

SECTION II

SPECIAL GLOBAL HEALTH AND HEALTHCARE ISSUES

5

Human Trafficking: The Pandemic of Modern Slavery

Mary de Chesnay

Objectives

After completing this chapter, the reader will be able to:

1. Define human trafficking and associated terms.
2. Describe global efforts to address human trafficking.
3. Compare and contrast the health issues and treatment of sex trafficking survivors.
4. Identify resources within global communities to assist survivors.

INTRODUCTION

The purpose of this chapter is to educate readers on the extent of the problem of human trafficking, the effects of slavery on human beings who are victimized, what global efforts are being made to address the problem, and how nurses and other healthcare providers can participate in the abolition of the modern pandemic of human trafficking. Although demographics are difficult to measure, there is no doubt that slavery is alive and thriving in the modern world. Bales (2012) estimated that 35.8 million people worldwide were currently enslaved. He maintained that human trafficking was the fastest-growing criminal enterprise, third behind drugs and arms smuggling. Bales also estimated that about 80% of human trafficking victims are women and children, mostly in the sex trade, although women and children forced into labor are likely to be sexually abused as well. Note that children of both genders are victimized as sex slaves, but most are girls. The younger they are the more vulnerable they are to the manipulations of the Romeo pimps, those that seduce young girls.

At this writing, projections are that human trafficking has risen to the number two spot behind drugs and that 35.8 million people are currently living in slavery with 61% of those

enslaved living in five countries: India, China, Pakistan, Uzbekistan, and Russia (Global Slavery Index, 2014). The current number of enslaved people represents at least triple the number of those captured in the trans-Atlantic slave trade to the New World. Segal (1995) estimated that almost 12 million Africans were brought to the New World though it is not known how many died during the difficult sea voyage.

Statistics on human trafficking are notoriously unreliable in that they describe a population largely invisible to the general public because they are labeled as something else. For example, migrant workers may be poorly paid, but they are not all held as slaves. Children who are exploited for sex are called prostitutes or child brides. Babies who are transferred from birth mothers might be given up by women who are overwhelmed, but they are not all sold for profit by traffickers. Perhaps the most useful way to evaluate the published statistics is to acknowledge that many people are trafficked for the profit of another and that one person held as a slave is one too many.

A complicating factor in determining the number of trafficking victims in developed countries is that citizens tend to believe it cannot happen to them—that human trafficking takes place “over there” but not “here.” This kind of denial is understandable because the traffickers are adept at hiding their slaves behind the closed doors of respectable businesses or out in the open as in the sex trade, which many observers would assume is voluntary because of the way the girls dress and act in public. What the general public does not see is the abuse, neglect, and deprivation used by the traffickers to keep the girls (or boys) under control.

Kara, a Harvard economist, conducted multicountry studies and estimated that human trafficking generated over \$32 billion, representing more than the combined annual revenue of Starbucks, Google, and Nike (Kara, 2009). However, a new report indicates the figures are much higher—up to \$150 billion USD per year, representing more than three times higher profits than Kara’s estimate in 2009 (International Labor Office, 2014). While drugs and arms are sold once, the labor of human beings can be sold repeatedly, generating enormous profits for traffickers with little risk of discovery. Because enslaved victims are deprived of adequate food and rest and their injuries are often left untreated, their will to fight and escape is eroded. Even when attempts are made to rescue them, they may resist because their fear of the traffickers is much greater than their trust in well-meaning strangers who may not understand the full extent of their abuse. When victims are rescued, they are asked to place themselves at further risk by testifying against their well-financed and powerful traffickers. Without the testimony of victims, traffickers go free and victims are left in an even more vulnerable position.

Nurses and other healthcare providers might encounter human trafficking victims in a variety of contexts but are probably most likely to see victims of sex trafficking in healthcare settings. For this reason, special attention is given in this chapter to the identification and treatment of sex trafficking victims.

DEFINITIONS OF HUMAN TRAFFICKING

One of the paradoxes of working with the population of trafficking victims is whether to define them as victims or survivors. The term *victim* connotes a person who is powerless and has little control over his or her own body, schedule, money, family, and time. This is certainly true for

those whose labor or bodies are used for the financial gain of the traffickers. Yet rescued victims will often resist and even become angry at being so labeled. From a psychological standpoint it is easy to understand their reaction as an attempt to maintain some limited control, because naming and labeling connotes power. For this reason, I use the term *victim* in order to convey the vulnerability of these people and the term *survivor* when talking with them to emphasize whatever resilience they have.

