

Traffickers' Use of Substances to Recruit and Control Victims of Domestic Trafficking for Sexual Exploitation in the American Midwest

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Abstract

This paper describes how traffickers use substances to recruit and control victims of domestic trafficking for sexual exploitation, as reported by service providers working with trafficking survivors in the American Midwest. This data was derived from interviews with 15 service providers in a major metropolitan area. Findings revealed consistencies with previous literature and new insights into the trafficker-substance use dynamic. Traffickers' use of substances with victims was pervasive when trafficking was for the purpose of sex but not other labour. There were several examples of how traffickers use substances for victim exploitation and recruitment. These include using substances to ensure a victim is in a euphoric mood prior to sex work, to reward victim sex work productivity, and to initiate withdrawal effects to demonstrate the traffickers' supreme control. Novel findings include how and why traffickers might deny victim use of substances and how they might give substances to victims without the victim's knowledge. Implications for how these findings can be utilised for victim treatment and for future research are discussed.

Keywords: substance use, human trafficking, perpetrators, American Midwest

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Introduction

There is limited evidence documenting how traffickers operate, what their motives are, and how they recruit and control victims. Specifically, how traffickers use substances has not been the focus of much prior research. The handful of

studies that focused in part on this potential relationship identified substances as tools used by traffickers to recruit, control, or further enmesh victims.¹ Illicit activities, including the selling, smuggling, and production of drugs, sometimes via gang activity, is a prominent typology of trafficking for sex and other labour.² Furthermore, criminal justice and prosecutorial research on the intersection of human trafficking and drug-related charges is mixed. Organised crime and gangs engaging in both trafficking of drugs and people have been linked in the United States (US).³ Prosecutors may find human trafficking cases too difficult to achieve conviction and thus convict human traffickers of lesser charges, such as drug-related offenses.⁴ A longitudinal review of online sources identified extensive overlap of trafficking and drug charges; 28 per cent of traffickers had also been charged with possession of drugs and 12 per cent had been charged with distribution of drugs.⁵ However, another study, focused on traffickers across labour sectors in four US locations, found that traffickers frequently engaged in other criminal offences such as the use of weapons, sexual abuse, smuggling, fraud, and attempted murder, but only rarely with drugs or drug trafficking.⁶ Farrell *et al.* also found that only 2 per cent of the alternate state charges prosecutors used against suspected human traffickers were drug-related charges.⁷ To address this gap and seeming discrepancy in the research literature, we examined how substances are used by human traffickers.

Early work examining traffickers identified four trafficker typologies, which were divided by labour and sex trafficking: 1) organised labour exploitation for

¹ E Veldhuizen-Ochodničanová, E L Jeglic, and I Boskovic, 'Separate Routes, Similar Crimes? Conceptualising differences between domestic and international sex traffickers in the United States', *International Journal of Law, Crime and Justice*, vol. 62, 2020, 100395, <https://doi.org/10.1016/j.ijlcj.2020.100395>; B Anthony, *On-Ramps, Intersections and Exit Routes: A roadmap for systems and industries to prevent and disrupt human trafficking*, Polaris, 2018.

² Anthony.

³ L Shelley, 'The Relationship of Drug and Human Trafficking: A global perspective', *European Journal on Criminal Policy and Research*, vol. 18, no. 3, 2012, pp. 241–253, <https://doi.org/10.1007/s10610-012-9175-1>.

⁴ A Farrell, M J DeLateur, C Owens, and S Fahy, 'The Prosecution of State-Level Human Trafficking Cases in the United States', *Anti-Trafficking Review*, issue 6, 2016, pp. 48–70, <https://doi.org/10.14197/atr.20121664>.

⁵ D Roe-Sepowitz, 'A Six-Year Analysis of Sex Traffickers of Minors: Exploring characteristics and sex trafficking patterns', *Journal of Human Behavior in the Social Environment*, vol. 29, issue 5, 2019, pp. 608–629, <https://doi.org/10.1080/10911359.2019.1575315>.

⁶ C Owen, *et al.*, *Understanding the Organization, Operation, and Victimization Process of Labor Trafficking in the United States*, Urban Institute, Washington, DC, 2014.

