Mental Health Consequences of Trafficking in Persons

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Learning Objectives

• Describe the various mental health problems suffered by survivors of human trafficking
• Outline the basic principles of mental health care and follow up in this population
• Discuss the difficulties and barriers to providing adequate mental health care 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 with suffer from emotional reactions and other psychological symptoms
• Mental health problems are more culturally influenced than other health issues
• Unfortunately, access to trained mental health professionals is not available for many survivors of human trafficking
Overview

• Most of us are not psychiatrists, and we will not necessarily perform a thorough psychiatric exam or assessment with diagnosis.
• 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 employing trauma-informed care: listening, ensuring safety, providing for basic needs.
Foundational Goals\(^1\)

Care for trafficked people should be:

- Adapted to the individual’s needs;
- Supportive and avoid judgmental statements or actions;
- Integrated and holistic, 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.
Outline

1. Trauma-informed care philosophy
2. The experience of a trafficked person
3. Mental Health Problems of trafficked persons
4. Assessment of the trafficked person
5. Mental Health Care for the trafficked person
6. Mental Health Care for Children
7. Further resource and information needs
8. Summary of Care
1. Trauma-informed care:

- Is the holistic approach and treatment of someone who has suffered complex trauma, or “a type of trauma that occurs repeatedly and cumulatively, usually over a period of time and within specific relationships and contexts”\(^2\)

- Applies to the whole person over the course of care and involves providing a safe environment in which the survivor can begin to learn to affect control and feel safe

- Is not the same thing as applying specific therapy to address issues of trauma - often used in psychological services
Trauma-informed care:

- Is part of a holistic approach to care that is patient-centered; appropriate for age, gender, and culture; and accounts for the impact of the violence on that person.
- Means advocating for your patient to protect against re-victimization.
- Begins with caring interview techniques in creating a safe place for the patient.
- Recognizes that informed consent, repeatedly, is paramount.
- Understands that a patient’s vague or inconsistent or belligerent answers may reflect their reaction to trauma and not to be intentionally difficult.
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2. The experience of a trafficked person

a. Examining the cycle of trauma and the psychological impact
b. Reactions & manifestations
c. Emotional responses
2.a. Examining the cycle of trauma and the psychological impact

**Psychological/Emotional Impact of CSEC**
- Disruption of healthy psychological development
  - Self-concept, intimacy, beliefs and goals
- Post-Traumatic Stress Disorder (PTSD)
  - Impulse to revisit traumatic events,
    - intrusive emotions and memories, flashbacks, hyper-arousal,
    - exaggerated startle reaction, and panic symptoms
- Self-injurious and suicidal behavior
- Dissociative disorders
- Anxiety
- Paranoia
- Clinical depression
- Explosive outbursts
- Sleep disturbance and nightmares
- Bond with perpetrators
- Hyper-sexualization

**Emotional Impact of CSEC**
- 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

**Social Impact of CSEC**
- Isolation from peer group
- Disconnection from community
- Isolation (real and perceived) from mainstream society
- Homelessness
- Incarceration or criminal record
- Disempowerment
- Lack of life-skills
- Trust issues, or difficulty maintaining relationships
- Obstacles to vocation
  - Lack of access to legal economies, lack of job experience and work skills
- Educational deprivation
  - Missed school, disconnection with school system

**Spiritual Impact of CSEC**
- Despair
- Hopelessness
- Lack of belief in humanity
- Lack of faith in a spiritual power

**Physical Impact of CSEC**
- Continuous physical abuse
- Rape and gang-rape
- STDs and STIs
- HIV and AIDS
- Loss of bowel control
- Pregnancy (wanted and unwanted)
- Sterility
- Facial and/or dental reconstruction
- Tattoos and/or physical branding
- Brain damage
- Substance abuse and/or addiction
- Cutting or self-mutilation
- Suicide or death
Psychological Impact

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

• Despair
• Hopelessness
• Worthlessness
• Lack or loss of belief in humanity
• Lack or loss of faith
Physical Impact

- Continuous (repeated) physical/sexual abuse
- Deformity (especially as a result of being trafficked)
- STIs, HIV, other infections
- Pregnancy (wanted/unwanted)
- Sterility
- Tattoos or physical branding
- Substance abuse/addiction
- Cutting/self-mutilation
- Loss of bowel control
Social Impact

