Trauma-Informed Approaches to Supporting Domestic Trafficking Survivors

Family Violence Prevention & Services Program

Trafficking, Trauma & Trauma-Informed Care for Domestic Trafficking Survivors

Sponsored by FYSB | Family Violence Prevention and Services Program
Marylouise Kelley & Shawndell Dawson
January 2015
Presenters: Elisabeth Corey, Chic Dabby, Tina Frundt, Carole Warshaw

Welcome!

Shawndell Dawson
Senior Family Violence Program Specialist
Core Value in Federal Plan: Survivor-Centered

Victim services should promote safety, healing, justice, and rights for victims, and should empower them to participate in efforts to bring traffickers to justice.

Survivors play a key role in elevating understanding and awareness of human trafficking, improving service delivery, and informing policy.

Anti-trafficking efforts should be victim-centered and culturally-relevant, holistic, comprehensive, evidence-based, gender-responsive, and trauma-informed.

Content

Thank you to all survivors for speaking out, teaching us, and contributing their expertise to the field

I. Introduction Chic Dabby
II. Types of Domestic Trafficking Tina Frundt, Courtney’s House
III. Complex Trauma Elisabeth Corey, Beating Trauma
IV. Trauma-Informed Care Carole Warshaw, National Center on Domestic Violence, Trauma & Mental Health
V. Points of Contact Chic Dabby, Asian Pacific Institute on Gender-Based Violence (formerly, API Institute on Domestic Violence)
Definition

**Trafficking** is defined as:

- **Actions:** Recruitment, harboring, provision, receipt, transportation and/or obtaining of individuals
- **Means:** Using force or threats, coercion, abduction, fraud and/or systems of indebtedness or debt bondage
- **Purposes** can include:
  - Fraudulent adoption
  - Forced labor as domestic, industrial, agricultural workers
  - Prostitution, pornography, and sex tourism
  - Organ removal/harvesting
  - Involuntary servitude, including servile marriages
  - Serving as drug mules

Definitions, cont.

**Domestic Minor Sex Trafficking (DMST)** is defined as:

- Commercial sexual abuse and exploitation of minors through buying, trading or selling their sexual services
- A commercial sex act refers to anything of value – money, drugs, food, shelter, rent, higher status in a gang – exchanged for sex.

**Purposes** include:

- Prostitution: street prostitution, escort services, internet-aided prostitution, strip clubs, massage parlors, peep shows
- Pornography where minor is sold/rented/provided something of value to perform sex acts on camera.
Definitions, cont.

**Commercial Sexual Exploitation of Children (CSEC)** refers to a range of crimes including:

- Recruiting enticing, harboring, transporting, providing, obtaining, and/or maintaining (acts that constitute trafficking) a minor for the purpose of sexual exploitation;
- Exploiting a minor through prostitution;
- Exploiting a minor through survival sex;
- Using a minor in pornography;
- Exploiting a minor through sex tourism, mail order bride trade, and early marriage; and
- Exploiting a minor by having her/him perform in sexual venues (e.g., strip clubs, peep shows).

Who is victimized in domestic trafficking?

- Minors
- Adults
- Native women and girls
- U.S. and foreign born individuals
- Refugees and immigrants
- LGBTQ youth
Sex Trafficking: Root Causes

**Gender oppression**: Culture of gender violence, sexism and devaluation normalizes objectifying female bodies; abusing women and girls

**Exploitation of vulnerability, poverty**: Abuse, neglect, poverty can increase vulnerability to predation

**Male demands for commodified sex**: Trafficking relies on

- Extent of male demand e.g., an estimated 100 k DMST victims, turning 10 tricks/day = 1 million male buyers/yr;
- Trends amongst buyers e.g., paying higher prices for sex with younger girls.

