HUMAN TRAFFICKING AND THE EFFECTS OF CHILD EXPLOITATION WITHIN CAMBODIA

CRJ196Q Research Paper

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Introduction

Public awareness in the human trafficking and sex exploitation of children has increased within the last few years, due to many high profile cases involving men around the world being charged for their involvement and purchasing of sex acts from children within Cambodia (Jackson, 2016; Williams, 2013; Murdoch, 2014; Meuller, 2015). Estimates into the sex industry places profits in the billions every year (Blackburn, Taylor, & Davis, 2010). Although it is difficult to determine the number of child victims trafficking every year, due to the covertness surrounding child exploitation in certain areas, UNICEF (2011) has estimated that around 1.2 million children are trafficking every year.

While there is no universally accepted definition of human trafficking, the definition provided by the UN is the most commonly accepted. *The Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime* (2000), defines human trafficking as “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”. This document also defines a child as anyone under the age of eighteen.

This research study seeks to understand the issue of human trafficking within South East Asia, in particular the sexual exploitation of children within the country of Cambodia. This paper will use various research and other sources in order to address the following; (a) what are the risks associated with victims and the driving factors within the country leading to child exploitation, (b) what are the consequences of mental and physical health for children exposed to sexual exploitation, and (c) what measures/programs are currently in place to prevent and reduce child trafficking and sexual exploitation within Cambodia.
Trafficking in Cambodia

Southeast Asia has become a hotspot for these types of crimes, with Cambodia in particular becoming infamous for the illegal sex industry, particular in children (Blackburn et al., 2010). Estimates of prostitutes within Cambodia is also a number that has proven difficult to determine, with estimates ranging from 40,000 to 500,000 (Blackburn et al., 2010). Many women are trafficked out of Cambodia to neighbouring Southeast countries such as Thailand, Malaysia, Vietnam and Taiwan, while those trafficking from within Cambodia are generally sent to Vietnam and Thailand for work (Blackburn et al., 2010). A study completed by Lim (1998) found that one third of those working as prostitutes within Cambodia are younger than 18 years old.

Contributing factors to the high human trafficking and sexual exploitation within Cambodia include limited financial resources, globalisation and economic instability (Blackburn et al., 2010). Limited support from the Cambodian government and lack of collaboration with international governments has also been labelled a contributing factor, as well as gender inequality and a lack of education and skills within the population, leaving families and children vulnerable to deception, coercion and desperation (Takamatsu, 2004; Blackburn et al., 2010). While there has been research into the area of vulnerability and contributing factors relating to vulnerability, not many have taken the opportunity to address what is being done and what more can be done to solve these issues.

Unfortunately while human trafficking is becoming a growing problem, and evidence relating to the psychological effects on the victims of sexual exploitation is growing, there is limited evidence on the medical and psychological needs of women, in particular children, and how these needs are to be evaluated and met.
Effects of Human Trafficking

Those within trafficking situations are often subjected to continual acts of intimidation and abuse, both physical and psychological, to maintain a control over the victim (Zimmerman & Pocock, 2013). Many survivors of human trafficking report experiences including threats, deprivation, sever restrictions over activities and movement, sexual and psychological abuse, demonstrations of violence and disappearance of other victims (Zimmerman & Pocock, 2013). In fact, many victims claim that threats against themselves or someone they cared about are the most commonly used by traffickers (Parloff, Kelman, & Frank, 1954), as well as incidences in which the victim was subjected to witness the beating or intentionally hurting of someone else (Zimmerman & Pocock, 2013; Kiss, Yum, Pocock, & Zimmerman, 2015).

Survivors of human trafficking, particularly those sexually exploited, often show similar symptoms to victims of other violent crimes including; rape, domestic violence and political oppression (Hardy, Compton & McPhatter, 2013). However, the isolation, captivity, brutality, violation and sometimes international experiences create a further traumatization, causing a unique list of physical and psychological consequences, and ultimately a unique set of needs and treatment requirements. The following section outlines research on the consequences experienced by victims of sexual exploitation, categorized into three sections; physical, psychological and hostility.

Physical

Currently, the biggest scope of research into the experiences related to physical abuse from survivors of sexual exploitation is a study by Zimmerman, Hossain, Yun, Gajdadziev, Guzun, Tchomarova, Ciarrocchi, Johansson, Kefurtova, Scodanibbio, Motus, Roche, Morison, & Watts (2008). In the study, 192 women were interviewed in a post-trafficking setting from...
various countries including; Belgium, Bulgaria, Czech Republic, Italy, Moldova, Ukraine and U.K, reflecting the global nature of trafficking.

