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Psychiatric Morbidity and Quality of Life Among Rescued Victims of Human Trafficking in North Karnataka: A Cross-Sectional Study

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ABSTRACT

Background: Human trafficking is a major public health and human rights concern associated with severe psychological trauma and poor quality of life. Survivors are vulnerable to psychiatric disorders due to prolonged physical, emotional, and sexual abuse. Data on psychiatric morbidity and quality of life among rescued victims in North Karnataka remain limited.
Aim and Objectives: To assess the prevalence of psychiatric morbidity, and evaluate the quality of life among rescued victims of human trafficking residing in a state-run shelter home in North Karnataka.
Materials and Methods: This was a descriptive cross-sectional study conducted among 40 rescued victims of human trafficking residing at the state-run shelter home. Psychiatric morbidity was assessed using the Mini International Neuropsychiatric Interview (MINI PLUS Version 7). Depression and anxiety severity were assessed using the Hamilton Depression Rating Scale (HAM-D) and Hamilton Anxiety Rating Scale (HAM-A), respectively. Quality of life was evaluated across physical, psychological, social, and environmental domains.
Results: Psychiatric morbidity was identified in 82.5% of participants. Depression and absence of psychiatric illness were observed in 17.5% each, followed by anxiety disorder, post-traumatic stress disorder, and substance use disorder (12.5% each). Schizophrenia and bipolar disorder were present in 10.0% and 7.5% of participants respectively. Mild and moderate depression were observed in 57.1% and 42.9% of participants, respectively. Mild-to-moderate anxiety was present in 57.1% of participants. The quality-of-life scores were highest in the environmental domain (60.3 ± 12.01) and lowest in the psychological domain (50.2 ± 14.10).
Conclusion: Psychiatric morbidity is highly prevalent among rescued victims of human trafficking. Quality of life was considerably compromised, with the psychological domain being the most adversely affected. This study emphasized the need for comprehensive mental health and psychosocial rehabilitation services.

Keywords: Human trafficking, Psychiatric morbidity, Quality of life, Depression, Anxiety

INTRODUCTION

Human trafficking is one of the most severe violations of human rights and has emerged as a significant global public health concern, affecting millions of individuals worldwide. It involves the recruitment, transportation, transfer, harboring, or receipt of persons through force, coercion, deception, or abuse of power or authority for the purpose of exploitation. Such exploitation may include sexual exploitation, forced labor, slavery or practices similar to slavery, servitude, and the illegal removal of organs. Beyond its profound social and human rights implications, human trafficking is associated with substantial physical, psychological, and social consequences, making it an important multidisciplinary public health issue **[1]**. Women and children remain the most vulnerable populations, and human trafficking continues to be among the fastest-expanding forms of transnational organized crime **[2]**. Individuals subjected to trafficking frequently endure prolonged physical, sexual, emotional, and psychological abuse. During exploitation, victims are often exposed to violence, intimidation, deprivation of basic necessities, social isolation, and repeated traumatic experiences, all of which have profound and enduring effects on mental health and psychosocial well-being. The psychological impact frequently persists after rescue, as survivors continue to encounter challenges such as social stigma, difficulties with community reintegration, financial instability, and inadequate social support **[3]**. Evidence from studies conducted in several countries consistently indicates that survivors of human trafficking experience a substantial burden of psychiatric disorders. Depression, anxiety disorders, post-traumatic stress disorder (PTSD), substance use disorders, and psychotic disorders are among the most commonly reported mental health conditions in this population **[4,5]**. Previous literature has highlighted a substantial burden of mental health problems among survivors of human trafficking, particularly depression, post-traumatic stress disorder, and anxiety disorders **[6]**. Persistent exposure to trauma, fear, coercion, and uncertainty throughout the trafficking experience markedly increases vulnerability to adverse mental health outcomes **[7]**.

