

Push and Pull: The Intersections of Poverty, Health Disparities, and Human Trafficking

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Abstract

Human trafficking is a growing problem worldwide. Multiple risk factors for being trafficked have been identified by research. Across populations and known risk factors, poverty is a consistent mediating risk for trafficking. Health disparities are both a known consequence of poverty, and a risk factor that may perpetuate poverty. This paper describes the relationships between health disparities, poverty, and risk for human trafficking. The paper concludes by providing recommendations for addressing these relationships at the policy level to reduce the risk of human trafficking.

Human Trafficking: Origins and Etiology

Modern slavery is commonly referred to as human trafficking. This term reflects both similarities to and differences from historical descriptions of slavery. Slavery has historically been associated with forced labor through physical violence, bondage and restraint, and this is consistent with the experiences of many modern-day people who are trafficked. However, the accepted international legal definition of human trafficking, proposed by the US and adopted broadly by the United Nations (1), also reflects a more complex phenomenon that acknowledges bondage can occur through multiple mechanisms, specifically force, fraud, and/or coercion (2).

Explanations for the continuation of slavery in the 20th and 21st centuries in different regions of the world have been proposed across a broad range of disciplines from the social sciences (3)(4), to legal studies (5), geopolitics (6)(7), and economics (8). Each of these perspectives contributes a unique piece to the puzzle. However, hu-

man trafficking originates from a confluence of factors that cut across disciplines and national borders (9)(10).

Human trafficking etiology is perhaps most accurately represented through a model of cumulative risk, in which accumulated risk factors incrementally increase someone's susceptibility to being trafficked. In this contextual approach to understanding trafficking, a risk factor is exploitable only in the context of other risk factors. For example, parental substance abuse may not be an isolated risk factor for being trafficked for commercial sexual exploitation; however, parental addiction in the context of poverty, child abuse, and parental psychiatric disorders would be a risk factor for being sex trafficked. In the same vein, poverty may be a risk factor for trafficking in specific contexts, such as abusive developmental environments (in the case of child trafficking), systemic corruption that is permissive of trafficking, or a break down in the rule of law (9). Each one of these factors by itself may not result in someone being trafficked; but, when combined, the risk can increase substantially.

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The Role and Consequences of Poverty in Human Trafficking

Poverty is a multifaceted concept (11). At a very basic level, poverty is a deficit of the resources necessary for sustainable survival. Metaphorically, if survival were a building, poverty is analogous to creating the foundation for that building out of sand instead of concrete. Poverty permits only a limited amount of economic pressure before the structure on top collapses, thus economic progress and to some extent social mobility is rate-limited by the parameters of being impoverished.

One well-documented consequence of poverty in the United States is disparity in health outcomes (12). Research has found that economically disadvantaged people are at greater risk for some medical problems, including higher incidence and lower survival rates of some cancers (13), and cardiovascular disorders, such as coronary artery disease, hypertension, and stroke (14). This cycle of economic disadvantage leading to impoverished health can become a transgenerational and self-perpetuating cycle, in which poverty begets poverty. The result can be lasting vulnerabilities to poverty in some subsets of the population.

How Are Poverty and Health Disparities Related to Human Trafficking?

Poverty has been noted to be a risk factor globally for being trafficked (15)(16). That is not to suggest that only impoverished people are trafficked, nor that all people living in poverty are at the same risk for being trafficked (17). However, poverty may contribute to the availability of risky situations (e.g., pimps may target specific areas because the higher rate of financial destitution makes recruitment of new sex trafficking victims into prostitution easier; labor traffickers may focus their efforts on specific areas where poor economic circumstances make people seek employment arrangements with some risk). Likewise, poverty may contribute to a person making decisions to enter into risky situations to seek employment

(e.g., being smuggled across international borders), which can then become trafficking. The guaranteed risks of continued poverty (e.g., hunger, homelessness, loss of safety for oneself or children) can quickly outweigh the potential risks of a dubious employment situation (e.g., field labor in a neighboring region, stripping, dancing, or “modeling”).

Health disparities between levels of socioeconomic status occur for multiple reasons, including reduced access to preventive healthcare services, reduced access to adequate healthcare services needed to treat illnesses, and higher exposure to health risks. People with commercial health insurance, paid sick time, and short-term disability insurance through an employer will tend to be more financially resilient in the face of a serious medical condition compared to economically disadvantaged people in a precarious financial position at a lower wage job, who may experience more disastrous consequences (e.g., loss of income, unemployment) in the same situation (12). Inadequate healthcare can further perpetuate poverty either through increased risk of economic destitution when experiencing medical problems, or by imposing additional demands on constrained financial resources. Furthermore, when economically disadvantaged people with psychiatric disorders and addictions do not have access to evidence-based treatments for those conditions, their vulnerability and that of their children to being trafficked increases significantly (18). Finally, problems from inadequate access to healthcare services may also make someone who is trafficked more physically or emotionally weakened, and therefore less resilient against the immense stress of being trafficked.

