Your Own Understanding

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

Cultural & Social

Lived Experience

Human Trafficking

International Victims

Sex Trafficking

Labor Trafficking

Domestic Victims

Sex Trafficking

Labor Trafficking
Federal Legal Definition of Trafficking

Act
- Recruiting
- Harboring
- Transporting
- Obtaining
- Exploiting

Means
- Force
- Fraud
- Coercion

Purpose
- Sexual Exploitation
  OR
- Labor Exploitation

One Exception: Minor <18 in Commercial Sex

Act
- Recruiting
- Harboring
- Transporting
- Obtaining
- Exploiting

Means
- Force
- Fraud
- Coercion

Purpose
- Sexual Exploitation
  OR
- Labor Exploitation

The TVPA of 2000 was the first comprehensive federal law to address trafficking in persons. The TVPA was reauthorized in 2003, 2005, 2008, and 2013.
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

- **Executive State**: Prefrontal Lobes, What can I learn from this?
- **Emotional State**: Limbic System, Am I loved?
- **Survival State**: Brain Stem, Am I safe?

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.”


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.

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.

© 2010 van Dernoot Lipsky

---

**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

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

## Client Case Study: Childhood and Adolescent Years

Adopted at Birth

- Sexually abused by Father at a young age

Began to abuse younger brother

- Raped at age 15 by pastor’s son

Moved to Northwest Ohio at age 18

- Starting abusing drugs
Group Reflection

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

Client Case Study: Adult Years

- Exploited by first Pimp
- Son was born
- Engaged in services at CVS
- Ran into Pimp at bus stop
- On-going case management
- Daughter was born
- Kidnapped by a Pimp and taken out of Ohio
- 2nd Daughter was born
- Went to treatment facility
### Countering the Trauma Bond

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


### 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

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**
Rape Crisis & Anti-Human Trafficking Department
1-877-867-7273

Ryn Farmer, MSW, LSW, RA
Rape Crisis & Anti-Human Trafficking Director
rfarmer@crimevictimservices.org

Raven Loaiza, MSW, LSW, RA
Rape Crisis Regional Coordinator
rloaiza@crimevictimservices.org