The International Conference

*Contemporary Psycho-Social Challenges in Combating Human Trafficking*

*Human Trafficking, Trauma and Psychotherapy*

Conclusions and recommendations  
Belgrade, 15 March 2013

“The victims are society members whose problems represent memories of suffering, violence and pain in a world that society strives to forget.”  
Dr Michael Korzinski

Introduction

ASTRA – Anti trafficking action organized, on 15th March 2013, in Belgrade, the international conference “Contemporary Psycho-Social Challenges in Combating Human Trafficking”. The conference objective was to highlight current challenges in combating human trafficking which are seldom discussed among professionals and decision makers. The conference brought together over a hundred local and foreign experts, who addressed, in two separate panels, the issue of providing psychological support to human trafficking victims, as well as the issue of adequate approach to psychotherapeutic work with persons who had exited the trafficking chain. The conference was organized with the support of The European Union via program European Instrument for Democracy and Human Rights (EIDHR).

We are presenting the conclusions pertaining to the most salient issues and challenges regarding the provision of psychological support and psychotherapy to human trafficking victims.
trafficking victims, defining of trauma and complex trauma, PTSD and complex PTSD, as well as recommendations for working with victims, significant areas that need to be paid attention to by persons helping the victims, as well as the best models for work.

Speakers at the conference were international experts from countries in which the system in this area is well regulated, Doctors of Science whose specialization is the field of providing psychological support to victims of torture and other forms of trauma, besides being thoroughly knowledgeable about the problem of human trafficking in their countries. ASTRA was host to experts with years of experience working with trafficking victims, while also being experts in the field of psychological sciences. The speakers were Dr Michael Korzinski, expert on trauma and social issues from Great Britain, Dr Mary Burke, holding a doctorate in psychological sciences, Professor at Carlow University in Pittsburgh, USA and creator of PhD program in Counseling Psychology and Psychotherapy at the university where she teaches, as well as Mariana Matei, psychologist and expert on the problem of human trafficking, director of shelter for women who are trafficking victims in Romania. In the afternoon session, local practitioners spoke, being psychotherapists with substantial experience in work with victims of diverse forms of violence, including human trafficking, such as Danijela Budiša, PhD in psychological sciences and transactional analyst, Dr Marija Vezmar, psychiatrist, psychoanalyst and group analyst, followed by Jelena Radosavljev Kirćanski, MA in psychological sciences and family therapist, Vukašin Čobeljić, Master of Clinical Psychology, psychologist and constructivist psychotherapist as well as Biljana Slavković, psychodrama therapist.

A conference in this area represents a pioneering endeavor by ASTRA, the objective of which is setting into motion systemic and practical changes and opening up as many issues as possible that are significant for this field. It should be kept in mind that we are talking about substantial differences that exist in our country compared to western countries. Although experts from abroad, who presented their papers at the conference, pointed out that they are dissatisfied with the number and quality of research studies in this field in their countries, education as part of doctoral studies in the West enables orientation towards the specificities of this phenomenon, whereas in Serbia the formal education system doesn’t offer an opportunity to obtain an education in the field of human trafficking, which leads to a situation where we lack scientific research studies and papers that would encompass the specificity of the phenomenon and recommend procedures for crisis interventions, as well as best practices, techniques and modalities available in Serbia which are efficient in work with human trafficking victims.

**Human trafficking as a traumatic event – definition and overview of scope of the problem**

Human trafficking is a big social problem which has far-reaching negative consequences, not only for those persons who have survived trafficking, their families and closest environment, but also for society at large. Human trafficking is called modern slavery, and it represents a criminal act and dramatic form of breaching fundamental human rights.

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During the course of over ten years of experience in providing direct help to human trafficking victims at ASTRA, psychological support has been recognized as one of the priorities in an attempt for the person who had undergone trafficking to reintegrate herself and continue a productive and functional life. The definition of human trafficking and forms in which it appears, makes it clear that this is a remarkably traumatic experience that belongs to the order of experiences that did not have to happen, i.e. aren’t “destiny”, but are accidental, which makes them harder to process psychologically. A person who has undergone trafficking, in her desperation often asks herself: Why did it happen to me of all people? In the United Nations Convention against Transnational Organized Crime, article 3. of the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, human trafficking is defined as: “the recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability, or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs.” Human trafficking has been similarly defined in the Council of Europe Convention on Action against Trafficking in Human Beings: „a) » Trafficking in human beings« shall mean the recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs.”