**Predation, Impunity**: Nexus of (mostly) male predatory behavior and impunity is seen as normal masculinity

**Money**: organized crime, pimps find it lucrative w/ fewer penalties and losses than drugs and arms trafficking.

---

II. Types of Trafficking: Tina Frundt
Tina Frundt
Founder/Executive Director
202.525.1426 (office)

www.courtneyshouse.org

Are You Ready to Change Your Perception?
**Who Are We?**

- Courtney's House: We provide services for youth in the DC, Northern Virginia & Maryland area.
- Courtney's House is a drop in center that offers a Non-Residential Program that serves 12-21 year old survivors of Domestic Sex Trafficking, Female, Male, and the LGBTQ community.
- In addition, Courtney’s House offers emergency Case Management to clients over the age of 21 for 30 days.
- **Mission:** To provide survivor focused, trauma informed, and holistic services to survivors of sex trafficking.

**Services**

- **Intake Assessments**
  - Assessments are screening methods for Sex Trafficking.

- **Street Outreach**
  - Friday & Saturday nights (2-7am)

- **Hotline**
  - 24 Hours, 7 days a week
  - Answered by survivors of sex trafficking, DV and sexual assault
  - 1-888-261-3665

- **Research**
  - Support Street Outreach
  - Find possible matches with Missing Kids
  - Find & remove Online ads for clients
Services (continued)

- Survivor Support Groups
- Parent/Guardian Support Groups
- Mentoring
- Tutoring
- Survivor Intensive Case Management
- Parent Insensitive Case Management
- Drop-in Center

Types of Trafficking

**Four types of Control in the greater DC Area**
- Paid
- Gang
- Family
- Boys/Transgender

*Knowing the correct control Enables you to ask the right questions*
Common Ways Survivors Tell without Telling

• Testing the waters
• Calling others the names they have been called to see how you react
• Talk about an abusive boyfriend that they live with, with other girls, or rape
  ✤ see what questions you follow up with

Trauma on the Brain

• Of course higher risk of
  ○ PTSD
  ○ Mood Disorders
• Self-blame, Shame, Guilt
• Dissociation, Depersonalization
• Limited ability to think about themselves in the future, plan goals
• Effects on sex drive
• Drug and/or alcohol use, but DO NOT assume
Trauma on the Body

- Cuts, bruises, burns, broken bones
- STIs, trauma to genitalia
- Change in sleep and eating
- Significant change in weight
- Muscle tension
- Somatic Disorders
- Stomach problems
- Unable to feel temperature

Who’s Pulling the Strings???
**PIMP Controlled**

Intervene Assessment  
(from Shared Hope International)

- Have you ever left home?  
- What made you leave home?  
- How many times did you leave home?  
- What were some of the ways you took care of yourself while you were away from home?  
- Did you ever do any traveling while you were gone?  
- What places did you go?  
- While traveling, who did you go with?  
- How long were you gone?  
- While you were away from home did anybody keep you from coming back?  
- Did anyone introduce you to stripping? If so where did you strip?  
- Did you ever go to any shopping malls while you were gone?

---

**GANG Controlled**

Intervene Assessment  
(from Shared Hope International)  
*Courtney’s House expanded on these questions*

- Have you ever been asked to go to a skip party?  
- How did you hear about the skip party?  
- Were you asked bring any friends?  
- Did anyone ever show you any DVD’s or YouTube footage of them or someone else harming someone?  
- What clique or set were you with?
FAMILY Controlled
Intervene Assessment

- Have you ever helped your family save money?
- What are some ways you helped?
- Has anyone in your family ever dropped you off at someone’s house?
- How long were you gone?

BOYS/TRANS Controlled

- Did anyone ever give you hormone shots?
- Do you have a Mama that helps take care of you?
- Who helped you become Fierce?
- Are you in a Dance Crew?
- Have you ever worked chatlines?
Pimp Control TERMS:

**Trafficker/Pimp** – Person who buys and sells the child with no regard for their well being.

**John/Buyer** – Person who buys sex from the child with no regard for their well being.

**Quota** – An amount of money that survivors must provide to their trafficker/pimp every night.

**Bottom** – A trafficker/pimp who has multiple women/girls under his control will pick one to help supervise and control the others. The “bottom” will collect money for the pimp and tell on the other girls, but the “bottom” is also controlled by the pimp and often endures the most abuse.

