

Mental Health Rehabilitation in Victims of Sex-Trafficking

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Abstract

Human trafficking is a global epidemic that leaves victims with short- and long-term physiological, psychological, and sociological issues. The mental health needs of trafficked persons have become a topic of research in both medical and psychiatric circles. In order to comprehensively understand the mental health consequences of trafficking, the process must be defined and related to the mental health effects on its victims. The specific mental health disorders diagnosed within this population will be discussed. Treatments used currently for this population will be reviewed, along with future treatments presently being researched and evaluated regarding their potential for use in the trafficked population. Rehabilitation needs are also discussed, including the direction that programs should take in providing care to trafficked persons.

Mental Health Rehabilitation in Victims of Sex Trafficking

Introduction

The well-being of individuals and the promotion of health has long been the focus of healthcare around the globe. Recently, emphasis on mental health has been seen in schools, workplaces, healthcare systems, as well as community programs. This recent spike in mental health emphasis includes promoting good mental health as well as coping with and treating previously identified mental health conditions. The effects of mental health extend throughout all aspects of life. Mental health research, treatment, and care programs are constantly being improved in order to provide safe and effective care for individuals coping with and managing life with a mental illness.

One area of mental health research concerns the rehabilitation and reintegration of human trafficking and sex trafficking victims. It is estimated that 21 million people are currently captive in human trafficking (“Human Trafficking by the Numbers,” 2016). Of those 21 million people, 4.5 million are used in sex trafficking. Fifty-five percent of these sexually exploited victims are women and girls, and 56% of those sexually exploited are recruited and exploited within the borders of their own country. In the United States, the issue of trafficking has taken center stage regarding both domestic and foreign policies. Trafficking has the potential of causing physical, sexual, and emotional trauma to its victims. In order to encourage healing within these individuals, rehabilitation provides the victim with the opportunity to regain confidence in themselves and their ability to make decisions concerning their lives. In order to partially understand the complex psychological stress accompanying sex trafficking, one must research the nature of sex

trafficking as well as the medical definitions of different mental illnesses that may be associated with such trauma. Each individual case of trafficking is unique, and as such, care for each survivor must also be individualized to the unique experience of each woman. According to Dr. Sian Oram (as cited in Venosa, 2015), a women's mental health specialist, research concerning mental health in trafficking is largely reliant on information synthesized from those who have direct contact with services that support these types of victims. This analysis will attempt to synthesize information gathered from medical, psychological, sociological, and scientific sources to provide an overview of the mental health effects of trafficking and the complex healthcare needs of its victims.

Understanding Human Trafficking

In 2008, the action-thriller *Taken*, starring Liam Neeson, provided a glimpse into the process of human trafficking. While this film was successful in briefly raising awareness of the reality of human trafficking, it still does not provide its viewers with the understanding of how truly horrific this experience is for its victims. The protagonist of the story, ex-CIA agent Bryan Miller (played by Liam Neeson) saves his daughter from the human trafficking industry. With such a profoundly satisfying ending to a horrible experience, it is almost natural to forget about the reality of the other women left in the same situation (Dixon, 2011). In the reality of human trafficking, many women are lost in the darkness of the system while others escape only through death. Portraying such an extravagant ending to this story does not allow for accurate interpretation of the human trafficking industry. Other movies and media images may portray human trafficking by showing pimps and other flashy individuals hanging around with women who appear to

be voluntarily involved in the business of prostitution (Walker-Rodriguez & Hill, 2011). These types of representations also falsely portray trafficking, and the notion that victims are forced into trafficking tends to be lost (Dixon, 2011).

Human trafficking has been referred to by a large number of studies, articles, authors, and spokespeople as modern-day slavery (Abas et al., 2013; Clawson, Dutch, Salomon, & Grace, 2009; Gajic-Veljanoski & Stewart, 2007; Hardy, Comptom, & McPhatter, 2013). By definition, trafficking can be understood as “the recruitment and movement of people by force, coercion, or deception, for the purpose of exploitation” (Abas et al., 2013, p. 1). The trafficking industry is incredibly complex, composed of underground systems, organized groups, and legal boundaries, making the identification of such rings difficult and the rescue of the trafficked persons challenging. The complexity of processes involved in human trafficking are not fully researched, or understood due to the incredible advancements in technology that have made underground distribution of trafficked persons more difficult to detect (Cokar, Ulman, & Bakirci, 2016). However, because the trafficking industry cannot be completely reported and immigration and trafficking are often lumped together, these numbers may not accurately portray reality. This crime is one that ultimately strips victims of rights, freedoms, honor, and their sense of humanity. The process of trafficking can be generally divided up into phases: recruitment, transport, and exploitation (Meshkovska, Siegel, Stutterheim, & Bos, 2015).

Phases of Trafficking

Recruitment. The first phase of the trafficking process is recruitment, which can be understood as the set of methods, actions, and means that are used to attract an individual to the trafficking network (Stanojoska & Blagojce, 2014). Trafficking rings are highly organized transnational groups that use different recruitment strategies depending on the country in which recruitment is occurring (Meshkovska et al., 2015). Recruitment strategies also depend upon the target. The primary targets of recruitment are women, though men and children are trafficked as well. Targeted women are generally not well educated, young, easily controlled emotionally and mentally, and unemployed (Gajic-Veljanoski & Stewart, 2007). Other groups of women that are often recruited into trafficking include undocumented immigrants, runaways, and refugees. However, these commonalities are not comprehensive factors for who is targeted by these organizations. For example, some women may be well-educated yet dissatisfied with their material wealth or a woman may strongly desire the wealthy lifestyles portrayed in media. Women of all nationalities and ethnicities may be targeted and become victims of this industry. Women who are financially desperate are often found in these human trafficking rings (Jones, Engstrom, Hilliard, & Sungakawan, 2011).

Recruiters are individuals responsible for luring or attracting prospective victims to the entry point of the trafficking ring. Because each individual is different, recruitment methods are meticulously connected to the target population. Pimps are one example of a recruiter. The pimps provide a relational aspect to trafficking as women are lured into a relationship with the pimp, conveying a false image of trust, love, and commitment

(Meshkovska et al., 2015). The potential victim may eventually be married to the pimp and be entered into the industry following marriage for sexual exploitation. Women who fall prey to these tactics are generally easily emotionally manipulated, and are searching for affection and love. The process of recruitment also depends on the presence of economic difficulties, political conflicts between countries, and natural catastrophes (Stanojoska & Blagojce, 2014). Economically vulnerable women who are looking for extra work during economic crises or natural catastrophes may apply for, and be offered jobs in various countries that ultimately lead to their captivity as a modern-day slave. This method of deception is a major aspect of the recruitment process and provides trafficking rings with a large number of individuals (Walker-Rodriguez & Hill, 2011). Total or partial deception may be used by recruiters in order to most effectively bring a susceptible individual into the industry. Kidnapping may be another method of recruiting for trafficking rings, but seductive and deceptive methods are most frequently used due to their success (Kennedy, Klein, Bristowe, Cooper, & Yuille, 2007; Patrick, 2014).

Men are not the only recruiters used in trafficking rings. Women who have entered this industry and have become profitable, wealthy, and autonomous within the industry may provide start-up loans to women who are seeking to enter the same industry (Meshkovska et al., 2015). Madams, or former sex workers, may create their own establishments and lure women into working by means of deceit and threats. Women may also play the role of pimp in the recruitment process. Escape options are limited with sex trafficking rings, but one possible method of escape involves recruiting other women in exchange for passage home or to avoid taking customers (Jones et al., 2011). The role of

the recruiter is essential to the trafficking process. Pimps and madams are typically excellent socializers and are effective at exploiting vulnerabilities within their victims. Promises of marriage, employment, opportunities for education, and the hope of a better life are all empty offerings given to potential victims (Elezi, 2011).

