

Psychology & Human Trafficking; Are Some People More Prone To Break The Laws Than Other

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Abstract

This study looked at the compulsive situations that victims of trafficking face in a context prone to delinquency. The researcher conducted a partially structured interview with 8 adult traffickers at home and / or sexually. Participants described health issues related to human trafficking practices and their perception of their health. Using the HR analysis method, we analyzed the topics using the Biderman framework. Participants reported feeling a sense of scale. Biedermann's non-physical coercive tactics, isolation, monopolization of perception, resulting debt or fatigue, risk, accidental display, power display, degradation, and compliance with trivial requirements. Our analysis shows that coercive tactics increase the transfer of victims of trafficking to traffickers, even if they do not have the physical strength or ability. Such psychological abuse can be acute and chronic, impairing physical and mental health. In addition, a person will be forced to do immoral things that he does not want to do. They can break the law and violate the rules.

Introduction

Trafficking in human beings is a diverse, global crime that benefits or exploits people (United Nations Office on Drugs and Crime, 2014). Trafficking in human beings is internationally recognized as a violation of human rights (United Nations Office on Drugs and Crime, 2014), and since the passage of the Trafficking in Persons and Violence Protection Act in 2000, U.S. law has defined it as a federal crime. The United States defines human trafficking as the use of force, fraud, coercion, deception, or abuse of power to force a person to work or provide services (US Department of State, 2014). Trafficking in human beings is often referred to as “modern slavery,” but unlike domestic slavery, modern victims are rare in relation to their castles and chains (ManConnell Davidson, 2013).

The practice of human trafficking may involve physical or sexual violence, but a variety of non-physical methods have been found, including deception and psychological manipulation, which play a major role in trafficking victims and their subjugation (Kim, 2007). Although the health effects of psychological violence have been analyzed in the study of domestic violence and torture, psychological coercion, which constitutes the practice of human trafficking, has rarely been studied (Amnesty International, 1975; Logan, 2007; Sackett& Saunders, 1999; 1999); Tiwari, et al., 2008).

People with mental instability and disease are considered prone to breaking the law. They don't know much about rules and regulations. They are often considered cruel. This study was conducted to determine the exact scenario. Psychology is a broad field that can be connected with anything. Vendors are closely linked to psychology. They are already suffering, prone to victims and vulnerable forms of violence, they do not choose, but bear the burden. It means giving them strong gestures of mental instability, which can be violence, anger, isolation, depression, stress, or any other form of mental illness. This research is important because it allows you to identify the law or solve the problem if they are prone to breaking the law or are not victims.

Review of Literature

The human traffickers described by our participants typically used several coercive tactics to deprive women of their dignity and autonomy and to make them dependent. Such psychological violence, sometimes accompanied by physical and sexual violence, has caused great sorrow to the victims. Stress is the emergence of physiological responses to the needs or pressures of the environment that exceed a person's ability to adapt and lack the means to achieve the required goals (Aneschensel and Mitchell, 2014; Gale Encyclopedia of Medicine, 2008). Through the body's major regulatory systems, the nervous system, immune system, and endocrine hypothalamic-pituitary-adrenocortical (HPA) axis cause physiological changes that can be seen as mental and physical health problems (Hori, Ozeki, Teraishi, 2010; McAven, Eiland, Hunter, and Miller, 2012; Segerstrom and Miller, 2004). Primary stress factors, the distribution of stress that leads to a cascade of secondary stresses (Pirlin, Aneschensel, LeBlanc, 1997) further increase the ability to meet physical and cognitive needs and overcome difficulties.

As research has been documented daily around the world over the past decade, occupational injuries have been linked to mental and physical, acute and chronic health effects (Rapel, Chudakov, Paikin, Agmom, &Belmaker, 2004; Hossein, Zimmerman, Abbas), among others. Light, & Watt, 2010; Oram, Stekl, Busza, Howard, & Zimmerman, 2012; Silverman et al., 2008; Tsutsumi, Izutsu, Poudial, Kato, &Marui, 2008; Zimmerman et al., 2008; Zimmerman et al., 2006). Although many studies have focused on victims of sexual trafficking, our data, including our data, show that health has a greater impact on victims of trafficking in other areas (Baldwin and Ferenbacher, 2014; Turner-Moss, Zimmerman, Howard, & Oram, 2014). .

In some cases, the non-physical coercive tactics described in our model of survivors may have a direct impact on the health of survivors. For example, lack of access to the foods described by women can lead to iron deficiency anemia, vitamin deficiency, or decreased serum protein levels. Along with physical activity, malnutrition leads to psychological changes (Hlink, 1961; Polivi, 1996). The early stages of starvation cause emotional instability and anger, while prolonged starvation is associated with deep apathy (Hlink, 1961), which weakens the victims' resistance to inhumane conditions.