The above definitions present insight into the scope of the problem and indication of dramatic experiences which people lured into trafficking had been exposed to. It doesn't stem from the definition, but practice has shown that human traffickers were mostly not only known by the victims before the abuse, but these had primarily been trusted people and often very close to the persons they subsequently exploited and whose trust they took advantage of. They are often family members, partners or friends. Human trafficking represents a severe blow to basic trust and faith in people and their benevolence, a breach of dignity and fundamental human rights of the individual. The person is treated as a commodity and in the period while she is being exploited, she is not treated like a human being who has consciousness and emotions. It is clear that persons who had been trafficking victims experienced situations and events that lie outside of ordinary human experiences, frequently being hard to understand for the very reason that such atrocities and abuse of people are very distant from the experiences an average person is capable of thinking about and empathizing with. When it comes to psychotherapy with human trafficking victims, issues of trust and establishing good rapport, which are very significant for every psychotherapeutic dyad or group, become even more significant. Trust as a social

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construct is a very interesting topic treated in philosophy and sociology. From the psychological standpoint, trust is necessary so that we can establish a close relationship with other people, to rely on others and depend on them, their advice and love in some moments. According to Erikson, the building of trust is one of the goals in the first phase of child development, which is called basic trust acquisition phase (Vlajković, 2005), during which an experience of self is acquired as well as base for identity formation. Thus the capacity for trusting other people is a predictor of a person’s wellbeing. When trust is abused in a way that human traffickers abuse the trust of their victims, the therapeutic task to regain trust in people is often very complicated and may seem unattainable. An individual who has experienced such betrayal understandably approaches further relationships very cautiously and without much faith in people, also having considerably reduced capacity for good and healthy human relationships. What is more, when we consider, in the context of psychotherapy, the relationship of trust between client and therapist as a curative factor and necessary basis for good rapport, it is clear to what extent this necessary objective is a difficult task for the psychotherapist and client who has undergone trafficking. At the conference, experts underscored the building of trust in the therapeutic relationship as the prerequisite and groundwork without which it is not possible to embark on processing the experienced trauma.

**Why didn’t the victim run away?**

The question arises as to why the victim didn’t try to run away or didn’t escape the situation in which she had found herself, especially keeping in mind that trafficking victims often have contact with the outside world and there are occurrences when it seems that they could have found a way out of the trafficking chain. Experts at the conference attempted to explain the complicated mechanisms of pernicious manipulations which traffickers use so as to keep the victim under control and retain power over her actions, which enables them to exert years of exploitation and gain substantial income from that exploitation. In fact, mechanisms for establishing power and control which traffickers use to manipulate their victims are carefully selected for each victim individually. These are physical violence or threat of violence, followed by very “refined” manipulations which exclude physical violence, but which objective is to intimidate the person and strike where she is weakest. Namely, traffickers first become thoroughly acquainted with all the characteristics, above all weaknesses of the person, before taking steps which lead her into the human trafficking chain. The supposition is that everyone has a part of the self which is vulnerable and could become the target of abuse. For someone it’s personal dignity and image of self in the family and community, while for someone else it’s love and close relationships, family and friends; yet for another person it might be a threat that he will hurt her child, so it’s enough for her to be shown a photo of the park next to the house where her child plays every day to make it clear that she must not put up a fight since she is potentially risking the safety and life of her child. For some individuals, the possibility of being publicly disgraced in front of family and idea about lost dignity is a line that must not be crossed. Threats of physical violence or watching the trafficker while he physically and/or sexually abuses one victim often serve as a clear signal for others what will happen.
to them if they try to run away. These “violence treatments” which can take the most diverse forms may, when they last a longer period, be considered torture. After a certain time, as the result of such threats and violence, what emerges is that the victim stops feeling and loses the experience that she is a person at all, that she has needs and wishes. She carries out orders just like the human trafficker demands. Numbness then becomes the sole manner to survive physically and psychologically the horror in which she has found herself. Fear is a very powerful weapon in the hands of human traffickers, whose personality profiles often manifest psychopathic traits and severe disturbances in social functioning. Horror, torture and threats of identity loss that the victims undergo is also known in the literature as experience of mental death (Ebert and Dyck, 2004).

