

Mumey, A., Sardana, S., Richardson-Vejlgaard, R., & Akinsulure-Smith, A. M. (2021). Mental health needs of sex trafficking survivors in New York City: Reflections on exploitation, coping, and recovery. *Psychological Trauma: Theory, Research, Practice and Policy*, 13(2), 185–192. <https://doi.org/10.1037/tra0000603>

- Although statistics are unreliable due to hidden and marginalized population, estimates show that all forms of human trafficking impact 24.9 million individuals worldwide
- 4.8 million individuals are exploited in sex trafficking each year; 99% of those are female
- **Immediately after escaping the trafficking situation, anger was identified as one of the primary emotions participants experienced**
- Participants shared how their view of the world changed after being trafficked: money became easily made, all men were viewed as potential clients, relationships became transactional versus pleasurable; the world became an unsafe place that required a harder exterior attitude
- Participants voiced frustration on the changes on how they think about themselves and others post trafficked
- Challenges in interpersonal relationships: alterations in closeness to preexisting social supports, difficulty trusting others, difficulty maintaining lasting relationships
- Victims had fears of being judged, others wanting something from them, others using something against them or treating them differently, or being humiliated by others because of their trafficking history
- **Participants described longing for meaningful connections with others but were unable to due to the overwhelming need to protect themselves from further harm**
- **Participants identified maintaining intimate relationships as one of their biggest hopes**
- Participants feared being honest about their past with future partner because they feared they would be looked at differently
- Participants described having challenges with feeling of well-being, confidence, healthy thinking, hope for the future, and feeling balanced.
- **Participants shared feelings of loss of control, lack of safety and despair about their future**
- **Symptoms of anxiety, depression and trauma were common such as: sadness, crying, sleep difficulties, numbness, and suicidal ideation**

- Symptoms of trauma were described as: flashbacks, avoidance of painful memories, hypervigilance, and fear
 - Participants noted various ways of coping including: finding hobbies, cease communication with others in sex work, listening to music, walking, self-love, spirituality, journaling, volunteering, utilizing support resources such as legal aid or welfare, participating in support groups, participating in medication management, talk about it
 - **Participants found that what made a *positive experience with working with a mental health provider is that***
 - **1. they felt they could trust the provider,**
 - **2.the provider educated them on the dynamics of exploitation,**
 - **3. the provider listened and trusted their stories and offered support**
 - **Participants described challenges when they felt the providers were impersonal and just handing out meds, a provider who seems to try too hard to understand or is not genuine, a provider who gets frustrated when is interrupted,**
 - **Participants recommended providers mitigate stigma and shame and adopt a non judgemental stance**
 - **Numerous mental health interventions are recommended for trafficking survivors such as CBT, companion recovery model, cognitive processing therapy, EMDR, interpersonal therapy, narrative exposure therapy, skills training, interpersonal regulation/narrative storytelling**
 - **Providers must develop a strong rapport, increase a survivors sense of safety, build trust to reduce shame**
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Fazio, Nicole DNP, RN; Lynch, Jenna DNP, RN; Devlin, Maura DNP, RN; Kameg, Brayden DNP, PMHNP-BC, CARN, CNE. Mental health problems among youth experiencing sex trafficking. Nursing 51(3):p 24-29, March 2021. | DOI: 10.1097/01.NURSE.0000733940.33418.9d

- **Currently, there are limited screening tools that healthcare providers can utilize to identify victims of ST.**
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- It is well-established that there is a high prevalence of mental health problems among victims of ST, including depression, anxiety, and PTSD.¹⁴⁻¹⁸ It is unclear what percentage of mental health problems precedes the ST experience and what percentage occurs as a result of being trafficked, but nonetheless,

appropriate mental health evaluation and management is critical to improving patient outcomes.¹⁸ A recent systematic review of the prevalence and risk of mental health problems among trafficked people reinforced that depression, anxiety, and PTSD are among the most commonly reported mental health disorders.^{16,17} For that reason, healthcare professionals must be familiar with the diagnosis and management of these serious mental health sequelae.