Among the various psychiatric conditions, PTSD is especially common in trafficking survivors owing to repeated exposure to physical and sexual violence, threats, and sustained psychological manipulation. Survivors frequently experience intrusive recollections, distressing nightmares, hypervigilance, emotional detachment, and avoidance symptoms that may continue long after they have been rescued **[8]**. Depression and anxiety are likewise highly prevalent and are commonly characterized by hopelessness, diminished self-worth, social withdrawal, and difficulties adapting to life after rescue **[9]**. In addition, some survivors develop substance use as an ineffective coping strategy, which may further aggravate psychological distress and social dysfunction **[10]**.

The impact of human trafficking extends beyond psychiatric illness and significantly influences survivors' overall quality of life. Quality of life is a multidimensional construct that incorporates physical health, psychological well-being, social relationships, and environmental circumstances. Survivors frequently suffer from compromised physical health resulting from untreated illnesses, malnutrition, injuries, and chronic medical conditions acquired during exploitation. Concurrently, psychological distress, impaired social relationships, discrimination, unemployment, and financial dependence further diminish their overall well-being **[7]**. Previous qualitative studies have highlighted the lasting impact of human trafficking on survivors' mental health and well-being, challenges related to recovery and social reintegration, and regarding the need for

appropriate healthcare and support services **[11,12]**.

Although awareness of the mental health consequences of human trafficking has increased, evidence from India remains limited, particularly from the North Karnataka region. Most existing literature originates from Western countries, and there is a notable lack of information regarding psychiatric morbidity and quality of life among rescued trafficking survivors residing in rehabilitation facilities in India **[13]**. Generating evidence on the prevalence and pattern of psychiatric disorders, together with evaluating quality of life among rescued survivors, is essential for developing effective mental health services, rehabilitation strategies, and psychosocial interventions tailored to their specific needs. State-run shelter homes play a pivotal role by providing rescue, rehabilitation, reintegration, and repatriation services to survivors of trafficking **[14]**. These facilities also offer an appropriate setting for evaluating the mental health status and quality of life of rescued individuals. Therefore, the present study was undertaken to determine the prevalence of psychiatric morbidity and assess the quality of life among rescued victims of human trafficking residing in a state-run shelter home in the North Karnataka region.

MATERIALS & METHODS

Study design and Participants

This was a single-center, descriptive, cross-sectional study conducted among rescued victims of human trafficking residing at the state-run shelter home, Hubballi, Karnataka, India. The study was conducted over a period of 21 months, from April 2023 to December 2024, following approval from the Institutional Ethics Committee. A total of 40 participants were included in the study.

Inclusion criteria

1. All rescued victims of human trafficking residing at the shelter home, Hubballi
2. Age >18 years
3. Willingness to provide informed consent for participation in the study

Exclusion criteria

Participants:

1. With organic brain disorder
2. Not willing to provide valid informed consent

Sampling method

Convenience sampling was employed, wherein all eligible participants available during the study period and fulfilling the inclusion criteria were recruited into the study.

Data collection

Data were collected using a structured proforma and standardized psychiatric assessment instruments. After obtaining informed consent, each participant underwent a detailed interview. Information regarding demographic characteristics was recorded. Psychiatric morbidity was assessed using standardized psychiatric instruments. The following tools were employed:

1. Mini International Neuropsychiatric Interview (MINI PLUS Version 7): Used to identify and diagnose psychiatric disorders among the participants.
2. Hamilton Depression Rating Scale (HAM-D): Administered to participants diagnosed with depression to assess the severity of depressive symptoms.
3. Hamilton Anxiety Rating Scale (HAM-A): Administered to participants diagnosed with anxiety disorders to assess the severity of anxiety symptoms.
4. World Health Organization Quality of Life (WHOQOL-BREF) Scale: The WHOQOL-BREF was used to assess quality of life that comprises 26 items assessing four domains *viz.* physical health, psychological health, social relationships, and environment. Items are rated on a 5-point Likert scale. Negatively worded items (Q3, Q4, and Q26) were reverse-scored. Domain scores were calculated from the relevant constituent items according to the

WHOQOL-BREF scoring guidelines and transformed to a 0–100 scale, with higher scores indicating better perceived quality of life.

