

Polyvictimization in Sex-Trafficking Victims: A Conceptual Analysis of Psychosocial Consequences of Polyvictimization on Sex-Trafficked Victims

¹Kimsain Jidung & ²Gyan Mudra

Abstract

To understand the web of violence as an interconnection to polyvictimization, it is significant to recognize how susceptibility to abuse is deeply rooted in the psychological, physical, and social context and can be linked to earlier victimization experiences, particularly for victims of trafficking. The current paper briefly examines the outcomes of sex trafficking on the psychological and biophysical health of victims by applying the framework of polyvictimization in assessing the trajectory of multiple forms of victimization that adds to the trauma of a sex trafficked victim before, during, and after trafficking. The paper provides an overview of the factors that influence the continuum of victimizations before and after trafficking. The paper also includes actionable measures in order to mitigate the factors of polyvictimization focused on improving the psychological and physical health of trafficked victims, which can serve as a basis for devising relevant recommendations to the policymakers and implementing agencies working closely with trafficked victims and survivors on how to mitigate the psychological and physical issues emerging out of the trafficking experience.

Keywords: polyvictimization, childhood maltreatment, sex trafficking, youth violence

¹ Phd student at Tata Institute of Social Sciences (TISS), Department of women studies. Hyderabad campus, Telangana, India: Email: hp2021WS002@stud.tiss.edu. Ph:+91-7896003041.

² Professor & Chairperson, School of Gender Studies, Tata Institute of Social Sciences, Hyderabad Campus, Telangana, India: Email: gyanmudra@tiss.edu. Ph:+ 91-9848055881.

“Of all the forms of inequality, injustice in health is the most shocking and inhuman. I see no alternative to direct action and creative non-violence to raise the conscience of the nation”
-Martin Luther King

Trafficked survivors and victims are individuals who are vulnerable to abuse and exploitation at the various intersection of their lives that stands as a barrier and hindrance to leading a sustainable life. These barriers act as a deterrence to the well-being of the individual and many a times, the trafficked survivor's lived experiences display a lot of issues related to physical health, mental health, and social support needs that are extrinsic and intrinsic in nature. In recent times, the issue of trafficking has come to be recognized as a public health issue due to the detrimental health outcomes affecting the trafficked survivors (Kiss, Zimmerman, 2015). The use of coercive methods by the traffickers to maintain control over the victims, by means of force to forbid the physical and psychological defences making escape an impossible reality (Rafferty, 2018) are techniques that have a profound impact on the long-term health of the individual. Studies (Kiss, Zimmerman, 2015) on sex and labour trafficking have reported that violent abuses and maltreatment experienced by the victims lead to severe physical, and psychosocial consequences that can disrupt the overall well-being of an individual affecting their productivity to succeed in life. The prevalence of psychological ailments among voluntary commercial sex workers, is often times reported to be high who suffer from symptoms of depression and suicidal tendencies, regardless of other health consequences such as HIV and sexually transmitted diseases (Alegria et al., 1994) so much so, that these outcomes significantly reflect the violent nature of commercial sex work in general and gives a sense of its impact on the mental health of the female sex workers (Farley & Barkan, 1998; Roxburgh, Degenhardt, & Copeland, 2006). The severity of trafficking outcomes will be much more intensive and harrowing for the victims and survivors, because of the underlying effects of Trafficking that invisibilizes the trauma induced to the victims at different phases of their lives. The issue of trafficking, therefore, stimulates victimization as an interplay in elevating the effects exposed to varying combinations of multiple types of abuse and maltreatment.

Taking a cue from my past experiences of closely working in Anti-Trafficking interventions in India and in drawing references from the knowledge base of AHT literature, it is clear that the narratives of trafficked survivors' experiences, continue to echo the multiple forms of victimization that manifest in various forms. However, there is a scarce record that documents the various levels of redressal that are required to identify and recognize the victimization. It is important to point out that trafficked survivors experience various forms of victimization which never occurred in a one-off single episodic event nor does it suggest a linear trajectory. From being raped, abducted, sold, forced into commercial sex work, and physically and sexually abused to threats and grooming has often subjected the trafficked victim to what can be referred to as Polyvictimization. Trafficked victims and survivors are exposed to various forms of vulnerabilities with a variety of trauma and sustained injuries that progress into an accumulation of multiple types of victimizations. There is a need to assess the myriad levels and nature of victimization among trafficked victims and researchers as Rafferty (2018), Aberdein, C., & Zimmerman, C. (2015) has emphasized the gap of interconnection between Polyvictimization and Trafficking in anti-trafficking literature to better understand the underlying trauma that acts as a marker for increased vulnerability to the potential trafficked victims. It is therefore imperative to identify and assess these markers of victimization and its outcomes with varied mental and health disparities experienced in the past or undergoing at present by victims that antagonize their sustainable development. This aspect of assessment pre-trafficking and post-trafficking currently remains unsettled in the current anti-trafficking framework the authors attempt to provide an understanding of the web of violence that espouses an interconnection of various forms of polyvictimization among the trafficked victims. It would be eminent to understand varying levels of vulnerabilities that exist in post trafficking context and how these vulnerabilities are linked to earlier victimization experiences. And it is in this context, that this paper details the existing knowledge on polyvictimization, examines the psychosocial factors in pre and post-trafficking situations, and provides policy implications and recommendations for future

action.