This study found that 57% of the participants reported having physical injuries during their time of exploitation. Of those abused, 76% had been assaulted by traffickers, pimps, madams, brothel, club workers, and clients. Threats were reported by 89% of the women. This included being threatened with beatings, increased debt, harm to their children and families, and being re-trafficked. 30% reported having been threatened or harmed with a ‘knife, gun or other object’. Of those who were threatened, 82% confirmed that these threats were often carried out as promised by the traffickers. 12% of the women received fractures or sprains as a result of the abuse, with 8% including facial injuries.

The study reported that 57% of the injuries sustained during this time were still causing problems and pain to the victims. The women reported the following post-trafficking symptoms as being the most commonly experienced – headaches (82%), feeling easily tired (81%), dizzy spells (70%), back pain (69%), memory difficulty (62%), stomach pain (61%), pelvic pain (59%), and gynaecological infections (58%). 44% of the women reported having being diagnosed and treated for a Sexual Transmitted Infection (STI) or Respiratory Tract Infection (RTI), and 17% of victim having at least one abortion during the time they were trafficked.

Psychological

A literature review completed by (Aberdein & Zimmerman, 2015) found that reports of anxiety varied throughout research between 48% - 97%, depression varied from 54% - 100% and PTSD between 19% - 77%. The study conducted on survivors within Europe found that depression/felling sad was the most commonly reported symptom (95%) (Zimmerman,
A further study completed by (Tsutsumi, Izutsu, Poudval, Kato & Marui, 2008) on survivors in Nepal found that 100% of their participants involved in human trafficking through sexual exploitation were symptomatic for depression. A report by Kiss et al. (2015) determined that experiences during trafficking associated with depression included sever physical violence, extremely excessive work hours, restrictions to freedom, poor living conditions and having been threatened. This report showed that more than half the children survivors (56.3%) have symptoms associated with depression. Fear of being re-trafficked was also highly associated with anxiety, with one in three children (32%) showing symptoms levels of an anxiety disorder (Kiss et al., 2015).

It is commonly reported by victims of sexual exploitation that the most extreme expression of depression and desperation is suicide ideation (Zimmerman & Pocock, 2013). In the study by Kiss et al. (2015) they reported that 15.8% of children survivors of sexual exploitation reported suicide ideation within a month long time-frame. At least one suicide attempt within that month was reported by 5.4% of children, with girls reporting a higher occurrence than boys. In the study of the survivors, throughout European countries, 40% of the women stated that they have considered suicide (Zimmerman & Pocock, 2013). Trafficking experiences associated with suicidal ideation include sever physical violence, sexual violence, extremely excessive work hours, restrictions of freedom and threats by traffickers (Kiss et al., 2015).

Children who were symptomatic of PTSD, depression and anxiety were more likely to report suicide ideation as well as actual self-harm (Kiss et al., 2015).

The study on European victims found that 57% showed signs of PTSD (Zimmerman et al., 2008) and the study by Kiss et al. (2015) found that one in four children (25.5%) have symptoms level indicative of PTSD. In Kiss et al. (2015) the study of child exploitation victims found that one in four victims were diagnosed with PTSD and one in three was
diagnosed with an anxiety disorder. Trafficking experiences significantly associated with PTSD symptoms included extremely excessive work hours, poor living conditions and having been threatened (Kiss et al., 2015).

**Hostility**

Victim of human trafficking often feel stigmatized because of the type of work they have been involved in and frequently live in fear of someone close to them finding out about their past (Zimmerman & Pocock, 2013), with 54% of children worried about how they will be treated by family and friends upon being returned home. 55.8% of victims reported feeling shame and guilt because of their role in the industry, with one in three afraid of the traffickers and his/her associates (Kiss et al., 2015). Unfortunately, in the post-trafficking setting, feelings of guilt or shame were associated with self-harm (Kiss et al., 2015). Research showed many victims feeling hopeless and losing the ability to control their life and events in the future (Zimmerman & Pocock, 2013). Kiss et al. (2015) found that one in 20 children have no hopes for their future, with survivors frequently finding it difficult to rely on, believe in, or confide in others (Zimmerman & Pocock, 2013).

