# POST TRAUMATIC STRESS DISORDER;
## A CASE REPORT OF TWO BROTHERS DUE TO CHILDHOOD TRAFFICKING

CASE REPORT
PROF-1918

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## CASE PRESENTATION

It is the case of two brothers; Owais who is 16 years old and Waqar who is 13 years old, living at a rental accommodation in Marzi Pura, Faisalabad. They have four younger brothers and two younger sisters. Their father died 4 years ago while their mother is a housewife who remarried last year. Their step father is not working or contributing into their care. They both are not studying but working in a local factory to support themselves and the family.

Owais and Waqar were kidnaped by a female adult in 2001 while playing in a local playground with their siblings, being accompanied by their father, who looked for them everywhere, reached media and government agencies with no success. He couldn't take the failure very well and died of heart attack 4 years ago. Owais and Waqar returned home in 2007 along with 40 other children after being discovered that they were smuggled to Saudi Arabia by a gang for the purpose of camel jockeying.

Both presented with more or less similar presentation with following Signs and Symptoms;[1,2]

- Feeling fearful and tense
- Hyper vigilant with easily startling
- Sleep difficulties, nightmares and flashbacks
- Difficulty concentrating
- Experiencing panic attacks
- Behavioural problems – agitation, aggression , anger, self destruction, & restlessness
- Failure to thrive and growth retardation.

Their PTSD score was 73, showing numerous symptoms of PTSD[3,6].

PTSD is a condition characterized by the development of symptoms after exposure to traumatic life events. The person reacts to this experience with fear and helplessness, persistently relives the events, and tries to avoid being reminded of it. Children who are behaviourally inhibited may be especially susceptible to anxiety or PTSD after threatening events. Three core features are re-experiencing the event, avoidance, and hyper arousal[3,5].

They both were treated with psychotropic medications (Flouxetine 20 mg on alternate day and Risperidone 0.5 mg at night) along with supportive psychotherapy, counselling, and social support provided by the psychiatrist, psychologist and social welfare services by the hospital.

They both were offered education grant (Zakat) but mother declined the offer as was dependent on their income to pay the house rent and supporting younger children. They both have stopped the medication after a year of successful therapy, as improved in their physical and mental symptoms and now working in a local factory and often visit us on Fridays on their off day just to say hello.

## DISCUSSION

Trafficking of children is a form of human trafficking. It is defined as the recruitment, transportation, transfer, harboring, or receiving of children for the purpose of exploitation. Under international law, child trafficking is a crime involving the movement of children within a country or across the border often by force for the purpose of their exploitation[8].

The trafficking of people for prostitution, forced labour and other illegal purposes is one of the fastest growing areas of international criminal activity and one that is of

increasing concern to the international community. The overwhelming majority of those trafficked are women and children. An estimated 1 to 2 million people are trafficked each year worldwide; 50,000 to the United States. Trafficking is now considered the third largest source of profit for those engaged in the organized crimes, behind only drugs and guns, generating billions of dollars annually. Trafficking affects virtually every, country in the world. The largest number of victims comes from Asia, with over 225,000 victims each year from South-East Asia and over 150,000 from South Asia. The former Soviet Union is now believed to be the largest new source of trafficking for prostitution and the sex industry, with over 100,000 trafficked each year from that region. An additional 75,000 or more are trafficked from Eastern Europe. Over 100,000 come from Latin America and the Caribbean, and over 50,000 victims are from Africa. Most of the victims are sent to Asia, the Middle East, Western Europe and North America"[8,9].

A large number of children are seen in the streets of big cities of Pakistan who are either begging or selling petty items such as flowers, toys, newspapers, or cleaning or washing cars. These street children are the outcome of poverty in the society. They are either orphans or poor or neglected children[8].

In some classes of the society, it is believed that children guarantee the future subsistence of their parents. Thus many families have a large number of children, which they cannot raise, educate or look after. Such children indeed serve as nursery for child trafficking for illegal/immoral purposes. Due to rampant poverty, Pakistan is a fertile ground for buying children who are being used as camel jockeys in the Gulf States or engaged in hazardous occupations[10].

The last few years have seen an enormous increase in trafficking of children from Pakistan. There are reports of children of tender age being exported to Gulf States for camel riding with or without the permission of their parents. Many of the children and parents had been deceived about the nature of work and destination. Organized groups and other unscrupulous persons for the sake of earning money are indulging in such nefarious activities[8].

