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**Psychological Support for
Survivors of Human Trafficking**

Warming up activity



Understanding Survivors of Human Trafficking



Possible situation for survivors

- May have been threatened of harm or death of self or family
- Has no legal rights / no passport / fearing deportation

- May have lied about age
- May have been trapped in the cycle of debts, criminal organization, corrupt officials

- fear of discrimination due to race or social status
- may be using psychological defense mechanism for survival

- Showing symptoms of psychological trauma
 - Distorted reality / orientation
 - Loss of memory
 - Distorted perception of danger

Characteristics of survivors:

- Suspicious of being followed or watched by traffickers (maybe within their local community)

- believing that they still owe large amounts of money
- Fear of revenge or harm for self and family

- Fear of being sent home
- Fear of being rejected or stigmatized by family / community
- May experience severe stress after being rescued and defense mechanism is no longer needed



- Being afraid to talk about the experience (triggering traumatic memories)
- But feeling the need to talk to receive help

Confusion

- But helper should not assume that every survivor must be traumatized, feeling victimized, hates the abuser, or wants to leave
- Some may have conflicting thoughts or may be reluctant

In reality

- Some women may have developed close relationship, felt loyal or indebted to, or being dependent on abuser

- Some may not feel that they were tricked but it was **their own bad decision** and felt obliged to keep **promise**

- Some may feel that it was just a temporary inconvenience that must be tolerated to pay their debts or to continue supporting family
- Some may not feel like they were abused or enslaved but were only dissatisfied with the payment

Such complexity in their thinking and perception makes it hard to understand survivors, to establish trust, or to gain accurate information

Effective helping

- **non-judgmental attitude and sensitivity** are necessary to ensure effectiveness in helping

- Fact will be provided by survivors **only after they are confident of your sincerity, respect, and regard for their welfare**

Mental condition and cognition of survivor

- Loss of self-confidence
- Loss of self-esteem
- Powerlessness
- Learned-helplessness

Mental condition of survivor

- Trauma in the form of **Post-traumatic stress disorder (PTSD)**:
 - Nightmares
 - Hypervigilance, distrustful
 - Flashbacks
 - Becoming fearful when reminded of the experience

- Anxiety
- Depression / withdrawal
- Stigmatization
- Dependency, clinging

- Conversion reaction
- Impulsive, lack of self-control
- Angry, aggressive, unstable mood
- Self mutilation
- Hopelessness



Cognitive distortion

- Distorted attitude about sexual relationship
- Sex addiction
- Lethargic, dissociation
- Becoming abuser (if you can't beat them, join them)

- distorted attitude about earning and spending money
- becoming used to the lifestyle of prostitute
- Using alcohol and/or drugs

Time to wake up again!



Helping survivors

Psychological First Aid



Reference:

- Brymer M, Jacobs A, Layne C, Pynoos R, Ruzek J, Steinberg A, Vernberg E, Watson P,
**Psychological First Aid:
Field Operations Guide**, 2nd
Edition. July, 2006.

Basic steps

1. Communicate / create trust and cooperation
2. Establish safety, warmth
3. Develop calmness and stability



4. Gathering information about needs and concerns
5. Provide concrete assistance
6. Connect with sources of support, social support
7. Provide information on how to manage the situation or problems
8. Connect with other service providers

Preliminary objectives

- To establish helping relationship
- To ensure immediate safety and warmth
- To increase calmness and stability after fear and panic

- Help survivors to be able to communicate their needs, concerns, and provide useful information
- Provide urgently needed assistance

Step 1 Communication / trust / cooperation

- Introducing yourself (calm, stable, warm)
- use simple language
- ask about urgent needs
- ensuring confidentiality

Step 2 Establish safety and warmth

- Observe what is needed to provide physical comfort
- Look for physiological needs (hunger, thirst, heat, wetness, etc.) and try to provide assistance accordingly
- Avoid isolation, crowding, provide appropriate personal space

Step 3 Establish calmness and stability

- Interact with survivors with calmness, avoid showing nervousness or anxiety
- Do not immediately press for information, allow time for rest and relaxation

- Provide information about current environment, location, personnel, situation, to increase awareness of time, place, person
- Provide quiet place free from distractions
- Teach basic relaxation techniques such as breathing, relaxed posture

- “Please tell me what sounds you are hearing at the moment?”
- “Could you name 5 things in this room that are blue? Yellow? Green?”
- If client is still agitated a medical referral may be required to obtain medication

Step 4 Gathering information on needs and concerns

- Immediate needs
- Current concerns, anxiety, fear
- Chains of events that led to this situation
- History of loss or trauma
- Etc.

Step 5 Provide concrete, practical help

- Ask about practical needs
- Establish needs priorities
- Plan for immediate action

Step 6 Connecting with resources and social support

- Ask about family, relatives, friends
- Try to contact them and get relevant information
- Encourage contact / communication
- Show supportive behavior (listening, summarizing, showing

Step 7 Provide information on how to deal with the situation

- Normalization
- Psycho-education (trauma)
- Teach simple relaxation techniques
- Discuss how to deal with family
- Provide information about possible problems and how to prevent them (insomnia, drinking, drug use, etc.)

Step 8 Connecting with other sources of services

- Make appropriate referral
- Set priorities
- Provide timely assistance
(continuity of care)

Basic steps in helping

- Attending, eye-contact
- Responding, asking
- Summarizing situation
- Action to solve problems or help in planning



What NOT to do in helping

- Do not offer any help that you could not provide
- Don't be afraid of silence, give them time to think and feel
- Don't assume, ask when you are not sure

- Don't lose confidence, always remember that your work is valuable and important
- Don't give answer for everything, help them to think for themselves

What NOT to do in helping (2)

- Don't take their anger personally
- Don't be afraid to admit that there are something that you cannot do, make appropriate referral
- Don't dwell on only negative view
- Don't show too much pity or sympathy, show understanding instead

Helper's mental health

- Secondary Traumatization
- Burnout



Self-care

- Keep calm, deep breathing, relax
- Take frequent rest, change scenery
- Exercise
- Relax with other people, socialize more

- Nutritious food: fresh fruits, vegetable
- Be flexible, accepting changes
- Rest and adequate sleep
- Delegate, reduce workload
- Set priorities

- Don't be afraid to admit that you can have problems
- Accepting help when offered
- Socialize, share feelings, thoughts with friends and colleagues
- Call home, talk to your loved ones
- Daydreams

Questions & Answers??

