

Walden University

College of Health Sciences

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Walden University

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Abstract

Human Trafficking: The Health of Men Forced into Labor Trafficking in the United

States

by

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MPH, Walden University, 2012

MS, University of Maryland University College, 2007

BS, Morgan State University, 2004

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Public Health

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Abstract

Human trafficking is a criminal act that occurs globally. It affects both women and men, but most studies have focused on female victims; few have explored trafficked men or their related health issues. Though there are many forms of trafficking, it is believed that most male victims are trafficked as forced labor. Using gender schema theory as a framework, this quantitative study examined archival data to identify the types of trafficking men are subjected to, their health ailments, and how these differ from the health ailments of trafficked women. Archival data from 124 individuals subjected to human trafficking in Florida were analyzed using the Kruskal-Wallis, one-way ANOVA, Mann Whitney U, and Fisher's exact tests. Findings indicated that males were more likely to have been labor trafficked compared to other forms of trafficking, and that labor trafficked persons were not more susceptible to health ailments than were sex trafficked persons. Also, there was a significant difference in health conditions between male and female victims, with females reporting more issues such as malnourishment, skin rash, and anxiety. These findings help to alter the misperception that men are traffickers only by recognizing them to be victims as well. Implications for social change include increased awareness of male trafficking in health care policies and human trafficking prevention efforts.

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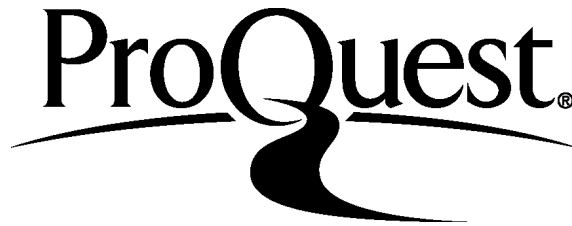
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Dedication

This work is dedicated to human trafficking victims and survivors across the globe.

Acknowledgments

I sincerely thank my mom and dad for their prayers and encouragement. Linda, Rachel, Blessing, Gloria, Jay, Lydia and Abby-you all mean the world to me. I appreciate your love and understanding when my manuscript took priority over our plans.

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Chapter 1: Introduction to the Study

Bravo (2011) reported that 27 million people are currently enslaved worldwide, and Yakushko (2009) identified that human trafficking has reached epidemic proportions. Human trafficking is one of the top illegal acts generating revenue in the world (Fayemi, 2009). Human trafficking includes, but is not limited to, prostitution, slavery, debt bondage, pornography, organ trafficking, forced child labor, forced child soldiering, and child sex trafficking (O'Callaghan, 2012; Rankin & Kinsella, 2011). Crane and Moreno (2011) noted that the terms *human trafficking* and *human smuggling* are not interchangeable as human trafficking does not grant consent from forced workers and involves continuous exploitation of the victim producing illegitimate profits to the trafficker. Human trafficking involves means, mode, and purpose; however, human smuggling entails the consent of unlawful crossing of international borders, usually for work where victims are compensated reasonably (Crane & Moreno, 2011; Yea, 2010). Although victims may be any gender, human trafficking is mostly identified with women forced into prostitution (Jones, 2011). Many times, victims are held captive and are subjected to treacherous acts.

Over the last decade, trends in human trafficking have been largely focused on forced sex and prostitution (Jones, 2010). Most incidents that gained national attention were sex trafficking rings and forced prostitution, and the exploitation of women and children in forced sex has consequently been a focus of research, law enforcement investigation, and legislation because human trafficking violates both labor and civil rights laws (Smit, 2011; Crane & Moreno, 2011). However, human trafficking involves not only women and children, but men too. There is a perception that human trafficking is an issue that does not affect men and boys, yet it does. While people generally perceive human trafficking as a female issue, males are also affected (Jones, 2011). Males can be trafficked in the same forms that women are trafficked: prostitution,

slavery, debt bondage, pornography, organ trafficking, forced child labor, forced child soldiering, and child sex trafficking (O'Callaghan, 2012; Rankin & Kinsella, 2011). This study addressed whether male victims of human trafficking were more likely to suffer health problems compared to female victims, how male labor trafficking compared to other forms of trafficking, and how health ailments of labor trafficked persons compared to victims who had been sex trafficked.

The health conditions of trafficked persons often differ based on the form of trafficking that they endured. Sex trafficking victims usually exhibit genital trauma and sexually transmitted diseases (Yen, 2008). Sabella (2011) reported that labor trafficked victims many times display chronic back issues and respiratory illness. Zimmerman, Hosain, and Watts (2011) stated that the overall poor health that labor trafficked persons exhibited was due to the working conditions that they were forced to work in. However, Sabella (2011) stated that some of the common health conditions displayed among all forms of trafficked individuals are dehydration, exhaustion, and malnutrition. When victims are deprived of food, water, light, and sleep, they may sometimes also have dental and visual problems (Sabella, 2011).

While human trafficking is an act that occurs globally, this study was limited to the state of Florida and specifically focused on human trafficking victims, the health ailments that they suffered, and the types of trafficking most prevalent in the region. This study addressed the forms of human trafficking, trends in human trafficking, labor trafficking, child trafficking, fosterage, organ trafficking, the Trafficking Victims Protection Act (TVPA), trafficking tiers, the population at risk. Chapter 1 presents the background, problem statement, purpose statement, research questions, hypotheses, theoretical framework, nature of the study, definitions, assumptions, delimitations, limitations and significance of this study.

Background

Numerous studies have focused on gender schema theory. Some of the topics that were studied using this theory were individual and group perception of depressive disorders. Also, gender-related cognition and behavior among school-aged children were addressed. Other studies in which gender schema theory was used focused sex differences in sex segregation and social behavior, and the responsiveness of children when it comes to gender labels and individualizing information. I applied gender schema theory when investigating human trafficking, but the study also aides in understanding how the theory was used in other disciplines.

The empirical research on human trafficked males is limited. Men are usually perceived as the recruiters in human trafficking, which makes visualizing men as victims difficult, adding to the invisibility of trafficking crimes committed against them (WHO, 2012). Uy (2011) noted that public perception of men being aggressors and women being prey adds to the gender disparity in human trafficking perceptions. The perception of human trafficking as a gendered crime makes it challenging to research because men who are rescued usually do not come forward, especially those who have been labor trafficked. Labor trafficking victims who are trafficked into the United States do not understand that labor trafficking is illegal because in their country of origin it is not officially recognized by their governments (Smit, 2011). Many victims are unaware that they are human trafficking targets and believe that their situation is due to a migration attempt that went wrong (Smit, 2011). For migrants, many times their migration is the first time they arrived in a new country, so they are unfamiliar with the customs and way of life (Smit, 2011).

O'Callaghan (2012) noted that human trafficking is not only a public health issue, but it also affects law enforcement, national security, human rights, public policy, social work, community education, victim protection, and rehabilitation. The continued acts of human trafficking not only violate the victims, but also many communities. Gament-Antoniou (2001) noted that almost every industry is adversely impacted when people are forced into servitude. The impact can be witnessed economically as it weakens society, threatens governments, increases taxes, and jeopardizes safety (Gament-Antoniou, 2001).

Many countries have implemented laws and policies in hopes of combating human trafficking and bringing criminals to justice. One of the greatest legal advancements has been the Trafficking Victims Protection Act (TVPA), which recognizes human trafficking as a federal crime and offer T-visas to human trafficking survivors who agree to aid law enforcement in bringing criminals to justice (Crane & Moreno, 2011). However, while there have been advances in ending human trafficking, barriers still exist. Some of the barriers in ending trafficking are globalization, unemployment, social inequality and technological advances. Yakushko (2009) noted that due to globalization there is great demand for services for cheap wages, which is one of the commonly accepted theories of why human trafficking exists. Other theories are social inequality, unemployment, and poverty (Gament-Antoniou, 2001). Labor trafficking requires little overhead costs and typically produces great profit to both consumers and traffickers (Gament-Antoniou, 2001).

Even though the barriers of eliminating human trafficking are known, efforts to end trafficking are not likely to succeed without the help of health professionals. Health professionals play an important role in the fight against human trafficking. Vigilance, ethics, and fiduciary care are some of the responsibilities that health care workers must employ in order to eradicate this

global issue. Dovydaitytis (2010) argued that working with human trafficking victims and survivors requires a specialized skill set because of the trust from the victim and time needed to make progress.

Problem Statement

More is known about trafficked women and children than men because of the focus on women and prostitution in publications and television. Jones (2011) defined human trafficking as “women and children, kidnapped, bought, [and] sold into bondage” (p. 1143), and most studies of trafficking have focused on women, pornography, and prostitution. However, there is also an active trafficking of men, mostly as indentured laborers, and there is limited information about the frequency of slavery in the male population (Oram, Stocki, Busza, Howard, & Zimmerman, 2012). This is a major gap in the literature.

Human trafficking is a perennial problem, and until communities recognize it, the problem will continue. More research is needed to learn about the health conditions of both male and female trafficked persons, labor trafficking among men compared to other forms of trafficking, and how the health conditions of labor- and sex-trafficked men and women differ. There is very little data on the health of victims in human trafficking, which is yet another gap in the literature. The purpose of this study was to examine existing data that could be used to guide future programs to help victims survive or escape from human trafficking. Findings may lead to recommendations that will help organizations and other researchers quantify types of trafficking and the health conditions of persons who have been trafficked.

Dennis (2008) asserted that men and boys who are sex workers in human trafficking ought to be studied more because of the limited studies that have been conducted. While the male population does not make up the majority of human trafficking victims, their experiences

should not be ignored. To be more cognizant of male victims of human trafficking, future studies should focus on the socioeconomic causes of the problem as well as locating, identifying, and protecting males in human trafficking (Jones, 2010). Also, a better understanding of the health concerns trafficked victims exhibit should be explored (Božidar & Bjelajac, 2012).

Once rescued, some survivors are receptive to counseling (Yakushko, 2009). However, other victims may be reluctant to accept any type of aid because of shame, a support system that they may already have in place, or other unknown reasons. It is important to recognize that in the United States, there are few shelters specific to human trafficking victims. In other countries, shelters dedicated to trafficking survivors are more common. In the United States, victims tend to be placed in shelters for substance abuse, homelessness, or domestic violence, where they are less likely to receive the care they require (Yakushko, 2009).

Counselors and health care providers working with victims of trafficking should possess strong competency skills and cultural sensitivity to be able to connect with survivors (Yakushko, 2009). Cultural competency is needed because survivors may not be in their native land. Bernstein (2006) reported that victims can be taken from one country to another where they are not familiar with the language or culture, in an attempt to keep them at a disadvantage and make them feel powerless. When victims are crossing international borders, their documents are typically taken from them and they are humiliated, frightened, abused, and threatened (Yakushko, 2009).

O'Callaghan (2012) identified some of the reasons why health care professionals are not more aware of the human trafficking epidemic; they include a lack of interest or understanding, very busy days, and a plethora of patients. Signs of human trafficking can appear to be signs of

ailments that build over time in unrestricted patients. Consequently, in order for health care professionals to identify victims of trafficking, they must be observant and well informed.

Purpose of the Study

Drbohlau and Janksa (2009) asserted that human trafficking is higher than it has ever been and is still on the rise. O'Callaghan (2012) observed that while the term human trafficking has existed for decades, very few studies on health care relating to human trafficking have been published. Focusing on labor trafficked men and their health is necessary to bring more awareness to this issue and influence social change. The purpose of this study was to examine gender differences in health ailments of trafficked men and women as well as identify the types of trafficking men were subjected to. The dependent variable for this study was the form of trafficking, and independent variables were gender and health conditions. This study added to the literature that has already been published and was intended to motivate others to conduct more research on this topic.

Research Questions/Hypotheses

The research questions for this study were the following:

1. Are male victims of human trafficking more likely to be labor trafficked compared to other forms of trafficking?

Null hypothesis: There is no significant difference in forms of human trafficking among males.

Alternative hypothesis: There is a statistically significant difference in forms of human trafficking among males.

2. Are labor trafficked persons more susceptible to health ailments compared to sex trafficked persons?

Null hypothesis: Labor trafficked persons are not more susceptible to health ailments compared to sex trafficked persons.

Alternative hypothesis: Labor trafficked persons are more susceptible to health ailments compared to sex trafficked persons.

3. Are male victims of human trafficking more likely to suffer health conditions compared to female victims of human trafficking?

Null hypothesis: There is no significant difference in health conditions between male and female victims of human trafficking.

Alternative hypothesis: There is a significant difference in health conditions between male and female victims of human trafficking.

Theoretical Framework

Gender schema theory was used to examine the difference between types of human trafficking and health ailments among men and women. Gender schema theory was introduced by Bem (1981) as a cognitive theory to study gender association and gender schema. Because gender schema study is a theory of process and not content, this theory is used to explain some of the processes by which gender stereotypes become psychologically ingrained in society. This theory was used to examine whether people have stereotyped the idea of trafficking, thinking that it is a crime that only affects women. Gender schema theory was used in this study to identify gender disparities in human trafficking and to evaluate the forms of trafficking that victims are forced into to determine whether gender influences type of trafficking and the health outcomes that the type of trafficking causes. The cognitive process of ascertaining that a particular form of trafficking appeals more to a specific gender. The health ailments that male

trafficking victims suffer from were analyzed and compared with the kinds of abuse experienced by females.

Numerous studies have focused on gender schema theory. Some of the topics that were studied using this theory were individual and group perception of depressive disorders. Also, gender-related cognition and behavior among school-aged children were addressed. Other studies in which gender schema theory was used focused sex differences in sex segregation and social behavior, and the responsiveness of children when it comes to gender labels and individualizing information. I applied gender schema theory when investigating human trafficking, but the study also aides in understanding how the theory was used in other disciplines.

Nature of Study

I used a quantitative cross-sectional research design by examining secondary data, which was appropriate because cross-sectional studies are common in the social sciences and are known for their extensive use of survey data (Frankfort-Nachmias & Nachmias, 2008). Cross-sectional designs are considered descriptive research. Creswell (2009) noted that the advantage of this design is it allows the researcher to look at several variables at a particular point in time. I looked at age, income, and gender as well as the prevalence of specific ailments in the study population.

The types of data used by the Florida Coalition Against Human Trafficking were self-administered questionnaires, interviews, and structured observations. During the intake process, staff members use these forms to collect data from persons they assist. I did not participate in data collection for this study, but I gained access to the records after they were coded with case numbers and identifiable factors were excluded. I employed convenience sampling because

secondary data was used. Also, I analyzed cases by gender. Gender and health conditions were the independent variables for this study, and the dependent variable was form of trafficking.

Definition of Terms

The following terms and phrases are defined as used in this study:

Forced labor: Situation in which victims are forced to work against their own will, under the threat of violence or some other form of punishment, their freedom is restricted and a degree of ownership is exerted. Forms of forced labor can include domestic servitude; agricultural labor; sweatshop factory labor; janitorial, food service and other service industry labor; and begging (Trafficking.org, p. 1).

Human smuggling: Process in which a person is assisted in entering a country willingly, usually with the assistance of a third party (Salt, 2000).

Human trafficking: The recruitment, transportation, transfer, harboring, 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 (WHO, 2012, p. 1).

Human trafficking survivor: A person who escaped or was rescued from human trafficking (Salt, 2000).

Human trafficking victim: A person who is currently being held in bondage and forced to work for little to no pay under unjust conditions (Salt, 2000).

Labor trafficking: Form of modern-day slavery in which individuals perform labor or services through the use of force, fraud, or coercion. Labor trafficking includes situations of debt bondage, forced labor, and involuntary child labor (Polaris, 2014, p. 1).

Modern-day slavery: Present-day captivity in which someone obtains or holds a person in compelled service (U.S. Department of State, n.d.).

Sex trafficking: When an adult is coerced, forced, or deceived into prostitution or maintained in prostitution through coercion (U.S. Department of State, n.d.)

Trafficking Victims Protection Act (TVPA): Federal U. S. legislation passed in 2000 that prohibits human trafficking, seeks to prevent trafficking, and mandates the prosecution of traffickers (Crane & Moreno, 2011).

