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Research Article

JOURNAL OF WOMENS HEALTH AND DEVELOPMENT

ISSN: 2644-2884

Diagnosis Challenges when Substance Use and Trauma are Part of the Narrative: An Examination of Human Trafficking Cases Among Women and Critical Points of Learning for the Mental Health Community

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Abstract

Human trafficking survivors often have a myriad of complex mental health issues because of their experiences. Research has shown there is a high correlation between substance use and post-traumatic stress disorder among survivors. The mental health challenges can become more complex when trauma and/or substance use is misdiagnosed or underdiagnosed. The results of this study show the prevalence of both situations among a program serving adult female survivors from within the US. The study documents the more common inaccurate diagnoses for this population of women, and the change in diagnosis after a dedicated period of assessment was completed. The discussion includes a lack of understanding of how trauma and substance use present in a clinical or medical setting, an overfocus on other symptoms, a lack of education and training among law enforcement, courts, and community service providers, and the exacerbated problems for survivors because of the incorrect or inaccurate diagnoses. The research is a contribution to the UN sustainable development goal 5 – gender equality, and empowerment of all women and girls as the data suggests improved processes for women to receive the care needed.

Keyword: Substance Use; Trauma; Human Trafficking; Diagnosis; Mental Health; Providers

Introduction

Human trafficking, involving both labor and sex, and forms of sexual exploitation are domestic and international problems of magnitude. Sex trafficking is a form of modern-day slavery in which individuals perform commercial sex under force, fraud, or coercion (National Human Trafficking Hotline, 2021). Estimates of the frequency of human trafficking are difficult to accurately obtain given the hidden and stigmatizing nature of the crimes. According to the National Human Trafficking hotline, in 2021, 50,123 signals were received by the hotline (signals include texts, calls, online chats, and tips). The reported numbers are staggering, but the physical and psychological impact cannot be adequately measured. Sexual exploitation and sex trafficking disproportionately affect women with higher rates of reported sexual violence as children, adolescents, and adults (Rainn, 2022). Survivors have reported they do not seek support and services for fear of being stigmatized or criminalized (Rajaram & Tidball, 2018). Sex trafficking and sexual exploitation are extremely complex. As a result, survivors often have numerous needs and mental health struggles. Service providers in some locales are sparse, and in others, more are available, but the needs often outweigh the availability of resources. Additionally, treatment providers may

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Citation: Nicole Lavy-Joy. Diagnosis Challenges when Substance Use and Trauma are Part of the Narrative: An Examination of Human Trafficking Cases Among Women and Critical Points of Learning for the Mental Health Community. Journal of Women's Health and Development. 7 (2024): 68-73.

Received: July 18, 2024
Accepted: July 29, 2024
Published: August 14, 2024

Lavy-Joy N, et al., J Women's Health Dev 2024
DOI:10.26502/fjwhd.2644-288400122

not ask questions that elicit a client's history of trauma, may feel unprepared to address trauma-related issues proactively, or may struggle to address traumatic stress effectively within the constraints of their treatment program, the program's clinical orientation, or their agency's directives (Center for Substance Use Treatment, 2014). Subsequently, survivors often go undiagnosed, or inaccurately diagnosed, when their trauma and/or substance use is not recognized. A more critical understanding of the intersections between sex trafficking victimization and substance use disorders (SUDs) is necessary for implementing survivor-centered and trauma-informed approaches, including accurate assessment and diagnosis of mental health and SUD disorders. The intersection between sex trafficking victimization and SUDs is common (see Table 1). Several studies have found a strong association between SUDs and increases in the risk of being trafficked (Hopper, 2017; National Human Trafficking Training and Technical Assistance Center and Administration for Children and Families, 2018; Smith et al., 2016). The top form of force or coercion used against victims identified through the hotline was the exploitation of an individual's SUD.