Child trafficking from Pakistan for camel jockeying, continues unabated. As reported in the press, children cross borders along with an elder to participate in the blood sport that kills almost 50 per cent of all young camel jockeys and permanently disables another 25 per cent. Thousands of young children from Pakistan, Bangladesh and Sri Lanka are victims of cross-border trafficking to the Gulf States for being employed as camel jockeys. 162 cases of child abduction were reported in national as well as regional newspapers all over Pakistan in the first half of 2001. According to some investigations, many children die before the race is over either from fear or due to being incessantly tossed by the animal or being dragged to death after getting partially untied from the rope binding them to the animal. It has also been revealed that they suffer from severe bleeding owing to constant pressure on their backs and smashing of their genitals, both complaints being very common. Most of the young jockeys become impotent because of the friction and intense pressure on their sexual organs and the absence of a timely professional medical assistance[8].

The health problems seen in victims of trafficking are largely a result of several factors: deprivation of food and sleep, extreme stress, hazards of travel, violence (physical and sexual), and hazardous work. Because most victims do not have timely access to health care, by the time they reach a clinician it is likely that health problems are well advanced. These women are at high risk for acquiring multiple sexually transmitted infections and the sequel of multiple forced and unsafe abortions .Physical abuse and torture often occur, which can result in broken bones, contusions, dental problems (e.g., loss of teeth), and/or cigarette burns[9].

Psychological violence results in high rates of posttraumatic stress disorder, depression, suicidal ideation, drug addiction, and a multitude of somatic symptoms. When providers were asked in one study about their experiences working with victims of trafficking, they reported that these victims are less stable, more isolated, have higher levels of fear, more

severe trauma, and greater mental health needs than other victims of crime. One trafficking victim can take the same amount of the provider's time as 20 domestic violence victims[7].

The above case study serves as one example of how a trafficking victim might be completely missed or identified and assisted. The story of Waqas and Owais is not uncommon, and clinicians must consider the varied ways in which a trafficking victim might present in the clinic, at the office, in the hospital, or in the community. There are no easy answers, and the process is more likely to be frustratingly long and complicated than straightforward and simple.

The same complexities that exist in the clinical setting also make research in this area difficult. The population is hard to find because of its underground nature, and most studies have very small sample sizes. The involvement of organized crime can also make it a dangerous research topic. Because trafficking happens among men, women, and children in just about every country in the world, generalizability is problematic. Even the definition of trafficking is sometimes contentious among researchers. The exact numbers of trafficked persons are only estimates, and in many cases the statistics are provided without explanation as to methods used to obtain them. Both methodologic and ethical issues are complex, whether researching the trafficking victim or the trafficker[10].

## CONCLUSIONS

Human trafficking is a major global health problem, one that all health care providers cannot ignore. Although trafficking victims are unlikely to have adequate and timely access to health care. Health care providers should be prepared to identify, treat, and assist victims of trafficking as part of their regular clinical practice[11].

Victims will likely fear authority figures and be reluctant to give out personal information, so interviewing the client can be difficult. The first steps to a successful encounter are getting the client alone (victims are often accompanied by another person), finding an interpreter if necessary, and building a trusting rapport with the client. Because the client is unlikely to identify himself/herself as a trafficking victim, the provider needs to pay attention to subtle and nonverbal cues. They often work in hazardous conditions for long hours. Their growth, development and mental health are harmed by this environment.

Responding to all of the victim's physical and emotional needs is outside of the scope of the individual provider's practice, because the client will need long-term treatment with an interdisciplinary team of health care professionals. The provider should care for any immediate needs, including treatment of physical trauma, diagnosis of PTSD, and assessing for suicidal ideation[4].

The vast majorities have no access to rehabilitative or support services, and many are unable to acquire a formal education. In many cases, these children are simply withdrawn from community life; even if they are not actively shunned or maltreated, they are often left without adequate care.

If research in this area is to progress, the multiple disciplines that study trafficking issues will need to work together and develop a consistent theoretical framework with which to address the problem. Governments and law enforcement agencies should share trafficking data with researchers so that larger studies can be conducted. Research on traffickers themselves should be developed. Agencies that work with trafficking victims should work with researchers to develop best practices for the treatment of these individuals[12].

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The truth is more important than the facts.

*Frank Lloyd Wright (1869 - 1959)*