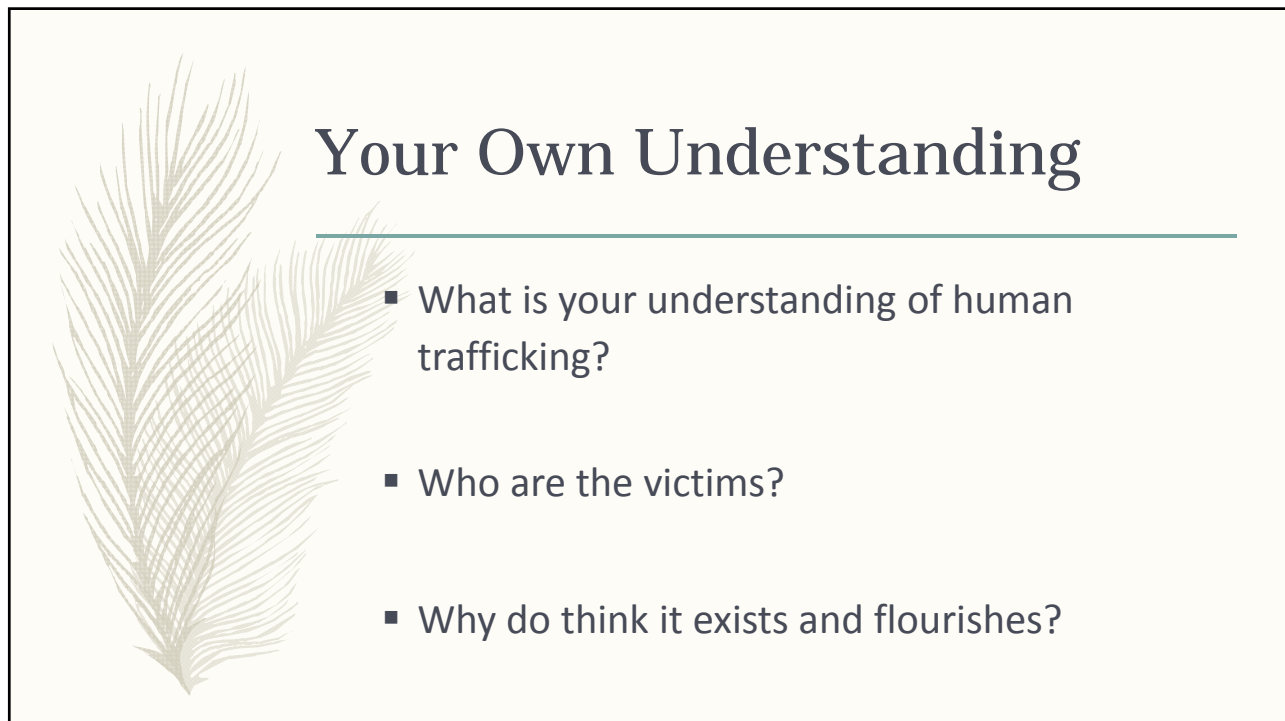


Human Trafficking
Survivors: Trauma &
Trauma Informed
Care Practices