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

- 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
2. b. Reactions & Manifestations

- Emotional lability, outbursts, hyper-vigilance
- Difficulty concentrating
- Memory problems, amnesia
- Psychosomatic reactions
  - GI distress, musculoskeletal pain, headaches, palpitation, fatigue, etc
Reactions & Manifestations

• Deliberate self-harm
• Suicidal ideation
• Nightmares, insomnia
• Hopelessness, despair, explosive or inhibited anger, withdrawal, apathy
• Dissociative episodes, anxiety,
• Chronic fatigue
2. c. Emotional Responses

- Anyone experiencing trauma – either repeated or singular – is expected to have stress responses & reactions.
- When these reactions are prolonged, profound, or compound other disorders, further investigation for pathology is warranted.
- It is important to note that many symptoms may not manifest for months to years after the trauma.
Emotional Responses¹

• 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 & 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.”

Prostituted teen, China
Shari

- A 41 year old woman who was trafficked from an E. Asian country as a forced bride.
- One of her daughters was also trafficked at the same time, 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, chronic sore throat. She can identify triggers of these symptoms (thinking of her daughters, news from home)
Shari

• Shari has been treated for GI parasitism, and is on TB prophylaxis, but continues to suffer constipation (since before being trafficked), no cough or fever
• She takes Isoniazid, a multivitamin, & Senokot
• No appropriate counselor has been identified locally so she has regular “talks” over Skype with a psychologist (same culture & language) in another country. Shari doesn’t think it helps much.
• She also takes regular exercise and talks with another woman in the safe house.
Shari: points to consider

- Has symptoms of PTSD, anxiety, and psychosomatic illness
- She is relatively functional
- Mental health care seems inadequate, but options are scarce
- Continue to monitor symptoms so as not to miss any deterioration
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8. Summary of Care
3. Mental Health Problems of trafficked persons

a. Common mental health problems
b. PTSD vs. Complex PTSD
c. Substance abuse/dependence
   • Substance abuse consequences
d. Emergent/acute situations
e. Chronic mental health issues
• 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.

• “Severe mental illness in trafficked people is associated with longer admissions and high levels of abuse before and after trafficking.”⁵
3.a. Common Mental Health Problems

- Post-traumatic Stress Disorder (PTSD)
  - Consider complex PTSD
  - Developmental Trauma Disorder (children)
- Major depression
- Anxiety
- Eating disorders
- “Stockholm Syndrome”
Common Mental Health Problems

- Dissociative states
- Substance abuse/dependence; other addictive behaviors
- Traumatic brain injury
- Cognitive/personality sequelae of infectious diseases (e.g. HIV, opportunistic infections, etc)
3.b. 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, sexual development
- Strategies designed to treat “PTSD” may be insufficient to treat “complex PTSD” or “developmental trauma”
“With patients who have suffered prolonged, repeated trauma, the matter of diagnosis is not nearly so straightforward.

Disguised presentations are common in complex post-traumatic stress disorder. Initially the patient may complain only of physical symptoms, or of chronic insomnia or anxiety, or of intractable depression, or of problematic relationships.”
3.c. Substance Abuse/Dependence

• Often used to self-anesthetize
• May be forced by the trafficker to take drugs
• Children of trafficked people have exposure & availability to substances.
• Children may be given drugs by caregiver to sedate them
Substance Abuse/Dependence

• Very high usage rate among exploited people
• Common substances include tobacco, alcohol, amphetamines, inhalants, and opiates
• Other cultural/local substances or modification of the above substances may be used
Substance Abuse Consequences

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

- Episode of cutting or other self-harm
- Suicidal ideation
- Pseudo-seizure
- Panic attack
3.e. Chronic Mental Health Issues

- The Adverse Childhood Effects (ACE)$^7$ 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, familiar community
  - Impacts mental well-being and recovery
- Addictive behaviors as coping mechanisms are common and need to be addressed
Amm’s Story

Amm is a 15-year old who entered aftercare services after being picked up by police for street prostitution in SE Asia.