**Track** – A set area known for prostitution activity where girls & boys are sent by their trafficker.

Pimp Control TERMS (continued)

**Runway/Kiddle Track** – Where young girls, usually ages 11-16 are sent by trafficker.

**Daddy** – What pimps require victims to call them

**Mama** – What transgendered traffickers require victims to call them

**Wife-In-Law** – What women/girls are required to call the other women/girls in the “stable”

**Stable** – A group of victims under pimp control

**Gorilla Pimp** – A violent Pimp/Trafficker

**“The Life”** – Being involved in pimp control
Hard Facts

- Sexually exploited minors should not be treated as criminals or delinquents but as severely traumatized and abused survivors requiring protection, empathy, specialized services and counseling/therapy.
- They should NOT be re-traumatized through arrest, prosecution and detention.
- Police Officer Oath: “I will always have the courage to hold myself and others accountable for our actions.”

III. Complex Trauma: Elisabeth Corey
The Trauma-Informed Recovery Journey

Elisabeth Corey, MSW
BeatingTrauma.com
Facebook.com/BeatingTrauma
@BeatingTrauma

Common Misperceptions about Trafficking:
People are Trafficked by Strangers

Covenant House Study of Domestic Minor Sex Trafficking Survivors

- Boyfriends: 27%
- Immediate Family: 36%
- Friends of Family: 14%
- Employers: 14%
- Strangers: 9%

My Story

- Generational
- Suburban, Middle-Class
- Physical abuse starting in infancy
- Sex abuse starting in the toddler years
- Trafficked at ages 7 and 8
- Brief interaction with child welfare
- Broken by Age 9

The Family Cult

Abuses: Physical, Emotional, Mental, Sexual, Financial
What is C-PTSD?
When trauma won’t stop

Complex Post-Traumatic Stress Disorder is a psychological injury that results from prolonged exposure to social or interpersonal trauma, disempowerment, captivity or entrapment, with lack or loss of a viable escape route for the victim.

http://outofthefog.net/Disorders/CPTSD.html

Can be misdiagnosed as:
- Bi-polar Disorder
- Borderline Personality Disorder
- Generalized Anxiety Disorder
- ADHD

Complex Trauma
A Holistic Experience

- Physical: Chronic and Incurable Illnesses
- Sexual: Chronic Physical Pain and Ailments
- Emotional: Dissociation
- Spiritual: God Image
- Mental: Cognitive Belief Systems
- Relational: Lack of Trust & Vulnerability
- Behavioral: Driven by Fear
- Energetic: Lack of Life Energy
- Parental: Cyclical and Unconscious Parenting
A Holistic Experience

Physical

- Chronic, Un-diagnosable and Incurable Illnesses
  - Repeated Viral Illness in my teen years
  - Arthritis or Fibromyalgia symptoms in my twenties
  - Illnesses resulting from minor injuries that went without medical care (including dental)
  - Defensive body posture leading to spine curvatures/scoliosis or other structural issues
- Systemic Yeast
- Chronic Urinary Tract Infections
- Enuresis or Encopresis
- Restless Legs Syndrome

A Holistic Experience

Sexual

- Chronic amenorrhea / lack of ovulation
- Vulvodynia / severe pain during intercourse
- Excessive anxiety at annual examinations
- Dysfunctional patterns with sexual partners
  - Inability to say no to sex
  - Abusive sexual relationships
  - Preferring power differentials
A Holistic Experience
Emotional

Dissociation

- Official Definition: The disconnection or separation of something from something else or the state of being disconnected.
- My Definition: Memories and their emotions have been tucked away in our bodies and brains leading to distorted interaction and perception of reality.

