

Dignity: A Journal of Analysis of Exploitation and Violence

Volume 3 | Issue 3

Article 8

11-2018

Use of Drug Dependency to Entrap and Control Victims of Sex Trafficking: A Call for a U.S. Federal Human Rights Response

Jacquelyn C.A. Meshelmiah The Ohio State University, meshelemiah.1@osu.edu

Carra Gilson The Ohio State University, gilson.57@osu.edu

Athapattu Pathirannelage A. Prasanga *Sri Lanka Navy*, apa.prasanga@gmail.com

Follow this and additional works at: https://digitalcommons.uri.edu/dignity

Part of the Criminology and Criminal Justice Commons, Health Psychology Commons, Public Affairs, Public Policy and Public Administration Commons, and the Social Work Commons

Recommended Citation

Meshelmiah, Jacquelyn C.A.; Gilson, Carra; and Prasanga, Athapattu Pathirannelage A. (2018) "Use of Drug Dependency to Entrap and Control Victims of Sex Trafficking: A Call for a U.S. Federal Human Rights Response," *Dignity: A Journal of Analysis of Exploitation and Violence*: Vol. 3: Iss. 3, Article 8. https://doi.org/10.23860/dignity.2018.03.03.08

This Editorial is brought to you by the University of Rhode Island. It has been accepted for inclusion in Dignity: A Journal of Analysis of Exploitation and Violence by an authorized editor of DigitalCommons@URI. For more information, please contact digitalcommons-group@uri.edu. For permission to reuse copyrighted content, contact the author directly.

Use of Drug Dependency to Entrap and Control Victims of Sex Trafficking: A Call for a U.S. Federal Human Rights Response

Abstract

Survivors of sex trafficking who were forced into drug use as victims are in need of social services to treat their drug dependency and other mental disorders. Access to social services is a human rights issue that must be acted upon by state and federal officials. The law, however, requires approval of the T-Visa for receipt of benefits. Along with the T-visa application process, the applicant (human trafficking survivor) must be willing to assist in every reasonable way in the investigation and prosecution of the trafficker. The authors argue that drug dependency treatment and other social service benefits should be a separate issue and not dependent upon the T-visa and cooperation with the investigation and prosecution of the trafficker.

Keywords

drug use, drug dependency, sex trafficking, United States, entrap, control, victims, human rights, certification, social services

Creative Commons License

This work is licensed under a Creative Commons Attribution-Noncommercial-No Derivative Works 4.0 License.

Acknowledgements

Dignity thanks editor Jody Raphael, College of Law, DePaul University, USA, for her assistance in editing this editorial.



Volume 3, Issue 3, Article 8, 2018

http://doi.org/10.23860/dignity.2018.03.03.08

JOURNAL ON

SEXUAL EXPLOITATION

EDITORIAL

USE OF DRUG DEPENDENCY TO ENTRAP AND CONTROL VICTIMS OF SEX TRAFFICKING: A CALL FOR A U.S. FEDERAL HUMAN RIGHTS RESPONSE

Jacquelyn C. A. Meshelemiah

The Ohio State University

Carra Gilson The Ohio State University

Athapattu Pathirannelage Amila Prasanga

Sri Lankan Navy

ABSTRACT

Survivors of sex trafficking who were forced into drug use as victims are in need of social services to treat their drug dependency and other mental disorders. Access to social services is a human rights issue that must be acted upon by state and federal officials. The law, however, requires approval of the T-Visa for receipt of benefits. Along with the T-visa application process, the applicant (human trafficking survivor) must be willing to assist in every reasonable way in the investigation and prosecution of the trafficker. The authors argue that drug dependency treatment and other social service benefits should be a separate issue and not dependent upon the T-visa and cooperation with the investigation and prosecution of the trafficker.