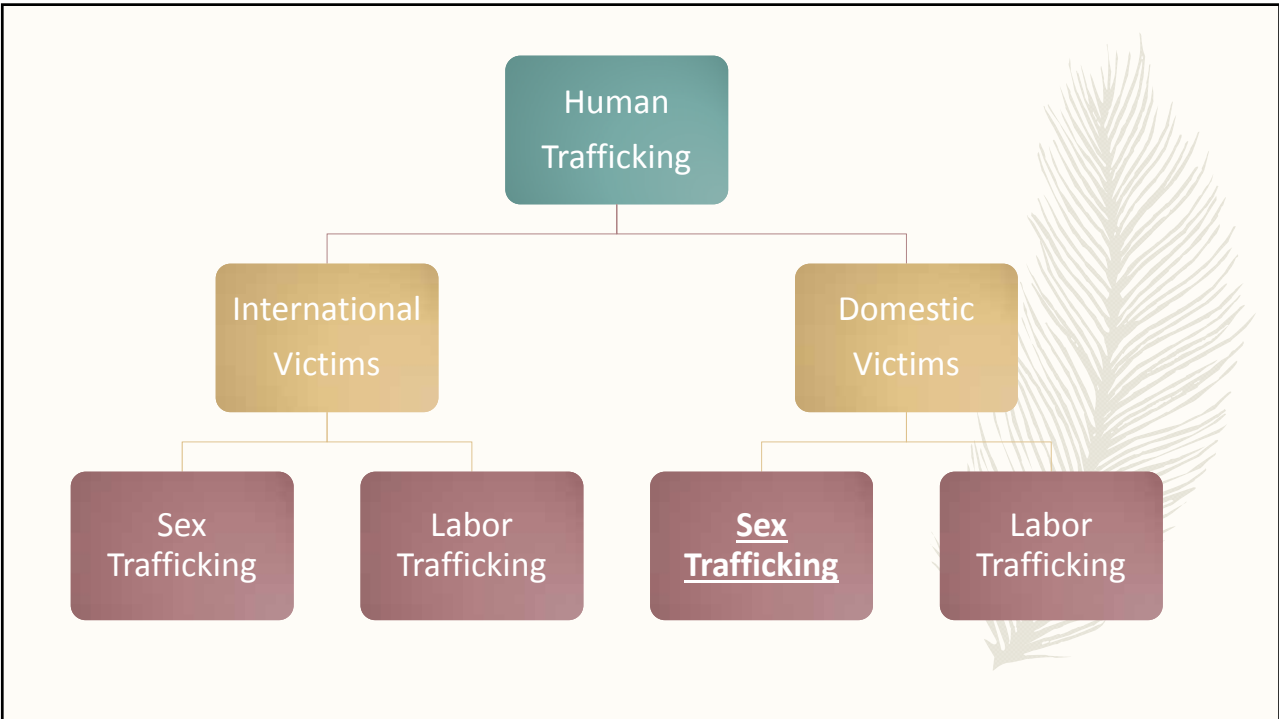
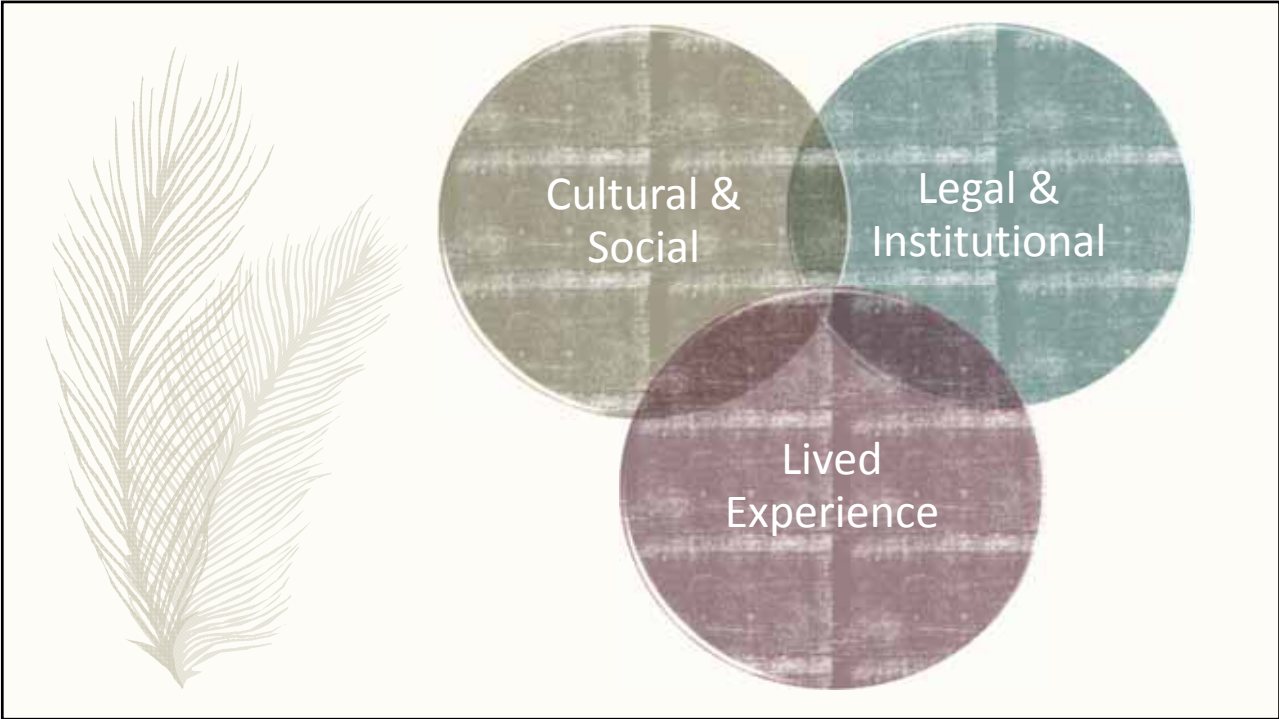
NACSW
November 18, 2016
Cincinnati, Ohio