The popular phrase “you catch more flies with honey than with vinegar” is extremely applicable to the entire recruitment process. As discussed above, victims are generally lured into the recruitment process through promises of love, money, fame, and acceptance. The psychological coercion involved in recruitment plays a prominent role in the initial impact trafficking has on one’s mental health (Anyaegbunam, Udechukwu, & Nwani, 2015). An individual’s sense of decency and any previously held standards of morality are essentially destroyed following the revelation of deception and the introduction into sex slavery (Kennedy et al., 2007). Victims experience a distorted sense of reality in which the women expect to be exploited. In such an environment, an individual’s sense of self may be distorted due to the psychological and physical abuse that causes these victims to neglect their moral standards (Anyaegbunam et al., 2015). Betrayal of vulnerability also affects the mental health of recruited trafficked persons, potentially inducing feelings of shame and guilt for the situations in which the victims find themselves. Coercion, deception, and psychological manipulation involved in recruitment essentially have the same effect on victims as direct, physical threats (Hopper & Hidalgo, 2006).

Transport. Following the recruitment of the targeted subject, the transport phase begins. Transport involves movement of trafficked persons within a single country or

across borders. Once in the transport phase, many women's identification materials and belongings are removed from them, in order to prevent escape. New identities and forms of documentation may be given to the women to prevent possible identification in the new country, particularly if reports of missing people have been purported (Jones et al., 2011). Escorts are often present to ensure women are compliant, ensure control over the situation, and prevent complications during transport. Perhaps in this type of transportation situation, causing a noticeable disturbance would help the victims and assist in their achievement of freedom. However, it should be noted that often before transport these individuals may be threatened and beaten to instill fear and promote compliance during transport. Such measures include, but are certainly not limited to, physical restraint, rape, removal of vision, and physical beatings (Batsyukova, 2012).

Transportation involves the process of initiation into the trafficking and sex work culture (Hopper & Hidalgo, 2006). Traveling to different countries places victims in environments where the language is foreign and they rely fully on the trafficker for meeting basic physiologic needs. Disorientation is also experienced during transportation, which develops a sense of helplessness and dependence on the escorts and traffickers. Family contacts are lost, ties to the outside world are severed, and victims are now isolated in their new reality.

There is much discussion among governments and anti-trafficking programs that revolves around the difference between smuggling and transport when regarding the trafficking of persons. It is rather difficult to distinguish between an act of smuggling and an act of trafficking. In fact, smuggling can easily turn into trafficking (Meshkovska et

al., 2015). Once exploitation of the smuggled individual occurs, the entire situation is then considered trafficking (Jones et al., 2011). According to the United Nations (UN), smuggling can be defined as “the procurement, in order to obtain, directly or indirectly, a financial or other material benefit, of the illegal entry of a person into a state party of which the person is not a national or permanent resident” (*United Nations Convention*, 2004, p. 42). The UN also defines trafficking:

the recruitment, transportation, transfer, harboring or receipt of persons, by means of *threat* or use of *force* or other forms of *coercion*, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability. . . to achieve the consent of having *control over another person for the purposes of exploitation* [emphasis added]. (2004, p. 54)

From these definitions, conclusions regarding the differences between smuggling and trafficking can be observed. Smuggling can be considered a crime of public nature while trafficking is viewed more definitively as a crime against person - an undermining of basic human rights (Batsyukova, 2012). Human trafficking also involves a greater degree of relationship and causation regarding recruitment and action. Smuggling focuses on payment and the interaction between the smuggled and smuggler is limited. Attraction, accessibility, and vulnerability play a larger role in trafficking. Exercise of control over the transportation situation also differs between smuggling and trafficking. Trafficked persons have little to no control over the situation and endure threats, beatings, and abuse during transport; smuggled persons have control at every point of the transportation process.

Transportation may occur only once during the trafficking experience, or multiple times as women may be bought and sold several times and transferred to different places of work. Smuggling, when the individuals are typically willingly being transported, tends to occur once and the relationship between parties concludes at the desired destination. Exploitation is also potentially experienced at every stage of trafficking transportation. During transportation, captives may be isolated either in increments or throughout the entire process. Isolation breeds helplessness in these individuals and affects their psychological vulnerability during the trafficking experience (Sidun et al., 2014). Isolation may also be experienced after trafficking as social exclusion and discrimination may hinder formation of healthy relationships and a healthy psychological well-being.

Exploitation. Exploitation of the trafficked individuals is not necessarily the final phase of trafficking, but rather an all-encompassing aspect of the trafficking experience. To exploit, according to Merriam-Webster Dictionary, means to “make use of meanly or unfairly for one’s own advantage” (“Exploit,” n.d.). The UN Protocol defines exploitation within trafficking as “prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery” (as cited in Efrat, 2014, p. 35-36). Exploitation can involve sexual labor, forced labor, special services, slavery, and many other acts that take advantage of an individual. Often, women are forced to engage in sexual exploitation and videotapes of these acts may be spread throughout the world via the internet in the pornography industry. This industry is international in production and distribution and causes damaging physical and psychological effects on women. If women refuse to participate, they may be brutally punished, forcing compliance in the

future or leading to death and an escape from the trafficking industry (Stanojoska & Blagojce, 2014). Not only are trafficked persons exploited physically, but they are emotionally exploited as well. Exploitation within trafficking can be classified as severe trauma – the victim is in “a hostile environment in which [he/she] is isolated, tortured, and humiliated” (Ataria, 2015, p. 224). Traffickers may show alternating brutality and kindness that leaves the trafficked individual with attachment style dysfunction. By alternating these behaviors, victims generally become more ambivalently attached to their abuser and may eventually display loving feelings toward the abuser (Sidun et al., 2014). Such ambivalent attachment may be mistaken for a willingness to stay with the trafficker; however, understanding that this ambivalent attachment style may be developed during trafficking is essential in identifying victims and providing care to them following trafficking (Sidun et al., 2014). Subsequently, this ambivalence will make the reintegration process more challenging.

Ambivalence of trafficked persons towards their trafficker could be diagnosed as Stockholm syndrome. Stockholm syndrome is a survival technique that allows these trafficked persons to survive while in their challenging, unique, and threatening environment (Hardy et al., 2013). Stockholm syndrome first originated in 1973 in Stockholm, Sweden, when four bank employees were taken hostage by a robber. The employees were locked in a vault and kept there for approximately 131 hours, during which the captives seemed to have developed an emotional bond with the captor. Following release, the captives displayed positive emotions to the hostage-taker and even showed distrust of the police officers who had rescued them (Lambert, 2016). Just as the

hostage-taker in Sweden, the trafficker slowly begins to gain the trust of his or her victim and use the victim's desire for love, acceptance, and protection in order to coerce them into slavery (Hardy et al., 2013). As discussed above, the alternation between punishment and praise leads to the development of Stockholm syndrome (Hardy et al., 2013; Sidun et al., 2014). There are typically three components involved in Stockholm syndrome: negative feelings of the hostage toward law enforcement or other authorities, positive feelings toward the hostage taker or trafficker, and positive feelings of the hostage taker or trafficker toward the hostages (Fuselier, 1999). The threat of survival involved with physical and sexual abuse extends beyond what is experienced in trafficking. This threat potentially continues if the victim escapes, and this threat is a determining factor in the victim's decision to willingly stay in their harmful environment. Trafficked persons are ultimately dependent on the trafficker, and this dependence comprises the core of Stockholm syndrome (Julich, 2013). The threats experienced during trafficking causes victims to have different perceptions of kindness as well. Self-esteem is incredibly altered and many victims may begin to perceive the trafficker and abuser's actions towards them as love or kindness. Ultimately, any small act that the victim views as "could have been worse" will be interpreted as kindness (Hardy et al., 2013; Julich, 2013). Stockholm syndrome is a potential answer to the question regarding why victims may neglect to seek help in their captivity, especially during transport or other opportunities. "The victim cannot avoid any of the horrifying phenomena – she belongs to the captors in the most fundamental way possible since she is at once tortured and kept alive by the same figure" (Ataria, 2015, p. 224).

Exploitation also includes the removal of identification papers from the women recruited into the industry. Lack of identification prevents women from seeking help from authorities or customers because their identity cannot be proven, and thus their enslavement denied as reality. Exploitation of emotional vulnerability is also a prominent factor in the recruitment, transport, and mental instability of women during and after the trafficking process. Due to lack of documentation and proof of citizenship, many women are unable to return home in the event that they are freed from trafficking. Because of this, job opportunities are extremely limited and sex work is the only source of income (Jones et al., 2011).

