



Minnesota HUMAN TRAFFICKING TASKFORCE

Human Trafficking - Mental Health (& Substance Abuse)

ISSUE • RESPONSE • SOLUTION

UNDERSTANDING HUMAN TRAFFICKING

Human trafficking is a public health, public safety and human rights violation that occurs around the world and in communities throughout Minnesota. Human trafficking includes both labor and sex trafficking, and international and domestic victims. The Minnesota Human Trafficking Task Force (MNHTTF) is working to address and prevent human trafficking in Minnesota through a coordinated, multidisciplinary, statewide response.

THE ISSUE: MENTAL HEALTH AND INCREASED VULNERABILITY

There is a subset of mental health and substance abuse professionals in Minnesota who have experience and expertise serving trafficking victims. Yet, the overwhelming majority of mental health and chemical dependency professionals in Minnesota are unaware of the prevalence of sex trafficking in this state and thus do not know how to optimally identify or intervene with trafficking victims.

Mental health professionals are equipped to address many issues related to trafficking due to their expertise in the treatment of numerous diagnoses that accompany the experience of trafficking and their involvement in treating persons who are victims and perpetrators of domestic abuse. Domestic abuse statistics provide some insight into the aftermath of the experience of trafficking, although the statistics may serve as an underestimate due to the chronic and severe nature of physical and sexual abuse commonly experienced by trafficking victims.

Mental health issues can put persons at risk for being trafficked and can also be a direct consequence of the traumatic experience of being trafficked. The experience of being trafficked is often so cruel and dehumanizing that it leads to the development of mental health issues. Trafficking victims are subjected to severe verbal and physical violence, emotional abuse, intimidation, and threats, as is the case with domestic violence. An estimated 30-90% of women in domestic violence programs have mental health problems such as depression, PTSD, panic disorder, anxiety, and substance abuse.ⁱ Being a recipient of violence in a relationship significantly increases the odds of developing PTSD, especially when accompanied by a heightened perception of threat to one's life.ⁱⁱ Traumatic stress resulting from

physical and/or sexual violence not only contributes to depression, anxiety, PTSD, but also increases the risk of suicidal behavior.ⁱⁱⁱ

Those who are trafficked are also more likely to develop chemical use problems. Women who have experienced non-partner physical or sexual violence are 2.3 times more likely to have an alcohol use disorder. A study of homeless youth who were prostituted found that 75% met the criteria for substance abuse while nearly all indicated some degree of alcohol and/or drug use.^{iv} There are two common routes that lead to the development of a chemical use problem in trafficking victims. Trafficking victims may be subjected to forced and prolonged chemical use which results in a physiological substance dependence or, alternatively, may develop a chemical use problem or dependence in the aftermath of being trafficked in an effort to reduce their experience of posttraumatic emotional distress.

Additionally, there is a correlation between pre-existing mental health conditions and subsequent physical or sexual violence⁽⁵⁾ and between substance abuse and one's risk for being trafficked. Even growing up in a family where substance abuse occurred can put one in a higher risk category.^v Traffickers employ clever recruitment tactics and seek out persons with any number of vulnerabilities to prey on, including those who have a mental health or substance abuse condition.

THE RESPONSE: TRAINING FOR SERVICE PROVIDERS AND ADVOCACY FOR VICTIMS

RECENT TRAININGS OFFERED FOR MENTAL HEALTH PROFESSIONALS

- The Minnesota Board of Psychology approved a 6-hour CEU on sex trafficking in May of 2013 called, "Recognizing & Responding to Child Sex Trafficking and Prostitution."
- The organization, MN Women Psychologists, hosted a training titled, "Ending Human Trafficking: From Global to Minnesota," in March of 2013.

SEXUAL ASSAULT & DOMESTIC VIOLENCE RESOURCES

Minnesota Coalition Against Sexual Assault (MNCASA) <http://www.mncasa.org/>

Minnesota Coalition for Battered Women (MCBW) <http://www.mcbw.org/>

SUPPORT GROUPS FOR TRAFFICKING VICTIMS (This is not an exhaustive list.)

Breaking Free is a nonprofit which provides housing and services to victims of sex trafficking, including weekly survivor led support groups. <http://www.breakingfree.net/>

PRIDE (From Prostitution to Independence, Dignity, & Equality)
<http://www.thefamilypartnership.org/> .

Minnesota Indian Women's Resource Center (MIWRC) Offers 3 programs for trauma and trafficking victims, by age group: Healing Journeys program serves ages 22-65. Oshkiniigikwe program has two after-school programs that serve ages 11-16 and ages 16-21. The programs have a Native American

curriculum, holistic therapy, group and individual therapy, and support with sobriety maintenance.
<http://www.miwrc.org/>

CHEMICAL HEALTH TREATMENT RESOURCES

- Resource Recovery Center This agency offers a group for trafficking victims who are attending their chemical dependency program, in coordination with Breaking Free. <http://www.resource-mn.org/rrc-pages/rrc-home/>

THE SOLUTION: IMPLEMENTING EFFECTIVE TRAINING AND VICTIM SERVICES

It is essential that mental health and chemical dependency providers receive training on identification and treatment of trafficking victims so that they develop an understanding of the contextual variables that will affect their ability to effectively intervene with this population. In addition, chemical dependency treatment and detoxification facilities may be in a unique position to identify trafficking victims who would otherwise not be inclined to seek counseling or other services due to the high percentages of trafficking victims who have chemical use problems. If screenings were a routine part of chemical dependency treatment programs and detoxification center admissions, identified victims could be connected with an advocate who could orient them to the broad range of available services that address the needs of trafficking victims.

Training


In order to maximize their capacity to identify trafficking victims and intervene with increased sensitivity and efficacy, mental health clinicians and chemical dependency counselors could benefit from specific training on:

- the experience of being trafficked
- the aftermath of being trafficked
- screening and identification of trafficking victims
- appropriate intervention with this population
- strategies to address the stigma associated with disclosing status as a trafficking victim in the context of one-to-one counseling and in the context of programs and therapy groups that work with trafficking victims
- available local resources to address the complex needs of this population

Implementation

Development of specific protocols for mental health and substance abuse professionals to use in the course of observation, screening, treatment, and initiating appropriate referrals and interventions in the following contexts:

- detoxification admissions
- emergency room visits for mental health issues
- mobile mental health in-home crisis visits
- residential and inpatient treatment
- day treatment programs
- domestic abuse treatment programs
- outpatient counseling sessions
- psychiatry appointments
- school-based counseling & consultation
- phone calls made to mental health crisis hotlines



ⁱ Warshaw C, Moroney G, Barnes H. Report on mental health issues and service needs in Chicago-area domestic violence programs. Chicago: Domestic Violence & Mental Health Policy Initiative; 2003.

ⁱⁱ B.M. Housekamp & David W. Foy, *The Assessment of Posttraumatic Stress Disorder in Battered Women*, 6 J. of Interpersonal Violence 367 (1991)

ⁱⁱⁱ World Health Organization article cited:

http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf

^{iv} Yates, G., Mackenzie, R.G., Pennbridge, J., & Swofford, A. (1991). A risk profile comparison of homeless youth involved in prostitution and homeless youth not involved. *Adolescent Health*, 12, 547.

^v Center for Impact Research. (2001). *The prostitution of women and girls in metropolitan Chicago: A preliminary prevalence report*. Retrieved November 14, 2006, from <http://www.impactresearch.org/documents/prostitutionreport.pdf>