Raven Loaiza, MSW, LSW, RA
Ryn Farmer, MSW, LSW, RA

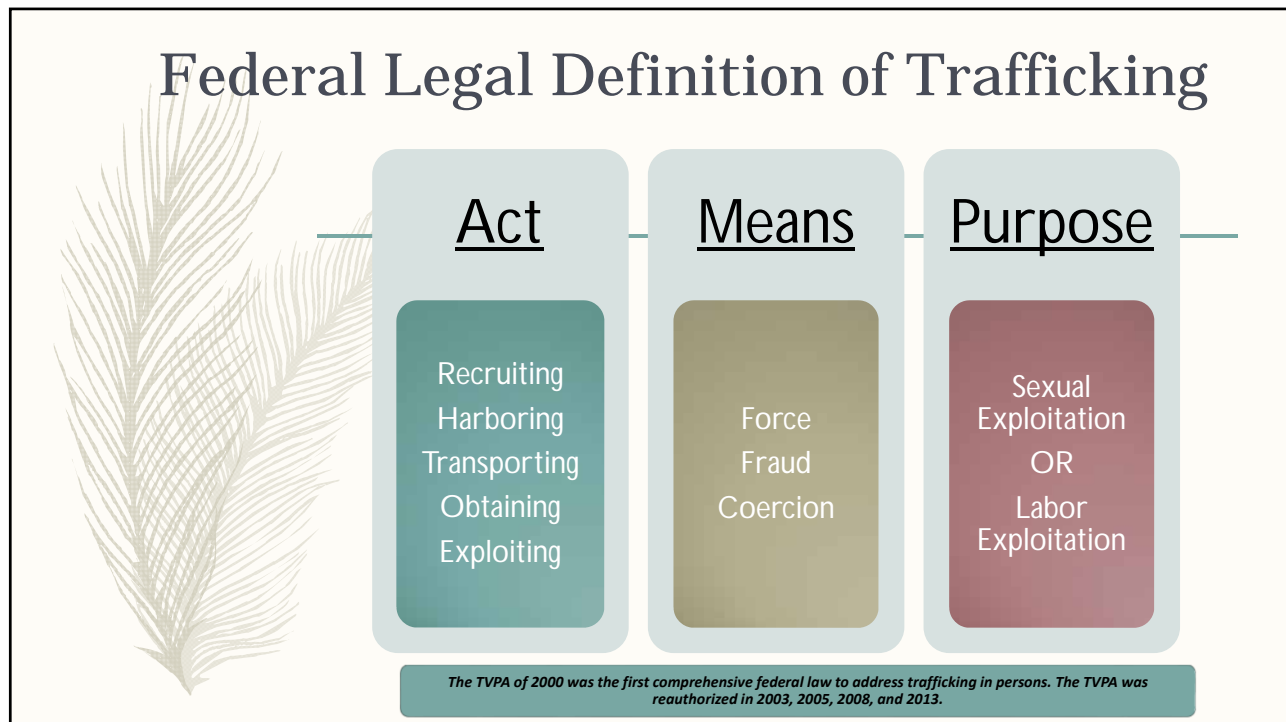


Your Own Understanding

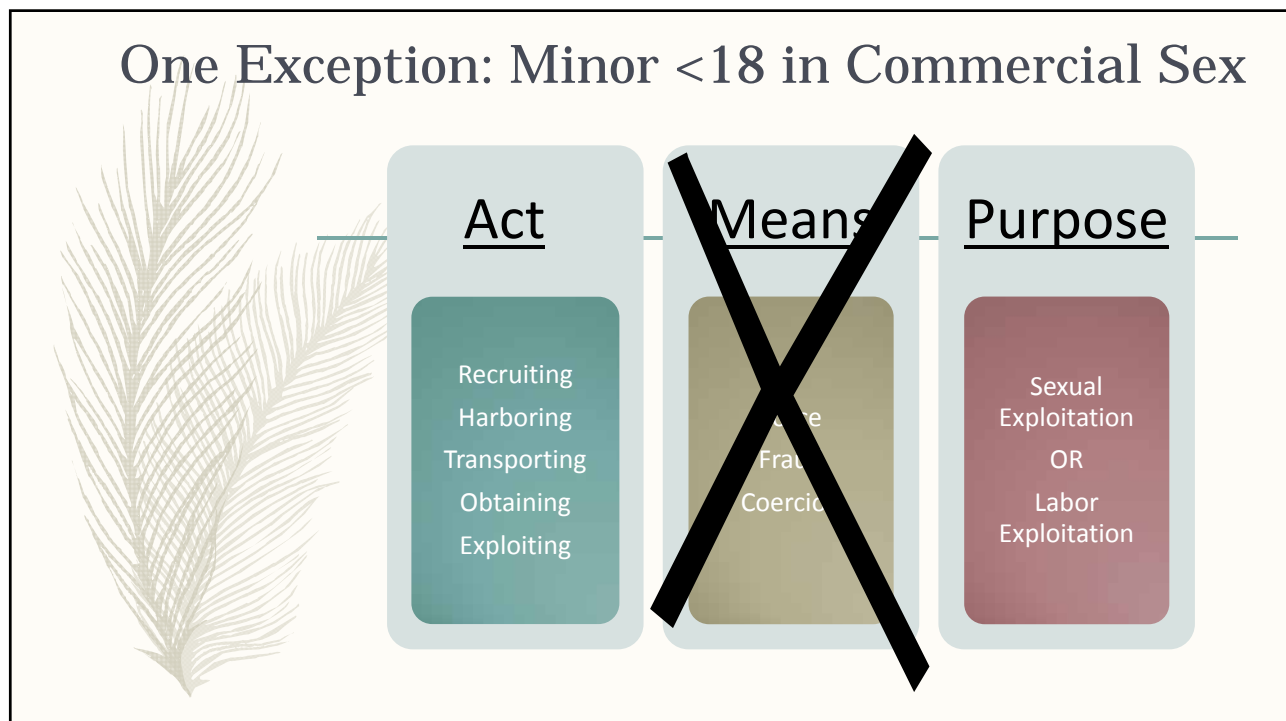
- What is your understanding of human trafficking?
- Who are the victims?
- Why do think it exists and flourishes?



Federal Legal Definition of Trafficking



One Exception: Minor <18 in Commercial Sex



Purpose Can Include

LABOR TRAFFICKING:

Private homes (domestics)
Sweat Shops / Factories
Agricultural / migrants
Mining/Brick Kilns/Child Soldiers
Debt bondage
Restaurants
Nail salons/ massage

SEX TRAFFICKING:

Prostitution
Pornography
Stripping
Lap Dancing
Live-Sex Shows
Mail-order Brides
Child Brides

Defining Trauma Informed Care

- Utilizing our knowledge about the impact of trauma
- Adopting an understanding of the physical, psychological, social, emotional and spiritual impact of trauma
- Seeking knowledge of trauma and its complexities in how it shapes goal setting



