

Understanding the Relationship Between Sex Trafficking and Opioid Use in Central Ohio:  
An Application of Sociological Deviance Theories

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## Abstract

Central Ohio is, unfortunately, a hub for both sex trafficking and the opioid epidemic. The purpose of this study is to better understand how the opioid epidemic has affected the prevalence of sex trafficking in Central Ohio. The objectives are to explore the experiences of anti-trafficking service providers in handling sex trafficking and opioid use cases in Central Ohio, to understand the relationship between sex trafficking and opioid use in Central Ohio, and to compile next steps in tackling both issues based on perceived barriers according to service providers. Phone interviews were conducted with eight anti-trafficking service providers from Central Ohio and overarching themes were identified. Findings suggest that opioids are used by traffickers to exploit vulnerabilities and lead women into trafficking and then used to maintain control over the victims once they are trafficked. Then, victims may start using opioids in order to cope with traumas they face. Some people also end up getting caught in the cycle of trafficking after selling their bodies to receive money for drugs to fuel a previously existing addiction. Additionally, it appears that personal drug use has increased among individual victims who are trafficked and that the drug of choice has shifted from crack cocaine to heroin, an opioid. Lastly, victims of sex trafficking and people who abuse opioids face similar barriers that prevent them from seeking out or obtaining professional help, like such as shame, stigma, lack of education, and lack of availability of resources. By applying sociological theory, furthermore, Howard Becker's Labeling Theory is deduced to have more support in the context of trafficking and opioid use over Emile Durkheim's Anomie Theory. In addition, providing more resources and education about addiction and mental health care, and approaching trafficking from an intersectional and sociological lens may be a critical way to help prevent trafficking from occurring in the future.

## **Chapter 1: Introduction**

### Objectives

This qualitative research used phone interviews to explore the perspectives of anti-trafficking service providers about a potential relationship between sex trafficking and opioid use in Central Ohio. The objectives of this research are: 1) to explore the experiences of service providers in handling sex trafficking and opioid use cases in Central Ohio; 2) to understand the relationship between sex trafficking and opioid use in Central Ohio; and 3) to compile next steps in tackling both issues based on perceived barriers according to service providers.

### Significance

There has been limited research conducted on the relationship between how sex trafficking and the opioid epidemic have affected each other, likely since both issues are relatively recent. However, there have been anecdotes about sex traffickers luring in their victims by getting them addicted to drugs or traffickers exploiting women who were already addicted to opioids. These are known ways sex trafficking and drug use are connected (“An Interview”; McQueen, 2019; Roberson, 2018; Stoklosa et al., 2017, “Vermont Man,” 2019; Waters and Scott, 2019). Yet, it is unknown how the prevalence and severity of both issues have changed in an area that is known as a hub of both issues and what providers think we should do about this. This research has implications in an abundance of fields such as Social Work, Sociology, and Public Health and will be useful for identifying social and economic factors that contribute to the interconnection of both issues. Furthermore, by identifying a theory that lends great insight into both of the issues at hand, it can be better understood why and how the issues occur, and a plan of action can start being developed to tackle components of both issues at their cores from a sociological perspective.

## Background

According to the National Human Trafficking Hotline (NHTH), the prevalence of sex trafficking has been on the rise in Ohio since 2012 based on the number of cases reported. In 2012, there were 63 cases of sex trafficking reported, while, most recently listed, there were 349 cases reported in 2018 (“Ohio”). Additionally, Columbus, Ohio was ranked as the 10<sup>th</sup> most populous city in the country based on the number of total human trafficking cases reported to the NHTH from December 7, 2007 to December 31, 2016 with a total of 356 cases which approximates to about 41 cases per 100,000 people (NHTH, 2017). As the prevalence of sex trafficking has increased in the past decade in Ohio, the number of deaths caused by opioid-involved overdoses in conjunction with the opioid epidemic have also increased (Massatti et al., 2014; “Ohio Opioid Summary,” 2019).

