The Psychological Effects of Human Trafficking on the Second Generation

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Abstract:
(Trauma, human trafficking, transgenerational)

This thesis explores how the traumatic experience of human trafficking can have a psychological effect on the second-generation. As there is a lack of research and literature on the transgenerational traumatization of human trafficking, this is a comparative work that examines and compares the characteristics and effects of three other forms of trauma: torture, sexual assault, and the Holocaust. This paper then extrapolates to consider what similar effects human trafficking might have upon the second generation. The literature relied upon come from a number of fields, including psychology, social work, and public policy. This work will first provide a description of trauma, including what constitutes trauma and the typical effects that can be expected from a victim of trauma. This thesis then ultimately provides an analysis of what can be expected from the children of victims of human trafficking, based on the findings of the transgenerational traumatization of torture, sexual assault, and the Holocaust. A proposal for treatment and suggested course of action is also presented.
THE FLORIDA STATE UNIVERSITY
COLLEGE OF SOCIAL SCIENCES AND PUBLIC POLICY

THE PSYCHOLOGICAL EFFECTS OF HUMAN TRAFFICKING ON
THE SECOND-GENERATION

By

KATERINA CALVO

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Introduction

This work is a comparative paper exploring how human trafficking affects the children of the victims, who often time grow up experiencing the psychological effects of trafficking second-hand. It can be expected for trauma victims to experience some form of psychological distress or disorder, specifically post-traumatic stress disorder. This raises questions about the environment their children are being raised in, and what behaviors and conditions can be observed in the children of victims. The second-generation will grow up having to deal with the side effects of living with a survivor of trauma, thereby raising the question: how likely are children of traffic victims to develop psychological disorders of their own?

The field of human rights, and specifically human trafficking, focuses on three perspectives: policy-making, law-enforcement, and victim-service. Human trafficking has only recently begun to receive world-wide attention and action; in the U.S.A., human trafficking was not specifically addressed by legal means until 2000. There is, therefore, very little exploration of this issue from a psychological point of view to research the psychological factors involved in both traffickers and victims alike. Even less research seems to exist on the lasting effects of trafficking and the effects that can occur across generations. Knowing the extent to which human trafficking impacts society is important in understanding just how significant this topic is. What’s more, this is an issue of global concern, and if research can be done cross-culturally, then governments, humanitarians, and social workers – all institutions that work to reduce human trafficking – can have a better understanding of this issue, thereby improving their efforts to combat it effectively.

Studies have been conducted to research the effect that various traumatic events have had on following generations. Such traumatic events include war, torture, and, most extensively, the
Holocaust. In this paper, I explore the second-hand effects of trauma, including torture, sexual violence, and the Holocaust, in order to consider what implications this might hold for the second-hand effects of human trafficking as a specific form of trauma. I begin by explaining what constitutes trauma and explaining the behavioral patterns typical of post-traumatic stress disorder. In order to do this, I present literature on PTSD in war veterans. I then expand on the typical conditions and behaviors of victims of each specific trauma, describe the typical family/home environment, and what effect this has on the children. After establishing human trafficking as a form of trauma, I compare the experience of human trafficking to other traumatic experiences. Through this meta-analytical comparison, I conclude that the children of human trafficking victims would exhibit similar behaviors and conditions as the children of torture, sexual violence, or Holocaust victims, with a tendency for behavioral problems and a more anxious disposition; I also predict that the second-generation of human trafficking will externalize their anger and aggression, much like the second-generation of torture or sexual assault.

On account of the lack of literature in this area, I also establish the need for further research, and why it is likely that human trafficking impacts multiple generations. Many questions remain unanswered that have risen upon investigating this topic. I offer a prediction as to the types of treatment that would most likely be effective in dealing with the second-generation of human trafficking, but if we wish to fully address this issue, then more research must be done to assess how human trafficking can affect a family, the types of treatment most effective for second- or even third-generation, and what value conducting research in following generations holds not just for human trafficking but trauma in general. This paper attempts to begin such an assessment.
Trauma: Terms and Situations Defined

Posttraumatic stress disorder (PTSD) is listed under trauma- and stressor-related disorders in the fifth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-V). As the name implies, this disorder may develop in individuals who have experienced extreme stress or trauma. According to the DSM-V, stressors that can be considered traumatic are exposures to actual or threatened death, serious injury, or sexual violence. These experiences can be experienced directly, witnessed, or indirectly by means of hearing that a close family member or friend experienced. PTSD is characterized by exposure to stressors, intrusion symptoms such as nightmares and involuntary memories, persistent avoidance, negative changes in cognitions and mood, as well as alterations in arousal and reactivity. In order to be diagnosed as PTSD, this distressing and deviant behavior pattern must persist for at least a month and reach such a level as to cause the individual significant distress and functional impairment (DSM-V, 2013).