Victim/Survivor-Centered Approach

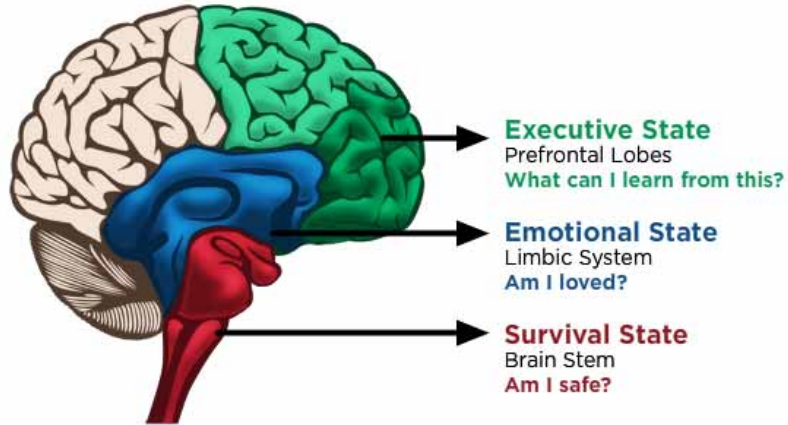
- Places a priority on the victim's safety and security
- Accompaniment means taking the survivor beyond the place of victimization and moving forward to a place of wholeness.



Trauma

- What is trauma?
- What are reactions to trauma?

Neurobiology of Trauma



When trauma occurs, the prefrontal cortex will frequently shut down leaving the less primitive portions of the brain to experience and record the event.

Russell Strand, The Forensic Experiential Trauma Interview

Neurobiology of Trauma

- Pre-frontal Cortex: Higher level thinking
- Limbic System: Experiential and sensory information
- Brain Stem: Basic body functions

Trauma Changes the Brain

- Trauma produces physiological changes
- Increases stress hormone activity
- Creates hypervigilance
- Explains why people continue repeating the same problems

“We now know that their behaviors are not the result of moral failings or signs of lack of willpower or bad character – they are caused by actual changes in the brain.”

Van der Kolk

Van der Kolk, B. (2014). *The Body keeps the score. Brain, mind, and body in the healing of trauma.* (Pp. 2-3). New York, NY: Viking.

Trauma Response

- Freeze: Situation assessed - You freeze to avoid an assault or an escalation of the assault
- Flight and Fight: Goal is to avoid the assault or escape an escalation of the assault





Trauma Response

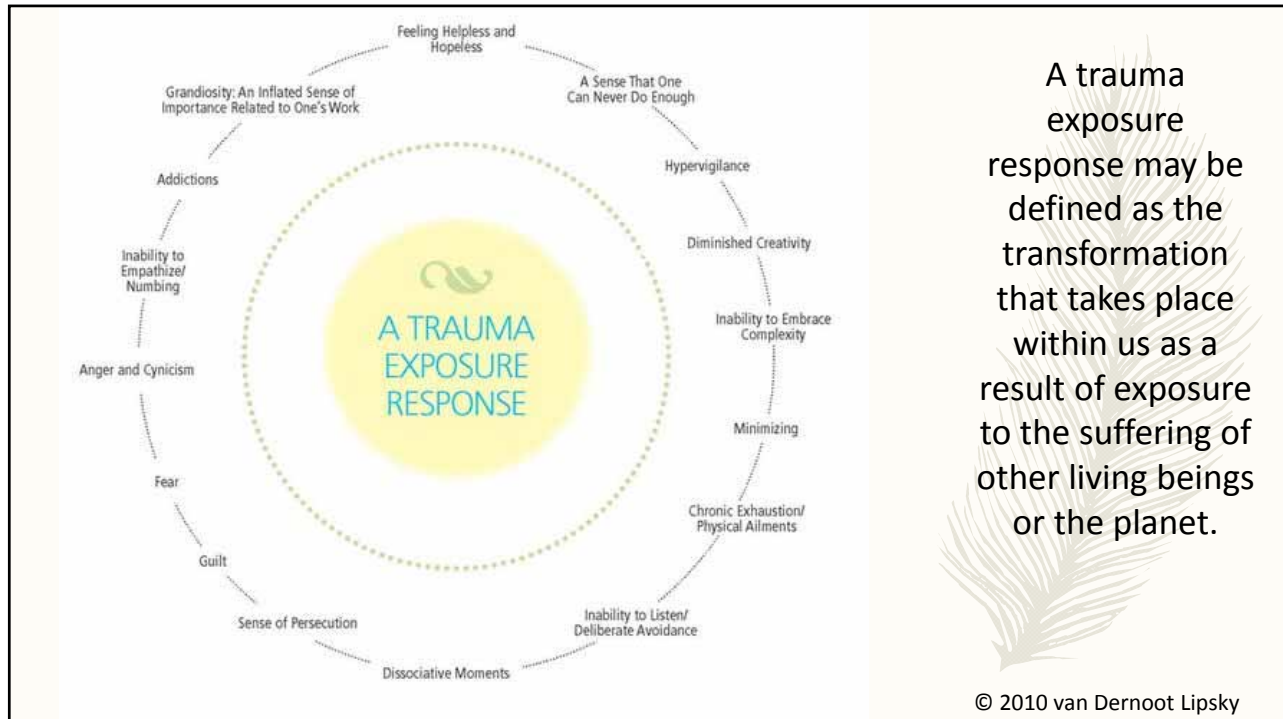
- When flight is impossible and fight is useless:
 - Dissociation: Self protection from overwhelming sensations and emotions
 - Tonic immobility: Last ditch attempt to avoid assault or escalation or... to at least survive