Due to the simultaneous increase in prevalence and great perceived severity of both issues, it is worthwhile to learn more about the people affected to see if any similarities exist that may perpetuate both issues. While it is difficult to retrieve data about trafficking statistics, as the issue often times goes unreported and it is a very “underground” crime, it is known that opioids are often used during trafficking to lure victims in or keep victims stuck in the cycle. Because anti-trafficking service providers are leaders in the community when it comes to fighting sex trafficking, hearing their perspectives on how the opioid epidemic has affected the victims they work with firsthand will provide great input on what factors contributed to the victims’ involvement in trafficking, their experiences with opioid use, and what barriers they face. In all, gaining more insight on these topics from multiple service providers who come from different anti-trafficking organizations and backgrounds will ultimately contribute to the development of effective prevention strategies that may help combat both trafficking and opioid use.

## Chapter 2: Literature Review

Dr. Hanni Stoklosa is an emergency physician at Brigham and Women's Hospital and Harvard Medical School as well as the Executive Director of HEAL Trafficking. In an ethics case regarding the intersections between human trafficking, mental illness, and addiction, Stoklosa et al. note that traffickers successfully use opioids as a tool for coercion, because these drugs are able to reduce both physical and emotional pain. Further, in an interview between Stoklosa and the Office on Trafficking in Persons, she discloses that "the opioid epidemic is changing the landscape of trafficking." She works in an urban emergency department in Boston and her team is able to identify one to three trafficking survivors per week and 50% of these patients have an addiction to opioids. Based on what her patients who have been trafficked tell her, opioids either helped lead them into becoming trafficked or helped keep them stuck in trafficking or were used after they were trafficked to numb the emotional pain they faced (Stoklosa, 26). Dr. Stoklosa believes this is a public health crisis, and the solution to tackling both opioid addiction and trafficking is through prevention and treatment (Chon, 2016).

Additionally, the Polaris Project is working to understand the relationship between drugs relating to the opioid crisis and human trafficking. From January 1, 2016 through June 30, 2017, the organization documented 2,238 potential victims of human trafficking who were controlled through the use of drugs, but this number is assumed to represent only about 15% of all potential victims due to under-reporting. 88% of these victims were reported to be victims specifically of sex trafficking. During this same time period, Polaris also documented 926 potential victims of human trafficking who had a substance abuse issue before being trafficked. In fact, 26 of these 926 potential victims were recruited into trafficking from drug rehabilitation centers ("Human Trafficking and the Opioid Crisis," 2017). While it is apparent that sex trafficking and drug use

are intertwined, the nexus of the two issues has not yet been examined through the application of different sociological theories.

In general, human trafficking is commonly examined as an economic market system that contains both aspects of supply and demand. Supply refers to how available a desirable object or service is. The supply in this case is people and there is always a constant supply of people, and there are many people who are willing to work in hopes of earning money in order to improve their lives and/or their children's lives. The want to improve lives can be incited by poverty, political and/or social exclusion, a lack of employment or educational opportunities, domestic violence, discrimination, violence faced against women, children or ethnic minorities, government corruption, persecution, absence of laws, and natural disasters and war (U.S. State Department, 2010; Europol, 2009, Aronowitz, 2009).

Demand, on the other hand, is less looked at. There is no universal definition of "demand" in the context of human trafficking, but the term typically refers to how desired an object or service is. Demand can be both elastic or inelastic. The demand for cheap sex in situations of sex trafficking is considered elastic, because the demand for the service changes based upon the price for the service. An increased price for receiving sex will lead to a lowered demand (Kara, 2009). Similarly, a larger availability of people providing services at reduced prices will result in an increased number of customers, or a higher demand. Worldwide demand for prostitution has existed since the beginning of time, and the expansive sex industry is driven primarily by men purchasing sexual services from most often times women and girls. The sex industry spans a wide range of venues, from brothels and street prostitution to private clubs, escort services, residences, massage parlors, advertisements on the internet, online pornography, and more. The most immediate and direct cause that contributes to the expansion of the sex

industry is the male demand to purchase sex. If this demand did not exist, there would be no profit gained by recruiters and traffickers, and, thus, the market for prostitution would cease to exist (Raymond, 2004).

According to Meshelemiah, in regards to sociological theories specifically, the following theories are some of the most common that have been applied to human trafficking (2019):

### *General Systems Theory*

This theory examines the interactions between different sizes of systems needed to maintain equilibrium in regards to inputs, outputs, throughputs, and feedback loops. All systems are considered subsystems of other larger systems and larger systems are considered as environments for others systems, so it is important to analyze how systems impact each other (Forder, 1976). This theory relates to trafficking, because it has previously been used to look at the effectiveness of inputs of current services for victims via the throughput of victim care. The outputs are the states of victim care in result of what services are available (Clawson et al., 2003).