Social context of human trafficking – social and economic problems of victims

A well organized and just society in which people find employment and realize their potential, as well as a society which reacts in a timely manner to the demand for services sought by victims of various exploitation forms, is not fertile ground for human trafficking to take root. The number of trafficking victims grows in situations of crisis and transition, in countries that have high corruption rates and lack a free labor force market and healthy competition. Regarding social relations, it is important for a person to be brought up in an environment free of domestic violence, where close relationships are nourished, as well as love and respect among family members. Patriarchal society ruled by gender inequality, gender based violence and bad position of and discrimination against women and minorities, creates an environment which fosters the development of this social problem. The above mentioned social factors define the wider context in which psychotherapy with the victim occurs and make the psychotherapeutic process and recovery more difficult, making the victim’s treatment unpredictable. We will list and explain concisely the mentioned factors and their indications for treatment.

Poverty, unemployment and social exclusion

Poverty, unemployment and social exclusion belong to main causes of human trafficking. In countries with high unemployment rate and high poverty risk rate, people are in constant search for employment and better life, often having undergone years of frustration because of bad living conditions and impossibility of providing for the basic needs. Such a state leads to decreased caution and acceptance of various job offers, without additional background checks and analysis of offered conditions. This implies that trafficking victims are in a very harsh material situation that they lack the money to pay for psychotherapy, whereas on the other hand, even when treatment is provided as part of a free-of-charge system of social protection or via NGOs, it is questionable how the work should proceed and whether or not it is at all possible to work with a client so poor that she lacks the finances for regular meals, perhaps coming to therapy hungry.

Discrimination on the labor force market and corruption

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As a country in transition at the time of world economic crisis, Serbia has a very high unemployment rate and numerous problems in the field of employment. Add to that the fact about the connection between corruption and disregard of human rights, as well as that corruption is often mentioned as one of the biggest problems of Serbian society, it is clear that the situation is very bad and that Serbian citizens have difficulties providing for basic living conditions and realizing their potential. In such circumstances, women, as well as various socially marginalized groups, are the last to be hired and first to be fired, which exposes them to an array of risks. When women are refused access to a regulated labor force market, they are compelled to seek work on the black market, where they are completely unprotected, subjected to the most diverse forms of abuse and are easy prey for human traffickers. Similar risk is faced by jobless men, especially socially marginalized groups. This factor, like the previous one, tells about the dire poverty of victims and objectively bad life perspective which the individual is capable of influencing little, if at all.

**Discrimination based on gender**

In transitional societies, especially during crisis periods, there is often retraditionalization and repatriarchization of society, with the strengthening of gender stereotypes. The man is seen as the breadwinner and supporter of the family, whereas the woman ought to devote herself to the household. The role of woman as weaker and requiring support creates a climate whereby bad living conditions develop as well as dependence on the partner. Patriarchal society opens up possibilities for various forms of violence against women, also meaning for human trafficking. Discrimination and clients’ experiences related to this issue must be included in the therapeutic process and adequately worked through. It is significant for therapists to work on reconsidering their own prejudices so as to be open and able to recognize them when they emerge, preventing the prejudices from impacting on the therapeutic process.

**Violence against women and children**

Violence against women and children, especially domestic violence, also makes women and children more often exposed to human trafficking. Domestic violence is a salient factor because of which many girls and young women, little girls and boys want to leave their families and their country, since protection is lacking which must be provided by the system in such cases. Accordingly, for women who are faced with unemployment, sexual harassment and domestic violence, offers for a well-paid job abroad represent an escape to a better world, while for children they represent an escape from violence. Although during its provision of direct help to trafficking victims for over a decade ASTRA has encountered victims who had come from stable environments and had had family support, but nonetheless became victims of human trafficking, still there are much greater numbers of victims, primarily women, whose histories contain experience of emotional, physical and sexual violence in the family and partner relationship. This serves as evidence of the client’s insecure attachment, as well as of likelihood that the client had been a

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violence victim even before human trafficking, which must be taken into consideration in therapy, i.e. explored and treated.

On trauma

Trauma is defined as a life event which sets a task in front of a person and her coping mechanisms that she had developed up until then, which at that moment in life she is incapable of cognitively and emotionally processing in the usual way i.e. using existing mechanisms. Hence, psychological structure faces a challenge and must adapt to the new circumstances. A traumatic event can be an isolated, one-off situation, but also continuous exposure to threatening stimuli and events that the person perceives as difficult and menacing. When it comes to human trafficking, we are talking about complex trauma, which may be discussed from two important perspectives. Firstly, it is rarer to find cases of trafficking victims who had not had severe traumas in childhood or earlier period of adulthood (e.g. victims of sexual violence and incest, victims of domestic violence etc.). In cases when they had had early trauma, the trafficking experience represents a trauma which cumulatively builds on the trauma which the person had endured in earlier life phases, most often in childhood. Therefore, we are talking about complex trauma when the person had had severe traumatic experiences that were not psychologically processed before she became a trafficking victim. The other view of complex trauma relates to the fact that human trafficking experiences are especially dramatic human experiences. In that case the concept of trauma and its psychological consequences, the way trauma is defined in psychology, cannot fully encompass and describe such experience and psychological effects it leaves. Consequently, we are talking about complex trauma when the traumatic experiences built on one another and/or when traumatic events were particularly dramatic and unexpected, so much so that they can be equated with torture.