Post Traumatic Stress Disorder

Victims of human trafficking and other severe forms of exploitation and control (ie: prolonged domestic violence) suffer PTSD at the *same level* as combat veterans.

Herman, J. (2003, April). The mental health of crime victims: Impact of legal intervention, *Journal of Traumatic Stress, 16*(2), 159.



A trauma exposure response may be defined as the transformation that takes place within us as a result of exposure to the suffering of other living beings or the planet.

Trauma Response

Many victims may have survival behaviors related to trauma:

- Appearing hostile or unwilling to “get help”
- Distrustful of authority
- Jumpy, anxious, or unrealistic expectations
- Inconsistent stories
- Trauma bonding to trafficker




Trauma Bonding/ Stockholm Syndrome

- **A relationship that is based on terror. The victim views the perpetrator as source of hope and bonds to the individual, defending the perpetrator.**

- **Four Conditions:**
 1. A perceived threat to survival that the victim believes the abuser would carry out.
 2. A perceived act of kindness (small) from the perpetrator.
 3. Isolation from others' perspectives.
 4. A perceived inability to escape.

Definitions summarized from DSM-V with additional information from Bloom and Carver

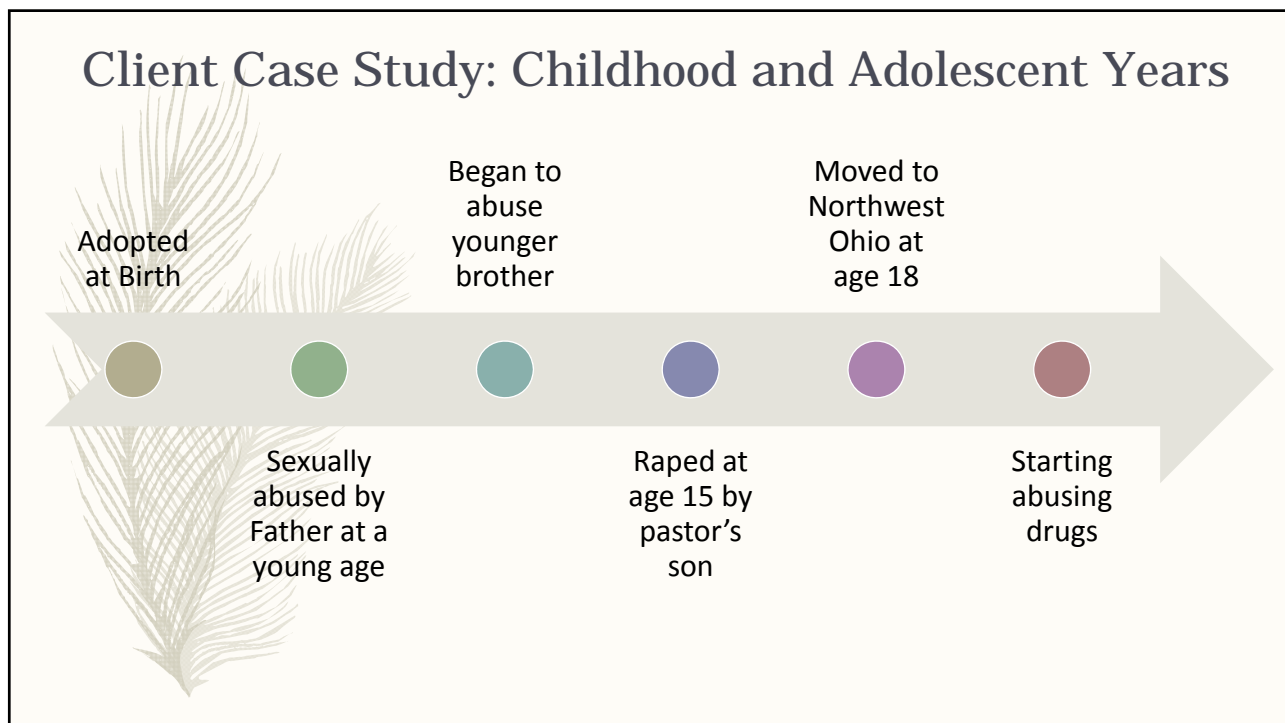


“We cannot truly understand behavior without understanding the experiences of the person or the context in which the behavior occurs.”