The Dissociation Continuum

| Forgetting Where the Keys Are | ADHD | Memory Repression | Dissociative Identity Disorder |

A Holistic Experience
Emotional

- The ABC’s of Dissociation
  - ADHD (hyper-activity, acting out, lack of focus)
  - Boundary Dysfunction
  - Consistent Inconsistency
    - Moving Constantly
    - Rapid Change in Interests (beyond normal childhood changes)
    - Fear of Failure or Success
  - Daydreaming (spacing out, inattentiveness)
  - Emotional Numbing (constriction)
  - Frequent Outbursts (emotional regulation difficulties)
  - General Lack of Empathy or Compassion
  - Hyper-arousal
  - Intrusion (flashbacks)
A Holistic Experience
Energetic & Spiritual

- Lack of flow in all aspects of life
- Resistance to every day experiences whether positive or negative

- God Image
  - Belief of unworthiness
  - Belief that God is punitive and inconsistent

- Lack of Meaning in Life
  - Existential Despair

A Holistic Experience
Mental

Trauma creates a separation / lack of integration

A survivor may have dualistic beliefs from multiple non-integrated parts

Leading to a swing between opposing beliefs when attempting to relate to others or life
A Holistic Experience
Mental: Cognitive Belief Systems

Nobody Can be Trusted       I Cannot Survive Alone
Saying “No” Is Life Threatening Saying “No” Keeps Me Alive
The Present Moment is the Enemy The Past is the Enemy
It is My Fault               It is Other’s Fault
I Am a Victim                I Am Capable of Abuse
I Don’t Have a Voice         I Am The Only Voice
The Universe is Evil         The Universe Owes Me

A Holistic Experience
Mental: Cognitive Belief Systems
Money and Success

Money = Power = Evil
Without Money There is Only Death
What am I Worth?
I am Worth Nothing
I Must Have Help to Succeed
Help Will Only Lead to Betrayal
I Cannot Succeed Unless Others Fail
I Am Not Deserving of Success
A Holistic Experience
Relational

- Friendships and Intimate Relationships
  - Lack of Trust Can Be Self-Fulfilling
  - Control Takes Many Forms (Duluth Model)
    - Emotional/Mental
    - Economic
    - Sexual
    - Physical
- A Pattern of Abuse Throughout a Lifetime (Lifetime Spiral from APIIDV)
- Tendency to Isolate

A Holistic Experience
Behavioral

- Fear-based behaviors don’t always look like fear
- Scripted answers with inconsistencies / Story seems to change
- Can’t answer questions without other’s involvement
- As a child, may play out sexual experiences
- As a teen, may date older, controlling, abusive partners
- School is not always an indicator
- Addictive behaviors (substances or intensity)
- Self Harm (not just cutting)
A Holistic Experience
Parental

- Repeating cycles of abuse with children
  - Domestic Violence
  - Child Sex Abuse
  - Child Trafficking
- Frequently overwhelmed with basic parenting responsibilities
- Unsure of effective parenting strategies
- Inability to change and grow in parenting
- Loses temper frequently and inconsistently
- Seeming lack of compassion or love toward children

What happens with the right diagnosis?

The conversation shifts from what is wrong with me to what happened to me.

Shame starts to lessen.
Creating Inclusive Trauma-Informed Services and Organizations

Carole Warshaw MD
National Center on Domestic Violence, Trauma, & Mental Health

Webinar on Trauma-Informed Approaches for Supporting Domestic Trafficking Survivors
January 28th, 2015
First, take a moment…

Thinking about Trauma

Individual Trauma: Unique individual experience of an event or enduring condition, in which:

- The individual is exposed to actual or threatened death, serious injury, sexual and/or psychological violation by directly experiencing, witnessing or learning about a traumatic event (to a loved one) or through first hand repeated exposure
- The individual’s coping capacity and/or ability to integrate his or her emotional experience is overwhelmed causing significant distress (PTSD; Complex Trauma; Neuroplasticity)

Collective Trauma

- Cultural, historical, insidious and political/structural trauma that impacts individuals and communities across generations

