

## **The Trauma Of Violence And Sexual Abuse Experienced By Women Subjected To Human Trafficking.**

The purpose of this paper is to illustrate the link between trauma and violence and sexual abuse experienced by women subjected to human trafficking. I will make reference to acute stress reactions, possible trauma experiences and symptoms of posttraumatic stress disorder (PTSD) arising from violence and sexual abuse. It became evident while compiling this paper that there is a need for more research into trafficked women's trauma related psychological difficulties, so as they can be supported through their post-trauma reactions.

Violence against women, can be defined as

any act of gender-biased violence that results in or is likely to result in, physical, sexual or psychological harm or suffering too women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life (United Nations, 1993)

Trafficking is

the recruitment, transportation, transfer, harbouring 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 or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at minimum. The exploitation of prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs (United Nations, 2000).

It is also noted some of the women who are trafficked run the risk of developing Posttraumatic Stress Disorder symptoms. Sexual assaults have been associated with posttraumatic stress (Astin, Lawrence, & Foy, 1993; Kilpatrick, Aciemo, Resnick, Saunders, & Best, 1997; Kilpatrick & Resnick, 1993). Similar findings have been reported for victims of sex trafficking (Farley, 2004; Pathe & Mullen, 1997). As a consequence of human trafficking there is a need for effective integration of research, assessment, treatment, outreach/collaboration, criminal justice, advocacy and education.

An estimated "600,000 to 800,000 men, women, and children trafficked across international borders each year, approximately 80% are women and girls and the majority are trafficked into commercial sexual exploitation" (U.S. Department of State, 2005). Herman states human trafficking commonly involves trauma (1997). Marshall explains that "trafficking involves gross abuses of human rights, including physical and mental abuse, rape, forced drug use, deprivation of liberties and sometimes even murder" (2005, p.150). Trafficked women encounter a range of traumatic experiences, abduction, sexual violence, illegal boarder crossings, rape and various other forms of violence, and continued forced captivity. They can experience prolonged and repeated trauma as they are traded and sold. (Zimmerman, Yun, Watts, Trappolin, Treppete, Bimbi, Adams, Jiraporn, Beci, Albrecht, Bindel, and Regan, (2003).

Aronson & Braak state that human trafficking represents a public health crisis in which millions of lives are devastated by trauma (2003). Trauma experiences are outcomes of exposure to violent, abusive experiences that threaten death or serious injury. Take for example the findings of Raymond, D' Cunha, Ruhaini Dzhayatin, Hynes, Ramirez Rodrigues, and Santos that a number of women in prostitution believe that they might be killed by one of their "customers" (2002). Research also shows 68% of the South African prostituted women had been threatened with a weapon (Farley, 2003). Everyone is different, but people tend to experience similar reactions when faced with a crisis. The typical response includes disbelief, physically frozen in place, unable to respond. When the reality of the event has sunk in the person goes into high alert. After the crisis is over the person there is a let down phase when amongst other emotions the person may feel exhausted. In such cases it would seem reasonable to attest those realities and or perceptions that one might be killed or the intense fear, helplessness and horror associated with being threatened with a weapon would result in acute stress reactions. Both the stressful event experienced, and the possible symptoms related to the event, contribute to making an event traumatic.

This paper is a culmination of collated material related to the experience of women who have been sexually exploited specifically trafficked women. In respect to the limited available data to date on the mental health of trafficked woman parallels from other trauma sufferers will help to establish the link between human trafficking and trauma. The nature of human trafficking includes incidents of exposure to torture, prolonged human cruelty, forced degradation and extreme human rights violations (Shalev, 2001). The more an individual perceives that he or she has no control over an imminent experience of pain, injury, or death, the more fearful they will be. These feelings of extreme fear and feelings of helplessness are an emotional basis for trauma responses.

Traffickers are willing to subject women to violence, even murder, to elude authorities. They use levels of violence and emotional pressure to subjugate women into sexual exploitation (Nezer, 2000, p. 59). Women are physically beaten to force them to have sex, raped as a psychological tactic to intimidate them into future submission, isolated to disable them psychologically, and economically deprived to create a reliance on traffickers. Women are often unable to escape possible traumatic events from re occurring. For example threats against a women's family result in them feeling immobilised or trapped in their situation (Pearson, 2002; Renton, 2001). Therefore given a woman is regularly looking over her shoulder to avoid those that may harm her or her loved ones, she is likely to remain in a state of hyper-vigilance. This is especially true while the violence or the threat of further violence persists (Turner, 2000). Biological and psychological reactions re accompanied by intense emotions of fear and/or anger and the "fight or flight response" take over. When a person perceives danger, the body reacts going into a state of alert (Schinina, 2004, p.13). Chemicals are released by the brain that inhibit "selective attention," or enable one's ability to filter perceptions (Skosnik, 2000). This is illustrated when trafficked women later are unable to offer precise details or coherent recollections of events.