Russell Strand
Forensic Experiential Trauma Interview

Needs of Survivors

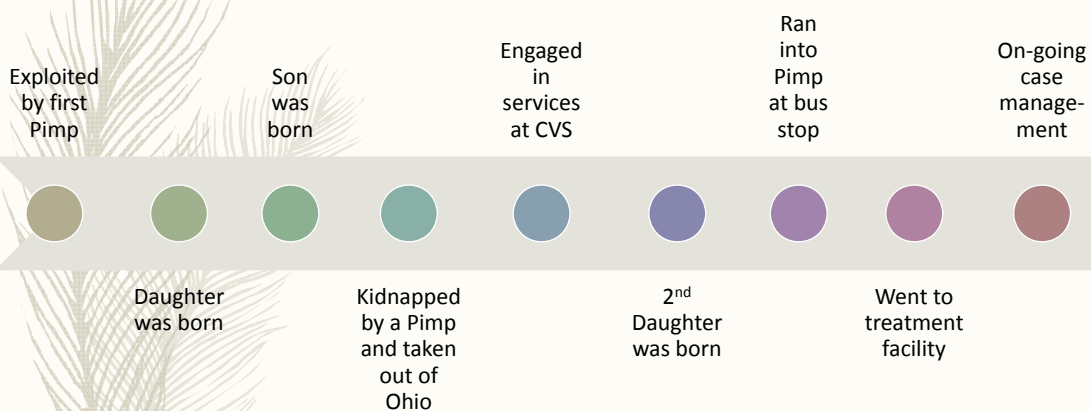
Medical	Psychological	Physical	Social
Treatment of STIs and physical trauma	Specialized rehabilitative services	Secure housing	Life Skills
Substance abuse rehabilitation	Trauma-focused counseling	Will attempt to run away	Conflict Management
Underlying mental illness	Often resist help and deny abuse	May traffic other residents	Educational services
Consistency in Care	Emotional Regulation	Relaxation Skills	Job Skills Training



Group Reflection

- What do you think was the most traumatic time for the client during her childhood?

Client Case Study: Adult Years



Countering the Trauma Bond

Trafficker Provides	Response
Traffickers/pimps seek to fill emotional voids and needed roles.	Find out what needs are being met or are trying to be met, such as love and self-esteem.
Traffickers/pimps provide hope, which they later exploit.	Give hope through a variety of ways, such as skill-building, education, and advocacy.
Traffickers/pimps fill physical needs	Provide holistic programs and services.
Traffickers/pimps thrive off fear and intimacy creating instability	Create a safe place to stabilize and provide long-term care.
Traffickers/pimps manipulate, lie, betray, and let the victim down, but they are always there.	Set realistic and honest expectations. Be consistent.