Parents suffering from PTSD often do not talk to their children on the traumatic event that (s)he experienced or the trauma disorder (s)he is currently experiencing (USDOVA: National Center for PTSD, 2014). In fact, children will often not be told about their parent’s condition until adolescence (Galovski, 2004). The home environment becomes characterized by fear, adding additional stress to the family unit as a whole as well as the children. Galovski identified four distinct ways families may react in the face of stress: distance one from others, one member may sacrifice one’s own functioning for the sake of the family functioning, may become conflicted with one another, or may effectively adapt and bond in order to move forward as a unit (Galovksi, 2004). For example, the parenting style of one veteran was found to be characterized by a controlling, overprotective, and demanding relationship with the children. According to Galovski, the failure of a family to adequately cope with stress may lead to
additional stress and negative repercussions, placing even more of a strain on the family as members now attempt to deal with the added stress (2004).

Children growing up in this home environment are likely to be left feeling anxious or guilty (USDOVA: National Center for PTSD, 2014). Children of parents with PTSD are more likely to display severe behavior problems in one or more situations and a general difficulty in getting along with others (Galovski, 2004; USDOVA: National Center for PTSD, 2014). In comparison to children of non-PTSD parents, children of parents with PTSD are more likely to be sad, anxious, or aggressive. This is especially true during adolescence; teen children are likely to report more sadness and anxiety, and they were also noted to exhibit more behavior problems and a negative attitude towards school and their parents (USDOVA: National Center for PTSD, 2014). Children of parents with PTSD were also more likely to receive psychiatric treatment in adulthood than children of parents without PTSD (Galovski, 2004).

Another result found in families in which a parent suffers from PTSD is that children will begin to exhibit behaviors similar to their parent’s symptoms, raising the question of whether or not “PTSD begets PTSD” (Galovski, 2004). Longitudinal studies have found that children may continue to display parents’ PTSD symptoms well into adulthood (Rosenheck, 1986); however, as research on this remains limited, it is not yet known whether these displays are due to the child mimicking the behavior observed by the parent or if PTSD can be transmitted to the child by means of secondary traumatization. Secondary traumatization can occur by direct traumatization of parent’s behavior, indirectly as a result of family dysfunction, or as the child identifies with the parent (Galovski, 2004). While exact causation has not yet been found, studies do indicate a heightened risk of developing PTSD if one’s parent suffered from PTSD.
Torture

Similarly, the children of torture victims live in a family environment in which there is little or no talk of their parent’s or parents’ experience. According to the United Nations Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (UNCAT), torture is defined as the intentional infliction of physical or mental pain in order to intimidate, coerce, punish, or discriminate without lawful sanctions (UNCAT, 1984). Common methods of torture include physical assault, electric shock, stretching, submersion, suffocation, burn, rape, and sexual assault; methods of psychological torture include isolation, humiliation, mock executions, mock amputations, and witness of torture of others. The effect that torture has on victims is PTSD or PTSD-like symptoms including, but certainly not limited to, flashbacks, severe anxiety, insomnia, nightmares, depression, and memory lapse. Defected affect is also not uncommon, including a tendency for emotions such as guilt, shame, and humiliation (IRCT, 2003). In addition to affective and cognitive symptoms, psychosomatic symptoms, including chronic muscle or joint pains, headaches, and nausea, may develop (CVT, 2013). Psychosomatic symptoms are those physical ailments that arise as a result of a psychological condition; in other words, the traumatic ordeal the individual experienced did not directly cause these ailments, rather the stress of coping with the psychological effects eventually developed into physical symptoms.