### *Bronfenbrenner's Ecological Systems Theory*

This theory seeks to understand how the bidirectional influence of different levels of ecological systems affects an individual's behavior (Berg-Weger, 2005). The theory goes further into general system theory, as it also considers nonliving factors (Shriver, 1998). The theory is considered to have replaced the general systems theory in the 1970s-80s (Kondrat, 2013). In relation to trafficking, this theory has been utilized to evaluate risk factors for human trafficking, such as poverty, abuse and neglect, substance use issues, marginalized identities, political instability, and homelessness (Clawson et al., 2003).



### *Conflict Theory*

By analyzing conflict among different structures, this theory aims to understand why oppression and power structures occur and how these factors affect social inequality (Hutchison, 2013; Parillo, 2012; Rössel, 2013). This theory believes that humans are selfish and are forced into conflict with each other, as they must be competitive over lack of resources and wealth (Rössel, 2013; Shriver, 1998). Thus, wealthier individuals maintain power lower-income and ethnic minority groups, and thereby social order is created (Shriver, 1998). This theory relates to trafficking, because it seeks to provide a broad explanation for why and how oppression, power imbalance, and social inequality persist (Parillo, 2012).

### *Structural-Functional Theory:*

This theory is used to better understand how society operates by examining the functional role all parts of the society have. In an ideal society, all parts remain in a state of balance, but problems that arise are attributed to the dysfunction of some part of the social system. This theory relates to trafficking, because it examines why and how oppression occurs. For example, a common functionalist argument that contributes to trafficking is the traditional gender roles of men versus women in society. Additionally, it believes that sex trafficking occurs in order to meet the demand for sex and money from traffickers (Parillo, 2012).

### *Maslow's Hierarchy of Needs:*

This theory operates in a pyramid-style, and it displays the importance of needs of all individuals of a society in a hierarchy. The bottom of the pyramid represents the basic needs of psychological stability and safety, the middle of the pyramid highlights belongingness, love, and esteem, and the top of the pyramid are components for needs of self-fulfillment. Bottom tiers

must be met in order to be able to reach higher tiers effectively (Maslow, 1943). This theory relates to trafficking, because it helps to understand the vulnerabilities of victims that lead them into becoming trafficked. It addresses risk factors for victimization, like homelessness, poverty, and a history of neglect and abuse. Components of these risk factors, such as food, clothing, housing, and financial security are considered basic needs of Maslow's hierarchy, and traffickers are typically able to offer these components to victims (Hopper, 2016; Stotts & Ramey, 2009). In addition, traffickers can also offer friendship and intimate relationships which can meet the psychological needs of victims (Reed et al., 2019; Smith et al., 2009). The fulfillment of different needs lures victims into trafficking and also makes it difficult to leave trafficking (Hopper, 2016; Stotts & Ramey, 2009).

### *Labeling Theory*

This theory looks at the behavior of someone who is labeled as deviant or a criminal. The goal of the theory is to decipher the inherent criminality of individuals versus how labels of criminalization and deviancy affected individuals' behavior (Crewe & Guyot-Diangone, 2016; Restivo & Lanier, 2013). This theory is also commonly applied to mental illness (Crewe & Guyot-Diangone, 2016; Davis et al., 2012). In relations to sex trafficking, the victims often engage in criminal activity that results in the criminalization of the victims opposed to the traffickers (Dempsey, 2015). In such cases, the victims may start seeing themselves as a deviant criminal because that is how society views them, and this may further prolong their engagement in trafficking, as they convince themselves they chose this lifestyle (Meshelemiah & Lynch, 2019).

In regards to the second factor of the study, when drugs are looked at from sociological perspectives, there are common associations with mental health issues and a lack of social integration. Mental illness and drug addiction are considered to be a comorbidity, or two illnesses that are occurring at the same time. Comorbidity further implies that the interaction between the two illnesses can worsen the outcome of both. In fact, drug addiction, is considered a mental illness, as the brain chemistry of an affected individual is altered as new priorities are formed involving the need to seek and use drugs (“Comorbidity,” 2018). Thus, it is not surprising that about half of the people who have a substance use disorder also have mental illnesses, and also people who are diagnosed with mental illnesses often times also have a substance use disorder at some point (Ross & Peselow, 2012, p. 235; Kelly & Daley, 2013, p. 389). These two disorders co-occur so frequently, because affected individuals face common genetic and environmental risk factors and one illness can lead to the development of another (“Comorbidity,” 2018).

