Learning Objectives

• Describe the various mental health problems experienced by survivors of human trafficking
• Outline the basic principles of mental healthcare and follow-up in this population
• Discuss the difficulties and barriers to providing adequate mental healthcare for survivors of human trafficking
Overview

- Mental health problems may be considered the most important medical co-morbidity among victims of human trafficking.
- They can be difficult to diagnose, define and treat.
- While large scale and diagnostic studies are lacking, we know from reported findings that certain reactions and disorders are relatively common.
Overview

• Not every victim will meet criteria for a diagnosis of a mental health disorder but nearly all will suffer from emotional reactions and other psychological symptoms.
• Mental health problems are more culturally influenced than other health issues.
Overview

- Unfortunately, access to trained mental health professionals is not available for many survivors of human trafficking.
- Most of us are not psychiatrists and we will not perform a thorough psychiatric exam, or diagnose and treat behavioral health problems.
Overview

• However, it is important to review the components of psychiatric history and examination.
• It is also important to recognize acute and urgent problems that need immediate referral.
• You will facilitate healing by listening, ensuring safety and providing for basic needs.
Foundational Goals

• Care for trafficked people is:\(^1\)
  – **Adapted** to the individual’s needs
  – **Supportive** and avoids judgmental statements or actions
  – **Integrated and wholistic**, treating the trafficked person as a whole person, not just a list of clinical symptoms
  – **Empowering**, ensuring that the patient’s rights to information, privacy, bodily integrity and participation in decision-making are respected
  – **Supportive** of healing and recovery through a patient-centered treatment plan
Principles for Interviewing trafficked people

- Get informed consent for all interviews, exams and tests
- Survivors often don’t feel safe, so repeatedly ensure and reinforce the safety of the patient at all time.
- Separate the patient from the escort/interpreter for the interview, no matter who they claim to be

Example: Schedule an X-ray or other exam where chaperones aren’t permitted
Principles for Interviewing

• Principles for interviewing trafficked people
• Use culturally appropriate methods (e.g. women interviewing/examining women)
• Adequately select and prepare interpreters and co-workers
• Questions should be oriented to the history and physical
• DO NOT ask questions just to satisfy your curiosity
Principles for Interviewing trafficked people:

- Ensure anonymity and confidentiality
- Try to avoid using people in uniform for interviewing
- Listen to and respect each person’s assessment of the situation and risks to his/her safety
- Do not put the patient or yourself in danger
Principles for Interviewing

• Principles for interviewing trafficked people
  – Prepare referral information and do not make promises you cannot fulfill
  – Be prepared for emergency intervention
  – Interview may have to be abbreviated or done in segments depending on the situation (acutely agitated, medically compromised, dangerous, etc.)
Working with Interpreters

- It is essential that survivors are able to express themselves in the language most comfortable to them.
- Access to interpretation services must be provided if necessary.
- Helps survivor feel safe and facilitates rapport with provider.
Working with Interpreters

- The interpreter should be of a culturally-appropriate gender and not from the same family or village.
- Interpreters need to be trained in the same basic principles of interviewing previously outlined.
- Tips to Remember
  - Pace your speech
  - Don’t use idioms or vernacular that are difficult to interpret
  - Give the interpreter and the patient time
Possible Barriers for Patient

- To assessment and treatment
  - Lack of access to trained professionals – none in area, lack of funds
  - Feelings of fear, distrust or unsafe – patient unwilling to participate
  - Uncomfortable with counseling method (e.g. Western-style therapy)
  - Language differs from provider
Possible Barriers for Provider

• To assessment and treatment
  – Client speaks another language
  – Unfamiliar with culture of client (if working cross-culturally)
  – Lack of experience with chronically traumatized clients: feeling inadequate or unprepared
  – Inability to know whether client is telling the truth
Mental Health

• In the stages of the trafficking process
  – Pre-departure mental health baseline
    • Having a mental disorder is a risk factor for being trafficked
  – Travel and transit
    • Physical & emotional violence
  – Destination
    • Stockholm syndrome
    • Substance dependence
Mental Health

• In the stages of the trafficking process
  – Detention, deportation, criminal investigation
    • Re-traumatization, victimization by authorities
    • Acute substance withdrawal symptoms
    • Basic needs may still be unmet perpetuating insecurity
  – Integration and re-integration stage
    • Discrimination, stigma, rejection hindering mental/emotional recovery
    • Continued substance dependence issues
    • Long-term mental health interventions
Cycle of Physical and Psychological Impact of Sexual Trauma

The following slides detail each part:

- Psychological/emotional
  - Emotional
  - Spiritual
  - Social
  - Physical
Psychological/Emotional Issues

