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PTSD Among Human Trafficking Survivors in Community Case Management

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Human trafficking can have long-term effects on survivors' mental health.¹⁻² Additionally, many of the conditions that make people vulnerable to trafficking, such as poverty and discrimination, can also have long-term effects on mental health.³ One of the most common outcomes is Post-Traumatic Stress Disorder (PTSD). This briefing note explores the impact of Cast's Community Case Management services on identifying & addressing PTSD among trafficking survivors.

Community Case Management at Cast

Cast is an anti-trafficking organization based in Los Angeles, California. We provide comprehensive services for survivors of labor and sex trafficking, ranging from crisis intervention to safe housing to legal representation. In addition to direct support for survivors, we provide training and technical assistance to diverse providers, engage in policy advocacy, conduct research, and operate local and national networks of survivor leaders.

Our Community Case Management program offers client-centered and trauma-informed support to survivors of human trafficking. Services begin with a comprehensive assessment of survivors' needs. Clients and case managers work together to identify goals and determine next steps. This may include connecting survivors with access to basic necessities, safety planning, counseling, medical care, education, employment, transportation, immigration support, and more. Periodically, case managers conduct re-assessments to identify changes in clients' needs and goals.

PTSD Screening

Clients in Community Case Management are screened for PTSD at the beginning (intake) and end (graduation) of services. We use the PTSD Checklist for DSM-5 (PCL-5).⁴ The PCL-5 includes 20 questions about PTSD symptoms in the previous month, such as "repeated, disturbing, and unwanted memories of the stressful experience" and "feeling distant or cut off from other people." Clients rate the extent to which they were bothered by each symptom in the previous month, ranging from 0 (not at all) to 4 (extremely). Data are analyzed in two ways. We can look at clients' total score across all questions, which can range from 0 to 80. This allows us to examine the degree to which individuals are experiencing symptoms. More often, we use the PCL-5 to diagnose clients as having or not having PTSD.

Client Characteristics

For this brief report, we analyzed data from 127 clients who first received services between 2017 and 2022.^a Among these clients, 78% (99 clients) were cisgender women, 19% (24) were cisgender men, and 3% (4) were nonbinary. Approximately 1 out of 4 (27%, 34) were African or African American, 39% (50) were Hispanic/Latinx, 11% (14%) were Asian or Pacific Islander and 10% were White or European. Thirty-nine percent (50) were U.S. citizens. The most common primary languages were English (52%, 66) and Spanish (32%, 41).

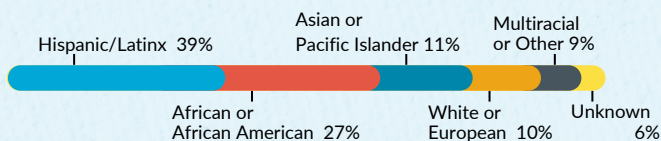
Approximately half of these clients had experienced sex trafficking only (54%, 69). One third had experienced labor trafficking only (32%, 41), and 15% had experienced both labor and sex trafficking (19). Although most clients were adults at the time of receiving services, 1 in 3 (36%, 46) were trafficked as minors and 1 in 4 were trafficked as transitional aged youth (aged 18-24, 25%, 32). One in five clients were homeless at the time of intake (21%, 27) and 1 in 2 had previously been arrested (51%, 65).

Client Characteristics

Gender



Race/Ethnicity



Age



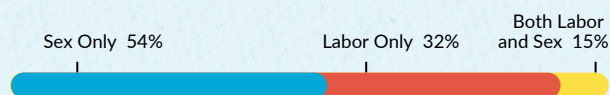
Citizenship status



Primary Language



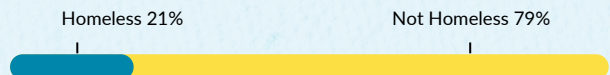
Trafficking Type



Age When Trafficked



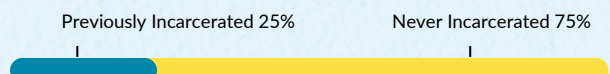
Housing status at intake



History of arrest



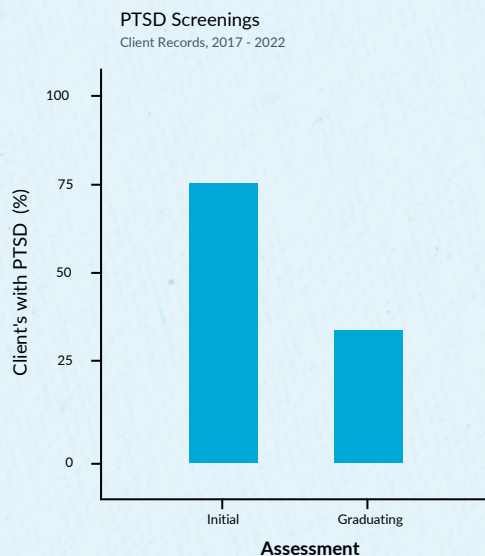
History of incarceration



PTSD at Intake and Graduation

When they first began receiving services, 76% of clients (92 out of 121 clients with intake data) had PTSD. Among those who completed assessments at the end of services, only 29% had PTSD (13 out of 45 clients with graduation data).^b Similar patterns emerge for assessment scores, with an average of 45.75 among intake assessments and 17.49 among graduating assessments.

When we look at clients who completed both intake and graduation PTSD assessments during this time period (39 clients total), all clients either saw improvement – PTSD at intake, no PTSD at graduation – or maintained their status throughout services.^c



Data for 127 clients, from 2017-2022. Includes (121) intake and (45) exit assessments.