Zimmerman et al showed women trafficked into sex work share in the traumatic stress symptoms of other women experiencing sexual abuse (2003). During a traumatic episode, the woman becomes hyper vigilant to all stimuli in order to react quickly to the next threat. Consequences of sexual abuse also leads to feelings of unreality, depersonalisation or other dissociative phenomena as altered self-perception in prostitution: a subordinated sexual self, or changes in relations with others, a boyfriend may be gradually seen as another john /client), and shifts in beliefs about the nature of the world (Herman, 1992; Van der Kolk, 1996). Such accumulated traumatic symptoms and fears make the trafficked woman's reality distorted, and she may become doubtful of herself and others. Women's anticipation of harm may be accompanied by flashbacks, nightmares, and re-experiencing events caused by trauma-induced neurobiological factors (Saporta and van der Kolk, 1992).

In respect to the nature of the trafficking phenomenon, trauma experienced by victims of trafficking is not limited to a single disruptive event: instead the trauma is extended over a much longer period of time. Tudorache states the longer the victims of trafficking remain under the control of their traffickers, the more severe and long lasting are the effects of their trauma (2004, p.23). Even when apprehended by authorities there exists possible traumatic experiences for these women. They are treated as illegal immigrants, often deported to the same location where the traffickers operate and may also face the threat of "honor" killings for shaming their family (Balk, 2003).

The time when women first learn that they are in mortal danger can be considered the point of the "initial trauma" (Zimmerman et al. 2003, p.38). This initial trauma is usually acute, generally engenders symptoms of extreme anxiety, and can inhibit memory and recall. (Klein, Caspi, and Gil, 2003). "Typical symptoms that can be observed in victims of trafficking include episodes of repeated recollections of the traumatic event/s flashbacks), including images, thoughts, perceptions, and/or recurrent distressing dreams of the event" (Schinina, 2004, p. 24).

146 survivors of trafficking for sexual exploitation across five countries (Indonesia, the Philippines, Thailand, Venezuela and the United States) were interviewed in order to gather qualitative accounts of their experiences as well as gathering data about the range of their difficulties. Of particular relevance here is findings of extremely high rates of violence and control, in the forms of physical harm (80%), sexual assault (60%) and emotional abuse (80%). Data showed symptoms of trauma were common across the five countries (Raymond et al, 2002).

People who have worked with survivors of trafficking say it is not uncommon for the women to demonstrate high levels of distress and trauma symptoms (Schinina, 2004; Basoglu & Mineka, 1992; World Health Organisation, 2000). Tudorache tells

the first encounter with a woman who has been trafficked, she is usually in a state of physical exhaustion, confusion, disorientation and fearfulness. She may also experience difficulties in remembering

anything about her trafficking experience and if she does this is usually accompanied by intense emotions of distress and incoherence. Victims of trafficking report moments of the trafficking process in nightmares or sudden memories of events (2004, p. 24).

Most survivors develop coping mechanisms that help them anticipate and avert the most ominous dangers, manage imminent risks, and endure the negative consequences. Yet, in the longer term, once out of the threatening environment, these survival responses can inhibit an individual's resilience and normal functioning.

For example Farley, Baral, Kiremire and Sezgin (1998) undertook a large-scale, thorough study that showed that prostitution can be as traumatic as going to war, with 85% of the sample respondents having significant post-traumatic stress disorder symptoms and 67% met the diagnosis for PTSD. This is a similar range as that of combat veterans (Weathers, Litz, Herman, Huska, & Keane, 1993; Miller, 1992). Farley, Cotton, Lynne, Zumbek, Spiwak, Reyes, Alvarez and Sezgin interviewed 854 people currently or recently in several different types of prostitution in 9 countries. They "found that prostitution was "multitraumatic: 71% were physically assaulted in prostitution: 63% were raped ... 68% met criteria for PTSD" (2003, pp.33-34). Farley et al's 2003 study showed the severity of PTSD symptoms of women participants in were in the same range as treatment-seeking combat veterans, battered women seeking shelter ranges from 45% to as high as 84%, rape survivors, and refugees from state-organized torture (Bownes, O'Gormen, & Sayers 1991; Houskamp and Foy, 1991, Kemp, Rawlings, & Green, 1991; Ramsay, Gorst-Unsworth, & Turner, 1993; Weathers et al, 1993; Miller, 1992). There are also reports on trafficking that have attributed symptoms observed among trafficked women to PTSD or post-traumatic stress syndrome (Kozhouharova, 2001; Raymond, 2001).

A trafficked survivor is in need of support because of the consequences of sex trafficking, for example violence, and threats to one's life and threats to one's family, rape, and sexual assault. An individual's response to trauma is affected by biological factors, developmental level at the time of the trauma, severity of the trauma, the social context of the individual both before and after the trauma, and the life events that occur prior and subsequent to the trauma. (Carlson & Dalenberg, 2000). People who are trafficked experience traumatic symptoms to varying extents, such as difficulties in sleeping, intrusive and re-experiencing symptoms (such as nightmares and flashbacks), anger and irritability, dissociation, and hyper-vigilance. Some seem to be experience symptoms at a level in which they may meet the diagnostic criteria for PTSD.

In conclusion interventions therefore must enable healing from the effects of the trauma of exploitation and sexual violence so as trafficked women can be effectively helped with their post-trauma reactions. More research is needed to evaluate the survivors trauma related psychological difficulties. An effective integration of assessment, treatment, outreach/collaboration, criminal justice, advocacy and education is needed so as the trafficked survivor can feel safe.

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