Parents who have been tortured are more likely to score higher on the Harvard Trauma Questionnaire, especially on the subscales measuring characteristics and symptoms typical of PTSD, depression, somatization, anxiety, and psychosocial stress. They also scored higher on most of the scales on the Karolinska Scales of Personality, which measures the level of more
maladaptive personality traits such as anxiety, aggression, and tension (Daud et al., 2005).

Growing up in this type of environment, children of torture victims are exposed to a lot more family stressors than families without torture victims.

Secondary survivors, especially young children, are particularly vulnerable and often suffer both physically and psychologically from the family stress. Children of torture-victims often feel personally responsible or guilty for what occurred to their parent (IRCT, 2003). According to several studies, children of torture victims were found to be more anxious and exhibit more depressive-like symptoms than the control. Similar to children of veteran sufferings from PTSD, children of torture victims also display an array of behavior problems, both at school and at home (Montgomery et al., 1992; Daud et al., 2005). In one study, they scored higher than average on attention deficit and symptoms of behavioral disorders, such as conduct disorder, as measured by the Diagnostic Interview for Children and Adolescents (Daud et al., 2005). There is also support that these children show signs of regression and suffer from psychosomatic symptoms (Montgomery et al., 1992). A study by Montgomery also identified four principle coping styles of children of torture survivors, ranging from withdrawing from interpersonal relations and instead seeking isolation to developing a strong will in order to fight through conflicts (1992).

Sexual Violence

Sexual violence is a holistic term that includes and refers to various acts and various contexts, including domestic violence, sexual assault, and sexual battery. In the United States, these terms are defined by the state government, and so the exact legal definition varies from state to state. There is a general definition, however, established by the Department of Justice. The term “domestic violence” refers to “a pattern abusive behavior in any relationship that is
used by one partner to gain or maintain power and control over another intimate partner” (USDOJ, 2013). The abusive behavior can ensure dependence and submission in any one or combination of the different types of abuses, of which there are five: physical, sexual, emotional, economic, and psychological. In order to constitute domestic violence, the relationship between the two intimate partners is not limited to a marital relationship, nor is limited by sex/gender, age, or sexuality. The term “sexual assault” refers to “any type of sexual contact or behavior that occurs without the explicit consent of the recipient” (USDOJ, 2014).

It has been estimated that one out of every three American women will experience sexual abuse at some point in her life (WOAR, 2014). According to a national survey, over 247,000 people were sexually assaulted in one year, about 90% of which were female. The age group with the greatest risk of sexual violence is 12 to 34 years old; however, the single most at-risk population is girls aged 16 to 19, who are four times as likely as the general population to experience sexual violence (National Crime Victimization Survey, 2002; WOAR, 2014). Of females who had been victims of sexual assault, 29.8% developed PTSD; 28.2% of males who had been victims of sexual assault developed PTSD. This demonstrates a significant difference when compared to a prevalence of PTSD of those without a history of sexual assault: 7.1% for the female population and 5.4% for the male population (Kilpatrick et al., 2003).

For children who are exposed to domestic violence, there seems to be higher levels of hostility and lower levels of warmth between the siblings. When given surveys, mothers tended to report a less positive relationship between their children. The higher levels of hostility and disengagement observed and assessed had a negative correlation with the ability of the children to adjust (Piotrowski, 2011). As for children conceived in sexual assault, or rape, they are many times unwanted, especially in cultures and societies in which having a child out of wedlock is
extremely looked down upon, such as African or Middle Eastern cultures. Many of these children grow up with a social stigma and are often shunned and isolated from the community. Seen as shameful and a burden, it is not uncommon for children of sexual violence, especially during a period of national conflict or war, to be abandoned by their mothers. Children born of sexual violence during the Rwandan genocide are described as “children of bad memories” or “devil’s children” (Warner, 2012). While there are many mothers struggling not to “project [hate and anger] onto their children” (Warner, 2012), several are still coming to terms with accepting that the children are their own. Testimonies from Rwandan women who were sexually assaulted and gave birth to a child tell of relief when the child does not resemble the father, emotional conflict if the child does, and a “divided love” that favors the legitimate children over the children born of violence (Foundation Rwanda, 2012).