One-Sided Tug-of-War: The “Push” of Poverty and the “Pull” of Demand

Demand has recently gained more prominence in initiatives to end human trafficking, especially sex trafficking (19). However, demand is a key factor in all forms of human trafficking. Factors such as poverty, an abusive or neglectful home environment, or political instability in

one's country or region are considered "push" factors, in that they may compel people to enter situations with a high risk of human trafficking; whereas demand for slave labor is considered a "pull" factor, in that it is demand that creates a market in which human traffickers operate and profit (9). There is no "push" without "pull". "Pull" factors exploit those in poverty because the "push" factors of meeting basic human needs of food and shelter for oneself and/or one's family are compelling. The more "push" factors that one experiences, the stronger the effect of the "pull" factor of demand.

When someone is trafficked, this also perpetuates the same preexisting "push" factors. Trafficked people commonly remain at the same level of economic disadvantage, with the added strain of being enslaved through force, fraud, and/or coercion. Therefore, if human trafficking survivors are freed, they are often in a financial situation that is very similar to the situation that served as a "push" factor to begin with. They may lack marketable job skills, employment opportunities, and access to resources such as consistent food or housing. In some cases, they may have the added strain of stigma or a criminal record from trafficking (e.g., in the case of prostitution). Survivors will also almost invariably have the added strain of the biological and psychological sequelae of being trafficked. These consequences of trafficking have been noted as risks for reentering a trafficking situation (20). Thus, stopping the cycle of trafficking requires addressing both "push" and "pull" factors, including poverty and risk for ongoing poverty.

Where Do We Go From Here?

Despite the obstacles to ending human trafficking that are imposed by the cycle described above, concrete solutions exist. These solutions can guide policymakers, activists, healthcare professionals, law enforcement agents, and concerned citizens alike to allow us to progress to a slavery-free world.

1. Expand Funding for Trafficking Victim Services Domestically and Internationally. Prevention of human trafficking involves both primary and secondary prevention. Once an enslaved person is freed, there is a risk of reentering a trafficking situation if adequate resources for safety, recovery, and economic stability are not available. For trafficking survivors, this includes immediate services (e.g., emergency medical care; crisis sheltering), intermediate services (e.g., case management; legal representation), and long-term services (e.g., housing assistance; job skills training; evidence-based mental health services). Stopping the cycle of trafficking requires stopping the cycle of poverty that contributes to it. Activists, healthcare professionals, and policymakers can all advocate for funding of comprehensive trafficking survivor services in the US. Policymakers can also support foreign policies that provide material support to comprehensive trafficking survivors services internationally.

2. Develop and Support Anti-Poverty Initiatives. A consistent mediating factor in risk for human trafficking is poverty. Anti-poverty initiatives are not an isolated solution for ending trafficking; however, this is an upstream strategy that may reduce risk to those at greatest risk for being trafficked. Policymakers must support domestic and international initiatives that safely and effectively empower impoverished people to develop the resources needed to achieve economic security and stability.

3. Fund Universal Healthcare Coverage for Children. Children are the population most vulnerable to being trafficked worldwide. They are also the next generation who will be trafficked and who will contend with the aftermath of being trafficked. In the US, keeping children healthy through early identification of diseases (including psychiatric disorders) and preventive medicine is a generation-long step toward reducing health disparities in impoverished children, as well as their risk for being trafficked. Reducing health disparities in childhood may also reduce health disparities in the next

generation of young adults. Policymakers must support federal and state-level policies that protect, maintain, and foster the health of all children to eliminate this modifiable risk factor for trafficking.

4. Revise Existing Contributory Laws and Policies.

Since the passage of TVPA in 2000, subsequent updates to this law have emphasized modifying federal human trafficking laws to be more stringent. At the same time, human trafficking has continued arguably unabated. Eliminating slavery will require that several current federal health, immigration, and business laws, rules, regulations, and policies be modified to prevent their contribution to human trafficking. Policymakers invested in ending human trafficking must identify in broad scope laws and policies that permit human trafficking to continue. In the same vein, anti-trafficking activists can vigilantly make this part of the strategies for ending human trafficking.

5. Consider Risk for Human Trafficking in New Laws and Policies.

Anti-trafficking legislation will only be effective to the extent that new legislation and policies in other domains are sensitive to their downstream effects on risk for trafficking. Domestic and foreign policies related to healthcare regulation, immigration and deportation, the regulation of manufacturing and production practices all affect risk for trafficking in vulnerable populations. Policymakers who are interested in ending human trafficking must consider all of the contexts that allow human trafficking to occur when crafting policies. Likewise, anti-trafficking activists must highlight in public discourse and private discussions the interconnectedness of ostensibly unrelated risk factors and human trafficking.

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