Original Article

Depression in survivors of female trafficking in shelter homes of Kathmandu Valley

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Abstract

Introduction: Human trafficking is the recruitment and movement of individuals most often by force, coercion, or deception for the purpose of exploitation. There is very limited evidence on the health consequences of human trafficking. This study were to find out the prevalence of depression among survivors of female trafficking in the shelter homes of Kathmandu valley and also to find out severity of depression (mild, moderate and severe) among the survivors of female trafficking.

Methods: A cross- sectional design was implemented. A total of 67 participants was collected from 4 different NGOs working in the field by using probability proportion to size method and from each NGOs the participants were taken using purposive sampling. The consent was taken and strict inclusion and exclusion criteria were applied during participant's selection. The semi- structured proforma was filled with adequate information. Clinical diagnosis of depression was made according to ICD-10 classification of Mental and Behavioral Disorders-Diagnostic Criteria for Research (WHO-1992) in patients and Hamilton Rating Scale for Depression (HAM-D) was used to assess the severity of depression (mild, moderate and severe). Finally, information obtained from demographic profile, clinical features, and rating scale was analyzed by using suitable statistical tools.

Results: The study showed out of all 67 female human trafficking victims interviewed from 4 major shelter homes in Kathmandu valley a majority were found to be from the 16 to 20 years age group during the time of interview. Most victims were found to be trafficked at a young age, 11-15 years. A majority of them were lured with job proposals mostly by their own family members. Victims were mostly lead to India for trafficking as sex workers. Based on ICD 10 DCR 61.2% of the victims were found to be suffering from depression among which according to HDRS 16.4% had severe and 4.5% had very severe depression.

Conclusion: Despite a dramatic increase in the profile of human trafficking over the past decade, the evidence on trafficked people's experiences of violence and of depression and other mental health problems is extremely limited. Depression is quite common and more information is needed on trafficked people's health needs and experiences, including evidence on interventions to mitigate the physical and psychological damage associated with this global crime.

Introduction

Human trafficking is a human rights violation and modern form of slavery that occurs in and between most countries around the world.[1] Although this phenomenon is not new and the initiatives to combat the problem have been enormous in volume and coverage, the numbers of trafficked persons specially girls and women are rising. According to a conservative estimate by the International Labor Organization, around 2.4 million people—overwhelmingly women and girls—are currently in forced labor as a result of trafficking, creating

a 32 billion USD industry worldwide.[2]In the Nepalese context, trafficking is most commonly described as 'chelibetiwosarposar' (buying and selling of girls and daughters) 'byabasayikyaunsoshan' (commercial sexual exploitation). [3]Even if victims survive and are able to get out of trafficking, they face enormous challenges after trafficking. Since trafficked persons are subjected to high levels of physical and emotional trauma they are often at risk of post-traumatic stress disorder (PTSD), depression, anxiety, and drug addiction.[4,5]

Sexual assault is among the most severe stressors that survivors may experience in their lifetimes. Conflict-related sexual violence is part of a continuum of violence, particularly against women and girls. Sexual violence has numerous social and psychological consequences. Social consequences can include: stigma, discrimination, and abandonment. Psychological/ mental health consequences range from distress, self-blame and feelings of isolation to a range of mental disorders, including depression, PTSD and other anxiety disorders, suicidal ideation and other forms of self-harm.[7]

Very few studies have been conducted on calculating the prevalence of depression among survivors of human trafficking.[9,10,11] These studies have been done under different settings and variant limitations. Therefore the current study was undertaken to look into different dimensions of depression among trafficking victims in the shelter homes of Kathmandu Valley and to study their related significant socio-demographic profile.

Methods

This was designed as a cross- sectional study. The study duration was six months and participants for the study were recruited from five different non- governmental organizations working in the related field, namely Maiti Nepal, Gaushala, ABC Nepal, Koteshwor, Shakti Samuha, Dhumbarahi and Shanti Punarsthapana Kendra, Chapagaun. Inclusion criteria included women and girls who had survived after human trafficking and currently living in the above mentioned NGOs. Women who refused to give consent to participate in the study and women who were not able to communicate (speech disorder, mental retardation, psychosis, etc.) were excluded from the study. A total of 67 women and girls were included in the study and they were chosen from each NGOs using probability proportion to size method initially and purposive sampling thereafter.