- Disruption of healthy psychological development
- Post-Traumatic Stress Disorder
- Self-injurious & suicidal behavior
- Dissociative disorder
- Anxiety, paranoia
- Explosive outbursts
- Depression
- Sleep disturbance and nightmares
- Hyper-sexualization
Spiritual Issues

- Despair
- Hopelessness
- Worthlessness
- Lack of belief in humanity
- Lack of faith in a spiritual power
Physical Issues

- Continuous (repeated) physical abuse
- Rape and gang-rape
- STIs, HIV/AIDS
- Pregnancy (wanted/unwanted)
- Sterility
- Tattoos or physical branding
- Substance abuse/addiction
- Cutting/self-mutilation
- Loss of bowel control
Social Issues

- Isolation from peer group
- Disconnection from community and family
- Isolation (real and perceived) from mainstream society
- Homelessness
- Incarceration or criminal record
- Lack of life skills
- Obstacles to vocation
- Educational deprivation
Emotional Issues

- Anger and rage
- Deep emotional pain or grieving
- Feelings of humiliation or shame
- Stigma of exploitation
- Self-blame or self-loathing
- Loss of sexual desire, feelings or response
Assessment of Mental Health

- You may be the only physician or healthcare professional with access to the patient. Even though you may not be a mental health provider, you must consider the patient’s mental well-being.
- Therefore, it is important to review mental health examination and foundations of assessment.
Assessment of Mental Health

- Of course, do not attempt diagnosis or treatment beyond your capability, but you may be able to help identify acute or urgent problems and facilitate a more rapid referral.
Mental Status Exam Review

1. General appearance
2. Orientation
3. Speech
4. Motor activity
5. Affect and mood
6. Thought production
Mental Status Exam Review

7. Thought content
8. Perceptual disturbances
9. Suicidal and homicidal ideation
10. Attention, concentration and memory
11. Abstract thinking
12. Insight/ judgment
Laboratory and Imaging

- Laboratory and imaging studies are not routinely used to diagnose a mental health disorder but are useful to help rule out other medical, infectious or neurologic causes of psychiatric symptoms
- When available, toxin screens may be helpful to determine a cause for altered mental status
- Consider head imaging to assess head injury as cause of symptoms
Emergent/Acute Situations

- It is crucial to be able to recognize serious symptoms that may indicate an urgent situation requiring immediate referral – either at initial intake or anytime during the post-trauma recovery
  - Acute withdrawal from substance dependence
  - Suicidal thoughts/actions,
  - Other mental or physical health emergencies
Emergent/Acute Situations

- Sometimes a normally stable survivor may experience an acute crisis and de-compensation
  - Episode of cutting or other self-harm
  - Pseudo-seizure
  - Panic attack
Need for Mental Health Specialists

• “…Should organizations without professional mental health training and experience attempt their rehabilitation? Personally, I think they should not, because the behavior problems and the trauma, as well as stigmatization and sometimes violence upon reintegration, are often too severe. Helping appropriately requires specialized counseling and social work skills.”
Need for Mental Health Specialists

• “For example, inviting children who were sexually exploited to express emotions is a definite no-no for anyone who is not a fully trained professional. It is easy to get the emotions out. But after they are out, it may take far more skill, understanding and experience to help the client deal with those expressed emotions.”\(^5\)
Need for Mental Health Specialists

• “At the same time, these human resources don’t drop off the trees to us. Few organizations have such highly trained professional staff. Active listening and showing care and understanding are not counseling. They can surely be done by anyone. We must give care as best we can, without fear.”\(^5\)
Stages of Psychological Recovery

1. Restoration of patient’s sense of safety and self-control
   - Example: Re-establish routines of meals and sleep

2. Stabilization/adjustment: begin addressing traumatic experience and its impact
   - Move at the patient’s pace

3. Long-term management: integration into community (new or former) with necessary support and follow up plan
   - Decision-making WITH patient
Emotional Responses

- Anyone experiencing trauma – either repeated or singular will have stress responses and reactions.
- When these reactions are prolonged or compound other disorders, further investigation for pathology is warranted.
Emotional Responses

• These responses are present in most trafficked people who may have one or more of the following:
  – Depression
  – Anxiety/Fear
  – Anger
  – Shame
  – Grief

• Effective management can prevent escalation to more severe psychological morbidity
Anger and Despair

“I want to make as much money as possible, then I want to turn around and use as many men as possible, and then I’ll probably kill myself.”

