Anti-human trafficking manual for criminal justice practitioners

Module 3
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Module 3:
Psychological reactions of victims of trafficking in persons
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Module 3: Psychological reactions of victims of trafficking in persons

Objectives

On completing this module, users will be able to:

- Understand how the process of trafficking in persons affects the health of its victim;
- Recall the nature of health problems suffered by a victim as a result of exploitation;
- Know how the impaired health situation of a victim may affect investigation and prosecution of the crime of trafficking in persons;
- Determine appropriate strategies to be adopted by criminal justice practitioners to enable a victim to assist the criminal justice process.

Introduction

This module focuses primarily on the effects of sexual abuse and exploitation on victims of trafficking in persons. It starts with a general overview of psychological reactions and then outlines some of common trauma-inducing experiences of victims before and during the trafficking process. The effects of these experiences are then listed and explained.

Finally, this chapter explores the implications that these reactions may have for investigators and suggests methods to avoid re-traumatizing victims and to help them begin the recovery process. This chapter also provides guidance on how to minimize the impact that psychological reactions may have on investigations.

There is very little information on the physical or psychological health of victims of trafficking. Much of this chapter is based on or adapted from research reports by the London School of Hygiene and Tropical Medicine in conjunction with NGOs.¹

Psychological reactions on victims of trafficking

Most victims of trafficking will have suffered one or more traumatic events and will have adopted psychological tactics to cope with the effects of these events. To begin to understand these reactions, it is important to first understand a bit about “trauma”.

What is trauma? According to experts on trauma:

“The essence of trauma is that it overwhelms the victim’s psychological and biological coping mechanisms. This occurs when internal and external resources are inadequate to cope with the external threat.”

Traumatic experiences suffered by victims of trafficking in persons are often complex, multiple and can occur over a long period of time. For many individuals who are trafficked, abuse or other trauma-inducing events may have started long before the trafficking process.

Studies of trauma in cases of trafficking in persons have been conducted, but there are few of them. Studies so far tend to focus on trafficking for sexual exploitation but yet to cover victims from every origin location. However, they offer some guidance and conclusions, especially when they are considered in conjunction with what is generally known about trauma and anecdotal evidence from around the world. It is essential you are aware of these conclusions and to you are able to identify how they might affect your work as a criminal justice practitioner.

No two victims of trafficking are the same and the impact trafficking has upon each individual varies. You cannot make assumptions about how individuals might or should react. You must treat each person as an individual and on his or her own merit.

Individuals will react to you in different ways. Do not expect a victim of trafficking to see you as their rescuer or saviour: Some might, but many may see you as an unwelcome interlocutor, which may further compound what is already a very complex situation.

If a victim reacts in a hostile or aggressive way, it may have nothing to do with you as a person, your role or the organization you work for. Victims may have adopted these tactics and emotions to cope with or to survive their ordeal. It is likely that they would react to anyone in the same way.

Not every victim will react to the investigation with hostility, but many will. Do not see this as your fault or that of the victim and do not respond to any hostility in a negative way. If you do, it is very unlikely you will be able to build up the necessary rapport with the victim.

Challenging and direct questioning too early is very likely to alienate the victim and may re-traumatize the victim. Challenging a victim’s veracity, treating the victim as a suspect or

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showing doubt or signs of disbelief are likely to remind him or her of the defensive position they held during the trafficking ordeal. This is likely to destroy any chance of cooperation. Avoid this approach at all costs. A considered, methodical and non-judgmental approach has the best chance of revealing the truth whatever it may be. In most cases, you will have an opportunity to express your concerns or doubts at a later date.

You are unlikely to have encountered people who have suffered the range of chronic abuses found in trafficking victims. Nonetheless, there might by some similarities with cases you have dealt with previously. Victims of chronic domestic violence have often suffered similar levels of assault, abuse and control to those experienced by victims of trafficking for sexual exploitation.

Levels of psychological trauma experienced by some victims (either before or during the trafficking process) may be so high that they are never going to be able to serve as witnesses in court or even give an account that can be used as the basis of intelligence. You should always be prepared to terminate an interview if necessary and seek immediate assistance for the individual. On the other hand, it is also possible that some individuals who initially present strong emotional reactions, may, with time and professional support or counselling, become perfectly capable witnesses.