Procedure

Participants fulfilling the eligibility criteria were recruited after obtaining written informed consent. Information on demographic characteristics was recorded using a predesigned proforma. Psychiatric assessment was carried out using MINI PLUS Version 7, and diagnoses were confirmed using ICD-10 criteria. Participants diagnosed with depression were further evaluated using the Hamilton Depression Rating Scale (HAM-D) to determine the severity of depressive symptoms. Similarly, participants diagnosed with anxiety disorders were assessed using the Hamilton Anxiety Rating Scale (HAM-A) to determine the severity of anxiety symptoms. Quality of life was assessed using the WHOQOL-BREF questionnaire. Scores were calculated for the four domains of physical health, psychological well-being, social relationships, and environment. All findings were documented in the study proforma and subsequently analyzed.

Statistical Analysis

Data were entered into Microsoft Excel 2021 and analyzed using IBM Statistical Package for the Social Sciences (SPSS) version 26. Categorical variables were expressed as frequencies and percentages. Continuous variables were expressed as descriptive statistics (mean and standard deviation).

Ethical Consideration

Ethical committee approval was obtained from the Institutional Ethics Committee of Karnataka Institute of Medical Sciences, Hubballi (Ref. No.: KIMS: ETHICS COMM:864:2022-23; Dated: 30.03.2023) prior to the commencement of the study. Also, permission to conduct the study was obtained from the Project Director, Department of Women and Child Development, Karnataka, and the authorities of the shelter home, Hubballi. Written informed consent was obtained from all participants before enrolment in the study. Confidentiality of the participants was maintained throughout the study, and participants were informed of their right to withdraw from the study at any stage without any consequences.

RESULT

The majority of rescued victims of human trafficking were aged 26–35 years (45.0%), followed by those aged 18–25 years (30.0%). Participants aged 36–45 years and ≥46 years constituted 17.5% and 7.5% of the study population, respectively, indicating that most victims were young adults (Figure 1).