Nonetheless, it is significant to point out Judith Herman’s standpoint that it is wrong to refer to traumatic experiences as those foreign to everyday experience, for the very fact that it is very rare to find a person today who has not had some kind of traumatic experience (Herman, 2001). On the other hand, the intensity of psychological reaction to trauma is proportional to the severity of experience that the person underwent (Vlajković, 2005; Herman, 2001). The fact that trauma is close to each human being poses great potential for change and empathy. Even so, unprocessed personal trauma in the therapist or some other person who ought to help the victim can be a significant obstacle in work (Kast, 1998). Thus it is necessary to introduce the concept of complex trauma so as to additionally stress the specificity of this experience, as well as psychological consequences that are to be expected. The above discussion speaks in favor of universality of human experience as such (Jalom, 1980, 2005), so it is important for each traumatic experience to be viewed through the prism of identical consequences which can potentially be left on the person, although many factors, such as personality, previous experiences and objective and subjective assessment of traumatic event severity, will greatly affect the intensity and duration of consequences.

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Psychological consequences of human trafficking

The list of psychological problems faced by human trafficking victims is very long and psychotherapists and research studies attest to the fact that the following problems and challenges occur as a reaction to the experiences and situations the victims had been exposed to:

- posttraumatic stress disorder (PTSD)
- complex PTSD or Disorder of Extreme Stress not Otherwise Specified
- depression
- absence of emotional reactions
- anxiety disorder
- self-blame
- helplessness and meaninglessness
- nightmares
- anger and rage control problem
- suicidal ideas and attempts
- paranoia
- Stockholm syndrome
- fatalism and temper tantrums
- psychoactive substance abuse problems, alcohol abuse
- problems in everyday grooming
- sleeping problems
- dissociative disorders etc.

At the conference it was underscored that it is necessary for professionals who come into contact with trafficking victims (police officers, attorneys, judges, social work center employees, doctors, psychologists etc.) to understand thoroughly the consequences such experiences leave on a person’s psyche. This is important so that they could develop their own potential for empathy and have patience for the person who can have frequent mood swings, be very withdrawn and closed, or may be rather brazen and offend the interlocutor. Helpers should have understanding for the fact that the victim’s every reaction, no matter how socially unsuitable for the particular situation, is justified and psychologically rooted in the context of trauma the person had undergone. Doctors tend to tell the family and friends of persons who are in terminal phases of organic illness that they shouldn’t be angry at their loved ones because of arrogant behavior and profound fear, rather to be angry at the illness which has left psychological consequences on their loved ones and changed them to unrecognizability. The same can be applied and the same understanding is necessary when it comes to victims of psychological trauma. A good recommendation would be “to get angry” at the trauma, not the person.

Furthermore, victims are frequently unable to remember all the events precisely. This is mostly due to the fact that the cognitive apparatus, primarily thinking and remembering, doesn’t function in the usual manner. Thus it often happens that the person makes
contradictory statements, of which some parts make sense, while others are illogical and completely useless. In the greatest number of cases, the victim isn’t trying to lie, rather it’s a mechanism she is using to defend herself from intensive emergence of memories so as to protect herself since she can’t stand exposure to trauma and emotions that such exposure might stir up. While working with these people, it is not unusual to have a whole range of different feelings – from exceptional empathy and wish to do for them even more than what our professional role entails, to strong negative emotions and wish to find an exit from such a situation as soon as possible. If we succeed in accepting and understanding our emotional reactions to the victim’s story and behavior, as well as in differentiating, as psychotherapists, which of those feelings and experiences are part of transference and countertransference between therapist and client, we can help the person sitting across from us. This issue also opens up the question of boundaries and maintaining the setting. Experts pointed out that it is exceptionally important to have inner boundaries which are strengthened by personal psychotherapy and other forms of work on oneself, while the usual, strictly required setting will be rather difficult to uphold and will probably be tested by clients and situations more than is customary. As long as the psychotherapist is aware of her decisions and obtains the clients’ informed consent, boundaries can be maintained so as to help the client and retain the profession’s ethical minimum.