Existing State of Knowledge on Polyvictimization

The focus on the collective burden of multiple traumas causing adverse effects, which is studies using the lens of polyvictimization is now one of the emerging areas of research in violence scholarship in recent years (Finkelhor, (2007); Hamby, McDonald, & Grych, 2014). The term “Polyvictimization” was introduced by Finkelhor et al. (2005) as a model, to incorporate the collective problem of repeated exposure to traumatic events in an individual. Poly-victimization (PV) is understood as the multiple types of victimization experienced by an individual which may include child maltreatment, witnessing family violence, and sexual violence (Finkelhor, 2005; Mitchell et al; 2019). However, there is a significant distinction in polyvictimization, which emphasizes the focus on the manifestations of consequences of multiple types of traumas experienced and not the recurrence of the episodes of some kind of trauma (Scott Storey, 2011). The adverse situation in a trafficking situation results in numerous types of traumas that may manifest in psychological, physical, and sexual violence, etc; before during, and after trafficking incidents. It is corroborated by several empirical studies carried out by Abas, Ostrovschi, & Oram, (2013); Hossain, Zimmerman, et al; (2010); (2008) that estimate, that about 48.9% to 66% of sex trafficking victims were physically violated and 30.7% to 33% were sexually assaulted before they were trafficked.

Individuals who are “poly-victims”, among youths in particular tend to exhibit anger-related aggressive behaviour, increased criminal activity that may lead them to drop out of educational systems, get into habits of substance abuse, and juvenile delinquency (Finkelhor; et al., 2007b; 2011;) Polyvictims who are children tend to be more vulnerable and are adversely affected than youth experiencing any one particular type of victimization, (Finkelhor et al., 2007b) with repeated maltreatment and abuse over a longer period of time. In addition, polyvictimization may manifest a negative impact on coping and well-being of the individual, due to the secondary victimizations and

lack of safe support systems within the range of relationships and environments they live. The manifestations in behaviour and adverse repercussions of PV also vary from individual to individual and may vary with the amount of time victimization has taken place (Ford, Grasso, Hawke, & Chapman, 2013). As a result, adolescents who have experienced PV early on in their developmental stage tend to experience a mental illness that can lead to severe dysthymia effecting their physical well-being (Dierkhising, Ford, et al; 2019; Cook et al., 2005; Finkelhor et al., 2007, 2011; Turner et al., 2010). Recent conceptual work on PV like that of Grych, Hamby, & Banyard, (2015) has focused on the mechanisms of concomitant occurrences of victimization that presents the risk factors of multiple victimizations which can also be extended to adulthood.

Victims and survivors of trafficking are inextricably placed in a social environment linked with innumerable recalcitrant factors of crime, poverty, and gender-based discrimination (Banovic & Bjelajac, 2012). When the traumatic events become recurrent, it tends to progress into a cycle of violence, that negatively affects their mental health with the gamut of altercations in their day-to-day life. The interlinkages of PV and increased likelihood of adverse biopsychosocial outcomes is substantive of the varying manifestations that occur in the form of substance abuse, aggressive behaviour, depressive symptoms, eating disorder, etc. require longer-term intervention efforts that need to be administered (Hughe et al; (2017), Scott et al., (2013). The human body when undergoing stressful situations becomes increasingly overwhelmed and in an attempt to maintain the stability of equilibrium, begins showing signs of physical injuries, and nervous breakdown (McEwen, 1998). This can mean that, rather than becoming accustomed to trauma, PV affected individuals can develop a coping strategy that engages in high-risk behaviour which comes with biopsychosocial implications and increased possibilities for the emergence of high-risk health disparities. Individuals with PV exhibit psychosocial symptoms such as self-induced psychological complaints, increased prevalence of revictimization, suicidal tendencies, and problems navigating interpersonal relationships beyond those observed in acute trauma survivors (Cloitre et al; 2009;

