Human Trafficking and Mental Health:
"My Wounds are Inside; They are Not Visible"

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HAVING BEEN TRAFFICKED TO LONDON for forced sex work, one Moldovan woman explained, "My inner world has changed ... everything seems to be dark grey." That same year in Italy, another sex-trafficking survivor announced, "Maybe some people could call me 'dirty whore,' but for others I might be a girl who can give them good advice."[1]

Human trafficking takes a different toll on each of its survivors, but for many trafficked persons, the most enduring consequences are psychological. International policy, however, currently prioritizes law enforcement and immigration measures over psychological counseling for trafficked persons. As a result, there is poor coordination between immigration and law enforcement agencies and the health sector, and only weak provisions and limited mandated resources are available to support the mental health and recovery of trafficking survivors.

Although research on health and trafficking is extremely limited, a systematic review of health and trafficking conducted in 2012 identified a total of 19 studies enumerating health risks, particularly abuse, and various health

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outcomes.[2] Four reported on mental health outcomes. All of these studies focused on women trafficked for forced sex work or domestic servitude. Findings from each indicated that survivors in post-trafficking services facilities—often residential shelters offering counseling and reintegration support—generally reported very high symptom levels of anxiety, including post-traumatic stress and depression.

To date, there is little understanding of the mental health of men who are trafficked. One study in the United Kingdom that included men trafficked for labor, such as construction or agriculture, found that a high proportion of trafficked men endorsed one or more symptoms of post-traumatic stress.[3] Men are trafficked into various labor sectors, which are often linked to the region's industries or labor opportunities. For example, men are trafficked for work on plantations and ranches in South America or for mining in Africa. Emerging research on males trafficked for commercial fishing in Eastern Europe and Southeast Asia indicates that men are exposed to very severe work and living conditions at sea. Hazards associated with commercial fishing, for example, include extreme abuse; harsh environmental stressors; deprivation of food, clean water for drinking and bathing, and time off; death threats, and witnessing the murder of coworkers, all of which undoubtedly have serious implications for post-trafficking mental health.[4] Furthermore, men in particular may be unwilling to be identified as trafficking "victims." This denial prevents them from accessing mental health resources or any other additional resources that could help them deal with the psychological problems following exploitation and abuse.[5]

To illustrate some of the mental health responses experienced by both male and female trafficking survivors, this article draws on research conducted with trafficking survivors worldwide and uses quotations from our team's study in Europe of women who had been trafficked for forced sex work or domestic servitude.[6] We also outline policy responses and gaps in mental health support for trafficking survivors.

Tactics of Traffickers

The psychological aftermath of a trafficking experience can be enduring, given the often-extreme physical, emotional, and sometimes-sexual abuse associated with this serious form of exploitation. In trafficking situations, victims are often subjected to continual acts of intimidation and abuse, including physical and psychological tactics traffickers use to maintain control over their victims. Studies have noted the use of threats; deprivation; severe restrictions over people's activi-

ties and movement; physical, sexual, and psychological abuse; demonstrations of violence; and disappearance of other victims.[7] In a survey of trafficked sex workers and laborers from Eastern Europe, 65.1 percent experienced a lack of freedom of movement at destination.[8] Cambodian men trafficked for fishing in Thailand reported beatings to the head and body and regular threats and intimidation, with 59 percent witnessing a murder by boat captains.[9] Women trafficked for forced sex work in various parts of the world report beatings, near-starvation, isolation and confinement, ice baths, cigarette burns, forced drug use, and repeated rape as punishment.[10] As one Eastern European woman trafficked into a brothel described her experience: "I was closed in the basement with my friend and we were free to go only to work, and when the boss was drunk he would rape me."[11] These tactics can be likened to those used in cases of torture.

Indeed, when studying post-traumatic stress responses in torture survivors, clinical psychologists Basoglu and Mineka found that the two features that dramatically affect whether certain stimuli will have deleterious health consequences are the degree of predictability and extent of control that an individual has over an event.[12] That is, as in torture scenarios, trafficking perpetrators benefit from keeping individuals perpetually on edge by creating an unsafe environment where they have little to no ability to predict or control what will happen to them. Trafficked persons are often unable to make choices about when and what they eat or when they may bathe or sleep. They are often prohibited from contacting family or friends and have limited or no time for socializing and leisure activities. And perhaps most importantly for their health, individuals who are trafficked are rarely able to protect themselves from harm. Many trafficked persons cannot predict when they might be subjected to violence or punishment and may even be unable to identify what prompted such abuse—as one victim from Ukraine explained: "We were beaten and not fed for every mistake."[13] Victims also rarely conceive of how or when any of this abuse might come to an end. After a time, many trafficked individuals come to understand that they are little more than a commodity to the trafficker. As one young Eastern European woman described, "I felt like I was only a piece of meat with two eyes. I thought I will end up like nothing."[14]

Perhaps most importantly for their health, individuals who are trafficked are rarely able to protect themselves from harm.