She reports a 5-year history of both brothel-based and street-based sexual exploitation

She was also exposed to using both amphetamines and cocaine since age 10.
Amm’s Story

She presents with strong drug cravings even 3 months after initial detox, self-harming behaviors (cutting and tongue-biting), and strong symptoms of PTSD particularly in the cluster of hyper-arousal symptoms.

Initial counseling interventions have focused on building emotional regulation and self-soothing skills and psycho-education about drug use.

Medications:
fluoxetine 20 mg q day;
diazepam 5mg q am/10mg q hs
Amm’s Story:
Points to Consider

- Substance dependence co-morbidity
- PTSD, most likely complex/developmental disorder variation
- Need for psychotropic medication in addition to counseling/therapy
- Long-term therapy likely necessary
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4. Assessment of the trafficked person

a. Working cross-culturally
   i. Possible barriers for patient
   ii. Working with interpreters
b. Assessment of mental health
c. Mental status exam review
d. Laboratory & imaging
4.a. Working Cross-Culturally

- Cultural factors influence a patient’s response to the interview, assessment tools, and therapeutic methods.
- Ideally, a person of the same ethnicity/culture and language will be involved in the mental health care, though 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 assessment.
- Attention to gender issues is crucial (e.g. does the examiner need to be of the same gender as the patient?)
Possible Barriers for Patient

• Lack of access to trained professionals – either none in area or lack of funds to access services
• Feelings of fear, distrust, unsafe – patient unwilling to participate.
• Uncomfortable with counseling method (e.g. therapist or method is foreign)
• Language differs from provider
Possible Barriers for Provider

- Patient speaks another language
- Unfamiliar with culture of patient
- Incomplete and/or scattered medical history
- Lack of experience with chronically traumatized patients: feeling inadequate or unprepared
- Inability to know whether the patient is telling the truth
- Lack (or perceived) of cooperation by patient
Working with interpreters

• Interpreters need to be trained in the same basic principles of interviewing outlined in this module
• An interpreter should be culturally appropriate, of the same gender as the patient, not from same family or village
• Tips to remember
  – Pace your speech
  – Don’t use idioms or vernacular difficult to interpret
  – Give interpreter and patient time to respond
  – Speak with the patient, not the interpreter
4.b. Mental Health Assessment

• You may be the only physician or health care 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.
• It is important, therefore, to review mental health examination and foundations of assessment.
• Please don’t attempt diagnosis or treatment beyond your capability, but you may be able to identify acute or urgent problems and facilitate a more rapid referral.
4.c. 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. Suicidal and homicidal ideation
9. Attention, concentration, and memory
10. Abstract thinking
11. Insight/judgment
4.d. Laboratory & 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.

• Toxin screens, when available, may be helpful to determine a cause for altered mental status.

• Consider head imaging to assess head injury as cause of symptoms.
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5. Mental Health Care for the trafficked person

a. Mental health problems management
   • Trauma-informed care is basic framework
b. Substance abuse/trauma dual diagnosis
c. Stages of psychological recovery
d. Treatment options
e. Cross-cultural factors
f. Long term follow up
5.a. Mental health problems management

- Basic needs MUST FIRST be addressed – 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 – ask if they would like to speak with a spiritual advisor in their religion

- Do not assume that every patient will have a clinical disorder
Mental health problems management

- Identify and address common and smoldering distress symptoms
  - Symptoms may have been present for so long the patient doesn’t realize that they are abnormal
- Psychological care often is not provided until symptoms become problematic – addressing these reactions early can prevent more serious sequelae from developing
Mental health problems management

- Psychiatric management with pharmaceuticals may be necessary
- Be aware of possible dual-diagnosis of trauma and addiction
- Various therapeutic methods may be employed
  - depends on patient preferences and qualifications of practitioner
5.b. Stages of psychological recovery

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

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

3. Long-term management: integration into community (new or former) with necessary support & follow up plan
   a. Decision-making WITH patient
5.c. Trauma & Addiction Dual Diagnosis: Clinical Challenges

- Standard substance abuse treatment programs do not address comorbid trauma-related disorders – for some PTSD symptoms may worsen.
- Programs (such as 12-step) that encourage abstinence may be a larger hurdle for those without coping mechanisms to address the unmasked trauma.
- Confrontational approaches typical in addictions settings frequently exacerbate mood and anxiety disorders.
Trauma & Addiction Dual Diagnosis: Clinical Challenges\textsuperscript{9,10}

- Treatments for PTSD only, such as Exposure-Based Approaches often may not be advisable to treat women with addictions or may be marked by complications
  - may use more or relapse if abstinent.