Herman, 1992;). Such a situation creates pathways of vulnerabilities for other victimizations to occur when an already victimized individual is battling with low self-esteem, helplessness, and distorted cognitions. The negative attributes due to PV affect the cognitive structure that is triggered during inter and intrapersonal interactions (Perry 2004, Hopper 2017, and Egan & Hawkes 2008), which can be hostile in nature and develop a host of vulnerabilities for victimization outside of the family environment and unknown spaces. The exacerbated intense nature of PV results in a particularly complex cluster of health problems associated with trafficked survivors and progresses in a cycle of inter-relationship between traumatic experience and poor health consequences (Ottisova et al., 2016). Using a latent profile analysis, researchers Ruhlmann and NelsonGoff (2020) identified distinct PV and biopsychosocial health profiles in their researched groups categorised as mild, moderate, and severe distress groups based on the victimization experienced by each individual in the group. The level of distress among the severely trafficked survivors was reported higher than the number of traumatic events experienced by individuals who had experienced a milder form of victimization. In addition, the severe distress group exhibited clinically significant mental and health disorders when compared to mild and moderate groups and had numerous symptoms that included, depression, anxiety, PTSD, and anorexia among others. Therefore, the emerging knowledge on PV provides a robust mechanism for assessing the cumulative burden of victimization interlinking the various dimensions of psychological and physical health issues emerging out of the series of victimization and trafficking experiences. The framework of PV is therefore relevant, that can be used in the anti-trafficking discourse because it takes into retrospective account the trajectory of cumulative trauma that may have accumulated before and after the trafficking experience.

Developmental Polyvictimization as a Pre-Cursor to Trafficking Adversity

Understanding vulnerability to victimization across all developmental stages of human life is crucial. It is reported in theory and in practice, that majority of trafficked victims and survivors have

previous histories of victimization, which provides a window of opportunity for perpetrators to take advantage of their vulnerabilities. For example, in a study conducted among trafficked victims (Bagley & Young, 1987) about 73% of trafficked women surveyed had reported they have had experience with childhood sexual abuse. Experiencing abuse in all forms such as harassment and domestic violence by family members and peers, sexual assaults by unknown people, and witnessing crime and violence in their neighbourhoods very early on, in childhood years disrupt cognitive development and may lead to the development of hostile behaviour in adolescents who may end up in delinquency for committing crime and offenses at an early age. Furthermore, the prevalence of PV determines an underlying series of abuse and victimizations of multiple forms that validates the interlinkages between individual victimizations and trauma-induced symptoms (Finkelhor, Ormrod, & Turner; 2007 & Hamby et al; 2014). Victimization during childhood may impair the overall well-being and capabilities for growth and development which has been found to be a strong indicator in determining the resilience to adversities during adulthood in later stages. (Mitchell et al; 2019). This is consistent with prior research by Dierkhising et al., (2019) that clearly indicates that persistence of PV in childhood contributes to deteriorating outcomes (Finkelhor, et al., 2007; Finkelhor et al; 2009; Finkelhor, Turner, et al., 2011) in the form of disassociation and withdrawal from social spaces, inability to develop healthy relationships and isolation are among other characteristics that may develop. As a result, violent abuse becomes a part of most of their developmental life for the poly-victims, which remains unsettled as a chronic condition influencing all aspects of their relations within the family, school, and among peers with a cognitive disability, personality disorders, and physical ailments as they grow. Hence, it is clear that once children become poly-victims, their risk for secondary and tertiary victimization tends to remain very high in the later stages of their lives in adulthood making them vulnerable to become easy targets to the traffickers and perpetrators of child sexual exploitation. The exposure to childhood adversity therefore, increases the risk for the onset of both co-opting and the manifestation of

psychopathology (Sheridan et al; 2020) which can lead to severe consequences to life itself. Exposure to substance abuse, self-harm, and runaway tendencies are some ways the young poly-victims get adapted as a means to cope with the innate aggression and negative emotions build from the experience of victimization. It may also be that at times the poly victims themselves would have the tendency to escape from the violent environment in their natal homes and their neighbourhoods while finding themselves in more unsafe and brutal spaces such as brothels, and homeless in the streets, etc. Such unsafe environments can also mean that young children and youths are exposed to secondary victimizations where they become easy targets to perpetrators who may use force to manipulate them into trafficking situations. Therefore, a lack of a consistent and supportive care system in the immediate environment of the child or adolescent can increase the risk of susceptibility to exploitation and may result in the child or the youth adapting to destructive maladaptive coping strategies. While it is significant that the anti-trafficking ecosystem is beginning to acknowledge the psychological damage on the child incurred due to the trafficking situation, research on the previous histories of multiple cases of abuse and the cumulative burden that impacts the mental and physical well-being of the individual is eminent to address the issue of trafficking across all developmental stages of an individual.