⁷ Farrell *et al.*

profit; 2) family-based domestic servitude; 3) sex trafficking of US citizens; and 4) sex trafficking of foreign-born victims.⁸ Traffickers' use of substances was discussed in two of these typologies: organised labour exploitation for profit and sex trafficking of US citizens. Traffickers may take advantage of US victims' vulnerabilities, such as an existing substance use disorder (SUD), or they may facilitate drug addiction in domestic or foreign-born victims to coerce labour or sex. Further work expanded knowledge of two of these trafficker typologies by statistically examining distinctions between traffickers in 73 cases of domestic and 41 cases of international trafficking for sex in the US. Traffickers who exploited domestic victims were significantly more likely to, a) recruit women who were already addicted to drugs, and b) use dependence on drugs as a tool to control or enmesh victims.⁹ In other research classifying types of traffickers of women for sex, 23% (n=5) of the primary traffickers were drug dealers.¹⁰ Traffickers may strongly encourage or even force a survivor to use some form of substance in order to prolong their exploitation.¹¹ In a 2013 case, *US vs. Fields*, a convicted trafficker had not only supplied prescription pills to young women he deceptively recruited, but he intentionally increased victim dependency on the substances to use fear of withdrawal symptoms as a coercive mechanism for victims to earn money for him by selling sex.¹²

Existing research on how traffickers have used substances has largely focused on minors exploited for sex, or on unclear distinctions between trafficking and commercial sexual exploitation. Any US minor who sells or exchanges sex can be considered a survivor of sex trafficking in accordance with the US federal definition. Such research has found widespread use of substances among victims,

⁸ N Busch-Armendariz, M Nsonwu, and L Cook Heffron, 'Understanding Human Trafficking: Development of typologies of traffickers PHASE II', *IDVSA Journal Articles*, 2009.

⁹ Veldhuizen-Ochodničánová, *et al.*, 2020.

¹⁰ A Ravi, M R Pfeiffer, Z Rosner, and J A Shea, 'Identifying Health Experiences of Domestically Sex-Trafficked Women in the USA: A qualitative study in Rikers Island Jail', *Journal of Urban Health*, vol. 94, no. 3, 2017, pp. 408–416, <http://doi.org/10.1007/s11524-016-0128-8>.

¹¹ A C Duncan and D DeHart, 'Provider Perspectives on Sex Trafficking: Victim pathways, service needs, & blurred boundaries', *Victims & Offenders*, vol. 14, issue 4, 2019, pp. 510–531, <https://doi.org/10.1080/15564886.2019.1595241>; J G Raymond, D M Hughes, and C J Gomez, 'Sex Trafficking of Women in the United States', in L Territo and G Kirkham (eds.), *International Sex Trafficking of Women & Children: Understanding the global epidemic*, Looseleaf, Flushing, 2001, pp. 3–14; J G Raymond *et al.*, *A Comparative Study of Women Trafficked in the Migration Process*, Coalition Against Trafficking in Women, 2002.

¹² Office of Public Affairs, 'Convicted Sex Trafficker Sentenced to More Than 30 Years in Prison', The United States Department of Justice, 29 January 2014, <https://www.justice.gov/opa/pr/convicted-sex-trafficker-sentenced-more-30-years-prison>.

that substance use makes youths vulnerable to pimps, and that pimps have used substances to recruit youths into trafficking.¹³ This relationship is so pervasive that a systematic review of health outcomes for child survivors of commercial sexual exploitation and human trafficking found that 26 out of 27 studies included substance use or abuse outcomes, including several that found victims to be at increased risk for substance use compared to non-victims.¹⁴

A review of 25 medical records of US minors trafficked for sexual exploitation demonstrated that 92 per cent reported using drugs or alcohol to their medical provider; for 20 per cent, drugs or addiction were related to their recruitment into trafficking.¹⁵ However, examination of medical records for 51 UK minors who were trafficked for various forms of labour exploitation found that only 18 per cent had a history of substance misuse.¹⁶ Another study (where 41 per cent of participants had sold sex as minors) identified five techniques pimps used to recruit women and girls into street-based sex work: love, debt, drugs, violence, and authority.¹⁷ Traffickers were reported to use drugs in two ways. First, women who entered the sex trade at a young age were often addicted to drugs.¹⁸ In fact, participants reported sleeping with and being ‘turned out’ (i.e. to have sex for money) by drug dealers. In this case, women would engage in sex work to meet

¹³ E Bath, *et al*, ‘Substance Use, Mental Health, and Child Welfare Profiles of Juvenile Justice-Involved Commercially Sexually Exploited Youth’, *Journal of Child and Adolescent Psychopharmacology*, vol. 30, no. 6, 2020, pp. 389–397, <https://doi.org/10.1089/cap.2019.0057>; M C Cook, *et al.*, ‘Exploring Mental Health and Substance Use Treatment Needs of Commercially Sexually Exploited Youth Participating in a Specialty Juvenile Court’, *Behavioral Medicine*, vol. 44, no. 3, 2018, pp. 242–249, <https://doi.org/10.1080/08964289.2018.1432552>; M A Kennedy *et al.*, ‘Routes of Recruitment: Pimps’ techniques and other circumstances that lead to street prostitution’, *Journal of Aggression, Maltreatment & Trauma*, vol. 15, issue 2, 2007, pp. 1–19, https://psycnet.apa.org/doi/10.1300/J146v15n02_01; J L Moore *et al.*, ‘Trafficking Experiences and Psychosocial Features of Domestic Minor Sex Trafficking Victims’, *Journal of Interpersonal Violence*, vol. 35, no. 15–16, 2020, pp. 3148–3163, <https://doi.org/10.1177/0886260517703373>.