- PTSD therapy isn’t necessarily all about “digging up” memories – may use TF-CBT methods that focus on the present (psychoeducation, addressing acute symptoms, and gain control over current life problems.)
5.d. Treatment Options

- Interpersonal psychotherapy
- Trauma-focused Cognitive-Behavioral Therapy (TF-CBT)
- Exposure therapy
- Dialectic behavioral therapy
- Eye Movement Desensitization and Reprocessing (EMDR)
- Stress inoculation training
- Art therapy
- Pharmacological treatment
5.e. Cross-Cultural Factors in therapy

- Cultural factors may influence a patient’s response to the interview, assessment tools, counseling, or other psychiatric care.
- Patients may not be from a “help-seeking culture” regarding mental health issues.
- The practitioner should always tune in to what the client is expressing – verbally and non-verbally.
- People from different cultures may not feel comfortable with Western-style “talk therapy”
  - listen to the patient
  - Ask the patient for his/her preferences.
Cross-Cultural Factors in therapy

• Ideally, a person of the same ethnicity/culture, language 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?)
5.f. Long Term Follow Up

- Upon transfer or community integration, ensure that the medical record is complete and clear as to the psychosocial & pharmacological plan.
- Children in particular need to have long-term follow up, maintaining continuity if possible.
6. Specific Issues for Children

a. Assessment of children
b. Mental health problems in children
c. Developmental Trauma Disorder (DTD)
d. Mental health in infancy
6.a. Mental Health Problems in Children

- Maternal mental health is an important factor
- Substance abuse
- Mood & anxiety disorders
- Hyper-vigilance
- PTSD
Mental Health Problems in Children

- Developmental delay or regression
- Cognitive delay
- Eating disorders
- Attention-deficit hyperactivity disorder
- Behavioral disorders (e.g. conduct d/o)
6.b. 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
6.c. Developmental Trauma Disorder (DTD)\textsuperscript{12}

- Childhood trauma has different affects depending on the stage of development. It also has impact on brain growth and neurobiology.
- “…current diagnostic classification system is inadequate for the tens of thousands of traumatized children receiving psychiatric care for trauma-related difficulties.”\textsuperscript{13}
- Although it was not accepted into the DSM V, many continue to argue “strongly for a separate and distinct category in DSM of developmental trauma disorder”\textsuperscript{14}
6.d. Mental Health in Infancy

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

- PPD can result in feeding problems, bonding issues, attachment disorder and deficits in cognitive development\(^\text{15}\)
- Screening for PPD is important for both maternal and neonatal health\(^\text{16}\)
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7. Further Resources and 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 standardize licensing process for professional counseling
The 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. 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.

(continued…)

Stop
Human
Trafficking

Christian Medical & Dental Associations
Changing Hearts in Healthcare
The need for mental health specialists

(continued…) 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.

(Frederick, in a letter to Free the Slaves)
Challenges for the Clinician

• 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, psychiatrists, or psychologists willing and able to help in these circumstances.
Challenges for the Clinician

• Identify faith-based (even different faiths) and other community support resources likely to meet the **holistic** 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.
Care of the Care-giver

- Caregivers: house parents, social workers, and case 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 turn-over and lack of qualified staff.
- Organizations must enforce policies that ensure staff have the needed respite to maintain their well-being.
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


References


References

15. Dennis CL, McQueen K. The Relationship Between Infant-Feeding Outcomes and Postpartum Depression: A Qualitative Systematic Review *Pediatrics* 2009;123;e736 DOI: 10.1542/peds.2008-1629


Recommended Reading


Post Test –
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https://s.zoomerang.com/r/TIPModule4

To receive continuing education credits for this module, you MUST complete the online evaluation through the link above and pay any appropriate fees (see http://www.cmda.org/library/doclib/tipcepaymentform.pdf for more information).