Trafficking experiences and violence victimization of sex-trafficked young women in Cambodia

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While evidence suggests that trafficking of women and girls for commercial sex work (CSW), or sex trafficking, is prevalent in Cambodia, studies to date have not identified the actors perpetrating this gender-based crime [1]. Moreover, the vulnerabilities faced by trafficked women and girls—such as violence victimization or risk of sexually transmitted infections (STIs) and HIV—are unclear in this Cambodian context; this makes design of successful efforts to protect women at risk of being trafficked and provision of assistance to those already victimized less likely [2].

Trafficked women seeking services at 26 nongovernmental organizations (NGOs) across Cambodia completed intake forms that assessed their trafficking experiences and health status. Data were compiled by ECPAT–Cambodia for the purposes of creating a standardized dataset for all cases of trafficking seen by NGOs from 2005 to 2006. Secondary data analysis conducted at the Harvard School of Public Health (HSPH) was deemed exempt from review by the HSPH Human Subjects Committee. Victims of trafficking were defined as those who had entered CSW under the age of 18 years and/or those who reported being forced or tricked to begin CSW [3]. These criteria yielded a sample of 136 cases of sex trafficking.

The characteristics of sex trafficking are shown in Table 1. Slightly more than half (52.2%) of the sample were trafficked under the age of 18 years. The age distribution also showed that approximately 22% were under the age of 15 years. Troppls & Partners described the gender of young women trafficked into the sex trade as follows: 7% were married; 71% reported being forced or tricked to begin CSW; and 22% reported being tricked to begin CSW. They identified the following factors as associated with young women being forced to begin CSW: being tricked to begin CSW; being forced to begin CSW; and being tricked to begin CSW.

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Transmigration of a vaginal foreign body to the fallopian tube

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A 27-year-old woman presented with discomfort in the left iliac fossa. Her past medical history was noncontributory. The patient’s first menarche was at 13 years of age and she experienced regular menstrual cycles. She had been married for 3 years and had been diagnosed with primary infertility.

The patient had marked tenderness on palpation of the left abdomen; her temperature was 37.5°C. Pelvic examination revealed a uterus of normal size and full and painful left adnexa. Abdominal palpation showed guarding.

Laboratory values were C-reactive protein 285 mg/L; white blood cell count 11 000 cells/mL; tumor markers were normal. Abdominal ultrasound and abdominal X-ray were normal. Pelvic ultrasound revealed a normal sized uterus, normal right adnexa, and a left endometriotic ovarian cyst measuring 43 mm, with free fluid in the pouch of Douglas. The working diagnosis at this stage was pelvic peritonitis of gynecologic cause.

The patient was treated with antibiotics for 48 hours, but abdominal symptoms did not improve and she had persistent diarrhea and vomiting. Laparoscopy was performed followed by laparotomy; peritoneal fluid in the pouch of Douglas was aspirated and a left fallopian tube was found to be adherent to the ovary. The tube was removed and sent for histology. The histology revealed a fibrotic, congested, and edematous tube with no evidence of infection or malignancy.

The patient’s postoperative clinical course was uneventful. The patient was discharged on the third postoperative day and continued her normal activities.

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Table 1

<table>
<thead>
<tr>
<th>Assessment items</th>
<th>% (n/N)</th>
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<tbody>
<tr>
<td>Trafficking/trafficker characteristics</td>
<td></td>
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<tr>
<td>Trafficked under 18 years of age</td>
<td>52.2 (71/136)</td>
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<tr>
<td>Trafficked within Cambodia</td>
<td>75.4 (95/126)</td>
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<tr>
<td>Parents participated in trafficking decision</td>
<td>29.2 (48/162)</td>
</tr>
<tr>
<td>Cases involving female traffickers</td>
<td>72.0 (72/100)</td>
</tr>
<tr>
<td>Violence victimization</td>
<td></td>
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<tr>
<td>Forced to perform sex acts against her will</td>
<td>33.1 (45/136)</td>
</tr>
<tr>
<td>Sexually abused</td>
<td>30.9 (42/136)</td>
</tr>
<tr>
<td>Beaten</td>
<td>9.6 (13/136)</td>
</tr>
<tr>
<td>Deprived of food</td>
<td>5.9 (8/136)</td>
</tr>
<tr>
<td>Deprived of movement</td>
<td>9.6 (13/136)</td>
</tr>
<tr>
<td>STI infection (self-reported)</td>
<td>65.8 (48/73)</td>
</tr>
</tbody>
</table>

* A floating sample was used to examine frequencies because of small amounts of missing data.

** Categories not mutually exclusive.

STIs than older women or women trafficked to surrounding countries (data not shown).

Current evidence demonstrates that young trafficked women in Cambodia are vulnerable to sex trafficking primarily within their country and by individuals that include family members. The extensive violence victimization experienced by this group likely poses risk for a range of sexual and reproductive health concerns, including STIs/HIV. Findings strongly indicate the need for efforts to prevent trafficking across Cambodia and the provision of much-needed guidance on efforts to identify and intervene with potential traffickers in this Southeast Asian nation.

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Conflict of interest

The authors have no conflicts of interest to declare.

References