After considering the commonalities between sex trafficking and drug use, two sociological theories were chosen to help explain the relationship between sex trafficking and the opioid epidemic in Central Ohio. Due to the overlapping concern of mental health in both cases of sex trafficking and drug use, Anomie Theory was chosen to be examined, and due to the labeling associated with people affected by both sex trafficking and drug abuse, Labeling Theory was chosen to be examined. Anomie Theory is not commonly associated when analyzing situations of trafficking, while Labeling Theory is more common. Though all the theories mentioned are applicable and relevant in investigating the relationship between sex trafficking and the opioid epidemic, these two theories were specifically chosen based on the idea that the common risk factors found among both issues can be addressed by these two theories.

Additionally, they are both categorized as theories of deviance, so this commonality provides foundation for comparison (Stark, 1994).

### **Chapter 3: Methodology**

Qualitative methods were utilized to collect data. Eight telephone interviews with anti-trafficking service providers in Central Ohio were conducted and followed a single interview guide that contained ten open- and closed-ended questions (See “Appendix”). The questions were formed with the purpose of understanding the experiences of different service providers in regard to drug abuse among trafficking victims. Each interview was conducted in English and audio-recorded after receiving permission from the respondents. Each interview was transcribed verbatim and then analyzed. Data saturation was reached. During analysis, codes were grouped together to discover emergent themes. The themes found as well as specific quotations were used accordingly as support for the two sociological theories discussed in order to determine which theory better helps understand the bidirectional relationship between sex trafficking and opioid use.

## Chapter 4: Sociological Framework

### *Labeling Theory*

Howard Becker's labeling theory lends insight into the connection between sex trafficking and opioid abuse. This theory states the following: "Deviancy is not a quality of the act a person commits, but rather a consequence of the application by others of rules and sanctions to an 'offender.' Deviant behaviour is behaviour that people so label" (1963). In the case of sex trafficking, the women involved are often times labeled as either prostitutes or as victims of sex trafficking. Society sometimes fails to realize that whether a sex worker is deemed a "prostitute," and it is assumed that she chose this lifestyle, or whether she is deemed a "victim of trafficking," she is being exploited in both scenarios. In fact, one study in which 854 people involved with prostitution in nine different countries were interviewed discovered that of all the participants, 71% had been physically assaulted while in prostitution, 63% had been raped, 75% were homeless at some point, 89% wanted to escape prostitution but felt they had no other options, and 68% met the criteria for a PTSD diagnosis (Farley et al., 2003).

There is a multitude of reasons for why someone may become involved in sex work. Some become involved in order to survive, feed their children, or feed their drug addiction. Others may be unable to acquire another job since they have a low educational attainment level and few opportunities among many other reasons. Society needs to understand that these people may not be able to leave their lifestyle, whether it was forced or initially chosen, and that every person's story is different. Nonetheless, many of the people who become involved in sex work have been convinced that they will never amount to anything and that they are worthless. Traffickers and others with power take advantage of this vulnerability to exploit their victims and coerce them into following their orders. Typically, though, when victims are caught selling sex,

they are treated as a criminal by law enforcement and receive criminal charges while the traffickers commonly remain uncaught. Becker believes that one's self concept is formed based upon how they believe others view them. Thus, on top of believing they are worthless, being labelled as "deviant" by society can result in deviance amplification as this deviant label morphs into the victims' master status. Ascribing such negative labels to people can negate the trauma that they have experienced.

People who use non-prescription opioids face similar shame and stigma as sex workers do. Many of the reasons for why people start using non-prescription opioids may also be similar to why people become involved in sex work. Both groups of people may be vulnerable, feel as though they are worthless, come from a low-opportunity background, and do not have positive support systems, for example, among many other reasons. Like sex workers, drug users are commonly labeled as "deviant" by society which thereby perpetuates the shame and stigma they face. In reality, though, genes and environment play a role in addiction and both are difficult for an individual to control. Genetic factors account for an estimated 40-70% of individual differences in risk of addiction. Early life stressors, such as physical, emotional, and sexual abuse, household instability like having a parent with a substance use or mental illness or incarceration of family members, and poverty can cause stress leading to an increased risk for addiction (SAMHSA, 2016). However, if addiction, or chemical dependency, is seen as a disease that can be propagated by one's genes and environment and is not a moral issue, treatment may be more successful. Overall, the labels society gives to people affected by trafficking and/or drug use are similarly hurtful and perpetuate the shame and stigma the individuals feel which acts as a barrier because it many times prevents them from reaching out for help. In order to create an overall healthier community, there needs to be more education on both issues at hand.

