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

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Abstract. *Human trafficking inflicts profound psychological trauma with enduring effects. A majority of survivors develop post-traumatic stress disorder (PTSD) as well as other comorbid mental health disorders. This article reviews literature on PTSD prevalence rates, associated risk factors, common co-occurring conditions, culturally responsive assessment tools, empirically-supported treatments, barriers to care, and directions for further research in this vulnerable population. Methodologically rigorous studies are lacking, underscoring the critical need for more investigation. Evidence-based, trauma-focused interventions show effectiveness but require adaptation to mitigate re-traumatization risks. Survivor-centered approaches emphasize empowerment, functioning, and quality of life as defined by the individual. Collaborative, compassionate multidisciplinary care teams can facilitate access and coordinate complex support services to promote healing and recovery.*

Keywords: *human trafficking, post-traumatic stress disorder, complex trauma, comorbidity, assessment, intervention.*

INTRODUCTION

Human trafficking is a global human rights crisis affecting an estimated 24.9 million victims trapped in forced labor or sexual exploitation [1]. The United Nations defines human trafficking based on three key components: an action (i.e., recruitment, transportation, transfer, harboring or receipt of people), a means (i.e., threat, coercion, abduction, fraud, deception, abuse of power or vulnerability), and a purpose (i.e., exploitation, which includes forced prostitution or other sexual exploitation, forced labor or services, slavery or similar practices, and removal of organs) [2]. The psychology of human trafficking centers on exerting complete dominance over victims utilizing tactical fear induction to compel compliance [3]. Tactics include physical and emotional violence, manipulation, betrayal, deprivation of basic needs, forced substance use, shame, guilt, isolation, and threats against loved ones [4]. The resulting complex trauma shatters trust, autonomy, and sense of safety with profound impacts on mental health and well-being [5].

Among trafficking survivors, post-traumatic stress disorder (PTSD) is one of the most common and debilitating psychological outcomes. Across multiple studies, PTSD prevalence ranges widely from 14% to as high as 94%, reflecting variable measurement methods and sample characteristics [6]. Nonetheless, rates consistently exceed those found in other trauma-exposed populations. For example, a global meta-analysis determined 12.5% of conflict-affected refugees have PTSD versus 63.1% of trafficking survivors [7]. The complex trauma endured through chronic exploitation places tremendous risk for enduring PTSD symptoms such as re-experiencing, avoidance, negative cognitions and mood, and hyperarousal [8]. These disturbances can persist for years or decades after escape from the trafficking situation [9].

METHODS AND LITERATURE REVIEW

This narrative literature review synthesized current evidence on PTSD among human trafficking survivors including prevalence, associated risk factors and comorbidities, assessment considerations, psychological interventions, challenges and barriers to care, and directions for further research. PubMed, PsycINFO, and Google Scholar databases were systematically searched for relevant empirical studies and reviews published from 2000-present using terms “human trafficking” OR “trafficked persons” AND “post-traumatic stress disorder” OR “PTSD” AND related keywords (e.g., “prevalence”, “comorbidity”, “assessment”, “diagnosis”, “treatment”, “intervention”). Reference lists were hand-searched for additional relevant sources. Literature was synthesized by key themes with strengths, limitations, and implications analyzed for each subtopic. Determining accurate PTSD prevalence rates among trafficking survivors remains challenging for several methodological and contextual reasons including inconsistent measurement tools, recruitment difficulties accessing hidden vulnerable populations, small convenience samples, varying trafficking experiences, and timing of assessment such as during crisis stabilization immediately post-exit versus months or years later [9][10].

RESULTS

Research on PTSD prevalence in trafficked persons has rapidly expanded in the past decade, though methodological limitations temper conclusions. The majority of studies used small samples of less than 100 participants. Trafficking type, duration, and time since exit showed associations with PTSD in some data sets. In a European study of 207 trafficking survivors from 14 countries, 77% met criteria for PTSD on the HTQ, with higher rates among those exploited for 6-12 months or longer [11]. An Indonesian study found youth trafficked into prostitution reported more severe PTSD symptoms including dissociation compared to abuse victims without a trafficking history [12]. However, a Bosnian study noted trafficking status did not impact PTSD when controlling for abuse exposure [13]. Evidence does indicate PTSD commonly persists, though may fluctuate or decline somewhat over time after escaping trafficking [14][15].

