Stigma, Cognitive Emotional Regulation and Psychological Distress in Victims of Women Trafficking

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The present research was conducted to investigate the relationship among stigma (i.e. self & public), emotional regulation and psychological distress in victims of women trafficking, specifically women who have been trafficked for sexual exploitation. For this purpose, 217 women were approached from Dar-ul-Aman (Women Shelter Homes), NGO's and red-light areas of Lahore, Pakistan. Quantitative correlation survey research design with convenient purposive sampling technique was used in the present study. Sociodemographic sheet, Measures of Stigma, Cognitive Emotional Regulation Questionnaire and Depression, Anxiety and Stress (DASS) were administered on the participants to collect the data. The hypothesis stated that there is likely to be a relationship among stigma, emotional regulation, and psychological distress. The results revealed a significant positive correlation between stigma (i.e. self & public) and psychological distress (i.e. depression, anxiety & stress). However, only self-stigma had a significant positive relationship with cognitive emotional regulation planning and positive focusing (subscales of emotional regulation). The results are discussed in the light of previous literature and cultural explanation. The results have important implications for clinical psychologists. They are also important for general population as women who suffer trafficking are marginalized segment of the society and their needs especially psychological needs are largely neglected.

Keywords: Women trafficking, stigma, emotional regulation, psychological distress.

Human trafficking is a multidimensional and complex phenomenon which has turned into huge global business for labor and cheap sex (International Labor Organization, 2008). Trafficking is comprised of three essential elements i.e. a) acts (involving the transportation, harboring or receipt of individuals), b) means of trafficking (such as the use of a range of exploitative strategies such as fraud, force, coercion, abduction, deception, fraud, abuse of power or vulnerability) and c) purpose of exploitation (such as forced labor, sexual exploitation, prostitution or such similar practices like removal of organs). Victims of trafficking move through the pre-departure stage, recruitment stage and finally end up at the destination stage. Although victims face severe brutal conditions at all stages of trafficking, however at destination stage, the woman is directly a victim of coercion, violence, exploitation of the labor, or other forms of abuse associated with trafficking (United Nations Human Rights Office of High Commissioner, 2000). The forms of abuse or violence that women go through at this stage can be understood in the major categories of physical health, psychological health, sexual and reproductive health, and substance abuse (Zimmerman, et al., 2003).

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The trafficked victims of both genders (men & women) are exposed to severe physical and sexual torture during the process of trafficking and risk of HIV is high among victims who are trafficked for sexual exploitation (Abas, et al., 2013). It leaves psychological, physical, and sexual effects to an individual that affects whole life of a person. Due to severely brutal conditions during trafficking, women suffer from a host of psychological problems, mainly from post- traumatic stress disorder and psychological distress (Abas, et al., 2013; Phuong, 2014; Tsutsumi, Izutsu, Poudyal, Kato & Maruiand, 2008). Nearly 55 % trafficked victims suffer from a DSM disorder, however, there have been limited number of studies that have focused on this area (Cary, Oram, Howard, Trevillion, & Byford, 2016). In this sequel, it is important to understand that high rates of anxiety, post-traumatic stress disorder (PTSD), depression, suicidal ideation, and suicide attempts are reported in women who are subject to sex trafficking (Zimmerman et al., 2003).   The most common psychological problems faced by trafficking victims are depression, anxiety, post-traumatic stress disorder (PTSD), and self-harm and attempted suicide (Kiss, et, al., 2015; Ottisova, Hemmings, Howard, Zimmerman, & Oram, 2016). It is evident that victims experience psychological disorders including trauma related symptoms, PTSD and psychological distress. However, poor mental health may, in turn, also increase the vulnerability to trafficking due to many factors such as ability of decision making and high dependency on others.

The situation is further complicated when trafficked women and their families are subject to humiliation which brings about stigma. The victims of human trafficking and their families face negative reactions of society in the form of stigma. There has been dearth of research on negative impact of human trafficking on women victims, such as impact on physical, psychological health and impact on their social life (Eleni, 2011; U.S. Department of States, 2016; Zimmerman, et al., 2006). Before stigma, gender and poverty are vulnerable factors for trafficking. Secondly, after being trafficked, victims do not seek help or support due to stigma associated with the trafficking and related sexual assault. The survivors may be blamed for their incident of victimization. If some of them enter prostitution they are blamed as if they have chosen for this situation (Murray, & Crowe, 2014). It is also asserted that stigma of sexual assault is most distressing than other types of stigmas and ultimately affects the coping resources available to the individual (Djuranovic, 2009).