Interpersonal Trauma: Intimate & social betrayal; Cumulative burden; Ongoing risk; Coercive control
Trauma, Coercion & Discrimination Can Affect Access to Services

- Trauma can reduce access to services
  - Avoidance of trauma reminders; Reluctance to reach out when trust has been betrayed; Retraumatization in service settings; misperception of trauma responses and coping strategies

- Coercive control, discrimination & lack of cultural attunement can reduce access to services

- Without a trauma framework, services can be retraumatizing. Without an understanding of trafficking and DV, services may be unwelcoming and unsafe. Without attending to culture, services will not be relevant or accessible. Without a social justice framework, abuse and violence are likely to continue

- Responding in welcoming, inclusive, trauma-informed ways can help to counteract these effects

How Can a Trauma Framework Help?

- Understand human responses to trauma
- Respond in more helpful & empathic ways
  - Acknowledge importance & challenges of connection
  - Restore dignity & respect; Ensure choice; optimize control
- Offer more holistic approaches to healing
- Recognize cultural values, strengths and resources; experiences of oppression/coercion; and strategies of resistance
- Fosters understanding of our own responses and their potential impact
An Integrated Approach

What Do We Mean by Trauma Informed?

- Recognize the pervasiveness & impact of trauma
  - On survivors, on staff, on organizations, on communities
- Minimize retraumatization
  - Counteract the experience of abuse and oppression: Relational, cultural, environmental & programmatic aspects
- Facilitate healing, resilience & well-being
  - Mitigate the effects of abuse: Culturally resonant, DV/Trauma-informed and –specific approaches & interventions
- Attend to impact on providers & organizations
- Address & transform social conditions that perpetuate abuse, trauma & oppression

Saakvitne et. al. 2000, Harris & Fallot 2001,
Trauma-Informed Organizations Tipsheet, Thinking about Trauma in the Context of DV.
Trauma-Informed Practice: Attending to Trauma & Its Effects

- Impact of stress/trauma on survivors
  - Responses as adaptations; Trauma themes; Neurobiology, relationships & development

- Impact of stress/trauma on providers
  - Role expectations; Burnout; Transference & countertransference; Secondary trauma; Parallel process; structural violence; micro-aggression

- Impact of stress/trauma on organizations
  - When our organizations are under siege, we can inadvertently create traumatizing experiences or environments for survivors and staff*

* Bloom and Farragher 2011

Creating Trauma-Informed Services & Organizations

Service Domains
- Physical, Sensory & Relational Environments
- Intake & Assessment Process
- Programs & Services
- Community Collaboration & Referral Relationships

Organizational Domains
- Organizational Commitment, Infrastructure & Culture
- Staff Training and Supports
- Feedback and Evaluation

ACDVTI Agency Self-Assessment Tool, NCDVTMH 2011
Creating Culturally Attuned, Trauma-Informed Service Environments

- **Physical & Sensory Environment**
  - Attentive to sensory impact: Soothing, welcoming, enlivening & safe; Culture and gender inclusive/responsive; Sensory stimulation; Quiet places, Choices

- **Relational Environment: Restoring dignity and emotional safety; Countering perpetrator control**
  - Respectful collaborative connections; Empowering information about trauma; Focus on resilience & strengths
  - Clarity, consistency, transparency, choice & control

- **Programmatic Environment**
  - Examine policies & procedures; Adaptation & flexibility
  - Emotional safety planning; Prepare for trauma triggers

When trauma occurs in the context of relationship, the quality of the relationships we create is key…
Thinking about Intake and Assessment

**Emotional safety**
- Offer empathy, validation, and respect
- Share concerns without imposing own point of view
- Explanation, preparation, pacing, choice, tools

**Genuine interest and openness**
- Provide space to talk about things that are important or challenging without judgment or blame

**Attention to imbalances/issues of power**
- Create opportunity to participate in give-and-take relationship without risk of retaliation