At the conference there was also discussion about the fact that every conversation about traumatic experiences can stir up emotions and thoughts that are hard for the victim to cope with and represents a threat of retraumatization. When faced with difficult content, each person uses a wide range of defense mechanisms, of which the most frequent is dissociation. It is a mental process that leads to a breach of links between thoughts, memories, emotions, actions and sense of identity. When a person dissociates, pieces of information aren’t interlinked in the usual way, while there is processing of content by connecting emotions with events and a preserved continuity and stream of consciousness. For instance, during the traumatic experience, when there is no possibility to physically leave the difficult and threatening situation, the person may split off memories of the place and conditions in which trauma unfolded, avoiding painful feelings. The outcome of this process is lack of information in memory about the entire traumatic experience. Dissociation produces changes in recollection of events, so the dissociating person may have problems with sense of identity and continuity of personal past. Dissociation is regarded as a continuum. One pole of the continuum contains mild forms of dissociation which crop up while daydreaming or when a person „loses herself” in a good book or film. This is a brief event that entails momentary loss along with preserved awareness of the surroundings. The other pole of the continuum contains complex forms of chronic clinical dissociations which lead to serious deteriorations of psychological functions and loss of contact with reality. Thus dissociation enables the person to either not remember the events and have fragmented recollections of them or, on the other hand, to not link emotion with the events, being capable of speaking without affect about atrocities she has endured, as if it had happened to someone else or as if it were a newspaper article she had read. It is often that in the literature concepts of dissociation in this first sense are equated with splitting. Nonetheless, for the purposes of this text, we will define splitting as a
tendency to see things as either good or bad. Alongside projective identification, it is considered to be the most primitive defense mechanism. For instance, a child who is the victim of sexual violence inflicted by parents uses splitting and separates the experience of parents s/he depends on and loves from that of parents who are sexually abusing her/him. In that case the child retains the image of parents as good, while identifying with the bad, believing that s/he is bad and that’s why such things are happening. The splitting mechanism may be used to explain body-related feelings attested to by trafficking victims. The body, the experience thereof, and consequences of trafficking induced trauma on the body of the survivor are issues that have been discussed thoroughly at the conference. Namely, the topic of splitting mechanism was covered, since it is a way in which victims separate their consciousness from the body, abandoning the experience that the body is part of them or that it is theirs at all. The relevance of the body was accentuated for therapy of this type of trauma and the standpoint voiced that first and foremost “the body must be cleansed”, i.e. the symbolism understood which the body has for the person who has survived such brutalities that human trafficking inflicts. Only then can trauma be worked through and psychological recovery brought on. So that the therapist can adequately address the client’s experience, her bodily scheme and role of the body in the trauma, she must resolve the relationship with her own body and related issues. It is significant for therapists to understand that trafficking is not an intellectual construct, but rather a somatic experience and the point lies exactly in the body which had endured abuse. One of the most salient aspects of mental health is the experience of one’s body as a safe place. This aspect is destroyed by human trafficking and the victim no longer experiences her body as a safe place. The body ceases to belong to the person, she cannot control her body, its needs, movement etc. Accordingly, in human trafficking, the body has been taken from the victim, it no longer belongs to her. That is why it’s important to understand the body and messages it brings to treatment. In addition to regaining trust in people, regaining the experience of own body as a safe place is set as the most significant aim of psychotherapy. For victims, words often don’t have meaning, while the body is cut off and it’s impossible for them to feel as long as they are cut off from their bodies. It’s the dissociation process: when the person dissociates, there is no link with words and no meaning, what often happens to those who aren’t psychotherapists, but unfortunately to therapists as well, is that they fail to recognize the moment when the person is dissociating, when content becomes so difficult as to prevent her from going further. When the person in treatment becomes unsettled, it is our priority to calm her down. We can frequently obtain this information by watching the client’s body, the position of the body, trembling etc. It is important to keep in mind that when the calming process begins and signs of being unsettled disappear, it is crucial to stay awhile longer with the client in the state she is in so as to stabilize that state. Experts quoted Winnicott and his concept of “good enough mother”, which speaks about the fact that when the mother takes her unsettled baby into her arms, the baby gradually calms down, then her body slowly relaxes and that first moment of relaxation indicates she is on a good path towards calming the baby down; so as to fully calm the baby, it’s necessary for the mother to continue to be present the same way for a while. It is then that the psychological state is stabilized, while the body completely relaxes. This very concept is necessary to keep in mind when working with unsettled

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clients: first signs of client’s relaxation should be interpreted as an indicator that our interventions are successful, and that we should continue in the same direction for some time so as to stabilize that state.