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**Case example**

At the time that Elena was lured to a provincial city, imprisoned and gang-raped, she lived in a Central European country and was 20 years old. When her captors decided that she was sufficiently broken down, they began pressuring her to prostitute herself. Soon, Elena found out that they were preparing false documents, so they could take her abroad. In her desperation and desire to run away, she jumped from the second floor of the building in which she was locked up. The police found her helpless and in shock and took her to hospital, where she was diagnosed as suffering from post-traumatic stress disorder.

Elena was an energetic young woman with many interests and a good education. There was no violence or abuse in her family. Her life changed completely after the brutal violence and the attempt to lure her into prostitution. She decided that she would fight in order to help stop the traffickers from abusing other young women. She immediately filed a complaint with the police. This happened more than eight years ago. None of the accused have been sentenced to this day.

Elena dedicated her life to the lawsuit, spending her money on paying lawyers fees and other legal expenses. She suffers from perpetual anxiety. What worries her most is that her memory has begun to erase the traumatic event. After eight years, she remembers almost none of the concrete details of the horrors she lived through, yet she has to be a witness in court. What is more, if the case is not prosecuted soon, the legal time limit (statute of limitations) will run out. At the moment Elena receives support from NGOs.

Is this a case of trafficking in persons or smuggling of migrants?

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*a Violation of Women’s Rights: A cause and consequence of trafficking women La Strada International 2008*
Self-assessment

What kind of psychological reactions do you think would be present here?

What are the affects of psychological reactions to the criminal justice system?

Common traumatizing experiences of victims of trafficking

There are two factors that are said to be most predictive of a strong reaction to ongoing trauma:

- Unpredictability of events
- Uncontrollability of events

These two characteristics are perhaps defining features of a trafficking situation, particularly the latter.

The following list describes the forms of control very commonly used by those in possession of a trafficked person.

Restriction of movement

By definition the trafficking process involves removing control from victims. This applies to all forms of trafficking. Control has been found to cover all aspects of life, even the most intimate: when a victim eats, goes to the toilet, works, sleep, where they go, who they are with. In some cases, victims may have been controlled from the outset, for example if they have been abducted. In other cases, control may have been relatively weak in the early stages but increased as the victim went through the trafficking process, becoming strongest as they near and reach the destination location/exploitation phase.

Control may be subtle, involving direct or implied threats or making the victim feel responsible for their own behaviour. Sexual exploitation victims may be given a small amount of money for what they do; others may be involved in petty crime such as stealing from shops, street begging or working in illegal industries, for example drug trafficking. This can lead to feelings of guilt and revulsion, which makes it even more difficult to tell anyone what has happened.

Levels of control may differ according to the type and perpetrator of trafficking in persons. In trafficking for sexual exploitation, studies have shown that in some locations only 3 per cent of victims reported that they were “always free”. Some comments by this 3 per cent

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revealed a different story however, for example “I was always (free) I could go out when I wanted to, but only with someone”.

Controls of this breadth and intensity mean that victims can become fearful or incapable of taking decisions, even the smallest decisions.

**Violence**

Victims may have been subject to violence before and during the trafficking process.

 Violence before trafficking has been seen in a substantial number of victims of trafficking for sexual exploitation, with around 60 per cent reporting experiencing some form of violence before trafficking in one study. Pre-trafficking violence in other forms of trafficking has not been researched.

Once engaged in the trafficking process, victims may be subjected to a range of violent acts from threats to serious assaults. Again, the intensity of violence varies. In sexual exploitation cases, up to 70 per cent of women have reported physical violence and 90 per cent sexual violence while being trafficked. Children recruited/abducted to fight as soldiers have been controlled by beatings and rape. The picture in domestic servitude cases is not clear, but anecdotal evidence suggests that assault is commonly used by “employers” to control victims.

Threats of various kinds are used frequently by traffickers to control victims and can target the victim, their family or friends. The threats may be of direct violence to a particular person or a threat to expose the victim to the authorities, for instance, where they are in a location illegally or have been involved in criminal activity. Threats may be implied, for example, arranging that the victim witness the abuse of another individual in the same circumstances or simply making the victim aware that the trafficker is part of a very violent gang.