**Awareness of our own responses**
- Ability to tolerate fear and uncertainty

---

Programmatic Adaptations to Support Emotional Safety

**For Example:**
- Talk with each person at intake about how shelter living can be challenging for everyone, the kinds of issues that often arise, and what you can do to create a more comfortable supportive environment
- Discuss the kinds of things people might find challenging, what it's like for them when they feel stressed and what they find helpful or comforting
Facilitating Healing, Resilience and Well-Being

Healing from trauma often begins by:
- Restoring safety, connections, capacities, trust, meaning and hope
- Accessing empowering information
- Honoring strengths and resilience
- Emotional and interpersonal skill-building
  - Enhancing affect regulation and interpersonal skills, anticipate & prepare for trauma triggers
- Developing or reconnecting with supportive aspects of culture, community & spirituality and engaging meaningful activities.

Trauma Treatment Considerations

- **Symptom-focused vs. Holistic approach**
  - PTSD treatment targets specific symptoms; Complex trauma treatment addresses multiple domains

- **Past abuse vs. Ongoing risk**
  - Most trauma treatment models focus on past abuse; Few are designed for survivors still under siege
  - Some evidence-based treatments for PTSD can be harmful in context of complex trauma and/or ongoing abuse
  - Women experiencing current abuse often excluded from clinical trials

- **Integration of culture-, LGBTQ-, Trafficking-specific concerns**
  
Organizational Commitment, Staff Supports, and Feedback and Evaluation Mechanisms

Organizational Commitment

Organizational culture in which everyone feels valued, empathy is nurtured, hierarchy is limited, tensions are addressed openly, there are no hidden agendas, and there is a collective sense of purpose.
Supports & Training for Staff

- **Salaries, benefits, reasonable workload**, personal development, staffing patterns that allow back-up, sharing responsibility and coverage
- **Ongoing training**: Multidisciplinary team support; Community partnerships
- **Reflective supervision**: Create safe places to discuss feelings that arise in our service interactions & develop our own understanding and capacity to address them
- **Attention to burnout and secondary trauma**: Opportunities to think about and address the impact of the work we do on our own lives

Feedback and Evaluation

- **Policies and procedures for including people who use services in an advisory capacity** to agency & for soliciting regular feedback from people who receive services in languages used by majority of people served
- **Mechanisms for staff to provide feedback** on the agency’s ability to provide for the physical and emotional safety of staff and people receiving services & whether staff feel cared for and valued.
- **The agency regularly incorporates feedback into changes and improvements**
Being trauma informed means embodying in our own practices and organizations the world we want to create

Warshaw, 2008
NCDVTMH Resources

- Resources for Advocates on Trauma-Informed Practice: http://www.nationalcenterdvtraumamh.org/publications-products/resource-for-advocates/
- Trauma-Informed Care for Mental Health Professionals: http://athealth.com/trauma-informed-care-for-mental-health-professionals/

Creating Trauma-Informed Services Tipsheet Series

- A Trauma-Informed Approach to Domestic Violence Advocacy
- Tips for Creating a Welcoming Environment
- Tips for Enhancing Emotional Safety
- Practical Tips for Discussing a Mental Health Referral with DV Survivors
- Tips for Supporting Survivors with Reduced Energy
- Tips for Making connections with Survivors Experiencing Psychiatric Disabilities
- A Trauma-Informed Approach to Employment Support: Tools for Practice
Resources for Advocates & Survivors

- Fact Sheets & Practical Tools
  - Understanding Traumatic Triggers
  - Self-Injury: Information Sheet for Domestic Violence Advocates
  - Impact of Trauma on Interaction and Engagement
  - Locating Mental Health and Substance Abuse Supports for Survivors
  - Asking about and Responding to Survivor’s Experiences of Abuse Related to Mental Health
  - Resources for Grounding, Emotional Regulation & Relaxation for Children and Their Parents
  - Trauma-Informed Legal Advocacy: Practice Scenarios
  - Preparing for Court Proceedings Tips for Lawyers & Legal Advocates