It is essential to understand that creating a safe environment is the first task not only of psychotherapists but also all other persons who come into contact with the victims. Process in which we are stable and sincere in what we can objectively offer, our capacity to contain feelings, so giving the client wholeness and perseverance, represents the key for forming an environment where the mistrusting person starts to rebuild trust. It should be kept in mind that victims experienced betrayal by someone they had trusted, that they were in a situation where the sole person who could help them at the moment, i.e. the only person they were able to address for help was none other than the trafficker exploiting them. It is solely in a safe environment that it is possible to build a relationship of trust, address the body, build a complete life story of the client, link dissociated thoughts and feelings, integrate traumatic experience into the entire life experience of the person and support the client during change and defining of new life goals.

**PTSD or complex PTSD**

Posttraumatic stress disorder (PTSD) is frequently the individual’s response to traumatic events. PTSD is defined in DSM IV\(^1\) as development of a group of symptoms after being exposed to extreme traumatic stressors, including threat of death or injuries, or peril to physical integrity of the person and exposure to events where other persons are exposed to danger jeopardizing their life or threatening to inflict severe injuries. The person's response to such events can be fear, helplessness and terror. It is then that the person fears the events will be repeated and avoids everything linked to the trauma. PTSD is a diagnostic category well known to experts in the area of mental health and disorders, especially taking into account the fact that as a country we are in a postwar period, whereas this diagnosis was created so as to explain a group of symptoms with which soldiers were returning from the battlefield. This very fact is one of the arguments used by those who, like Judith Herman, deal with complex traumas which above all pertain to problems in interpersonal relationships and experience of being trapped, similar to those that emerge when the person has been exposed for years to domestic violence or human trafficking.

Hence, in a situation of prolonged, repeated traumatic experience, we are talking about complex trauma. Human trafficking is considered an event that can elicit complex trauma since by its definition it entails that the person is locked up and prevented from leaving the traumatic situation of her volition and without severe consequences, as well as that the trafficker controls what the person is doing, if she is moving, if she has eaten and what she has eaten etc. Complex trauma can occur as the outcome of bad object relations in childhood or consequence of exposure to extreme stimuli later in life. If failures in object

\(^1\) *Diagnostic and Statistical Manual of Mental Disorders*

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relations occur in the formative period during childhood, the person won't build a capacity for relationships and will have an attachment model that prevents her from establishing a close relationship with another person. On the other hand, long-term exposure to traumatic events in adult age, especially when it comes to traumas stemming from interpersonal relationships, particularly if they last long and are repeated, may lead to complex trauma. When it comes to human trafficking, the case is often that both of these prerequisites for formation of complex trauma are present, i.e. that the person had been exposed to bad experiences as a child and has bad experiences with primary objects, whereas during the trafficking experience she was exposed to extreme traumatic events, that built on the previous trauma. This complicates the problem and makes treatment prognoses even more uncertain. According to detailed research conducted by Melissa Farlin, as much as 68–97% of women who were victims of trafficking for the purpose of sexual exploitation had had the experience of sexual violence in life prior to entry into the trafficking chain. In such situations, the existing classification of mental disorders and PTSD don't define completely the consequences of such events. Professionals who worked with domestic violence victims during the 70s of the past century depict a clinical picture which is not possible to fully describe utilizing the existing classification. So as to explain the effects of complex trauma, the concept of complex PTSD was introduced, or Complex Posttraumatic Self Dysregulation or Disorder Of Extreme Stress Not Otherwise Specified, the characteristics of which are – pathological dissociation, emotional dysregulation (e.g. rapid changes from rage to emptiness and melancholy), dysregulation in behavior and control of own behavior, problem in bodily functioning (somatization), negative self-perception, changes in relationships (from boundary crossing and connection to devaluing others and distance) and loss of a sense of life purpose. During the 90s, lobbying commenced by professionals who work with victims of domestic violence, equated in certain cases with imprisonment, because of duration and abuser’s mechanisms, that this disorder be introduced into DSM IV revisions; nonetheless, it didn’t happen. Polemics arose as to whether or not complex PTSD would find its place as part of DSM V. Still, for those who work with victims, it is important to understand the distinction which professionals draw between these two diagnostic categories. They underscore that the difference between PTSD and complex PTSD is the fact that exposure to complex trauma causes changes of personality, such as deformation of attachment model and identity, which do not characterize PTSD, so there is risk for persons suffering from it to be misdiagnosed e.g. to be allocated to the category of personality disorders, implying that they may be subjected to inadequate therapy. Complex PTSD is brought into relation with prolonged exposure to traumatic events, like in cases of imprisonment, i.e. deprivation of fundamental human right to freedom of movement. Although experts link complex PTSD with the experience of domestic violence which the person has endured for a long time, this can be directly applied to human trafficking victims, since their right to choice and freedom of movement has been taken away, and they are living in conditions of imprisonment.