The power of these threats should not be underestimated. Even where the traffickers are not in a position to carry out the threats, the victim may believe they are. Victims may have been brought across many miles and territories by a gang who appears powerful, sophisticated and organized with links in many locations; these links may include law enforcement and other officials. Traffickers may have demonstrated they are capable of violence.

Eighty-nine per cent of women interviewed in one study of trafficking for sexual exploitation said they had been threatened while being trafficked. In a significant number of cases, the families of victims or people they knew had been involved in their trafficking.

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6 Anderson, B 2005 *Doing the dirty work* Assoziation A.

Abuse

Victims may have experienced abuse falling short of direct physical violence before and during trafficking. Abuse should be understood widely, for example, to include verbal or psychological abuse, deprivation or other controlling or harmful behaviours that negatively affect an individual.

In some locations, victims of trafficking have been found to come from dysfunctional backgrounds before they were trafficked. Examples include victims whose parents were addicted to alcohol or drugs, experienced or witnessed domestic violence, were orphaned as children, were homeless, or whose health and safety have been affected by dire conditions, war, civil unrest, poor diet or lack of access to education.

During the trafficking process, victims may have been forced to work very long hours with limited breaks. They may not have had access to nutritional food, protective equipment, adequate amounts of fluids or clean clothing and the means to wash themselves or medical care.

Multiple trauma

As you read throughout these modules you begin to understand how trafficking in persons investigations differ from other types of investigation. One significant difference between the trauma in these cases and many others is that victims have suffered multiple, often ongoing traumatic events during numerous periods of their lives, perhaps by multiple perpetrators. While this should not be seen as minimizing the trauma found in other cases, experiencing multiple or chronic traumatic or abusive events has been found to have more negative effects than a single trauma.8

A victim’s anxiety can be complex to unravel, as many victims still face real dangers related to their trafficking experience even after removal from the site of exploitation. It is necessary here to recall that in one study on trafficking in women, 89 per cent of the women were threatened while in the trafficking situation, and 36 per cent reported that traffickers threatened their families.9 In addition, many were trafficked by family members or someone from their place of origin. Studies have shown that trafficked women continue to receive threats by phone and in-person, both against themselves and their families, and that protection by authorities has been extremely limited.10 For this reason, when a person exhibits fear and anxiety, it is necessary to consider that this may very well be the victim’s sensible response to actual danger.

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What symptoms does traumatization produce in victims of trafficking in persons?

The next part of this module looks at the effect traumatization may have on the health of victims. Investigators have a general duty of care for victims, but that is not the main reason the health of victims is explored here. You are required to investigate trafficking in persons offences as efficiently and effectively as possible. You will not be able to do this unless you are aware of how victims’ health may be affected and what you should do to ensure your investigation takes account of the issues this poses for you.

Current evidence of the health effects of physical and sexual violence highlights that when such abuse is frequent and severe, it is likely to result in a host of health problems, including physical injury, sexual health problems, chronic somatic health consequences, and poor long-term mental health.

Concurrent symptoms

Immediately following a trafficking experience most women have numerous simultaneous physical and mental health problems. In one study conducted among trafficking victims in Europe, 0 to 14 days after the trafficking experience, over 57 per cent of women were experiencing 12 or more physical health symptoms that caused them pain or discomfort.

After 28 days, 7 per cent were still experiencing eleven or more symptoms a figure which remained at 6 per cent after 90 days.

Multiple mental health symptoms endured much longer. Over 70 per cent of the women reported ten or more mental health symptoms associated with depression, anxiety and hostility within the first 14 days. After 28 days, 52 per cent still suffered ten or more concurrent mental health symptoms, and not until after 90 or more days did this symptom level seem to subside.

In this study, women’s psychological reactions were multiple and severe, and compare to, or exceed symptoms experienced by torture victims.

Physical symptoms

Fatigue and weight loss, neurological symptoms, and gastrointestinal problems were most commonly reported. Generally, the proportion of women reporting various problems decreased between each interview.

A significant majority of victims (82 per cent) reported feeling “easily tired” at the first interview. Fatigue symptoms remained common and severely felt. Even 90 days after the trafficking event fatigue was still reported by 41 per cent of victims.

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Many victims of trafficking have had little sleep due to being forced to do gruelling activities for long periods of time. Chronic or prolonged sleep loss not only affects an individual’s ability to concentrate and think clearly, but also weakens the body’s immune system and ability to endure pain.