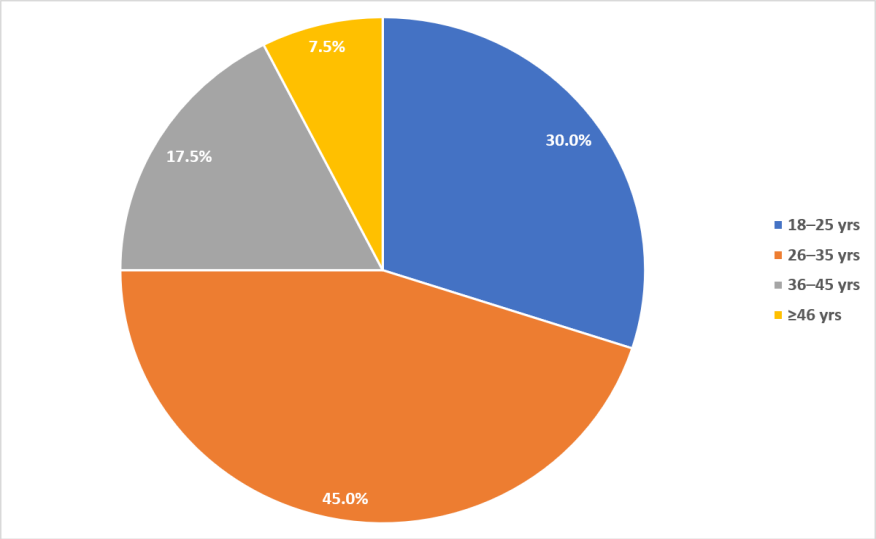

Figure 1. Demographic characteristics

Psychiatric morbidity was assessed among 40 rescued victims of human trafficking. Depression was observed in 7 participants (17.5%). Anxiety disorder, post-traumatic stress disorder, and substance use disorder were identified in 5 participants each (12.5%). Schizophrenia was diagnosed in 4 participants (10.0%), while bipolar disorder was present in 3 participants (7.5%). Obsessive-compulsive disorder and comorbid substance use disorder with anxiety disorder were each reported in 2 participants (5.0%). Overall, psychiatric morbidity was present in 33 participants (82.5%), whereas only 7 participants (17.5%) did not have any identifiable psychiatric illness (Table 1).

Table 1. Psychiatric morbidity assessment

Psychiatric Disorder	N (%)
No psychiatric illness	7 (17.5)
Depression	7 (17.5)
Substance use disorder	5 (12.5)
Post-traumatic stress disorder	5 (12.5)
Anxiety disorder	5 (12.5)
Schizophrenia	4 (10.0)
Bipolar disorder	3 (7.5)
Substance use disorder with anxiety disorder	2 (5.0)
Obsessive compulsive disorder	2 (5.0)

Based on the HAM-D assessment, 4 participants (57.1%) had mild depression, while 3 participants (42.9%) had moderate depression. Anxiety disorder was diagnosed in 5 participants (12.5%) as a standalone diagnosis, while an additional 2 participants (5.0%) had anxiety disorder comorbid with substance use disorder. Thus, a total of 7 participants with an anxiety disorder were assessed for anxiety severity using the HAM-A. Among these 7 participants, mild-to-moderate anxiety was observed in 4 (57.1%), mild anxiety in 2 (28.6%), and severe anxiety in 1 (14.3%); none had moderate-to-severe anxiety. These findings indicate that the majority of affected participants experienced mild to moderate levels of depressive and anxiety symptoms (Table 2).

Table 2. Severity of depression and anxiety among affected participants

Assessment Scale	Severity Category	N (%)
HAM-D (n=7)	Normal (0–7)	0 (0.0)
	Mild Depression (8–16)	4 (57.1)
	Moderate Depression (17–23)	3 (42.9)
	Severe Depression (>23)	0 (0.0)
HAM-A (n=7)	Mild Anxiety (0–13)	2 (28.6)
	Mild to Moderate Anxiety (14–17)	4 (57.1)
	Moderate to Severe Anxiety (18–24)	0 (0.0)
	Severe Anxiety (≥25)	1 (14.3)

The highest mean score was observed in the environmental domain (60.3 ± 12.01), indicating relatively better satisfaction with living conditions, safety, and access to resources. This was followed by the physical health domain (55.9 ± 12.51) and social relationships domain (53.9 ± 13.2). The psychological well-being domain had the lowest mean score (50.2 ± 14.10), suggesting greater impairment in emotional health and mental well-being. Overall, the findings indicated that psychological functioning was the most affected aspect of quality of life among the study participants, whereas environmental factors were comparatively better perceived (Figure 2).