Exploitation encompasses the process of indoctrination of the trafficking culture in the victim. The authority traffickers hold over their victims is extremely strong due to coercion, deception, and manipulation. Because of this strong authority figure, trafficked persons are forced to act against their previously held moral codes (Hopper & Hidalgo, 2006). Relationships that may potentially form between women in the same situation are also exploited, preventing the opportunity for resistance to authority to rise (Hopper & Hidalgo, 2006; Jones et al., 2011) Competitions may be formed between women for the affection of the trafficker, and violence against certain women may force the group of women to comply with the traffickers wishes (Hopper & Hidalgo, 2006). At this stage of trauma, the women may see themselves as merely sex objects, distorting the image of themselves as well as the potential for identity in the future (Wickham, 2009).

Recovery/Reintegration. Recovery and reintegration can tentatively be considered the fourth phase in the trafficking process, given that women are rescued and

have the opportunity to be reintegrated into their society. In order for women to be freed from this slavery, they must first be identified as victims. Identification involves accurate descriptions of potential victims as well as timely interventions in order to assist these individuals whether in their home country or across borders (Meshkovska et al., 2015). Often, women in these situations may recognize their circumstances early on in the trafficking process and attempt to seek help. However, as mentioned previously, threats and violence are used to maintain compliance and resistance to seeking help. Regardless, when a woman is freed from sexual slavery, she must be reintegrated into society as the tentative final step in the trafficking process. Reintegration involves settling the individual in a safe and secure environment with a proper standard of living and opportunities for social and emotional support and development (Lyneham, 2014; Meshkovska et al., 2015). This reintegration process should be conducted in the individual's country of origin if she is able to be returned. Reintegration must take into account the physical and mental needs of the individual in order to most effectively equip the individual to move towards stability.

The reintegration process is aimed at preventing the stigmatization of the trafficking experience (Lyneham, 2014). Women experience isolation while in trafficking and may likely continue to experience isolation and discrimination as they are reentered into society (Wickham, 2009). Therefore, measures instituted during this process focus on providing job training, legal assistance, healthcare assistance for both mental and psychological needs, and promotion of well-being within individuals, in order to better provide women with identity and a social support systems.

Reintegration could essentially be considered a life-long process, as the mental and social challenges following trafficking may endure indefinitely. Reintegration assistance may be delayed due to a victim prolonging seeking this kind of assistance. Many factors impact this prolongation of help including family pressure to decline help, misunderstanding of programs being offered, distrust in the healthcare system, potential stigmatization, and neglecting the label of victim (Lyneham, 2014; Meshkovska et al., 2015). The discord within family stems from the potential stigmatization of the trafficked person once they return home as well as the high expectations of both the victim and their family (Meshkovska et al., 2015). Families may ultimately be a contributing factor or be directly connected to the traffickers (*Collaborate to Help*, 2007). If families are connected to the underlying reason for the victim's trafficking experience, victims will potentially be opposed to returning home and family will most likely be very against the victim seeking help, especially since there may be legal implications for the family members. Financial strain is also a prominent factor in victims seeking help. Psychological therapies, medical care, migration fees, and other legal services may cost the family a great deal of money, and the victim may be persuaded against seeking out these services (*Collaborate to Help*, 2007). Family members and victims may have high expectations, and failure of either party to meet these expectations leads to disappointment and provision may not be provided efficiently (Meshkovska et al., 2015). The ambivalent attachment style that may be developed during captivity will make reintegration into society more challenging as individuals may appear to be complacent in their predicament (Sidun et al., 2014). Stockholm syndrome, as discussed previously,

presents a unique challenge to the reintegration process, as the victims display positive feelings regarding their captor (Hardy et al., 2013; Julich, 2013).

Reintegration may also be complicated since the process must take into account the individual victim as well as the environment and culture in which reintegration will occur (Office of Women in Development, 2007). Reintegration must involve the ability to examine the trafficked person's current situation and piece it together with their former life in order for the individual to cope with their new experience (Wickham, 2009). Despite the challenges with reintegration and the reality that many women do not reach this phase, reintegration and recovery is a vital component in mental health rehabilitation of trafficking victims.

The Global Problem

Human trafficking has been determined to be a transnational crime. Since human trafficking is considered transnational in nature, it poses a threat to each country and its people (Meshkovska et al., 2015). Traffickers do not respect the rights of humans or the borders or laws of countries ("Human Trafficking," 2015). Disregard for basic human rights within the practice of trafficking ultimately corrupts countries, undermines national and international security, and creates outlets for the growth of organized crime. Because of the large scope of practice in trafficking, prevention and promoting the recovery of those enslaved requires the efforts of many, including collaboration between governmental and nongovernmental agencies ("Department of State," 2016). Collaboration also involves prosecuting those involved often extraterritorially and in the interest of providing justice to victims (Cokar et al., 2016). Before the year 2000, there

were very few legal consequences for those involved in trafficking people and this lack of illegality left victims with challenges resuming life following freedom (Sabella, 2011).

For example, when legal action fails and traffickers fail to be prosecuted, women experience an increase in mental health problems (Prins-Aardema, 2015).

The global problems with human trafficking can be approached several ways, such as migration, labor, prostitution, crime, human rights, and violence against women (Gajic-Veljanoski & Stewart, 2007). Based on the definitions provided by the UN Protocol, different initiatives target these specific aspects of human trafficking (Efrat, 2014). A unique aspect of the global problem with human trafficking is the involvement of government employees and representatives participating in the trafficking process either directly or indirectly. A woman who has been rescued from trafficking rings and seek to prosecute those who used and abused may be lost within the legal system, especially when those she accuses are prominent in politics. A rather popular, if fictional, example of corrupt government involvement in trafficking is portrayed in the series television show, *Scandal*. During the first few episodes, the main character is attempting to maintain the good public image of those in office who have been accused of using the services of a madam during their political career ("Scandal," 2012). A real life example would include the US State Department being allegedly caught in the midst of a human trafficking operation in 2013. Reportedly, a State Department official was associated with selling visas for sexual and monetary favors in what was considered to be a human trafficking operation; the official involved was dismissed quietly and further information is not clear regarding the event (Heyes, 2013). Corruption's involvement with human

trafficking is largely unknown and mostly speculated, but the opportunities for corruption in the trafficking process are numerous. For example, the United Nations Office on Drugs and Crime (UNODC) notes that ignoring and tolerating trafficking in persons is considered to be corruption. The UNODC also points out potential areas for corruption within the criminal justice chain, including government officials, border controls, prosecutors, and local officials (*UNODC*, 2011). Though the extent corruption plays in the role of human trafficking may not be fully known, multiple publications recognize corruption as a prominent factor in trafficking and one that must be addressed by services and programs in order to be effective in providing care for trafficking victims (Clawson et al., 2009; Office of Women, 2007; Wickham, 2009).

Interventions should be in place at every stage of the trafficking process, to promote effective and efficient recovery of women recruited into trafficking. Countries that experience a relatively consistent problem with trafficked individuals within their borders may need to implement more secure border controls and security screenings during travelling whether by air, sea, or land (Office of Women in Development, 2007). The border security of countries depends on their legislations and perception of trafficking's impact in their communities. The Trafficking Victims Protection Act (TVPA) sets guidelines that countries must follow in order to maintain compliance with preventive measures against trafficking. Within the TVPA are tiers that recognize countries that are meeting TVPA standards, making efforts to meet the standards, or who do not meet the minimum standards ("Department of State," 2016). Tier 1 countries meet the TVPA standards. Within tier 2, countries are making efforts to meet the minimum

standards and may have a significantly increasing number of trafficking victims, failure to show evidence that efforts against trafficking are increasing, or the efforts discussed to meet minimal competency were discussed over one year prior. Tier 3 countries typically have the most consistent problems with trafficking and have failed to make significant efforts to combat trafficking in persons. Countries classified as tier 3 include Haiti, Iran, North Korea, Russia, Sudan, Syria, and Venezuela (“Tier Placement,” 2016).