UN Protocol Definition

In 2000 the Palermo Protocol (also known as the United Nations Definition) defined human trafficking “as the recruitment, transportation, transfer, harbouring 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” (UN Protocol, 2000). The declaration specifically mentions sexual exploitation, forced labor, organ trafficking, and the exploitation of children (defined as younger than 18) even if the above conditions are not met.

Trafficking Victims Protection Act

Also in 2000, the United States passed the Trafficking Victims Protection Act (TVPA), which adopted the UN definition and extended special protection to foreigners trafficked into the United States. It is important to understand that the definition includes a variety of activities for which people can be prosecuted. For example, taxi drivers hired by pimps to transport customers from an airport to a motel for sex with minors can be prosecuted for human trafficking, not just the pimps or handlers themselves. Hotel employees who rent rooms by the hour can be prosecuted if law enforcement can gather sufficient evidence that the employees know the rooms are used by victims of the sex trade.

TYPES OF HUMAN TRAFFICKING

Forced Labor

Forced labor is prevalent in many parts of the world. In the United States, we might think most often of migrant workers who arrive as undocumented workers from Mexico and Central America to work in agriculture, and domestic workers who are brought in as nannies and housekeepers but are treated as slaves. However, any industry can use forced labor. The following sources describe forced labor across a variety of industries:

- Fishing in Thailand (Taylor, 2014)
- Brick making in India and Afghanistan (U.S. Department of State TIP Report, 2014)
- Chocolate production in western Africa, Asia, South America (Mull, 2005)
- Making clothing in Italy (Aronowitz, 2001).

Recruitment into forced labor is often accomplished with the willing participation of victims, who are tricked into applying for jobs in other countries with the understanding that they will earn a certain amount—enough to send home to their families. They are asked for travel money and may be given legitimate travel documents, but once in the new country, their passports are confiscated and they are told they owe much more money, which they must work off. In reality, the amount places them in substantial and ever-increasing debt. *Debt bondage* then becomes a secondary form of slavery and is commonly used in forced labor and the sex trade.

Case Study: Forced Labor

Twelve Pakistani men saw a newspaper ad for construction jobs in Kuwait. The recruiters flew the men to Saudi Arabia where the traffickers confiscated their passports and sent them to Sierra Leone, where they were kept in crowded and unsanitary housing and forced to work 20-hour days. After a month, one man escaped to a local mosque where he was able to find help to contact a nongovernmental organization (NGO) to rescue the men. They were able to return home, but their wages were confiscated by the traffickers who disappeared before they could be arrested.

Sex Trafficking

Sex trafficking is distinguished from prostitution in that sex trafficking victims do not control their own lives and are unwilling participants in their sexual encounters. Some men and women do choose prostitution, but many enter the life as children under circumstances of extreme deprivation, neglect, and abuse within their families. In some cultures parents in poor communities sell their children in order to obtain money for the rest of the family. Children in some cultures may cooperate fully to help their families because the value for family is more important to them than their own needs. Sometimes women in developing countries apply for domestic or nanny jobs in richer countries and are either sold into the sex trade or abused sexually by members of the families they serve. In the United States, the commercial sexual exploitation of children is referred to as domestic minor sex trafficking (DMST).

Case Study: Sex Trafficking

Effia was an 18-year-old, single mother of two small children. Effia left her children with her mother in Nigeria while she responded to a recruiter from France who promised her a job in Paris as governess to his daughter. When she arrived in Paris, she was taken to an apartment with six other young women who were informed they were now prostitutes. She resisted and was gang-raped until she was “broken,” at which time she was sold to a brothel run by a criminal organization.

Organ Trafficking

Organ trafficking may be both voluntary and involuntary in that poor people are more likely to be conned into selling their body parts (particularly kidneys) for the thriving black market. Not enough people choose to designate organ donation after their deaths relative to the number

of people needing organs. Long waiting periods on the donation lists increase the demand for black-market organs, especially for affluent people who can afford to pay high prices. Unfortunately, sometimes the organs are removed without proper attention to blood typing and sanitary conditions, leading to infection, rejection, and death of the recipient (Anker & Feeley, 2012).

Involuntary organ donation takes place when highly vulnerable people such as infants or young children or vulnerable adults are kidnapped for removal of organs. No attention is given to sanitation and the “surgeons” are untrained or poorly trained in medical techniques. Needless to say, these victims tend not to survive.