The Holocaust

More extensive research on the second generation has been conducted on victims of the Holocaust. The Holocaust refers to the persecution and mass murder of certain ethnic groups, particularly the Jews, by the Nazis during World War II. By the end of the war, the Nazis had murdered about six million Jews. Much like survivors of other trauma, Holocaust survivors often avoid talking about the experience with their children; however, in comparison to children of survivors of other traumas, children of Holocaust survivors tend to display higher levels of dread, self-criticism, and guilt. While these children will still exhibit behavior and anger management problems, other behaviors such as hyper-vigilance and daydreaming are typical of second generation Holocaust survivors but not second generation of non-Holocaust trauma survivors (Galovski, Lyons, 2004).
Davidson’s study indicated that some survivors will have a coping style opposite to what is typically observed, in which they will talk excessively about their experience rather than avoid the topic completely. Most of the children significantly affected by the trauma that their parents experienced grew up in a home environment in which the parents either excessively talked about what happened or avoided it all together (Davidson, 1980). Families in which at least one parent was a Holocaust survivor were more likely to interact with guilt-inducing communication than non-Holocaust survivor counterparts (Lichtman, 1984). Both male and female Holocaust survivors, as found with veterans suffering from PTSD, develop an overprotective parenting style, discouraging independence within their children (Scharf, 2007).

Typical conditions seen in children of Holocaust survivors include emotional disorders and disturbances, as well as borderline and psychotic states. Children of Holocaust survivors are more likely than their counterparts to have high anxiety, low self-esteem, and inhibited aggression (Gangi et al, 2009; Nadler et al., 1985). In Gangi’s study, the children of Italian Jewish Holocaust survivors and those of Italian Jews who were able to escape the Holocaust were administered a personality inventory, a clinical survey to assess anxiety level, and a family environment scale. In comparison, the children of the Holocaust survivors exhibited higher anxiety, lower self-esteem as well as lower impulse control and an inhibition of aggression. They were also found to share more ambivalent relationships with their parents (2009). This inhibition of aggression, to internalize it rather than express it, has been suggested to be a result of a tendency for children of Holocaust survivors to experience guilt rather than anger, distinct from children of survivors of other types of trauma (Nadler, 1985).
Discussion: Human Trafficking as Trauma

Human trafficking is often referred to as modern slavery, and it most certainly is. The trafficking of humans is the exploitation of persons using coercion, physical force, or deceit in order to gain profit. It is a situation in which one person or group of people has complete control over another. Formerly, this crime has been defined by the United Nations as the following:

“…the recruitment, transportation, transfer, harbouring or receipt of persons, by means of 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 payment or benefits to achieve the consent of a person having control over another person, for the person of exploitation.” (2000)

Victims of trafficking do not fall into a single demographic category. Human trafficking is a $32 billion dollar industry that preys on adults and children, boys and girls, rich and poor, and affects every country in the world (USDOS, 2010). The Bureau of Public Affairs estimates that, at any given time, over 12 million people, both adults and children, are enslaved around the world, over half of which are girls and women (2010).

It is important to note not just what human trafficking is but also what it is not. Human trafficking is not human smuggling, nor is it prostitution. Both human smuggling and prostitution are illegal acts that do not suggest the presence of a victim as well as a perpetrator; in contrast, human trafficking by definition indicates that there is a perpetrator who is exploiting a victim. Human smuggling is the deliberate transportation of persons across a national border that is in direct violation of immigration laws. A hefty fee is normally charged by the smuggler for the illegal transport, and while some human smuggling cases have involved assault, murder, and rape, the relationship between the smuggler and the smuggled comes to an end once the
destination has been reached (Anti-Slavery International, 2014; UNODC, 2014). In a case of human trafficking, the relationship between the trafficker and the trafficked would have only just begun upon reaching the destination. The distinguishing characteristic between human smuggling and human trafficking is the presence of total control of one person over another for the purpose of exploitation (Anti-Slavery International, 2014). Furthermore, human smuggling involves crossing over state borders; human trafficking can occur between or within a state, or even a lack of movement at all (Anti-Slavery International, 2014; USDOS, 2010).