For ethical issues, ethical clearance was taken from the Research Department (Institutional Review Board); Institute of Medicine, Tribhuvan University. Informed consent form was made available to each participant and/or nearest possible relatives (care taker) in case the participant was not eligible to give informed consent due to his/ her mental illness.The interviews were conducted with privacy maintained. The identity of the respondents and their responses were kept confidential and the data was used for research purpose only. The tools used were Self designed pre tested semi structured proforma, ICD-10 Diagnostic Criteria for Research and Max Hamilton Depression Rating Scale. Data entry and analysis was done using SPSS (Statistical Package for Social Sciences) version 17. Mean, standard deviation, frequency, percentage were calculated for numerical variables. Chi square test and multiple regression analysis were used to analyze the association between different variables.

Results

There were a total of 67 patients among whom 41(61.2%) had depression and 26(38.8%) had no depression.

Table 1: Distribution of patients based on the ICD 10 Diagnostic Criteria for Research (DCR):

Depression	Frequency	Percent
Yes	41	61.2
No	26	38.8
Total	67	100.0

Table 2: Distribution on the basis of Hamilton Depression Rating Scale) Analysis of severity of depression by Hamilton depression rating scale showed seventeen (25.4%) patients had moderate depression, 11 (16.4%) had severe level of depression, 10 (14.9 %) had mild level of depression while, only 3 (4.5%) had very severe level of depression. (Table 2)

Severity of depression	Frequency	Percent
No depression	26	38.8
Mild depression	10	14.9
Moderate depression	17	25.4
Severe depression	11	16.4
Very severe	3	4.5
Total	67	100.0

Majority of the respondents were of age group 16-20 (44.8%) followed by 26-30 (17.9%). Age group 10-15 was (14.9%) followed by 21-25(13.4%). While there were only three cases in the age group 31-35 (4.5%), two respondents were in the age group 36- 40 (3.0%) and one respondent in the age group 41-45.

Most of the respondents were students 21(31.3%) followed by laborers 20(29.9%). 18 (26.9%) were involved in some kind of work in the shelter homes themselves as care taker, beauty parlor trainee, tailor etc. while six (9%) of them were unemployed during the time of presentation.

The maximum number of respondents who had spent time in shelter homes is 20 (29.8%) between more than 6months to one year, followed by 19 (28.4%) more than 3 years, 13 (19.4%) between more than 1month to 6 months, 11(16.4%) between 1year to 3 years, and 4 (6%) between 1 week to 1 month.

Distribution of the respondents on the basis of age when taken for trafficking revealed that most of the cases were of age group 11-15 (56.7%) years followed by 16-20 (25.4%) years. Age group 21-25 were (9.0%) while there were only three cases in each of the age group 26-30(4.5%) and age less than 10(4.5%)years.

This study revealed that more than half of the respondents were led into trafficking by job proposal while others who were lured into trafficking by proposals of going abroad 15(22.4%) and 6(9.0%) marriage proposal.

Results showed that majority were trafficked to India that is 47(70.1%) followed by 19(28.4%) within the country Nepal and 1(1.5%) in other gulf countries.

Results showed that majority of trafficking 25(37.3%) was done by family members followed by 21(31.3%) who were known relatives and strangers. Most of the respondents that is 48 (71.6%) were trafficked for sex worker and 19(28.4%) were non sex workers.

Total time spent in brothel who had between more than one month to six months were 21 (31.3%), followed by 13 (19.4%) more than one years to three years, 11 (16.4%) between more than six months to one year, 10(14.9%) less than 1 week, and 9 (13.4%) between more than 1 week to 1 month and 3(4.6%) more than three years respectively.

Discussion

Out of the total 67 respondents, 41(61.2%) had depression while 26(38.8%) had no depression according to ICD 10 DCR. Similar results were replicated in other studies carried out though the rating scale used was different.[9,12] Contrasting results were seen in a study where depression was seen in found in only 16.7% of the trafficked victim survivors.[11]

Whatever, it favors the fact that victims of human trafficking are much more prone to suffering from depression and necessary steps need to be taken during the re-integration and rehabilitation phase of human trafficking to support and help them.