The complexity of Polyvictimization in a Post-Trafficking Context: An Impediment to Recovery for Trafficked Victims

In a post-trafficking context, the anti-trafficking response mechanism in India requires the trafficked individual who is identified as the victim, to be referred to government-aided or NGO-run institutional care where many trafficked survivors are assisted with aftercare services where the police, social workers, lawyers, health care providers are the first responders who provide services for healthcare, counseling therapy, and legal aid. The response mechanism is developed within the framework of rehabilitation measures focused on the reintegration of the trafficked survivors. However, as discussed above, the risk associated with exposure to different kinds of victimization is

influenced by personal, structural, and institutional factors, across the victim's immediate environment and neighbourhoods inconsistent with their personal and behavioural characteristics. This understanding is further elucidated by Eaton, Flisher, and Aaro (2003) in their research, using a three-level latent framework in which risk behaviours are explained to be influenced at - the personal, the proximal, and the distal level. For trafficked victims, it can be that, the personal level can be characterized by concerns of sexual risk behaviour, and substance misuse among many others, while the proximal level can indicate factors like absent parents due to physical health reasons of their own or parents who use drugs and in the distal context (community and social institutions), the markers of victimization can include stigma, ostracization by community members or families among many others that may result into secondary victimization. This nature of victimization across personal, proximal, and distal helps in uncovering the underlying factors influencing polyvictimization and is further expounded as below

Nature of Polyvictimization at the Institutional Level

A contrasting fact to the adverse physical and mental health implications for victims of sexual exploitation is that there is a need for further evaluation to assess the impact and efforts of psychosocial intervention and rehabilitation services for trafficked survivors. (Rafferty, 2018). While psychological care is now identified as a critical component in the aftercare rehabilitation measures of trafficked victims, in addressing the complex interplay of legal, mental health, and physical needs of the trafficked survivors, however, the accessibility to psychosocial and health services in aftercare programs is described as inadequate to address the reparation of the physical and psychological damage caused by the trafficking experience (Walters, 2016; Das, 2016;). It is also observed that healthcare providers lack the skills to accurately identify underlying signs of abuse and trauma and that they struggle to effectively respond to survivors with care. Although there is significantly less research that documents trafficked survivors' experiences with the service providers in health services, legal aid, and social security, in practice it is often observed that

survivors seem to have negative views of the service providers such as police, NGO staff, and shelter homes, and they avoid seeking assistance such as legal aid in particular, for several reasons. As a result, the anxieties that surface within the trafficked survivors in a post-rescue, aftercare environment, are the reason survivors are not willing to seek help, due to lengthy and overwhelming procedures in accessing aftercare services. These procedures can reinforce stigmatization by the legal and medical professionals, that treat victims and survivors with contempt, ongoing threat and retaliation from the traffickers, fear of being prosecuted and misrepresented as a criminal while being trafficked, embarrassment, language barriers, etc (Farrell & Pfeffer, 2014). As a result, survivors of trafficking undergo secondary victimization that acts as a barrier in not only their complete recovery but it also disrupts the pathway to a sustainable outcome. Hence, in such a situation, trafficked survivors find it difficult to equip themselves with skills for employment and income generation due to the trauma that reduces their capacity to negotiate their place in mainstream society. (Chakraborty, 2019). For instance, Barnali Das (2016) in her research study carried out in the shelter homes in Assam, has reported maltreatment by the service providers, to the trafficked survivors in the form of neglect, victim blaming and racism, etc. Such maltreatment underpins secondary victimization that contradicts the rehabilitation objectives, of the service providers toward the trafficked victims. This type of victimization and re-victimization is subtle in nature and stems from viewing trafficked victims as ones who are “deviant “from the mainstream idea of a morally right woman. Police officials and healthcare providers as well lack the expertise to carefully trace the underlying victimization and instead utilizes methods of investigations that require re-telling the stories of being trafficked which may be overwhelming for the survivors and induce trauma again. Such conditioning at the institutional level creates an unsafe environment that is a deterrence to the recovery of trafficked victims and is complicated by feelings of guilt and shame, in addition to the normalization of subtle violence inflicted upon the trafficked victim in the patriarchal setting. Hence, the everyday ostracization and condemnation add to the

polyvictimization of trafficked victims and proliferates the systemic victimization induced by the service providers (Das,2016; Ray,2018; Walters, 2016). Such underlying structural factors originating from a patriarchal notion of determining women's sexuality and honor is a deviant from the mainstream that reiterates an oppressive framework of victimization in the name of rehabilitation and reintegration measures. And oftentimes, it's the service providers' staff in government & private spaces, who are essentially the first responders in contact outside their trafficking situation. With limited expertise to identify and acknowledge PV in the post-trafficking context, the level of care and support seems to be dismal. As, most of the service providers in government institutions lack training in facilitating appropriate interventions to victims of trafficking that requires specialized trauma-informed care by healthcare providers, legal aid professionals, and other aftercare responders.