### *Anomie Theory*

Another theory that could help society better understand the relation between sex trafficking and the opioid epidemic is Emile Durkheim's theory of anomie. This theory can be translated into meaning "normlessness." Specifically, this feeling is caused by a city undergoing rapid changes in social conditions, resulting in citizens being unaware of any existing social norms, and any norms would not be obeyed, as citizens would not be motivated by any moral guidance. In contrast, Durkheim considered more traditional and rural areas to be "moral communities." According to him, the moral community comprised of two major facets: social integration and moral integration. Social integration refers to the quantity and quality of attachments the average person has. On the other hand, moral integration refers to the shared beliefs among members of a community that further helps establish a common idea of what the morals and norms should be. Because Central Ohio is characterized more so like a large city than a rural village, Durkheim would assert that the social and moral integration in the area being assessed in this study is diminished. Thus, this would result in deviance (Stark, 197-8).

Durkheim's theory could partly help explain why people first become involved in sex trafficking or drug use. Based on the results of this study, it appears that victims of trafficking commonly possess vulnerabilities that are exploited by traffickers. People who start using drugs may also possess vulnerabilities that lead them into using and then forming a dependency. Perhaps these vulnerabilities stem from a lack of connection to one's community, partly due to the fact that Central Ohio would not be considered a "moral community" due to the relatively high amount of diversity present in the area.

Further, the opioid epidemic that Central Ohio is currently facing could be considered as an event that has caused the region to undergo rapid changes in social structure for those who are



directly affected, at least. Perhaps the greater supply and demand associated with both circumstances of trafficking and drug use has increased the anomic factors among those affected as a result of the opioid epidemic. Because some of the service providers interviewed mentioned how the victims they work with come from unstable home backgrounds or they are led into trafficking by their parents, for example, it is not surprising if they feel a strong sense of anomie. Additionally, conditions of victims' social structure, such as poverty, could also result in feeling disconnected from society, perception of their goals being impossible to achieve, and lack of desire to connect with resources (Lopez and Minassians, 2017). In all, the feeling of anomie may exacerbate sex trafficking and drug use due to increased deviance caused by lack of connectedness.

## Chapter 5: Results

### Impact of Opioids on Trafficking Victims

*Increased rate of personal drug use among victims of trafficking.* Many of the providers noted it was hard to say if they have noticed any overall trends in drug use over time, as they do not count or track such information that would provide concrete evidence for this question. However, many were able to report that through stories told by and interactions they have had with victims, the providers believe there has been an increased rate of personal drug use specifically.

“...on an individual basis, reflected in [victims’] stories, [their] personal drug use has increased. Their dependence has increased to larger doses of fentanyl just to not be sick.” (Provider 2)

“I think there’s definitely been a worsening of or an increase in drug use. What kinds, [I think it] has transitioned more from crack and meth to an opioid. Most of [the women] all seem to use heroin, it’s definitely the drug of choice right now.” (Provider 5)

“...with the stories that I’ve heard, it seems like the more you combat trafficking, the more people are trying to get women out on the streets which increases the level of drug use.” (Provider 6)

*Shift in drug of choice to opioids.* It was mentioned by multiple providers that the drug of choice observed among the women they work with has shifted over time from crack cocaine and meth to opioids, particularly fentanyl and heroin.

“...over ten years, I think the drug of choice has shifted a little bit more...there were more crack cocaine users and now we still have women who use crack cocaine, but they tend to use more fentanyl, heroin, and other opioids.” (Provider 3)

“One of the things that’s been the most remarkable for me in what I’ve noticed in trends is that, you know, 10 or 12, 15 years ago, [the] drug was cocaine or crack, you know, so people were using more cocaine and crack 15 years ago...and now...there’s been a shift in the middle, tons of opiate use...” (Provider 7)

Over the past decade or so, overlapping with the climax of the opioid epidemic, service providers reported that the victims of trafficking they work with report an increase in personal drug use. Service providers have also noticed that the drug of choice has shifted more toward different types of opioids, like heroin and fentanyl.