The human trafficking industry purportedly earns about \$9.5 million each year and is considered to be the third largest source of profit for organized crime rings after the businesses of drugs and guns (Gajic-Veljanoski & Stewart, 2007). In 2008, the human trafficking industry was estimated to bring in \$31 billion in profits (Cokar et al., 2016). With the recent spike in interest in human trafficking, there have been several global and national task forces aimed at trafficking and protecting those who have been involved. For example, in 2002, Brussels held a conference focused on preventing trafficking, showing the political priority of human trafficking prevention. Reports by multiple state departments have also been published regarding the efforts put forth in combating human trafficking in respective regions. Besides state-level efforts at combatting human trafficking, the TVPA of 2000 aims at preventing trafficking and prosecuting those who are caught trafficking (Busch-Armendariz, 2012). The TVPA also provides support to trafficking victims with programs and services to help the victims reintegrate and rehabilitate (Busch-Armendariz, 2012).

Mental Health and Trafficking

While in the industry, women experience emotional, physical, and psychological abuse. Trauma is recognized as the leading cause of a number of mental health concerns, and trafficking is no exception. Many determinant factors are involved in the development of mental illness and the complexities of these disorders are still not fully understood. Mental health disorders are likely to be influenced by a number of predisposing, precipitating, and maintaining factors (Abas et al., 2013). The trafficking experience is unique to each individual, and as such there will be different mental health outcomes and different needs among these individuals. Among the participants of a post-trafficking mental health consultation, fifty-four percent of the individuals met the criteria for a diagnosable DSM-IV mental health disorder. However, these categories of statistics are also more than likely under-representing the mental health needs of this population as studies are limited to a small number of participants and many studies are largely qualitative rather than quantitative (Cary, Oram, Howard, Trevillion, & Byford, 2016).

Predisposing factors for mental health disorders play a role in the likelihood of an individual to develop a mental illness following a traumatic experience. Childhood abuse is highly indicative of a more complex mental illness following trafficking (Abas, et al., 2013). Social support both prior to and following the trafficking experience plays a role in the successful implementation of coping mechanisms and strategies in individuals. Previous experience of sexual abuse prior to trafficking increases the individual's vulnerability to mental health complications later in life (Hossain, Zimmerman, Abas, Light, & Watts, 2010). Differences in coping skills, biological vulnerabilities, and

previous life experiences play a role in the likelihood of mental disorders following such traumatic experiences. Women, in general, are conclusively at a higher risk for mental disorders following trafficking as well (Oram et al., 2016).

Some women may not have the capabilities to endure the high levels of abuse and stress during the trafficking experience, and the stripping of human rights associated with trafficking may become almost too much to handle (Hossain et al., 2010). Safety and security are unpredictable in these environments which greatly affects one's mental stability. Other factors involved in the trafficking experience relate to lack of sleep, lack of control over clientele and the use of protection, limited freedom of movement, limited medical access, duration and intensity of working hours, and lack of choice regarding sexual services (Hossain et al., 2010; Meshkovska et al., 2015). Threats of harm and even death also play a large role in mental strain and involve intense feelings of fear and hopelessness (Williamson, Dutch, & Clawson, 2010). Not only are there severe mental consequences due to the abuse experienced, physical illness and problems occur and also affect one's mental health (Di Benedetto et al., 2014). Concurrently, the strain of mental health disorders may exacerbate physical symptoms, and vice versa. Common physical complaints of trafficking victims include fatigue, headaches, back pain, dizziness, memory problems, chest and stomach pain, and loss of appetite (Abas et al., 2013; Oram et al., 2016; Stanley et al., 2016). Due to the nature of exploitation, sexually transmitted disease may be a complicating factor. Survivors of sex trafficking are also more likely to use and abuse substances such as alcohol and illegal drugs, further complicating their physical and mental condition (Meshkovska et al., 2015). A survey conducted on

survivors of human trafficking has shown that the psychological coercion and manipulation experienced during trafficking was more harmful than the physical abuse (Anyaeibunam et al., 2015).

Trafficking is a very complex experience and the approach to mental health following this experience is understandably complex as well. As such, the trauma experienced by these individuals could be characterized as complex trauma. Complex trauma is described as trauma that occurs repeatedly, persistently, and over a certain period of time (Ataria, 2015; Pressley & Spinazzola, 2015; Sidun et al., 2014). While complex trauma is not a diagnosable disorder in itself, it must be considered when diagnosing potential mental illness within these clients. Understanding complex trauma is vital in understanding the complexities and variety of mental health needs of trafficked people (Sidun et al., 2014). Complex trauma leads to dysfunction in individuals' emotional regulation, self-perception, perception of others, and identifying meaning in life and relationships (Wall & Quadara, 2014). As a result of the complex experience trafficking forces upon its victims, many survivors develop mental health disorders, the most common being post-traumatic stress disorder (PTSD), depression, and anxiety disorders (Abas et al., 2013; Hossain et al., 2010).

PTSD

While the extent of damage trafficking has on individuals' mental health is complex, PTSD is recognized as a predominant disorder in this population (Williamson et al., 2010). In studies concerning prevalence of PTSD, more than half of the sampled women displayed the symptoms qualifying for diagnosis of the disorder (Abas et al.,

2013; Hossain et al., 2010; Sidun et al., 2014). A meta-analysis of studies concerning the prevalence of mental health disorders found that PTSD was diagnosable in 19.5% to 77.0% of individuals that were surveyed (Oram, Stoöckl, Busza, Howard, and Zimmerman, 2012). PTSD also has a comorbidity rate of 91% when due to prolonged trauma (Price & van Stolck-Cooke, 2015). The previously discussed predisposing factors that contribute to develop of mental health disorders are vital in recognizing PTSD; however, exposure to trauma is the distinguishing feature in the development of PTSD (Sidun et al., 2014). Studies have also shown that women are more vulnerable to PTSD than men and that the course of illness is longer in women than that experienced by men (Williamson et al., 2010). This increase in prevalence is potentially due to the sensitization of stress hormones in response to trauma in combination with different interpretations of the event (Seedat, Stein, & Carey, 2005). The abuse experienced during recruitment, transportation, and exploitation involves threats and fear that are more than capable of contributing to PTSD in trafficked persons (Anyaeibunam et al., 2015).

Symptoms of PTSD include recurrent thoughts and memories of the event, feelings as though the event is reoccurring, nightmares, feelings of detachment or withdrawal, apathy, increased vigilance, difficulty concentrating, and amnesia regarding the traumatic event (Hossain et al., 2010; Williamson et al., 2010). The right side of the brain is typically responsible for storing traumatic memories but is unable to create a complete story regarding this trauma. For this reason, individuals experience flashbacks and may feel that traumatic experiences are happening in real-time (Beach & Sanchez, 2013). Self-blame is also prominent and may cause difficulty in therapy, disrupting the

individual's ability to establish trusting behaviors and participating in cognitive behavioral therapies (Sidun et al., 2014). The symptoms of PTSD may develop during the trafficking experience or years following recovery (Kelmendi et al., 2016).

Research regarding the connection between PTSD and the traumas associated with war is abundant; however, research supporting PTSD's connection with human trafficking is limited. Studies have provided analysis of clients in post-trafficking programs that have been diagnosed with PTSD, but further research regarding the relationship of PTSD and trafficking is lacking (Beach & Sanchez, 2013; Seedat et al., 2005; Wall & Quadara, 2014). The basic understanding of human trafficking sheds a dim light on the true horrors and traumatic experiences involved in trafficking. Victims of trafficking, even when rescued, are largely unable to leave the trafficking situation, forcing these victims to experience trauma continually as well as witness others experiencing trauma. The moral boundaries crossed in trafficking leads to a personal war within the victims mind concerning their identity (Beach & Sanchez, 2013). Post-trauma factors also contribute largely to the development of PTSD in trafficking victims. The psychological strain of reintegration and adapting and coping with a new life places an impressive challenge on the victim. The trauma during trafficking is still considered the strongest predictor of PTSD development, but the future research concerning post-trauma influences will provide new directions for management of mental illness as well as guidelines for care of trafficked persons (Abas et al., 2013).