Although research, documentaries, and news reports tend to portray the most horrifying acts of trafficking-related abuse, in reality traffickers frequently understand that the threat of violence against an individual or his or her family

members and the instillation of fear through descriptions or demonstrations of abuse are generally sufficient to maintain control over a victim. Indeed, threats against a victim's children are particularly influential, as one mother explained: "They used to say things like, 'Children's organs are really valuable, and children can be kidnapped.'"[15]

Cycle of harm and trauma exposure

To understand the psychological effects associated with trafficking, it is useful to recognize that for many survivors, the fear, abuse, and exploitation experienced during the trafficking stage may comprise only one stage in a larger cycle of harm.[16] As the conceptual model below illustrates, the stages of the trafficking process and people's exposure to health risks and traumatic events may include the pre-departure and recruitment stage; the travel stage, while in transit to the exploitation destination; and certainly, the exploitative situation.[17]

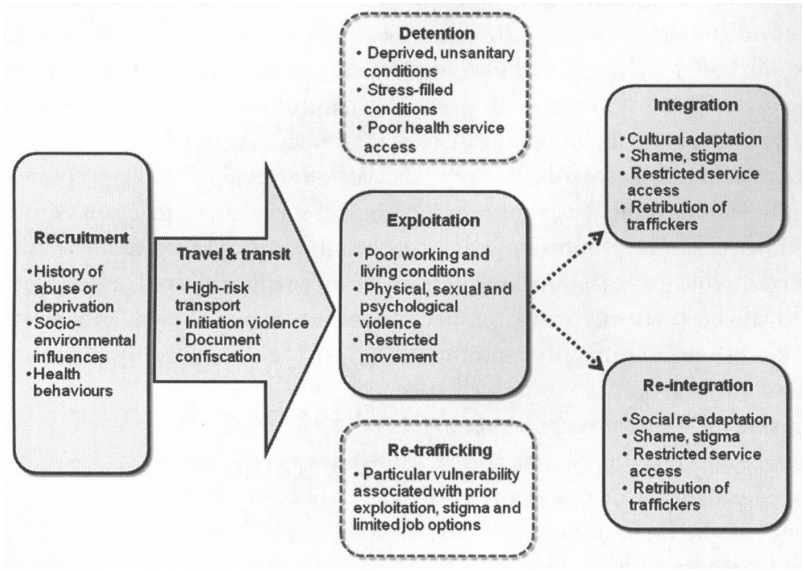

Figure 1. Conceptual model of the stages of the human-trafficking process. Source: Cathy Zimmerman, Mazeda Hossain, and Charlotte Watts, "Human Trafficking and Health: A Conceptual Model to Inform Policy, Intervention and Research," Social Science & Medicine *73, no. 2 (2011): 327–35.*

It is not unusual for trafficked women, in particular, to report a pre-

departure history of abuse. For example, in our study with trafficked women in Europe, six in ten reported having been physically or sexually abused prior to being trafficked, with 22 percent reporting having been sexually abused as a child.[18] While it is unclear what effect this abuse might have had on their vulnerability to being recruited by a trafficker, research on child sexual abuse has shown that prior abuse can increase a woman's risk of future abuse as well as have somewhat of a "dose-response" on psychological health symptoms later in life, which is to say that the greater the exposures (number, time, or severity) to adverse events the trafficked person has experienced, the greater the likelihood of a stronger cumulative effect on her future health and well-being. Victims of child sexual abuse, for example, have been shown to be at risk of depression, self-destructive behavior, anxiety, feelings of isolation and stigma, poor self-esteem, difficulty in trusting others, substance abuse, and sexual maladjustment as adults.[19] For instance, a study with women trafficked to South Korea to be "entertainers" suggested that some women might be at particular risk of trafficking because of low self-esteem associated with a history of domestic violence, family dissolution, and a desire to escape personal circumstances.[20]