Nature of Polyvictimization at the Community Level

Trafficked victims and survivors face significant hazards related to socioeconomic and health disparities and even racism that stimulate an elevated level of stress in the body and mind and exacerbate when stress persists in continuity. In the community context, particularly in the rural areas, the level of victimization may be in the form of isolation, social restriction from participating in community events and other activities, etc. (Sanjog India, 2015). The community members would have extremely negative attitudes in defiance towards sex work and sexuality of trafficked women putting the returned trafficked survivor in a more overwhelming situation inducing distress. In some community contexts, trafficked survivors are viewed as immoral, tainted, and oftentimes are unable to marry (Rimal R, 2016) or develop any healthy trusting relationships. Such social isolation stimulates secondary victimizations that need redressal when considering mental health services to trafficked survivors, because secondary victimizations may mean that the immediate environment of a survivor's life plays a crucial role in either supporting their recovery or deteriorating their lives contributing to "traumatic reminders" that interfere with their recovery and

healing (Sanjog India, 2015) The process of reintegration post-rescue, often turns out to be about returning trafficked women to their home communities (Bannerjee, 2016) and a flawed oppressive framework, with no urgency to cater to the needs surrounding the survivor's environment and in reality, the fact often remains that the home community has not essentially accepted the returned trafficked individual. The trafficked person's past experiences continue to subject them to communal stigmatization, mortification, and negligence. (Ganguly, 2016). In such a case, trafficked victims struggle to remain motivated or have agency of their own due to the humiliating and violent atmosphere, which makes it non-conducive for trafficked survivors to channel their emotions and navigate their way to recovery. Therefore, social restrictions and emotional degradation are prevailing ways to isolate individuals (Johnson, 1995) that can make the returned trafficked survivors to go through the cycle of shame, and guilt and eventually they escape or run away from their home communities as a maladaptive coping strategy. In addition, they are at heightened risk to getting exposed to the dangers of community violence as well as witnessing or being at the receiving end of community violence, physical injuries etc. Ultimately, returned trafficked survivors find themselves confronted by barriers and exclusionary practices that exhibit incarceration, and social restrictions (Sanjog India, 2015) leading to feelings of hopelessness, self-doubt, and increased depressive symptoms that can be of extreme nature. Such social exclusion by the community members is incarcerating and contributes to re-victimization. Another crucial factor can be that trafficked victims may return to a community where violence is pervasive and where cross-context victimization may develop. (Finkelhor, 2009). For instance, living in a village area or city slum can be dangerous if, there are frequent crime and violence that is prevalent, particularly among the disenfranchised neighborhoods, where communal violence is more active, and is closer to home of the victim causing fear, anxiety, and stress. These types of community settings often lack strong defensive measures for protecting community members from the local police or social support networks, absence of vigilante community stakeholders, and lack of financial resources is

another factor that fosters violent crimes in the neighbourhood (Butcher, et al; 2015; Shuval et al., 2012) and often times, the trafficked survivors may pick up arms conflict with the local criminals as a form of seeking safety and be able to navigate their aggression, pain and hurt through violent activities.

Nature of Polyvictimization in the Family Spheres

The potential trafficked victims and survivors live in an environment that is linked with other deleterious factors that may include socio-economic disparities, crimes, etc. (Banovic & Bjelajac, 2012). Families that are exposed to the dangers of violent crimes in their neighbourhoods are prone to “coercive family behaviour”, to impose control upon other family members (Finkelhor, 2009). In such violent environments with chaos in the neighbourhood and a lack of social support, systems tend to normalize abusive behaviour within the family context. Such conditioning and normalization of abusive behaviour explain the recurrent domestic violence, where children face dual exploitation in the environment, they live at the same time be at risk of violence in the neighbourhood. Finkelhor, (2009) has elucidated another pattern of familial victimization, that might also increase the risk of pervasive nature of cross-context victimization, where the family as a unit experience considerable and constant problem of finances to meet their daily needs, parents who do not have a positive influence and have abusive habits such as drug use, alcoholism and are always unavailable for their children. Such negative circumstances may lead to poorly supervised children and subject them to displacement in terms of safety and security. For example, in an empirical study by Lezanne Leoschut and Zuhayr Kafaar; (2017) conducted among 15-17 years old young adults in South Africa, it was found that poly-victims were identified among those who are more likely to be cared for by single-parent as compared to those who live with both their biological parents, another significant finding were the polyvictims whose parents are absent from home due to prolonged illnesses and or use drugs. Polyvictims children who use and are addicted to substance abuse were found to be engaged in risky sexual behaviours were also found to be polyvictims.

Such circumstances and high-risk behaviours explain the factors influencing polyvictims in their family and in the neighbourhoods. Hence, caregivers' absence or neglect, use of substances specifically, could be a consequence of the poly-victimisation. In such a situation, it creates a window of opportunity for extraneous individuals to manipulate young children, adolescents, and women and coerce them into sexual activities. These perpetrators continue to be located close to the victims and survivors, circulating through their lives in the guise of family members, neighbours, or even strangers. Without any parental supervision at school or outside, such children become highly vulnerable to traffickers. Parental negligence can lead to insecurities surrounding the potential victims that have been associated with ensuing victimization (Perry, 2004) in adulthood. In the case of returned trafficked victims, there is a lack of acceptance by the family members which creates feelings of guilt and shame among the survivors. While in some cases, the survivor returns to the place where known family members and neighbours were the perpetrators, in such cases, trafficked survivors lack the capabilities to make a good judgment for themselves in cultivating healthy social relationships and position them in an unsafe situation at home that they seek care and support from peers and adults outside the family who may be the traffickers, re-establishing secondary victimization. For those who were trafficked by family members, factors like the socio-economic conditions of the family, and access to financial security available to the reintegrated individual and the family become critical to the overall notion of recovery of trafficked victims.