Table 1: Top 5 Risk Factors/Vulnerabilities for Sex Trafficking Victimization (Vulnerabilities identified = 1,898)

Substance Use Concern = 510
Runaway Homeless Youth = 473
Recent Migration/Relocation = 416
Unstable Housing = 366
Mental Health Concern = 334
Source: Polaris Project, 2019

Traffickers use drugs and alcohol as tools to lure potential victims, groom them, and ultimately control them. They exploit individuals' opioid use or SUDs to coerce them into trafficking, knowing that they are more vulnerable than individuals without SUDs. Furthermore, traffickers use drugs and alcohol to maintain control over victims. After introducing drugs and creating dependency, they may further exploit victims by forcing them to use drugs or controlling their supply in order to maintain control over the victims. In other situations, substance use becomes a coping mechanism for victims to deal with the activities and trauma that they are forced to endure (Langton et al., 2022).

The second highest risk factor/vulnerability for a potential trafficking victim is being a runaway or homeless youth. In the internal data set examined; 87 percent of victims had experienced significant adverse childhood experiences (ACES) before trafficking. This percentage is consistent with other national statistics that show that between 70% - 90% of commercially sexually exploited youth have a history of child sexual abuse (American SPCC, 2023). Childhood sexual abuse (CSA) is a profoundly traumatic experience that leaves its victims with lasting emotional and psychological scars. When we delve into the complex issue of human trafficking, we can see a clear connection between CSA and vulnerability to exploitation in adulthood. CSA involves any form of sexual exploitation or assault experienced by a child. The effects of such abuse are profound and can impact a survivor's emotional well-being, self-esteem, and overall mental health. These scars often persist into adulthood. One of the most significant vulnerabilities to adult trafficking is being a runaway or homeless youth. Recognizing and addressing this connection is crucial in developing strategies to prevent trafficking and provide support and healing for survivors (Franchino-Olsen, 2019).

Methodology

It is hypothesized that survivors entering the 90-day treatment program will have experienced a misdiagnosis or have been underdiagnosed related to substance use and/or trauma. To examine the extent more closely to which trauma and substance use are not recognized in survivors of trafficking, research was collected as secondary data from a non-profit organization that serves adult women who have experienced sex trafficking and/or sexual exploitation. The program is a 90-day emergency shelter state-licensed and nationally accredited to provide behavioral health services for mental health and substance use. Located in the southern region of the US, the program serves female clients from any state as they work with national partners from across the US to receive referrals. The data was collected through the clinical intake paperwork and assessments that were recorded on the agency's electronic health record (EHR). The data was anonymized and contained no identifiable information. There was no recruitment process for this research because secondary data was utilized. The parameters of the search within the EHR were set to exclude any client who had not stayed in the program for at least 30 days (a time frame was chosen to allow for accurate diagnosis), did not have an intake diagnosis of either SUD or PTSD (post-traumatic stress disorder) listed, or did contain a diagnosis that changed between intake and discharge from the program. The initial sample size was 91 clients spanning the course of 2 years (June 2020 – June 2022) of the program's operations. The assumptions at the beginning of the research were that a statistically significant percentage of the client records would reveal a lack of diagnosis altogether or a diagnosis that was not consistent with the historic and current problems the client was reporting having experienced. Within the 91 initial client records, 53 were identified as meeting the criteria of the study and analysis: having been in the program 30+ days, no SUD or PTSD diagnosis listed at intake, or at discharge having a different diagnosis from their reported intake diagnosis. While in the program, the survivors were seen weekly by a Master's level therapist under the clinical supervision of a Licensed Clinical Social Worker (LCSW). The therapist completed substance use assessments using the

Lavy-Joy N, et al., J Women's Health Dev 2024
DOI:10.26502/fjwhd.2644-288400122

ASAM (American Society of Addiction Medicine) criteria and the CAPS-5 for PTSD. Diagnoses were based on the assessment data, as well as at least 4 weeks of individual and group therapy. Diagnoses were provided by the therapist in consultation with the LCSW.

Results

As shown by Table 2, the demographic breakdown of the client charts reviewed shows little diversity and is not significant to suggest a racial or ethnic barrier to inaccurate diagnosis. However, there is a surplus of evidence that reveals racial disparities in treatment and access to services, which may be an indicator of lower numbers of BIPOC/minority clients served. This is a potential area of further research needed.