**Mental health symptoms**

Depression, anxiety and hostility are symptoms frequently detected among torture victims and victims of other traumatic events and were also identified as prominent psychological reactions in an earlier study on the health of trafficked women.

Again, in the study on women who were assisted in Europe, their levels of mental ill health were found to be much higher than those in a general female population. While in the care of NGOs, women’s symptom levels did decrease—but this decrease happened very slowly and not very much. Even after three months of care, women’s reported depression levels were still at the level of the top 10 per cent of the most depressed women in an average female population. Anxiety and hostility levels were not quite as high, but still well above the average. This is likely to inhibit trafficking victims from re-engaging in normal daily activities, such as caring for family, employment, or education. 13

For the investigator, these strong symptoms levels suggest the need for extremely sensitive and timely approaches to questioning a victim.

Real danger may remain after a woman is removed from a trafficking situation; removal in itself will not necessarily reduce levels of well-founded and symptomatic anxiety.

A victim’s expression of hostility may be surprising for some investigators, who are more likely to expect victims to appear broken, tearful and/or fearful. Yet, hostility is a well-documented response to trauma. It will not be uncommon for a victim to be “annoyed or easily irritated”, “easily upset” and “irritated by everything”, have “temper outbursts”. 14 Again, while these feelings may subside, they are likely to ebb and re-emerge depending on the stresses the victim faces.

It is not uncommon for victims who have been aggressive to be regretful, baffled, and embarrassed by their own behaviour. Women in the study in Europe described their irritability and related acts of aggression, such as punching walls, throwing items and hitting others.

**Post-traumatic stress disorder**

Post-traumatic stress disorder (PTSD) is a term that describes a mental health disorder caused, in part, by exposure to one or more traumatic events. This disorder manifests in a number of severe psychological symptoms experienced by those who have been exposed to a life-threatening experience that has had a traumatic effect on them.

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14 Ibid.
PTSD was first formally identified among Vietnam war veterans, but had been previously detected and labelled with a variety of terms, most often terms associated with warfare, for example “shell shock” found in soldiers of the First World War or “combat fatigue” in the Second World War.

Various measures of PTSD have been devised. Examples of common symptoms measured include recurrent thoughts/memories of terrifying events, trouble sleeping, and inability to feel emotions.

PTSD is commonly identified in persons in occupations such as the police and army and as a consequence of experiences such as rape and serious accidents. These are often single traumatic events.

Almost everyone who has a traumatic experience will have feelings of shock, grief and adjustment; not everyone who experiences a traumatic event will develop PTSD. PTSD should not be confused with the normal response to a disturbing episode.

For victims of trafficking, the traumatic events they experience are often repetitive and prolonged—which can sometimes distinguish their reactions from those who have survived a single life-threatening event. For many who have worked with victims of chronic trauma, such as domestic violence victims, this type of repetitive abuse/fear is considered a separate syndrome: complex post-traumatic stress disorder.

The distinction between PTSD and complex post-traumatic stress disorder is important to investigators because it emphasizes that the reaction to ongoing trauma is actually a physiological re-organizing of the individual’s natural responses or instincts that makes them hyper-prepared to respond to stressful events.

A common characteristic of PTSD is the tendency of symptoms to decline over time in most people—although they can linger and lead to long-term psychiatric conditions in some, and may re-emerge at stress-filled times.

Studies of trafficking victims (particularly for sexual exploitation) have found that victims display many PTSD symptoms. The pattern of a steady decline in symptoms was also found in the trafficking victims, although rates of decline varied between symptoms. Another common feature of PTSD reflected in studies on trafficking in persons was that some victims still have symptoms some time after the trafficking or removal from the site of exploitation. In the study conducted in Europe, a more significant reduction of symptoms occurred after the women were in post-trafficking care for approximately 90 days.15

The impact of PTSD on victims of other forms of trafficking has not been extensively documented, but anecdotal information suggests it is found in all types of trafficking. Some types of trafficking (child soldiers for example) carry obvious trauma that may be prolonged and intense which are highly likely to lead to PTSD.

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15 Ibid.
Consequences for criminal justice practitioners

This section will discuss issues around obtaining an account from a person suffering from the range of symptoms experienced by victims of trafficking who have been sexually abused or sexually exploited.