Similarly, trafficked people may have experienced traumatic events en route to the exploitation destination. One of the women we interviewed witnessed her friend drown while forced to cross freezing river rapids to avoid border controls. Several women traveled in overcrowded boats and feared drowning on the passage from Albania to Italy.[21]

There are post-trafficking risks as well. For example, people who are released or who escape from trafficking situations can end up further victimized by state actors that do not recognize them as victims, such as when survivors are placed in immigration detention or are arrested for perceived crimes such as prostitution or petty theft.[22] Moreover, survivors—particularly those who were forced into sex work—often feel stigmatized and may be ostracized by their family or community. In some cases, the repercussions may be worse than simply stigma, as noted by one survivor: "I'm from a Muslim home. They stone prostitutes to death."[23] Although social support is generally considered to be a health-promoting phenomenon, in some cases interpersonal relationships or social networks may not be positive or supportive.[24] For example, it is not uncommon for survivors to feel financial pressure from their family, which may encourage them to remigrate and risk being re-trafficked.

It is also not uncommon for survivors to fear retribution by traffickers, especially if the survivor participated in criminal proceedings against the trafficker. As one survivor said, "I am afraid that the traffickers will come after

me—because I prosecuted them, I am afraid of revenge."[25]

Post-trafficking debt and obligations can be particularly complicated when brokers are family or community members. Trafficking transactions may be embedded within a network of social relationships based on notions of reciprocity.[26] That is, people who facilitate migration—although ultimately on exploitative terms—may be seen as providing a valued service, such as helping labor migration and remittances. This seemingly mutually beneficial relationship may prompt people to accept riskier forms of migration or even the sale of children. Nonetheless, a common aim of post-trafficking assistance organizations is to repatriate individuals to their families—families who may have been complicit in facilitating the trafficking in the first place. Ultimately, planning for the reintegration of survivors will differ depending on the safety assessment of people's pre-migration situation, which can include domestic violence, financial hardship, problematic family relationships, low degree of community relationships, and other potentially negative social ties.[27]

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While mental health outcomes are associated with individual characteristics as well as the number, type, and combination of exposures, research on the stronger predictors of poor mental health outcomes has suggested that forced sexual penetration, life-threatening physical abuse, and prolonged time in the abusive situation are highly predictive of adverse mental health outcomes, particularly anxiety syndromes, including post-traumatic stress, depression, and suicidal ideation.[28] Especially for women who are trafficked and sexually abused, these links have significant implications for the severity and longevity of depression and anxiety symptoms.

For many survivors, the cumulative effects of multiple exposures to physical, sexual, and emotional harm may result in complex and sometimes conflicting post-trafficking needs and decisions. These include deciding whether to return to a former living situation—where, for example, a family or community member may have facilitated the trafficking—or to remigrate for employment, which carries the risk of re-trafficking. Very often these decisions are dictated by legal restrictions (e.g., legal status, work visas, asylum claims), financial need (e.g., debt) and health status (e.g., illness, injury, psychological debilitation).

Common psychological and emotional responses to trafficking

Symptoms of post-traumatic stress and depression are the most commonly measured and reported mental health outcomes in literature on human trafficking. Survivors frequently acknowledge a deep sense of sadness, which for some is accompanied by intractable feelings of hopelessness about the future. As one female survivor of sex-trafficking expressed, "I have lost my last hope. I feel I have no way out."[29] Feelings of hopelessness and the inability to control events in the future have been associated with the more intransigent forms of depression as individuals anticipate negative outcomes from their actions and feel helpless to change the course of events.

Trafficking survivors commonly report suicidal ideation as one of the more extreme expressions of depression and desperation. In our study of female sex-trafficking survivors in Europe, nearly 40 percent of women stated they had considered suicide, and one expressed: "The strongest feeling is that of wanting to die. I feel tired of fighting and I feel alone."[30]

However, in addition to the more frequently noted disorders of post-traumatic stress and depression, people who are trafficked commonly struggle with other emotional responses that can affect their post-trafficking care. For example, in our study, we also measured symptoms of hostility to understand how anger, frustration, or aggression might influence shelter situations, counseling approaches, and participation in law enforcement and prosecutions. Indeed, feelings of hostility are fairly common among trafficking survivors. In our study of trafficked sex workers in Europe, one woman remarked: "When I was in the shelter ... there were moments when I was throwing food from the table and breaking different things."[31] Shelter service providers, while highlighting the benefits of victims cohabiting (e.g., sharing experiences and feelings about trafficking), also explained that tension and anger can erupt between residents in these closed recovery settings. Although frustration and irritability seem to be normal post-trafficking emotions, these negative responses can create a difficult rapport between victims and the professionals trying to assist them. For example, when investigating a trafficking case, police may not recognize that expressions of hostility are common post-trauma reactions and perceive these reactions as personal confrontations or character traits of victims.