¹⁴ P T D Le, N Ryan, Y Rosenstock, and E Goldmann, ‘Health Issues Associated with Commercial Sexual Exploitation and Sex Trafficking of Children in the United States: A systematic review’, *Behavioral Medicine*, vol. 44, issue 3, 2018, pp. 219–233, <https://doi.org/10.1080/08964289.2018.1432554>.

¹⁵ Moore *et al.*

¹⁶ L Ottisova *et al.*, ‘Psychological Consequences of Child Trafficking: An historical cohort study of trafficked children in contact with secondary mental health services’, *PLoS One*, vol. 13, no. 3, 2018, e0192321, <https://doi.org/10.1371/journal.pone.0192321>.

¹⁷ Kennedy *et al.*

¹⁸ *Ibid.*

the financial needs of their addiction.¹⁹ Second, pimps recruited women by giving them gifts, including drugs, for which they were then threatened and indebted to repay via sex work.²⁰

Literature on how traffickers use substances with adult survivors is less pervasive. In a systematic review demonstrating the extensive violence and negative comprehensive health impacts of trafficking on survivors of all ages and countries, only four of 37 papers specifically discussed substance misuse.²¹ However, these four were unclear about traffickers' role in such misuse. One of these studies was a matched cohort study from London comprised largely of adult survivors who were not more likely than matched non-survivors to have substance misuse issues.²² Incarcerated women survivors of trafficking for the purpose of sexual exploitation in the US, who were recruited from a substance use unit, reported use of illicit substances at varying points in their lives (i.e. before, during, and after being trafficked) and that substance use was the most common way to cope with the trauma they experienced.²³ Notably, women described how both substance use and traffickers impeded their access to healthcare.²⁴

Some research suggests family members or intimate partners may traffic a victim in order to support their own substance abuse.²⁵ For example, one study found that 72.8 per cent of minors reported a history of familial drug or alcohol problems, while 59.4 per cent of adults reported family substance use.²⁶ The extent to which

¹⁹ *Ibid.*; E E Riley-Horvath, 'Substance Use Treatment Needs for Survivors of Commercial Sexual Exploitation of Children', Walden Dissertations and Doctoral Studies, 2019, <https://scholarworks.waldenu.edu/dissertations/6803>.

²⁰ Kennedy.

²¹ L Ottisova *et al.*, 'Prevalence and Risk of Violence and the Mental, Physical and Sexual Health Problems Associated with Human Trafficking: An updated systematic review', *Epidemiology and Psychiatric Sciences*, vol. 25, no. 4, 2016, pp. 317–341, <https://doi.org/10.1017/s2045796016000135>.

²² S Oram *et al.*, 'Characteristics of Trafficked Adults and Children with Severe Mental Illness: A historical cohort study', *The Lancet Psychiatry*, vol. 2, issue 12, 2015, pp. 1084–1091, [https://doi.org/10.1016/S2215-0366\(15\)00290-4](https://doi.org/10.1016/S2215-0366(15)00290-4).

²³ A Ravi, M R Pfeiffer, Z Rosner, and J A Shea, 'Trafficking and Trauma: Insight and advice for the healthcare system from sex-trafficked women incarcerated on Rikers Island', *Medical Care*, vol. 55, issue 12, 2017, pp. 1017–1022, <https://doi.org/10.1097/mlr.0000000000000820>.

²⁴ Ravi *et al.*, 'Identifying Health Experiences'.

²⁵ Duncan and DeHart; Anthony.

²⁶ R J Clarke, E A Clarke, D Roe-Sepowitz, and R Fey, 'Age at Entry into Prostitution: Relationship to drug use, race, suicide, education level, childhood abuse, and family experiences', *Journal of Human Behavior in the Social Environment*, vol. 22, issue 3, 2012, pp. 270–289, <https://doi.org/10.1080/10911359.2012.655583>.

traffickers exploit their own family members or others to feed their own SUD is not well understood.²⁷

Prior research examining characteristics of human traffickers is scarce, with information about traffickers' use of substances even more so. The aim of this study was to explore patterns of how substances were used by traffickers, as reported by providers of services to trafficking survivors in the American Midwest. The US federal definition was used for this research, although we acknowledge various interpretations of the legal definition among providers. In accordance with the *Trafficking Victims Protection Act* (TVPA) 2000, severe trafficking in persons is defined as 'the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery'. The definition distinguishes sex trafficking, 'in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age'. The World Health Organization's definition of substance abuse is applied in this study: 'the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs' which 'can lead to dependence'.²⁸

Methods

The data for this study was derived from interviews with service providers in a major metropolitan area in the US Midwest. These service providers had all engaged with diverse survivors of human trafficking and thus could draw on experiences across their caseloads. Interviews were conducted with providers to preserve the survivors' identities and prevent them from unnecessarily recalling traumatic experiences.