The average length of stay for the client records indicates over 70 days for an average stay (Figure 1). This length of time is sufficient for accurately diagnosing a client given the residential nature of the program, and the day-to-day contact of the mental health professional assessing for diagnoses.

An additional factor that provides a point for discussion is the average age of the 53 clients. As indicated in Figure 2, the average age was 41 years. This is a significant statistic because these are not clients who were new to the mental health or substance use systems of care. As shown by Figure 3, 55% of the client records indicated a history of suicide attempts, and 87% had experienced childhood sexual abuse. Both clinical indicators would suggest the 53 clients had been seen in a medical, mental health, psychiatric, or behavioral health setting of some kind before they entered the emergency housing program. A records review confirmed this to be true with all 53 having reported they had been hospitalized or seen by a mental health professional in the past.

Table 2: Demographics.

Race	Count of Race
African American	8
Caucasian	43
Two or More Races	2
Grand Total	**53**

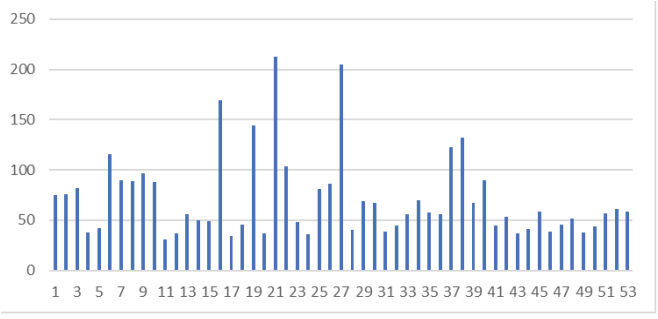

Figure 1: Total # of Days in Program (Average LOS = 70.98 days)

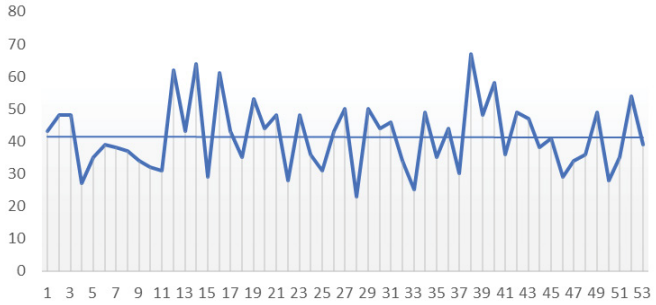

Figure 2: Age (Average = 41)

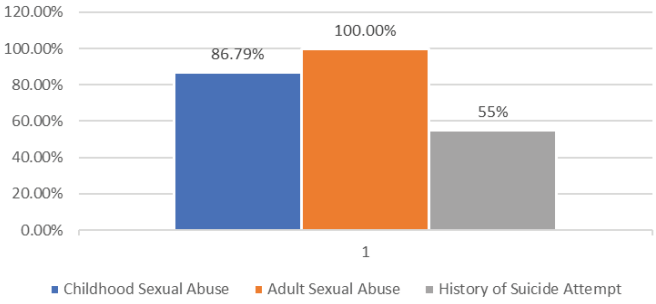

Figure 3: Risk Factors (N=53)

The collected data for the 53 records included the diagnosis the clients reported having been given at some point in their lives compared to the diagnosis(es) they were given when exiting the program. The diagnoses are based on their groupings within the DSM-5. For example, antisocial, histrionic, and borderline fall under the category of "personality disorders." A paired sample t-test was conducted to compare the number of clients reporting a diagnosis coming into the program, compared to the same diagnosis was reported when discharging. As seen by the two-sided P levels being less than 0.05, the pairs that showed a level of significance were PTSD, Bipolar, Personality Disorders, and substance use disorders. Figure 4 looks more specifically at these diagnosis pairings side by side.