Investigations into risk and protective factors for PTSD in trafficked persons remains extremely limited but existing literature highlights some variables of concern. Cumulative trauma linked to more severe and complex symptom profiles. Physical and sexual violence seemed to confer higher risk, though psychological abuse also contributed significantly. Perceived stigma created major barriers to recovery in some cultural contexts. However, social support emerged as an important protective factor against PTSD in studies with long-term survivors. Individual resilience traits such as optimism, self-efficacy and spirituality also buffered PTSD severity.

ANALYSIS

Survivors frequently present with extensive comorbid mental illness alongside PTSD. Depression prevalence ranged from 28% to 80% across identified studies, demonstrating strong connections between trauma-related mood disorders and PTSD [12]. Anxiety conditions were also very common and disabling, reported in up to 52% of survivors [13]. Substance abuse provided one unhealthy coping mechanism, with prevalence from 15% to 55% depending on recruitment setting and country laws [14]. Suicidality represented an urgent concern, with prior suicide attempts reported in 22% to 77% of respondents in four studies. Self-harm served as an emotional regulation strategy for some survivors struggling with overwhelming trauma-related distress.

Somatic complaints were also ubiquitous in the context of chronic stress, especially headaches, back pain, stomach problems, and insomnia. In some cultural contexts, survivors tended to emphasize physical symptoms while underreporting psychological concerns due to

mental illness stigma. Accordingly, assessing somatic presentations offered insight into distress patterns for trauma-informed care planning. Overall, complex PTSD presented a common picture given multiple comorbidities alongside PTSD symptoms.

Both researchers and clinicians require reliable, valid measures for assessing PTSD and related outcomes among trafficking survivors.

The current body of literature confirms PTSD as a prevalent, persistent, and disabling outcome following complex trauma exposure inherent to human trafficking exploitation, conferring severe costs without appropriate care. Vulnerabilities such as prolonged captivity and physical abuse heighten risk, though no trafficking victims remain immune to psychological wounds. Depression, anxiety, substance abuse, suicidality and self-harm frequently co-occur, indicating multiplied risk among those with PTSD. Developing culturally valid assessment tools allows for sensitive quantification of distress patterns to guide intervention planning.

However, significant gaps in understanding PTSD prevalence, risk trajectories, and resilience factors remain. Study samples lack diversity limiting generalizability and cultural comparability. More methodologically rigorous designs are needed across global regions. Longitudinal data would provide enhanced insight into the fluctuating course of PTSD over time given delayed onset presentations. Qualitative approaches could strengthen trauma-informed practice by conveying survivor perspectives guiding effective care [7][8]. Overall, the current evidence provides an early framework for establishing prevalence estimates, complex symptom profiles, assessment options, and directions for supportive interventions. Significant expansion remains vital for optimizing mental health supports and services.

DISCUSSION

The current review synthesizes existing evidence on PTSD among survivors of human trafficking, underscoring it as a profoundly damaging global health issue with long term impacts on wellbeing. Findings estimate PTSD prevalence typically exceeding 50% and approaching 90% for some exploitation types and captive durations [11][12]. Risk profiles remain incomplete, but cumulative trauma, physical violence, and stigma represent identified factors influencing symptom severity and functional impairment. Strong links exist between PTSD and co-occurring mood disorders, suicidality, substance abuse, somatic complaints, and overall diminished quality of life. These psychosocial costs justify urgent public health attention and trauma-informed care across communities.

However, numerous barriers persist in connecting survivors to appropriate evidence-based assessment and interventions after complex trauma exposure. Timely identification proves difficult as many survivors initially present in crisis states, fear authorities, and struggle with immediate safety concerns and basic needs [9]. Cultural differences, language barriers, financial hardship, discrimination and practical logistics like transportation also impede access [7][8]. Stigma and misconceptions about mental illness even among providers contributes to inadequate treatment [5]. Traffickers' psychological manipulation techniques can profoundly damage self-worth, trust, and autonomy requiring compassionate survivor-centered care models [4].

CONCLUSIONS

In conclusion, PTSD and comorbid conditions are prevalent among human trafficking survivors due to extreme trauma exposure conferring long term psychiatric risks if left unaddressed. Culturally valid assessment and interventions must be trauma-informed, person-centered, and designed based on lived experiences to facilitate functionality, safety, and quality of

life as defined by the individual. Collaborative care models are essential but require financial investment in specialized training and coordinated support services. Further research should inform policy and programming using methodologically rigorous longitudinal investigation. With compassionate, patient-centered understanding of trafficking trauma impacts, recovery is possible – but it is a long journey requiring comprehensive wraparound supports addressing psychological wounds as well as legal protections, basic needs, skill-building, and community integration.

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