PTSD due to trafficking is complex, and treatment either with medications or psychological therapies will need to be tailored to the individual case. Cognitive-

behavioral therapy and psychotherapy have been shown to be the most effective in treating symptoms and enabling clients to cope with PTSD (Cukor, Olden, Lee, & Difede, 2010). Pharmacologic management of PTSD involves paroxetine and sertraline, selective serotonin reuptake inhibitors, which usually produce a positive response rate of 60% with 30% of patients achieving symptom remission (Kelmendi et al., 2016). The most recent research regarding effective treatments for PTSD has examined the potential of utilizing norepinephrine, an adrenergic agonist, as treatment for the hyperadrenergic aspects of PTSD (Kelmendi et al., 2016). PTSD research has also emphasized managing multiple mental health disorders concurrently in order to be more cost-effective and more effective in producing rehabilitation in the post-trafficking phase (Korte et al., 2017).

Depression

The trauma of trafficking as well as the loss of identity, freedom, and basic human rights leads to the development of depression in survivors of trafficking. In a literature review concerning studies about the prevalence of mental illness in trafficked persons, depression was identifiable in 54.9-100% of women surveyed (Oram et al., 2012). Depression and PTSD have a comorbidity rate between 48% and 55% in trauma patients (Price & van Stolk-Cooke, 2015). Depression due to trafficking stems from the hopelessness of the trafficking situation, loss of identity, and loss of control over one's life. The high degree of interpersonal trauma also plays a role in the development of depression. Interpersonal trauma within trafficking involves emotional manipulation, sexual abuse, brainwashing and coercion, and imprisonment (Haldane & Nickerson, 2016). The large degree of psychological, emotional, and physical abuse of trafficking

results in a longer duration of depression (Negele, Kaufhold, Kallenbach, & Leuzinger-Bohleber, 2015). Not only does the duration of trafficking contribute to intensity of mental illness, but the help received following trafficking also plays a role in the severity of one's depression. Unmet needs such as poor housing, inadequate food or clothing, transportation, limited access to education, life skills, or substance abuse treatment following trafficking are able to independently predict likelihood of mental illnesses, especially depression (Clawson et al., 2009). A high level of ongoing stressors following trafficking negatively influences the development and treatment of depression (Abas et al., 2013).

A key component in depression is Beck's cognitive triad, which theorizes that those with depression have negative views of themselves, others, and their environment or future (Allen, 2003). Negative views of oneself do not necessarily develop due to depression, but rather is an underlying factor in the development of depression (Northoff, 2013). The toll trafficking has on one's self-esteem and view of oneself is monumental. Within this theory, schemas are considered to be enduring, organized structures of thought that guide how one interprets information (Pössel & Thomas, 2011). Women within trafficking are generally perceived as objects of sexual desire, and women may begin to deem themselves as merely objects. Emotional manipulation and coercion experienced during trafficking leads to dysfunctional beliefs which contribute to the development of depression (Allen, 2003). If the individual had a tendency for negative thoughts regarding themselves, others, or their environment prior to their trafficking experience, these schemas may be activated and emphasized during trafficking (Di

Benedetto et al., 2014; Pössel & Thomas, 2011). The entire trafficking process will either reinforce or invent these negative thoughts in those who are trapped within the trafficking industry. Negative views of self and others may ultimately prevent the victim from seeking help or treatment and may contribute to the mentality that current punishment is warranted. Reinforcement of these negative thoughts throughout the trafficking experience is foundational to the development of depression in trafficking survivors.

Trauma experienced during childhood has been shown to increase the intensity of trauma experienced by trafficked persons. Women who experience sexual trauma in childhood and trafficking show higher levels of diagnosable symptoms of depression (Kucharska, 2016; Northoff, 2013). Studies have shown that childhood trauma and abuse lead to more chronic depression during adulthood, especially when impacted by further trauma (Kucharska, 2016; Negele et al., 2015). Within the first month of recovery following trafficking, 43% of victims meet the DSM-V criteria for depression (Kucharska, 2016). Symptoms of depression are also exacerbated by the concurrent diagnoses of PTSD, and vice versa (Bedard-Gilligan et al., 2015). Previous experiences of trafficking also place women at higher risk for developing mental disorders. Those who have previously been trafficked are also more vulnerable targets for re-trafficking and future abuse. Re-trafficking has been difficult to define, as the parameters cannot be clearly described. The International Office of Migration (IOM) (2011) has defined re-trafficking as the situation when an individual trafficked is returned to their home country and is trafficked there again. However, this definition does not encompass those individuals who are rescued but never returned to their home country, and are trafficked

again in their current country of residence. The definition of truly leaving or being rescued from trafficking is also obscure, and ultimately affects the definition of re-trafficking (*The causes and consequences*, 2011). The IOM study found only eighty reports of re-trafficking within their database that spanned 1999-2009; of these eighty cases, seventy were re-trafficked for the purpose of sexual exploitation (*The causes and consequences*, 2011). Re-trafficking could also encompass the victim returning to similar socioeconomic conditions that either contributed to trafficking or that were experienced in trafficking (Espersen & Vasquez, 2009). Deportation from a country following trafficking increases the vulnerability of the individual to traffickers, and re-trafficking may then occur (*The causes and consequences*, 2011). The prevalence and impact of re-trafficking is difficult to determine due to the complexity of trafficking processes. However, providing trafficked persons with adequate resources for reintegration and rehabilitation will help in preventing re-trafficking within this population (Van de Glind, 2008).

Recently, studies have made associations between treatment of PTSD and depression, as well as with anxiety disorders (Bishop, Rosenstein, Bakelaar, & Seedat, 2014; Korte et al., 2017). Improvement of PTSD symptoms has been correlated with an improvement or better management of depressive symptoms (Korte et al., 2017). Skill-acquisition interventions along with cognitive-behavioral psychotherapy should be implemented to improve individual self-esteem and subsequently improve depressive symptoms (Kucharska, 2016). Since depression and PTSD are so intertwined within trafficking victims, therapy should also emphasize overall social and occupational

functioning, since these roles in trafficked persons are severely impaired (Bedard-Gilligan et al., 2015). Previously, cognitive-behavioral therapy has focused on a specific disorder; in order to improve the effectiveness of this therapy for depression, any comorbidities must be taken into account and therapy should be tailored to address all mental illness concurrently (Garcia-Escalera, Chorot, Valiente, Reales, & Sandín, 2016).

Anxiety Disorders

Anxiety disorders may stem from PTSD and depression in victims of human trafficking. A concurrent diagnosis of anxiety is more likely to occur in survivors with PTSD and depression (Bedard-Gilligan et al., 2015). Anxiety is also considered to be twice as prevalent in women as men (Bandelow, Lichte, Rudolf, Wiltink, & Beutel, 2015). Anxiety disorders encompass a rather wide range of symptoms that affect individuals daily. These symptoms can include panic attacks similar to those experienced in PTSD, generalized anxiety, as well as major depression (Williamson et al., 2010). Oram et al. (2012) conducted a literature review and found that anxiety disorders and anxiety-like symptoms are prominent in 81.8-87.5% of women who had experienced trafficking. Anxiety disorder in traumatized individuals also has a comorbidity rate of 11.1-31.6% with PTSD (Price & van Stolk-Cooke, 2015). Anxiety disorders may also present concurrently with PTSD, depression, and dissociative disorders.

Fernandes and Osório (2015) conducted a literature review and found that the prevalence of anxiety disorders within the trafficked population can be attributed to the emotional, physical, and sexual trauma experienced during trafficking. The negative cognitive processes developed during the trafficking experience also contribute to

subsequent anxiety disorders both during and following trafficking. Negative cognitive processes potentially develop in response to poor treatment, rejection from customers, and negligence from the trafficker. Feelings of failure and extremely diminished self-esteem become triggers for dysfunctional thought processes and beliefs and increase the trafficked person's likelihood of developed anxiety disorders (Fernandes & Osório, 2015). Thought process dysregulation also alters the response of the individual to stressful situations, ultimately making the individual hyper-responsive to their environment, much like the hyper-vigilance seen in PTSD (Kelmendi et al., 2016; Price & van Stolk-Cooke, 2015). If abuse, whether sexual, physical, or emotional, was experienced prior to trafficking, it increases the likelihood of anxiety disorders being exacerbated or worsened following trafficking (Bishop et al., 2014).