Case Study: Organ Trafficking

Jaime, a 28-year-old married father of six was desperate for money to feed his growing family and sought a way to sell his kidney to a group that offered \$1,500 per kidney. He traveled to Manila and underwent surgery in unsanitary conditions. Jaime later developed sepsis and died. His kidney was sold by the traffickers to a wealthy American who bypassed the waiting list and paid \$35,000 for Jaime’s kidney.

Baby Trafficking

There are at least two forms of baby trafficking: black-market adoptions (Varnis, 2001) and the selling of infants for organs as mentioned above. In some parts of the world, prostituted women give birth on baby farms and the infants are then sold by the traffickers while the mothers return to work in the brothels. Pimps might use babies as leverage against the mothers to ensure their continued cooperation.

Case Study: Baby Trafficking

Elena, an 18-year-old woman from Moldova, was conned into traveling to Paris to be a model. She was quickly assigned to a brothel where she was gang-raped until “broken.” She became pregnant almost immediately and her blond, blue-eyed baby was taken from her to be sold to a wealthy American couple who were told the mother died in childbirth.

Debt Bondage

Debt bondage refers to the continuous enslavement of victims by increasing the debt they owe the traffickers for arranging their jobs, transportation, living accommodations, and daily expenses. It is common for traffickers to tell victims that their travel expenses were greater than expected or that they must now pay the traffickers for food, clothing, shelter, and special fees.

Case Study: Debt Bondage

Jose traveled from Mexico to the United States as part of a so-called construction crew to build houses in Southern California. He and his compadres were told they would be housed in a special place on the property so they could save money to send home to their families. When

he arrived, he and his fellow travelers were locked in a converted boxcar with a few buckets for sanitation and told their travel expenses were greater than anticipated so they would need to pay more to the traffickers. This left them with no extra money.

Child Brides

Though not specifically categorized as victims of human trafficking, child brides enter into involuntary marriages mostly through cultural traditions. Once married, they are treated as sexual slaves, housekeepers, and mothers of heirs for their husbands. Their lives are characterized by hard work and child-rearing, and they are rarely given opportunities to develop as human beings: they are not educated and they are prohibited from activities that they might choose.

Case Study: Child Brides

Zakia was 10 when her Afghani father sold her as a bride to a wealthy man to whom he was in debt. Her new “husband” promised the father he would not consummate the marriage until she was 13, but he forced himself on her during their “wedding night.” She endured three years of abuse, degradation, and forced labor until she became pregnant at menarche. She delivered a stillborn son after 22 hours of labor. She then developed obstetric fistula and her husband abandoned her by the side of road because he could not stand the smell. Her family refused to take her back since she had dishonored them by giving birth to a stillborn baby.

Child Soldiers

Similarly, child soldiers are involuntarily conscripted into guerilla armies by being kidnapped from their villages. They are forced by the leaders to commit atrocities upon threat of their own deaths. Even if they manage to escape, they may suffer major psychoses (Amone-P’Olak, Nyeko Otim, Opio, Ovuga, & Meiser-Stedman, 2015). The Child Soldiers Prevention Act of 2008 (CSPA) was signed into law on December 23, 2008 (Title IV of Pub. L. 110-457), and took effect on June 21, 2009. The CSPA requires publication in the annual *Trafficking in Persons (TIP) Report* a list of any foreign governments identified during the previous year as having governmental armed forces or government-supported armed groups that recruit and use child soldiers. Child soldiers are defined in the act as any child under the age of 18 who is forced to participate in armed conflicts even in a support role such as messenger or cook. The act also covers children under the age of 15 who voluntarily participate (U.S. Department of State TIP Report, 2015).

Case Study: Child Soldiers

Ishmael was 10 when his village in Sierra Leone was attacked by a guerrilla band. He was forced to shoot his father or the guerrillas would rape and kill his mother. He did so, but the leaders raped and killed or kidnapped the women anyway. He spent the next 7 years fighting as a child soldier until he escaped to a rescue organization, where he was sent to a rehabilitation camp.

THE TRAFFICKERS

In the United States, we have a stereotype of a pimp as a young man who dresses in outlandish costumes and drives an expensive car. He is portrayed as highly desirable to beautiful women. He is usually portrayed as African American and lives in an inner-city neighborhood where he is looked up to by younger boys who want to grow up to be just like him. While some pimps fit this stereotype, it is a highly misleading picture of modern traffickers, who might be of any race, may be members of gangs or organized syndicates, and might be white men or women of any age.