### Reasons for Opioid Use

*Coping with pain and trauma.* Insight into why victims start using specifically opioids suggests that this shift may have occurred due to the drug group’s potent ability to numb pain. In addition to opioids being used by the women to help them cope with the trauma they are experiencing, opioids are also strong enough for traffickers to use to maintain control over their

victims. Some women, on the other hand, used opioids before becoming involved in trafficking. Some had been prescribed opioids by a physician to treat an injury or pain and then became addicted.

“A lot of times, trauma is involved in that and in order for them to survive on the street, they start using opioids and other substances in order to not have to deal with the everyday in and out of a car with different johns. I know a lot of them have experienced rape prior to them utilizing substances and opioids, so then they begin to use so they don’t have to deal with the trauma they’ve experienced.”

(Provider 1)

“Either folks have used opioids because initially at some point they were prescribed by a physician for pain or some kind of injury, you know, a completely legit prescription. So a lot of folks come in with that.” (Provider 7)

*Recreational or familial drug use.* Others started off by using gateway drugs recreationally but then transitioned into using harder drugs like opioids. It is also possible that there was generational drug use, and the victims’ parents used drugs and introduced drugs to them. No matter how drugs were introduced into one’s life, entrance into sex trafficking can be incited after a dependency on opioids is formed, as this establishes a vulnerability that can be exploited.

“Many others I would say are introduced to pills since the beginning of that opioid use so their energy is focused on that for example and they’re introduced in like a party scenario or you know they smoked marijuana, drinking, then they

trained cocaine, Percocet, so in a social setting it seems like not a big deal or in a fun party thing. And then escalates from there.” (Provider 7)

“...a lot of what we see as far as the opioid is that [victims’] parents are on pills and heroin and so they’re actually selling their own kids to pay the drug dealer or to get their own drugs or drug money.” (Provider 8)

*Exploiting vulnerabilities and maintaining control of victims.* Many traffickers introduce drugs into their victims’ lives, sometimes by force, as a manipulation scheme. Traffickers will maintain control over their victims after they are hooked and dependent on drugs. Traffickers oftentimes then further manipulate victims’ by using them as their vehicles to obtain more drugs and money.

“...I would say the most, just anecdotally, it’s very common for [sex trafficking and opioids] to be closely linked, meaning sometimes it’s before the sex trafficking begins, because addiction to opioids is such a powerful vulnerability and tool in a trafficker’s toolbox, so it’s easy to exploit that. Or, it starts shortly after being involved in commercial exploitation as a coping mechanism.”

(Provider 3)

“So [opioids] can either be used...as a vulnerability to exploit something that’s already been existing in their life that is then able to be exploited or it is used as a way to introduce drugs to an individual in order to control them, but it’s

absolutely used as that control factor regardless of whether it was introduced or it was already part of their life” (Provider 2)

Opioids may be introduced at any stage of a victim being trafficked. The drugs can be used to lure potential victims into trafficking by traffickers taking advantage of victims’ vulnerabilities. After being caught in the cycle, traffickers may use opioids as a means to control their victims, because now the victims are physically dependent on the drug to survive. Victims who are caught in the cycle may also choose to use opioids on their own accord as a coping mechanism to deal with all the traumas that they experience while being trafficked. Lastly, people who are already addicted to opioids may be physically dependent on the drugs but not have money to purchase more drugs. In order to gain financial compensation, they may start selling their bodies which further escalates into a trafficking situation.

#### Similar Barriers- Sex Trafficking & Opioid Abuse

*Victims of sex trafficking and people who abuse opioids face similar barriers that prevent them from seeking out or obtaining professional help.* Such similar barriers include shame, stigma, lack of education, and lack of availability of resources.