This study was born out of a collaboration between researchers and a large non-profit anti-trafficking programme.²⁹ The collaboration identified preliminary evidence indicating problematic substance use for 14 out of 213 human trafficking tips made to the agency (unpublished data) over a decade. Substance use was not intentionally recorded. Therefore, it was suspected that substance use may affect a larger proportion of those who were trafficked. An exploratory qualitative

²⁷ Anthony.

²⁸ World Health Organization, *Understanding and Addressing Violence Against Women: Human trafficking*, World Health Organization, No. WHO/RHR/12.42, 2012.

²⁹ E. Koegler, A. Mohl, K. Preble, and M. Teti, 'Reports and Victims of Sex and Labor Trafficking in a Major Midwest Metropolitan Area, 2008–2017', *Public Health Reports*, vol. 134, no. 4, 2019, pp. 432–440, <https://doi.org/10.1177/0033354919854479>.

study was conducted with the goal of understanding the intersections of human trafficking and substance use, as understood by providers who have worked over time with diverse survivors of human trafficking.

This study utilises the consolidated criteria for reporting qualitative research (COREQ) guidelines.³⁰ We selected participants purposively in collaboration with the anti-trafficking programme, which had developed extensive contacts over years of serving foreign and domestic-born survivors of human trafficking via US federal funding. The partnering agency identified fifteen key informants from fifteen agencies who had worked directly with survivors over several years in the metropolitan area. We sent emails to invite key informants to participate and inform them of the research objectives. We used snowball sampling at the conclusion of each interview and asked participants if they could provide the name and contact information of others in the area who could provide relevant insights.

Fifteen key informants from 12 organisations participated in 13 one-time interviews. Three organisations primarily served children, three others primarily served adults, and the remaining served both children and adults. Five participants worked in social service organisations, four in law enforcement or legal services, three in health, and three in human trafficking-specific services. More participants' organisations primarily worked with victims of trafficking for sexual exploitation (10) than other labour (1) or all forms of trafficking (4), which is a reflection of the availability of services in the area. The average age of participants was 38.5 years (range 25-59) and they had worked with survivors of trafficking for an average of eight years (range 2-26). All but one participant were women. Nine were white and six were Black, Asian, or multi-racial.

The first author, a cis gender female assistant professor with training in qualitative research, conducted all interviews privately at the key informants' workplace or another space selected by the participant. One interview took place in a public space. Participants and the researcher did not have prior relationships. The interviews used a semi-structured interview guide; substance use-specific questions can be seen in Appendix 1. Interviews lasted approximately 60-90 minutes and were audio-recorded and transcribed. We did not return transcripts to participants. The interviewer wrote field notes during and after the interviews. No new themes emerged after the eleventh interview.

³⁰ A Tong, P Sainsbury, and J Craig, 'Consolidated Criteria for Reporting Qualitative Research (COREQ): A 32-item checklist for interviews and focus groups', *International Journal for Quality in Health Care*, vol. 19, issue 6, 2007, pp. 349-357, <https://doi.org/10.1093/intqhc/mzm042>.

We utilised a qualitative content analysis³¹ for this study, specifically a mix between a conventional and a directed approach.³² Substance use-related data was extracted from the interview transcripts. Two researchers immersed themselves in the data and independently open-coded the data. Researchers met several times to organise codes into categories, achieve consensus, and draft and refine a codebook. The two researchers independently abstracted data by codes for one interview in ATLAS.ti, using the codebook, resolved discrepancies, and then abstracted data for two more interviews and resolved any remaining discrepancies. Researchers identified several themes for how traffickers use substances. Themes were highly interrelated and are thus presented collectively to convey the constructs most succinctly. Themes with some participant quotations that exemplify them are presented below.

Findings

Providers were asked about victims' or survivors' use of substances; however, many responded about the actions of traffickers. Providers who mainly interacted with survivors of labour trafficking, not for the purpose of sexual exploitation, reported that substance abuse was not a common element of control. However, providers who interacted with survivors trafficked in the sex trade shared a number of examples that align with the recruitment and exploitation stages of trafficking, as conceptualised by Zimmerman *et al.*³³ A summary of themes as well as the stage in the trafficking process that the theme may be most relevant to can be seen in Table 1.

³¹ S Elo and H Kyngäs, 'The Qualitative Content Analysis Process', *Journal of Advanced Nursing*, vol. 62, no. 1, 2008, pp. 107–115, <https://doi.org/10.1111/j.1365-2648.2007.04569.x>.