Anxiety disorders, depression, and PTSD are interrelated and symptoms have fluidity among each diagnosis. Depression is strongly correlated with the emotional numbness of PTSD, and somatic symptoms of depression are related to the hyper-vigilance and hyper-arousal of PTSD. Anxiety disorders are related to hyper-arousal symptoms of PTSD, along with the somatic aspect of depression. The complexity of which these three disease processes are related is still being researched and future research will clarify the relationships between depression, PTSD, and anxiety disorders (Price & van Stolk-Cooke, 2015).

Treatment for anxiety disorders should encompass the comorbid conditions of depression and PTSD, including potential substance abuse. Cognitive-behavioral therapy has shown to be effective in treating anxiety disorders. Cognitive-behavioral therapy

exposes the individual to the feared situation in stages and tries to restructure the thought process associated with the situation (Bandelow et al., 2015). If the individual's anxiety is unresponsive to the cognitive-behavioral therapy, psychodynamic therapy may be used solely to target the anxiety disorder. The transdiagnostic approach to therapy, discussed shortly, addresses the relationships anxiety disorders have with PTSD and depression and is considered to be most effective in treating trafficked victims (Price & von Stolk-Cooke, 2015).

Dissociative Disorders

A new field of research concerns the relation of dissociative disorders with the trauma of human trafficking. Trauma experienced during trafficking may also lead to the development of dissociative disorders (Williamson et al., 2010). Dissociative disorders are characterized by dysfunctional integration between past memories and present awareness, involving identity unawareness, perceptual sensations, and potential loss of body control (Siddique, Dogar, Haider, & Afzal, 2015). These types of disorders may be present at an initial assessment of a sex trafficking victim, but may also be gradual in development. Individuals with PTSD following trafficking may experience periods of *zoning-out*, which could be interpreted as dissociation. Therefore, individuals may present symptoms diagnosable as PTSD but will later be labeled a dissociative disorder (Beach & Sanchez, 2013). Individuals with diagnoses of PTSD and depression have a higher likelihood of developing dissociation symptoms (Bedard-Gilligan et al., 2015). Assessment for dissociative disorders, as well as other mental health disorders, should be conducted through a cross-cultural lens as some dissociative practices are typically

accepted in some cultures. Alterations in senses such as vision, different identities in dissociation, or amnesia may be relative to the specific culture of the client (Williamson et al., 2010). For example, individuals in India diagnosed with dissociate disorder transition between the personalities during sleep, which is a common portrayal of this disease process within India's media (Lynn, Lilienfeld, Merckelbach, Giesbrecht, & Kloet, 2012).

Splitting is a key feature of dissociative disorders as well as PTSD. As a defense mechanism, splitting allows the individual to distinguish between harm and safety and adapt their personality to the situation. This particular defense mechanism is harmful in survivors of sex trafficking because it does not allow relationships to function properly (Sidun et al., 2014). Dissociation also occurs during trafficking and exploitation as individuals essentially deaden themselves to the traumatic situations as an act of self-preservation (Beach & Sanchez, 2013). Being able to integrate these traumatic experiences with current experiences is vital in effective reintegration into society following trafficking. When individuals implement dissociation as a defensive mechanism, the ability to integrate memories with the present becomes difficult. Furthermore, dissociative identity disorder involves at least two distinguishable personalities within an individual (Potter & Moller, 2016). The most common types of personalities involved with previous trauma include avoidant and trauma identity types (Huntjens et al., 2016). The avoidant type is unaware of the trauma experienced and tends to focus on the activities of daily life. Situations that may bring to remembrance the past trauma are avoided and amnesia is common concerning the past. On the other hand, the

trauma type tends to emphasize the traumatic past and perceives current threats despite being removed from the trauma. Both of these identity types could potentially coincide with a diagnosis of PTSD, which is more likely in victims of human trafficking trauma (Huntjens et al., 2016). Studies typically focus on researching the commonalities of PTSD and dissociative disorders, especially trauma type personalities, in order to have a more comprehensive understanding of the influence of trauma and goals of treatment.

Development of dissociative identity disorders due to trafficking may also be attributed to the social learning and overall expectations trafficked persons experience (Lynn et al., 2012). Emotional manipulation and physical threats encompass a different social environment the trafficked person must adapt to or dissociate from. Cognition also plays a role in the development and presentation of dissociate disorders. A recent study challenging the core characteristics of dissociate disorders proposed that cognition within dissociative patients is high, indicating a better memory of these forgotten traumatic experiences rather than amnesia (Lynn et al., 2012). In addition, trauma experienced before trafficking may predispose trafficked persons to a heightened sense of absorption within the trauma. This is to say that the trauma may be more prone to increase the likelihood of dissociative disorder development in these trafficked individuals (Lynn et al., 2012). Therefore, implications of this research and the previous understanding of dissociative disorders impact the goals of medical and psychological therapies.

Conclusive research regarding the association of trafficking and dissociate disorders is relatively scarce. The connections between trauma and dissociation are more well-known and continue to be further understood as research is being conducted.

However, treatment should encompass the scope of an individual's mental health needs, rather than focusing on a single issue. For this reason, psychotherapy incorporated with cognitive behavioral therapy has shown the most promise for individuals with dissociative disorders as well as PTSD. Recognizing the trauma experienced, rather than dissociating from it and neglecting to remember it, is the mainstay of therapy for dissociative disorders. Treatment of depression and PTSD will also aid in managing the symptoms of dissociations ("Dissociative Disorder," 2014).

Substance Use

Substance use may begin either before, during, or following the trafficking experience. There are several motivating factors behind the use of substances during the trafficking process. Addictions in trafficking can exacerbate an individual's vulnerability, making manipulation and exploitation a relatively smooth process for the trafficker. This manipulation involves coercion, using the addicting substance as reward for submission. Access to substances may motivate individuals to remain in the trafficking environment, since the substances will not be as readily available in their previous lives (Stoklosa, MacGibbon, & Stoklosa, 2017). Finally, it is known that many individuals, regardless of the type of difficulties or traumas experienced, turn to alcohol and drugs to numb their pain and help them cope with their new reality (Wall & Quadara, 2014). A survey conducted in the United States found that 84.3% of trafficked individuals used substances during their trafficking experience, and opioids were the most popular drugs abused (Lederer & Wetzel, 2014). Substance abuse has a poor long-term prognosis in combination with mental disorders (Wall & Quadara, 2014).

Emphasis on managing substance abuse as a single treatment focus does not allow comprehensive treatment for the complex trauma experienced in trafficking.

Identification of a substance use disorder may in fact be the initial inclination that trafficking is involved with the client's presentation (Stoklosa et al., 2017). When treating a substance abuse disorder, treatment should focus heavily on concurrent PTSD and depression symptoms in order to provide the most effective management and promotion of mental well-being (Korte et al., 2017). As improvement is seen in management of depression or PTSD symptoms, individuals decrease use of substances. Psychotherapy and cognitive-behavioral therapy have shown promise in the treatment of substance use and abuse (Williamson et al., 2010). As some trafficking survivors turn to substances to manage depression or anxiety disorders, treating mental health first will have a significant impact on resolving a substance use disorder. Ultimately, substance use will likely decrease as individuals' psychological, sociological, economical, and medical needs are attended to and effectively managed. Treating substance abuse singularly and neglecting to focus also on the trafficking trauma causing the substance use predicts a lower chance for successful treatment and a higher likelihood of relapse (Williamson et al., 2010).

