

Human Trafficking, Interpersonal Violence, and Trauma-Informed Care

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Overview

1. Review of Human Trafficking (HT) and HT indicators
2. Understanding the relationship between HT and other forms of Interpersonal Violence (IPV)
3. Polyvictimization and complex trauma
4. Relevance for STOP Administrators
5. Trauma-informed care and vicarious trauma

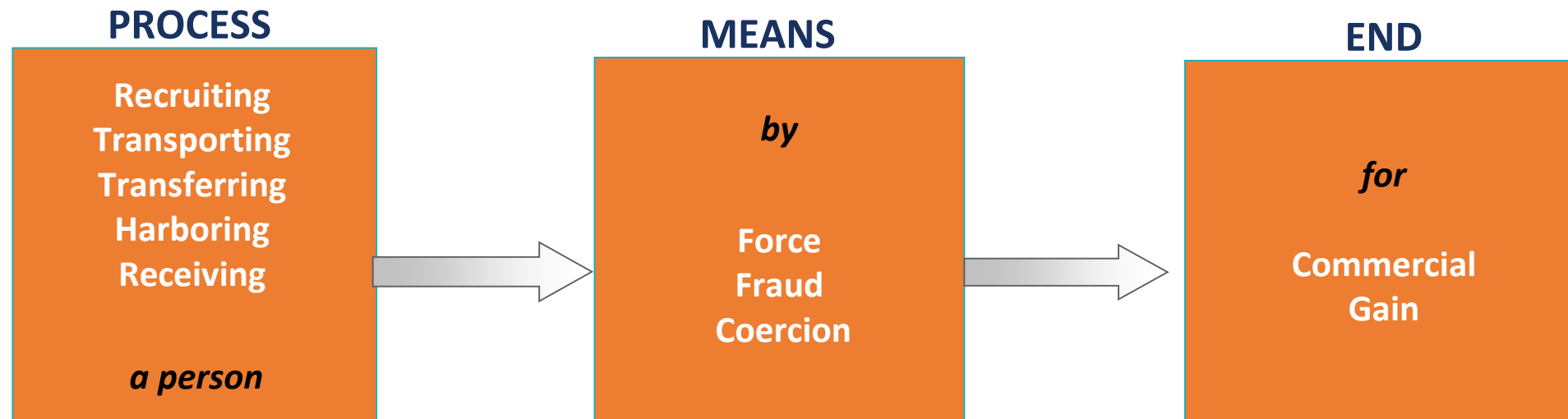
What is Human Trafficking?

- Sex trafficking:
 - In which a commercial sex act is induced by force, fraud, or coercion, or
 - In which the person induced to perform such an act has not attained 18 years of age;
- Or:
 - The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Elements of Human Trafficking

“Any form of recruiting, transporting, transferring, harboring, or receiving a person by means of threat or use of force or other forms of coercion, abduction, fraud, or deception for the purpose of commercial gain.”

United Nations Office of Drugs and Crimes, 2018



Types of Human Trafficking

severe forms of trafficking in persons

[The Trafficking Victims Protection Act of 2000 (TVPA)]

- **Sex trafficking:** exploitation of a person for a commercial sex act that is induced by force, fraud or coercion, or in which the person induced is **under the age of 18** – *Do not need to prove force, fraud or coercion for minor children*
 - sexual servitude
 - prostitution and servile marriage
 - sex-related activities such as pornography, exotic dancing, entertainment, and escort services
- **Labor trafficking:** the exploitation of a person for labor or services, through the use of force, fraud or coercion
 - involuntary servitude
 - debt bondage
 - forced labor
 - involuntary child labor

Methods of Trafficking

FORCE

- Kidnapping
- Physical abuse
- Rape
- Locked in
- Sexual assault
- Torture

FRAUD

- Broken promises
- Wage retention
- False contracts
- Feigned relationship

COERCION

- Threats of violence
- Holding documents
- Disorientation, unfamiliarity
- Excessive work, withholding pay
- Lack of medical or dental care
- Lack of basic necessities
- Social isolation
- Psychological abuse
- Use of the relationship
- Threats to family
- Dependence on trafficker
- Threats (police, immigration)
- Forced to witness violence or hurt others
- Forced to disavow cultural values

Trafficking Indicators

- Under 18 and providing commercial sex acts
- Few or no personal possessions or financial records
- Not in control of own money
- Lack of knowledge of a given community or whereabouts
- Lack of freedom to leave living or working conditions
- Individual not in control of own identification documents
- Demeanor – fearful, anxious, submissive, tense, or nervous behavior
- Signs of physical abuse, physical restraint, confinement, or torture
- Signs of malnourishment
- Restricted, mediated, or controlled communication (ie. third parties)
- Individual owes a large debt and cannot pay it off
- Unpaid or paid very little
- Frequent movement
- Branding or suspicious tattoos
- Excessively long working hours or odd tasks at odd hours
- Peculiar security measures for locations (ie. opaque windows, barbed wire)
- Inability to clarify address
- Inconsistencies in their story