- Safety and Well-Being Tipsheet Series
  - Mental Health and Substance Abuse Coercion
  - How Abuse Might Affect Your Mental Health
  - Making the Decision to Talk to Someone About Being Abused: When Someone You Know is Being Abused

http://www.nationalcenterdvtraumamh.org/publications-products/resource-for-advocates/

Conversation Guide Series

- Increasing Emotional Safety in Domestic Violence Shelters
- Making a Connection when Trauma Affects Interaction and Communication
- Creating a New Medication Policy
- Reaching for the Stars: Goal-Setting with Survivors of Domestic Violence
- Reflective Practice Activities: Reflecting on Unexpected Successes

http://www.nationalcenterdvtraumamh.org/publications-products/resources-for-agencies/
Carole Warshaw, MD
29 E. Madison St., Suite 800
Chicago, IL 60602
P: 312-726-7020
TTY: 312-726-4110
www.nationalcenterdvtraumamh.org
cwarshaw@ncdvtmh.org

Funded by Administration on Children Youth and Families
Administration for Children and Families,
US Department of Health and Human Services

V. Points of Contact | Trauma-Informed Collaboration: Chic Dabby
Asian Pacific Institute on Gender-Based Violence
Points of Contact

Three guiding principles:
1. Understanding help-seeking
2. Addressing endangerment
3. Being trauma-informed

1. Understanding Help-Seeking

Help-seeking in the present is affected & influenced by past help-seeking attempts. Consider some of the factors:

- Exposure to multiple forms of abuses by range of abusers
  - Shrinks the pool of potential helpers; increases danger

- Contexts of societal oppressions e.g., against LGBTQ youth
  - Diminishes access, increases barriers to services; increases abusers’ impunity

- Negative actions and attitudes of helpers
  - Colors ability to trust others and/or one’s own judgment;

- Victim-blaming, not believing victims, believing perpetrators
  - Diminishes credibility, deepens internalized devaluation, causes confusion, shutting down
It is important for anyone working with victims of commercial sexual exploitation to realize that this population is usually very reluctant to reveal anything personal or sincere to adults, especially in professional positions. Many victims have been in circumstances where adults have consistently let them down. But victims are especially unlikely to share prior sexual activity.

Walking Prey, Holly Austin Smith

Help-seeking, cont.

Interconnected Histories of Abuse and Help-Seeking: By the time we encounter survivors, they already have...

- Negative & positive histories of help-seeking
- Histories of physical and/or sexual abuses and neglect that can start early in the lifecourse
- Experienced multiple types of victimization and victim-blaming from various abusers
- Endured repeated victimization on a daily basis
- Dangers and threats of violence from traffickers, buyers, employers, others in the life, etc.

In some situations, doing nothing can be self-protective
2. Endangerment

Endangerment Levels are Affected by:

- Complexity of case
- Stage at which victims escape; number of victims in group
- Stage of the investigation
- Breaks in confidentiality, especially w/multiple systems involvement
- Type of traffickers controlling the operation; e.g., gang- and crime-controlled trafficking can be more dangerous and violent
- Lack of coordination between providers
- Procedures, including safety planning, traditionally applied in foster/group home, or domestic violence or runaway homeless youth shelters – that have not been designed for trafficked individuals
- Former victims who have become middle management and/or traffickers and are not properly identified as such

However, don’t assume...

“When I first started speaking publicly about my experience, I felt pressured to tell audiences that I was scared in order to satisfy their confusion about my compliance with the trafficker’s demands.

But the truth is...I wasn’t scared.

I felt stupid, duped, and disappointed, even sad and apprehensive; but I was not cowering in a corner as many images of sex trafficking convey.”