KEYWORDS

drug use, drug dependency, sex trafficking, United States, entrap, control, victims, human rights, certification, social services

The experiences of Shandra Woworuntu, a victim of sex trafficking in the U.S., illustrate the common practice of the use of drugs to trap and control victims. In 2001, Shandra, a recently unemployed 24-year-old woman from Indonesia, arrived in the U.S. in pursuit of a job in a hotel. Upon landing at the airport, a man led her to a car, giving Shandra the impression he was taking her to her place of employment. After being shuffled between three different vehicles at various stopping points in New York City, she realized that something was amiss. By the end of her first night on U.S. soil Shandra was forced to sexually service a man she did not know (Woworuntu, 2016).

Shandra's traffickers forced her into prostitution with many men. On the first occasion her trafficker told her, "It won't happen again," as he rubbed her back. Initially Shandra asserts, "I trusted him," but manipulative behavior combined with tactics inducing fear effectively kept Shandra, and the other women with whom she was trafficked, in submission. Having witnessed an act of violence against another woman early on, Shandra knew she had to do what she was told. The traffickers induced passivity in Shandra and the other women through forced drug use. "They made me take drugs at gunpoint...maybe it helped make it all bearable," she shared (Woworuntu, 2016).

The dependency on drugs, along with the other forms of coercion, kept her entrapped. Emotional trauma ensued. She explains: "...it was like I was numb, unable to cry. Overwhelmed with sadness, anger, disappointment, I just went through the motions, doing what I was told and trying hard to survive." The traffickers constantly worked to keep her in a compromised state, with drugs creating the desired submission and dependence. Shandra remembers, "I was often high on drugs." Despite all this, she was able to escape on her third attempt.

Despite the fact that the majority of sex trafficking victims suffer from drug dependence, little notice is taken of this issue and little is done to provide assistance to survivors like Shandra.

Drug Use and Sex Trafficking

According to one researcher, more than 70% of trafficking victims surveyed reporting using legal and illegal substances. Fifty-two percent of sex trafficking victims in another needs assessment indicated a need for substance use treatment (Clawson, Dutch, & Cummings, 2006). Commonly used drugs with sex trafficking victims include tobacco, alcohol, hallucinogens, cocaine, heroin, sedatives, and marijuana (Kara, 2009; McGaha, 2011; Raymond & Hughes, 2001; Williams *et al.*, 2010).

Traffickers sometimes use drugs to lure in persons with an established drug use problem (Becky Owens Bullard Consulting, 2012). They also use drugs to entice an inexperienced individual to get her hooked on drugs during the grooming phase (Williamson, Dutch & Clawson, 2007). Later, drugs are often used as a reward for compliance for the now drug dependent trafficked victim (Becky Owens Bullard Consulting, 2012). Sometimes the trafficker uses force and demands the victim's drug consumption (Shelley, 2012). Some traffickers believe that drug use helps their victims cope with their abuse (Latin American and Caribbean Health Network, 2003; U.S. Department of Health and Human Services, 2014). Drug dependence often influences the victim to stay, even when someone tries to help the individual escape (Bernat & Winkfeller, 2010; Kara, 2009).

In addition, many traffickers know that that drug use by those who are trafficked helps them to avoid criminal charges. This is the case because those under the influence of drugs when apprehended by law enforcement may lose their credibility and presumed innocence, distracting from their victimization. Considering the fact that foreign national adult trafficking victims with confiscated passports, undocumented statuses, language barriers and isolation from their families are already vulnerable, drug abuse compounds the abuse, making the victims susceptible to the harshest of conditions (Sigmon, 2008).

It is commonly known that many sex trafficked victims suffer from suicide ideation and a variety of mental disorders that include depression, anxiety, dissociative disorders, borderline personality disorder, eating disorders, and posttraumatic stress disorder (Farley, 2010; Raymond & Hughes, 2001; Sigmon, 2008; Williamson, Dutch & Clawson, 2007). Yet U.S. law and law enforcement policies do not adequately take the issue of drug abuse into account.