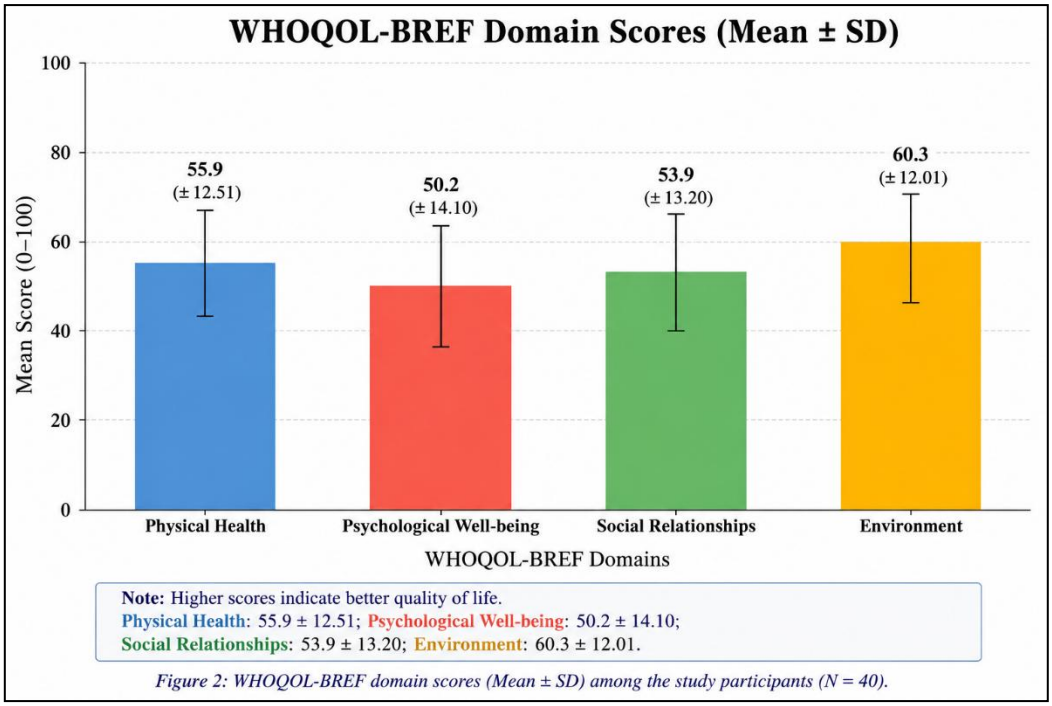

Figure 2. Quality of life domains among rescued victims

DISCUSSION

Human trafficking is a serious violation of human rights and a major global public health issue that subjects victims to prolonged physical, sexual, emotional, and psychological abuse. Survivors commonly develop a wide range of mental health problems because of sustained exploitation, violence, social isolation, and deprivation of essential needs [15]. Against this background, the present study was undertaken to evaluate the prevalence of psychiatric morbidity, and assessment of quality of life among rescued victims of human trafficking residing in the state-run shelter home at Hubballi. The findings demonstrate a high prevalence of psychiatric disorders together with impaired quality of life, underscoring the necessity for comprehensive psychiatric care and structured rehabilitation services for this vulnerable population.

In the current study, psychiatric morbidity was detected in 82.5% of participants, whereas only 17.5% had no identifiable psychiatric disorder. These findings suggest that psychological sequelae remain highly prevalent among rescued victims despite their placement in rehabilitation facilities [16]. Similar results have been reported by Abas et al., who observed a substantial burden of psychiatric disorders among trafficked women and adolescents, with many symptoms persisting even after rescue and reintegration into society [17]. The high prevalence of mental illness observed in the present study may be explained by repeated exposure to physical assault, sexual violence, coercion, deprivation, and uncertainty regarding future circumstances [18]. Such cumulative traumatic experiences can produce long-term disturbances in emotional regulation, coping capacity, and overall psychological functioning. Depression emerged as the most frequently diagnosed psychiatric disorder, affecting 17.5% of the study population. Previous investigations have consistently identified depression as a common consequence of trafficking, frequently associated with hopelessness, helplessness, guilt, diminished self-esteem, and social withdrawal [4]. Furthermore, the psychosocial challenges encountered during post-rescue adjustment may contribute to the persistence of depressive symptoms. Similar observations have been documented by Hopper et al. and Levine, both identified depression as one of the predominant

psychiatric conditions among survivors of human trafficking **[4,19]**.