Trafficking as Trauma

Many psychological studies on the psychological wellness and stability of victims of human trafficking have shown that the victims often-time show symptoms of PTSD, anxiety, or mood disorders, especially depressive or anxiety symptoms (Zimmerman et al, 2006; Hossain et al, 2010; Ostrovschi et al, 2011; Williamson, Dutch, Clawson, 2010). In one study, over 200 women who had been victims of trafficking were surveyed upon their entry into a reintegration assistance program. Preliminary findings showed that about 95% of these women suffered physical and/or sexual abuse at the hands of their traffickers; 95% reported feeling depressed, with 38% feeling it to such an extent that they reported having thoughts of suicide; and 56% reported multiple symptoms of PTSD (Zimmerman et al, 2006).

The experience of being trafficked is similar to the traumatic experience of victims of sexual violence or torture. Victims of human trafficking, especially women, often experience sexual violence, regardless of whether the case is labor trafficking or sex trafficking. Sexual abuse is used against female victims in efforts to “keep them in compelled service” (Bureau of Public Affairs, 2010); in fact, it is not uncommon for girls to be gang raped in order to break them (Leighton, 2008). In regards to human trafficking, girls and women are forced into
prostitution, performing sexual acts with up to 25 men a night. Because a victim of trafficking has lost all ability to make any decisions, as the trafficker has reduced him/her to nothing more than a commodity, the opportunity for consent is taken away; therefore, each sexual act the victim is forced into can be described as sexual assault and be its own case of sexual violence.

Many victims are also subjected to non-sexual abuse, including physical, psychological, and economical. Both male and female victims are beaten into submission and are often-time denied any type of medical care. For girls, boys, and women sold for commercial sex, there are typically no precautions taken by the trafficker to ensure sexual health and, in the event that the victim contracts a sexually-transmitted infection, no procedures are undertaken to cure or prevent further developing of the problem. In addition, many traffickers will give the victims drugs, such as meth or cocaine (Dillon, 2008). The development of a drug addiction is extremely beneficial for traffickers, as victims may readily turn to drugs in order to deal with the daily trauma they are experiencing and is a very thick metaphoric chain. Even if a victim is to escape or be bought and given freedom, many of these individuals return to their traffickers in order to feed their drug craving (Dillon, 2008).

Economic abuse is also extremely prevalent in cases of human trafficking, as the traffickers will confiscate all legal documents of the victim and prohibit access to any financial means. The victims do not see any of the money they earn and are kept isolated. Victims are often not permitted to go to school, even if the victim is of an age where attending school is legally required (up until 16 years old in the U.S.A.), or get a job other than the services the trafficker is exploiting the victim for. Economic abuse is also characteristic of domestic violence, as the abusive spouse will often deny the other independent access to the conjoined finances or, in some cases, the ability to work outside the home (FCADV, 2009). In both cases, this type of
abuse is employed in order to keep the individual subservient and dependent; by taking away that individual’s access to monetary resources, the trafficker or abusive spouse is inhibiting the victim’s independence and ability to provide for him- or herself if he/she were ever able to leave the situation.

Human trafficking is also characterized by psychological abuse. Perhaps more effective than threatening trafficking victims with harm or death is threatening them with the injury or death of close family members, such as parents, siblings, or children. Victims are also kept isolated from the community in which they are residing so as to remain undetected by authorities and to prevent the victims from gaining access to resources that could help them escape their situation. It is not uncommon for trafficking rings to cycle out the individuals, constantly keeping them moving in order to keep them isolated and disoriented as to where they are (The Salvation Army, 2014; Dillon, 2008).

Regardless of the type of abuse, these methods are employed to ensure one thing: to keep the victim submissive and complacent, so that the trafficker can maintain complete utter control. Many of these methods that characterize a trafficked victim’s experience can be considered abuse; many of the methods can be described as torture. It follows, therefore, that the experience of being trafficked, for whatever length of time, is a form of trauma in and of itself.