According to the UN's Global Initiative to Fight Human Trafficking (GIFT), traffickers often use women to recruit because they are seen as less threatening to potential victims. For example, one young woman from an affluent community in California explained that she was complimented on her makeup by a woman claiming to be a Hollywood makeup artist and offered her a job in Los Angeles. From Nigeria to Italy, traffickers are primarily women with men in a secondary role and some traffickers are former victims (UNGIFT, 2008). For the most part, traffickers worldwide are male and often associated with criminal syndicates. In the United States, the gangs have found trafficking in women to be even more profitable than dealing drugs, which can only be sold once.

A stereotype of traffickers is that they are kidnappers who pluck unsuspecting victims off the street. While this does happen, it is not the norm. Traffickers, particularly sex traffickers, are excellent profilers who are able to identify the vulnerable and con them or force them into slavery. In developing countries, young girls who seek a better life accept jobs as nannies or domestic workers, are promised high salaries in foreign countries, then tricked into brothels or enslaved into domestic service, where they are likely to be abused by the men of the house. In the United States, runaways escape intolerable homes only to find themselves conned by men who present themselves as saviors, buy them food and provide shelter, and claim to love them. Soon they tell the girl she must help out with the rent by dating his friends. By the time she catches on to his real motivation, she is trapped. Similarly, men in poor countries are conned into taking jobs as laborers in foreign countries, but when they arrive they are housed in crowded conditions without adequate food, hydration, or sanitation.

Vulnerable populations are at particular and substantial risk of being trafficked. For example, some customers prefer deaf children who cannot speak up for themselves. Transgendered children find themselves on the street when they are rejected by their families. The traffickers may specialize in certain types of clients who demand specific people to abuse.

Sex tourism is a growth industry and some countries are known for marketing the sexual services of children to affluent foreigners. The customers or "Johns" are traffickers as well as the travel agents and controllers who profit financially (de Chesnay, 2016).

HEALTH OF SEX TRAFFICKING SURVIVORS

Mental and Physical Issues

Almost any disease or injury can be manifested in sex trafficking victims, who are prone to regular deprivation of food and sleep and beatings by customers and pimps. In a study by de Chesnay et al. (2013a), 300 stories by 178 survivors were content analyzed for first-person

accounts of illnesses and injuries, and reports ranged from expected illnesses such as sexually transmitted infections (STIs) to drug abuse, all types of mental illnesses, and minor to severe injuries. One pimp told me that “one of my girls disrespected me so I had to discipline her.” His way of doing that was to run over her with his car.

For the traffickers, the goal is to make money, and the health and welfare of their “stable” of girls is irrelevant. One might think they would treat their victims well considering that healthy workers would be able to endure more work, but this is not the case. In contrast, the traffickers usually house the girls together in secure places, feed them minimally with no attention to proper nutrition, and provide medical care only when they have to, such as in the case of multiple complaints from “johns” about sexually transmitted infections.

Identifying Victims

The most common types of trafficking likely to be encountered by nurses are sex trafficking and to a lesser extent forced domestic labor. The most common victims are women and children of both sexes. The intimidation, beatings, and deprivation traffickers use to keep victims under control are so severe that it is difficult first to identify victims and then to convince them to cooperate. For example, one patient from the Far East told me she could not afford to be rescued because she was convinced the Chinese traffickers sent her earnings to her family at home. Another victim tried to escape and the trafficker drove her past her little brother’s school and threatened to take him if she did not cooperate. Sex trafficking victims do not seek medical help unless the trafficker allows them to do so and the circumstances are such as would prohibit them from working. For example, hemorrhaging from a botched abortion might cause the trafficker or pimp to let the girl go to the emergency department, but there would be an accompanying person trusted by the trafficker who would speak for the patient with a lie about how she became injured.

The Polaris Project website has a list of red flag indicators that nurses (or anyone) might use to identify potential trafficking victims. Readers are referred to the website for a substantial amount of information about trafficking (www.polarisproject.org/). A few of the indicators are disorientation (not knowing what city she is in because victims are often moved around), not controlling her own money, having her papers confiscated, and not being able to come and go as she wishes.

Treatment

Best Practices

One of the many difficulties in treating patients who are victims of sex trafficking is that the customary evidence-based practices for illnesses and injuries do not work because the patients do not control their own time, bodies, or money. For example, the usual treatment for most STIs is a 10-day course of antibiotics and protection from spreading the disease through abstinence or at least a condom. However, the choice of using a condom is not that of the victim but rather belongs to the customer.