Many people who emerge from trafficking situations report feelings of shame and guilt. Specifically, survivors may be ashamed of what happened to them and feel guilty for having allowed themselves to fall prey to those who exploited them. In cases of sex trafficking, women often feel stigmatized by the

type of work they have done and many live in fear that others at home may find out about their past. Some believe that this label now defines them and that the experience makes them unmarriageable. Indeed, from our work, it appears that it is only the minority of trafficking survivors who choose to disclose their experience—or believe that they "are the girl who can give good advice."

Similarly, men who go back home after having been exploited may return ashamed in anticipation of the weight of their family's disappointment for having coming back empty handed—particularly if the family has an outstanding financial debt. It is not unusual for trafficked people to return in greater debt than when they left, due to loans taken to migrate, recruitment fees, and other debts incurred to traffickers.

Although human trafficking is a crime and many people fall victim to fraudulent recruitment tactics and spurious employment offers, it is common for survivors to blame themselves for their misfortune. Survivors chastise themselves for "being so stupid" or gullible. Research with trauma survivors highlights that self-blame is adaptive but only when blame is situational ("I made a big mistake") as opposed to trait-based ("I'm a bad person")—an inherent individual characteristic.[25] For example, trait-based self-blame has been related to greater psychological distress in adulthood among victims of child sex abuse than situational self-blame.[32]

At the same time, hard-earned knowledge of a bad migration or trafficking experience is often what urges individuals to "try again" and migrate to seek better work. Remigration may be especially prominent among those who have learned from a previous trafficking experience, which resulted in greater maturity, strength in adversity, and feelings of empowerment. The desire and ability to plan is an especially positive characteristic that seems to bode well for future mental health. For example, studies suggest that migrants who plan adequately—by securing necessary resources such as local contacts, language training, and money—are more prepared to deal with potential stressors.[33] This forward-looking capacity is in contrast to feelings of helplessness to take action for the future. As one motivated human-trafficking survivor noted, "I strive for the future and force myself into planning it."[34]

Memory, policing, and prosecution

In addition to having potentially serious and long-term implications for a survivor's quality of life and future, post-trauma responses such as memory problems can affect victim participation in criminal investigations and prosecutions, in-

cluding their willingness and ability to recount their experiences in court. Poor recognition by authorities of the effects that psychological distress can have on a victim's participation in court (e.g., memory loss, fear, anxiety) have negative implications for the effective prosecution of traffickers and exploitative employers.

The way an individual processes a life-threatening or traumatic situation can impact that person's ability to recall that event. In response to the increased levels of stress brought on by such a traumatic occurrence, the brain releases chemicals that inhibit "selective attention," or one's ability to filter perceptions.[35] During a traumatic episode, the individual no longer concentrates or observes but instead becomes hypervigilant in order to respond to the next threat. The degree to which the person is able to absorb information during these events will influence her or his capacity to recall details later.

Memory loss or memory inconsistency resulting from exposure to traumatic events is among the more important mental health outcomes related to victim cooperation in a police investigation. Research on trafficked women, asylum-seekers, and post-traumatic responses indicates it is common for individuals to have memory difficulties and memories that alter over time. A study found that asylum seekers who reported more severe prior trauma were more likely to show greater memory inconsistency over time.[36]

When a victim changes details in his or her recollections of events over various police interviews, even slight revisions of reported facts can be highly problematic for a sound prosecution. For this reason, the police of the United Kingdom Human Trafficking Centre (UKHTC) use the first victim interview following a raid or rescue to collect only basic details from the alleged victim and allow more time for the victim to rest and recover before conducting a more substantive interview. Even minimal additional recovery time can help avoid conflicting recorded testimonies that could be used to discredit the witness during a trial.