Mental Health Rehabilitation

Numerous studies have been conducted in both the human trafficking practice and mental health practices concerning the best strategies for treating and managing mental health disorders. Treatment should be individualized to the client's unique experience. Traumatic events such as the trafficking process will be interpreted differently by each

woman involved and these women will use different coping mechanisms in an attempt to maintain mental stability both during and after the experience. Not only are the mental health needs of these women great, but the need for true relationship is also greatly overshadowed by medical needs. As mentioned previously, recruitment into trafficking may be primarily relational in nature. Deception, abuse, and manipulation disrupt the relationships these women have when they return to society (Sidun et al., 2014).

Attachment responses may become dysfunctional due to abuse. Acknowledgement of complex trauma is essential in handling the treatment of trafficking victims. People who have experienced complex trauma in trafficking have an enormous need to feel safe before effective treatment and rehabilitation can truly begin (Wall & Quadara, 2014). The unpredictability of trauma in trafficking has been identified as a cause for chronic negative psychological condition in trafficked persons (Collins, 2016; Hossain et al., 2010). Several interventions show promise for managing and treating certain mental health disorders; however, research is needed to evaluate the effectiveness in promoting stable mental health in trafficked individuals (Venosa, 2015).

Role of Healthcare Professionals

Perhaps the most important aspect in providing care to victims of trafficking is the identification and recovery of these individuals. Healthcare professionals, such as nurses, have a unique opportunity to interact firsthand with women during and after their captivity (Holland, 2014). It is essential for healthcare professionals to be aware of the signs and symptoms of individuals who are caught in trafficking rings. In a study conducted on physicians and their experience with human trafficking victims, results

showed that nearly all physicians knew the need for identifying trafficked persons during provision of care, but that half of these same physicians were unable to accurately and efficiently identify a victim (Cokar et al., 2016). This same study revealed that all physicians surveyed recognized their responsibility in reporting findings of abuse to the proper security forces.

Health is a priority concern for victims of trafficking, and as such they are likely to seek medical care at some point during or following their experiences. Seeking help indicates a certain vulnerability that must be respected by healthcare workers, and is expected from the profession (Holland, 2014). The stigmatization of victims should also be avoided by healthcare professionals. Support must be given to all patients regardless of the severity. In order to regain a degree of control over their lives, many patients who voluntarily seek help may choose to neglect going through with certain tests, procedures, or treatments; this should be focused on in education of healthcare professionals in order for these care teams to recognize the need for control yet implement the need for such care (Cokar et al., 2016). Healthcare professionals that have the opportunity to come in contact with trafficked individuals must be aware of programs within their respective communities that provide support for trafficked persons (Domoney, Howard, Abas, Broadbent, & Oram, 2015).

Crucial to rehabilitation in trafficked persons is the identification of such victims. Trafficked persons may seek medical help for injuries received during transport or sex work. During care, hospital staff may treat the physical symptoms and injuries yet neglect or fail to recognize the symptoms of trafficking (Sabella, 2011). Common health

problems that are typically treated by the healthcare system and not explored further could include pelvic pain, chronic pain, depression and/or anxiety, headaches, oral health problems, sexually transmitted infections, unhealthy weight loss, and vaginal pain (Dovydaitis, 2010; Sabella, 2011). Healthcare professionals may only encounter trafficking victims when they are presenting with physical issues, so it is vital that nurses and physicians are able to recognize signs of trafficking and respond with appropriate help (Sabella, 2011).

While caring for trafficked persons in rehabilitation, psychologists and other treatment providers should be careful not to place expectations on the patients. The unpredictability and extended trauma trafficked persons have faced require treatment programs that are able to be modified and fluid in response to the needs of the patient at that current time. Psychology is considered ill-prepared to handle the complex trauma experienced by trafficked persons (Krisch, 2016). Further research and program investigations should occur in order to best prepare the healthcare professionals to effectively treat victims of human trafficking (Collins, 2016).

Cognitive-Behavioral Therapy

Cognitive-behavioral therapy (CBT) has shown to be effective treatment for women involved in sexual assault, including the abuse experienced in trafficking (Seedat et al., 2005). This therapy utilizes different components that incorporate psychoeducation, restriction of thought processes, development of coping skills, and interoceptive exposure (Garcia-Escalera et al., 2016). Generally three components form CBT – reducing physiological arousal, using cognitive therapy to change interpretations of panic-related

situations, and to expose the individual to the feared stimuli (Lee et al., 2006). Interoceptive exposure focuses on identifying the triggers that lead to panic attacks, and modifying the individual's response to these triggers (Singer, 2017). Interoceptive exposure evokes physical sensations from the patient that are associated with panic attacks in order to habituate the patient to the stimuli (Lee et al., 2006). CBT attempts to change one's pattern of thinking and behaviors that may be associated with and contributing to traumatic pasts. Therapy is focused on examining one's thought process and how these thoughts translate into behaviors that are either positive or negative (Potter & Moller, 2016; Martin, 2016). The client and therapist tackle problems together and develop principles for handling negative thoughts that can be applied throughout the patient's lifetime.

Therapies like interoceptive therapy depend upon the ability of the individual to recall the traumatic events, or at least have the capability to focus on previous trauma. As discussed previously, each trafficking experience is unique and each individual will respond to trauma differently depending on life experiences and coping mechanisms. The same principles should be applied to using CBT or interoceptive therapy in this patient population. Dealing with traumatic memories will be approached differently by each victim. The greater the degree of trauma, the greater the sense of ownership individuals have over the experience. Trauma experienced during trafficking can most certainly be classified as severe, and as victims are incapable of maintaining ownership their risk for long-term mental health problems arise (Ataria, 2015). In order to deal with the constancy of trauma, many victims often detach themselves from the situation.

Helplessness is a key component of complex trauma, and as the trafficking experience endures, the victim will develop a sense of helplessness that essentially transfers to the entire environment a perception of hostility and pain that arises from the exploitation and abuse. As the victim's environment is perceived as hostile, helplessness is amplified as prospective "hiding places" are limited. Eventually, the hostility will enslave the victim's body, making themselves their source of pain and suffering.

CBT relies heavily on the internal dialogue and automatic thoughts of its participants. For example, if one is feeling upset about a certain event or experience, thoughts tend to gravitate toward negativity and are not realistic to the situation. Identification and understanding of these negative thoughts are keys in manipulating thought processes to become realistic and helpful in overcoming difficulties (Martin, 2016). CBT tends to revolve around the concept that events themselves do not upset individuals, but the meanings these individuals place on these events cause emotional dysregulation. Negative thoughts leading to maladaptive behaviors have an effect like a downward spiral, and the individual's mental health suffers.

An end-goal of CBT is for individuals to be able to control their emotional responses to certain stimuli such as flashbacks and interpersonal relationships (Wall & Quadara, 2014). This type of therapy is also effective in people who present with multiple mental illnesses, such as depression and anxiety in the victims of trafficking (Williamson et al., 2010). While implementing CBT with PTSD, depression, anxiety disorders, and dissociative disorders in trafficking victims, therapists will need to take into account the influence of unmet needs post-trafficking that will greatly impact the responsiveness and

rehabilitation of the survivors (Abas et al., 2013). A greater number of social needs will result in a longer duration of CBT and perhaps the concurrent use of antidepressant medications. Implementing CBT and other therapies in the treatment plan for trafficked persons must begin early, as mental illnesses such as depression and anxiety are at greatest severity within the first two years of the traumatic event (Kucharska, 2016).

A transdiagnostic approach to CBT, rather than diagnosis specific, would potentially increase the effectiveness of therapy as well as more efficiently improve the functioning of trafficking survivors (Garcia-Escalera et al., 2016). The first transdiagnostic approach to CBT was implemented in 2003 in treatment for eating disorders (Fairburn, Cooper, & Shafran, 2003). Instead of focusing on the core aspect of a disorder and then managing the subsequent symptoms, CBT should place a greater emphasis on the entirety of mental well-being in relation to multiple mental disorders. Research conducted on eating disorders has shown that clients with eating disorders tend to alternate between anorexia, bulimia, and binge-eating, indicating that these disorders are connected by common underlying mechanisms of influence. The fluidity and interconnectedness of PTSD, depression, anxiety, and dissociations can also be attributed to the same underlying traumatic influences in trafficking. Therefore, shared clinical features and the movement of clients between mental disease states indicate the prospective success of a transdiagnostic CBT approach.. The transdiagnostic approach was applied to veterans with a history of trauma, and found that this approach was more effective than specific disorder therapy in reducing depression, stress, and PTSD symptoms (Gros, 2015). As such, a transdiagnostic approach in CBT for trafficking

victims would be more effective in managing the symptoms common to each disorder and providing a comprehensive coping strategy.