The orange columns represent the diagnoses reported on the intake documents completed upon their entry into the program. The green columns represent the diagnoses of clients at discharge from the program. 38% of clients reported a PTSD diagnosis coming in (intake) with 80% being given a PTSD diagnosis when leaving (discharge). Only 3% of clients reported having received a substance use disorder diagnosis before their admission to the program, but 90% of the clients were diagnosed with a substance use disorder upon discharge. The evidence supports the beginning hypothesis that PTSD and substance-related, and addictive disorders are being misdiagnosed or underdiagnosed within this population. On a related note, 28% of the 53 client charts indicated having been diagnosed with bipolar in their history, but only 8% of clients met the criteria for that diagnosis when leaving the program. 23% of clients reported being diagnosed with a personality disorder, but only 8% of clients met the

Lavy-Joy N, et al., J Women's Health Dev 2024
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Table 3: Paired Samples T-Test

Paired Samples T-Test					
PrePTSD	PostPTSD	Student's t	-7.348	53	< .001
PreDepression	PostDepression	Student's t	1.848	53	0.07
PreAnxiety	PostAnxiety	Student's t	2.429	53	0.019
PreBipolar	PostBipolar	Student's t	4.111	53	< .001
Prepersonality	Postpersonality	Student's t	2.897	53	0.006
Preschizo	Postschizo	Student's t	0.814	53	0.419
Presubstance	Postsubstance	Student's t	-15.94	53	< .001
Preeating	Posteating	Student's t	-1.428	53	0.159
Preneurodevelopmental	Postneurodevelopemental	Student's t	0.574	53	0.569
Note. H_a $\mu_{\text{Measure 1 - Measure 2}} \neq 0$					

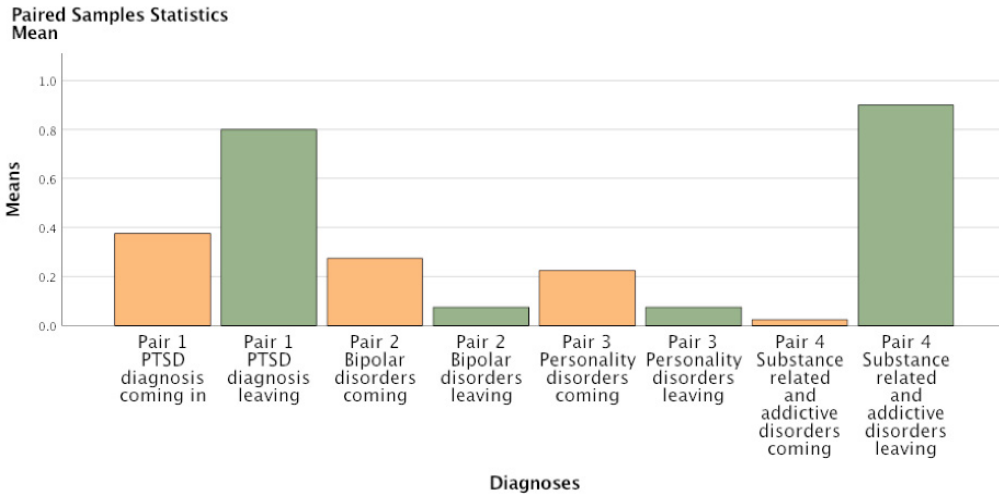

Figure 4

full criteria for those diagnoses when leaving. The data reveals statistically significant over-diagnosing clients in this population with Bipolar and Personality Disorders.

Discussion

Sex trafficking and sexual exploitation are complex and lead to survivors having compounded mental health needs. The research supports there is a misconception about what sex trafficking is and what it looks like among survivors. Sex trafficking, particularly when it co-occurs with an SUD, is often not recognized by law enforcement and community members as a problem in many communities (Langton et al., 2022). With this lack of awareness or understanding, there is also a lack of a trauma-informed approaches and lenses among other professionals in the field. Survivors of trafficking, complicated by an SUD, face stigma from law enforcement, courts, the medical community, and victim services providers. There needs to be more time spent with survivors when they present to a professional, even if they have not been identified as survivors. In looking at the research data, a small percentage of the clients reported receiving a substance use disorder diagnosis in the past, yet 90% of the clients were diagnosed with a substance use disorder at discharge. The exit diagnoses were based on their reported substance use, the baseline established at intake through drug testing, evidence-based assessments related to SUD, and having met the criteria for a diagnosis. According to Levine (2017), women who have experienced sex trafficking and/or exploitation are likely to be diagnosed with depression, anxiety, post-traumatic stress disorder, mood disorders, and substance use disorders. However, the research conducted for this study would suggest there is an over-diagnosing of some disorders and an under-diagnosing of others. Many of the women served in the program have substance use disorders that had been overlooked due to an overfocus of the medical and mental health community on other presented symptoms. After spending 30 + days in the program, developing safe and trusting relationships, other explanations for their symptoms began to emerge, mostly heavy substance use in response to the trauma they had been enduring. Some community-based providers do not explore substance use or complex trauma and instead offer a diagnosis inconsistent with the more