³² H-F Hsieh and S E Shannon, 'Three Approaches to Qualitative Content Analysis', *Qualitative Health Research*, vol. 15, no. 9, 2005, pp. 1277–1288, <https://doi.org/10.1177/1049732305276687>.

³³ C Zimmerman, M Hossain, and C Watts, 'Human Trafficking and Health: A conceptual model to inform policy, intervention and research', *Social Science and Medicine*, vol. 73, no. 2, 2011, pp. 327–335, <https://doi.org/10.1016/j.socscimed.2011.05.028>.

Table 1. Interrelated themes of how traffickers used substances with victims and the stage of the trafficking process where they may be most impactful.

Themes	Stages of the trafficking process
Coercing or forcing victim substance use For fun or to feel good	Exploitation Recruitment
Controlling: ‘They want as much control as possible.’ Trafficker as supplier Controlling mood and performance Unknowingly to the victim Addiction Rewarding	Recruitment, Exploitation Exploitation Exploitation Recruitment, Exploitation Exploitation

The recruitment stage was often initiated with the trafficker being the supplier of drugs. Providers echoed two trajectories of how traffickers supplied substances to victims during both the recruitment and exploitation stages in order to gain control; they either identified an addicted individual or got a non-addicted individual addicted. As one participant explained:

Either they find a girl who’s already addicted and then they become the supplier, and that’s a nice way to be able to control somebody. Or you’re asking a girl to do something that they’re uncomfortable with or embarrassed or ashamed or whatever and so you offer them something to make them more comfortable and then, ... you have somebody that’s addicted and now it’s easy to control them.

When asked if substances were offered or supplied by the trafficker, two providers from different agencies responded with the exact same words, ‘That’s how they keep them in the life. That’s their source’. One further indicated that sex work is a way for victims to pay for these drugs. Participants consistently reported that for victims who used substances, traffickers regularly facilitated the acquisition of substances. Traffickers who exploited victims for the purpose of sex supplied substances to victims as a key tool to maintain their control and ensure a system that enabled traffickers to keep victims working for them. Traffickers ensured victims stayed with them by providing the substances victims sought, which might also allow traffickers and victims to see it as a reciprocal relationship.

When asked if traffickers ever forced victims to take drugs, one provider noted that there is intense pressure put onto the victim by the trafficker, and in some cases, victims are told that they have to use substances. The use of substances to coerce victims was not always immediate as one participant indicated that some victims would be resistant to substance use; but with time, their resistance waned as use became more appealing and then progressed to habitual use. In addition to traffickers consistently offering substances over time, another way that participants spoke about coerced use of substances was, 'it could be introduced as a fun thing to do' by traffickers. This was particularly true for alcohol. What was once fun could become exploitation by a trafficker as victims find themselves in situations where they deem they have no alternative but to continue complying with the desires of the trafficker.

Several providers explained how traffickers usually did not physically force victims to use substances, but that it was often a subtler force through mental coercion, for instance with threats of abandonment. Boyfriend-style traffickers might use substances to control or manipulate victims into sexual acts by telling victims that the substances will make them comfortable, relaxed, and numb to the experience. In some situations, the trafficker had control to manipulate and ensure performance by the victim by promoting a state of euphoria. Promoting mood was also achieved when traffickers were giving substances to victims without their knowledge. Four participants spoke about traffickers using drugs when a victim did not know about it. Providers also reported how traffickers could use substances as a reward for their participation or meeting a quota or as a way to ensure compliance.

There were ways that coercion would be considered force from the victim's perspective since victims may not have a choice. One provider indicated that victims comply with traffickers because the alternative is threatened loss of life. As the provider explained, 'If you don't have the ability to make your decision on whether or not you can use that drug or whether or not you can walk out the door, if he says, "do it", your option is do it or die. You do it'. When traffickers did physically force victims to use substances, it was clearly a 'strong-arm type' of approach. In such cases, one provider discussed how traffickers could use the physical nature of addiction to initiate withdrawal effects as a demonstration of their control.

When victims come into the trafficking situation with an established addiction to substances, this addiction can play an important role in how traffickers reward victims with substances to control them. When traffickers supply substances to those with an addiction, victims may be resistant to getting out of 'the life', and this works in the trafficker's favour. Control, supplying substances to victims, and addiction were entangled, which added to the situation being difficult to exit.

Another interesting dynamic in the exploitation of victims involves traffickers not allowing victims to use substances. Some participants reported situations in which a trafficker did not allow or supply hard substances to victims, mostly because it impacted their profit, especially if the trafficker serviced a higher-end clientele. In one case, the trafficker forbade substance use, to further manipulate a victim by telling her he had ‘empowered’ her from addiction.