Another related phenomenon is emotional regulation which plays an important role in the understanding the contributing factors of exacerbation of psychological disorders in victims of sexual assault (Ullman, Peter-Hagene, & Relyea, 2014). Difficulties in one's emotional regulation are very important in understanding the sequel of psychological disorders in victims of assault. Difficulties in emotional regulation involves utilizing maladaptive ways of emotional responding such as lack of acceptance of one's own emotions, inability to control one's own emotions, and deficits in using the emotions in correct way (Ehring & Quack, 2010). The most influential explanation related to emotional regulation has been done by Gross (1998), named as process model of emotions. According to his model, emotional regulation involves multiphase response to situation, including the attention, appraisal, and response to a situation. According to him, main strategies involving emotional regulation include the cognitive appraisal of the emotions, that is, the meaning attached to specific aspect of the situation also referred to as antecedent focused emotional regulation. The other group of strategies involve response focused emotional regulation that are used when a emotion is already experienced.

In the present research, emotional regulation involves a cognitive component that is different from the coping aspect and other strategies that are behavioral one (Gross, 2015). These cognitive emotional regulation strategies are clubbed in two broader categories: maladaptive including self-blame, rumination, catastrophizing, other-blame and adaptive including acceptance, positive refocusing, refocus on planning, putting into perspective, and positive reappraisal (Garnefski, Kraaij, & Spinhoven, 2002). Research has consistently revealed that maladaptive emotional regulation strategies are associated with psychopathology such as depression and anxiety, and specifically mood related disorders as compared to other disorders (Aldao, Nolen-Hoeksema, & Schweizer 2010; Domaradzka, & Fajkowska, 2018).

Considering the important links between stigma, emotional regulation and psychopathology, the present study builds its pillars to the premise of investigating the relationship that has not been investigated in previous researches on trafficked victims. Talking specifically about Pakistan that has been ranked in the Tier 2 watch list of countries implying that these countries do not completely follow the international standards to combat trafficking (reference?); such important link has not been investigated in women victims of trafficking. In a country like Pakistan that has been identified as source, transit and destination country in terms of trafficking of women and children (reference?), it is important to have empirical findings which can highlight the important psychological needs of this population. There are many review articles and larger surveys done on this population, yet empirical findings have never been undertaken. The present study thus aims to find out the relationship among stigma, emotional regulation and psychological distress in women who are victims of trafficking. The present study hypothesized that there is likely to be a relationship among stigma (self & public), cognitive emotional regulation and psychological distress (i.e. depression, anxiety & distress).

Method

Research Design

The current research has employed quantitative correlation survey research design, in which relationship among stigma, emotional regulation and psychological distress has been explored among women who have suffered trafficking.

Participants

To approach the participants, purposive convenient sampling technique was used. The data was collected from 217 participants, who were approached from Dar-ul-Aman (Women Shelter Home) of 8 districts of the Punjab, from NGO's and red-light areas of Lahore, Pakistan. Women who were at post trafficked stage and who had been involve in sex work were included in the study. Trafficked women are mainly left with no choice other than working in sex industry because they face adjustment problem after being rescued from the trafficking situation. All the participants readily consented when they were approached however it had been very difficult to get access to them as these women belong to hidden population and people involved in this business do not give easy access to this population. Brief demographic characteristics of the participants are presented in Table 1.