“So, there is also I think a tremendous amount of stigma and shame for people who are addicts, for people who are involved in sex work...so as far as what can be done to reduce barriers, you know, I mean I think the continued education across education, so people who, you know, are trained in, you know, co-occurring or substance use disorder need to know what questions to ask to, you know, assess for trafficking, and vice versa, folks who are working in the

trafficking field have to have an understanding of substance use. I just think, you know, I just see some pop up organizations who really want to help survivors of sex trafficking but they don't know anything about substance use and I think that that is unfortunate because they're so closely linked. So I just think that more education, better assessment on both sides, and lots and lots and lots of community engagement, especially through peer support, so people who have survived, you know, sex work, people who have come out of addiction, those are the people's voices who we most need to hear from and who should, you know, be championed to do good work." (Provider 3)

"I think more can be done to take resources to those that have been victimized or have an addiction rather than have them come to the resources, because there's plenty of help but, it's just, you have to go searching for it, and some folks believe that if they want to get clean bad enough, they'll go searching for it. Well yeah that's nice, but if they're in a situation where there's a lack of mobility, lack of education, lack of resourcefulness, lack of any kind of help, they're not going to find it on their own most of the time. So I think a better job can be done to make sure the resources are taken to the critical populations in the communities they are likely to be." (Provider 4)

"I think there's a lot of shame that go along with these two things and always a lack of education and awareness. Nobody wants to call themselves a victim, nobody wants to admit that they're an addict. So there has to be a bit of

vulnerability to reach out and ask for help and also to allow them to know that there are programs out there meant to help them and not punish them, because, you know, our kids don't want to ask for help because they're terrified to tell what I did or what I had to do that I'm going to be locked up, and that's not necessarily the case, you know, we want people to be healthy and we want people to be safe. So I think more awareness about, even just calling it 'substance abuse disorder' and 'human trafficking' makes it feel like there's a title for what they've been going through, the hell they've been experiencing. There's a name for it now, so they no longer have to carry that shame and that guilt saying 'I'm a prostitute' or 'I'm an addict.' You know, or, you know, or I'm screwing random strangers for a place to stay. That's very shameful for a person to have to admit." (Provider 8)

Many of the barriers that people who are trafficked, people who are struggling with drug abuse, or people dealing with both issues face are similar. These barriers include facing shame and stigma, a lack of education among the community, and a lack of availability of resources. Addressing and taking action against these issues were recommended in order to help both individuals who are trafficked and individuals who are struggling with drug abuse issues. There is a high likelihood that a victim of trafficking also struggles with drug abuse, so it may be that obtaining both identities results in an even more pronounced effect of the repercussions associated with the barriers.



## Chapter 6: Discussion

The findings of this study reveal that there is a direct relationship between the prevalence of sex trafficking and the opioid epidemic in Central Ohio. Through the interviews, it is clear that drug use and sex trafficking are often intertwined issues, especially in regards to the various roles of drug use in trafficking. Further, there is a bidirectional relationship that exists when considering factors that overlap between both issues: mental health, stigma associated with labeling (Howard Becker's Labeling Theory), and a lack of social integration (Emile Durkheim's Anomie Theory). It is not surprising that sex trafficking has fueled the effects of the opioid epidemic in Central Ohio and that the existence of the opioid epidemic has fueled the prevalence of sex trafficking. However, there are coexisting factors that exist between the two issues separately that can be further examined and taken action upon to ameliorate the effects of and help prevent the issues of sex trafficking and opioid use both separately and combined.

In addition, one piece of data that was surprising and not aforementioned is in regards to who is affected by sex trafficking. When asked about the demographics of the victims that providers have served, it was clear that anyone can be affected by sex trafficking when at least age, race, socioeconomic status, and educational attainment levels are considered. Based on all of the providers' responses, victims' ages were reported to be minors up to age 70, victims' race was predominantly white, victims' socioeconomic status ranged from below federal poverty guidelines up to upper middle class, and victims' educational attainment spanned from a third grade level education to a graduate level education. Due to these responses, it seems that people who likely have a somewhat strong level of social integration are still potential victims of trafficking, as long as they have some sort of vulnerability. This observation somewhat refutes the Anomie Theory.

One interesting point, furthermore, made by some providers that deserves more attention was in regards to how the criminal justice system handles cases of sex trafficking. The victim is typically the one who is regarded the criminal and the trafficker often times remains unaffected, because they are hard to track down. Classifying one party as a criminal and the negative consequences that result from this classification is an example of Labeling Theory. However, in the cases where traffickers are caught, if a punitive approach is the only approach ever taken towards them, only half of the issue is being dealt with. It is important to also consider what led the trafficker to want to buy and sell sex in addition to focusing on the victims. Perhaps they had a family member do the same thing, they were abused, or they wanted money quickly, among many other possible issues. These experiences may mimic similar ones of victims, and could be interpreted to lead to feelings of anomie, but it is uncertain if this presumed feeling is caused by rapid changes in social conditions.