Emotions that can challenge relationships between survivors and professionals

One emotional repercussion that particularly challenges relationships with support professionals is a survivor's inability to trust others. Following a trafficking experience, survivors frequently find it difficult to rely on, believe in, or confide in others. This is a somewhat predictable outcome given the extent of the betrayal many have experienced. In some cases, individuals have survived their ordeal by keeping secrets, such as escape plans and extra money, and hiding

their feelings—anger, fear, or frustration. Mistrust does not easily fade away, even when individuals are in safe care. In addition, because many survivors come from places with rampant police corruption, law enforcement officials are not considered trustworthy.

Reluctance to disclose information about the trafficking experience is problematic for both survivors and those trying to assist them. There is little doubt that people who have escaped a trafficking situation have numerous reasons to hide details about what happened to them and who did what and when—not least, for fear of retribution by the trafficker or associates. Yet nondisclosure can inhibit a victim's recovery and hinder investigations that punish perpetrators and prevent future similar criminal acts, which has been observed for victims of sexual assault.[37]

Mental health support

Individuals who are trafficked internationally may have great difficulty accessing health services because of their often-illegal status and limited financial resources. Moreover, in both international and internal trafficking cases, when victims present themselves at hospitals or clinics, it is unlikely that there are services available specifically for cases like theirs. If health care providers identify victims, they are most likely to refer them to shelters for domestic violence victims or refugee assistance programs, but these services may not be suited to their specific needs.[38] For example, trafficking survivors may face current criminal threats that refugees do not. Unlike refugees, survivors face the possibility that the trafficker may be in the community and seeking retribution against the trafficked person. Trafficked people also face different legal challenges, such as the prosecution of perpetrators. These are critical and often urgent care considerations.[39] Similarly, while group counseling has been found effective for domestic violence victims, this technique may not be suitable for trafficking survivors. Sharing experiences may put them at risk by asking victims to expose case-related evidence that might get communicated to traffickers. And, while exploited, victims may have been encouraged to compete with co-workers or become complicit in their abuse, making support groups difficult, if not impossible.[40] Further, mental health support provided by service organizations designed for refugees and domestic violence victims are varied in their capacity to meet the needs of trafficking survivors.[41]

Clinical mental health support can be particularly challenging, especially due to language differences that hinder fluent and confidential communications between patient and provider. In one study of labor- and sex-trafficking

survivors in the United States, individuals who expressed dissatisfaction with their mental health treatment options noted the lack of cultural awareness and sensitivity on the part of clinicians.[42] Besides training on how to work through interpreters, counseling psychologist Yakushko highlights the following four key training areas for mental health professionals:

- Working with victims of sexual abuse or interpersonal trauma.
- Working in multidisciplinary teams that include law enforcement officers.
- Raising awareness of immigration policies and access to immigration-based assistance.
- Collaborating with direct service organizations that can assist clients in accessing legal, financial, or other help following discharge from their care.[43]

Low-income settings pose special challenges to assisting trafficking survivors with mental health support, which is often dependent on the general capacity of the local health and support system. In Southeast Asia, for example, mental health systems are in the nascent stages of development, with limited human resource capacity to provide the specialized services trafficking survivors require. While some countries, such as Thailand and Cambodia, have relatively well-developed systems of post-trafficking services, they may have very limited specialized mental health support for trafficked persons. Services appear to be disproportionately located in urban areas, and services for men are nearly nonexistent.[44] On the other hand, Laos, a well-recognized country of origin, was found to have no infrastructure to support mental health services with only a few trained psychiatrists in the country. Moreover, people may express reactions to trauma in different ways. Many cultures do not differentiate psychological, emotional, and spiritual reactions from physical ones; instead, trauma is viewed as a whole-body experience.[45] This has notable implications for providers caring for diverse populations of trafficking survivors.

Following a trafficking situation, people seem to encounter many post-trafficking stressors that can exacerbate their already fragile mental health. While few studies have been carried out on post-trafficking stressors, a recent systematic review of interventions to reduce psychological morbidity among refugees found that post-migration stressors included concerns over housing, employment, immigration, training, benefits, and children.[46] A study of urban refugees in Nepal identified stressors such as financial dependence on humanitarian agen-

cies, familial separation, and perceived reduced control over life direction.[47] In addition to the trafficking-specific stressors—such as retribution by traffickers, criminal prosecutions, shame, and stigma—following a combination of trauma and movement, trafficked people will undoubtedly experience stressors similar to those refugees face.