Table 1
Socio-demographic Characteristics of Participants (N=217)

Demographic Variables	*M*	*SD*	*f*	%
Age	25.11	6.36		
Participant's profession				
Sex work			149	68.7
Maid and parlor			14	06.5
Miscellaneous			10	04.6
Not working			44	20.3
Participant's education				
Uneducated			155	71.4
1-3 class			27	12.4
4-6 class			23	10.6
7-10 class			10	4.60
> 10 class			02	0.90
Religion				
Islam			209	96.3
Christianity			08	3.70
Participant's income				
Daily wages/not fixed			124	57.1
3000-9000 monthly			18	8.3
10000-20000 monthly			11	05.0
Above 20000 monthly			20	09.3
Not applicable			44	20.3
Family income				
Not fixed/daily wages			154	71
1000-10000 monthly			33	15.2
More than 10000 monthly			25	11.6
Not applicable			05	02.3
Type of residence				
Owned			09	04.1
Rented			116	53.5
Province				
Balochistan			02	0.9
Punjab			208	95.9
Sindh			07	03.2
Current living place				
Own place			08	03.7
Family			62	28.6
Relatives			05	02.3
Rent/hostel/friend			37	17.1
Workplace			90	41.5
Shelter home			15	06.9

The above-mentioned table gives a detailed description of the different socio-demographic characteristics of the participants.

Measures

Following measures were used in the present research.

Socio-demographic Sheet

It was constructed by the researcher to elicit information related to trafficking, conditions they faced during trafficking, age, occupation, religion, education, income and to get information about current living conditions.

Measure of Stigma

It measures self and public stigma with 9 items having a 5-point Likert scale where 1=*not at all*, 2=*a little/occasionally* 3=*neutral* 4=*often* and 5=*very much*. High scores show high level of stigma (Gibson, & Leitenberg, 2001). Current study showed the internal consistency for Self-stigma (α= 0.83) and Public-stigma (α= 0.86) showing it to be highly reliable.

Cognitive Emotional Regulation Questionnaire (CERQ)

It was administered in the present research to ascertain the use of emotional regulation strategies that are mainly based on cognitive styles of regulating emotions. CERQ shorter version was used in the present research which includes 18 items categorized into nine subscales such as, Self Blaming, Acceptance, Rumination, Positive Refocusing, Planning, Positive Reappraisal, Putting into Perspective, Catastrophizing and Other Blame having two items in each subscale. Total score of each subscale is obtained ranging between low score means no use of that specific strategy and high score means often use of that specific strategy (Garnefski, Kraaij, Spinhoven, 2002). The present study showed moderate to good Cronbach's Alphas ranging from α=0.52 for acceptance subscale to α=0.76 for self-blame.

Depression, Anxiety and Stress Scale (DASS-21)

It was used in the present research to ascertain the perceived severity of psychological distress. A shorter version of 21 items comprised of 4 point scale where 0=*did not apply to me*, 1= *some of the time*, 2= *a good part of time*, 3= *most of the time* (Lovibond, & Lovibond, 1995). The present study showed acceptable Cronbach Alpha for depression, anxiety, and stress as α=0.71, α= 0.76 and α=0.77, respectively.

Procedure

The present study was conducted after seeking permission from Departmental Doctoral Program Committee (DDPC) and Advance Studies and Research Board (ASRB) of the University of the Punjab, Lahore. All the authors were contacted through email to seek permission to use the tools in the present research. All the tools were translated in Urdu language after obtaining permission from the authors of original version of the tools. The measure of stigma was modified to be used with the participants of the present research. All the items were modified according to the stigma faced specifically related to trafficking as compared to some other general stressor.

Due to the nature of the research, the researcher traveled to different cities of the Punjab, Pakistan as these participants could not be located to a single site. Also, due to the hidden nature of the study population, it was imperative to approach different channels to get access to the participants for the present research. Due to the stigma involved with the trafficking and sex work after being rescued from trafficking, these participants are difficult to approach. The researcher got access after visiting FIA, Dar-ul-Aman and after getting permission from Home Secretary to approach Police department to reach to these participants.

The participants were reassured about the confidentiality of their participation as they had extreme fear of being re-trafficked as well as to get stigmatized by revealing their identity. For this purpose, they were assigned with codes or initials for the purpose of

identification. If the participants felt distressed and emotionally overwhelmed during the data collection, then the researcher provided empathetic response to normalize the participants. Moreover, special consideration was also taken and a clinical psychologist having work experience of more than 10 years at Centre for Clinical Psychologist was destined to be available for providing counseling to reduce the distress of the participants if required.

