a person, which is committed by means of force, fraud, or coercion, and for exploitative sexual purposes such as prostitution or for financial gains through forced labor, slavery, or removal of organ.

Human trafficking, particularly as a means of enabling sexual and labor exploitation, is widely recognized as an egregious violation of human rights that has many profound impacts on the biomedical, psychological, and social well being of individuals and populations worldwide. Because human trafficking involves abuse and exploitation, especially of extremely vulnerable populations, negative health sequelae abound. This impact was first comprehensively reported by Zimmerman and colleagues in a 2003 study² conducted among mostly Eastern European women who had been trafficked to Western Europe for the purpose commercial sexual exploitation. The report documented the various types of abuses – physical, sexual, emotional, and psychological – experienced by trafficked individuals, as well as the myriad of negative health consequences that may result from the trafficking experience: occupational and physical injuries, sexual and reproductive health issues including HIV/AIDS, and mental health and substance abuse problems.

Other studies conducted since have further bolstered our understanding of the health impacts of human trafficking. Because the majority of detected trafficking cases involve sexual exploitation, the initial set of studies focused on the risks of sexually transmitted infections such as HIV. In a study of brothel-based sex workers in South Asia, Sarkar and colleagues³ reported that trafficked sex workers experienced more abuse than non-trafficked sex workers, and that the abuse was associated with increased risk of HIV. Similarly, among trafficked women receiving post-trafficking support in Nepal, the odds of HIV infection was

significantly higher among those who had been forced into prostitution longer and for those trafficked at a younger age (<14 vs. 18+).⁴

More recent research has highlighted the need to address the mental and psychological health consequences of trafficking. For example, several studies, conducted primarily among female survivors of sex trafficking, have documented elevated burdens of anxiety, depression, and post-traumatic stress disorder (PTSD).⁵⁻⁷ For a comprehensive summary of health research findings on human trafficking, see a recent updated systematic review by Ottisova and colleagues.¹⁰

Much progress has been made in bringing human trafficking into the spotlight and documenting the toll that trafficking exerts on individual lives as well as the affected communities. Yet, much more needs to be done. And as government institutions and local community and health organizations alike grapple with the responsibility to provide appropriate and effective services to survivors of trafficking, we must strengthen our understanding of how the experience and environment of abuse and exploitation shape the health risks, behaviors, and well-being of trafficked individuals. Furthermore, victims of trafficking are diverse in gender and sexual identity, age and developmental stage, and socioeconomic status. In other words, this is a health burden that has no boundaries. Thus, effective responses can only be achieved if there is a sufficiently broad knowledge of the range of issues that trafficked persons face, as well as, an in-depth understanding of the specific effects of certain characteristics and vulnerabilities.

This special issue of *Behavioral Medicine* aims to expand the scientific health literature on human trafficking in order to inform more effective approaches to address the biopsychosocial issues facing trafficked individuals and their communities. The first of the assembled wide array of articles is by Hopper and Gonzalez, who delineate the different types of psychological impacts observed among individuals trafficked for sexual exploitation versus those trafficked for labor exploitation. Following this is a set of articles that consider the population of sex-trafficked women around the world. Rajaram et al. provide an in-depth analysis of the experiences of women survivors of trafficking living in the Midwestern United States who must cope with the stigma associated with their trafficking experience. The article by Gerassi continues to highlight the challenges faced by this population, documenting the various barriers in accessing health and social services, particularly treatments for substance use and residential services. Then Okech et al. examine the relationships between community reintegration, social support, and dysfunctional coping on PTSD among participants of a reintegration program in Ghana.

The next set of articles focus on an extremely vulnerable population – trafficked children and youth. First Le and her colleagues provide a systematic review of the numerous health issues facing commercially sexually exploited and sex trafficked youth in the United States. Then the complexity of the mental health and substance use issues among trafficked children and adolescents are further explored in the two ensuing two articles. Ottisova et al. examine complex PTSD among trafficked and matched non-trafficked children in a historical cohort study of those who come into contact with a mental health care provider in London, and Cook et al. explore the mental health and substance use treatment needs of commercially

sexually exploited youth participating in a specialty juvenile court in California. In the final article, Rothman and colleagues share their experiences and highlight the practical and ethical hurdles in conducting health research among trafficked children.

We recognize that there is more work that must be undertaken to further develop our scientific knowledge on the multiple harmful and lifelong health consequences that are imparted by human trafficking. We envision this collection as a critical step towards achieving that goal, and that it is a call to arms for researchers, advocates, and policy makers to come together to collectively address the abominable human rights violations of this global public health challenge.

REFERENCES

1. United Nations. Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, supplementing the United Nations Convention Against Transnational Organized Crime. 2000.
2. Zimmerman C, Yun K, Shvab I, et al. The health risks and consequences of trafficking in women and adolescents: Findings from a European study. London: London School of Hygiene & Tropical Medicine;2003.
3. Sarkar K, Bal B, Mukherjee R, et al. Sex-trafficking, violence, negotiating skill, and HIV infection in brothel-based sex workers of eastern India, adjoining Nepal, Bhutan, and Bangladesh. *Journal of Health, Population, and Nutrition*. 2008;26(2):223.
4. Silverman JG, Decker MR, Gupta J, Maheshwari A, Willis BM, Raj A. HIV prevalence and predictors of infection in sex-trafficked Nepalese girls and women. *JAMA*. 2007;298(5):536–542. [PubMed: 17666674]
5. Tsutsumi A, Izutsu T, Poudyal AK, Kato S, Marui E. Mental health of female survivors of human trafficking in Nepal. *Social Science & Medicine*. 2008;66(8):1841–1847. [PubMed: 18276050]
6. Hossain M, Zimmerman C, Abas M, Light M, Watts C. The relationship of trauma to mental disorders among trafficked and sexually exploited girls and women. *American Journal of Public Health*. 2010;100(12):2442–2449. [PubMed: 20966379]
7. Abas M, Ostrovski NV, Prince M, Gorceag VI, Trigub C, Oram S. Risk factors for mental disorders in women survivors of human trafficking: A historical cohort study. *BMC Psychiatry*. 2013;13(1):204. [PubMed: 23914952]
8. Baldwin SB, Fehrenbacher AE, Eisenman DP. Psychological coercion in human trafficking: an application of Biderman’s framework. *Qualitative Health Research*. 2015;25(9):1171–1181. [PubMed: 25371382]
9. Le PD. “Reconstructing a sense of self”: Trauma and coping among returned women survivors of human trafficking in Vietnam. *Qualitative Health Research*. 2017;27(4):509–519. [PubMed: 27206456]
10. Ottisova L, Hemmings S, Howard LM, Zimmerman C, Oram S. Prevalence and risk of violence and the mental, physical and sexual health problems associated with human trafficking: An updated systematic review. *Epidemiology and Psychiatric Sciences*. 2016;25(4):317–341. [PubMed: 27066701]