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RETHINKING POLICY ON GENDER, SEXUALITY, AND WOMEN'S ISSUES

REVISING CALIFORNIA POLICIES ON HUMAN TRAFFICKING WILL HELP PROTECT VICTIMS

BY LAURA CARTER



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Human trafficking is the second-largest illegal industry in the world and is growing faster than any other crime.¹ Although for many years human trafficking was misconstrued as a “third world problem,” developed countries are responsible for half the global profits from sex trafficking and forced labor, and the United States is one of the top destinations to which victims are trafficked.²

BOTH IN AND OUT OF THE U.S., human trafficking threatens the safety of all: men, women, children, and their families. Since an estimated 80% of all victims are female and as many as 50% are children, the public health challenges for these populations here in California are complex.³ While California is failing to develop an aggressive plan of defense, trafficked persons are in high demand. Gaining their freedom requires urgent efforts that involve healthcare, social support services, law enforcement, and effective legislation.

CRITIQUE

Approximately 50,000 women and children are trafficked into the U.S. annually, and hundreds of thousands more U.S.-born are exploited or at risk of exploitation.⁴ States with large immigrant populations, such as California and New York, are some of the largest international gateways for human trafficking. These states are particularly vulnerable to the public health problems associated with trafficking enterprises.⁵ According to the Federal Bureau of Investigation, California is home to three of the nation’s largest child sex trafficking areas: Los Angeles, San Diego, and San Francisco.⁶ Between 1998 and 2003, fifty-seven forced labor operations were identified in California, across nearly a dozen cities.⁷

Local research is lacking, but studies in the countries of Europe indicate that sexual assault is universal for

victims of sex trafficking, with 100% experiencing some form of rape. Other dangerous circumstances—such as having unprotected intercourse with multiple people—disproportionately increase a victim’s risks for health problems such as sexually transmitted infections (STI); human immunodeficiency virus (HIV); unintended pregnancy, vaginal and pelvic complications; and other acute and chronic medical issues. Furthermore, trafficked girls and women tend to have fewer social and economic resources to deal with such medical conditions, even before being exploited. Within the trafficking infrastructure, transporters routinely move victims from place to place to keep them in social isolation, reinforcing barriers to accessing care.⁸

RECOMMENDATIONS

California must revise its trafficking laws. Under federal law, minors who are forced into sex work are considered victims of human trafficking.⁹ Other states—New York, Florida, Connecticut, Washington, Illinois, and Ohio—have implemented Safe Harbor policies.¹⁰ California state law, however, classes all sex-trafficked minors as criminals engaging in prostitution—despite the fact that a child cannot legally consent to sex and an adult who hires their sexual services is committing statutory rape.¹¹ A growing consensus among advocates is that policies narrowly focusing on anti-prostitution law enforcement compromise

the rights of minors.¹² Prosecuting trafficked children wastes resources and misses opportunities to prosecute the real criminals: pimps and johns. “Safe Harbor” provisions in California human trafficking laws could help shift the paradigm and treat exploited children as victims not criminals. Funds used for incarcerating identified minors need to be diverted to treatment facilities, such as the California Department of Social Services, Child and Family Services Division.

California must prepare its health system to identify and address the reproductive health problems common among trafficked women and girls. Their disproportionate risk for STIs and other conditions requires that health care professionals connect with this often-ignored population. Unfortunately, providers typically receive limited or no training on these specific concerns.¹³ Community health centers in cities such as San Diego and Los Angeles—where trafficking is rampant—should immediately integrate such training into their programs and practices.

California needs a systematic data collection policy to address human trafficking and related health issues. Human trafficking is vastly underreported, and more research is needed on the numbers, characteristics, and health conditions of the people involved.¹⁴ Collaborating with the National Human Trafficking Resource Center (NHTRC), which operates a nationwide hotline connecting victims with social services, would be an important first step. Even though a large proportion of NHTRC reports use data from California, promoting awareness of the hotline and participating fully in its data collection system are crucial for future programs and legislative actions.¹⁵

Laura Carter has an M.P.H. in Community Health Sciences from the UCLA Fielding School of Public Health. After a tumultuous undergraduate experience that began with attending (and subsequently evacuating) Tulane University in New Orleans during Hurricane Katrina, she received her B.A. in psychology and graduated magna cum laude from the University of San Diego. As a recipient of the Global Health Certificate via the Center for Global and Immigrant Health, Laura aims to address health disparities, social justice and gender inequity among both domestic and global populations. She has assisted an orphanage and women's refuge shelter in West Africa, and researched methods for designing programs to reduce material mortality in rural Afghanistan. Laura has been involved with the Male Violence Prevention Project, a program of Sojourn Services For Battered Women and Their Children. This program consists of a consortium of Santa

Monica organizations that challenges the traditional masculine values that result in harm to women, children and other men. She interned with the Planned Parenthood Advocacy Project, advocating for enhanced reproductive healthcare access and lobbying state legislators in Sacramento. Laura is co-chair of a subcommittee for the Commercially Sexually Exploited Children (CSEC) Action Team of the California Child Welfare Council.

NOTES

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