To prevent unwanted pregnancies, abstinence or birth control is best practice. However, Romeo pimps (those men who recruit girls by pretending to fall in love with them) will often impregnate new recruits deliberately to bind her to him with the hope that he will eventually marry her and they will live happily ever after. In some countries, trafficked women who become pregnant are allowed to carry to term and the newborns are sold in the lucrative black market adoption trade.

System of Care

Georgia was the first state in the United States to develop a statewide response to DMST, and the pioneers who spearheaded this effort determined that the best practice for intervention involves a team effort by professionals in many disciplines: medical, social services, legal, criminal justice, the business community, and the general public (de Chesnay, 2013b). The basic idea is that the first priority is safety for the victim so safe houses and shelters must be available to house escapees. Returning victims to their homes may not be feasible; for example, in the United States, the children most vulnerable to trafficking often come from highly dysfunctional homes. Foreigners who are trafficked outside their home countries have their passports confiscated until they work off their debt. If they manage to escape their traffickers, it is unlikely that they will be able to make their way through the unfamiliar city to their embassy. Even if they make it home, victims live under the fear that the traffickers who found them once will find them again.

Once a safe haven is provided, the survivor is evaluated for other needed services, such as medical and psychiatric treatment. Social workers have been in the forefront in this country for providing counseling services and, of course, permanent housing and connections with law enforcement and prosecutors. Foreign nationals trafficked into the United States may qualify for t-visas that enable them to remain here. In other countries many NGOs provide similar services. The United States has a national hotline number easy to remember because of the way it is written (888-3737-888). The U.S. State Department publishes an annual Trafficking in Persons (TIP) Report and their website has a list of phone numbers of resources for victims in the countries they evaluate. The TIP Report is a valuable resource that updates the public on the extent to which the countries surveyed are creating and enforcing legislation to combat human trafficking (U.S. Department of State, 2015).

One source from a shelter told me she estimated the cost of basic medical care to treat each sex trafficking survivor was \$30,000. This number rises substantially if surgery is needed. One victim who required extensive gynecological surgery to repair genital trauma needed \$150,000 to cover her medical and surgical expenses.

Case Study: System of Care

Jenny was a 14-year-old freshman high school student when she was persuaded by a boy she met at a friend's party to go to New York with him to try out for a small part in a Broadway show. Her affluent parents were on vacation in Europe at the time, and she easily convinced her alcoholic aunt (with whom she was staying) that she would be well-chaperoned. Once they

arrived they were met by a limousine and taken to an estate outside the city where she quickly learned she had been sold to a trafficker. She endured a hellish life for three years, being moved around the country until she ended up in Atlanta where she was arrested by a police officer knowledgeable of DMST. He investigated her story instead of simply jailing her as a prostitute. Ashamed to return home, she entered a shelter in the state of Georgia which provided immediate medical care for her numerous injuries from repeated beatings and gonorrhea. She also received trauma-focused cognitive behavioral therapy (TFCBT), legal services, and skills training to complete her high school equivalency test. After a year at the shelter and help from multiple sources, she entered college to study nursing and became a peer counselor at the shelter. The lawyer she worked with in Georgia was able to provide important information to the New York authorities that enabled them to prosecute the original traffickers.

Case Study Questions

1. Define the elements of the system of care for Jenny that would include professionals from social services, law enforcement, health care, and the business community.
 2. Identify at least three prevention strategies that could reduce the demand for sex trafficking and prevent girls like Jenny from being victimized.
 3. Discuss the prognosis for Jenny based upon the resources described.
-

SUMMARY

This chapter has educated readers about the growing and violent world of human trafficking. Though commonly denied as a problem or thought to be limited to poor countries, human trafficking is a global social issue with consequences for professionals in many disciplines. Traffickers repeatedly ensnare unsuspecting and highly vulnerable marginalized people, although some victims inadvertently participate in their own capture by being conned into applying for legitimate jobs overseas in which they can make more money to send home to their families. Women and children are at particular risk of sexual abuse because even if they are trapped in forced labor and not specifically trafficked for the sex trade, they are likely to be abused by the men with whom they come in contact. There are no evidence-based treatment protocols because the research base to establish them has not been done. However, creating a community-based system of care in which a variety of professionals cooperate to meet the diverse needs of trafficking victims seems to be the best option at present. In addition to social, legal, and medical services, survivors need job training to learn new ways of making a living.