Legal Responses to Drug Abuse

Legislation passed by the U.S. Congress (Trafficking Victims Protection Act of 2000), which is reauthorized periodically, created a special visa (T-Visa) that enables foreign victims of sex trafficking to remain in the U.S. for up to four years. These survivors are also eligible for social services monetary benefits, including Temporary Assistance for Needy Families Supplemental Security Income (SSI), and SNAP (Food Stamps), as well as medical and mental health care, housing assistance, and job training. The law, however, requires approval of the T-Visa for receipt of benefits, and in order to receive the visa the applicant must be willing to assist in every reasonable way in the investigation and prosecution of her trafficker (Trafficking Victims Protection Act of 2000). Very few survivors apply for T-Visas, and even fewer are granted. As of 2008, fewer than 2,300 persons applied for the visa, and only 1,308 were approved between 2000 and 2008 (U.S. Department of Homeland Security, 2009).

Given that unsuccessful applicants are subject to deportation, it is not surprising that there have been so few applicants. Many do not feel safe at the present time to cooperate in the prosecution of their traffickers. The United Nations High Commissioner for Human Rights has stated:

Separating protection and support from victim cooperation is a fundamental tenet of the human rights approach to trafficking. The requirement that protection and support should not be made conditional on a trafficked person's capacity or willingness to cooperate in legal proceedings against their exploiters is echoed throughout the Trafficking Principles and Guidelines (United Nations, 2010, p. 42).

Recommendations

The federal department of health and human services should mandate those victims coming to the attention of a federal law enforcement agency to an immediate physical and mental health (including substance use) screening, so that referrals for emergency drug treatment could begin when needed. Local law enforcement agencies should implement similar policies. Delaying these screenings puts the trafficking victim at further risk for more harm related to suicide, mental disorders, trauma, or even a desire to return to the trafficker. Pre-certification services to applicants at the federal level, and referrals to local agencies would be of great assistance to those not in the federal system. Funds for such services need to be provided in state budgets, in a fund available to local law enforcement.

This approach puts the focus on the needs of trafficking victims and ameliorates the sole focus of current policies on prosecuting traffickers. It would restore a human rights approach to providing the tools needed for health and well-being of trafficking survivors. The United Nations Universal Declaration of Human Rights states that, "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services..." (United Nations, 1948, Article 25). As a signer of the Declaration, The United States has a legal obligation to employ a human rights framework in combating human trafficking.

ACKNOWLEDGMENTS

Dignity thanks editor Jody Raphael, College of Law, DePaul University, USA, for her assistance in editing this editorial.

AUTHOR BIOGRAPHIES

Jacquelyn C.A. Meshelemiah, Ph.D., is an associate professor in the College of Social Work and a faculty fellow in the Office of Academic Affairs at The Ohio State University. Dr. Meshelemiah has taught numerous courses across the curricula, but now exclusively teaches courses related to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and human trafficking.

Carra Gilson is a fourth-year student at The Ohio State University who is working towards her combined-degree of a bachelor of science in public health (BSPH) with a Spanish minor and the master of public health (MPH) with a specialization in health behavioral health promotion. Ms. Gilson is interested in maternal and child health, with a focus on infant mortality and health disparities. She also advocates for education on the needs of human trafficking survivors.

Athapattu Pathirannelage Amila Prasanga is a Lieutenant Commander in the Sri Lankan Navy. Currently, he is a student at General Sri John Kottelawala Defence University in Sri Lanka. He holds a bachelor of science (BSc) in management and technical sciences and a master's in business administration from the University of Sri Jayewardenepura in Sri Lanka.

RECOMMENDED CITATION

Meshelemiah, Jacquelyn C.A.; Gilson, Carra; & Prasanga, Athapattu Pathirannelage Amila. (2018). Use of drug dependency to entrap and control victims of sex trafficking: A call for a U.S. federal human rights response. *Dignity: A Journal of Sexual Exploitation and Violence*. Vol. 3, Issue 3, Article 8. <u>http://doi.org/10.23860/dignity.2018.03.03.08</u>. Available at <u>http://digitalcommons.uri.edu/dignity/vol3/iss3/8</u>.

