THE ISSUE IS . . .

Role of Occupational Therapy in Combating Human Trafficking

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MeSH TERMS
- health services needs and demands
- human trafficking
- occupational therapy
- professional role
- trauma and stressor related disorders

Human trafficking is a modern-day form of slavery that includes sex trafficking, labor trafficking, and trafficking of children. It is estimated that 35.8 million people are enslaved around the world. Because of the traumatic experiences that victims of human trafficking encounter, the needs of victims are extensive and require the services of several providers, including health care providers, for victims to transform into survivors and thrivers. Currently, the role of occupational therapy is minimal and unexplored. The profession of occupational therapy has the capacity of having a profound role in both providing client-centered care services to victims and survivors of human trafficking and partaking in preventive advocacy efforts to combat human trafficking. Further advocacy efforts are required to promote the profession of occupational therapy in combating human trafficking.

According to the Victims of Trafficking and Violence Protection Act of 2000 (Pub. L. 106–386), the U.S. Congress has defined human trafficking as

1. sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or
2. the recruitment, harboring, transportation, provision, or obtaining of a person 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.

Commercial sexual exploitation includes prostitution, stripping, pornography, live sex shows, personal sexual servitude, escort service, mail order brides, military prostitution, and sex tourism (National Human Trafficking Resource Center, 2013). Labor trafficking includes forced labor, debt bondage, and involuntary servitude. Trafficking of children includes child sex trafficking, forced child labor, and the use of child soldiers (U.S. Department of State, Office to Monitor and Combat Trafficking in Persons [TIP Office], 2014).

Why Does Trafficking Occur?

Currently, the trafficking of human beings is the second largest global enterprise behind drug trafficking and the fastest growing because of the supply and demand (U.S. Department of State, TIP Office, 2008). The rates of human trafficking are high because it is a low-risk, high-profit market. Criminal penalties for human trafficking are high because it is a low-risk, high-profit market. Criminal penalties for human trafficking are light in many countries in comparison with the United States (Tiefenbrun, 2002; U.S. Department of State, TIP Office, 2014). Globally, traffickers avoid prosecution by operating in locations where there is a lack of antitrafficking laws, lack of enforcement of antitrafficking laws, and corruption in government and law enforcement institutions (Clawson, Small, Go, & Myles, 2003). Human trafficking is an extremely profitable industry because humans can be sold repeatedly, and a trafficking operation requires minimal investment (Cooper, 2002). Current figures show that
the market value of trafficking human beings exceeds $150.2 billion per year (International Labor Organization, 2014). These profits rival those of the illegal drugs and arms trades (Clawson et al., 2003).

Other factors that contribute to human trafficking include natural disasters, armed conflict, political and civil turbulence, and attitudes regarding the subordination of women (Sabella, 2011). Moreover, people who live in societies with an increase in poverty and lack of employment opportunities are more vulnerable to being trafficked (International Labor Organization, 2014; Sabella, 2011).

**Where Does Trafficking Occur?**

Human trafficking is a global issue, and at least 162 countries have enslaved people in their population (Global Slavery Index, 2014). Victims of trafficking are often recruited from less developed countries that have higher rates of corruption, poverty, and violence and then are transported to more developed and profitable areas, such as the United States, to work as slaves (Clawson et al., 2003; Walker-Rodriguez & Hill, 2011).

Sex trafficking is the most prevalent form of human trafficking in the United States (U.S. Department of State, TIP Office, 2010). Recruitment of victims for sexual exploitation in the United States often occurs in shopping malls, junior high and high schools, courthouses, foster homes, group homes, shelters, restaurants and bars, concerts, bus stations, social networking websites, parks, and libraries (Hardie & Swartz, 2012; Polaris Project, 2014). After recruitment, domestic sex trafficking victims are transported to areas where demand is the highest and most consistent, including large cities, vacation and tourist areas, near military bases, truck stops, and large sports events (Clawson et al., 2003; Hardie & Swartz, 2012).

**Who Is Trafficked?**

It is estimated that 35.8 million people are currently enslaved globally (Global Slavery Index, 2014) and that more than 800,000 people are trafficked across international borders each year (U.S. Department of State, TIP Office, 2003). Reports have shown that globally, more than 1.2 million juveniles are at risk of being trafficked every year (Crisis Aid International, 2012). Women are estimated to compose 56% of people who are trafficked internationally (U.S. Department of State, TIP Office, 2010).