Lavy-Joy N, et al., J Women's Health Dev 2024
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deeply hidden issues. This presents concerns for several reasons such as it can push survivors toward other measures of help, like medications, which may only exacerbate their current conditions, and they do not receive the specialized care they need for SUD and trauma.

Sex trafficking is multi-layer and can involve drugs, violence, and manipulation by both strangers and people these survivors trusted. As a result, the survivor may not feel comfortable discussing their past and experiences. Many female survivors have shared they were stigmatized and blamed for being trafficked so there was a lack of trust that prevented survivors from seeking help. Many female survivors will not share their trauma or substance use histories or do not share them in a way in which the service provider understands the complexity of their story. Survivors also expressed that there was a lack of trauma-informed approaches from professionals, especially those involved in the criminal justice system, which prevented them from receiving the support they needed (Rajaram & Tidball, 2018). The importance of receiving the support and treatment needed to address mental health and substance use cannot be dismissed. What are the barriers that keep survivors from receiving the help they need? The results of the study show a consistent pattern of misdiagnosis. A misdiagnosis will result in the client becoming confused and potentially distraught when the course of treatment recommended isn't working. They may feel it is a personal failure, and even develop feelings of guilt or shame when they do not make progress under the diagnosis (Akers, 2019). Additionally, there are several other critical points of learning for the communities and providers that serve survivors. The points below are not exhaustive of the changes or further discussion needed. Rather, they are representative of the key highlights of the study and of changes that could have significant impact for survivors.

1. Lack of understanding about sex trafficking and how trauma impacts behavior and mental health – the story a survivor shares may be disjointed and seem "unreal" because of their trauma and/or substance use.
2. More emphasis needs to be placed on the prevalence and pervasive impact of trauma and substance use so that service providers can develop more responsive services.
3. Lack of a trauma-informed lens among service providers and understanding of the behaviors that result from both trauma and substance use – in managed care systems the push to get a diagnosis for reimbursement rushes an accurate picture of the client.
4. Incorrect or inaccurate diagnoses exacerbate the problems for survivors as many will be misdirected to systems of care not designed to address their needs or will be denied care based on a faulty diagnosis. Many long-term treatment programs designed for trafficking survivors will not accept certain diagnoses that are overused by providers (schizophrenia, borderline personality disorder, dissociative identity disorder). Medications may be prescribed for the incorrect diagnosis, which can have detrimental effects on the survivor both physically and psychologically (why am I not getting better?).
5. Lack of education with clients about substance use disorders – more information about the effects of substance use on traumatic stress is needed.
6. Complex PTSD as a more accurate diagnosis for survivors - potentially long and complex histories of trauma and poly-victimization.
7. Stigma and bias training for mental health professionals, law enforcement, and medical providers to reduce barriers to accessing needed treatment.

Conclusion

An estimated 27.6 million people are trafficked around the world, and most sex trafficking victims are women and children (Polaris, 2022). Victims of sex trafficking experience high levels of stress which changes the neurochemical and structure of their brain functioning, which suggests that behaviors and reported symptoms may not be easily discernible in a short amount of time, such as one visit with a mental health professional, or a medical provider. Additionally, many victims of sex trafficking report having adverse childhood experiences, which are also connected to mental health symptoms and patterns of maladaptive behaviors. It isn't always easy or straightforward to produce a correct diagnosis, and a misdiagnosis may prevent the actual condition from getting better. In many cases, it can lead to the root issue getting worse (Akers, 2019).