Relationships between traffickers, victims, and the illegal nature of substances could be complex. Many providers reported that it was common for victims to live with drug dealers, while it was less common for victims to live with drug growers or manufacturers. Some providers reported that traffickers may also deal drugs. Offering a different perspective on the complexity of relationships, one participant described how both victim and trafficker may have vulnerabilities for substances or addiction and trafficking, noting that they often come from similar marginalised socio-economic backgrounds, ‘a broken home, a broken society’, that leads to the development of survival skills to figure out how the trafficker will get his next meal or support his own drug use. Despite the similar vulnerabilities between traffickers and victims, the provider noted that victims ‘just get the shorter end of the stick every time’.

Discussion and Conclusions

Substances were reported as a way for traffickers for the purpose of sexual exploitation to coercively or forcefully control the mood and body of victims. Traffickers were frequently victims’ drug dealers and would exploit individuals who were already addicted via the provision of substances in exchange for the profit of commercial sex. Traffickers could also introduce substances as something fun to do during the recruitment process or supply substances in a way that the victim became addicted, and dependant on the trafficker, over time. Our findings provide new insight into how traffickers may use substances to control victims throughout the exploitation stage, for example, to ensure a victim is in a euphoric mood prior to going on a date, to provide substances as a reward after the victim has met the demands of the trafficker, or to make a victim withdraw from substances just to demonstrate the traffickers’ supreme control. Novel findings include how and why traffickers may *not* use substances to control victims and that traffickers gave victims substances without their knowledge.

Several of our findings are consistent with prior research. First, traffickers’ use of substances with victims was pervasive when trafficking was for the purpose of sex but not other labour. This connection was also seen in longitudinal programmatic data from the National Human Trafficking Hotline; however, a notable factor connecting substance use and trafficking may be a trafficker leveraging victims’ vulnerability and desperation for income regardless of the

purpose of exploitation.³⁴ Although Shelley's work³⁵ introduced the potential use of substances by traffickers for the purpose of sex and other labour, this has not been demonstrated elsewhere.³⁶ It is not clear if traffickers' use of substances for victims exploited for sex, but less so labour, is a real phenomenon or more a product of complicated power, wealth, and race dynamics that may be at play, which results in increased prosecution of traffickers for the purpose of sex compared to other labour. Further research into traffickers' use of substances in a range of labour sectors is warranted.

Notably consistent with the literature,³⁷ we also found that substances have been used as a recruitment method and to control victims, particularly for individuals with pre-existing SUD as a vulnerability. Traffickers have used drugs to keep youth compliant to their demands.³⁸ Previous literature has documented traffickers as victims' drug dealers.³⁹ The National Human Trafficking Hotline reported many cases where the trafficker starts as the drug dealer but then coerces the victim to start selling sex or engaging in other labour to pay off drug use-related debts or earn new substances.⁴⁰ Other research has demonstrated that 16 per cent of commercially sexually exploited women began trading sex to support their addiction, some of whom reported being 'turned out' (made to enter the sex trade) by drug dealers.⁴¹ Survival sex in exchange for drugs is a known pathway into trafficking and a coercive mechanism traffickers use to maintain control over victims via threats of arrest due to drug use, loss of their supply of drugs, and inability to afford drugs without the trafficker.⁴² Further research into the intersections of traffickers being a victim's drug dealer is needed.

Use of substances for fun during the grooming process has been noted in the literature⁴³ but has not been a focus point. For traffickers that exploit victims

³⁴ Anthony.

³⁵ Shelley.

³⁶ Owens *et al.*; Farrell *et al.*

³⁷ Busch-Armentariz *et al.*; Veldhuizen-Ochodničanová *et al.*; Anthony.

³⁸ Roe-Sepowitz; Moore *et al.*; J A Reid, A R Piquero, and C J Sullivan, 'Exploring the Impact of Alcohol and Marijuana Use on Commercial Sexual Exploitation Among Male Youth Using Parallel-Process Latent Growth Curve Modeling', *Journal of Crime and Justice*, vol. 38, issue 3, 2015, pp. 377–394, <https://doi.org/10.1080/0735648X.2014.965588>.

³⁹ Ravi *et al.*, 'Trafficking and Trauma'.

⁴⁰ Anthony.

⁴¹ Kennedy *et al.*

⁴² Duncan and DeHart.