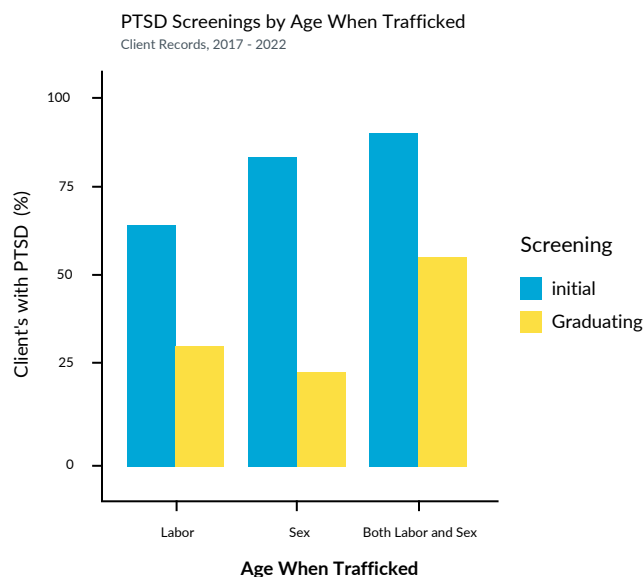
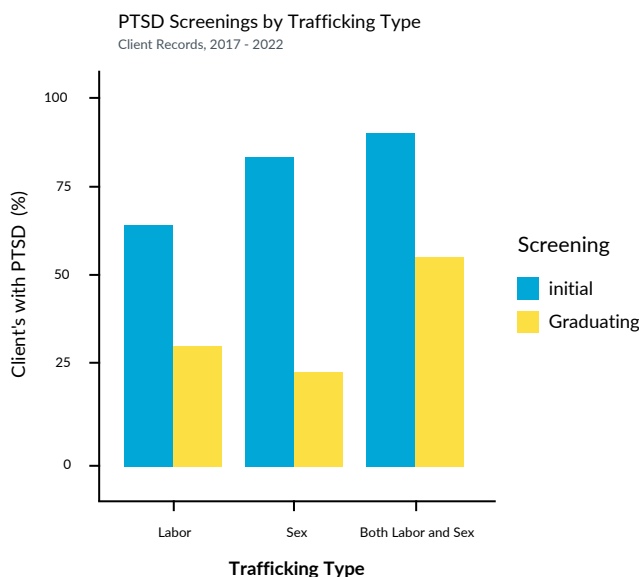
Differences by Trafficking Experience

In addition to looking at all clients together, we explored differences among groups. This can help to identify any differences in survivors' needs when they first seek services, as well as identifying strengths and areas for improvement in services. This briefing note provides data on PTSD scores based on two aspects of survivors' lived experience: type of trafficking (labor, sex, or both) and age when trafficked.

Trafficking Type. Survivors of labor trafficking had the lowest PTSD rates at intake (60%). Survivors of sex trafficking (82%) and of both labor and sex trafficking (89%) had considerably higher rates, though it's worth noting that a majority of clients in all groups screened as having PTSD.

At graduation, survivors of sex trafficking had the lowest rates of PTSD (23%), followed by survivors of labor trafficking (29%). Among those who had experienced both labor and sex trafficking, 60% had PTSD at graduation.^d

Age when Trafficked. Survivors who first experienced trafficking as minors (17 or younger), transitional aged youth (TAYs, 18-24), or adults (25 or older) had relatively similar rates of PTSD at intake (between 76%, 74%, and 78% respectively). At graduation, rates were a bit higher for clients who were trafficked as adults (35%, compared with 24% and 25% for those trafficked as minors or TAYs).



Key Takeaways

Here are some of the lessons from this project:

- **The Importance of Screening for PTSD:** a substantial majority of clients have PTSD at the beginning of services. To identify and meet their needs, it's essential to continue to screen. At minimum, screening should occur at intake (to identify mental health needs and develop a plan to address them) and graduation (to determine the impact of services).
- **Case Management Makes a Difference:** when we compare rates of PTSD at the beginning and end of services, we can see evidence of improvement. The same is true when we compare scores (0-80) on the PCL-5 assessment.
- **Identifying and Acting on Areas for Improvement:** although it is wonderful to see improvement, it's important to recognize that services are more effective for some individuals and communities than for others. Looking at differences across groups – such as differences by trafficking type and age when trafficked, as we did for this project – can help organizations identify who is benefitting most from services and whose needs are not being met as consistently.

Cast will continue to build on our strengths and seek out ways to improve our services for all survivors.

References

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2. Gerassi, L., Edmond, T. E., Fabbre, V., Hard, A., & Nichols, A. J. (2021). Disclosing sex trading histories to providers: Barriers and facilitators to navigation of social services among women impacted by commercial sexual exploitation. *Journal of Interpersonal Violence*, 36(3-4), NP1259-1284NP.
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4. Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). The PTSD Checklist for DSM-5 (PCL-5) – Standard [Measurement instrument].

Notes

^a All data were deidentified prior to analysis. IRB approval was obtained from Stockton University.

^b There are a few reasons for the difference in sample size for intake and graduation. Some clients may have declined assessments, or left services without graduating. Other clients in this sample were still receiving services at the end of 2017, and had thus completed intake but not graduation assessments.

^c These differences were significant, as per McNemar's test ($p < .001$).

^d In chi squared analysis, differences in PTSD diagnosis rates by trafficking type were significant at intake ($p < .05$) but not at graduation ($p > .05$).

^e In chi squared analysis, differences in PTSD diagnosis rates by age when trafficked were not significant at intake or graduation ($p > .05$).