T-Visa: Temporary visa in the United States designed for trafficking victims and survivors if specific requirements are met by the applicant who can apply for permanent residency in 3 years (Kim, 2011).

Assumptions

I assumed that participants answered questions truthfully and were unbiased in their responses. The information obtained was limited to information provided by the Florida Coalition for Human Trafficking. Also, I assumed that the archival data used for this study was accurately coded and presented for replication studies. Because I used archival data, participants were not contacted to clarify any responses or to ensure accuracy.

Scope and Delimitations

The scope of this study was limited to participants who received care from FCAHT. The organization is located in Florida; however, rescued or escaped persons may have been trafficked from another state or country. Also included were victims who contacted FCAHT, were rescued by FCHAT during a mission, or were referred to FCHAT by a member of the public on the victim's behalf. The organization assisted victims who were trafficked and facilitated the

connection with other organizations to provide the victims with care for any health ailments regardless of age, race, or gender.

The study was delimited to cases of persons who were human trafficking survivors and who presented a condition from 2004 to 2014. Cases included men and women forced into any form of human trafficking including sex trafficking, labor trafficking, and domestic servitude. Human smuggling persons have not been serviced by FCAHT and were not used in this study. For privacy and confidentiality reasons, names were not used in the data that was issued by FCAHT; instead, case numbers were used to identify rescued victims and identify their file.

Limitations

The study population did not include all of the survivors in the designated area, only persons who have been aided by FCAHT, which means that all survivors were not accounted for and a true sense of the population was not represented. There were no study participants selected for this particular study, and no formal interview questions were obtained; only archival data was used in this study, which is another limitation. Tyldum (2010) noted that survivors who decide not to seek health care, who choose to seek assistance from their network of family and friends, and whom organizations may not deem qualified to enter trafficking programs cannot be accounted for. Another limitation of this study was that the information provided by participants was from memory, which cannot be verified, but was nonetheless taken as valid. Despite these limitations, results drawn from this study provide valuable information regarding the health ailments that human trafficking survivors, specifically men, suffer.

Significance

This study was unique because it addressed the under-researched topics of men as victims of human trafficking, and the health of both men and women who have been trafficked. Sabella (2011) reported that victims seldomly receive health care until their ailment becomes extremely serious. Women and girls who are forced into sexual slavery exhibit trauma in their rectums and vaginas, sexually transmitted infections, infertility, and urinary track infections. They are likely to display signs of severe psychological trauma and psychological issues such as depression, anxiety, suicidal ideation, and posttraumatic stress disorder (Sabella, 2011). Less is known about men.

The results of this study shed light on the form of trafficking that is most prevalent in the male population, and the health conditions of both male and female trafficked persons. The positive social change was to educate the public on this issue and accelerate the acknowledgement of human trafficking. My findings identified the health ailments that doctors should be mindful of to identify possible trafficked persons. Also, this study could help the victims escape their traffickers because of the awareness that this study brings to the issue of human trafficking and people contacting law enforcement to file reports. The intent of this study was to show that men should be viewed as victims of human trafficking so that programs can be created that specifically target trafficked men. Furthermore, increased awareness of the issue can be used to encourage policymakers to create laws that protect men affected by human trafficking.

Summary

There is much work to be done in studying men who have survived human trafficking as well as the type of trafficking most prevalent in the United States based on gender. The current perspective is that human trafficking is a crime against women; therefore, research is needed to educate the public that men are also victims and suffer health ailments during the process of

victimization. In the Chapter 2, I review the literature that has been published on causes of human trafficking, difficulties in victim identification, and health cases of human trafficking victims.

Chapter 2: Literature Review

This literature review focuses on the human trafficking dilemma that is currently encountered around the world today. I examined the health conditions faced by trafficked persons, barriers of eradicating human trafficking, and circumstances that permit modern day slavery to exist. I explore the legal recourse, public response, and the challenges in recognizing victims of trafficking. I present a literature review that follows constructs of gender theory to demonstrate the impact of gender on human trafficking.

Literature Search Strategy

The articles reviewed for this study were located from Google Scholar and Walden University's library databases. PubMed, SAGE, Academic Search Complete/Premier Database, SAGE full-text database, ProQuest Central, SocINDEX with Full Text, and ProQuest were searched. The key terms used during searches were *human trafficking*, *forced labor*, *trafficking victims*, *labor exploitation*, *trafficking in human beings*, *forced servitude*, *modern day slavery*, and *health effects of human trafficking*. Articles published between 2008 and 2014 were included in the review.

Gender Schema Theory

The gender schema theory was used in this study. Campbell, Shirley, and Candy (2004) asserted that individuals are viewed in society according to their gender. The theory is used to explain how information is processed and how persons are tagged according to their gender. Gender schema theory was introduced by Bem (1981) as a cognitive theory to study gender association and gender schema. Gender schema theory was selected for this study to analyze what type of trafficking men were subjected to based on their gender. Also, the health ailments that male trafficking victims suffer from were analyzed to determine the kinds of abuse that is experienced compared to their female counterparts.

This review consists of studies that used gender theory in the research. Thalma, Bar-David, and Gruber (2000) conducted a study that examined inferences and judgments of gender schema theory among kindergarten, third grade and sixth grade students. The participants included 103 boys and 93 girls. Each study session lasted XXX-XL minutes and was conducted in two stages within an interval of III days. The participants were asked to make inferences about four males and four females to determine whether the subjects were behaving gender stereotypically or counter stereotypically. The dependent variables for this study were the preferences of the male and female targets that were perceived as being stereotypical. Thalma et al. predicted that kindergarteners would be the most schematic of the group and would prefer their own sex. However, Thalma et al. predicted that older children would be more schematic and there would be a positive relationship between how stereotypical the target was perceived by them and how much they preferred that target as they individualized information (Thalma et al., 2000).

The hypothesis was tested using regression analysis how the students' age, sex, and schematicity affected the relationship between how stereotypical the target was perceived and the degree that the target was preferred. Because the analysis was based on the z scores of the independent variables, the values were - 1 and 1, respectively. The regression coefficient of the perception of the target's net gender stereotype was added to that of the interaction term after the latter was multiplied by either - 1 or 1 in the case of interactions involving schematicity and gender and by - 1, 0, or -1 in the case of the age group. The findings indicated that several factors such as children's age and level of schematicity as well as the target's and participant's sex affected the types of inferences and judgments children made. The results showed that kindergartners schematicity had a different effect on both sexes as boys had high levels of

schematicity ($b = -.53$) and girls shematicity levels were ($b = .11$). For the sixth grades, the pattern changed so that boy's high levels of schematicity had a slightly more positive effect ($b = .05$) on the relationship between the perception of the target's net gender stereotype and the liking of stereotypical female than did low levels of schematicity ($b = -.09$). For girls, high levels of schematicity seemed to have a similar effect ($b = .01$) to that of low levels of schematicity ($b = .03$). The results showed that, as a whole, the regression analyses achieved significance, $F(15,181) = 3.17, p < .01$. The analyses revealed a main effect of participants' sex ($b = -.33, t = 4.83, p < .01$) and the perception of the target's net gender stereotype ($b = .10, t = 2.60, p < .01$). Thalma et al. concluded that the younger children relied on gender labels while older children and gender-schematic children relied more on individualizing information. The findings of this study indicate that people can be perceived strictly based on gender, which is what I studied to determine whether men subjected to human trafficking were used for perceived male forms of trafficking.

Szpitalak and Prochwicz (2013) studied gender schema theory to understand the role of femininity in depressive disorders. Szpitalak and Prochwicz hypothesized that women who self-identified as traditional feminine gender would more likely suffer from depression compared to undifferentiated patients with high levels of masculinity. There were 61 patients who participated in this study. The results indicated a significant connection between psychological gender and the level of depression. Undifferentiated patients showed the highest level of depression, and femininity was found to be associated with depressive symptoms. This study was relevant to my study because I examined how gender impacts mental health by analyzing the posttraumatic stress syndrome (PTSD) of men and women who were trafficked.

Campbell et al. (2004) studied the gender-related cognition and behavior among 2- to 3-year old children of both sexes. In an attempt to have the atmosphere as relaxed as possible, the children's mothers administered the gender knowledge test after being trained by a researcher. A total of 56 children participated in the study, 31 males and 25 females, who were recruited through advertising. At the time of the first home visit, the children's ages ranged from 24 to 28 months with a mean of 27.06 months and a standard deviation of .91. At the second home visit, the children's ages ranged from 35 to 42 months with a mean of 39.25 months and a standard deviation of 1.46 months. Campbell et al. sought to chart the appearance of gender labels and stereotypes and to compare their utility in explaining sex-typed behavior. Campbell et al. also, examined sex differences in sex segregation and social behavior. Results indicated that the presence and proportion of same-sex siblings and same-sex friends had no effect on gender knowledge or behavioral measures at either testing age. A score of 80% correct was used as the criterion of mastery of the concept. The percentage of children passing the test at each age was examined, and gender labelling was at 94% at 36 months. Gender stereotyping of boys rose from 20% to 51%. Gender stereotyping of activities was the most challenging test with only 12% passing at 24 months, rising to only 16% 1 year later. For my study, I hypothesized that the public's perception of human trafficking is that women are typically the victims and that stereotypes may put men at risk because they are overlooked. Because my study focused on health outcomes, the subconscious cognitive process of linking a gender to a particular form of trafficking was analyzed to determine whether there was a connection to specific trafficking forms and gender and health outcomes faced by each gender.

Epidemiology of Male Trafficking

Victims of human trafficking can be of any race, gender, religion, or creed. However, because of the covert and various tactics that are employed to keep victims concealed, it is practically impossible to truly attain an exact number of how many men are victimized in this capacity; only estimates can be produced. Bravo (2011) reported that 27 million people are currently enslaved worldwide, but the number of victims by gender has not been identified. Although published information on male victims of human trafficking is scarce, the recruitment of males to serve as trafficking victims is similar to women. Men are recruited via deceit for employment, or sometimes they willingly become victims due to poverty for little pay (Mahadeviah, Nanjunda, Gopal, Bhaminimi, & Suresh, 2011). Men and boys many times are sold into labor trafficking and are forced to work up to 17 hours a day without any meal breaks. Their exploitation usually involves heavy physical labor, and when they are paid their pay is equivalent to \$1.26 per day (Jones, 2010).

According to the WHO (2012), empirical research on trafficked men is limited. Studies to understand health needs and service access are necessary. Human trafficking is considered a gendered crime as women and children are trafficked for gender submissive forms of trafficking and men and boys are trafficked for labor (WHO, 2012). Uy (2011) argued that the public visualizes that victims of human trafficking are women who are forced into commercial sex acts. Media and popular culture has implanted crimes against women as the sole aspect of human trafficking and dismissed the idea that men are victims of human trafficking as well. According to the UNODC (2012), 79% of human trafficking is sexual exploitation and 18% of human trafficking is forced labor. The 18% reported may be a misrepresentation because labor trafficking is problematic to detect, so further research is required. In 2009, 14% of rescued

victims of human trafficking were men who had a minority ethno-linguistic background or a low socioeconomic standing in their own country (UNODC, 2012).

Labor Trafficking

Pope (2010) defined slavery as having physical and mental control of another person, hard labor for no pay, and economic exploitation resulting in the loss of free will. Labor trafficking is synonymous with Pope's definition of slavery, including labor exploitation, forced labor, and modern day slavery. Kara (2011) noted that forced labor is the more common term for slavery because of the historical connotation and significance of the term slavery. Mahadeviah et al. (2011) asserted that some of the forms of labor trafficking include domestic servitude, agricultural labor, factory labor, food service, and begging. However, as one of the many forms of human trafficking, labor trafficking according to Smit (2011) received significantly less attention from police, policymakers, and researchers. Also, most of the published works posted on human trafficking have focused on women in the sex industry, yet a recent study conducted by the International Labor Organization (as cited in Smit, 2011) refutes the assumption that human trafficking occurs mostly in the sex industry.

According to "Unpacking the Sex Trafficking Panic" (2013), nearly 21 million people are forced into some form of labor and 4.5 million persons are forced into sexual exploitation. Jones (2010) stated that "the United States is the third largest destination country in the world for human trafficking, and this modern-day form of slavery is on the rise" (p. 1148). Jones later identified that farm labor in the United States exceeds that of any other country, and migrant men make up 79-90% of the laborers. Of the 2.5 million farm laborers, 1.8 million are forced to inhale pesticides that cause death and permanent injuries (Jones, 2010). Moreover, more than

800,000 of the laborers live without running water in poor shelter. The men are also forced to eat and sleep in the same clothes that they work in, continuing to pollute their bodies (Jones, 2011).

O'Callaghan (2012) stated that in the United States, many of the trafficking victims are forced into sex trafficking; conversely, foreign victims are typically forced into labor trafficking. Labor trafficking is mainly conducted in eateries, nursing homes, private homes, farms, construction sites, and sweatshops (Jones, 2011). Jones (2011) reported that many times the conditions that the victim works in are deplorable and they are exposed to harmful chemicals and poisons. Approximately 1.8 million of the 2.5 million farm laborers are forced to inhale toxins that can be debilitating (Jones, 2011). The plight of the labor trafficked person carries a disproportionate amount of hardship.

Eckes (2011) stated that many of the unskilled jobs these victims are forced to perform entail sewing or assembly-line operations. In attempts to save money, many of the traffickers skimp on safety equipment and air conditioning, require long work hours, and compensate below minimum wage. In developing countries, tax regulations and cheap labor enable traffickers to maximize their profit. In the United States, traffickers refuse to follow U.S. laws, yet take advantage of protections that the laws offer (Eckes, 2011).

According to Smit (2011), large migration flow usually coincides with locations where labor trafficking is most prevalent. Victims recruited from other countries arriving in the United States as their destination country often do not have great trust in law enforcement. Smit (2011) determined that in some developing countries, labor trafficking is not officially recognized by their governments, nor is it often punishable under their laws. Depending on the country that the trafficking victim emigrated from, labor trafficking may not be recognized or considered serious enough to draw media or law enforcement concern (Ofuoku, 2010).

In many labor trafficking cases, Crane and Moreno (2011) reported that isolation and imposing fines are some of the ways that traffickers prolong the process of victimization. When traffickers use fraud to obtain potential trafficking victims, the victims' passport, license, and other identifying belongings are confiscated, hindering their escape. The victims are also then charged for food, room, and board, violating rules that the trafficker put in place, which changes the form of trafficking from labor trafficking to debt bondage. In some cases, victims are born into a family line of slavery, often continuing their debt bondage (Crane & Moreno, 2011). Kim (2011) noted that modern day slavery is comparable to legal slavery in the United States. The U.S. slave trade began in the 1700s and ended in 1865 (DuBois, 1970). When slaves resisted servitude through uprising and work slowdowns, they were punished or threatened with punishment, which is often what occurs today in human trafficking (Kim, 2011).

In some cases, parents willingly allow their children to be in the company of traffickers if it will produce some income for the family, although it will also mean sacrificing a child because of the destitute position of the family (Gozdziak, 2012). For families that are deprived of basic necessities such as food, shelter, and water, options are often limited. Williams et al. (2010) noted that some family members are very aware of what traffickers seek when striving to recruit their children for illegal acts. However, families consent, and many force their children to become trafficking victims in exchange for cash and gifts. Eckes (2011) asserted that forced labor is not a new term. Although slavery was common in the Atlantic slave trade, it is also common in captured prisoners of war. Forced labor can be traced to governments mandating persons to perform involuntary labor for economic and military purposes (Eckes, 2011). Often, when illegal immigrants try to enter the United States, they are captured by gangs and forced into

prostitution or involuntary labor. Nevertheless, there is a difference between bonded labor and forced labor. While the terms are similar, bonded labor has an element of a credit and labor relationship in addition to manual work, but forced labor is forcing someone to work for little to no pay. Kara (2011) noted that the more subterranean bonded labor is, the more it becomes forced labor.