Results

First, descriptive statistics of frequency and percentages was run for trafficking related information. Next the results of correlation analysis are presented.

Table 2

Demographic Information of Participants Regarding Human Trafficking (N=217)

Demographic Variables	F	%
No. of times trafficked?		
1	152	70
2	47	21.7
3	18	8.3
Duration of trafficking (first time)		
Less than 12 months	18	8.3
1-5 years	150	69.1
6-10 years	29	13.4
More than 10 years	19	8.8
Other	1	0.5
Age at first time trafficking		
10-12 years	22	10.1
13-15 years	78	35.9
16-19 years	86	39.6
20-30 years	31	14.3
Mean of trafficking		
Sold/Trafficked by family	67	30.9
Run away/flee away	59	27.2
Debt bondage	24	11.1
Sold/Trafficked by relative	25	11.5
Job/work	12	5.5
Sold/Trafficked by neighbor	12	5.5
Nature of force work		
Showbiz/Sex work	147	67.7
Wage worker (farming, factory, maid, parlor)	8	3.7
Not applicable	62	28.6

Above mentioned table shows brief summary of trafficking experiences of the participants of the students.

Table 3

Pearson Product Moment Correlation of Stigmatization, Cognitive Emotional Regulation, and depression, anxiety, stress, and their Mean & Standard Deviation

Measures	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	M	SD
1.Self Stigma	-	.86**	.96**	.03	.07	.025	.15*	.15*	.115	.09	.01	-.12	.21**	.19**	.22**	18.53	1.76
2.Public Stigma		-	.97**	.04	.12	.075	.09	.12	.098	.08	.10	-.11	.21**	.21**	.20**	23.48	2.14
3.Stigma			-	.03	.10	.054	.12	.14*	.109	.09	.06	-.12	.22**	.21**	.22**	42.01	3.77
4.Self Blame				-	-.03	.06	-.05	-.06	.013	-.04	.04	.02	-.06	-.01	-.12	8.60	1.73
5.Acceptance					-	.027	.11	-.05	.142*	-.03	.08	.03	.06	.08	.05	3.08	0.75
6.Rumination						-	-.15*	-.04	-.154*	-.01	.14*	.18**	.07	.073	-.04	7.72	1.80
7.Positive Focusing							-	.31**	.399**	.25**	-.19**	-.07	-.07	.01	.03	2.87	1.12
8.Planning								-	.367**	.28**	-.04	.08	-.04	.07	.02	2.60	0.79
9.Positive Appraisal									-	.21**	-.10	-.05	-.02	-.02	.05	2.73	0.94
10.Perspective										-	-.03	-.12	-.08	-.08	-.125	2.47	0.79
11.Catastrophizing											-	.27**	-.01	-.04	.06	9.45	0.97
12.Other Blame												-	-.12	-.09	-.09	9.29	1.26
13.Depression													-	.77**	.62**	32.97	4.83
14.Anxiety														-	.59**	33.15	5.12
15.Stress															-	32.77	6.97

Note. *$p<.05$, **$p<.01$

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Table 3 shows correlation among study variables. There was significant positive correlation of self-stigmatization with positive focusing and planning. This means that individuals who stigmatize themselves have better positive focusing and planning. There was also significant positive correlation of self and public stigmatization with depression, anxiety and stress which means that individuals who use self-stigmatization or stigmatized from public usually develop the symptoms of psychological distress (i.e. depression, anxiety, & stress).