Often practical non-physical coercive tactics, insomnia affect mental health. In particular, partial sleep loss is associated with impaired mood and cognitive function, as well as motor function, when a person sleeps less than 5 hours per hour (Pilcher&Huffcutt, 1996). Recent studies suggest

that sleep loss leads to the development of normal and possible pathological fears by increasing the sympathetic nervous system's susceptibility to stressful situations (Peters et al., 2014).

Our analysis does not allow us to link psychological coercion with the consequences of physical or mental health or to distinguish the effects of other forms of psychological coercion. However, the application of Biedermann's theory provides a better understanding of how coercion allows victims of trafficking to be trafficked if they are not arrested. The structure of coercion and fear becomes a psychological barrier that shapes the relationship between trafficking and the victim of trafficking, leaving the victim in their own situation, even physically. Understanding why victims of trafficking do not flee does not mean that they seek help when it is not clear to medical professionals or the general public (Shared Hope International, 2014) or when they meet with law enforcement, health care providers, or other agencies.

The study of psychological coercive tactics thus allows for a comprehensive assessment of the false dichotomy between freedom and imprisonment in human trafficking. Traffickers have created a psychological "arrest environment" to monitor their victims, similar to those who have been physically detained against their will (Biederman, 1957). Victims of human trafficking, even without locks and chains. U.S. law has recognized the non-physical aspects of forced labor and human trafficking since 1984 (United States); Legislators and courts have called non-transparent means of forced labor "psychological coercion." The use of the term includes many insults to victims of trafficking, including poor working conditions, cultural isolation, and threats to family members (Kim, 2007), all of which are consistent with Biederman's statement. The new legal paradigm of "situational coercion" is believed by many traffickers to be in line with adverse conditions related to exploitation, such as poverty and undocumented immigration status (Kim, 2011).

One limitation of the Biederman framework is that psychological coercion, along with physical and sexual violence, does not explicitly address the role of physical coercion or the threat of physical or sexual violence against the threat of violence. Victims of human trafficking, along with other forms of violence, include depression, anxiety, post-traumatic stress disorder, insomnia, headaches, gastrointestinal disorders, back and pelvic pain, and more. such as acute and chronic health problems. other diseases. (Campbell & Lewandowski, 1997; Hossein et al., 2010; McColley et al., 1995; Zimmerman et al., 2008), but the role of non-physical coercion in

causing and contributing to these problems remains unclear. As mentioned above, the link between psychological coercion and health, such as the link between physical or sexual violence and health, is complex and can be mediated by many physiological and psychological systems.