Anxiety disorders, PTSD, and substance use disorder were each identified in 12.5% of the participants. The occurrence of PTSD is unsurprising considering the repeated exposure of trafficking victims to physical violence, sexual abuse, confinement, intimidation, and other traumatic experiences that are well-established risk factors for the disorder. Comparable findings have been reported in previous studies involving survivors of human trafficking **[8]**. Anxiety symptoms are also commonly reported among trafficking survivors and may persist following rescue in the context of ongoing psychological distress and post-trafficking challenges **[20]**. Likewise, substance use disorder may represent an unhealthy coping strategy adopted to alleviate trauma-related psychological distress **[21]**.

Schizophrenia was diagnosed in 10% of participants, while bipolar disorder was present in 7.5%. Obsessive-compulsive disorder and the coexistence of anxiety disorder with substance use disorder were each observed in 5% of participants. Although severe psychiatric illnesses such as schizophrenia and bipolar disorder are reported less frequently than mood and anxiety disorders among trafficking survivors, their presence highlights the need for detailed psychiatric assessment in this population. Early recognition and timely treatment of these disorders are essential for improving functional recovery and facilitating successful rehabilitation.

Depressive symptom severity was assessed using the HAM-D scale. Among participants diagnosed with depression, 57.1% exhibited mild depressive symptoms, whereas 42.9% had moderate depression, and none had severe depression. These findings are consistent with previous reports indicating that although depression is common among trafficking survivors, most affected individuals demonstrate symptoms within the mild-to-moderate severity range **[6]**. Similar trends have also been observed in rehabilitation settings, where ongoing psychosocial support and protective living environments may help prevent progression to more severe depressive illness **[3]**.

Anxiety severity was evaluated using the HAM-A scale, which showed that 57.1% of participants experienced mild-to-moderate anxiety, 28.6% had mild anxiety, and 14.3% had severe anxiety. Existing literature suggests that the predominance of mild-to-moderate anxiety may be related to continuing psychosocial stressors, including uncertainty about the future, challenges associated with social reintegration, and the rehabilitation process itself **[15]**. Nevertheless, the presence of severe anxiety among a proportion of participants emphasizes the importance of individualized psychiatric management and sustained psychological support.

Assessment of quality of life demonstrated that the environmental domain achieved the highest scores, possibly reflecting the relatively secure living conditions, availability of shelter, and supportive services provided within the state-run rehabilitation facility. Conversely, the psychological domain recorded the lowest scores, indicating that emotional and mental health difficulties continue to affect survivors despite their rescue and rehabilitation. Comparable findings have been reported in studies involving trauma survivors, where psychological well-being remained substantially compromised even when physical health and environmental conditions had improved **[19,22]**.

Overall, the findings of the present study indicate that rescued victims of human trafficking continue to experience a considerable burden of psychiatric morbidity together with diminished quality of life. Depression, anxiety disorders, PTSD, and substance use disorders were among the most frequently encountered psychiatric conditions, while psychological well-being represented the most adversely affected domain of quality of life. These observations reinforce the importance of implementing routine mental health screening, early psychiatric diagnosis, trauma-informed

treatment approaches, and long-term psychosocial rehabilitation programs. Strengthening mental health services within rehabilitation centers has the potential to enhance recovery, promote successful social reintegration, and improve the overall quality of life of trafficking survivors.

A major strength of the present study is the use of standardized and validated psychiatric assessment instruments to comprehensively evaluate psychiatric morbidity and quality of life among rescued victims of human trafficking, thereby contributing valuable evidence from an under-researched population in North Karnataka. However, several limitations should be acknowledged. The relatively small sample size, single-center design, convenience sampling method, and cross-sectional nature of the study may limit the generalizability of the findings and prevent causal interpretations. Furthermore, the use of self-reported information may have introduced both recall and reporting bias.

CONCLUSION

The present study demonstrated a high prevalence of psychiatric morbidity among rescued victims of human trafficking, with depression, anxiety disorders, post-traumatic stress disorder, and substance use disorders emerging as the most frequently identified mental health conditions. Quality of life was considerably compromised, with the psychological domain being the most adversely affected.

Declaration by Authors

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