POST-TRAUMATIC STRESS DISORDER (PTSR) IN A VICTIM OF HUMAN TRAFFICKING

Yuldashev Sanjar Ruzimurodovich
Ph.D., associate professor of the Department of "Applied Psychology" of Tashkent State Pedagogical University

https://doi.org/10.5281/zenodo.10577522

Abstract. *Human trafficking is a public health issue that requires a trauma-informed survivor focused response from healthcare providers. While some of the unique healthcare needs of trafficking survivors have been studied, there is still a lack of research and insight into the best approaches for the treatment of lasting psychological trauma experienced by trafficking victims. The trauma experienced within this patient population is frequently chronic and complex, and may coincide with time frames of brain development leading to specific manifestations of complex post-traumatic stress disorder (complex PTSD), intermixed with trauma-coerced attachment (TCA) – often referred to as trauma bonding- to the abuser(s). Healthcare providers need to consider incorporating both psycho-logical and pharmacological treatments to adequately address complex PTSD with concurrent TCA.*

Keywords: *brain, complex PTSD, symptom, trauma, biopsychosocial, traffic, treatment, strategy, stress, person.*

Introduction. PTSD (post-traumatic stress disorder) is a mental and behavioral disorder that can develop due to the impact of a traumatic event on a person's life. The consequences of excessive mental stress at the time of a catastrophic event for a person are considered traumatic. Simple trauma occurs as a result of extreme and usually sudden overexertion, fear, pain, shame and guilt. The person loses the ability to actively overcome this situation or avoid it, and experiences a feeling of loss and helplessness. Complex, or complex, trauma is associated with chronic, regular exposure to the above factors on a person, which greatly affects the person’s ability to manage his feelings and breaks his identity.

Not all people who experience traumatic events develop PTSD, but shows that people exposed to any kind of violence are more likely to develop PTSD than those who experience accidents and natural disasters.

PTSD stands for Post-Traumatic Stress Disorder. The DSM-5 defines it as: When a person is exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, in the following way(s): Direct exposure, witnessing the trauma, learning that a relative or close friend was exposed to trauma, or indirect exposure to aversive details of trauma (usually through professional duties).

PTSD symptoms can begin directly after the incident or can take months to years to present. Some symptoms include:

Irritability or aggression
Risky or destructive behavior such as drinking, smoking, or drug use
Hypervigilance (being abnormally alert to a threat or danger)
Difficulty concentrating
Difficulty sleeping

Even though research is limited on the topic of human trafficking survivors we do know that many survivors and victims suffer from high levels of PTSD along with other mental health illnesses. A recent study showed that out of 204 participants studied, 77% had symptoms of PTSD.

Method. The research method used in conducting this research uses a research method with a quantitative approach. The quantitative approach was chosen because it is in accordance with the research problem and research strategy, where the problem chosen requires identification and understanding of predictive results and to test a hypothesis that has been formulated, not to produce new findings that can be used as a reference for theory formation. This research uses quantitative research methods with descriptive surveys and census methods or total sampling in collecting data because all members of the population are under 100 so that all are used as respondents in the study. The research used the entire population as a sample with a total sample of 32 people who were victims of trafficking in persons at the Kusuma Bongas Foundation.

Physiological symptoms of PTSD. The most common symptoms include headaches and a feeling of weakness in various parts of the body, often unrelated to what is happening to the person at the time the pain or weakness begins. Symptoms occur when a person encounters a trigger that reminds them of the trauma. Also, when in contact with traumatic triggers, nausea, pain in the heart, behind the sternum, in the back, dizziness caused by sudden changes in blood pressure, heaviness and numbness in various parts of the body, a lump in the throat and difficulty breathing often appear. With long-term PTSD, the symptoms of existing diseases become more noticeable and severe, physical fatigue becomes more common, and a complete loss of sexual desire often occurs.