The cost of slaves has greatly diminished since 1850. O'Callaghan (2012) discussed that slaves today costs less than \$100, while slaves were equivalent to \$40,000 in 1850, indicating that the attainment of slaves today is very much accessible for most people. Also, Stotts and Ramey (2009) cited that most people, including health care providers and counselors, are unfamiliar with the signs of human trafficking and how to help trafficking victims that are in their care. Twenty eight percent of human trafficking survivors indicated that they were seen by a health care professional while in captivity, yet didn't receive help from the provider to identify the health issues they exhibited (Sabella, 2011). Providers addressed the health issues that the trafficked persons cited as a concern, but failed to probe to see if there were other health ailments that were present.

From an economic perspective, the purchase and maintenance of a modern day slave is not expensive. As a labor trafficker, one is expendable. Once a trafficker obtains a labor trafficking victim, the trafficker can demand services from the victim for no compensation at all. The environments that the victims are forced to work are universally deplorable and hazardous (Korta, 2010). Kara (2011) has also noted that trafficked persons are often resold to new exploiters, if they do not escape captivity. Even when trafficked persons do escape, they return to the same conditions of poverty that led them to be victims of trafficking initially, as this is the case for most trafficked persons. Srikantiah (2007) stated that trafficked persons can be persons

brought into the United States illegally, or they can be persons that already reside in the country. Trafficking victims can be men, women or children and race or nationality is usually not a factor in whether they become trafficked. However, people that are economically deprived many times face a greater risk of being trafficked because traffickers will use their substandard economic status to lure them into being trafficked. Smit (2011) noted that undocumented, impoverished women and men seeking a better quality of life fall prey to human trafficking.

Harris (2013) studied male exploitation in the United Kingdom (UK) and found that gender distribution is quite even throughout human trafficking noting that there are approximately 2,255 potential trafficking victims in the UK; and in 2012, 40% of the victims were male. However, in 2012, about 87% of the 507 persons in labor exploitation were male; and men and boys account for approximately 25% of trafficking victims all over the world (Harris, 2013). Harris (2013) also referenced a study The Salvation Army conducted in 2012 that found that 83% of the sampled men were of European origin, 86% were labor trafficked, and 23% were sexually exploited.

One of the greatest shortcomings in human trafficking is that there is limited empirical data on the subject matter. Much of the literature produced focuses on sexual exploitation, but the literature is from secondary data (Gozdziak, 2012). However, Long (2012) asserted that the trafficking and victimization of human beings is extremely difficult to measure. Traffickers understand that in many countries, penalties for trafficking humans are weak, or not usually enforced, which are reasons why human trafficking and victimization are difficult to prosecute. Very little is known about men that fall victim to human trafficking, as their cases are seldom discussed (Oram et al., 2012).

Child Victims of Human Trafficking

Most human trafficking cases brought to trial being presented in courts have involved forced prostitution, and increasingly child prostitution, associated with child pornography. Russo (2010) has estimated that more than 200 new child pornography images are circulated daily, and the industry annual revenue is approximately \$20 billion. There was an increase of 914% of child victims of forced sex between 2004 through 2008, mostly where child sex tourists visit impoverished areas of the world to prey on children (Russo, 2011). Yea (2010) stated that when some children are abducted, traffickers inject bleach into their bones to produce infection, which will later require the infected area to be amputated. Once the children become disabled, they are sent to beg for money in tourist areas where they are watched by an overseer and are expected to work 15 hours a day (Yea, 2010).

Children are forced into labor trafficking as well. In the Middle East, 5 year old boys are sold by their parents into what initially seems to be a great business opportunity for the family, but are forced to be camel trainers where they are deprived of food and suffer electric shocks as punishment (Yea, 2010). The children work 16 hour days and in the event of death, they are buried on site to avoid police investigations. In addition, some parents use fosterage as a means to pay for their children's' education (Yea, 2010; Howard, 2011). Similarly, there is dispute over fosterage, a term used to describe the act of parents sending children to live and work as maids (Howard, 2011). The dispute is determining if the children are victims of trafficking.

In many parts of Africa, customs of child placement have been viewed as positive and a means to rear children. However, now, some scholars view the act as child trafficking as the practice may be regarded as corrupt. The cultural acceptance of child labor and exploitation greatly increases human trafficking risk (Mantini, 2008). Today, fosterage is still practiced in

many parts of Africa, which brings concern to some people because in many developing countries laws are not in place that can monitor the types of conditions and limit the number of hours or consecutive days a child can work (Doepke & Zilibotti, 2010). Current studies are striving to determine if the tradition of fosterage has evolved to child trafficking (Howard, 2011). While fosterage can advantageously add to a country's economic growth, if it transforms into trafficking, the security and development of countries will continue to be threatened. It impacts, health, security, freedom, and economy (Mahadevia et al., 2011). President Obama's Speech on Human Trafficking (2013) concurred that trafficking endangers public health and fuels violence and crime.

Legal Trafficking Initiatives

Yakushko (2009) mentioned that every country in the world is now impacted by human trafficking, which is more than likely fueled by globalization. Globally, there are multiple initiatives to battle trafficking. In the United States, one of the newest initiatives developed was designed by the Program Manager for Combatting Trafficking in Persons (CTIP; Dixon, 2011). The CTIP Department works with the State Department's Office to continue the zero tolerance policy for trafficking. Crane and Moreno (2011) identified that another initiative that was designed to battle human trafficking is the Trafficking Victims Protection Act (TVPA). It was signed into law on October 28, 2010, and established human trafficking to be a federal crime.

The Trafficking Victims Protection Act and its reauthorizations created minimum standards that mandate other governments to fight human trafficking. A Trafficking in Persons Report (TIP) is generated annually that lists and ranks countries based on their ability to combat trafficking. The U.S. Department of State (2011) has ranked the ability or inability of countries to prevent human trafficking in tiers: tier 1 is reserved for countries whose governments comply

with TVPA minimum standards, while tier 2 is reserved for countries that do not meet minimum standards but are making an effort to be compliant. The final tier, tier 3, is for governments that have failed to comply with the TVPA and are not making efforts to comply (U.S. Department of State, 2011). Some of the countries that are in tier 1 are the United States of America, the United Kingdom, Canada, Italy, Israel, Denmark, France, Spain and Poland. Countries that fall under tier 2 are Nigeria, Argentina, Bahamas, Croatia, Egypt, India, Jamaica, Qatar, Senegal and Togo. Countries listed under tier 3 are Zimbabwe, Syria, Sudan, Libya, Kuwait, Eritria, and Cuba (U.S. Department of State, 2011). There are many other countries that fall under tier 3, so human trafficking continues to be an unaddressed issue in those countries.

Abramowitz (2013) discussed that the tiers were developed to identify nations that were striving to eliminate human trafficking as well as nations that were doing almost nothing to solve the problem. Countries that fail to meet the minimum standards may be removed from non-humanitarian and non-trade related U.S. foreign assistance (Abramowitz, 2013). However, Small (2012) noted that some parties believe that the tier ranking system is only in place to fulfill a political agenda and has little to do with the facilitation of human trafficking and human rights.

Srikantiah (2007) has noted that the TVPA focuses on preventing trafficking, protecting victims and prosecuting violators, specifically, focusing on sex trafficking and labor trafficking. The law's reauthorization in 2003, 2005, and 2008 created stronger penalties for traffickers, enabled trafficking survivors to sue their traffickers (Crane & Moreno, 2011). The reauthorization also created the T-visa, which allowed trafficking survivors to stay in the United States if certain requirements were met (Crane & Moreno, 2011). There was a revision in 2012, which included a module for law enforcement to effectively carry out their duties in identifying

trafficking victims (Dixon, 2011). Nevertheless, passed legislation to minimize illegal immigrants can also impact human trafficking.

Kim (2011) further illustrated that coercion under the TVPA can apply to: (a) threats of serious harm to or physical restraint against any person; (b) any scheme, plan, or pattern intended to cause a person to believe that failure to perform an act would result in serious harm to or physical restraint against any person; or (c) the abuse or threatened abuse of the legal process (pg. 439).

Although there are laws prohibiting coercion under the TVPA, when criminals are apprehended and found in violation of coercion, they are rarely prosecuted for the act, which negatively impacts immigration relief and protection for survivors (Kim, 2011). Kim (2011) reported that the reasons that traffickers accused of coercion are rarely prosecuted is because the burden of proof falls on the prosecution in the United States, and obtaining evidence of coercion is quite challenging. Moreover, while the United States is one of the countries actively fighting against human trafficking, legal relief for human trafficking survivors is fallible and there are shortcomings in the process for survivors to attain T-Visas.

Although the T-Visa was designed to assist persons who have been trafficked, and have cooperated with authorities in prosecuting their captors, one of the apparent fears in granting T-Visas is that it can lead to immigration laws being abused. Srikantiah (2007) stated that while T-visas are available for trafficking survivors, the survivors that are usually awarded T-visas are persons that are rescued by law enforcement agencies, opposed to escaping on their own.

In 2008, 2,300 people applied for T-Visas, but only 1,308 were approved. Seven hundred and nine were withdrawn and 212 remained pending (Jones, 2011). Although both male and female trafficking victims applied for T-Visas, human trafficking has greatly increased in male

victims. In 2006, 6% of male trafficking survivors received TVPA protection. However, in 2010, 55% of TVPA benefit recipients were male. Plus, in 2010, 78% human trafficking survivors were labor trafficking survivors and 10% were survivors of both sex and labor trafficking (US Department of-Labor, 2013).

While the T-Visa is a recourse for illegal immigrants that were trafficked, once victims escape human trafficking and become survivors, very little is known about the type of trafficking they were subjected to or their health conditions, which is especially true with male victims and survivors. Denton (2010) shared that it is imperative for research to include men so that they can be properly recognized in the human trafficking trade in order to contribute to proper policy making that will protect male victims. If trafficking studies only focus on women and children, men will not gain awareness on this issue. A lack of literature regarding male victims of human trafficking will prohibit funds and education that could target the male population, which may create a greater disparity as it can lead to failure to identify trafficked men.

Barriers to Ending Trafficking

There is international consensus that there is not enough awareness, execution of policy, or human and financial resources given to prevent trafficking (Mahadeviah et al, 2011; Mantini, 2008). One of the reasons for this is the complex web of factors that lead to trafficking, especially poverty, unemployment, globalization and technological advance.

Poverty

While almost anyone can be a victim of labor exploitation, there are groups that are considered high risk. According to Smit (2011) one of the highest risk groups of labor trafficking is undocumented migrants trying to escape from poverty. Impoverished women, in particular, are deceived by online advertisements purporting to be marriage proposals from wealthy men, or

modeling contracts, or job announcements for nanny duties with a rich family. Once these women arrive at their destination, they realize that they have been victimized. Men seeking a better quality of life are deceived by advertisements promising work in an affluent country, they fall prey later on, when a 'recruiter' acts an intermediary to lure them into forced labor. The commonality is that the purpose of the transaction is to ultimately obtain the individual for labor exploitation (Smit, 2011). Mahadeviah et al. (2011) has asserted that poverty greatly influences the likelihood of a person entering fraudulent employment schemes.

Many of the people at risk of being trafficked are men looking for unskilled work (Mahadeviah et al., 2011). In many developing countries, opportunities are limited-both education and employment; therefore, persons seeking advancement in their economic status may search for positions that do not require a prestigious educational background or a learned trade. Furthermore, Williams et al. (2010) noted that when poverty is so severe, people will continue to be mistreated although they know that what is happening to them is both unethical and illegal. Many victims choose to subject themselves to trafficking and aid their traffickers to evade police. The victims are content with working under deplorable conditions as long as they are provided food.

Poverty has been identified as one of the causes of human trafficking. The economically vulnerable are the persons that are most susceptible to human trafficking (Mahadeviah et al., 2011). In developing countries, every member of the household, including children, must contribute to sustain the family. Ofuoku (2010) noted that this is one important reasons why girls and young women fall into prostitution, and boys and young men into forced labor. They enter these situations for the sole purpose of attaining daily meals. Traffickers compel victims to endure the task they were recruited for while earning very little money to send to their families.

The strong desire to survive obliges poverty stricken people to engage in acts that they would not otherwise partake.

Additionally, when persons are deceived to believe that they are migrating into a developed country that will remove them from their current state of poverty, the deceived party begin to believe that they are migrants. However, unlike migrants, victims of human trafficking are compelled to engage in acts with the use of force, coercion, and fraud (Stotts & Ramey, 2009). Force can entail confinement, beatings and rape, while coercion is inclusive of psychological manipulation and threats; but, fraud can include false offers of employment (Stotts & Ramey, 2009). Because of the income victims are able to generate, traffickers typically will resort to any effective means to control victims as \$32 billion to \$91 billion is generated in sex trafficking alone (Korta, 2010). Mahadeviah (et al., 2011) estimated that labor trafficking generates \$31 billion annually. My study analyzed if labor trafficking is the type of trafficking that men are more susceptible to experience and identified the health issues that the victims suffer due to the acts that they were forced to perform.

Unemployment

Unemployment is also one of the reasons that human trafficking exists (Mahadeviah et al., 2010). Both poverty and unemployment are tied to factors that cause people to find themselves as victims of human trafficking. Mahadeviah (et al., 2011) stated, “whenever privation and economic hardship prevail, there will be those destitute enough to enter into fraudulent employment schemes that are the most common intake systems in the world of traffic” (pg. 157). When jobs are scarce in one’s country, many times employment is sought in neighboring countries or overseas where gainful employment is promised, but not delivered. The desperation of wanting economic stability can drive people to answer unscrupulous wanted

advertisements for positions such as a nanny, factory worker, or waitress (Mahadeviah et al., 2011). Jones, Engstorm, Hilliard and Diaz (2007) concluded that traffickers employ the push/pull method which entails promises of increased employment opportunities, in an effort to appeal prospective victims into trafficking circles. Ofuoko (2010) mentioned that there is an increase in demand for foreign domestic workers to serve in care giving roles, which makes fraudulent advertisement seem legitimate.

Social Inequality

Khan and Khan (2012) argued that women are more often the gender that is severely affected by human trafficking. Over 74 million women are missing in South Asia, which may largely be due to human trafficking. Coupled with poverty and unemployment, in many countries women are regarded as inferior to men and treated as such; therefore, many inequalities exist to prohibit women from seeking legal remedy, education and skill development (Mahadeviah et al., 2011). The social oppression of women in some under developed countries contributes to trafficking being a means to make ends meet. Ofuoku (2010) reported that in developing countries men seldom spend earnings on household necessities and the responsibility falls on women. The wives that are tasked to run household expenses find it challenging and seek to diversify their income, which can increase their chances of being trafficked (Ofuoku, 2010). Plus, the lack of support systems and traditions that are upheld in different cultures continue to marginalize the advancement of womens' social status (Ofuoku, 2010).

Mahadeviah (et al., 2011) suggested that the continued disparity in gender and power relations continues to victimize women-specifically when they seek divorce or are forced to leave their homes. Their lack of acquired skills makes it practically impossible to survive on their own, heightening their chances of being misused by others. The exclusion of women and persons

considered lower class have ramifications that perpetuate tension and violence in countries experiencing rapid political and economic transition (Mahadeviah et al., 2011).

Globalization

Globalization has greatly impacted human trafficking as well as being a cause. Snyder (2010) stated that globalization "exploits to the degree to which background injustices experienced by vulnerable nations work to the advantage of their stronger interactors" (p. 192). Globally, the supply and demand of cheap labor and goods further perpetuate the ideal of human trafficking. The two forces of demand that are common to human trafficking are economic: the exploiter demand for maximum profits and the consumer demand for lower retail prices; also known as the price for elasticity demand (Kara, 2010). Typically, the cheaper the cost of goods and services, the more people will make the purchase.

In underdeveloped countries, people are pushed out of the country due to a lack of economic stability, and instead pulled into developed countries that possess economic permanency (Jones et al., 2011). Snyder (2010) argued that in order to stay competitive, employers are faced with either going out of business, or significantly reducing wages. Usually in organizations, labor is the highest cost in operating a business, so if laborers are paid substandard wages, profits will be seen almost instantly (Kara, 2010).