*Walking Prey: How America’s Youth are Vulnerable to Sex Slavery*

Holly Austin Smith
3. Being Trauma-Informed

- A basic **knowledge** of trauma and its impact
- Understanding **trauma triggers** (victims’ and one’s own) to minimize re-traumatization
- Providing **information** about trauma to victims (e.g., fight, flight, freeze)
- Helping survivors **manage feelings**, feel in **control** of situations, give input on program/services
- Supporting emotional **safety** for victims and staff
- Philosophically, asking
  - “What has happened to you?”
  - Not “What’s wrong with you?”

Points of Contact (a) Raids | Stings

Raid are traumatic leading to potential jail time or homelessness, increased suicide risk

Establish protocols for coordinated response between law enforcement and advocates before raids are conducted in order to meet victim needs and separate out traffickers

**Being trauma-informed**

- **Provide emotional safety**, e.g., make appropriate clothing available
- **Understand sources of trauma** e.g., debt, separation from pimp, danger to self or family,
- **Identify triggers** such as speaking to police, being in confined spaces, negative help-seeking experiences

**Resource**

Law Enforcement Training Manual Office of New Mexico Attorney General (Why Victims Fail to Report to Law Enforcement)
Points of Contact: (b) Arrest
Trafficked individuals are victims, not criminals, they must be interviewed, not interrogated, at arrest. “No one talked to me like I was a real person outside a criminal case” *

Being trauma-informed
- Help victims feel in control: Provide clear information about procedures, choices victims have, impact of their decisions on next steps, using language minors and others with limited English or education level can understand
- Help victims manage feelings: Offering respect and compassion can allay victims’ mistrust, fears; understand their loyalty to traffickers and anticipated ‘rescue’
- Identify trauma triggers/sources: previous arrests, being interrogated, endangering others who were not arrested

Resources
Interview tips and guidelines are provided by presenters, Shared Hope International, N'al Center on DV, Trauma & Mental Health, and in *Walking Prey* by Holly Austin Smith

Points of Contact: (c) Investigation
“Uncooperative” victims: Fear? Hostility? Self-protection?

Being trauma-informed
- Minimize re-traumatization caused by recounting stories, details repeatedly; facing traffickers’ lawyers; feeling humiliated by information in medical, mental health, other service systems’ files
- Provide information to survivors about trauma triggers: Explain how being challenged on inconsistencies during investigation can trigger memories of trafficker and feeling stupid, worthless
IV. Points of Contact: (d) Shelter
Safety in Runaway Homeless Youth (RHY) or domestic violence shelters depends on whether resident is in pimp-, gang-, family-, crime-, or transgender-controlled trafficking situation

**Being trauma-informed**
- Minimize re-traumatization triggers due to being in environment with other victims; where movements are curtailed; [shelter] rules are enforced
- Build emotional safety: Victims will feel isolated in domestic violence shelter, not identify with domestic violence survivors, mistrust other trafficked women housed with them
- Understand trauma caused when victim and perpetrator boundaries are blurred – trafficked youth may be forced, or even consent, to use violence or recruit others for their pimp

IV. Points of Contact: (e) Healthcare

**Being Trauma-Informed**
- Healthcare providers, untrained in screening for trafficking, may misdiagnose presenting problems. E.g.:
  - Malnutrition ≠ eating disorder, but food insecurity
  - Drug poisoning ≠ substance abuse, but being used as a drug mule
  - Multiple pregnancies, multiple abortions, HIV/AIDS, STIs and STDs ≠ ignorance of safe sex or high-risk behavior, but reproductive coercion and assault
  - Repeated Depo Provera use ≠ teen who can’t be bothered with her periods, but prostituted teen
  - Labelling sexual exploitation as ‘dating violence’

**Resources**
- SOAR: to increase victim identification in healthcare
- HEAL: Network of health professionals
Asian & Pacific Islander Institute on Domestic Violence | Chic Dabby
A national Resource Center providing training and technical assistance on trafficking and other forms of gender-based violence. Contact: info@apiidv.org
www.apiidv.org/violence/trafficking.php; 415.568.3315

In coordination with National Latin@ Network
www.nationallatinonetwork.org