Discussion

The present research is aimed at investigating the relationship among stigma, emotional regulation, and psychological distress. Trafficking related information about the participants of the present study has also been given. It is evident through the descriptive statistics that majority of women have been involved in prostitution or sex work either at the time when data for the present study was collected or they had been working in this profession after they were trafficked. According to the descriptive statistical result of the present study, among 217 participants 149 (69%) had been working as prostitutes or in the showbiz at time of data collection for the present research. Among 217 participants, majority (92%) of women had been involved in commercial sex work after they had been trafficked. Other (8%) were used for sexual exploitation but had not been involved in commercial sex work. It was also revealed in the present research that they had been forced to involve in the showbiz or prostitution as majority (72%) of the participant of the present research reported this and many (40%) reported that they could not leave their work by their own choice due to many factors such as surveillance by the perpetrators or either they did not have any choice other than choosing this profession as some proportion (39%) reported this. It can also be seen that all the participants were trafficked by force and majority of them were forced into prostitution against their will. They also did not have choice to leave the work either due to the perpetrators or either they did not have any choice of better earning if they left the work. It can be supported by the previous literature that women are forced into prostitution majority of the time and that they do not have the choice to leave the work or they are afraid to meet their needs after leaving the prostitution (Feingold, 2005; Lee & Persson, 2018; U.S. Department of Health & Human Services, 2009). It can also be explained through the cultural explanation as in Pakistan, like many other Asian countries, status of women is still recognized as less than men and she is supposed to follow the command of men. Another important factor is that in these cultures, women are thought to be impure once they become victim of trafficking or rape, so they are being rejected from respectable jobs and even they are not appreciated to marry. Consequently, they are left with no choice except to remain working in sex industry.

The hypothesis of the present research stated that there is likely to be a relationship among stigma, emotional regulation, and psychological distress. It has been partially supported by the results of the present research. The results revealed that stigma was positively and significantly related to psychological distress (i.e. depression, anxiety & stress). This is supported by the previous research that trafficked victims suffer from high rates of depression (Kucharska, 2017; Negele, Kaufhold, Kallenbach, & Leuzinger-Bohleber, 2015; Northoff, 2013) anxiety (Fernandes & Osório, 2015). Previous research has also investigated that the victims of sexual assault experience high level of stigma which mediate the link for psychological disorders (Rife, 2009). Women victims of trafficking in Pakistan face stigma as women are still deprived of many basic rights and due to certain sanctions, women are largely held responsible for any misfortune happening to them. Trafficking is a very stigmatizing issue in this culture as people believe that women are solely responsible for

bringing disgrace to their families and overall, to the society. By doing so, people disqualify the fact that trafficking involves the act of manipulation, force and coercion through which women are victimized and certainly have no control over bringing such misfortune to themselves.

However, one of the findings of the present research did not support the hypothesis of the present research. It turned out that the more stigmas they face, the more they utilize cognitive emotional strategy of planning and positive focusing. This is contradictory from the previous research which states that stigma is related to psychological disorders and use of maladaptive emotional regulation strategies (Burton, Wang, & Pachankis, 2018). Moreover, emotional dysregulation is related to mental disorders (Arndt, & Fujiwara, 2014). The results can also be discussed in the light of cultural explanation that although the victims of present research reported high level of stigma and its relationship with high level of psychological distress, the victims also reported to use cognitive emotional regulation strategies of planning and positive focusing. It can be due to the fact the victims are dealing with the problems of daily life and have been making their living through the hard-core realities of life. Although they experience high level of stigma, they are still able to plan their life and try to take out the positive things from their experiences.

Conclusion

The present research investigated that higher level of stigma is related with higher level of psychological distress. However, it an important contribution is also made by finding that with increasing level of stigma, women victims of trafficking use more of emotional regulation strategy planning and positive focusing. These findings are discussed considering previous literature and are also related with the cultural explanation in use of such cognitive emotional regulation strategies that are contrary with the previous literature.

Limitations and Suggestions

The data was collected through self report measures which could have been a factor of misreporting of certain aspects such as emotional regulation strategies and over reporting some aspects such as stigma and psychological distress. In future researches, some behavioral related measures can be used to ascertain such relationships.

Another limitation could be that although the participants were provided with the reassurance of confidentiality to provide honest responses in the research, however it seemed as if they responded according to the label associated to them as belonging to sex industry. It has been observed that participants who responded without any pressure provided honest responses however they were few.

Implications

The present research was first of its kind which provided empirical evidence of the trafficked victims which has never been established previously. This research highlighted the important psychological needs of the trafficked victims which have largely been neglected. Moreover, this research opens the opportunities to conduct research with the marginalized population as the present research highlights the need to shed more light to their needs. This research further highlights important aspects in terms of improving the security related aspects to combat trafficking. Moreover, this research also demands for a collaborated research between health practitioners and policy makers.

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