Study Questions

1. Define human trafficking and compare and contrast the types of activities for which people can be prosecuted.
2. Compare and contrast the types of human trafficking.
3. Explain how one can identify a victim of sex trafficking.
4. Discuss the elements of a system of care for victims of sex trafficking.

References

- Amone-P'Olak, K., Nyeko Otim, B., Opio, G., Ovuga, E., & Meiser-Stedman, R. (2015). War experiences and psychotic symptoms among former child soldiers in Northern Uganda: The mediating role of post-war hardships—the WAYS Study. *South African Journal of Psychology, 45*(2), 155–167. doi:10.1177/0081246314556567 · 0.46
- Anker, A., & Feeley, T. (2012). Estimating the risks of acquiring a kidney abroad: A meta-analysis of complications following participation in transplant tourism, *Clinical Transplantation, 26*, E232–E241. doi: 10.1111/j.1399-0012.2012.01629.x
- Aronowitz, A. A. (2001). Smuggling and trafficking in human beings: The phenomenon, the markets that drive it and the organizations that promote it. *European Journal on Criminal Policy and Research 9*, 163–195. doi: 10.1023/A:1011253129328
- Bales, K. (2012). *Disposable people: New slavery in the global economy*. Berkeley, CA: University of California Press.
- de Chesnay, M. (2013a). Community models and resources. In M. de Chesnay (Ed.), *Sex trafficking: A clinical guide for nurses* (pp. 51–62). New York: Springer.
- de Chesnay, M. (2013b). Psychiatric-mental health nurses and the sex trafficking pandemic. *Issues in Mental Health Nursing, 34*, 901–907.
- de Chesnay, M. (2016). The Samfie man revisited: Sex tourism and trafficking. In M. de Chesnay and B. Anderson (Eds.), *Caring for the vulnerable* (pp. 549–564). Burlington, MA: Jones and Bartlett.
- de Chesnay, M., Chalk-Gaynor, C., Emmons, J., People, E., & Williams, C. (2013). First-person accounts of illnesses and injuries sustained while trafficked. In M. de Chesnay (Ed.), *Sex trafficking: A clinical guide for nurses* (pp. 131–150). New York: Springer.
- Global Slavery Index. (2014). *Walk Free Foundation*. Retrieved from http://d3mj66ag90b5fy.cloudfront.net/wp-content/uploads/2014/11/Global_Slavery_Index_2014_final_lowres.pdf
- International Labor Office. (2014). *Profits and poverty: The economics of forced labour*. Geneva: International Labor Office.
- Kara, S. (2009). *Sex trafficking: Inside the business of modern slavery*. New York: Columbia University Press.
- Mull, L., & Kirkhorn, S. (2005). *Child labor in Ghana cocoa production: Focus upon agricultural tasks, ergonomic exposures, and associated injuries and illnesses*. Association of Schools of Public Health. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1497785/#__ffn_secitile
- Polaris Project. (n.d.). *Homepage*. Retrieved from <http://www.polarisproject.org/>
- Segal, R. (1995). *The black diaspora: Five centuries of the black experience outside Africa*. New York: Farrar, Straus and Giroux.
- Taylor, E. (2014). Human trafficking and the fishing industry in Thailand. *Cornell International Law Journal Online*. Retrieved from <http://cornellilj.org/wp-content/uploads/2014/12/E.-Taylor-Thai-Fishing-Thai-Trafficking.pdf>
- UNGIFT. (2008). *The Vienna Forum to Fight Human Trafficking, 13–15 February 2008, Austria Center Vienna Background Paper*. Retrieved from <http://www.unodc.org/documents/human-trafficking/2008/BP016ProfilingtheTraffickers.pdf>
- United Nations. (2000). *Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime*. Retrieved from <http://www.ohchr.org/EN/ProfessionalInterest/Pages/ProtocolTraffickingInPersons.aspx>
- United States Department of State. (2015). *Trafficking in Persons Report for 2015*. Retrieved from <http://www.state.gov/j/tip/rls/tiprpt/>
- Varnis, S. (2001). Regulating the global adoption of children. *Social Science and Public Policy, 1*, 39–46. Retrieved from <http://web.b.ebscohost.com.proxy.kennesaw.edu/ehost/pdfviewer/pdfviewer?vid=7&sid=e7224a21-3f3b-47fd-9831-d23f89541997%40sessionmgr112&hid=101>