Rehabilitation Services

Services and rehabilitation programs for trafficking victims are available, but their core service towards these individuals does not necessarily look at the situation as a whole but rather at certain features of the trauma (Seedat et al., 2005; Wall & Quadara, 2014). Services available for trafficking victims should integrate several aspects in order to provide comprehensive care. The first aspect is that services should integrate, or be able to share information and resources that allow treatment for the individual as a whole. Secondly, programs should be trauma-informed, so that the programs are based on the understanding that the presenting individuals will have experienced complex trauma and thus treatment will be complex as well. Healthcare professionals should be familiar with the protocols of their facility and state in order to effectively handle caring for a trafficked person. Safety should always be the priority, rather than rescue (Stoklosa et al., 2017). Meeting the basic need of safety provides the opportunity for development of trust and the potential for rescue. Establishing trust in a trafficking situation takes a significant amount of time, and programs that offer services for only a small period of time will be unsuccessful in providing adequate rehabilitation based on the formation of trusting relationships. Trafficked persons tend to see law enforcement and other governmental services as untrustworthy, so establishing trust is more challenging and must be handled delicately and with persistence (Collins, 2016). A study of experts on and survivors of trafficking revealed the following priorities in providing trauma-informed care for a

trafficked person: prioritize safety, be respectful, be aware of nonverbal communication, use same-sex staff, provide a private environment, interview patients alone, avoid repeated interviews, provide referral information, and ensure confidentiality (Stoklosa et al., 2017). While these are also tenets of any quality of health care provision, emphasis should be placed on these aspects of care with trafficked persons, considering the intricate vulnerability of the situation.

Thirdly, services must have input from other services and programs in order to have an integrated consumer service. As a result of this, services and programs may be changed to best fit the clients' needs. Finally, services should focus on the comprehensive needs of the clients. With comprehensive treatment, focus does not necessarily emphasize the specific mental illnesses of the individuals, but rather is guided by the symptoms and features of all mental illnesses and the factors that contribute to maintenance of the disorders (Fairburn et al., 2003). Comprehensive treatment also involves the multiple facets of a program such as outreach, screening, treatments, life skills training, and crisis intervention programs (Hemmings et al., 2016; Huntington, Moses, & Veysey, 2005; Kezelman & Stavropoulos, 2012). Social workers, emergency physicians, behavior health professionals, substance abuse specialists, and obstetric/gynecologic specialists should all be involved in the protocol for caring for a trafficked individual (Stoklosa et al., 2017). Trauma-informed care within healthcare and rehabilitation programs should realize that trauma is widespread, recognize the signs of trauma, respond with comprehensive care, and prevent re-traumatization by prioritizing safety and integrating collaborative care (Macias-Konstantopoulos, 2017). Programs should also regularly review policy and

procedure in order to ensure adequate trauma-informed care and effective measures in providing care to trauma victims (Clawson et al., 2009; Kezelman & Stravropoulos, 2012).

Providing intervention in the lives of trafficking victims is a challenging process and programs have been molded to better provide for the needs of victims as research continues to be produced. The Department of Human Health Services published a study that analyzed the variety of programs available to trafficking victims and the effectiveness of said programs. The study recognized several promising aspects of programs that are adapting to the new information concerning trafficking and its mental health consequences (Clawson et al., 2009). For example, the Department of Human Health Services began outreach programs to systems previously in place for trafficking victims. In this outreach, identification of victims was promoted and education was provided in order to increase victim recognition. Outreach also forms connections among systems to provide well-rounded care to trafficking victims as well as to create a wider safety-net for victims to enter. Involvement of survivors in these outreach opportunities also increases identification of victims and effectiveness of programs. Survivors have unique experience of the situation and are able to more effectively identify and approach victims. Of course, survivors that assist with these programs must be properly rehabilitated and comfortable with such outreach efforts. Outreach programs should also begin implementing direct methods for retrieving victims and providing help to them. Trafficking is largely regarded as a hidden crime composed of underground networks, so such outreach efforts have previously been greatly limited. Building a relationship and

network of trust with trafficked persons while they are still in captivity and on the streets has the potential for promoting better outcomes in mental rehabilitation as well as higher chances of recovery from the trafficking ring (Clawson et al., 2009; Hemmings et al., 2016).

As mentioned previously, the Trafficking Victim Protection Act of 2000 was the first act of law enforcement at providing help for victims of trafficking. Prior to the TVPA, comprehensive programs were unavailable and aids for victims were scarce and essentially ineffective. Under the TVPA, the Department of Human Health Services became responsible for initiating programs to help trafficked persons and the Office of Refugee Resettlement (ORR) was delegated the responsibility for helping these victims rebuild lives (Clawson et al., 2009). Victims of trafficking, when recovered, may be certified as lawful temporary residents of the United States. Services and benefits are then available to trafficked persons once they have been certified as temporary residents; however, if the victim chooses not to pursue certification for fear of retaliation from the trafficker then the organization responsible for certification seeks out other resources to achieve asylum for these individuals. Once certified in the United States, trafficked persons are eligible for federally funded benefits such as the Refugee Cash and Medical Assistance, the Matching Grant Program, the Public Housing Programs, and Job Corps, all which provide social services to these individuals (Collins, 2016).

The type and quality of service available to trafficked persons is dependent on which country the individual is transported to. Typically, more developed countries receive trafficked persons who are natively from underdeveloped countries especially

under financial distress. Most shelters and programs are non-government in origin and rely on the support of communities or other organizations to maintain sustainability. Due to costs of supplies, healthcare and legal assistance, and facility maintenance, relief shelters and other such programs are rarely able to sustain themselves without funding and donations from other organizations. The amount of funds available may also restrict the number of treatment sessions and programs the trafficked person is able to participate in (Collins, 2016). Therefore, the variety of programs available to trafficked individuals varies and may be limited due to the inability of programs to maintain their services (Hemmings et al., 2016).

Shelters and rehabilitation programs must account for the duration of time women must stay in the facility. If women are recovered outside of their home country, housing is needed to provide security until passage home is obtained (Wickham, 2009). Women recovered from trafficking rings within their home country may be able to return home yet require assistance in daily living and seek the help of nearby shelters. Short-term shelters and programs may not provide the medical care or psychological care necessary for proper rehabilitation. Trafficked persons may also realize that the duration of treatment will be lengthy, and refuse to return (Collins, 2016). Because of the nature of PTSD, depression, anxiety, and dissociative disorders, treatment may last for twelve to eighteen months or longer, depending on the comprehensiveness of the treatment and the responsiveness of the individual (Bandelow et al., 2015). Therefore, shelters should be able to form connections and referrals for counseling clinics or other medical clinics that will be able to meet these respective needs of victims (Wickham, 2009). As discussed

previously, women of all ethnicities, educational backgrounds, socioeconomic statuses, and religions are vulnerable targets in trafficking recruitment. Such a wide population necessitates a wide variety of programs based on the population being served.

Conclusion

Mental health is a complex health need and is incredibly complex within the trafficked population. Trauma experienced during trafficking is a complex situation that medical professionals have yet to fully understand. There may be no full recovery or resolution from the trauma experienced by these individuals, but the need to empower their ability to survive is crucial in identifying, treating, and interacting with those trafficked individuals (Wall & Quadara, 2014). Trafficking may endure for only a certain period of one's life, but the psychological effects continue throughout the life of the victim (Wickham, 2009). As the mental health needs of trafficked persons are further understood, mental health professionals and researchers must be better prepared to lend assistance to ending this modern slavery. The challenges facing survivors of trafficking are great, and the need for adequate and innovative psychological care is even greater.

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