Consequences of Polyvictimization on Trafficked Victims

The complexity in the interlinkages between mental health and physical health is consequential to varying degrees of health disparities leading to emotional distress and with emotional distress impairing the physical health conditions. The framework of Polyvictimization identifies individuals at risk for complex post-traumatic dysfunctionality across “biological”, “cognitive”, and “behavioural” domains (Ford, 1998). It is well-established fact that the negative consequences of victimization encompass personal, structural, and community levels. However, the

exposure to interpersonal violence and maltreatment is significant to the pervasive and sustained effects of Polyvictimization (PV) that may be less known to multi-disciplinary service providers who act as the first responders and are in regular contact with the trafficked victims, some of which are explained as below;

Potential Bio-psychosocial Consequences

It has been found that the traumatic experiences and sustained injuries caused due to multiple abusive situations, experienced during childhood or as an adult, make a significant change in the human body, in particular, the trauma induced has an adverse impact on the neurological make-up of the brain functions. (Levine, 2017; Sheridan, 2020). Victims of sexual abuse exhibit high levels of psychological stress that affect the neurochemical functions that lead to structural changes in the brain (Horn, et al; 2019, McEwen, Gray; 2015). The hypothalamus functions as a regulatory mechanism in our body that induces complex physiological behaviour related to sleep, response to stress, feeding, etc. Empirical evidence shows that the varying degree of trauma associated with sex trafficking victims has been found to cause structural variations in the “hypothalamic nuclei gene expression”. These changes in the hypothalamic nuclei gene expression can cause variations in “pro-opiomelanocortin” which is responsible to maintain blood sugar levels and protecting the body from stress, and “cortisol” (Levine, 2017; Busso, McLaughlin, & Sheridan, 2016; Hewagalamulage, Clarke, Rao, & Henry, 2016; Mills, Carter, et al 2016; Mogami et al., 2016; Osterlund et al., 2016;). The surge of cortisol – a key stress hormone, creates a hormonal imbalance that can lead to an increase in the glucose level in the bloodstream. Increased production of cortisol hormone also curbs the functions of other organs in the body that would be harmful during fight or flight situations altering the immune and the digestive system. Our human body has natural stress response system, although self-limiting, when exposed to constant stressors, there is a negative impact that disrupts the bodily functions and processes caused due to long-term activation of the stress response system. Hence, intense psychological stress (Levine, 2017; Burke, et al; 2016) has

been found to de-stabilize the hormonal growth in the individual (Aggarwal et al., 2014;) Therefore, the neurological damages, that occur in a cyclical process that causes chronic stress significantly impact the brain structure and its functions that making it more susceptible to worsening effects of abuse (Levine, 2017) leading to hostility and aggressive behaviour patterns, chronic health ailments among few others. Dysthymia, commonly also referred to as PTSD is a chronic state of mental illness, where symptoms like hopelessness, low self-esteem, lack of self-worth, feelings of guilt, apathy, fatigue, low energy, sleep apnea, lack of appetite, and poor concentration seem to linger for a long period of time. These symptoms continue to persist with episodes of major depression and are a typical consequence of trauma (Crane & Moreno, 2011). According to literature related to the mental health of trafficking victims and survivors can contribute to multiple health disparities (Kiss L, Pocock N, Zimmerman; 2015) with depression and PTSD is a common indicators for victims of trafficking who are children and adults. This is corroborated by a study carried out among trafficked victims who were adults and child survivors in Southeast Asia, which showed, that about 61% (n=1102) of survivors receiving aftercare support, had reported symptoms of clinical depression at various levels. Furthermore, it was observed that trauma-related coping adaptations are exerted by recurrent victimization that adds up to the past experiences of victimization, so much so, that the polyvictim may transition from being “hypervigilant” to evading threats as a coping strategy to safeguard oneself. (Thomas et al; 2013; Ford, 2018). There is extensive research (Hopper, Gonzalez, 2018, Felitti, VJ, Anda, RF,1997) that has recorded the health implications of multiple adverse traumatic experiences on individuals with PV. As a result, health consequences in poly victims are complex, with comorbid conditions complicating care that includes an increased length of days and even months to recover from the trafficking experience, restricted freedom, mental illnesses such as schizophrenia, and sometimes even death.