Burawoy (2010) explained that capitalism blurs the lines between legitimate business practices and attempts to remain profitable. In an effort to sustain a business, several fixes are employed such as spatial fix (relocation to new sources of cheap labor); process fix (technological innovation); product fix (turning to a new product or industry where profits are initially high); and, finally, financial fix (in which excess capital turns to financial outlets) (p. 303).

It is apparent that globalization has propelled the *cheap at all costs* concept that consumers engage in that has made human trafficking more prevalent. Snyder (2010) asserted that people in favor of sweatshop labor believe that sweatshops are necessary for greater economic development in low and middle income countries while being an alternative to unemployment. While victims of socioeconomic injustice are negatively impacted by globalization, the people that are positively impacted are continuing to take advantage of the injustice of the trade liberalization, including the technology industry.

Technological Advances

Technology has evolved and made changes to expedite how information is processed. Although there are a plethora of advantages to the advances of technology, there are some shortcomings as well. Cybercrimes have greatly impacted how criminals further their career, and has immensely hindered law enforcement capabilities in aiding trafficking victims and potential victims. Finkela and Theohary (2012) noted that in many instances, law enforcement struggles to keep up with technology with the constant advances in the virtual world. Law enforcement exhibit difficulty in catching and prosecuting trafficking crimes because resources such as time and money are limited (Fick, n.d.).

Unlike physical threats, one of the greatest challenges of trafficking using technology is the expertise required to catch traffickers. Law enforcement must strategically search for illicit trafficking pages, which may be assimilated with legal prostitution and job boards. Then, police must determine the source of the post by trying to perform a trace (Finkela & Theohary, 2012). There is limited comprehensive data on labor trafficking via the internet, but what has been established is that cyber criminals have developed technological savvy ways to make their crimes more profitable. Finkela and Theohary (2012) determined that traffickers

identify specialties, master skills, create a network of colleagues, and then initiate the organized crime.

Internet users grew from almost 361 million in December 2000 to about 7 billion in December 2011, which is an increase of more than 528%. That increase leaves great opportunities for traffickers to expand their customer base (Finkela & Theohary, 2011). Using technology to exploit persons carries minimal risk as one is shielded from constructs such as international borders and traffickers can target the type of clientele that they desire. In labor trafficking, technology can be used twofold: one is to recruit potential victims and the other by selling services to potential buyers. For example, child trafficking is known as a ‘point and click’ crime in cyberspace (Finkela & Theohary, 2000). Patrons of child pornography and trafficking do not require a physical meeting, instead, all activity occurs online. Technological advances enable child trafficking consumers to “point and click” on their crime of choice due to the cyber component.

On the other hand, there are benefits to technology advances as well. Thorn (2013) contended that access to texting has allowed human trafficking persons to text for help. Victims of human trafficking can seldom call for help because of constant monitoring by their traffickers; however, texting is not audible and can be conducted inconspicuously. Thorn (2013) reported that the National Human Trafficking Resource Center (NHRTC) developed a text messaging hotline where exploited persons will immediately connect with an operator 24 hours a day. The system will alert specialists to respond to the sender’s message by coordinating a crisis response, providing referrals, safety planning as well as emotional support (Thorn, 2012).

Since 2007, the NHRTC has received more than 70,000 calls from around the world (Thorn, 2012). The text message concept has saved lives. It is deemed effective as over 3,000

cases have been reported to law enforcement. About 8,300 victims have been connected to assistance and support, and there is a network of over 2,700 service providers nationwide, which gained attention from President Obama.

President Obama discussed that technology is being used to target criminals to stop trafficking. He challenged technology companies, American citizens, law officials, as well as college students to develop tools that will promote safety online (President Obama's Speech on Human Trafficking, 2013). Also, Burke and Ford (2011) discussed how the internet has exacerbated online trafficking crimes. The use of avatars, three-dimensional graphical representation of persons for gaming by computer use can attract customers for trafficking purposes. It is common in child pornography incidents and creates an atmosphere where people are able to game in an anonymous manner (Burke and Ford, 2011).

Difficulty in Identifying Victims

There are many challenges in identifying human trafficking persons Crane and Moreno (2011). One is that victims are "watched, escorted, guarded and threatened" (p. 6). Another is that traffickers not only threaten victims with deportation, but also threaten to hurt family members if the victim fails to comply (Kim, 2011). Yet another challenge to identifying victims of labor trafficking is they almost never have interactions with the public, and are often conditioned to protect their traffickers so that on the rare occasions that victims are in public, they seek approval from their traffickers by not bringing unwanted attention to themselves (Crane & Moreno, 2011). Trout (2010) concluded that mental health and addictions hinder victims from willingly leaving their traffickers. Psychologically, some victims reach a point of defeat and look to their traffickers to care for them and develop a loyalty to the trafficker (Crane

& Moreno, 2011). Plus, unlike the sex industry, raids are almost never performed by law enforcement in forced labor (Smit, 2011).

Furthermore, Smit (2011) noted that many times, a labor trafficking victim may not identify with being victimized, especially if they are working in the United States but from an impoverished country. For foreign human trafficking victims, while the working conditions may be deplorable, they may not know that their rights are being violated. Victims may rationalize the conditions, and the little to no pay situation that they find themselves in may be better than the situation that they may have left in their developing country. Kim (2011) stated that this particular approach used by traffickers is constrained as a choice of two evils where “the employer’s threat undermines the workers’ autonomy and pressures them into choosing the lesser evil” (p. 412). Also, the possibility of being deported, thinking that they are migrants whose journey went wrong, and shame and fear are typical reasons why labor exploited victims may not come forward, even if they have the opportunity (Smit, 2011). Similarly, Crane and Moreno (2011) noted that victims may feel denial or blame and do not understand their rights and resources available to them.

Eckes (2011) reported that in Cambodia, instances occurred where leaders of labor unions were killed because they attempted to contest sub minimal wages and complicity among the police. Comparably, human rights persons in affluent countries advocated for the elimination of trafficking sweat shops in developing countries. However, many of the workers in the developing countries fought to maintain their positions despite the meager pay and hazardous working conditions, stating that their current predicament is better than not being employed at all (Eckes, 2011). Countering the Bias: The Department of Labor’s Unique Opportunity to Combat Human Trafficking (2013) affirmed that fear of retaliation, unfamiliarity with their rights, and

trauma of exploitation can contribute to the difficulty in identifying victims. Some traffickers even coach employees on what to say when they are questioned by authorities (Eckes, 2011).

Misconceptions and Perceptions of the Public

Impoverished persons are not the only groups that are trafficked for labor. Smit (2011) stated that the middle class is also victimized in human trafficking. People that are in stable relationships, have higher education, and job skills also fall victim in search of better opportunities for work. Although persons from affluent backgrounds may fall victim to labor trafficking, that is seldom the case. The victims of labor exploitation are usually men, women and children in dire need of low skilled jobs (Smit, 2011).

Long (2012) noted that perceptions of the public contribute to trafficking as well. In cases of labor trafficking where a person willingly enters a destination country, some people and governments believe that the person is not a victim of labor trafficking, but instead a willing participant. The media focuses on prostitution and forced sex among children and women, but very little focus in on labor exploited persons (Smit, 2011). Underreporting is a serious issue in the United States for the male population. Jones (2011) reported that in the United States males account for almost 50% of all missing persons, yet many times only women are publicized in the media. Less than 20% of men displayed in the media are positive, while 30% of males in the media are depicted as violent, pedophiles, or lacking fidelity (Jones, 2011).

Jones (2011) noted that the portrayal of women in the media depicts women as being nurturing and sensitive while men are portrayed as being unemotional and immune to pain. There is much sexism in media against men. Jones (2011) asserted that when women are accused of having sexual relationships with young boys they are considered *crimes of love*, but when men are accused of having sexual relations with young girls, it is considered *rape*. In some cases,

young boys that are rape victims are court ordered to pay child support for the offspring of the woman's criminal actions (Jones, 2011).

In 2009, 222 programs in the United States received funding to aid trafficking victims and survivors. However, of the 222 programs that received funding, only 2 of those organizations focused on male trafficking. There have been cases where the media has worked with law enforcement on reality shows where lines were crossed in reporting to gain higher ratings (Jones, 2011). Acts like this influence public perception and are inaccurate. As the media continues to paint such an image of men in the media, the distrust of innocent men will continue.

Health Profession and Human Trafficking

Health professionals are at the forefront of being able to aid a person being trafficked. Trout (2012) concluded that nurses have more opportunities to intervene in trafficking cases as victims are likely to visit free health clinics and emergency rooms. Therefore, health care personnel should focus on prevention, protection, and aid in the prosecution of traffickers (Trout, 2012). Crane and Moreno (2011) asserted that some of the ways that health care providers can aid someone that he or she suspects of being a human trafficking victim is through trust building, meeting with the patient privately, and asking non-invasive questions. Simply being vigilant and taking note of ailments that a suspected victim has that differ from other patients that visit the hospital can be helpful. However, survivors of trafficking build distrust and fear of the public, even health professionals.

Persons in the health field are used by traffickers in organ trafficking, as a medical expertise is required for this form of trafficking. Organ trafficking is the illegal buying and selling of body organs, which is practiced worldwide and is prominent in a number of Asian countries such as the Philippines, China, Pakistan, Egypt and Columbia (Yea, 2010). In Asian

countries, organ trafficking is usually used for selling body parts to wealthy persons. However, Eckes (2011) noted that in some African countries such as Zimbabwe and Uganda, organ trafficking is used for medical concoctions by witch doctors to heal someone or to hurt enemies. While most countries prohibit organ trafficking, when a health professional learns that a patient had undergone an organ transplant from an unknown donor and fails to report it, the health professional is condoning human trafficking (Budiani-Saberi & Delmonico, 2008).

While it is apparent that human trafficking survivors have a plethora of hardships, it is imperative to understand that health care providers should be alert to signs that may tell that a person is being trafficked. Sabella (2011) noted that victims of trafficking do not receive preventative care; but, instead only typically receive care when their ailment becomes serious, which gives health care professionals a small window to intervene. In the small window that providers have to intervene, some of the questions that they can ask to determine if someone is a victim of human trafficking are (O'Callaghan, 2012):

Where do you live?

Have you or your family member members been threatened by your employer?

Are you free to quit your job and work elsewhere?

Have you ever been forced to do work that you didn't want to do?

When you are not working, can you come and go as you please?

If these types of questions are asked by health care providers, the questions can serve as an identification tool for human trafficking. The more information that is collected by providers will assist in assessing the true nature of the hospital or clinic visit to determine the next steps that should be taken.

On the other hand, people outside of the health care profession can be vigilant of human trafficking signs as well. O'Callaghan (2012) has identified that some of the common signs that the general public ought to be vigilant about. These are that a person is:

- under 18 years old and working in the sex trade;
- accompanied by a controlling person, pimp or a 'translator'
- showing signs of neglect or abuse;
- unusually fearful or submissive;
- lacking knowledge of his or her whereabouts.

Persons who fit these criteria are likely be in a situation that they do not consent to, and to be trafficking victims. As the public is more cognizant of at risk persons, both male and female, we can make greater strides to end human trafficking.

Yakushko (2009) reported that once survivors are identified, there is still help needed from health care workers. Nurses, doctors, and social workers can collaborate on how to re-establish survivors into society. The process of re-establishing oneself back into the community can be empowering and practitioners can greatly contribute to the process. However, there is a certain skillset required to work with survivors. Multicultural counseling competencies and sensitivity are required (Yakushko, 2009). Williams et al. (2010) argued that health organizations can explore partnering with anti-trafficking groups to see how collaboration of both organizations can aid victims. Also, Crane and Morano (2011) noted that indicators of human trafficking health care professionals should be vigilant of are:

- Patient is accompanied by another person who seems controlling.

- Patient seems submissive or fearful.

- Accompanying person insists on answering questions directed at the patient.

Movements on and off the job are restricted.

Signs of physical abuse are present.

Person possesses no identification documents.

Patient has difficulty communicating due to language or cultural barriers.

Patient suffers from health care problems experienced by trafficking victim (p. 7).

There are government and non-government organizations that seek to improve data collection and research, and publicize conditions of known labor trafficking patterns (Eckes, 2011). But, in the interim, vigilance is the best defense against human trafficking. Dean (2013) shared the need for health care personnel to take a vested interest in identifying trafficked persons by being on the lookout for withdrawn and submissive persons. In 2012, the Salvation Army was issued a 2 million euro contract to provide services for trafficking victims and 40 of the clients were males that have been labor trafficked. The charity supported 378 adults in the first year and the majority of women came from Nigeria while most of the assisted men came from Poland. On the other hand, Dovydaitis (2010) explored the role of health care providers concerning human trafficking. Based on Dovydaitis's findings, it is clear that health professionals have a great responsibility to identify, treat and rescue suspected human trafficked persons. The United States is one of the largest markets for human trafficking, yet only 28% of trafficked women received treatment while they were in confinement. Also, the women in the study that were trafficked suffered psychological and physical abuse in attempts to keep them submissive (Dovydaitis, 2010). Women that are sex trafficked greatly increase their chances of multiple sexually transmitted infections, unsafe abortions, torture, contusions, cigarette burns and dental problems. Dovydaitis (2010) further discussed that a health specialist can use the same amount of time for one trafficking victim that he or she uses for 20 domestic violence victims.

While working with trafficking victims, the three common ways that a victim can be relieved of their situation is by death, being helped by a client, and becoming unprofitable because of trauma or advanced pregnancy (Dovydaitis, 2010).

Baldwin, Eisenman, Sayles, Ryan, and Chuang (2011) studied human trafficking survivors' health experiences when they were victims. The study used semi-structured interviews with key informants that worked closely with trafficking victims. Two phases were used in this study. Phase I was face-to-face semi-structured interviews and phase II entailed interviews with adult female trafficking survivors. The interviews were conducted in six languages and were conducted from June 2006 to April 2008. The interviews were audio taped and professionally transcribed. In phase I, participants included six key informants and in phase II, there were 12 participants for the study that fled trafficking with the help of law enforcement, acquaintances, or escaped on their own. The results of the study showed that all survivors that received health care stated that the health provider failed to ask questions about their safety or previous and current abuse. Victim identification can be enhanced in health care settings with patient awareness and improved medical assessments.

Public Responsibility

There are companies and consumers that take responsibility in eradicating human trafficking. While it may be difficult for consumers to determine whether labor trafficking victims have been forced to make clothing or foods, companies have the resources to determine exactly where their products come from. Johnson (2013) reported that companies are able to identify where their materials and goods come from by supply-chain monitoring. In illegitimate companies, the motivation for cheap labor perpetuates labor trafficking and further violates legislation (Pope, 2010). When businesses are outsourcing and hiring unreasonably inexpensive

contractors for services or goods, without doing some due diligence, they are contributing to labor trafficking. Pope (2010) further discussed that businesses sometimes engage in seemingly valid labor contracts, but their practices may be illicit. While business owners at times operate legitimate establishments and obtain appropriate licenses to conduct business, the labor practices they employ are unlawful regarding working conditions and hours employees are forced to work. Plus, some employers knowingly violate employment laws by compensating employees' nominal pay that violates minimum wage.

According to Johnson (2013), companies that do not have a system or compliance program in place that will detect and prevent human trafficking greatly increases chances of criminal and civil liability. There are guidelines that should be followed for a company to voluntarily take action against labor trafficking via manufacturing, harvesting and producing, and if companies do not willingly take responsibility, they will be held accountable (Johnson, 2013).