Other emotional consequences include feelings of terror/panic and restlessness (61%), having disturbing and upsetting memories (75%), sever reoccurring nightmares (54%), feeling jumpy or easily startled (67%) and having trouble sleeping (67%) (Zimmerman et al, 2006). Victims of trafficking also showed concerns over housing, employment, immigration, benefits and their children. With some showing distress over financial dependence on humanitarian agencies, family separation and perceived reduce control over their life direction (Zimmerman & Pocock, 2013).
Hostility was a common occurrence among victims of human trafficking. In the study by Zimmerman et al. (2006), 67% of victims reported temper outburst, 83% were feeling annoyed and were easily irritated, with many describing irritability and related acts of aggression involving punching walls, throwing things and hitting others. Another study by Veijola, Jokelainen, Läksy, Kantojärvi, Kokkonen, Järvelin, & Joukamaa (2003) found 22% of women showing signs of hostility, with 16% of children feeling easily annoyed or irritated. Uncontrollable temper outbursts (8%), urges to beat, injure or hurt someone (4%) and getting in frequent arguments (4%) has also been reported throughout research (Kiss et al., 2015). These findings can not only slow down the rehabilitation and treatment services but can also hinder their progress in creating new bonds with others surrounding them. Although making new relationships with those offering and participating within their treatment can be a scary and sometimes slow process, it is an important step to recovery and gaining this extra support system can be invaluable to their success both in the treatment, but also when reintegrated into the community.

**Treatment**

In regards to treatment, there have been a number of proposed tools that can be used, however the most commonly used methods by researchers and medical professionals in order to provide effective treatment to victims who have suffered from a traumatic experience include the following; Cognitive Behavioural Therapy - Trauma Focused (CBT-TF), and integration of cognitive behaviour, attachment, family and empowerment therapies aiming to reduce negative emotional behavioural responses and correct unhealthy beliefs and attitudes (Aberdein & Zimmerman, 2015); the Prolonged Imaginal Exposure (PE) treatment, based on the assumption that exposing a patient to the trauma incident will eventually reduce anxiety levels and reaction to the trauma will become less severe (Rothbaum, Astin, & Marsteller,
Eye Movement Desensitization and Reprocessing (EDMR) therapy, requiring a patient to focus on the trauma event while following an object (a therapist's finger) with their eyes while rehearsing a new, preferred belief regarding the incident. The patient is required to repeat this sequence until the new statement feels true to the patient (Rothbaum, Astin, & Marsteller, 2005).

**Recommendations**

Research has found that within NGOs and government organizations there are few trained staff, limited professional mental health support, limited services, and limited financial services (Aberdein & Zimmerman, 2015). They also lack the availability for victims who may live in remote areas and villages, where services are not always available to them. These organisations should make a considerable effort to develop in-house services for the purpose of reaching out to the rural region whose victims would otherwise be forgotten. NGOs need to ensure there are sufficient assistance programs that prioritise women’s medical needs as well as mental health during their rehabilitation and treatment programs. This can be done by increasing collaboration with local and other international health providers that may include; psychiatry, safe abortion services and gynaecological services to ensure victims have all the care needed to ensure a successful recovery.

As it stands, there is not enough being done by governments to prevent human trafficking, especially within the child exploitation industry. Governments need to incorporate policies and designate more budgeting that aims to meet the demand of health care and mental services required by victims of human trafficking, especially those children who are sexually exploited, as well as incorporating their right to protection and community reintegration programs. More cooperation between these governments is required to not only stop international human trafficking through legislative measures, but also to provide assistance in
ensuring preventative measure can be put into place in order to help the communities from resorting to human trafficking in order to survive.

While there have been many developments in recent years with relation to the tools and treatments that can be used for victims of human trafficking, there is lack of measurable data for the success of long-term treatments for those who have suffered psychologically. The various methods used for treatments have yet to be tested on a larger scale for the progress of victims over a period of time. The research is restricted to short-term data, possibly placing limitations on the treatments suggested, and neglects to provide evidence as to what treatments are ultimately more effective for victims throughout their life. Therefore, there is need for further research to study this gap between treatment and the progress of victims, not only psychologically, but also analysis on the success of their reintegration within the community.

Conclusion

Some of the research used throughout this research paper is not solely based on child exploitation within Cambodia. However, the findings can easily be applied to all forms of child exploitation, regardless of location. Majority of the physical, psychological and emotional consequences can also be applied to all forms of sexual exploitation within human trafficking, regardless of age, location and gender. While more attention is needed from the prevention of trafficking, it is unrealistic to assume all forms of human trafficking will be stopped. It is therefore also important to understand the emotional, psychological and physical health consequences of children who have fallen victim to traffickers.

Agencies providing care need to know what are the primary medical needs for victims so these can be better catered for. Better understanding of medical consequences can also
increase the public and government’s awareness in the hopes of generating more support for those providing care to victims, as well as funding to ensure there is adequate equipment and staff to cater to more victims. It has been made clear throughout this paper that the findings related to the trauma of those exploited sexually, suffer a great deal mentally and organizations need to therefore pay special attention to the psychological aspects, as it is generally the most irreversible and long-lasting damage caused to the victim.

Bibliography


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