Effects of Human Trafficking

“I feel like they’ve taken my smile, and I can never have it back.”¹

Many of the psychological studies on the effects of human trafficking assess the prevalence, extent, and prognosis of PTSD in trafficking victims. There is evidence that sexual

¹ Zimmerman, C. et al. (2006). “Stolen smiles: the physical and psychological health consequences of women and adolescents trafficked in Europe”. The London School of Hygiene & Tropical Medicine.
violence increases the likelihood of developing PTSD (Hoassain, M. et al., 2010). As girls and women make up a larger percentage of human trafficking victims as a whole and, when compared to male counterparts, experience more sexual assault, this places female victims at a greater risk of developing PTSD. Female human trafficking victims are also more likely to be given a co-morbid diagnosis of PTSD and another psychological disorder (Ostrovschi, N. et al., 2011). Returning the victims to their original nation of origin does not seem to provide any help in preventing or reducing the intensity of disorders. In Ostrovschi’s study, a structured clinical interview conducted with victims of human trafficking found that more than half of the 120 victims met the criteria for at least one diagnosis; 36% met the criteria for PTSD but that most met the criteria for a co-morbid diagnoses (Ostrovschi, N. et al., 2011). Common symptoms that fall in line with PTSD, as reported by more than half of victims in a rehabilitation and care program, include recurrent thoughts, avoiding reminders of the experience, being easily startled, recurrent nightmares, feeling as though the event is happening again, and difficulty concentrating (Zimmerman, C. et al., 2006).

Unfortunately, many times PTSD is found co-morbid with mood or anxiety disorders, especially depression and anxiety, in human trafficking victims. Often found alongside one or a combination of these diagnoses is self-hatred, dissociation, substance abuse, despair, and somatic ailments, as well as an increased risk for risky and self-destructive behaviors (Williamson, E., Dutch, N., Clawson, H., 2010; Courtois, 2008). More time spent as a victim of human trafficking was correlated with higher levels of depressive and anxiety symptoms; more time spent out of the trafficking situation was found to be correlated with a reduction in these symptoms, though it had no significant effect on PTSD (Hossain, M. et al., 2010). Common symptoms of depression reported by human trafficking victims are: an overall and consistent feeling of sadness,
loneliness, feelings of worthlessness, hopelessness about the future, and a significant reduction in interest. Common reported symptoms of anxiety include nervousness or shakiness, sudden and unreasonable fear, tension, and panic spells (Zimmerman, C. et al., 2006).

Analysis

Knowing what we know about the characteristics of the experience of human trafficking and the symptoms and conditions that develop, we can predict a similar pattern of mental disturbance and deficiency in children of victims of trafficking as in children of other forms of trauma. In each of the trauma situations explored, children of victims tended to be anxious and with increased likelihood to display behavioral problems both at home and in school. It was also common for children of trauma victims to grow up in ignorance about their parent's experience on account of the avoidance of the topic. Exploring the conditions, tendencies, and behaviors of human trafficking victims showed that there were many similarities between human trafficking and torture, sexual violence, and the Holocaust, including the reluctance to talk about the experience.

I believe that children of human trafficking would be unlike the children of Holocaust survivors in respect to aggression and anger control. A lack of impulse control and an exhibition of anger and aggression were observed in children of torture victims, sexual violence victims, and even war veterans who had developed PTSD; however, children of Holocaust victims were found to be low in self-esteem as well as in exhibiting diminished aggression. I believe this difference stems from the victim's ability to justify or rationalize the situation. In the cases of war, torture, or sexual violence, victims can blame the situation or become angry with someone, be it oneself, the perpetrator, the government, the state, one's socio-economic status, etc. There is a way to come to terms with what occurred. There might even be advice, professionally given or
just rationalized, to ensure that the trauma does not reoccur (do not enlist as a soldier in the next war; do not advocate on controversial topics; do not go out alone). Regardless of whether or not these methods are rational, feasible, or are even relevant in the healing process, the fact that victims of many traumas have this and victims of the Holocaust do not may reflect the fundamental difference in the type of trauma that occurred. The only concept victims of the Holocaust can blame is that they were born into their ethnic group (mainly Jew or Romani). It is not an action which they could have changed to avoid the trauma; there is no way to make sense of what happened.