Because most literature focuses on foreign trafficking victims, limited research discusses the number of victims of human trafficking in the United States. In the United States and Canada, it is estimated that between 57,000 and 63,000 people are domestically enslaved and between 14,500 and 17,500 people are trafficked into the United States each year (Global Slavery Index, 2014; U.S. Department of State, TIP Office, 2004). It is estimated that 300,000 children in the United States are at risk of being trafficked each year (Crisis Aid International, 2012).

People targeted for international labor trafficking recruitment include those with lower literacy and education levels and those more likely to be living at or below the poverty line (International Labor Organization, 2014). Although poverty increases the risk of sexual exploitation, no socioeconomic class is immune to victimization (Clawson, Dutch, Solomon, & Grace, 2009). People with developmental and physical disabilities also are at an increased risk for recruitment for foreign and domestic human trafficking, although research is limited concerning the impact of human trafficking on this population (Ohio Department of Developmental Disabilities, 2014; U.S. Department of State, TIP Office, 2012). People with disabilities are targeted for recruitment because of increased risk for social powerlessness, communication deficits, decreased ability to protect oneself, and exploitation from family (Ohio Department of Developmental Disabilities, 2014; U.S. Department of State, TIP Office, 2012).

Youth who are considered vulnerable and are more likely to be targeted for domestic sex trafficking include adolescents who are runaways, homeless, and victims of rape (Williamson, Perdue, Belton, & Burns, 2012). Research has shown that 91% of domestic sex trafficking victims experienced some form of abuse in their home—including physical, sexual, or psychological abuse—or neglect (Ohio Human Trafficking Task Force, 2012). In addition, people from the lesbian, gay, bisexual, and transgender community are at an increased risk for being domestically trafficked because of psychosocial vulnerabilities that result from social alienation and maltreatment experiences (U.S. Department of State, TIP Office, 2014).

Moreover, people with certain social and emotional traits are targeted for recruitment for domestic sex trafficking. People with low self-esteem and who lack self-direction are targeted for recruitment (Hardie & Swartz, 2012). Additional factors that increase the risk of being domestically trafficked include having friends or family members involved in selling themselves, having a family member with a mental illness, having difficulty making friends, having prior contact with the criminal justice system, and having an older partner (Williamson et al., 2012).

**Needs of Victims of Human Trafficking**

After recruitment, people continue to undergo horrific experiences while in the trafficking situation. People may be held in slavery-like conditions where they may be held in bondage, raped, assaulted, threatened, isolated, deprived of food and water, deprived of medical care, and exposed to unhygienic and unsafe living conditions (Clawson et al., 2003; Family Violence Prevention Fund, World Childhood Foundation, 2005; Turner-Moss, Zimmerman, Howard, & Oram, 2014). Literature on the needs and health concerns of women involved in sexual exploitation is available, but further investigation is required regarding the health status of men who are trafficked (Oram, Stöckl, Busza, Howard, & Zimmerman, 2012; Zimmerman et al., 2006). Moreover, research concerning the needs of victims involved in labor trafficking is limited to a small sample of participants and addresses only physical and mental health concerns (Turner-Moss et al., 2014). Further research is required to assess additional health problems and other needs of victims of labor trafficking (Turner-Moss et al., 2014).
Studies have found that 98% of sex trafficking victims and 81% of labor trafficking victims will require medical services as a result of the physical and sexual trauma experienced (Clawson et al., 2003; Turner-Moss et al., 2014). Experiences of physical violence include being kicked, hurt with a gun or knife, slammed against walls or floors, intentionally burned, hit with bats, punched in the face, and pulled across a room by the hair (Turner-Moss et al., 2014; Zimmerman et al., 2006). Physical health problems that may result for victims of human trafficking include fatigue and weight loss, neurological symptoms, gastrointestinal symptoms, cardiovascular symptoms, musculoskeletal symptoms, vision problems, dermatological symptoms, gynecological symptoms, and dental problems (Oram et al., 2012; Turner-Moss et al., 2014; Zimmerman et al., 2006). As a result of traumatic brain injury, neurological symptoms include memory problems, headaches, and dizziness (Oram et al., 2012; Turner-Moss et al., 2014). Cardiovascular symptoms include chest and heart pain and breathlessness. Musculoskeletal symptoms include back, joint, and muscle pain as well as fractures and sprains. Dermatological symptoms include rashes, sores, and burns.