It is known that a traumatic event often causes a strong adrenaline rush, which creates deep neural connections in the brain. These connections persist long after the event that caused the fear, forming the “fear of fear,” which makes the person hypersensitive to future fearful situations, even unrelated to the event.

Statistical Analysis. We used basic descriptive techniques and calculated odds ratios (ORs) to describe the frequency and distribution of all exposures and their individual relationships to the 3 mental health outcomes of interest. All plausible exposures chosen for inclusion were checked for logistic regression assumptions.[30] Because of the small sample size, all exposures were coded into dichotomous form. Variables considered for inclusion were those described above as pretrafficking and trafficking-related exposures.

The mental health outcome variables were divided into dichotomous variables (negative/positive) on the basis of the cut points described above. We used multiple logistic regression analysis to develop the hypothesis model and explore which pretrafficking, trafficking, and duration exposures were most significantly associated with high levels of depression, high levels of anxiety, or possible PTSD symptoms. To create reduced and parsimonious models, we created backward stepwise logistic regression models to calculate ORs and 95% confidence intervals (CIs) for the association between each individual mental health outcome and exposures and to adjust for potential confounders, including exposure to pretrafficking violence (physical violence at any age [yes or no] and sexual violence at any age [yes or no]).

Results. Five studies reporting on a total of 342 participants were included in the review. These studies indicated that an average of 41% of survivors of modern slavery and human trafficking had CPTSD. This was higher than the 14% diagnosed with PTSD. Post-trafficking stress, endured whilst living in refugee camps, was higher in individuals with CPTSD than in those

living with PTSD. Healthcare was more difficult to access by populations with PTSD and CPTSD compared to those with no diagnosis.

Conclusion. There is a high prevalence of CPTSD in modern slavery and trafficking survivors therefore a need for identification and specialized treatment. Consideration should be given to consequent biopsychosocial needs, particularly access to healthcare and minimization of post-trafficking stress.

REFERENCES

1. International labour organization, walk free foundation, international organisation for migration (IOM). Global estimates of modern slavery - forced labour and forced marriage. 2017. Available here: wcms_575479.pdf (ilo.org)
2. United Nations office on Drugs and Crime. Crime Research Section. Global report on trafficking in persons. S.l.: United Nations; 2020. Available here: GLOTiP_2020_15jan_web.pdf (unodc.org)
3. United Nations Office on Drugs and Crime. United Nations convention against transnational organized crime and the protocols thereto. 2004;92.
4. National survivor network. Using "'modern slavery'" is not recommended to describe human trafficking [Internet]. 2022 Available from: https://nationalsurvivornetwork.org/wp-content/ uploads/2019/08/NSN-HT-Statement.pdf
5. Ottisova L, Hemmings S, Howard LM, Zimmerman C, Oram S. Prevalence and risk of violence and the mental, physical and sexual health problems associated with human trafficking: an updated systematic review. Epidemiol Psychiatr Sci. 2016;25 (4):317−41.
6. Herman JL. Complex PTSD: a syndrome in survivors of prolonged and repeated trauma. J Trauma Stress. 1992;5(3):377−91.
7. Roth S, Newman E, Pelcovitz D, van der Kolk B, Mandel FS. Complex PTSD in victims exposed to sexual and physical abuse: results from the DSM-IV Field Trial for Posttraumatic Stress Disorder. J Trauma Stress. 1997;10(4):539−55.
8. Karatzias T, Levendosky AA. Introduction to the special section on Complex Posttraumatic Stress Disorder (CPTSD): the evolution of a disorder. J Trauma Stress. 2019;32(6):817−21.
9. Maercker A. Development of the new CPTSD diagnosis for ICD11. Borderline Personal Disord Emot Dysregul. 2021;8(1):7.
10. Lehrner A, Yehuda R. PTSD diagnoses and treatments: closing the gap between ICD-11 and DSM-5. BJPsych Adv. 2020;26 (3):153−5.