There is a “John School” located in Columbus that helps first-time offenders charged with patronizing prostitution and associated charges and incentivizes diversion and record expungement that has a <1% recidivism rate (“Overview of John Schools,” 2015). Thus, there may be opportunities with diversion programs to help traffickers stop what they are doing, but it is hard to pursue such opportunities without looking sympathetic to the criminal or soft on crime, as criminals are deemed “deviant” by society. In all, though, the implementation of more diversion programs in the area could potentially contribute to a more effective approach to ending trafficking, as well as the further intertwined role of drugs in trafficking, by reducing the supply and demand sides of trafficking.

### Limitations

A qualitative approach with board sampling may lead to additional, supplemental information. This study was qualitative and provided service providers' perspectives on the issue. All of the providers interviewed have had unique experiences and work with different groups of trafficked individuals. Additionally, because the interviews were conducted over the phone, it was difficult to pick up on any visual cues or emotions, and some of the providers were interrupted during the interview by others' needs. Another limitation was that one of the questions asked during the interviews (Question 7) was pointed out to be worded problematically, as not all people who use opioids later get involved in sex trafficking. Many of the anti-trafficking service providers stated they were also unable to answer this question, because they did not have any statistics to support their response. Lastly, the results of the study should not be generalized outside of Central Ohio, as the anti-trafficking service providers interviewed were all from Central Ohio.

### Future Directions

Due to the inductive nature of this preliminary study, next steps could involve examining the intersection between sex trafficking and opioid use through more theories in order to decide which theory, or combination of theories, lends the most insight into how to simultaneously approach both topics at hand. Because mental health was referred to multiple times as a barrier to prevention and seeking out help, a more public health-based approach could be taken in future studies to further examine the intersection between both issues. Specifically, negative labels and social integration could be further looked into. In regards to taking more action, advocates and workers in the community should work to eliminate the stigma associated with labeling people

affected by trafficking and drug use, to increase mental health education and resources in the community, and to bring resources directly to affected people.

## Chapter 7: Conclusion

Applying sociological theory to the intertwined issues of sex trafficking and opioid use provides context to help understand why and how both issues occur individually and together in an area considered to be a hub of both issues. Ultimately, advocates and workers in relevant fields will be better able to adapt and formulate interventions that are more likely to be effective based on how well the concepts they are analyzing fit the assumptions of the selected theory. While both Howard Becker's Labeling Theory and Emile Durkheim's Anomie Theory provide great insight into the bidirectional relationships within the intersection of sex trafficking and opioid abuse, applying Becker's theory may be more valuable in efforts to prevent trafficking and drug use. This is primarily because situations of sex trafficking and drug abuse can happen to anyone, even people who likely have a relatively strong level of social integration when demographics are considered. Approaching both issues from a sociological perspective and by considering the negative impacts on mental health that come along with societal labels commonly associated with people who are affected by trafficking and addiction may help remove the stigma an affected person may experience. On top of providing more available resources and education among the community, this may be a critical step in the prevention of trafficking and drug abuse.

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## Appendix

### Interview Guide

1. How long have you been involved in providing services to victims of sex trafficking?
2. What types of services do you or your organization provide in general?
3. What are the demographics of the victims you have served, such as age, race, socioeconomic status, and educational attainment?
4. When do people who are experiencing sex trafficking start using opioids and for what reasons?
5. Throughout your time providing services to people who have experienced sex trafficking, has their overall rate of general drug use changed over time, and if so, how?
6. Do you think the prevalence and level of awareness of sex trafficking has changed as a result of the recent opioid epidemic we are facing here in Central Ohio?
7. How often do people who use opioids later become involved in sex trafficking?
8. What are similar barriers that both people who are sex trafficked and people who abuse opioids face that prevent them from seeking out or obtaining professional help? What can be done to reduce barriers of both issues simultaneously?
9. What aspects or common beliefs of society do you think perpetuate or exacerbate sex trafficking?
10. Do you think sex trafficking should be considered a public health issue? Why or why not?