Moreover, studies indicate that victims of human trafficking also experience mental health problems (Maney et al., 2011; Oram et al., 2012; Zimmerman et al., 2006). Mental health symptoms reported include anxiety, depression, hostility, alienation, disorientation, posttraumatic stress disorder (PTSD), suicidal ideation, insomnia, and substance abuse (Maney et al., 2011; Oram et al., 2012; Zimmerman et al., 2006). Specifically, 16.7% of victims experienced depression, 35.8%–56% of victims experienced PTSD, and more than 84% of victims reported anxiety (Oram et al., 2012; Zimmerman et al., 2006). Approximately 30 days posttrafficking, 52% of victims still experienced 10 or more mental health symptoms. Often substance abuse is a problem for victims of sex trafficking because it is used as a method of control by traffickers, and it may be used as a coping method by the victims (Macy & Johns, 2011).

In addition to the need for medical and psychological services, studies have shown that victims have reported additional needs, including housing, family counseling, legal assistance, financial assistance, formal education, and life and job skills training (Clawson & Dutch, 2008; Clawson et al., 2003; Maney et al., 2011). They may have difficulties with self-care, money management, home management, child care, employment, task initiation, use of public transportation, social participation, and healthy coping and relaxation skills (Helfrich, Aviles, Badiani, Walens, & Sabol, 2006).

After victims of domestic human trafficking are rescued by law enforcement, they are connected with a variety of service providers to address immediate needs, including medical care providers, social workers, and managerial and legal services (U.S. Department of State, TIP Office, 2014). Victims will most likely require medical attention, safe housing, legal counsel, food, and clothing immediately after recovery. It is imperative that these needs be addressed to develop rapport with victims and to start the process for long-term recovery. After victims are stabilized, mental health treatment, family counseling, and life and job skills training are conducted by psychologists, counselors, and social workers.

Occupational therapy has the potential to have a profound effect in addressing various needs of victims because of occupational therapy practitioners’ education and training. The Accreditation Council for Occupational Therapy Education’s (2011) standard for educational programs requires foundational content related to body functions and structures, human development, human behavior, sociocultural and diversity factors, performance of daily life activities, evaluation, and intervention planning (American Occupational Therapy Association [AOTA], 2011a). Therefore, occupational therapy practitioners are proficient in providing trauma-informed care to address physiological, cognitive, and psychosocial rehabilitation (AOTA, 2014).

Occupational therapy practitioners offer client-centered intervention that emphasizes the value of active engagement in healthy occupations that leads to positive change in occupational performance skills and patterns to promote wellness, role competence, satisfaction, and improved quality of life (Cara, 2005). Active participation in meaningful occupations offers a distraction from negative patterns of thinking and promotes feelings of confidence and control while learning new skills (Scaffa, Gerardi, Herzberg, & McColl, 2006). Occupational therapy practitioners may collaborate with victims of human trafficking in a variety of settings, including hospitals, rehabilitation centers, schools, community clinics, mental health centers, and community-based programs (AOTA, 2011a).

Although victims of human trafficking are in need of many kinds of services, several barriers and challenges exist in providing services for this population. Some of the largest barriers are the lack of knowledge and public awareness concerning human trafficking (Clawson et al., 2009). Specifically, health care providers lack training in identifying indicators of human trafficking and safely intervening with potential victims (Sabella, 2011; Turner-Moss et al., 2014). In addition, victims of human trafficking may be reluctant to identify themselves because of stigma, corrupt law enforcement, and fear of retribution from their traffickers (Clawson et al., 2009). Finally, victims are apprehensive about developing rapport with service providers and may try to return to their exploiters because of the trauma experienced while being trafficked.

Implications for Occupational Therapy Practice and Research

Currently, the literature supporting the role of occupational therapy in addressing the problems of victims of human trafficking is minimal (Poupard, 2013; Snider, 2012). However, evidence supports occupational therapy’s efficacy with similar trauma populations, such as people experiencing domestic violence; homelessness; combat-related PTSD; and large-scale disasters, including terrorist attacks and hurricanes. These populations struggle with basic self-care (e.g., bathing, dressing) and higher level skills (e.g., home establishment and management, care of others). This emergent body of knowledge documents...
profound physical and psychological disorders seen in trauma survivors (AOTA, 2011a, 2011c; Davis & Kutter, 1998; Waldman-Levi & Weintrob, 2014).

As previously discussed, victims of human trafficking are exposed to traumatic experiences that affect their ability to function and participate in healthy occupations. Because occupational therapy is a holistic profession that aims to improve a person’s ability to engage in meaningful and healthy occupations, occupational therapy practitioners have a role in rehabilitating victims and survivors of human trafficking. The profession can take action in several ways.