Reflection

How is human trafficking similar to other forms of interpersonal trauma?
(Domestic violence, child abuse, stalking, dating violence, sexual assault)

Common Factors Between HT & Other Forms of Interpersonal Trauma

- Relational trauma
 - Unequal power dynamics of perpetrator and victim
 - Coercive elements of the relationship (exploitation of relational vulnerabilities. Appearance of love, connection, offering compliments, gifts. Creating reliance- e.g, financial. Maintaining control-clothing, social connections, etc)
 - May be trauma bonding
- Secrecy from potential supports
- Trauma (emotional, physical, sexual abuse)
- Impacts
 - Attachment/relational impact,
 - Sense of self (shame, self-blame)
 - Feelings of helplessness/lack of control
 - Dysregulation (affective, somatic, behavioral)

The Power and Control Wheel: Human Trafficking



Unique Aspects of Trafficking

- View of victim as an object or possession (impacts identity)
- Commercial element- the “public-ness” (and no one did anything)
- Financial element
- Rejection by society (friends, family, teachers, law enforcement)
- Gang involvement/ drug trafficking
- Substance use/ abuse
- The normalization of “*The Life*”
- Pop culture influence (glorification of “pimp and ho” culture) and media influence (devaluation- terminology such as “prostitute” or sensationalization)
- Group victimization (may have been made to witness violence/ coerce others)
- Poverty/lack of resources/need (“survival sex”), lack of supports
- Frequent movement/ lack of stable placement (how to offer services?)
- Sense of alienation from mainstream society
- Issues of race, gender, sexual preference, gender identity

Comparison of CSE Victims to Sexual Abuse Victims in a Clinical Sample

- Sample of 215 help-seeking youth from the National Child Traumatic Stress Network Core Data Set (NCTSN CDS)
 - Exploited in prostitution (n = 43)
 - Sexually abused/assaulted but not exploited in prostitution (n = 172)
- Statistically significant differences on:
 - UCLA Posttraumatic Stress Disorder Reaction Index [PTSD-RI]
 - Child Behavior Checklist [CBCL]
 - Other measures of emotional and behavioral problems
 - avoidance and hyperarousal symptoms
 - Dissociation
 - truancy
 - running away
 - conduct disorder
 - sexualized behaviors
 - substance abuse

Case Study: Jasmine

- What elements of trafficking do you notice?
- What other forms of interpersonal violence are involved?
- What unique challenges face victim service providers, law enforcement, the courts, and other professionals working with this type of case?

Jasmine ⁽¹⁾

- Jasmine is a 19-year-old African American young woman who has run away from her “boyfriend” and is staying at a shelter.
- Jasmine grew up witnessing her mother being physically abused by her father. When she was six, her father left the family. Because Jasmine looked like her father, and her mother generally ignored her or was cruel to her.
- Jasmine did poorly in school, got into trouble for “misbehaving”, and got into fights with her peers. Her mother dated a string of men and one of them sexually abused Jasmine from the ages of 11 to 13. When she told her mother, her mother accused Jasmine of lying and trying to tear apart their family.
- Jasmine started dating older boys and became sexually active at 13. She began drinking and smoking marijuana regularly. She was raped at 14.
- Jasmine got into frequent fights with her mother and left home when she was 16 to stay with a friend.

Jasmine (2)

- Jasmine moved in shortly afterwards with a Jerod, a 26-year-old man that she had been seeing. Jerod was sometimes nice, but at other times, he would call her names, push or slap her. He once pushed her out of a car when they were having an argument. Jerod was dealing drugs, and they frequently “partied” together.
- The abuse became more severe. Jerod told her that she needed to earn her keep, and had her help him deal drugs and arranged for her to go on a “date” with a man he knew. He subsequently arranged many more of these “dates.” He bought her nice clothes, jewelry, a Range Rover, and a dog. She also began using pain pills, which Jerod provided. Jerod brought in a younger girl to work for him, and Jasmine watched as he beat her for not bringing in enough money.
- When Jasmine was 17, she ran away from Jerod and went to stay with her grandmother, but Jerod began following her and calling her multiple times a day. He threatened to show her grandmother explicit pictures and to tell her that Jasmine had been prostituting, so she returned.
- After a recent severe physical assault, Jasmine went to a shelter but says that she still loves Jerod and misses him.