Putting health at the center of policymaking

Following a trafficking experience, many survivors will grapple with disturbing memories and deep apprehension about the future. It is not unusual for people dealing with these emotions to also struggle with physical pain or illness and urgent financial challenges, which are likely to exacerbate the sad and anxious thoughts that cycle through their minds. Yet, at the same time, it is not necessarily predictable how different people will respond to a trafficking situation. Some may be immobilized; some, empowered.

Policy responses to human trafficking are often said to encompass the three "Ps": Prevention, Prosecution, and Protection, in addition to a recently added forth "P," "Partnerships."[48] For the past decade, however, "Prosecution" and "Prevention" have been at the forefront of international dialogue—to the relative neglect of "Protection." While policy advancements and practitioner tools have been developed for police to improve prosecutions and for border control agencies to improve prevention through detection, post-trafficking support and protection for survivors has remained somewhat of an afterthought in policy making.[49] Although practitioners and academics are gaining a greater understanding and awareness of mental health problems faced by trafficking survivors, there remain significant policy hurdles that hinder victim-centered responses.

In international health policymaking, trafficking has received extremely limited recognition as a "health concern." Likewise, health remains a neglected regulatory and programming area in anti-rafficking policy planning.[50] This disconnect has stymied the allocation of resources and hampered coordinated actions to support the physical and mental health rehabilitation of survivors. Health interventions for trafficked persons—where available—remain inconsistent, and medical education does not sensitize practitioners to play their role in both victim identification and provision of effective care.

The World Health Organization (WHO), a leading global health institution, has, for example, established a program addressing the health effects of gendered and sexual violence, but has been comparatively silent on health and human trafficking.[51] The WHO and the United Nations agencies involved in

antitrafficking policy making need to initiate greater cross-sector engagement to ensure trafficked people's health needs move up the policy agenda. This high-level communication is likely to foster more coordinated service responses, such as a National Referral Mechanism (NRM), which is the recommended post-trafficking care-coordination process. The NRM is an important tool in many countries to ensure that once victims are identified, there is a range of joined-up services available to support their shelter, security, legal aid, policing, and health needs.[52] To date, in many countries, including nations with rapidly developing NRMs, there has been limited engagement with the health sector to ensure services are in place to meet the health needs of trafficked persons.

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Although the evidence base on mental health and trafficking is limited, available data clearly indicate the very high prevalence of psychological morbidity among trafficking survivors. As such, decision makers from various sectors, including health and law enforcement, need to begin a serious coordinated dialogue on how to respond to ensure people's mental health needs are addressed throughout the post-trafficking process. These health-responsive services are at the heart of any National Referral Mechanism. A full spectrum of victim-centered care can be implemented by all sectors. This may include, for example, improved policing approaches for gathering intelligence from victims, forensic mental health services to ensure that mental disorders are detected early and individuals receive the prompt care they need, and provision of longer term psychological support, such as culturally sensitive counseling and reintegration assistance to help individuals settle safely into a new or former community.

Conclusion

Significantly, in terms of international prevention, it is important to consider the ways that current immigration policies for low-skilled migrant workers are potentially fueling the human-trafficking industry, making ready business opportunities for traffickers and pushing individuals into high-risk decision-making. Stringent immigration requirements can encourage illicit or illegal migration, which puts individuals at risk of trafficking as they seek employment opportunities in low-skill job sectors with high demand for workers in destination locations.

To date, there have also been weak efforts to identify trafficking victims from among other migrant groups. Immigration policies are not often linked to

ensure that trafficking victims are identified among other, and oftentimes larger migrant populations—detention center residents, refugees, and asylum seekers. Law enforcement and immigration personnel are often unaware of screening tools, which leads to poor recognition of victims during police or immigration actions. These oversights can result in trafficked persons being illegally detained or deported. Moreover, as highlighted in the conceptual model depicting the effects of the trafficking process on health, detention can have negative effects on mental health and hinder access to services.

We are no doubt still in the early days of understanding the wide range of mental health needs of people who are trafficked. Moreover, we are even less knowledgeable about what psychological interventions might work to help individuals following a trafficking experience in both high and lower income settings. Around the world, trafficked people are increasingly being identified. It is now time to invest greater resources to understand how different trafficking experiences affect different individuals—and most importantly, to learn which interventions might mitigate the psychological damage associated with trafficking.

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