Secondary Physical Illnesses

The secondary physical consequences associated with survivors of trafficking in addition to

mental illnesses (Crawford & Kaufman, 2008; Musicaro et al; 2017; Oram, Ostrovschi et al., 2012; Zimmerman et al., 2008) can be of innumerable forms. Several victims and survivors of trafficking, are subsequently denied their basic human rights to health care and protection. (ECPAT, 2006; ILO-IPEC, 2001). As a result, there are visible ailments that may show marks of burns in the skin and hair, marks of physical injuries of self-harm, skin lesions, evidence of injectable use of drugs, vitamin deficiency, internal injuries, bleeding, malnourishment, and infectious diseases such as tuberculosis, etc. It is often seen that trafficked survivors suffer from acute dental problems due to inadequate nutrition which may result in dental infections. Although victims of trafficking suffer from malnutrition, nutrition or obesity may also be a concern that health care providers should not ignore the clinical signs and symptoms in association with trafficked victims. Trafficked victims and survivors also suffer from sexually transmitted diseases (STDs), “cervical dysplasia”, “non-menstrual vaginal bleeding”, “vaginal pain”, “dysuria”, “traumatic scaring” “ovulatory failure” and “ischemic diseases” (Levine, 2017). Untreated sexually transmitted diseases from sexual assault can result in genital and abdominal infections, and urinary tract infections. Survivors of sex trafficking may also report complaints of “concomitant chronic pain syndrome”, “dizziness”, “fainting” “fibromyalgia”. Trafficked victims also show prior abuse-related fractures and decreased bone density of trafficked victims (Lederer, 2014). These severe altercations may result in the immune function being impaired not only because of issues like HIV which are increasingly prevalent (ECPAT, 2006). Victims of sex trafficking are further susceptible to infections caused by unsafe sexual practices, high-risk pregnancies, unsafe abortions, etc. (ECPAT, 2006; Mitchell, 2004). In addition, because of a combination of other health ailments such as malnutrition, or pre-existing conditions such as asthma or diabetes can worsen existing disorders that inevitably make the individual susceptible to high-risk complications and inhibit their quality of life (Levine, 2017). The physical and sexual abuse experiences may result in contusions and lacerations in the skin and other body parts. Some of the physical injuries may not be visible externally, but there may

signs of physical abuse, such as inflammation of internal bleeding, and swollen bruises of organs, that can be examined through a physical examination of the heart, lungs, and abdomen. Abdominal swelling and inflammation in other skin surfaces may reveal injuries that may not be realized by the victim. Retrospective cohort research (Oram S, 2016) shows that trafficked victims were more likely to be admitted to the hospital for a longer duration when compared to matched peers' who were not trafficked, which signifies the severe psychological impacts of coercion and force during trafficking that disrupts the health of the trafficked individual.

Self-reinforcing Discrimination

The paradigm of self-discrimination or discrimination against one's own group identity was brought to light by Claude Steele, (2014), in his experiment on minority students and college students who were female in the United States, which demonstrated the power of what he called "stereotype threat". (Bannerjee, Duflo, 2019). According to Steele, Self-discrimination is self-reinforcing where people act and perform contrary when they are reminded of their identity, which limits their potential. The same case may be applicable to the sex trafficking victims, who adapt to the self-reinforcing discrimination upon themselves that may deter their recovery and restoration.

Victim blaming, social isolation, neglect and even invisibilizing their lived experiences by the family, community members, and the law can inculcate self-discrimination among the survivors that may deter their recovery and overall well-being. The discrimination self-imposed by the trafficked survivors themselves can lead to self-limitation even though, efforts towards their recovery can be well-designed. The environment they live in can reinforce gender-based discrimination that can the form of moral slighting, neglect, ostracization, witch hunting, verbal abuse, and domestic violence by the family members, and service providers. At times, survivors themselves can contribute to the development of negative intrinsic conditions like hopelessness, low self-worth, and self-doubt.

(Hopper, 2016). Such a situation may add to the worsening of the mental conditions through their reinforced inferior status. In some cases, victims of trafficking have resorted to self-harm like suicide and in severe cases, even death. (Ottisova et al., 2016) In such a situation, it would therefore be a challenge for a trafficked person who has been experiencing recurrent bouts of victimization, to build healthy relationships, take care of oneself, and seek opportunities for leading a sustainable life. It may also be hard for them to respond to any rehabilitation services for their skills building or employability.

Policy Implication to Address Polyvictimization of Trafficked Victims

Building an inclusive and protective environment for Trafficked survivors will require a comprehensive and collaborative multi-stakeholder response to be implemented across the anti-trafficking sector. The need for specialized services is therefore critical, which calls for planning and execution, at the interface of psychology and health care. A comprehensive guide that could help in the provision of mental health intervention services to address complex trauma by synthesizing the field of psychology and public health can play a significant role in advancing the agenda of addressing PV in sex-trafficked victims.