Improve Trafficking Survivors’ Performance in Areas of Occupation

Occupational therapy services may include, but are not limited to, assessing and improving physical and psychological symptoms, improving performance in occupational areas, and developing healthy performance patterns using client-centered and occupation-based methods (AOTA, 2011a). Occupational therapy interventions may include addressing the musculoskeletal problems experienced by this population, such as deconditioning and weakness (Dudgeon, Tyler, Rhodes, & Jensen, 2006; Reitz, 1999). Occupational therapy may provide training in compensatory techniques related to memory loss and other cognitive issues deriving from trauma, environmental deprivation, and lack of education (AOTA, 2011b; Golisz, 2009). In addition, occupational therapy may provide services for symptoms related to anxiety, depression, PTSD, alienation, and substance abuse (Ostrove & Hartman, 2013; Stoller, Greuel, Cimini, Fowler, & Koomar, 2012).

The use of sensory modulation as a treatment tool for other types of trauma has been shown to be effective in improving self-regulation, reducing anxiety, improving sleep, and supporting trauma processing (Krieger, 1997; Ostrove & Hartman, 2013; Warner, Koomar, Lary, & Cook, 2013). Life skills training may be needed to help victims develop independence in skills related to self-care, parenting, household management, budgeting, effective decision making, employment, education, assertiveness training, and social and leisure participation (AOTA, 2011a). Moreover, victims may need assistance with identifying, developing, and maintaining healthy life roles and personal satisfaction as a result of trauma.

Related to this work is the development and piloting of occupation-based programs and interventions for victims and survivors of human trafficking. Currently, minimal literature supports the effectiveness of occupation-based interventions or programs using evidence-based practice with victims of human trafficking.

Publish Additional Research on the Needs of Victims of Labor Trafficking

As previously stated, minimal research exists on the needs of victims involved in labor trafficking in comparison with the needs of victims involved in sex trafficking (Turner-Moss et al., 2014). Occupational therapy has the opportunity to further explore these needs within the scope of occupational therapy practice, including areas of occupation, client factors, performance skills and patterns, and context.

Provide Human Trafficking Prevention Education to At-Risk Populations

Occupational therapists can collaborate with people who are considered at risk for human trafficking, including people with disabilities, people who are homeless, and high-risk youth (AOTA, 2011a; Helfrich, Chan, & Sabol, 2011). Human trafficking prevention education may include discussing risk factors for human trafficking, recruitment process, definition of human trafficking, and how to report trafficking.

Advocate for the Role of Occupational Therapy in Combating Human Trafficking

Advocacy efforts should be directed to both occupational therapy practitioners and other service providers. Increased awareness will allow occupational therapy practitioners to test the potential in working with this population. This goal can be accomplished with the development of outcomes assessments for occupational therapy services. These assessments should demonstrate improving the performance of daily occupations, developing performance skills and patterns, and increasing personal satisfaction and quality of life of victims (AOTA, 2011a). In addition, occupational therapy advocacy efforts may include publishing literature; attending conference presentations; and joining public awareness campaigns, coalitions, or nongovernmental organizations to promote the profession of occupational therapy and to assist in the development of protocols and procedures for both prevention of human trafficking and aftercare services of victims.

Conclusion

Human trafficking is a global issue negatively affecting the lives of people of various ages, genders, cultures, races, and socioeconomic status. Human trafficking involves the use of force, fraud, or coercion to enslave people for the purposes of commercial sexual exploitation or labor services. Because of the horrific trauma experienced by victims of human trafficking, victims require a variety of services to improve their health and wellness. Their needs include medical and psychological treatment, legal assistance, substance abuse treatment, life skills training, and relaxation and coping skills education. Other disciplines are providing preventive and rehabilitative efforts to combat human trafficking. Currently, the role of occupational therapy in combating human trafficking has been minimally explored or used. The profession of occupational therapy is potentially valuable in both providing services for victims of human trafficking and advocating for measures to prevent human trafficking. Continued advocacy for the role of occupational therapy in combating human trafficking will require strategies to educate occupational therapy practitioners, other service providers, and the general public about the role of occupational therapy.

Acknowledgments

The authors extend special thanks to Celia Williamson, Institute Director, The University of Toledo Human Trafficking and Social Justice Institute, for her expertise, mentorship, and support. The work in this article was completed as part of Kathleen Gorman’s doctoral experiential project at the University of Toledo.
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