The National Report on Domestic Minor Sex Trafficking: America's Prostituted Children - Shared Hope International, May 2009

Components of Trauma Informed and Trauma Specific Services

- Trauma is a defining life event
- The survivor's complaints, behaviors and symptoms are coping mechanisms
- The primary goals of services are empowerment and recovery
- The service relationship is collaborative

(Clawson, Salomon, Goldblatt Grace, 2008).



Trauma Informed Services

- Appropriate for all systems of care
- Knowing the history of past and current abuse
- Designing services to accommodate the vulnerabilities of trauma survivors

It's not about what's wrong with you but rather what happened to you.



Trauma Specific Services

- Designed to treat actual symptoms
- Clinical work that utilizes trauma specific techniques
- Individual and group therapy



Trauma Informed Care

- Asks “What happened to you?” instead of “What is wrong with you?”
- Understands past trauma can be triggered by experiences in the present
- Is committed to supporting people as they heal
- Leaves a person feeling informed

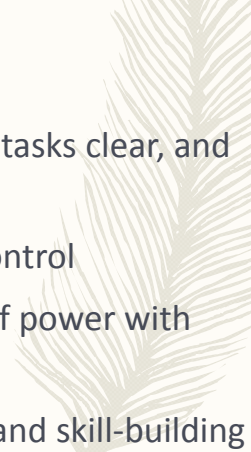


Trauma-Informed Services and Systems


- Informed about and sensitive to trauma-related issues
- Avoid or minimize re-traumatization
- Incorporate knowledge about trauma in aspects of work
- Hospitable and engaging for survivors
- Facilitate recovery
- Not designed to treat symptoms or syndromes related to sexual trauma

***Remember we do not know their experience! Every experience is different. People are not what happened to them!.

Core Principles of TIC

- **Awareness:** Everyone knows the role of trauma
 - **Safety:** Ensuring physical and emotional safety
 - **Trustworthiness:** Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries
 - **Choice:** Respect and prioritize consumer choice and control
 - **Collaboration:** Maximizing collaboration and sharing of power with consumers
 - **Empowerment:** Prioritizing consumer empowerment and skill-building
- 

Trauma Informed Care Practices


- Collaborate and Support
 - Recognize the Roots
 - Educate Yourself on the Physiology of Trauma
 - Value Survivor's Strengths, Priorities and Goals
- 

Ladd, S. & Neufeld Weaver, L. (2016). A Starting Point: Accompanying Human Trafficking Survivors Using Trauma-Informed Practices in the United States



Group Reflection

- What are the differences between trauma informed services and trauma specific services?
- What trauma informed care practices are you already incorporating into your setting?



**“It’s not about what we do,
what we say or how we
touch. It’s about being
present in a way that tells
those who are suffering that
they are not and will never
be alone.”**

- Laura van Dernoot Lipsky with Connie Burk
Trauma Stewardship



Vicarious Trauma

The impact of trauma on an individual's development and sense of self

- The lens with which the helper views the world as a result of the trauma work
- No time for one's self
- Increased disconnection from loved ones/ social withdrawal
- Increased sensitivity to violence, threat or fear – OR – Decreased sensitivity
- Cynicism
- Changes in identity, worldview and spirituality

(Pearlman & Saakvitne 1995; Dane, 2000).



Secondary Trauma

Observable reactions mirroring PTSD after working with traumatized populations

- Intrusive thoughts/ images of client's trauma
- Avoidant responses (to clients, to specific situations, circumstances)
- Negative alterations in thoughts and feelings (guilt, fear, shame, isolation, disinterest in activities, negative beliefs about clients, world, self)
- Arousal and reactivity (hypervigilant, reckless, angry, sleep disturbances, poor concentration)

(Bride, Hatcher, Humble, 2009; Bride, 2007; DSM 5).



Group Reflection

- How have your own experiences or the experiences of your clients impacted your view of trauma and trauma response?
- How has vicarious trauma left you feeling isolated?
- When have you suppressed your own feelings to avoid “feeling too much”?
- In what ways have you taken on your clients’ traumas as if they are your own?



Contact Information

Crime Victim Services

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1-877-867-7273

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