Jasmine (3)

- Jasmine tends to be loud, talk a lot, and doesn't ever sit still. She is emotionally reactive and goes quickly from appearing happy to yelling or crying. She has scabs on her arms and legs from cutting herself. She is often "spacey" and loses track of what she is doing.
- She has trouble making friends and is ostracized by the other women at the shelter. The shelter staff see her as a "behavior problem" because she repeatedly breaks the rules and doesn't seem to care about consequences. They are concerned that she is giving her cell phone number to strange men and that she might be trying to get drugs. Shelter staff describe Jasmine as "entitled" and "manipulative."
- Jasmine complains that she has trouble sleeping and has nightmares. She is upset about having a roommate and complains that she is triggered by the chaos in the shelter. She refuses to engage in therapy because she doesn't want to talk about what she's gone through.

Case Study: Jasmine

- What elements of trafficking did you notice?
- What other forms of interpersonal violence were involved?
- What unique challenges face victim service providers, law enforcement, the courts, and other professionals working with this type of case?

Intersections Between HT & Other Forms of IPV

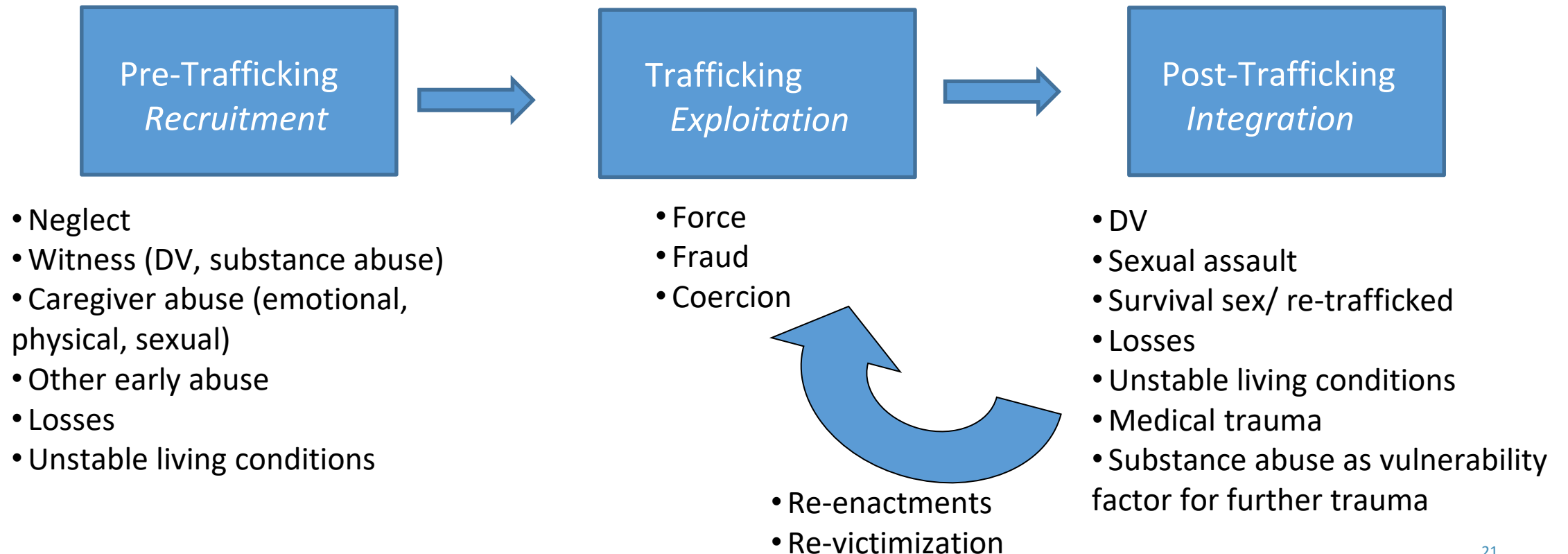
- Early exposure to interpersonal violence (e.g., DV) increases vulnerability to HT
 - Urgency of escape and lack of support network
 - Erosion of self-esteem and self-confidence
 - Association with school truancy in children and engagement in other risky, dangerous or self-defeating behavior
- Person is sexually assaulted to break down their resistance to trafficking
- Person is trafficked by their abusive “boyfriend” or husband
- Person is sexually assaulted in the context of labor trafficking
- Person is stalked by trafficker or trafficker’s associates after exiting
- Person experiences interpersonal violence (DV, sexual assault, stalking) after exiting the trafficking situation

Layers of Trauma

- Poverty
 - Discrimination
 - Attachment disturbance
- Emotional, physical, sexual abuse
 - Community violence
 - Losses (death, separations)
- Other violence, trauma exposure, stressors
 - Lack of opportunities
- Coping strategies- negative feedback loop