– A prostituted teen in China
Reactions and Manifestations

• Emotional liability, outbursts, hyper-vigilance
• Difficulty concentrating, memory problems
• Psychosomatic reactions
  – GI distress, musculoskeletal pain, headaches, palpitation, fatigue, insomnia, etc.
• Self-mutilation
• Hopelessness, dissociative episodes, chronic fatigue
• General lack of interest, withdrawal
Common Problems

- It is important to recognize key features of common disorders that occur in this population.

- While large-scale studies are lacking, we know from reported findings that certain disorders are relatively common.
Common Mental Health Disorders

- Post-traumatic Stress Disorder (PTSD)
  - Consider complex or developmental trauma disorder
- Major depression
- Anxiety
- Borderline personality disorders
- Eating disorders
Common Mental Health Disorders

- Dissociative states
- Substance abuse/dependence and other addictions/ addictive behaviors
- Traumatic brain injury
- Cognitive/personality sequelae of infectious diseases (e.g. HIV, opportunistic infections, etc.)
PTSD vs. Complex PTSD

- PTSD following a single event may be very different than PTSD following ongoing trauma
- Ongoing trauma during childhood and/or adolescence affects brain development, social development and sexual development
- Strategies designed to treat “PTSD” may be insufficient to treat “complex PTSD” or “developmental trauma”
Shari’s Story

• A 41-year-old woman was trafficked from an East Asian country as a forced bride.
• One of her daughters was also trafficked at the same time while the other daughter was left in her home country.
• She has been in a safe house for 6 months, but still suffers from chronic intermittent abdominal pain, insomnia, nightmares, poor appetite and chronic sore throat. She can identify triggers of these symptoms (thinking of her daughters, news from home, etc.).
Shari’s Story

• Shari has been treated for GI parasitism and is on TB prophylaxis, but continues to suffer constipation (since before being trafficked), she reports no cough or fever
• She takes INH, a multivitamin and senokot
• No appropriate counselor has been identified locally, so she has regular “talks” over Skype with a psychologist (same culture and language) in another country. Shari doesn’t think it helps much.
Shari’s Story

• She also exercises regularly and talks extensively with another post-trafficked woman in the safe house.

• Points to Consider
  – Shari has symptoms of PTSD, anxiety and psychosomatic illness, but is relatively functional in the house
  – Mental health care seems inadequate, but options are scarce
  – The staff need to monitor her physical symptoms so as not to miss an organic problem
Assessment of Children

- Engaging and interactive: non-threatening
- Proceed at the child’s pace
- Play is the language of children
- Art and role play can be an assessment tool as well as therapeutic
Mental Health Problems in Children

- Maternal mental health is an important factor
- Substance abuse of the parent as well as child
- Mood and anxiety disorders
- Hyper-vigilance
- PTSD
Mental Health Problems in Children

- Developmental delay or regression
- Eating disorders
- Attention-deficit hyperactivity disorder
- Behavioral disorders (e.g. conduct d/o)
- Cognitive disorders
Development Trauma Disorder

• In 2001, the National Child Traumatic Stress Network produced a paper that calls for a revised PTSD diagnosis in DSM V

• Childhood trauma has affects depending on the stage of development. It also has impact on brain growth and neurobiology.¹⁰

• “...current diagnostic classification system is inadequate for the tens of thousands of traumatized children receiving psychiatric care for trauma-related difficulties.”¹¹
Mental Health Starts in Infancy

- Trafficked people are at risk for suffering depression and women with depression are at risk of suffering from post-partum depression.
Mental Health Starts in Infancy

- PPD can result in feeding problems, bonding issues, attachment disorder and deficits in cognitive development in children.\(^{12}\)
- Screening for PPD is important for both maternal and neonatal health.\(^{13}\)
Amm’s Story

- Amm is a 15-year-old who entered aftercare services after being picked up by police for street prostitution in Southeast Asia. She reports a five-year history of both brothel-based and street-based sexual exploitation which included exposure since age 10 to both amphetamines and cocaine.
Amm’s Story

• She presents with strong drug cravings even three months after initial detox, self-harming behaviors including superficial cutting and tongue-biting, as well as strong symptoms of PTSD particularly in the cluster of hyper-arousal symptoms.
Amm’s Story

- Initial counseling interventions have focused on building emotion regulation and self-soothing skills, along with psycho-education about drug use.
- Medications
  - fluoxetine 20 mg q day
  - diazepam 5mg q am/10mg q hs by a local psychiatrist
Amm’s Story

• Points to Consider
  – PTSD, most likely complex/developmental disorder variation due to age
  – Substance dependence co-morbidity
  – Need for psychotropic medication in addition to counseling/therapy
  – Long-term management will likely be necessary
Substance Abuse/Dependence