- Patient autonomy is crucial, use interviewing skills w/in the harm reduction framework

Trauma-informed care

- Another key tenet of treating individuals diagnosed with a history of trauma or adverse experiences is the application of trauma-informed care. Important principles of trauma-informed care include determining ways to ask permission, offer control, and find support for patients so that they feel comfortable and supported.³¹ Trauma-informed care is critical to promote continued engagement in treatment for those with a history of ST. Foremost, the provision of trauma-informed care seeks to empower patients and diverges from traditional, authoritarian, medical models of clinical practice.³

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Banu, S., Saunders, J., Conner, C., Blassingame, J., & Shah, A. A. (2021). Mental Health Consequences of Human Trafficking. *Psychiatric Annals*, 51(8), 369+.

https://link.gale.com/apps/doc/A679578467/AONE?u=tel_oweb&sid=googleScholar&xid=8be112ef

- Along with depression, trafficking survivors are at increased risk for self-harm and suicide; recent research found the survivors had an above average rate of suicidal ideation, with 23% having a history of suicide attempts. (6) Overall, depression is a common experience for trafficking survivors, with a reported prevalence as high as 71%. (7)
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- When compared to individuals who experienced childhood sexual abuse, survivors of sex trafficking were more likely to report PTSD symptoms. (8) PTSD rates are high among sex and labor trafficking survivors (26% to 38.9%), with higher rates reported by female survivors. (2,6,9) Evidence for the gender difference was supported by a study conducted in England where 25% of men and 59.2% of women met criteria for PTSD
- Aside from PTSD, complex PTSD (C-PTSD) is also a likely differential diagnosis that requires diligence during assessment. C-PTSD refers to ?chronic or

cumulative exposure to **trauma**.? (7) Many survivors of trafficking have a history of abuse (ie, physical, sexual, psychological, neglect) prior to being trafficked, which is usually a predictor of being trafficked. (9,11,12) A preliminary study found a link between childhood maltreatment and C-PTSD symptoms in sexually exploited **youth**. (13) It is imperative to differentiate between PTSD and C-PTSD, as treatment will differ.

Hey Missy, I am disappointed that I could not find actual numerical statistics for prevalence. Each journal I read stated that there has not been enough data gathered on this yet. Surprising! I hope this is enough.

“Between stimulus and response, there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.”

– Viktor E. Frankl

“The salvation of man is through love and in love.”

– Viktor E. Frankl

“For what then matters is to bear witness to the uniquely human potential at its best, which is to transform a personal tragedy into a triumph, to turn one’s predicament into a human achievement.”

– Viktor E. Frankl

Authenticity is a collection of choices that we have to make every day. It's about the choice to show up and be real. The choice to be honest. The choice to let our true selves be seen.”

— **Brene Brown, The Gifts of Imperfection**

Watching his father perform medical procedures back in India had convinced Paul that medicine was about blood and guts and ulcers. To his amazement, he found that it was really about causes and cures, alleviating pain, and treating ill people with dignity.

The son of missionary parents, Paul Brand did not plan on becoming a doctor. After training as a builder, he was called by God into medicine and spent a lifetime treating leprosy and restoring hope to thousands of sufferers.

Dr. Paul Brand became the first surgeon in the world to use reconstructive surgery to correct the deformities of leprosy in the hands and feet. He strove to eliminate the stigma of the disease and rebuild the lives of those destroyed by it. A humble, brilliant servant, he influenced faith and medical communities around the world, reminding us that all men are created in the image of God.

He told me of one memorable encounter. “I was examining the hands of a bright young man, trying to explain to him in my broken Tamil that we could halt the progress of the disease, and perhaps restore some movement to his hand. I expected him to smile in response, but instead he began to shake with muffled sobs.

“Have I said something wrong?” I asked my assistant in English. ‘Did he misunderstand me?’ She quizzed him in a spurt of Tamil and replied, ‘No,

doctor. He says he is crying because you put your hand around his shoulder. Until he came here no one had touched him for many years.”



The Holy Disease
By Phillip Yancy