Between 2007-2010, a majority of the \$352 billion that was confiscated from drug trafficking was absorbed into the banking system (Eckes, 2011). While it is unknown how many victims of human trafficking were used to aid gangs in generating the funds, the acceptance of the funds from banks condoned human trafficking. Wachovia Bank was cited as one of the banks that engaged in the practice and was censured. Plus, trafficking victims are also used to produce counterfeit goods such as Prada handbags, Gucci sun glasses, Rolex watches, and medicine to market to Europe and North America (Eckes, 2011). Individual responsibility can be expected, but only to a minimum. Long (2012) argued that most consumers have very minimal capacity to find out where items they purchase are manufactured. However, a head person in an organization can authorize an investigation to learn where products or services are coming from and how

much or little they contribute to labor trafficking (Long, 2012). On the other hand, Eckes (2001) asserted that there are scholars that believe that companies are incapable of monitoring where their goods and services come from, and instead would rather have government regulations monitor organizations as they find it to be more effective in eliminating trafficking. Until consumers become morally and socially responsible, human trafficking will continue to exist (Kara, 2010).

Health Issues Related to Trafficking

Although both male and female trafficking victims exhibit some form of health problems, the health concerns differ by type of trafficking. The two major forms of trafficking in the United States are labor and sex trafficking (Trafficking in Persons Report, 2009). While health issues vary from one form of trafficking to another, Oram, et al. (2012) investigated violence and health risks of trafficking persons using peer reviewed papers on 19 eligible studies found on Medline, PubMed, PsycInfo and EMBASE. The authors reported that the most common health ailments among the studies were headaches (82.3%), fatigue (81.3%), dizziness (70.3%), back pain (68.8%), and memory problems (62.0%).

For all forms of trafficking, conditions such as malnutrition, dehydration, exhaustion, and dental and visual problems have been noted when victims were deprived of food, water, light and sleep (Sabella, 2011). This section focused on health issues for persons that were subjected to labor trafficking and sex trafficking. Also, male trafficking, trauma symptoms and aftercare for trafficked persons were discussed. While all forms of trafficking present both physical and psychological health issues, more studies have been conducted on physical illnesses opposed to psychological ailments.

Labor Trafficking

Zimmerman et al. (2011) noted that persons that experienced labor trafficking expressed threats, physical violence and hazardous labor-related exposures although they were susceptible to sexual abuse. Sabella (2011) also added that victims of labor trafficking exhibit chronic back pains, muscle strains, cardiovascular and respiratory conditions. While the numerous health conditions added to the overall deterioration of health for labor trafficked persons, Zimmerman et al. (2011) stated that the conditions that labor trafficked victims worked in also contributed to poor health. Some of the conditions that labor trafficked victims work in are inclusive of long hours and hazardous working conditions such as poor training, dangerous chemicals, unsupplied personal protective equipment, and financial or physical punishment for poor performance. Dangerous working conditions are typically elements that labor trafficked persons work.

The working conditions that labor trafficked men are subjected to exposes them to poor short and long term health effects, which will be explored in my study (Jones, 2011). Also, policy discussions have been structured around the three P's, "prevention, protection and prosecution". *Partnership* has been added to the three p's to include organizations fighting human trafficking (Zimmerman et al., 2011). Similar to many other forms of trafficking, labor trafficked victims possess hardships that disable them from seeking care, which can make conditions worse if left untreated (Sabella, 2011). Some of those hardships include being watched, threatened, and almost never having contact with the public to seek health assistance (Crane & Moreno, 2011; Kim, 2011). While both labor trafficking and sex are deplorable experiences, both forms of trafficking have different health ailments.

Sex Trafficking

Sabella (2011) discussed that persons trafficked into sexual slavery exhibit vaginal and rectal trauma, unintended pregnancies, urinary tract infections, infertility and sexually transmitted diseases. On the other hand, Yen (2008) also studied women that survived sex trafficking and focused on physical, mental and emotional trauma sustained. Some of the common health issues found among survivors were HIV/AIDS, anxiety, low self-esteem, depression and severe post-traumatic stress disorders (Yen, 2008). The study that Danailova-Trainor and Laczko (2010) conducted also identified HIV as one of the diseases that sex trafficked persons are susceptible to and significantly contributes to the HIV epidemic by rendering the trafficking victim vulnerable and spreading the infection from victim to customer and customer to victim. Although some trafficked persons may want to use a means of protection against HIV and other sexually transmitted diseases such as condoms, the use of condoms for trafficking victims many times is not optional further victimizing them by exposing them to AIDS and other diseases (Banović & Bjelajac, 2012).

Zimmerman et al. (2011) studied the health of trafficked women before and during exploitation. The authors reported that 59% of women that sought help from rescue centers reported physical or sexual abuse prior to being trafficked and 15% of women reported sexual abuse before 15 years of age. However, Sabella (2011) shares that survivors indicate that the psychological effects far outweigh the physical abuse of trafficking that they endured. Along the lines of the psychological effects that the study that Sabella (2008) conducted. Tsutsumi, Izutsu, Poudyal, Kato and Marui (2008) conducted a cross sectional design to measure the mental health of female survivors of human trafficking in Nepal. Participants gave verbal consent and answered questionnaires through narrative interviews. The study found that women that were not

sex trafficked displayed a higher rate of depressive symptoms and PTSD, while sex trafficked women had a significantly higher prevalence of suicide attempts. Both sex trafficked and non sex-trafficked women experienced the same level of anxiety. Also, the duration of trafficking was noted to be shorter with sex trafficked women and 38% of sex trafficked women were HIV positive (Tsutsumi, Izutsu, Poudyal, Kato & Marui, 2008).

Another study that focused on the health effects of trafficked persons was a study conducted by Banović and Bjelajac (2012). The authors conducted a qualitative study using archival data from the Counseling Centre for Alternative Prostitution which found that 78% of the sex trafficking workers suffered rape, 53 % were sexually tortured, 27% suffered one or more physical ailments due to torture and 73% considered suicide. The study identified that the physical trauma sustained were headaches, stomach pains, sudden sweating, changes in sleep and appetite and a weakened immune system. It is evident that there have been studies conducted on female sex trafficking that have given insight on the health issues that trafficked person possess. An example of a study that focused solely on sex trafficked women was conducted by Yen in 2008. Yen (2008) shared that typically, persons that are forced sex victims usually survive two to four years before they are murdered, commit suicide or die of HIV/AIDS and other diseases. Quite a bit has been learned from studies that have focused on sex trafficking, but very little studies have discussed men that have been sex trafficked. It is essential to learn more about the health conditions of males that have been trafficked.

Male Trafficking

While men are victims of human trafficking as well, health issues of trafficked men are understudied. Cardais (2009) studied male labor trafficked victims and reported the forced working conditions of male victims citing that men are forced to work 12 or more hours a day, at

least six days a week, many times while being threatened or not being paid. When the men are able to escape, they are unable to find organizations that can service them as only 30 organizations in the Ukraine fight human trafficking and all but 3 are dedicated to women survivors (Cardais, 2009). Yet, in the United States (U.S.), males have a great presence in sex trafficking as the U.S. Federal Bureau of Investigation estimates that boys account for over 50% of all seized pornography paraphernalia from prosecuted offender (Todres, (2011). Many studies focus on women that have been victims of sex trafficking. More recognition ought to be placed on men that are victims of human trafficking to better understand their experiences

While scholars have identified the limited studies focusing on male trafficking, Larsen, Andrevski and Lyneham (2013) studied the database of trafficking victims compiled by the International Organization for Migration (IOM) Indonesia, which holds data for 3,701 persons. Both qualitative and quantitative methodologies were used in this study, and the study found that 9% of Indonesia's trafficked men were forced into labor exploitation. The ILO reports that most Indonesians who were trafficked were forced into non-sex forms of trafficking at their final destination. Although men trafficked in Indonesia were more likely to be recruited by family members, overall, 39% of the trafficked survivors reported that the highest level of education they attained was elementary school.

Conversely, the International Organization for Migration (IOM) collected primary data of trafficked males through IOM's Counter-Trafficking Module Database (CTM) in Geneva as well as qualitative information from interviews with and case files of assisted men in Belarus and Ukraine. The data comprised of 344 Belarusian men and 344 Ukrainian trafficked men totaling 685 participants. Both qualitative and quantitative methodologies were used (Sutrees, 2008). The experiences of labor trafficked men were reported and victims suffered hernias, a duodenal ulcer,

accidents and injuries. Some other findings were broken bones, torn muscles, pneumonia, asthma, depression, bronchial infections, intestinal problems, and malnutrition (Sutrees, 2008). Also, some of the psychologically abused men reported threats of violence against the men's families, humiliation, denial of food and medical treatment. One man reported that acid was poured on his foot while some men reported that their food was drugged to ensure submission (Sutrees, 2008). While the study that I conducted did not have a sample size as large as 685 participants, some of the health conditions that Sutress (2008) identified such as depression and malnutrition were present in my study as other studies that focused on trafficked persons have cited depression and malnutrition as health effects of trafficking (Banović & Bjelajac, 2012); (Sabella, 2011); (Yen, 2008).

Trauma Symptoms

Trauma is one of the conditions that trafficked persons exhibit and Johnson (2012) included trauma as one of the disorders studied for trafficked persons using The Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) as a tactic in working with PTSD and sexually abused victims of trafficking. The study and found that participants' conditions improved using the therapy approach studying both the physical and psychological health of health trafficked persons (Johnson, 2012). Conversely, Hossain, Zimmerman, Abas, Light, and Watts (2010) also studied trafficked victims that experienced mental disorders and trauma, but found that of all forms of trafficking, sexually trafficked persons exhibit the highest levels of trauma which included PTSD, depression and anxiety.

Nonetheless, Banović and Bjelajac (2012) also studied some of the psychological reactions that were experienced among human trafficking victims and found that disorientation, confusion, distress, nightmares, flashbacks, and feeling of betrayal, helplessness, and loss of

control. The consequences of trauma reported were acute stress reaction, post-traumatic stress disorder, depression, adjustment disorder and disassociation Banović and Bjelajac (2012). Some of the findings were similar among the studies conducted but all authors deemed that mental trauma exceeded physical trauma that victims faced (Banović and Bjelajac, 2012; Johnson, 2012; & Hossain, 2010).

Johnson (2012) noted that trauma symptoms can be recognized by the following:

Attachment—difficulties with relationships, boundaries, trust, affect attunement.

Biology—increased medical problems, somatization.

Affect or emotional regulation—difficulty identifying, expressing and/or controlling emotions.

Dissociation—alterations in states of consciousness, amnesia, depersonalization and derealization.

Behavioral control—poor impulse control, eating and substance use problems, aggressive, oppositional, compliant, self-destructive.

Cognition—problems with perceptions, understanding, sustained attention.

Self-concept—low self-esteem, guilt and shame.

Trafficking trauma symptoms may not be as obvious to identify as the physical symptoms persons exhibit. However, as more studies focusing on psychological trauma are generated, more will be learned about such disorders. Hossain et al. (2010) stated that currently most studies on mental health on human trafficking focus on women, but more studies making men the focal point or even including men, will certainly add to the literature of human trafficking and mental health conditions. As previous studies included mental health disorders, my study will focus on both physical and mental effects of trafficked persons as well to gain a comprehensive understanding of the subject matter. As both mental and physical health

conditions of trafficked persons are studied, learning the commonalities of health issues among all trafficking forms should be explored.

Aftercare for Trafficked Persons

Johnson (2012) studied the aftercare for survivors of human trafficking to better understand trauma and the needs of trafficked persons. Rape, violence, torture, assault, humiliation, abuse, degradation, confinement, threats and isolation were noted as all a part of human trafficking that can harmfully contribute to a victim's physical and mental health as the victims in this study presented possessed self-destructive and risk taking behaviors ultimately having trouble in personal relationships, (Johnson, 2012). Conversely, Zimmerman et al. (2011) noted “fifty seven percent of women and adolescents arriving at a post-trafficking service center reported more than 12 poor physical health symptoms, including headaches (82%), fatigue (81%), dizzy spells (70%), vaginal discharge (70%) and back pain (68%) and extremely high symptom levels for depression, anxiety and Post-traumatic Stress Disorder” (p. 330). Both studies determined that there needs to be an understanding of what the ailments are in order for treatment and care to be rendered (Johnson, 2012; Zimmerman et al., 2011).

Potocky (2010) evaluated the effectiveness of services for victims of international human trafficking by analyzing the Florida Freedom Partnership (FFP) system, which work with survivors at intake and responds to their needs to help reach the survivors’ goals. Although the organization that I will obtain data from is not the FFP, the organizations’ goals are similar. I will be working with Florida Coalition against Human Trafficking (FCAHT) and both FCAHT and FFP work closely with human trafficking survivors to provide outreach services. Potocky (2010) used a logic model as a conceptual framework, and a pre-experimental, retrospective research design based on chart review and key informant interview were used in this study. The

study concluded that 62% of clients experienced improvement in their mental health and 5% experienced no change from intake to closing. Of the 29 health goals established, 41% of the goals were attained, and about 37% of the clients experienced an improvement in their health status (Potocky, 2010). My study will not assess the improvement of mental or physical health of clients, but instead focus on the most observed and reported health ailments.

On the other hand, Lancet (2004) discussed the importance of concentrating on health issues of trafficked persons so that programs can be developed to treat trafficking victims and survivors and one day meet the goal of freedom from exploitation. Although researchers are studying trafficked persons, there is still much to learn. Trafficked women are allotted much recognition and there are studies that examine their health outcomes (Dennis, 2008).

On the other hand, the male population is rarely recognized in human trafficking and in many cases men are considered nonexistent in human trafficking (Jones, 2010). In addition to minimal recognition in the plight of trafficked men, studies that are designed to examine the health outcomes of trafficked men are scarce as well. There is a significant gap in studying health conditions of trafficked men. My study examined the health conditions of males compared to female victims of human trafficking and health ailments of labor trafficked persons compared to sex trafficked persons.

Review of Literature Related to Methods

Studies on sex trafficking are challenging to conduct because of the difficulty in assessing exactly who is considered a trafficked person because of loose terms such as trafficker” or a type of “coercive” to study for research purposes (Gould, 2011; Spilca, 2011, p. 39). Gould (2011) studied the sex industry in Cape Town between 2006 and 2008 employing both qualitative and quantitative methods to learn more about the size of the sex work industry,

working conditions, recruitment practices, and the extent of the human trafficking industry. The study that Gould (2011) conducted concluded that not all persons that considered themselves human trafficking victims experienced all the criteria that would qualify them as victims of human trafficking. Comparatively, Spilca (2011) also conducted a systematic review to study Eastern European women and children in sex trafficking using surveys, reports and scholarly articles. Statistical information was collected from surveys to identify sex purchaser characteristics that were distributed by Sandyford Health Screen, Toman Mahammed, Crisopn Trebesh and Marcia Birsan. Systematic reviews are usually comprehensive and entails a summary of current literature. Spilca (2011) concluded that the concept of ‘sex trafficking’ must be studied more to identify the lived experiences of the majority of sex to better understand exploitation and abuse that occurs in the industry.

One of the greatest challenges in studying human trafficking is due to the hidden and invisible population. Many times, trafficked persons do not recall their experience as victims are usually illegal immigrants, prostitutes and traffickers so sampling frames are non-existent, rendering the population hidden (Tyldum & Brunovskis, 2005). The methodology used for a study conducted by Tyldum and Brunovskis (2005) used both qualitative and quantitative methodology, rapid assessment methods (i.e. Capture-Recapture estimations of women in street prostitution), and a telephone survey of women in prostitution who operate through individual advertisements (Tyldum & Brunovskis (2005) and concluded that it is challenging to identify time periods of victim trafficking because many survivors lose track of time due to mandated drug use, insomnia, isolation, etc, and data from law enforcement or organizations involved may be bias. On the other hand, men are considered an invisible population as men are failed to be identified as victims of sex trafficking at all. Dennis (2008) studied the invisibility of males in

human trafficking by analyzing 166 articles published in social science journals. It was concluded that female victims of human trafficking were coerced into prostitution, while male victims of human trafficking had a choice (Dennis, 2008).

Archival data is typically used in studying human trafficking because of the difficulty in attaining survivors to participate in studies (Crane & Moreno, 2011). The study conducted by McKee (2012) used archival data to investigate cases human trafficking in Thailand and Cambodia, primarily relying on archival evidence, internet sources, and official documents. Also, Singh (2012) used archival data by examining the scrapbooks of Opening Doors International (formally Immigration) Services ODIS from their inception to the time of study to examine historical information and redacted affidavits. The study focused on both ODIS and North Texas Coalition Against Human Trafficking (NTCAHT) to explore the causes, effects, legal remedies and challenges of combating human trafficking. Although original data adds to empirical research, victims and survivors of human trafficking are hidden populations that typically do not come forward to be research participants (Crane & Moreno, 2011). In such cases, archival data can be instrumental in adding to literature for human trafficking, as will be displayed in my study.