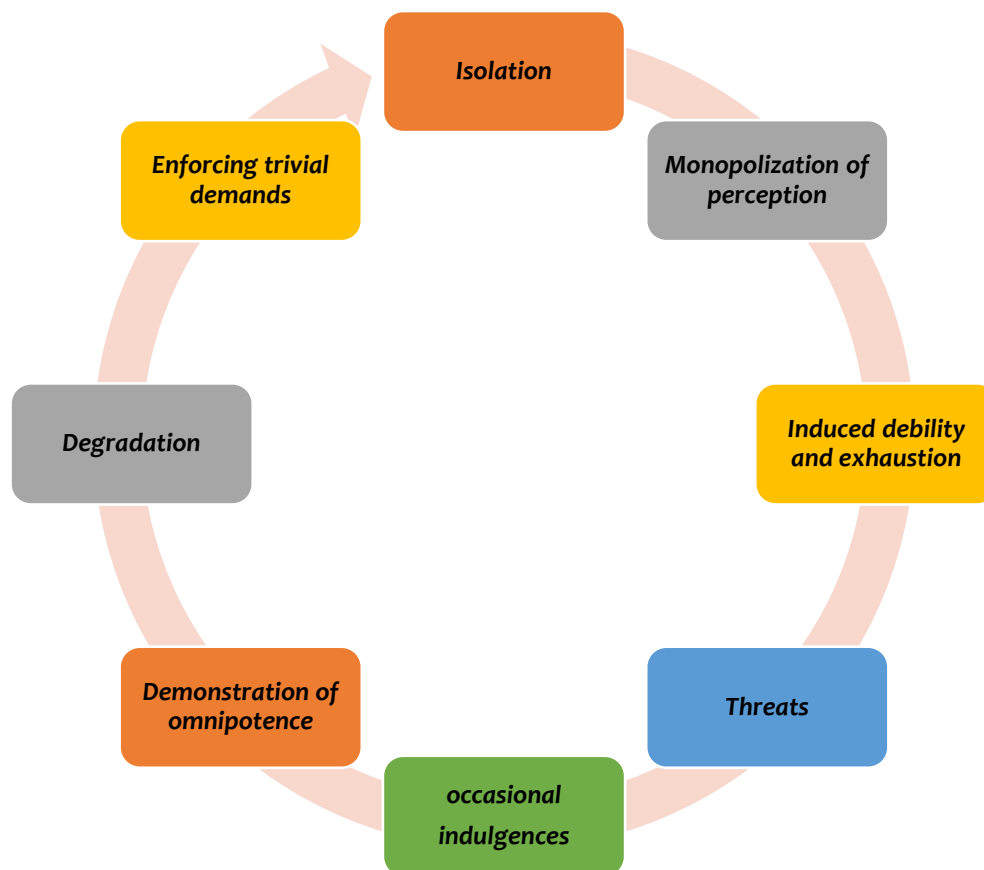
Research Methodology

Researcher selected 08 participants, all were women. All of them were in a safe place at the time of the interview, ranging in age from 22 to 63. The period of human trafficking ranged from a few weeks to 7 years. Nine women were sold into domestic slavery, and three were sold for commercial sexual use. The practice of sexual violence is not limited to women trafficked for sexual intercourse. In addition, one survivor was detained as a domestic worker and experienced violence, as well as forced labor in a factory, indicating difficulties in classifying the types of human trafficking.

Results

Human traffickers suffer from below issues, in that case they may behave like mentally absorbent person, that they can violate the rules, break the laws and do all such thinks like a person do with this type of issue. As they are not well known about this consequences.

Major Findings



Isolation. Traffickers kept victims away from family and friends and deprived women of social support. Social isolation exacerbated the power imbalance between women and their traffickers and made them dependent on victims.

Monopolization of perception. Many women have described how their traffickers influence the outside world and limit them as a means of managing them. Traffickers monopolized their attention, though not physically.

Induced debility and exhaustion. To control their victims, human traffickers deprived them of a variety of inhumane methods, including basic necessities such as food, sleep, and health care. They worked women for a long time every day.

Threats. Traffickers often used threats to control women, including arrest or deportation, intimidation of family members, violence, and death threats. "I'm staying here, we can't do anything, because if I run away, he'll call the police and tell them I stole something from him," he said.

Occasional indulgences. At times, out of compassion or kindness, human traffickers resisted their rudeness and encouraged their victims to comply. When they did not know when these testimonies would be available, women lived a stable life, hoping to avoid mistakes and receive emotional or material rewards from human traffickers.

Demonstration of omnipotence. In order to control their victims, human traffickers have established strong ties to law enforcement, immigration officials, or the gods, making the opposition seem useless. "He was a shaman, he said. So he took me into control of his life.

Degradation. Another powerful psychological tactic used to control women's behavior is degradation, in which victims are humiliated, protected, deprived of their privacy and dignity, and uncontrollably reduced to the level of animals and forces.

Enforcing trivial demands. Focusing on petty concerns, human traffickers developed identification habits among their victims and persuaded them to take action.

Discussion

To effectively serve victims of trafficking, health workers need to understand psychological coercion and assess its impact on patients' health. All the living people we spoke to reported that they had experienced many non-physical coercive tactics in the hands of human trafficking. As a research, a quality project, this study has a number of limitations. The small size of the sample and the recruitment of survivors through one NGO, in one metropolitan area, mean that the information provided by the survivors may not reflect all the experiences of victims of trafficking in the United States. The circumstances and personal characteristics of women who have successfully given up trafficking and subsequently sought support may be related to victims of trafficking, those who have fled but are socially isolated or unable to access services. Choose not to use care services.

Because it was easy to notify each participant and share many personal stories, we did not identify the need for multiple interview sessions for each participant when collecting data. However, while reviewing the transcripts of this manuscript, we saw that the victim was offended by his abuse and could not talk about "today." A second interview with the victim may provide additional important information about his or her experience. We also recognize that women's age, time spent on human trafficking, the type of human trafficking, and the timing of post-trafficking services may affect their experience and perceptions, but the paucity of our

research has hampered such an analysis. We paid attention to the commonality of the identified topics and internal topics.

This study focuses only on trafficked women, so it does not look at data on the impact of human trafficking on men. In addition, we interviewed only adults who had died from international trafficking. Although some are trafficked as minors, our findings may not apply to adolescents and children trafficked to the United States or beyond. It should be noted that lawyers working with children involved in commercial sexual exploitation (CSEC)

The United States cited Biederman's training materials in the areas of education and training for girls and in the areas of sexual violence that motivate, inspire, support, and serve (Gems & Missey, 2014). Nevertheless, this study provides only qualitative data on the number of women trafficked to facilitate the majority of the population with unpublished data. The study also provides a link between the prevalent areas of psychological coercion in human trafficking and the dominant stress theories, such as the model of stress processes in the medical, health, and social spheres (Pirlin et al., 1981). By formulating psychological coercion as a set of tactics used to overcome a person's personal and social resources to cope with stress, we provide a framework for understanding how stress distribution works in a human trafficking environment that leads to chronic human trafficking problems survivors.

Understanding Biedermann's theory of coercion and its application to human trafficking will help medical professionals and the public better understand the serious consequences of human trafficking. This will strengthen our cooperation and improve our ability to provide more effective support to those affected by medical and mental health issues.

In conclusion, an understanding of the tactics used to monitor victims of trafficking allows us to develop informed approaches to the physical and psychological reactions of survivors to coercion.

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