REFERENCES

- Bernat, F. P. & Winkfeller, H.C. (2010). Human sex trafficking: The global becomes local. *Women & Criminal Justice*, 20, 186-192. http://doi.org/10.1080/08974451003641545
- Becky Owens Bullard Consulting. (2012). Human trafficking intersections with drug endangered children. Issue Brief. Retrieved from <u>www.beckyowens-bullard.com</u>
- Clawson, H. J., Dutch, N. & Cummings, M. (2006). Law enforcement response to human trafficking and the implications for victims: Current practices and lessons learned. Retrieved from www.ncjrs.gov/pdffiles1/nij/grants/216547.pdf/
- Farley, M. (Ed). (2010). *Prostitution, trafficking, and traumatic stress*. New York: Routledge.
- Kara, S. (2009). *Sex trafficking: Inside the business of modern slavery*. New York: Columbia University Press.
- Latin American and Caribbean Health Network. (2003). The trafficking of women: A human rights issue. *Women's Health Journal*, 2, 19-21.

- McGaha, J. (2011). An integrated approach to anti-human trafficking task force development in Eastern Europe. *National Science Journal*, 36(2), 87-93.
- Raymond, J. G., & Hughes, D.M. (2001). Sex trafficking of women in the United States: International and domestic trends. Retrieved from <u>https://www.ncjrs.gov/pdffiles1/nij/grants/187774.pdf</u>
- Reichert, J. & Sylwestrzak, A. (2013). National survey of residential programs for victims of sex trafficking. The Illinois Criminal Justice Information Authority. Retrieved from

http://www.icjia.state.il.us/assets/pdf/ResearchReports/NSRHVST_101813.pdf

- Shelley, L. (2012). The relationship of drug and human trafficking: A global perspective. *European Journal on Criminal Policy Research*, 18(3), 241-253. <u>http://doi.org/10.1007/s10610-012-9175-1</u>
- Sigmon, J. N. (2008). Combatting modern-day slavery: Issues in identifying and assisting victims of human trafficking worldwide. *Victims and Offenders*, 3, 245-257. <u>http://doi.org/10.1080/15564880801938508</u>.
- Trafficking Victims Protection Act of 2000, Public Law 106-386., H. R. 3244, 106th Cong., 2nd Sess. (2000).
- United Nations. (1948). Universal Declaration of Human Rights. Universal Declaration of Human rights. Retrieved from http:<u>www.un.org/en/members/index.shtml</u>.
- United Nations. (2010). UN: Recommended principles and guidelines on human rights and human trafficking: Commentary. Office of the United Nations High Commissioner. Retrieved from https:<u>www.ohchr.org/Documents/Publications/Commentary_Human_Trafficking_ng_en.pdf/</u>
- U.S. Department of Health and Human Services. (2014). Resources: Common health issues seen in victims of human trafficking. Retrieved from <u>https://www.acf.hhs.gov/sites/default/files/orr/health_problems_seen_in_traff_ick_victims.pdf</u>
- U.S. Department of Homeland Security. (2009). Improving the process for victims of human trafficking and certain criminal activity: The T and U Visa. Retrieved from <u>http://www.dhs.gov/xlibrary/assets/cisomb_tandu_visa_recommendation_200_9-01-26.pdf/</u>
- Williams, T.P., Alpert, E.J., Ahn, R., Cafferty, E., Konstantopoulos, W.M., Wolferstan, N.,
 ... Burke, T.F. (2013). Sex trafficking and health care in Metro Manila:
 Identifying social determinants to inform an effective health system response. *Health and Human Rights Journal*, 12(2), 135-147.
- Williamson, E., Dutch, N. M., & Clawson, H. J. et al. (2007). Evidence-based mental health treatment for victims of human trafficking. Retrieved from http://aspe.hhs.gov/hsp.hhs/gov/hsp/07/humantrafficking/mentalhealth/index .pdf/
- Woworuntu, S. (March 30, 2016). My life as a sex trafficking victim. Magazine. Retrieved from <u>http://www.bbc.com/news/magazine-35846207</u>