⁴³ S C Parker and J T Skrmetti, 'Pimps Down: A prosecutorial perspective on domestic sex trafficking', *The University of Memphis Law Review*, vol. 43, 2012, pp. 1013–1045.

who are their intimate partners, it has been noted that using substances together facilitates a form of trauma-bonding or Stockholm Syndrome that enables a closeness and even a sense of fun in the shared dependency and danger.⁴⁴ A novel finding, as indicated by one participant, looks beyond the dichotomy of the ‘bad trafficker’ and ‘poor victim’, but rather considers that both victims and traffickers exist in broken societies where a mix of substance use and trafficking becomes a survival skill. Two other novel findings have rarely been documented in the literature but are noted. First, one book chapter referenced a quote from a survivor who indicated that a drug was used as a reward when she met her quota.⁴⁵ Second, fear of withdrawal has been documented as a coercive mechanism used by traffickers to trap victims.⁴⁶

Reports in this study that some traffickers did not allow victims to use hard drugs is contrary to other research that has examined the utility of substances in promoting and maintaining control over victims. While the denial of substance use is a controlling behaviour, it presents an interesting dynamic between the trafficker and victim, especially if addiction is avoided or addressed during the course of the relationship. Traffickers may feel they have more entitlement to victims if they have helped them overcome addiction, which may make it more difficult for a victim to recognise the abusive situation as there is also an element of caring.

The findings here are provided with the caveat that there are likely other factors that were not explored as this effort was not intended to focus on traffickers’ behaviour. We also acknowledge that, while providers work closely with victims of trafficking, their perspectives do not represent the actual experiences of victims and certainly not those of traffickers. Therefore, we recognise that these findings are limited in the ability to make direct practice implications, but they do contribute to the limited knowledge available regarding traffickers’ modus operandi. Future research should be conducted directly with traffickers to explore how they report using substances themselves and with victims.

While there is evidence in the literature indicating that traffickers use substances to control and manipulate victims, to our knowledge, no studies have focused specifically on this issue. Similarly, our own exploratory research intended to focus on how substances were used by survivors rather than traffickers. However, this

⁴⁴ Anthony.

⁴⁵ E K Hopper, ‘Trauma-Informed Treatment of Substance Use Disorders in Trafficking Survivors’, in M Chisolm-Straker and H Stoklosa (eds.), *Human Trafficking is a Public Health Issues*, Springer, Cham, 2017, pp. 211–230, https://doi.org/10.1007/978-3-319-47824-1_12.

⁴⁶ Y Omar, G Austgen, and N Moukaddam, ‘Care Management of Trafficked Persons with Substance Use Disorders’, in J H Coverdale, M R Gordon and P T Nguyen (eds.), *Human Trafficking: A treatment guide for mental health professionals*, APA Publishing, Washington, DC, 2020, p. 133; Anthony.

research demonstrates that examining traffickers' use of substances warrants further attention and investigation.

This research has several implications. First, given the vulnerability of those with SUD to be targeted and manipulated by traffickers, treating SUD is likely a critical step in breaking the cycle of control by traffickers. Need for treatment of SUD among survivors of trafficking has been noted,⁴⁷ as have barriers to treatment (e.g. sobriety requirements for entry, being kicked out for relapse), which must be addressed.⁴⁸ Given the overlap in SUD, extensive trauma, and other mental health disorders experienced by survivors, interventions that integrate treatment for trauma and SUD are needed.⁴⁹ One such evidence-based programme that integrates treatment of trauma and substance use is Seeking Safety, which incorporates case management, acknowledges environmental factors, and does not require individuals to relive their trauma.⁵⁰ Other integrated group treatment models recommended for survivors of trafficking include: Trauma Recovery and Empowerment Model, Addiction and Trauma Recovery Integration Model, Trauma Addiction Mental Health and Recovery, and Trauma Affect Regulation: Guide for Education and Therapy.⁵¹

It is imperative that integrated treatment utilises survivor-informed tenants of care in a clinician's general approach (e.g. be empathetic not sympathetic), history taking (e.g. interview patient alone), physical exam (e.g. survivor-led pace of exam), and response (e.g. collaborate with multidisciplinary team).⁵² Additionally, clinicians must avoid diagnostic overshadowing, which means that they cannot ignore patients' concerns (e.g. for exploitation or other health ailments) because of mental illness.⁵³ The timing of treatment is important, with consideration of the individual's complex situation, as availability of SUD treatment may prevent an individual from becoming trafficked. Immediate needs, such as housing and case management, may need to be met first to support SUD treatment and reduce relapse.⁵⁴

⁴⁷ Duncan and DeHart; Cook *et al.*

⁴⁸ L. B. Gerassi, 'Barriers to Accessing Detox Facilities, Substance Use Treatment, and Residential Services Among Women Impacted by Commercial Sexual Exploitation and Trafficking', *Behavioral Medicine*, vol. 44, no. 3, 2018, pp. 199–208, <https://doi.org/10.1080/08964289.2017.1384360>.

⁴⁹ Hopper; Omar *et al.*

⁵⁰ *Ibid.*

⁵¹ *Ibid.*

⁵² H Stoklosa, M MacGibbon, and J Stoklosa, 'Human Trafficking, Mental Illness, and Addiction: Avoiding diagnostic overshadowing', *AMA Journal of Ethics*, vol. 19, issue 1, 2017, pp. 23–34, <https://doi.org/10.1001/journalofethics.2017.19.1.ecas3-1701>.