Various methods have been used to study human trafficking. The least common methodology used in human trafficking studies is solely qualitative studies while the most common studies seem to be quantitative analysis. Many studies sought to determine how prevalent human trafficking is in a particular region while very few studies used victims or survivors of human trafficking in the sample population. The study that I conducted will add to the limited studies conducted on the health issues of human trafficking victims and the exploration of the type of trafficking that the male survivors of human trafficking endured. I used

quantitative analysis to explore specific health issues that survivors of human trafficking were diagnosed with in the southeastern region of the state of Florida.

Summary

There is definitely a need for better data collection on human trafficking. For countries that collect data on trafficking victims, they usually refuse to share the data because of data protection laws or restricted distribution. It is evident that there is a gap in literature concerning male victims of human trafficking and the gap in male empirical data is suggested to be because of their gender and how they are perceived as victimizers opposed to victims, so there is little focus on their trafficking experience and health conditions. Also, researchers have identified that if health professionals are more proactive, they can serve as an intermediary in rescuing trafficked victims. Due to the limited research on human trafficked men, I studied male victims of human trafficking and their health. My study partially remedied some of the gap in knowledge of the health of trafficked men. In the following chapter, I will provide more detail about the methodological approach that was used in this study.

Chapter 3: Research Method

The purpose of this study was to identify the health conditions of trafficked persons and the form of trafficking most common among men. I did not participate in data collection for this study. Archival data provided by the Florida Coalition of Human Trafficking (FCAHT) was used for this study. The dependent variable for this study was the form of trafficking and independent variables were gender and health conditions.

In Chapter 3, I describe the research design and rationale for selecting the design based on the research questions. The population that this study assessed is identified as well as the processes that were used for data collection. Also, the data analysis plan and issues of trustworthiness such as internal and external validity are addressed. I conclude this chapter with ethical considerations, which include protections for confidential data and data dissemination.

Research Design and Rationale

I employed a cross-sectional research design using secondary data, which was appropriate because cross-sectional studies are common in the social sciences and are known for their extensive use of survey data (Frankfort-Nachmias & Nachmias, 2008). This particular method was used in this study because cross-sectional designs are considered descriptive research. The dependent variable for this study was the form of trafficking and independent variables were gender and health conditions. Creswell (2009) noted that the advantage of this design is it allows the researcher to look at several variables at a particular point in time. I looked at age, income, and gender as well as the prevalence of specific ailments in the study population. Frankfort-Nachmias and Nachmias (2008) noted that cross-sectional study designs are usually used to describe a pattern of relation between variables and can be conducted in natural settings. This particular design choice required few time and resource constraints. A quantitative observational research design was consistent with research designs needed to advance

knowledge in the public health discipline. This design choice was best to use in this study because of its traditional mathematical and statistical approach, which are most commonly used in the social sciences (Shuttleworth, 2008). Also, the quantitative method was the most appropriate method to do testing using the hypothesis model. This method also helps in establishing a link between the dependent and independent variables and in providing answers to the research questions (Kennedy, 2009).

A quasi-experimental design was not appropriate for this study because random assignment was not possible for comparison groups. An experimental study design in a controlled environment was not appropriate because the inclusion of pretests and posttests, treatment and control groups, and random assignment was not appropriate given the vulnerable population of human trafficking victims and survivors (Human trafficking: The shameful face of migration , 2011).

I evaluated the health conditions of trafficking victims coupled with other variables to establish links between the gender and type of trafficking that they were subjected to. The health condition of a human trafficking person stresses the importance of acknowledging that empirical evidence is necessary to learn more about health conditions for trafficked people. The data that was furnished by FCAHT was used in its entirety without conducting further sampling study because of the limited data that they shared. The analysis was conducted using Statistical Package for the Social Sciences (SPSS), which is an analytical tool used to determine the relative statistical importance and significance of the data given questions.

Methodology

Population

The target population for this study consisted of persons who were victims of human trafficking who received care from FCAHT. The population included survivors and victims who were rescued by FCHAT during a rescue mission, who located FCHAT on their own, or who were referred to FCHAT by a concerned citizen. Cases included men and women who had been forced into any form of human trafficking, including sex trafficking, labor trafficking, and domestic servitude. The target population was not limited to trafficked men or women of specific age or race, but instead was inclusive of all trafficked persons regardless of nationality and ethnicity. All persons who were victims of human trafficking between 2004 and 2014 were identified with a case number and used in this study.

Sampling and Sampling Strategy

I used archival records of participants who were rescued and diagnosed by FCHAT. Frankfort-Nachimas and Nachimas (2008) noted that a sampling is a subset of a population that allows researchers to generalize findings to the greater population. Frankfort-Nachimas and Nachimas also noted that the sampling design that a researcher chooses is of great significance so that the sample is representative of the population. There were population parameters that were used for this study, which were inclusive of participants who were willing to voluntarily share their demographic information with FCAHT, describe the type of trafficking that they were subjected to, and report the health ailments that they may or may not have suffered due to the type of trafficking that they endured. Therefore, I employed a convenience sampling method (Marshall, 1996). Convenience sampling more appropriate than random sampling because of data availability and limited costs (Gravetter & Willnau, 2004). I used archival data that FCHAT collected during a X year time frame.

Sample Size

It is important to have an adequate sample size to minimize potential sampling inaccuracies and to ensure that any significant relationship discovered will not be coincidental (I Six Sigma, 2012). GPower3 (GPower3, 2013) was used to determine the minimum sample size for this study. According to input parameters for the one-way ANOVA test, including 0.25 effect size (Faul, 2012), 0.05 probability of error, and two groups, a minimum of 128 participants was needed to obtain at least 80% power. Cohen (1992) noted that “statistical power depends on the significance criterion (α), the sample size (N), and the population effect size” (p. 98). Based on Cohen’s assessment, the sample size was sufficient to proceed with the study and ensure statistical power.

Procedures for Recruitment, Participation, and Data Collection

Archival data were used for this study; therefore, there was no direct contact with persons who had experienced human trafficking. Data provided by FCAHT was collected on the basis of conversation with clients pertaining to specific data such as country of origin, race, type of trafficking, etc. There were not any set requirements for participants to follow up with FCHAT. However, in cases where medical attention (physical as well as mental) was required, participants were linked with appropriate organizations to receive treatment.

FCAHT collected information from clients upon their arrival to the facility, and these data were made available for persons who were trafficked between 2004 and 2014. Names were excluded from these documents, and case numbers were provided. FCAHT transferred data from handwritten and computerized files to an Excel or Access spreadsheet. Once the information was compiled, FCAHT sent the data to me via email.

The request for data was made to the president of FCAHT. I described my interest in the topic of human trafficking and she shared the mission of FCAHT and some of her experiences. After we spoke for some time, she referred me to FCAHT's State Outreach Coordinator with FCAHT. I explained my study and my goal in focusing on this topic. Giselle described the intake process of the organization and expressed interest in my study. She informed me that she would be interested in having an intern compile the data so that I could use it for my study. A data use agreement was obtained from FCHAT (Appendix A).

Variables

The variables were mostly independent in the given report. Both genders (women and men) were covered as part of the analysis variable. The type of trafficking was further categorized into labor, domestic servitude, and domestic servitude sex. The other major variable was health/ailment, which had more than 20 characteristics including anxiety, self-blame, signs of malnourishment, broken wrist, depression, issues with nightmares, and so on.

Nature of Variable

The data were mostly binary in nature, and gender was the category that could be further categorized. The data were completely independent and therefore there was no requirement for further binary categorization. The independent variables were gender and type of trafficking. The numerical value assigned to each category for statistical analysis is presented in Table 1.

Table 1

Labels and Values of Independent Variables

Variables	Label	Value
Type of Trafficking	Labor	1
	Domestic Servitude Sex	2

	Domestic Servitude	3
Gender	Male	1
	Female	2
Health Ailment	None	1
	Yes Ailment	2

Data Analysis Plan

The following research questions and hypotheses were addressed in this study:

1. Are male victims of human trafficking more likely to be labor trafficked compared to other forms of trafficking?

Null hypothesis: There is no significant difference in forms of human trafficking among males.

Alternative hypothesis: There is a statistically significant difference in forms of human trafficking among males.

2. Are labor trafficked persons more susceptible to health ailments compared to sex trafficked persons?

Null hypothesis: Labor trafficked persons are not more susceptible to health ailments compared to sex trafficked persons.

Alternative hypothesis: Labor trafficked persons are more susceptible to health ailments compared to sex trafficked persons.

3. Are male victims of human trafficking more likely to suffer health conditions compared to female victims of human trafficking?

Null hypothesis: There is no significant difference in health conditions between male and female victims of human trafficking.

Alternative hypothesis: There is a significant difference in health conditions between male and female victims of human trafficking.

First, data submitted from FCAHT was transferred from Excel or Access into the SPSS statistical program. Data were checked for inconsistencies, particularly missing data, outliers, and duplicates, through a manual review of each case. Steps in the statistical analysis process included the following:

1. The Anderson-Darling normality test was used to check the data normality by evaluating the p value. If the p value was >0.05 , then data were deemed normal and mean values were considered for analysis. However if the p value was < 0.05 , then the data were considered non-normal and median values were considered for analysis.

2. The histogram with frequency trend provided the graphical representation of the relative distribution of data and also allowed me to estimate the probability distribution by showing the frequency trend. This graph was used to understand continuous variables, and the bar reflected the different data set.

3. The individual value plot showed the value of two or more variables in one graph and allowed me to plot the various data sets on one given graph to understand the differences and the frequency. This was used to plot possible outliers and to see the exact value and position of data on the X and Y axis using two-way ANOVA with two continuous variables. The independent variables were ailment and labor.

4. Analysis of variance (ANOVA) was used for two or more groups and was used to analyze the difference between groups and dependent variables. The major purpose of ANOVA

is to see if there is any difference between group and the variables. A one-way ANOVA is appropriate for Research Questions 2 and 3; Research Question 1 involved a comparison of percentages.

The outcome for Research Question 1 was type of trafficking, a categorical variable. Therefore, the nonparametric alternative I used for Research Question 1 was the chi-square test, which was introduced by Pearson in the 1900s (Canal & Micciolo, 2012). This test was used to answer the first research question because there were two categorical variables involved and chi-square was appropriate for both normal and non-normal data.

The nonparametric test that was considered for use for this study in the event that the data did not fit the normality assumption of ANOVA for Research Questions 2 and 3 was the Kruskal-Wallis test. It was the nonparametric alternative to one-way ANOVA (Wheater & Cook, 2000). The dependent variables for Research Questions 2 and 3 were health ailments, which were categorical variables. Research Question 2's independent variable was type of trafficking, which was a binary variable. Gender was the independent variable for Research Question 3, also a binary variable. Vogt (2005) noted that the Kruskal-Wallis test is one of the nonparametric tests of statistical significance. The test entails a ranking of all measurements in the several samples and then performing an analysis of variance of ranked data (Kruska & Tanor, 1978).

Table 2

Research Questions, Variables and Statistical Tests Conducted

Research Question	Variables	Statistical tests
Are male victims of human trafficking more likely to be labor trafficked compared to other forms of trafficking?	Outcome = types of trafficking, categorical variable	Chi-square test
Are labor trafficked persons more susceptible to health ailments compared to sex trafficked persons?	Dependent= health ailments, categorical variable Independent= type of trafficking, binary variable	One-way ANOVA Kruskal Wallis test (non-parametric alternative)
Are male victims of human trafficking more likely to suffer health conditions compared to female victims of human trafficking?	Dependent = health ailments, categorical variable Independent = gender binary variable	One-way ANOVA Kruskal Wallis test (non-parametric alternative)

Threats to Validity

The threats to validity for this study were limited. Because secondary data were used, there were limited choices for the selection process of data. It is possible that I obtained only a certain categorization of data which will largely be used on evidence-based data collection for human trafficking. Creswell (2009) described threats to external validity as interaction effects of selection which is an inability to generalize to individuals in other group settings and interaction of treatment, as well as to the past or future situations. The external validity will not be highly possible because of the nature of research which has limited data and sample population.

Ethical Concerns

Archival data were used in this study, which minimized risk to participants. Individual rights were protected as I have completed the National institute of Health (NIH) online training

course entitled, “Protecting Human Research Participants”. Also, Walden University Institutional Review Board (IRB) approval was attained prior to beginning the study. Data were stored in a password protected file and backed up in a secure USB drive. Therefore, all cases were anonymous and FCAHT honored the school’s IRB requests. I will maintain data for the study for at least 5 years, and then it will be deleted and disposed of according to NIH standards. The results and findings of the study will be disseminated in a manner that does not violate participant confidentiality.

Summary

The proposed study consisted of a cross-sectional research design using secondary data from FCAHT to test three research questions. One-way ANOVA tests determined if male victims of human trafficking were more likely to be labor trafficked compared to other forms of trafficking, if labor trafficked persons are more susceptible to health ailments as compared to sex trafficked persons, and if male victims of human trafficking are more likely to suffer health conditions. The following chapter will focus on results of the statistical analysis.

Chapter 4: Results and Findings

The purpose of this study was to examine gender differences in health ailments of trafficked men and women and to identify the types of trafficking men are subjected to. The dependent variable for this study was form of trafficking, and independent variables were gender and health conditions. This chapter presents the data collection, method of analysis, and results of the study. The research questions and hypothesis that were addressed in the study are the following:

Research Questions/Hypotheses

1. Are male victims of human trafficking more likely to be labor trafficked compared to other forms of trafficking?

Null hypothesis: There is no significant difference in forms of human trafficking among males.

Alternative hypothesis: There is a statistically significant difference in forms of human trafficking among males.

2. Are labor trafficked persons more susceptible to health ailments compared to sex trafficked persons?

Null hypothesis: Labor trafficked persons are not more susceptible to health ailments compared to sex trafficked persons.

Alternative hypothesis: Labor trafficked persons are more susceptible to health ailments compared to sex trafficked persons.

3. Are male victims of human trafficking more likely to suffer health conditions compared to female victims of human trafficking?

Null hypothesis: There is no significant difference in health conditions between male and female victims of human trafficking.

Alternative hypothesis: There is a significant difference in health conditions between male and female victims of human trafficking.

Data Collection

One archival data source was used to obtain data for this study. Data were collected by FCAHT, and unique IDs were created prior to the data being issued to me. The data were from 2004-2014, and the data were selected from all persons who were assisted during that time based on random sampling, with no specific focus on a gender, locality, origin, or type of trafficking.

Although many of the clients were from other countries, they were rescued in Florida. There was not a focus on a particular country; many of the clients were trafficked to Florida by their traffickers. The victims were rescued and diagnosed by FCHAT. The sample population included victims from 14 years to 81 years of age and included both male and female genders. The data set issued from FCAHT categorized each unique ID type based on trafficking, race, country of origin, and health ailment identified.

Following approval from Walden University's Institutional Review Board (03-23-15-0252813), data were requested from FCAHT on March 24, 2015 and were furnished weeks later. FCAHT provided a data set with 130 records and 6 six variables. There were six records that were identified as duplicates and were removed for a final sample size of 124.

Descriptive Statistics of the Study Sample

Men made up the majority of the sample at 71% ($N = 88$). The mean age of the sample was 33.40 ($SD = 9.65$) with the youngest person being 14 years old and the oldest 81 years old. Tables 3 and 4 show that just over half of the persons were from the Philippines (53%) although slightly less than that were actually Filipino (44%). Table 5 indicates the most common health ailment was malnourishment, followed by skin rash and then anxiety.