• Used to self-anesthetize
• May be forced by the trafficker to take drugs
• Even if not trafficked themselves, children of trafficked people have exposure and availability to substances
• Children may be given drugs by caregiver to sedate them
Substance Abuse/Dependence

- Up to 100 percent usage among exploited
- Tobacco, alcohol, amphetamines, inhalants and opiates are common
- Other cultural/local substances or modifications of above substances
Substance Abuse Consequences

- Withdrawal may be a medical emergency
- Patient may have erratic and high risk behaviors to obtain substance
- Damage to liver, kidney and brain
- Increased risk for blood-borne diseases
  - HIV, HBV and HCV
- Risk for poor maternal child health
  - Overdose may lead to death
Substance Dependence Management

- Trafficking survivors with substance dependence do not do well in standard drug abuse programs for non-trafficked people.
- They also may be disruptive in post-trafficking shelter and need to be separated for a time.
- Therapeutic strategies must address the trauma as well as the substance abuse.
Mental Health Disorder Management

- Multi-disciplinary effort
- Basic needs MUST be addressed FIRST— the patient won’t be able to do work on mental health until s/he feels safe, is well fed, can sleep soundly, etc.
- Spiritual care is often important to the patients
Mental Health Disorder Management

- Psychiatric management with pharmaceuticals may be necessary
- Management of substance dependence
- Various therapeutic methods may be employed – depends on patient preferences and skill of practitioner
Treatment Options

• Interpersonal psychotherapy
• Cognitive-Behavioral Therapy (trauma-focused)
• Exposure Therapy
• Dialectic Behavioral Therapy
• Eye Movement Desensitization and Reprocessing (EMDR)
• Stress Inoculation Training
• Art therapy
• Pharmacological treatment
Cross-Cultural Factors in Therapy

- Cultural factors may influence a patient’s response to the interview, assessment tools, counseling and/or psychiatric care
- The practitioner should always tune in to what the client is expressing, both verbally and non-verbally
- People from different cultures may not feel comfortable with Western-style “talk therapy,” so listen to the patient
Cross-Cultural Factors in Therapy

• Ideally, a person of the same ethnicity/culture and language (perhaps gender) will be doing the mental health care
  – Sometimes this is not possible

• If necessary, it is extremely important to ensure that a competent and objective interpreter is involved in the mental health therapy

• Attention to gender issues is crucial (e.g. does the examiner need to be of the same gender as the patient?)
Chronic Mental Health Issues

- The ACE Study documents many long-term health consequences from childhood trauma
- Social withdrawal:
  - Inability to form or maintain meaningful relationships
  - Feeling of isolation or rejection from family, friends and familiar community
  - Impacts mental well-being and recovery
- Other behaviors to which someone has become addicted for coping need to be addressed
Long-Term Follow Up

• Upon transfer or community integration, ensure that the medical record is complete and clear as to the psychosocial and pharmacological plan.
• Children in particular need to have long-term follow up, maintaining continuity if possible.
Care of the Caregiver

• Caregivers such as house parents, social workers and managers all need support in their own mental health to be able to handle the stress of dealing with chronically traumatized people.

• Compassion Fatigue, Secondary PTSD and burn-out are leading factors for staff turnover and lack of qualified staff.

• Organizations must enforce policies that ensure staff have the needed respite to maintain their well-being.
Current Needs

• More evidence-gathering for identification of disorders and their treatment in the field.
• Address gaps in culturally-appropriate identification and treatment of mental health problems for survivors in/from different countries.
• Some countries lack a standardized licensing process in professional counseling.
Tasks for the Clinician: Review

• Be able to identify mental health emergencies for immediate referral.
• It is ideal to have a referral system in place if you expect to encounter/work with trafficked people - develop a network of therapists, psychologists or psychologists willing and able to help in these circumstances.
Tasks for the Clinician: Review

- Identify faith-based (even different faiths) and other community support resources likely to meet the mind, body and spirit needs of the survivor.

- Advocate for your patient before law enforcement, legal aid and media to ensure the survivor continues to feel safe and not forced to tell a traumatic story over again, especially if they don’t want to.
Summary of Care

- All medical testing and treatment is voluntary
- Healing is a multi-stage process
- Several mental and physical health problems will probably co-exist
- Multidisciplinary team involvement is necessary
- Do not attempt any therapy in which you are not trained
- Be familiar with addiction and recovery issues
- Maintain confidentiality
References


3. Physical & Psychological Impact of CSEC

   http://casat.unr.edu/docs/HandoutPhysicalPsychologicalImpactofCSEC.pdf


References


References


Recommended Reading

Post Test

Your success in gaining knowledge through this model is important to us. To measure what you have learned, click on this link.

https://s.zoomerang.com/s/TIPModule4