Faced with this problem, it is important to try to suggest a solution. There is much overlap between the treatments for torture, sexual assault, and Holocaust victims, mainly because psychological treatments address symptoms, and the typical condition that develops with any form of trauma victims is PTSD. In cases where PTSD is present, antidepressants, particularly one type of antidepressants known as selective serotonin reuptake inhibitors (SSRI) can be prescribed in order to deal with depressive symptoms. Most commonly implemented in cases of any of the trauma discussed is any number of psychotherapy, including cognitive-behavioral therapy, which has been observed to be the most effective for torture victims, victims of sexual assault, and Holocaust survivors, as well as veterans with PTSD (Campbell, 2007; Kellerman, 2001; USDOVA: National Center for PTSD, 2014]. Cognitive-behavioral therapy assesses and addresses the victim’s cognitions in order to identify those that are maladaptive and alter them, as well as suggesting behavioral habits or changes to better cope with symptoms. Clinicians will work one-on-one with patients and continue at a pace appropriate for the client, often combining different methods to be most effective for each client. With victims of human trafficking, the main clinical therapy provided is a mix of different cognitive-behavioral therapies, with an
emphasis on talking about the experiences and learning ways to cope with symptoms more effectively.

Of all forms of trauma, there seems to be the most extensive research on following generations of victims of the Holocaust. Many children of Holocaust survivors received psychoanalytic sessions (Kellermann, 2001); however, this is due more to the time, as psychoanalysis is no longer as esteemed as it once was. Mainly, cathartic therapies are used in order to fully assess the client’s cognitive, emotional, and behavioral experiences and provide ways to cope. Group therapy was found to be extremely productive, as it allowed for those of the second-generation to come together, share experiences, and receive support. In addition to alleviating feelings of alienation and isolation, group therapy for the second-generation of Holocaust victims allowed overlook taboos and develop their own identity (Erlich, 2002).

The findings of these studies and the accounts of the clinicians can serve to better address the issue of psychological deficiency in the second-generation of human trafficking victims. I predict that a focus in psychotherapies would be the most effective in treating children of human trafficking victims. Like their parents, children of trauma victims carry with them the anxiety, shame, and stigma of the event. Implementing cathartic methods can help clinicians address faulty beliefs or cognitions and help the client get passed it. Providing group therapy sessions may help clients overcome the social stigma of seeking professional, psychological help; this may be especially useful for children of human trafficking as victims can be from any number of cultural group, including those that place a heavy, negative stigma on seeking help for mental health. I would also anticipate a need to provide more specialized or sensitive services to the children of victims of sex trafficking in comparison to labor trafficking. When exploited for sexual acts, victims have been noted to be ashamed and embarrassed for what was done to them;
although just as unjustly exploited, victims of labor trafficking tend not to be subjected to daily sexual assault. It could be predicted that a victim of labor trafficking would feel less shame than a victim of sex trafficking, and therefore not transmit such severe negative emotions, maladaptive thoughts, and ambivalent behavior to their children.

Conclusion

The lack of psychological or sociological studies on how the effects of human trafficking can transcend into the second generation makes it difficult to fully comprehend the extent to which the experience of trafficking affects victims. Without empirical studies, then it cannot be said with any level of certainty how this particular trauma manifests, which only impedes our ability to treat any symptoms or conditions that develop as a result of it. There is a clear need for evidence-based treatment (EBT) for victims as well as the second generation. Several studies focused on the psychological effects of trafficking are calling for EBT (Williamson, Dutch, Clawson, 2010; Ostrovschi, N.V., et al, 2011); others suggest a need for more research for the effectiveness of treatment cross-culturally (Hossain, M. et al., 2010).

Although the existence of slavery is not new, the modern concept of human trafficking as a legal crime is a recent one. Further research into the extent trafficking effects us is crucial not only in understanding it but also in combating it. Such research should consider human trafficking as a form of trauma involving at least one perpetrator and at least one victim rather than simply a criminal offense such as prostitution or smuggling, and it might yield more signs that law enforcement could find useful when attempting to distinguish a case of human trafficking from other similar crimes. It can also yield information on the differences of symptoms and conditions as they develop between generations, which would help social services cater clinical programs and resources to clients. The information yielded by such studies could
also be used in the courtroom to ensure that the perpetrator serves a sentence appropriate for the severity of the crime and that victims receive suitable treatment.

The more information we have, the more effective our solutions can be; the more effective our solutions, the sooner we can abolish slavery once and for all.
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