⁵³ *Ibid.*

⁵⁴ Omar *et al.*

Still, research into treatment for substance use among trafficking survivors is scant. Preliminary reporting of a systematic review examining access to substance use treatment for survivors of trafficking for sex found only three studies, which identified facilitating factors to be programmatic (e.g. decreased wait times), provider-related (e.g. cultural competence), and individual (e.g. legal and medical problems).⁵⁵ Additional research and efforts are needed to ensure substance use treatment for survivors.

Second, this research highlights the potential for integrating additional components related to trafficking or vulnerability to trafficking into school-based prevention and training with youths. The construct of harm reduction has been around for decades,⁵⁶ and is in direct contrast to ineffective abstinence-based school-based prevention models (e.g. D.A.R.E.).⁵⁷ Increasingly, there have been efforts to integrate harm reduction-based education programmes both into sexual and substance use related education in schools.⁵⁸ As it relates to substance use, harm reduction models operate with radical acceptance and compassion, with a focus on practical strategies to minimise the harm and the negative consequences associated with substance use, rather than condemning or exaggerating substance use and its impact.⁵⁹ Emerging programmes modelled after a harm reduction philosophy, like Safety First developed by the Drug Policy Alliance,⁶⁰ have demonstrated positive outcomes for students (e.g. increased knowledge related to drugs, harm reduction, and practical strategies to reduce negative consequences of substance use, such as reversing an opioid overdose). However, rigorous peer-reviewed research on this programme is nascent. Integrating curriculum components involving discussions of substance use, vulnerability to trafficking, and control tactics, when done in a way that is non-stigmatising, aligns with harm reduction goals to reduce negative consequences of substances while still acknowledging that use can be normative.⁶¹

⁵⁵ N Hallett, 'Experiences of Female Sex Trafficking Survivors Who Have Accessed Treatment for Substance Use: A systematic review', *University of Southern Maine Digital Commons*, 2020.

⁵⁶ G A Marlatt, 'Harm Reduction: Come as you are', *Addictive Behaviors*, vol. 21, no. 6, 1996, pp. 779–788, [https://doi.org/10.1016/0306-4603\(96\)00042-1](https://doi.org/10.1016/0306-4603(96)00042-1).

⁵⁷ S Ennett, N Tobler, C Ringwalt, and R Flewelling, 'How Effective is Drug Abuse Resistance Education? A meta-analysis of project DARE outcome evaluations?', *American Journal of Public Health*, vol. 84, no. 9, 1994, pp. 1394–1401, <https://doi.org/10.2105/ajph.84.9.1394>.

⁵⁸ C Moraff, 'Can Harm Reduction Finally Take Root in America's Schools?', *Filter*, 7 November 2017, <https://filtermag.org/harm-reduction-america-schools>.

⁵⁹ National Harm Reduction Coalition, 'Principles of Harm Reduction', n.d., <https://harmreduction.org/about-us/principles-of-harm-reduction>.

⁶⁰ Drug Policy Alliance, 'Safety First', 8 October 2019, <https://drugpolicy.org/resource/safety-first-real-drug-education-teens>.

⁶¹ Hopper.

Finally, with consideration of traffickers with single or a few victims, and their use of substances with victims, as a society, we must consider the conditions that exist that lead to such problematic survival behaviour.

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Appendix 1

Now I'm going to ask about the use of substances (first alcohol then drugs) among trafficking *survivors* you have worked with:

Alcohol

Describe any knowledge you have of *survivors* you have worked with using alcohol? Which types of alcohol are/were used?

Describe any knowledge you have of *survivors* you have worked with abusing alcohol?

Describe when and how *survivors* use/abuse alcohol (before, during, after trafficking)?

About what percentage of *survivors* you have worked with use and/or abuse alcohol?

What is your understanding of the reasons some *survivors* have NOT used/abused alcohol?

Drugs

Describe any knowledge you have of *survivors* you have worked with using drugs? Which types of drugs are/were used?

Describe any knowledge you have of *survivors* you have worked with abusing drugs?

Describe when and how *survivors* use/abuse drugs (before, during, after trafficking)?

About what percentage of *survivors* you have worked with use and/or abuse drugs?

What is your understanding of the reasons some *survivors* have NOT used/abused drugs?

Based on data from human trafficking tips (partner organisation), *victims/survivors* have reported using substances in the following ways. Please explain if/how you have seen this occurring with *survivors* you have worked with?

- Needing substance abuse treatment services
- Living with drug growers/makers
- Employer/trafficker offering/supplying substances
- Trafficker/abuser forced *victim* to take drugs
- Exchanging sex for drugs
- Parent or stepparent forced *victim* to exchange sex for drugs

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