Complex PTSD symptoms that are the outcome of long exposure to traumatic events in which the person had been imprisoned or had felt that way (Herman, 1992) are as follows:

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• Problems in regulation of affective impulses
  People suffering from complex PTSD have a problem regulating their emotions. They can feel intense depressive feelings and harbor suicidal thoughts or have a problem controlling rage and anger.

• Changes in cognition (attention and consciousness)
  They imply repressing memories, experiencing repeated memories (flashbacks) or dissociating. This symptom implies a sense of depersonalization. Dissociation in this case, unlike PTSD, is linked to the person’s exposure to long and severe violence in close relationships that went on in childhood or in the case of coerced keeping in conditions of imprisonment.

• Changes in self-perception
  The person feels hopeless, feels chronic shame and guilt. She thinks she is different than others and feels outcast.

• Changes in how the person views the perpetrator (abuser, trafficker)
  There are often instances when the person internalizes her system of beliefs. She feels she has no power over the situation and that power is in the hands of the perpetrator. Victims are often completely occupied with their relationship with the perpetrator (e.g. constantly thinking about revenge).

• Changes in close relationships
  The person experiences changes in relationships, isolates herself or feels strong mistrust.

• Somatic and/or medical problems
  Body-related problems appear, which can sometimes be directly linked with the abuse the person had been subjected to.

• Change of life philosophy and worldview
  Persons suffering from complex PTSD can lose faith in people and humanity, having a sense of hopelessness and meaninglessness regarding their future. There is an especially strong sense of being alone in their suffering and that there will never be anyone who could understand them and their desperation.

**Psychological support for human trafficking victims**

Experts agree that, when it comes to psychological support for victims, it should not be confined to psychologists, psychiatrists and psychotherapists only, but also include professionals in the system who come into contact with victims so that they too can provide support to the victims and approach them with patience. Trauma and its consequences should be understood by doctors, attorneys, prosecutors, social work center

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employees etc. Each link in the system which has a role in providing diverse types of help also has its role in psychological support for the victim. When the system is functioning well, the victim receives a message that the support she has is stronger than traffickers and she regains the power she had lost by becoming a trafficking victim. Therefore professionals need to master the skills of active listening, to perform their job responsibly, give adequate information and not promise the impossible, not judge and not stigmatize. When professionals behave in such a manner, they provide a safe space in which the victim recovers and gathers strength to reintegrate into society, but also to process the emotions and thoughts related to events she has survived.

When it comes to psychotherapists, it has been pointed out that personal psychotherapeutic work of the therapist is very important for this process as well as understanding oneself and one’s own processes as proportional to the understanding that therapists have for their clients. Furthermore, it has been underscored that it is necessary for all, as part of their schools and orientations, to acquire theoretical knowledge on development of psychological functions and psychological processes, as well as on trauma and its consequences so as to be capable of understanding the processes the client is going through. In addition, the salience has been highlighted of supervision and intervision, exchange of knowledge and experience among colleagues. The first task for therapists is to create a safe space for all clients, and it is important to invest a lot of time into that process due to the specificity of clients who have been trafficking victims. Work on the body and understanding the link between body, psychological attitude of the person towards the body and terror of trafficking are firmly intertwined and it is necessary to treat them as such in psychotherapy. Transference and countertransference were also addressed. It was pointed out that how a person symbolizes her relationships and other personality traits develops through the relationship with parents. The very manner in which parents had responded to expectations is the manner in which expectations from other people appear later in life. Securely attached persons have a firm base to absorb the experience of trauma. A secure attachment model raises the client’s capacity to become attached to the therapist and work with her productively. It is important to keep in mind that trauma may have reduced the person’s capacity for attachment. Clients expect from the therapist to respond in treatment the same way that parents had responded to their needs, e.g. to be either unavailable or emotionally open. This is especially noteworthy when the therapist is working with those who had had early traumas, their primary figures having failed to provide good care, so they expect us to do the same. The greatest number of clients who are trafficking victims belong to this category.