On the basis of Hamilton Depression Rating Scale(HDRS), seventeen out of the total patients (25.4%) had moderate depression, 11 (16.4%) had severe level of depression, 10 (14.9 %) had mild level of depression while, only 3 (4.5%) had very severe level of depression and 26(38.8%) had no depression. No studies could be found measuring depression using the HDRS scale. In one systematic review of published papers focusing on mental health of trafficked survivors, only 4 papers had evaluated depression and all 4 had evaluated for depression using different scales but none had used HDRS.[13]

In the study out of total 67 cases majority were from the age group 16-20 years (44.8%) followed by 26-30 (17.9%). Similar findings were replicated in few other studies.[8,11]Most literature search supports this fact that most trafficked victims come from the younger age group.

Data shows that maximum number of respondents, that is, 26 (38.8%) had attained secondary level schooling while 23 (34.3%) were illiterate while none had attained higher secondary level and above. In a similar study, most had completed compulsory lower secondary education 62.5%, upper secondary 26%, and 12% had only attended primary school.[11]In the current study since the educational status was taken after trafficking, a majority of respondents had attained secondary school education which was part of the rehabilitation process at the shelter home.

At the time of interview most of the respondents were students 21(31.3%) followed by laborers 20(29.9%). Others 18 (26.9%) were involved in the shelter homes as a care taker, beauty parlor trainee, tailor, etc. This was also supported by other studies where employment rates

increased post trafficking mostly due to opportunities for study or training organized through the rehabilitation homes as a part of rehabilitation program.[11,14]

Data shows maximum number of respondents who had spent time in shelter homes was 20 (29.8%) between more than 6 months to one year. This parameter was not found measured in any of the studies but would suggest that victims who had stayed longer at the shelter homes were less prone ending up in depression due to rehabilitation and counseling programs in the shelter.

Majority of the cases when taken for trafficking were of age group 11-15 (56.7%) years followed by 16-20 (25.4%) years and the median age was 15 years. This corresponds to most other studies done in Nepal in the similar population.[14,15]This corresponds with the literature reviewed that refers to the increasing trafficking rate pertaining to minors and all three studies concluded that the median age of trafficking to be 15 years of age.

Out of total, data shows maximum respondents who were lead into trafficking by job proposal were 46(68.7%), 15(22.4%) belonged to others that were tricked into travelling and 6(9.0%) were by marriage proposal respectively. Similar results are replicated in other studies.[6,14,15]The literature review suggests that women living in poverty are more vulnerable to being coerced into trafficking with work opportunities because they feel accountable to help their families. Traffickers will frequently entice victims with work and education opportunities, high salaries, and the opportunity to support their families.

Data showed maximum number of cases were trafficked to India that is 47(70.1%) followed by 19(28.4%) within the country. This finding has been replicated in another study.[16]Review of literature here suggests that most trafficked victims were taken from a rural background and transported to urban areas where human trafficking victims were in demand.

This study showed maximum number of cases that is 25(37.3%) were family members who had done trafficking followed by 21(31.3%) were known relatives and stranger. This finding contrasted from one study done in similar population who reported that almost half were trafficked by strangers or persons unknown to them.[15]This could be explained based on how victims were easily tricked into trafficking because of trust among family members.

Study showed a majority number of respondents that is 48 (71.6%) were sex workers and rest(28.4%) were non sex workers. All the non sex workers were trafficked for domestic help. Review of literature suggests that most human trafficking victims from Nepal are usually trafficked as sex workers due to their fair skin.

Data shows maximum number of respondents who had spent time in brothel were 21 (31.3%) between one month to six months, followed by 13 (19.4%) more than one years to three years. This finding was replicated more or less in other studies with some differences.[11,15]

Limitations:

It was a cross- sectional study design. Though it was a proposed method for a prevalence study of depression in trafficked victims, it was difficult to assess the reason for associations demonstrated in cross sectional studies. Therefore, it is difficult to interpret whether their experiences lead to depression or they were suffering earlier. The sample size was relatively small.

It was a sensitive matter to express about the experience of the women in the brothel and related events, therefore under reporting could be a universal phenomenon. The study can't be generalized on the national level.

Conclusions:

The very high prevalence of depression evidenced in this study suggests that trafficked people are likely to require a coordinated response by health care providers, psychiatrists, psychologists and other support services. As there is no sign that human trafficking is abating, we need more and better information on trafficked people's mental health needs and experiences, including evidence on interventions to mitigate the physical and psychological damage associated with this global crime.

Conflict of interest: None declared

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