Limitations

In most studies, there are some noted limitations. Given that the data used for the study was self-reported, it could be biased as well as with respect to diagnosis, the participants may not recall the information accurately. This was addressed by requesting outside provider's records for confirmation of self-report and mental health records comparison; however, the limitation remains. The relatively small sample size is also a limitation. The smaller size makes it difficult to determine if this would be a true outcome for a larger sample or population of female survivors.

Data Availability

The author confirms that all data generated or analyzed during this study are included in this published article. Furthermore, primary, and secondary sources and data supporting the findings of this study were all publicly available at the time of submission.

Citation: Nicole Lavy-Joy. Diagnosis Challenges when Substance Use and Trauma are Part of the Narrative: An Examination of Human Trafficking Cases Among Women and Critical Points of Learning for the Mental Health Community. Journal of Women's Health and Development. 7 (2024): 68-73.

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Declarations

Conflict of Interest

Author declares she has no conflict of interest.

Ethics Committee

This study was performed in line with the principles of the Declaration of Helsinki. Approval was granted by the Internal Review Board of Eastern Kentucky University (3/9/2023; No. 5160).

Consent to Participate and Publish

Informed consent was obtained from all participants for both participation and publication.

Funding

No funding was provided from any source for the research or publication.

Acknowledgements

The author would like to acknowledge the valuable contributions of Abby Nemec, MSW, CSW of the National Youth Advocate Program (NYAP), and Kellie Dingus, MSW.

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Nicole Lavy-Joy, MSW, LCSW is an Assistant Professor at Eastern Kentucky University. Her areas of research and focus are human trafficking, violence against women, substance use, and non-profit development. Before her role as Assistant Professor, Nicole spent 25 years in the field as a Social Worker. She has focused on teaching, program development, non-profit management, and grant writing, and has specialized clinical experience in mental health and substance use/recovery. While working with an anti-trafficking organization in Kentucky, she opened the first emergency shelter in the state for female survivors of sex trafficking and sexual exploitation. Nicole worked in the child welfare arena for over 18 years, working with children and youth who had been abused and neglected.

References

1. Akers G. The Impact of Mental Health Diagnosis. Hillside, Inc. Atlanta, GA (2019).
2. American SPCC. Human Trafficking and Exploitation. (2023).
3. Center for Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series, No. 57. Rockville (MD): Substance Abuse and Mental Health Services Administration (US) (2014).
4. Franchino-Olsen H. Vulnerabilities relevant for commercial sexual exploitation ofchildren/domestic minor sex trafficking: A systematic review of risk factors. Trauma, Violence, &Abuse 22 (2019): 99-111.
5. Hopper, Elizabeth K. Trauma-Informed Treatment of Substance Use Disorders in Trafficking Survivors, in Makini Chisolm-Straker, and Hanni Stoklosa, eds., Human Trafficking Is a Public Health Issue: A Paradigm Expansion in the United States, New York: Springer (2017): 211–230.
6. Langton L, Planty M, Banks D, et al. Sex Trafficking and Substance Use: Identifying High Priority Needs in the Criminal Justice System. Rand Corporation. (2022).
7. Levine JA. Mental health issues in survivors of sex trafficking. Cogent Medicine 4 (2017).
8. National Human Trafficking Hotline. Kentucky (2021).
9. National Human Trafficking Training and Technical Assistance Center and Administration for Children and Families, Service Recommendations for Human Trafficking Survivors with Substance Use Disorders, Washington, D.C.: U.S. Department of Health and Human Services (2018).
10. Polaris Project. Trafficking Hotline Share Graphics: Raise Human Trafficking Awareness," webpage, undated. As of January (2022).
11. Rainn. Scope of the problem: Statistics (2022).
12. Rajaram, Tidball S. Survivors' voices - Complex needs of sex trafficking survivors in the midwest. Behavioral Medicine 44 (2018): 189–198.
13. Smith A, H Stoklosa, C. Corrigan, and L. Foley, "The Intersection of Substance Abuse and Human Trafficking," paper presented at Office for Victims of Crime Human Trafficking Regional Training Forum, August 24, 2016, Providence, R.I., (2016).