It is the psychotherapist’s capacity to be a secure base which represents the greatest hope that the therapist can provide a corrective experience to her clients. In order to attain that, it should be understood that persons who lack a secure base don’t value themselves, nor are we as therapists worthy of respect in the eyes of such persons. Thus it is important to consider what kind of base the client has and whether she has had earlier traumas or is entering treatment solely with the existing trafficking induced trauma.

At the conference, for work with trafficking victims, it was recommended that use be made of the phase model of integrative psychotherapeutic work on trauma as one of the

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models which proved successful in practice. This model was offered by Julian Ford, who described the problem scope and all aspects the psychotherapist must monitor when working with the traumatized. The model has three phases, which aren’t strictly linear but unfold in a spiral and often replace one another. It is important for therapy to unfold in a rhythm most suitable for each client, with the aim of integrating personality aspects which are unacceptable to the client, renewing or building secure attachment, for the client to become aware of existing strengths, build new skills and join all fragments of her personal life story. The model entails a phase of stabilization and security, followed by the phase of working through traumatic experiences and phase of supporting changes, as part of which various therapeutic interventions exist, as well as different behaviors of the therapist and different therapeutic goals:

- Phase of stabilization and security
  The goal of this phase is to develop good rapport with the client, stabilize the client and teach her how to become stabilized on her own. Trust is a significant issue in this phase. The therapist gathers information so as to obtain a clear view of the client’s clinical picture in order to select the best possible treatment. In this phase, the focus is on psycho-education, in which we educate the client on psychotherapy and psychological processes that therapy brings on, but also on trauma, so that she could understand the situation and feel supported, grasping that the therapist can understand and accompany her through the recovery process. In this phase it is important to let the client know that what she is feeling is normal and expected, taking into account the circumstances. The client must also be informed that treatment increases anxiety and will be unpleasant and difficult in some parts. For this process it is important to provide full informed consent on whether or not the client wants to enter the following phase.

  The motto of this phase is: Victims were alone in trauma, while now they can be with someone during the recovery process.

- Phase of working through traumatic experiences
  In this phase the goal is to work through the trauma by making the story more complete and modulating and organizing autobiographic memory. The client focuses and is oriented towards current life, while in this phase the therapeutic relation is strong and stable. Emotions are worked on and the client is allowed to feel them in therapy to the extent which is functional for her recovery. When emotions are intense, the therapy situation is used so that the client can practice what she learned about regulating emotions during psycho-education in the first phase of therapy and come to terms with such an experience. This corrective experience brings back power to the client and stirs up positive processes. It is possible solely if the client–therapist relationship is good, if the client feels safe and if she has mastered the skills of coping with symptoms. The objective is to avoid retraumatization until memory of trauma is integrated as part of that person's trauma narrative.

  The motto of this phase is: Trauma is part of the client's life, not her whole life. A person has a trauma, not the trauma the person.
• Supporting change in life

The client is supported in this phase to lead a functional life and make responsible choices for herself, which had often been stifled by trauma. In this phase the client should get support and evaluate and reconsider her perspective, as well as understand her role in relationships. The goal is for the client to leave the position of victim and enter that of survivor, starting to believe she has power over her life. Development in the following aspects is supported: relationships, work, leisure and enjoyment, meaning of life through spirituality, or defined life purpose and aim.

Conclusion

Conference participants opened up a substantial number of issues, but they also provided answers to a considerable number of dilemmas, especially when it comes to the most effective techniques in providing psychological support to human trafficking victims. When working with victims, the ultimate goal is for the trauma to become an integrated part of the client’s experience so that she is capable of replacing the role of victim with life roles that will help her regain power and lead a productive life. The path towards this goal is very long and demanding, requiring much patience above all from clients, but also from psychotherapists. When it comes to the role of psychologist, psychiatrist and psychotherapist and improvement of the situation in the sphere of combating human trafficking, it is necessary to work on all aspects of the personality and obtain continuous education so that the therapist could best respond to challenges that such work presents. Furthermore, it is significant to take responsibility for the profession’s progress; conducting research, writing papers and presentations for conferences, within modalities and theories they belong to, as well as case studies from psychotherapeutic practice. Establishing a safe space in private practice, institutions and organizations where psychological support is provided directly helps clients who were victims, while publishing professional papers and research studies indirectly helps all victims. Both ways are equally important for those who strive to be socially responsible professionals.

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