The field of Psychology could collaborate with governments and non-governmental organizations through research and consultative work on formulating policies for changing prevailing social norms and attitudes that attributes to identifying victimization and ways to mitigate it. Introducing a curriculum with topics that are gender sensitive with information on danger signs and symptoms of trafficking and sexual health can be imparted in educational institutions. Training of teachers, caregivers, and community members in appropriate skills to address the social needs of trafficking survivors can create a safe space for survivors to reintegrate and sensitization of other offenses like child sexual abuse can be integrated in prevention strategies. Psychological research could incorporate promoting ideas of gender equality and development in reinforcing the role of families, and societies in creating safe spaces at the local level. Disparities in

mental health issues can be best addressed when the service providers are able to identify, recognize and consider these contexts in their assessment plan (Zimmerman, 2008). Contextual risk factors such as gender-based discrimination, lack of good quality education, income inequality, and lack of employable skills are some of the discrepancies that need localized intervention to provide a sustainable solution in considering social justice issues that must be addressed (Rafferty, 2018).

Healthcare service providers can look at carefully designed guidelines that cater to the identification and redressal of the trafficked victims in an end-to-end approach. Some of the ways that health care providers' assistance can be improved in treating survivors of trafficking with mental health issues survivors of sex trafficking (Chesnay; 2013) is to (a) firstly recognize and acknowledge the individual is held in trauma. (b) Identify the trauma in an empathetic approach. (c) Avoiding re-victimization and stigmatization of the trafficked survivor. (d) Developing an individual care plan which will include setting daily goals with the survivor. (e) Continuity of trauma-informed care through healthy supervision and routine check-ups. (f) Developing healthy habits like adequate sleep patterns, intake of adequate nutrition, and undertaking physical activity like sports. (g) Motivating the survivor to rebuild their experiences by nurturing positive values and identifying the strength of the individual and celebrating their accomplishments. (h) Creating life skills support that would help them manage their finances, develop healthy relationships, and self-care. Once the patient is alleviated from the trauma and is supported with medical and legal aid and socially, a longer-term treatment plan can be developed with the survivor's consent and input.

The field of psychology can contribute a vital role in the restorative process of trafficked victims by developing therapeutic modules and guidelines that implementing agencies can refer in addressing the immediate and long-term needs of trafficked survivors. The field of psychology can also contribute in the design of follow-up programs for the trafficked survivors after they are repatriated to their natal homes that effectively address their physical health, psychological, social, and financial needs (UNICEF, 2005; United Nations Division for the Advancement of Women,

2002;). Polyvictimization tends to persist over time and therefore it is pertinent for policymakers, psychologists, and healthcare providers to effectively assess and identify the markers at the

developmental stages most clearly among children on the path of becoming polyvictims. These strategies can be helpful in curating prevention resources to address the underlying victimization and trauma that confront the trafficked victims.

Conclusion

This paper presents a conceptual framework for PV among Trafficked victims. It reviews the current knowledge on PV and examines the interconnectedness of various forms of victimization that occur at various stages in victims and survivors of trafficking. Although the many well-intentioned efforts of the government agencies, law enforcement, and non-profit organizations have brought the issue of Trafficking to the mainstream, the trauma narratives in the light of PV of the trafficked individuals before and after the trafficking situation, inform us not only the past trajectory of abuse experienced by them, but in the hindsight, it also points towards the social and structural factors that may serve to challenge the inertia in combatting trafficking at the first place. The portrayal of victims of trafficking, in the public discourse as one who is “despicable” tends to overshadow the pathways of abuse and trauma experienced throughout their developmental stages that contributes to serious health and mental manifestations in later life. The picture of “misfortune” subjecting the survivors of trafficking as powerless victims without any agency of their own in anti-trafficking scholarship as well as in the media narratives has muddled around the dichotomy of “victim” and “saviour” binaries, of violence only within the identified abusive environment such as the brothels, etc; so much so that such discourse, forestalls the victimizations and maltreatment of various forms that occur in close knitted circles and immediate surroundings of the potential victims, that remains unsettled. Such a skewed view restricts the inherent exploitation and abusive elements that are pervasive in the environments of the trafficked victim and calls for further exploration. The consequential outcomes of PV can be pervasive and ubiquitous and the

underlying pathway of violence experienced by the trafficked victim and survivor may be less

known to first responders like the healthcare provider, social workers, police officials, shelter home

staffs etc. And, therefore, the recovery intervention efforts require a deeper understanding and

acknowledgment of issues such as PV that impacts at a deeper level calling for a long-term holistic

approach towards the restoration of Trafficked victims and survivors. A specialized knowledge base

and skills in addressing the trauma related to PV are necessary to provide professionals with tools to

practice trauma-informed care within the systems of care. The form(s) polyvictimization takes, and

its impact on the development of children and adults that are at particular risk of trafficking, creates

a huge setback in their relational, academic excellence, and overall productivity. These distinctions

are significant drivers to creating targeted interventions that will enable victims of sex trafficking, to

recover from a deeply embedded trauma and prevent them from further victimization, while

harnessing and developing the resources in becoming resilient with restored health and

self-regulation.

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