Table 3

Frequency of Country (N = 124)

<u>Country</u>	<u>N</u>	<u>%</u>
Philippines	66	53.2
Guatemala	28	43.5
Mexico	12	9.7
Jamaica	5	4.0
Thailand	3	2.4
Haiti	2	1.6
United States	1	0.8
Santo Domingo	1	0.8
Romania	1	0.8
Puerto Rico	1	0.8
Peru	1	0.8
Japan	1	0.8
India	1	0.8
Costa Rica	1	0.8

Table 4

Frequency of Race (N = 124)

<u>Country</u>	<u>N</u>	<u>%</u>
Filipino	54	43.5
Guatemalan	28	22.6
Mexican	12	9.7
Jamaican	4	3.2
Thai	3	2.4
Haitian	2	1.6
American	1	0.8
Indian	1	0.8
Romanian	1	0.8
Puerto Rican	1	0.8
Peruvian	1	0.8
Japanese	1	0.8
Dominican	1	0.8
Costa Rican	1	0.8

Table 5

Frequency of Health Ailments (N = 124)

<u>Health Ailment</u>	<u>N</u>	<u>%</u>
Malnourishment	46	37.1
Skin rash	35	28.2
Anxiety	28	22.6
Self-blame	27	21.8
Depression	23	18.5
Nightmares	17	13.7
Sleep deprivation	16	12.9
Scars	14	11.3
Withdrawn	11	8.9
TB	7	5.6
Aggression	5	4.0
Abscess tooth	3	2.4
Hypertension	2	1.6
Fracture/Broken	2	1.6
Bones		
STD	2	1.6
Eating disorder	1	0.8
Diabetes	1	0.8
Cholesterol	1	0.8
Anger	1	0.8

Data Analysis

Analysis was conducted using the SPSS statistical program version 23 (IBM Corp, 2015).

Six records were removed because they were exact duplicates of other records. I created and hand-coded binary variables for each health ailment (yes/no) and each type of trafficking (sex/labor). I then created a variable that indicated the number of ailments per case, and a binary variable for health ailment present (yes/no). To check for normality of the data, I conducted Kolmogorov-Smirnow and Shapiro-Wilk tests for the number of health ailments by gender and

type of trafficking. Table 6 shows the results for tests of normality for the distribution of health ailments by type of trafficking. Since the p value for Kolmogorov-Smirnov or Shapiro-Wilk test was less than .05, the data was not considered normal (Laerd, 2013). Therefore, I determined that a nonparametric test (Kruskal-Wallis) should be used for Research Question 2.

Table 6

Tests of Normality – Distribution of Health Ailments by Type of Trafficking (N = 124)

<u>Type of Trafficking</u>	<u>Kolmogorov-Smirnov^a</u>			<u>Shapiro-Wilk</u>		
	<u>Statistic</u>	<u>df</u>	<u>Sig.</u>	<u>Statistic</u>	<u>df</u>	<u>Sig.</u>
Labor	.226	113	.000	.902	114	.000
Sex	.265	10	.139	.824	10	.028

Table 7 shows the results for the tests of normality for the distribution of health ailments by gender. The p value was also less than .05, so a nonparametric test (Mann Whitney U) was appropriate for Research Question 3.

Table 7

Tests of Normality – Number of Health Ailments (N = 124)

<u>Gender</u>	<u>Kolmogorov-Smirnov^a</u>			<u>Shapiro-Wilk</u>		
	<u>Statistic</u>	<u>df</u>	<u>Sig.</u>	<u>Statistic</u>	<u>df</u>	<u>Sig.</u>
Male	0.6482	88	.000	.9022	88	.000
Femle	0.7828	36	.000	.9261	36	.019

Research Question 1

Are male victims of human trafficking more likely to be labor trafficked compared to other forms of trafficking?

Null hypothesis: There is no significant difference in forms of human trafficking among males.

Alternative hypothesis: There is a statistically significant difference in forms of human trafficking among males.

To determine whether the proportion of labor trafficking among males was statistically different from the proportion of sex trafficking, a binomial test was selected because it measures whether the proportion of two categories of the dependent variable (type of trafficking) significantly differs from a hypothesized proportion (Leeper, n.d.) Out of the 88 males in the study, 87 were labor trafficked (98.9%) and only one was sex trafficked (1.1%). First, the data were split to include only male cases. Table 8 indicates that the proportion of labor trafficked males (.989) was higher than the proportion of sex trafficked males (.011), $p > .001$ (1-sided). Therefore, the null hypothesis was rejected in favor of the alternative, indicating there was a statistically significant difference in forms of human trafficking among males.

Table 8

Binomial Test of Proportions of Male Labor & Sex Trafficking Victims (N = 88)

<u>Trafficking Type</u>	<u>N</u>	<u>Observed Prop.</u>	<u>Test Prop.</u>	<u>Exact Sig. (1-tailed)</u>
Sex	1	0.011364	0.988636	.000
Labor	87	0.988636		
Total	88	1.000000		

Research Question 2

Are labor trafficked persons more susceptible to health ailments compared to sex trafficked persons?

Null Hypothesis: Labor trafficked persons are not more susceptible to health ailments compared to sex trafficked persons.

Alternative hypothesis: Labor trafficked persons are more susceptible to health ailments compared to sex trafficked persons.

To answer this research question, the data were first filtered so that they only contained victims who were sex trafficked or labor trafficked, not both. The mean number of ailments for each group were then compared using the Kruskal-Wallis test because the dependent variable (mean number of health ailments) was not normally distributed (Leeper, n.d.). Normality of the mean health ailments variable were examined, and Table 9 shows that the labor group had a mean of 1.81 ailments ($SD = 1.211$), while the sex group had a mean of 3.90 ($SD = 1.286$). A Kruskal-Wallis test showed that there was a statistically significant difference in mean number of health ailments between persons who were labor trafficked versus those who were sex trafficked. The p value was $> .01$.

Table 9

Mean Health Ailments by Trafficking Type ($N = 124$)

<u>Trafficking Type</u>	<u>N</u>	<u>%</u>	<u>Mean</u>	<u>Std. Deviation</u>	<u>P-Value</u>
Labor	114	91.9	1.81	1.211	P=0.000
Sex	10	8.1	3.90	1.286	
Total	124	100	1.94	1.299	

Next, Fisher's exact tests were used to determine whether the proportion of specific health ailments differed by trafficking group (Table 10). Fisher's exact test was chosen instead of chi-square because of the small cell count for most comparisons (Gerstman, 2015). Four significant differences were found. Sex trafficking victims were more likely to be depressed ($p = 0.016$), more likely to self-blame ($p = .046$), more likely to have nightmares ($p > 0.001$), and more likely to have physical scars ($p = 0.002$). For Research Question 2, the null hypothesis maintained. Labor trafficked persons were not more susceptible to health ailments compared to sex trafficked persons.

Table 10

Frequency of Specific Health Ailments by Type of Trafficking (N =124)

<u>Health Ailment</u>	<u>Sex (N=10)</u>	<u>Labor (N=114)</u>	<u>χ^2</u>	<u>Fisher's Exact P-Value</u>
Malnourishment	6	41	1.3508	0.1767
Skin rash	4	31	0.2464	0.4661
Anxiety	3	26	0.0158	0.6976
Self-blame	5	23	3.1274	0.04561*
Depression	5	17	5.5377	0.01557*
Sleep deprivation	2	15	0.0153	0.6265
Nightmares	6	13	13.1979	0.0008***
Scars	5	10	11.0744	0.0023**
Withdrawn	2	9	0.5054	0.2171
TB	0	7	0.0085	1
Aggression	1	4	0.0263	0.348
Abscess tooth	0	3	0	1
Hypertension	0	2	0	1
Fracture/Broken Bones	0	2	0	1
STD	1	0	2.3912	0.5886
Eating disorder	0	0	NA	NA
Diabetes	0	1	0	1
Cholesterol	0	1	0	1
Anger	0	1	0	1

Research Question 3

Are male victims of human trafficking more likely to suffer health conditions compared to female victims of human trafficking?

Null hypothesis: There is no significant difference in health conditions between male and female victims of human trafficking.

Alternative hypothesis: There is a significant difference in health conditions between male and female victims of human trafficking.

This research question was answered through two statistical tests. First, to determine whether the proportion of health ailments differed by gender, a binomial test was performed. Across all individuals, 83% had some form of health ailment. By gender, 81% of men had a health ailment and 89% of women had a health ailment (Table 9). Table 12 indicates that the proportion of males with a health ailment (.81) was lower than the proportion of females with a health ailment (.889), $p > .001$ (one-sided).

Table 11

Group Statistics: Percentages of Ailments by Gender (N = 124)

<u>Gender</u>	<u>N</u>	<u>No</u>	<u>Yes</u>
Male	88	18.2	81.8
Female	36	11.1	88.9

Table 12

Binomial Test of Difference in Proportions of Health Ailments by Gender (N = 124)

<u>Gender</u>	<u>Observed Prop.</u>	<u>Test Prop.</u>	<u>Exact Sig. (1 tailed)</u>
Male	.81	.01	.000
Female	.89		

Then, Mann-Whitney U test was performed to determine whether mean number of health ailments differed by gender. On average, females had more health ailments than males (2.56 vs. 1.66). This required a non-parametric test as the distribution of health ailments by gender were non-normal. Table 13 shows results of the Mann-Whitney U test ($U=1538$, $p=0.225$). Since the associated p -value is greater than 0.05, we would maintain the null hypothesis and can conclude that mean number of ailments are not significantly different between males and females at the 95% confidence level.

Nonetheless, based on the binomial analysis, it is evident that there is a significant difference in health conditions between male and female victims of human trafficking, with females reporting more issues. Therefore, the null hypothesis for research question 3 is rejected in favor of the alternative.

Table 13

Mann-Whitney U test- Difference in Mean of Health Ailments by Gender

	<u>Ailment</u>
Mann-Whitney U	1538.000
Wilcoxon W	6003.000
Z	-1.212
Asymp. Sig (2 tailed)	.225

a. Grouping Variable: Gender

Data Authentication / Trustworthiness

Since the data were secondary in nature and unique IDs were provided by the FCAHT, there was no need to clean the dataset. The data were provided directly by FCAHT, so the credibility of data was properly established. The data were selected on the basis of random sampling, with no specific focus on a certain gender, locality, origin or type of trafficking.

Once received, the data went through the process of identifying the data trend by conducting a normality test and to establish its credibility and dependability. Non-parametric tests were performed because data were not normal.

Summary

This study utilized secondary data to answer three research questions related to human trafficking. The results for the three questions were:

- Male victims of human trafficking were more likely to be labor trafficked compared to other forms of trafficking.

- Labor trafficked persons were not more susceptible to health ailments compared to sex trafficked persons.
- There was a significant difference in health conditions between male and female victims of human trafficking, with females reporting more issues.

Chapter 5 will provide an interpretation of these findings in the context of other studies and the theoretical framework.

Chapter 5: Conclusions

Human trafficking is a significant problem worldwide that affects men, women, and children (Yakushko, 2009). Bravo (2011) noted that over 27 million people are enslaved worldwide, and various techniques are used to subdue victims into forced labor and sex. Although human trafficking has become a term that more and more people are familiar with due to increasing exposure, it still remains a problem. In the past, human trafficking has been recognized as a problem that only women encounter, specifically forced sex, but more information is being brought to light to illustrate that men and children are greatly affected as well.

Even though more awareness is focused on men, women, and children who are trafficked, the health conditions of victims in captivity are rarely recognized. When survivors of human trafficking escape or are rescued, their health ailments often go undocumented. Therefore, it is challenging to know how to help persons who survive the ordeal and trauma of human trafficking. This lack of knowledge necessitates additional research on health conditions of persons impacted by human trafficking. Also, very little research has addressed the relationship between gender and kind of trafficking, or the difference between health conditions sustained by trafficking types such as forced sex versus labor trafficking, specifically for males. The purpose of this study was to determine the types of health ailments human trafficking victims suffer in the state of Florida. There was a need to quantitatively affirm that human trafficking is not just an injustice against women, but against men as well. Gender differences in health ailments and the type of trafficking men are subjected to were studied. The goals of this study were to encourage others to study health ailments in human trafficking and to continue to build awareness of the issue.

A quantitative study was conducted employing a cross-sectional research design using secondary data. I evaluated health conditions of trafficking victims using the variables of sex, type of trafficking, and health ailments. The population included men and women who were trafficked and were rescued or escaped and received care from an organization in Florida. Upon approval from Walden University's Institutional Review Board, data were collected from the organization and furnished to me to conduct the analysis.

Key Findings

This study included a sample of 124 participants, and the population included persons 14-81 years old. Men composed the majority of the sample at 71%, and the median age was 343.40. More than half of the population was from the Philippines at 53.2%. Guatemala was the next highest population at 43.5%. The most common health ailments were malnourishment, followed by rash and then anxiety.

The findings of this study indicated that male victims of human trafficking were more likely to be labor trafficked compared to other forms of trafficking. Also, I found that labor trafficked persons were not more susceptible to health ailments compared to sex trafficked persons. The last finding was that there was a significant difference in health conditions between male and female victims of human trafficking, with females reporting more issues. The interpretation of the findings related to each research question is presented below.

Interpretation of the Findings

For many years, human trafficking was considered to be an overseas problem, but my study indicated that it is something that occurs in the United States as well. Impoverished nations do not stand alone in fighting human trafficking; it is something that is battled all over the world, including the United States. My study indicated that over 97% of the trafficked persons in

Florida are natives of other countries such as the Philippines, Guatemala, Romania, Haiti, and Thailand. My study focused on health conditions of human trafficking survivors in the state of Florida, and findings indicated that most of the survivors displayed at least one health ailment.

There have been very few studies that focused on health conditions of trafficked persons, and those studies that did focus on the health ailments typically addressed women who were sex trafficked. Zhang (2012) stated that empirical studies on labor trafficking is rare. I confirmed this as I searched for research for this study. However, there have been some studies conducted that addressed labor trafficked persons. Colegrove (2013) profiled the risk of human trafficking at the local level through causative factors. Although Colegrove did not use quantitative data, Colegrove found that there was a pattern of risk in location in Missouri. According to Colegrove (2013), bars and nightclubs had a greater risk of human trafficking exploitation. The exploitation maps identified the riskier areas of travel or those roads most likely to have a trafficker transporting victims.

My findings were comparable with the Trafficking in Persons Report (2009) addressing the two major forms of human trafficking in the United States: labor trafficking and sex trafficking. However, UNODC (2012) reported that 79% of human trafficking is sexual exploitation while 18% of human trafficking is forced labor. I did not find that to be the case for my study. My results indicated that 98.9% of males were labor trafficked while 1.1% were sex trafficked. Reflecting on many publications addressing males subjected to human trafficking, there is considerable evidence that males are viewed as the recruiters and abductors (UNODC, 2012). However, my study contradicted that myth. Results showed that human trafficked men suffered similar abuse as human trafficked women.

My results indicated that the top four health disorders were malnourishment (37.1%), skin rash (28.2%), anxiety (22.6%), and self-blame (21.8%). The least frequent health conditions were sexually transmitted disease (1.6%), eating disorder (0.8%), diabetes (0.8%), and cholesterol (0.8%). Sutress (2008) found that men who were labor trafficked suffered broken bones, torn muscles, pneumonia, asthma, depression, bronchial infections, intestinal problems, and malnutrition. Most of those findings were reflected in my study as I too found malnutrition and depression to be common health ailments. However, Oram. et al. (2012) found that the most common health ailments among the peer reviewed papers were fatigue (81.3%), dizziness (70.3%), back pain (68.8%), and memory problems (62.0%). Furthermore, Sabella (2011) found that victims suffered from chronic back pains, muscle strains, and cardiovascular and respiratory conditions. These health ailments were not specifically noted in my study, but that may be due to the secondary nature of the data. If primary data had been collected with the intention of asking victims whether they suffered from an exhaustive list of ailments, then issues such as back pain and chronic diseases may have been reported more often.

