



Chronic Post Traumatic Stress Disorder and Modern Slavery

Abstract

This paper will discuss the correlation between modern slavery, human trafficking and chronic post-traumatic stress disorder (cPTSD). cPTSD and post-traumatic stress disorder (PTSD) will be defined from a scientific and medical point of view, and shown how survivors of modern slavery and human trafficking are affected by it. Complex trauma will be explored and how it relates to trafficked survivors, along with the most recent medical findings regarding complex trauma.

Introduction

As defined by The American Journal of Medicine, Post Traumatic Stress-Disorder (PTSD) can be diagnosed for a patient that has been exposed to trauma due to actual/threatened death, serious harm, and/or injury, with three (3) dimensions unfolding. First, the re-experiencing of the event with dreams/flashbacks. Second, the persistent avoidance of stimuli that might incite memories or experiences. Third, increased arousal or attentiveness/hyper-vigilance. These dimensions occur due to pathophysiological changes in the amygdala and the hippocampus. Complex Post Traumatic Stress-Disorder (cPTSD), sometimes referred to as “complex trauma”, has not been studied as deeply as compared to PTSD. cPTSD is the result of multiple traumatic events being experienced over an extended period of time.

“Freedom is an empowering word. Many across the globe know this word but have never lived it. For example, people who are trapped in Modern Slavery and Human Trafficking. They are not free, they don’t dare dream of freedom.”

-Sally Irwin, Founder of The Freedom Hub



Some examples of prolonged traumatic events that can result in cPTSD are: human trafficking, slavery, concentration camps, child sexual abuse, and genocide. According to the United States Homeland Security, human trafficking is defined as “the use of force, fraud, or coercion to obtain some type of labor or commercial sex act”. Human trafficking and modern slavery are often close in definition and closely related, due to many victims of human trafficking being forced to work under slave-like conditions.

Human Trafficking and Modern Slavery

As stated previously, human trafficking, forced labor, and sexual exploitation are often closely linked and occur simultaneously for many victims. Females make up the majority of human trafficking victims, with over fifty (50) percent being under the age of twenty-six (26). An accurate evaluation of the number of modern slavery victims is nearly impossible to assess, although the most recent global estimate, produced by the International Labour Organization (ILO) in collaboration with the Walk Free Foundation (WFF) in 2016, puts the number of victims of modern slavery at forty (40) million for that year (SafeHorizon, n.d.). Humanitarian crises such as natural disasters or local conflicts greatly exacerbate modern slavery. Typically, governmental programs and agencies are primarily focused on tracking, reporting on, and preventing human trafficking. Any assistance is given through short-term support or grants for non-governmental organizations to perform long-term support for survivors. Organizations like The Freedom Hub “provide survivors long-term wrap around support”, allowing them to recover from complex trauma and mold back into society as productive citizens. As discussed later, long term support is the only way to ensure complete survivor recovery due to the nature of cPTSD. Short term, government-provided support is insufficient in ensuring proper and legitimate rehabilitation, and needs to be addressed and corrected at the national policy level.

cPTSD

While PTSD and cPTSD share many qualities with regards to the disorder's presentation, such as a possible constant sense of threat, avoidance of potential triggers, and re-experiencing the traumatic event(s), cPTSD has additional factors that must be considered. Affect Dysregulation, the inability to control one's emotions - possibly expressed in anger, self harm, reckless behaviors, and/or self hatred, should be considered when interacting with someone with cPTSD. Interpersonal Sensitivity is common among people with cPTSD, which results in easily hurt feelings, a "short temper", and/or difficulties maintaining personal relationships. Additionally, people may experience Negative Self-Concept, and may state things such as they are "not feeling like themselves", that they are "no longer human", and/or that they are "contaminated or guilty". Fixation on the abuser is not uncommon, and may manifest itself with an attachment towards the abuser or a hatred/revenge-seeking towards them.

There are many triggers that may agitate or activate cPTSD in a trafficked survivor, which are including but not limited to: entering a room behind them, closing a door when a survivor is present (denying exit), giving specific commands (e.g. where to sit), interrupting speech, certain smells, sights, or sounds that relate to the trauma, and specific calendar dates.

cPTSD is much harder to treat than PTSD due to its complexity and prolonged nature. The fact that cPTSD does not result from acute trauma, rather it is a result of protracted trauma should be recognized. The International Society of Traumatic Stress Studies suggests a psychotherapy approach with three phases: 1) Focusing on individual's safety, reducing symptoms, and skills training (medication potentially needed at this phase), 2) processing of unresolved traumatic memories (individual versus group therapy), 3) consolidating treatment gains (engage in personal relationships, work, community, etc.).

Medicinal treatment for cPTSD can be effective due to the effects cPTSD on the brain. Victims of human trafficking and modern slavery can experience an increase in norepinephrine, which increases heart rate and blood pressure, triggers glucose release, increases blood flow to the muscles and stomach, and inhibits voidance of the bladder. Less oxytocin is released, resulting in the dysregulation of emotions. As stated in the introduction, studies have found that cPTSD affects primarily the amygdala and hippocampus. These two areas of the brain are associated with emotional regulation and memory retention, and victims are typically seen with smaller than normal volumes in these sections of the brain (Davis, 2019). The prefrontal cortex may also be found to be affected as this area primarily deals with problem-solving skills, emotional expression, and judgement.

Conclusion

Complex post traumatic stress disorder is a critically important field of study that has been critically understudied, and can be defined as a psychological disorder that can develop in response to prolonged, repeated experience of interpersonal trauma in a context in which the individual has little or no chance of escape. Brain scans have shown changes in the amygdala, hippocampus, and prefrontal cortex among victims who have experienced chronic trauma. Human trafficking and modern slavery survivors that have developed cPTSD due to experiencing lengthy traumatic events need long-term, wrap around support which includes medicinal interventions, psychotherapy, and rehabilitation for

proper recovery. This can be accomplished with increased governmental support, along with continued work from non-governmental organizations, such as The Freedom Hub. Additionally, more studies need to be conducted to determine the physical and psychological differences between PTSD and cPTSD for more accurate diagnosis and treatment.

References

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