Behaviour of the victim

The behaviour of the victim could include:

- Hostility towards the investigator or prosecutor. The victim may have learnt that anything jeopardizing the dominance of the traffickers could lead to immediate violence. S/he may thus avoid any cooperation with law enforcement or judicial authorities;
- Failure to cooperate with the investigation or prosecution;
- Memory loss, lapses, discrepancies, resulting in:
  - Changes in the account at different times
  - Inability to recall details
  - Ability to recall central details of a traumatic incident, but not peripheral details such as descriptions of clothing, rooms or vehicles
  - Blocking out events that were most life threatening (e.g., dissociation)
- Outbursts that appear to be irrational;
- Disorientation after leaving the situation of ongoing trauma and control;
- Continuing anxiety despite apparently being “safe”;
- Needing more breaks, rest and sleep than might be expected;
- Reconstruction and remembering. For many victims, there is a period of re-construction as they process what has happened to them. Victims re-interpret events and try to come to terms with their experience, to possibly find an explanation for what has happened, or to evaluate the event.

What you should do (and not do)

- Take the victim to a secure environment away from traffickers or those associated with traffickers.
- Avoid early interviews wherever possible. An early interview of the victim will in many cases overstrain the victim’s capacity to remember and to cope with the overwhelming memories and may jeopardize the consistency of the statement you obtain.
- Victims should be stabilized before they are interviewed in detail about what happened to them.
- This stabilization may involve working with health care professionals (medical assessment and treatment for both and psychological symptoms), social support workers and those who provide accommodation and counselling services.
When you interview the victim, organize a comfortable and safe interview setting, including plain clothing. Where an initial account is required this should be free recall and (wherever possible) without challenge. Keep in mind though that the victim may say something that needs corroboration and/or clarifying to prevent harm coming to them or others.

During the interview, use simple measures such as choice in food to help return a sense of control.

Start planning for accommodation and support as soon as you can. Contact and coordinate with local organizations or state agencies to establish working relationships and plans for accommodation and support before you become involved in a trafficking investigation. In this way, you will have options available through organizations who have tentatively agreed to assist. If you are involved in a proactive investigation, do this from the outset; if it is a reactive investigation make early plans as soon as you realize you may need to accommodate a victim.

If you can, take measures to prevent harm on those under threat such as family members or other loved ones of the victim.

Avoid secondary victimization. Secondary victimization refers to the victimization that occurs, not as a direct result of the criminal act, but through the response of institutions and individuals who are insensitive to the needs and vulnerable status of the victim. The whole process of criminal investigation and trial may cause secondary victimization, because of difficulties in balancing the rights of the victim against the rights of the accused or the offender, or even because the needs and perspective of the victim is entirely ignored.

**Self-assessment**

What are the consequences of psychological reactions to trafficking investigations and prosecution?

How can you try to minimize the impact of psychological reactions to investigations and prosecution?

**Summary**

- Victims of trafficking are generally exposed to traumatic experience as a result of their inability to predict and control events during the trafficking process;
- Trauma occurs when the victims’ psychological and biological coping mechanism is unable to cope with the external threat;
- Trauma inducing experiences include:
  - Restriction of movement
  - Violence against the victim
  - Abuse
• The effect of trauma on the health of victims include:
  • Physical and mental health problems
  • Fatigue and weight loss, neurological symptoms and gastrointestinal problems
  • Tiredness
  • Depression, anxiety and hostility
• Post traumatic stress disorder (PTSD) occurs more in victims of trafficking than other victims because of their exposure to one or more traumatic event over a long period of time.
• The behaviour of victims towards criminal justice practitioners could include:
  • Hostility and failure to cooperate
  • Memory loss, lapses and discrepancies in story line
  • Outburst and irrationality
  • Continuing anxiety and disorientation, etc.
• You may be able to minimize the impact that psychological reactions may have on investigation and prosecution through the following means:
  • Address immediate needs before you start
  • Give more breaks during interviews
  • Do not press on issues but the interview time
  • Give medical assessment and assistance.
  • Arrange for comfortable shelter or safe houses and other support services
  • If you can, assure the victim that measures are being taken to prevent harm against the victim's family members or other loved ones
  • Never make promises you cannot keep!
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Acknowledgements
List of experts
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Bibliography