Research Question 1 addressed whether male victims of human trafficking were more likely to be labor trafficked compared to other forms of trafficking. My results indicated that 98.9% of the males in this study were labor trafficked and 1.1% were sex trafficked. The proportion of labor trafficked males (.989) was higher than the proportion of sex trafficked males (.011), so the null hypothesis was rejected in favor of the alternative hypothesis. The International Labor Organization (ILO, as cited in USDS, 2010) found that for every trafficking victim forced into sex trafficking, there were nine trafficking victims forced into labor work. According to the USDS (2010), the majority of global-wide trafficking is in the form of forced labor, which is consistent with my findings.

The second research question addressed whether labor trafficked persons were more susceptible to health ailments compared to sex trafficked persons. I found that labor trafficked persons were not more susceptible to health ailments compared to sex trafficked persons, but both experienced trauma in the form of depression. Hildt (2014) examined trauma in human trafficking victims. Although the form of trafficking was not a focus in Hildt's study, the health ailments sustained from participants differed from my results. Hildt collected data from 200 participants and sought to assess the trauma traits of trafficked persons. Hildt found that trafficking victims experienced multiple layers of psychological damage and suffered from anxiety, panic disorder, depression, substance abuse, and eating disorders. Some of the participants in my study suffered from depression and anxiety; however, substance abuse and eating disorders were not reported. Also, malnourishment was a condition reported in my study, but this condition was not reported in Hildt's study.

The final research question addressed whether male victims of human trafficking were more likely to suffer health conditions compared to female victims of human trafficking. I found that 83% of individuals had a health ailment, and women (2.56) had more health ailments than men (1.66). My study focused on human trafficking victims in Florida while Scott (2012) researched trauma in human trafficking victims in Cambodia. Scott worked with Hager International, which is one of Cambodia's nonprofit organizations, to recognize the necessity of services for male victims of human trafficking. The data for the study was collected over the course of 2 months and included both male and female participants. The findings of this study indicated that more than 43% of participants reported up to three traumatic events in the last year, post trafficking. The trauma included physical abuse, sexual abuse, serious illness, domestic abuse, and family death. Scott concluded that survivors were more likely to re-

experience trauma on several occasions after trafficking. Unfortunately, the data obtained for the study that I conducted only included information collected during the intake process. Any follow-up information was not obtained by the organization that provided the data, so it was not possible to determine whether survivors re-experienced trauma.

As described in Chapter 1, gender schema theory is a cognitive theory used to study gender association and gender schema. The findings of this study illustrated the great disparity in the perception of male and female victims and showed that men are also victims of human trafficking. It is clear that stereotypes human trafficking are inaccurate. While the gender schema theory focuses on gender stereotypes, the data obtained in this study does not support that connection. One would gather that women would be trafficked for domestic servitude or sex while men would be trafficked for labor. However, that was not the case for this study. Women were labor trafficked at the same rate as men, which shows that gender does not factor into the type of trafficking that victims are forced into. Most women trafficked in the Florida region were forced into labor trafficking as opposed to sex trafficking or domestic servitude. Therefore, the theoretical framework for this study does not help explain the results. Also, most of the health conditions of labor trafficked men were similar to conditions that labor trafficked women experienced. The most common health ailments that both genders exhibited were depression and malnourishment, which did not seem to affect one gender more than the other. The data indicates that there is no difference in the type of trafficking based on gender, as gender did not influence the type of trafficking in this study.

Limitations of the Study

There were a number of limitations for this study. The data used for this study was archival. All data were collected by an organization that does not use information for research,

but instead for patient care. Because I did not directly collect data for this study, I am limited in the interpretation of the results. However, the data did enable me to conduct appropriate analysis to answer the research questions.

It should be noted that survivors who chose not to seek health care, who chose to seek assistance from their network of family and friends, and who were not deemed qualified to enter trafficking programs were not accounted for in this study. Also, the information provided by participants was from memory, which cannot be verified, but was nonetheless taken as valid. Another limitation of secondary data is that there must be great reliance on accuracy. The population was a protected class, and the sensitivity and confidentiality of the data disabled prevented me from obtaining clarification on participants' health ailments to determine whether trafficking was truly the cause of their conditions. Moreover, the findings for this study indicated that most of the victims were from developing countries. In almost all of those countries, English was not their official language, so it may be assumed that they had a different primary language, and it may be assumed that their captors did not teach them the English language. Therefore, it is plausible that some respondents may have misunderstood questions asked during the intake process, as I suspect the intake process was conducted in English, which may have further compromised the accuracy of the data.

Also, while the data collected were sufficient to answer the research questions, if the data captured was more specific with the kinds of ailments the survivors suffered, there may have been opportunity for more analysis. Additionally, there were six duplicate records that were removed. If those records had not been duplicates, it would have been interesting to analyze how they may have impacted the findings.

Recommendations

Several recommendations can be considered as a result of this study. Findings revealed that more research is necessary into the health conditions of trafficked people, specifically trafficked men. Although I was fortunate to obtain data to conduct this study, it is imperative that more attention be shed on male trafficking. Future researchers should focus on access to organizations that work closely with trafficked persons, and partner with those organizations to conduct primary studies. Archival data spread awareness of this issue, but primary data will give researchers more autonomy with data collection.

Researchers should consider expanding the sample population to include other demographic groups. Also, researchers should obtain medical records to determine whether there are any associations between previous ailments and conditions developed after being trafficked. However, this could only be feasible if victims sought medical care prior to being trafficked, which may not always be the case. Also, this recommendation would depend on whether victims opted to have their medical information released or whether the victims were from countries where medical records were maintained. Additionally, there may be legal obstacles in transferring medical information between countries.

Uy (2011) found that the perception of human trafficking as a gendered crime makes it challenging to research. Men who are rescued usually do not come forward, especially those who have been labor trafficked (Smit, 2011). There should be more research conducted to identify how to gain the trust of men to come forward and identify themselves as survivors or victims so aid can be rendered.

Trainings on the human trafficking problem are currently offered by organizations to improve awareness among law enforcement officials, social workers, and health care

professionals. However, more effective training should be implemented on a more frequent basis. Effective training is needed to identify the conditions of trafficked people. Sabella (2011) noted that victims usually seek care only when their illness becomes serious, which gives providers a limited opportunity to help them. While the victims are receiving care, health care providers should probe to determine whether the person being treated is a trafficking victim. Vigilance is something that should be practiced for each patient being treated. Sabella also noted that while there are no foolproof ways to determine that someone is being trafficked, many times there are indicators present, if sufficient time is given. A protocol should be developed for physicians who suspect that a patient is a trafficking victim. While it may prove to be time consuming to go through the process of asking specific questions and dedicating time to potentially trafficked persons, lives can be saved. Crane and Moreno (2011) asserted that many facilities do not have any sort of practice in place to aid perceived victims other than calling the police. Instead, there should be resources on site that can be used when such a situation presents itself. Policies should be in place to support social workers or mental health counselors who are specifically trained to speak with possible victims and potentially gain their trust to rescue other victims whom they may know.

The Trafficking Victims Protection Act (TVPA) prohibits human trafficking in the United States and it was signed into law on October 28, 2010 (Crane & Moreno, 2011). This law reauthorized earlier Acts of 2003, 2005, and 2008. It created stronger penalties for traffickers, and enabled trafficking survivors to sue their traffickers; however, it did not address the responsibility of health care providers in administering care or hold them liable for aiding traffickers at all. Although medical providers do not directly contribute to the crime of human trafficking, their failure to practice vigilance continues the cycle of trafficking. There is a great

need for serious consideration of the responsibility of providers to recognize and report suspected trafficking, as with other forms of abuse. There ought to be more accountability and responsibility in the field.

Also, this study quantifies the health effects of trafficked men, so perhaps it can influence policy to create gender specific laws regarding trafficked men. Smit (2011) noted that men, specifically, are embarrassed to admit to being victims of human trafficking, so many times they will not complete the necessary document to obtain a T-visa. As stated in the literature review, a T-visa is issued to trafficking survivors, which allows trafficking survivors to stay in the United States if certain requirements are met (Crane & Moreno, 2011). In an effort to offer protection for the male population that have been trafficked it is necessary to make the process for obtaining a T-visa less invasive, and inclusive of *all* victims of human trafficking brought to the United States.

There should be more effective coordination of services for outreach groups. Even though it is challenging to change the perception of people to acknowledge men as victims, organizations should embrace the mindset that the more a problem can be quantified, there will be a greater likelihood to attain funding which can ultimately propel awareness. For example, when I was seeking data to conduct this study, I found that most organizations dedicated to human trafficking kept little records, if any. Organizations should produce a more accessible, quantitative way to obtain information from victims. I was told by organization leaders that they do not keep records at all, and if records are kept, they are handwritten or too disorganized to sift through. A more efficient way to retrieve information for possible research is crucial. Also, organizations should include more variables during the intake process, such as names,

distinguishable tattoos, or birthmarks of the trafficker, in an effort to possibly identify patterns that can aid law enforcement in capturing them.

As awareness about human trafficking increases, there will be more resources to aid the victims. However, many times the aid is for women who have been trafficked. There are a disproportionate number of resources for men affected by human trafficking compared to women (Harris, 2013). Although gender distribution for trafficking was similar in the study, there was a disparity in the resources allocated to the male population. Also, as studies have shown, men are viewed as the aggressors while women are viewed as true victims (Jones, 2011). It may be a challenge to change the perception of the public; but, if successful, the plight of the trafficked men can be greater recognized. For example, male trafficking victims or survivors should work actively with health care or social workers of the same gender, with whom they can more easily build rapport. When the men are ready to be reintroduced to the public and rehabilitated, it may be an opportunity to encourage the men to aid other trafficked men by employing them and having them work on anti-trafficking causes. Also, specific facilities should be dedicated to men as they will have different needs than persons who are victims of another type of abuse (Yakushko, 2009). Although my study focused on victims in one part of the United States (Florida), many of the victims were brought to the United States from other countries, which may necessitate the need for different care. The needs of international victims may not be the same needs as domestic victims, so when victims are rescued or escape, the care that they receive should be culturally sensitive and the person or people providing care are culturally competent.

Implications for Social Change

The contribution for social change in this study is the identification of health ailments for human trafficking. This study aids in identifying that both labor and sex trafficking have serious

health impacts on persons trafficked and serves to educate the public on this issue and accelerate the acknowledgement of human trafficking. My findings may lead to the routine tracking of types of trafficking by gender and the health conditions of persons who have been trafficked. The positive social change advantage will be to promote better tracking of human trafficking victims and survivors as well as identify gender disparities based on type of trafficking. Because of the findings of this study, men may be viewed as victims of human trafficking as well so that programs can be created that will specifically target trafficked men. Furthermore, increased awareness of the issue can be used to encourage policy makers to create laws that protect men affected by human trafficking.

Conclusion

This study focused on health ailments of trafficked persons. The purpose of this study was to examine gender differences in health ailments of trafficked men and women as well as identify the types of trafficking men are subjected to. The study aspired to understand the health ailments that were most common in labor and sex trafficked persons. The knowledge of the health effects of men in human trafficking has been lightly researched, as most of the research has been solely based on trafficked women. My findings showed the many health effects that male trafficking victims exhibited. The results of this study can greatly impact how the health care field can better prepare to aid trafficked men. The most common ailments in this study were malnourishment, skin rash and anxiety. The trainings provided to medical experts on human trafficking can include the top ailments and develop a protocol to probe more when potential victims come into facilities so that they can possibly be rescued.

It is clear that men are victims of human trafficking too. As human trafficking victims, they are malnourished, psychologically abused, and suffer from depression and anxiety. There

are several organizations that cater to trafficked women and children; therefore, men should be extended the same resources. This study identified the health ailments of trafficked men which may help health providers have a guideline of what to look for when servicing any potential trafficked men. Possessing two or more of the health conditions derived in this study should alert health providers that the patient they are treating may be a human trafficking victim, and a deeper assessment should be conducted to learn more about the patient. While this study is just the beginning of understanding the health effects of human trafficking men, additional factors must be examined to support the promotion of gender inclusion in the plight of eradicating human trafficking.

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Appendix A: Data Use Agreement

DATA USE AGREEMENT

This Data Use Agreement (“Agreement”), effective as of 3/18/15 is entered into by and between Christina Omole and Florida Coalition Against Human Trafficking. The purpose of this Agreement is to provide Data Recipient with access to a Limited Data Set (“LDS”) for use in research in accord with HIPPA and FERPA regulations.

1. Definitions. Due to the study’s affiliation with Laureate, a USA-based company, unless otherwise specified in this Agreement, all capitalized terms used in this Agreement not otherwise defined have the meaning established for purposes of the USA “HIPAA Regulations” and/or “FERPA Regulations” codified in the United States Code of Federal Regulations, as amended from time to time.
2. Preparation of the LDS. FCAHT shall prepare and furnish Data Recipient a LDS in accord with any applicable HIPPA and FERPA Regulations.
3. Data Fields in the LDS. No direct identifiers such as names may be included in the Limited Data Set (LDS). In preparing the LDS, Data Provider shall include the data fields specified as follows, which are the minimum necessary to accomplish the research: participant age, participant gender, country of origin, participant race, type of trafficking, participant’s health ailments and unique IDs that cannot be linked back to the participant's personal information or any distinguishable labels that can be used to identify clients.
4. Responsibilities of Data Recipient. Data Recipient agrees to:
 - a. Use or disclose the LDS only as permitted by this Agreement or as required by law;
 - b. Use appropriate safeguards to prevent use or disclosure of the LDS other than as permitted by this Agreement or required by law;
 - c. Report to Data Provider any use or disclosure of the LDS of which it becomes aware that is not permitted by this Agreement or required by law;
 - d. Require any of its subcontractors or agents that receive or have access to the LDS to agree to the same restrictions and conditions on the use and/or disclosure of the LDS that apply to Data Recipient under this Agreement; and
 - e. Not use the information in the LDS to identify or contact the individuals who are data subjects.
5. Permitted Uses and Disclosures of the LDS. Data Recipient may use and/or disclose the LDS for its Research activities only.

6. Term and Termination.

- a. Term. The term of this Agreement shall commence as of the Effective Date and shall continue for so long as Data Recipient retains the LDS, unless sooner terminated as set forth in this Agreement.
- b. Termination by Data Recipient. Data Recipient may terminate this agreement at any time by notifying the Data Provider and returning or destroying the LDS.
- c. Termination by Data Provider. Data Provider may terminate this agreement at any time by providing thirty (30) days prior written notice to Data Recipient.
- d. For Breach. Data Provider shall provide written notice to Data Recipient within ten (10) days of any determination that Data Recipient has breached a material term of this Agreement. Data Provider shall afford Data Recipient an opportunity to cure said alleged material breach upon mutually agreeable terms. Failure to agree on mutually agreeable terms for cure within thirty (30) days shall be grounds for the immediate termination of this Agreement by Data Provider.
- e. Effect of Termination. Sections 1, 4, 5, 6(e) and 7 of this Agreement shall survive any termination of this Agreement under subsections c or d.

7. Miscellaneous.

- a. Change in Law. The parties agree to negotiate in good faith to amend this Agreement to comport with changes in federal law that materially alter either or both parties' obligations under this Agreement. Provided however, that if the parties are unable to agree to mutually acceptable amendment(s) by the compliance date of the change in applicable law or regulations, either Party may terminate this Agreement as provided in section 6.
- b. Construction of Terms. The terms of this Agreement shall be construed to give effect to applicable federal interpretative guidance regarding the HIPAA Regulations.
- c. No Third Party Beneficiaries. Nothing in this Agreement shall confer upon any person other than the parties and their respective successors or assigns, any rights, remedies, obligations, or liabilities whatsoever.
- d. Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

- c. Headings. The headings and other captions in this Agreement are for convenience and reference only and shall not be used in interpreting, construing or enforcing any of the provisions of this Agreement.

IN WITNESS WHEREOF, each of the undersigned has caused this Agreement to be duly executed in its name and on its behalf.

DATA PROVIDER

Signed: Muelle Rodriguez

Print Name: Giselle Rodriguez

Print Title: State Outreach Coordinator

DATA RECIPIENT

Signed: Christina Omole

Print Name: Christina Omole

Print Title: Student