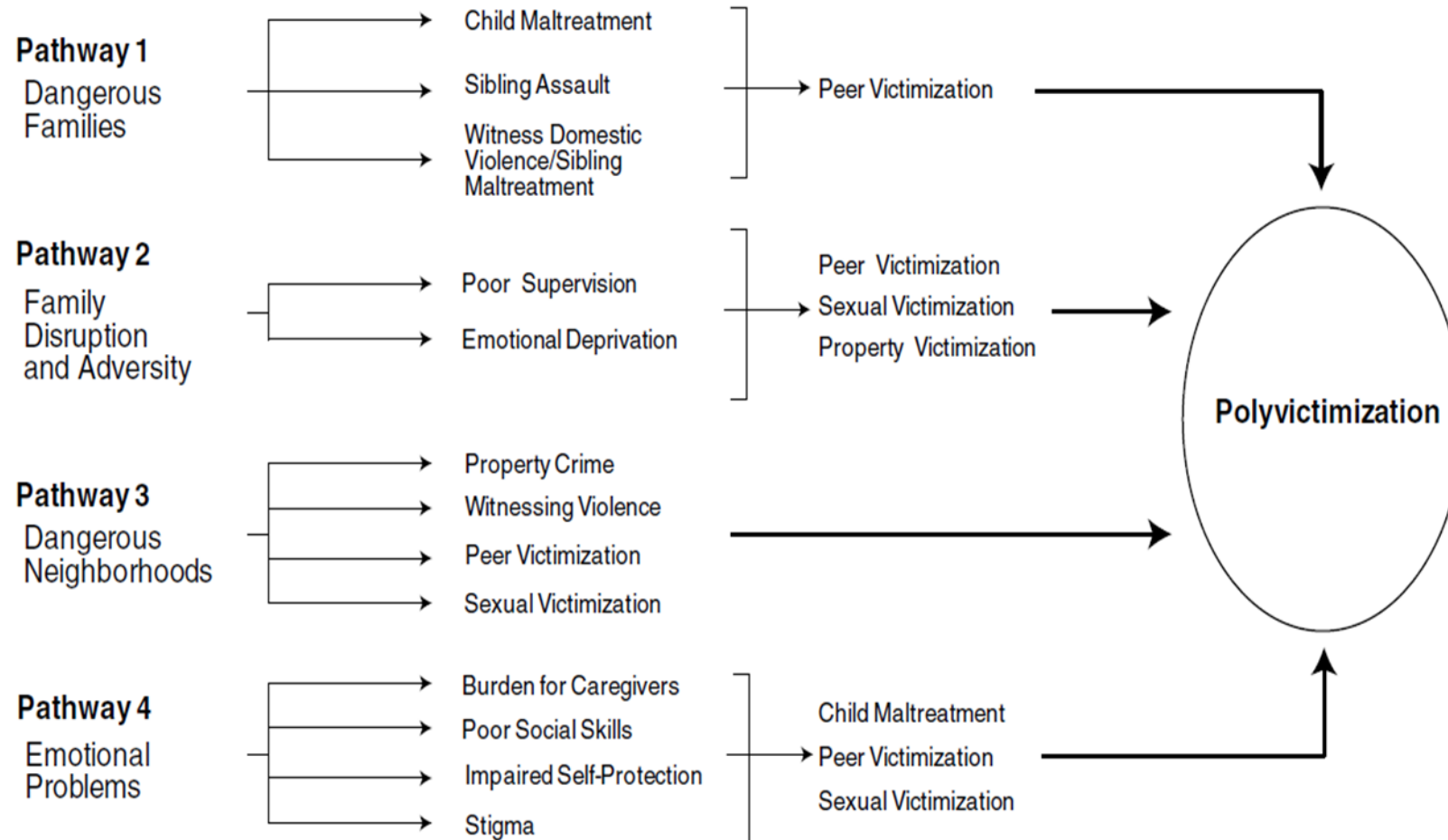
Polyvictimization

Stages of Human Trafficking (Zimmerman, Hossain & Watts, 2011)



Pathways to Polyvictimization

Figure 6: Conceptual Models of Pathways to Polyvictimization



(Finkelhor et al., 2009)

Interpersonal Trauma and Belief Systems

Relational trauma

- Verbal abuse
- Psychological abuse
- Physical assault/abuse
- Sexual assault/abuse
- Emotional neglect
- Separation/loss

Lessons learned

- I'm bad/worthless
- I can't trust my mind
- I'm not safe
- My body is an object/ not my own
- I'm not important
- I can't trust others
- Everyone leaves
- I'm not in control/ I can't change my life

The Cycle of Trauma

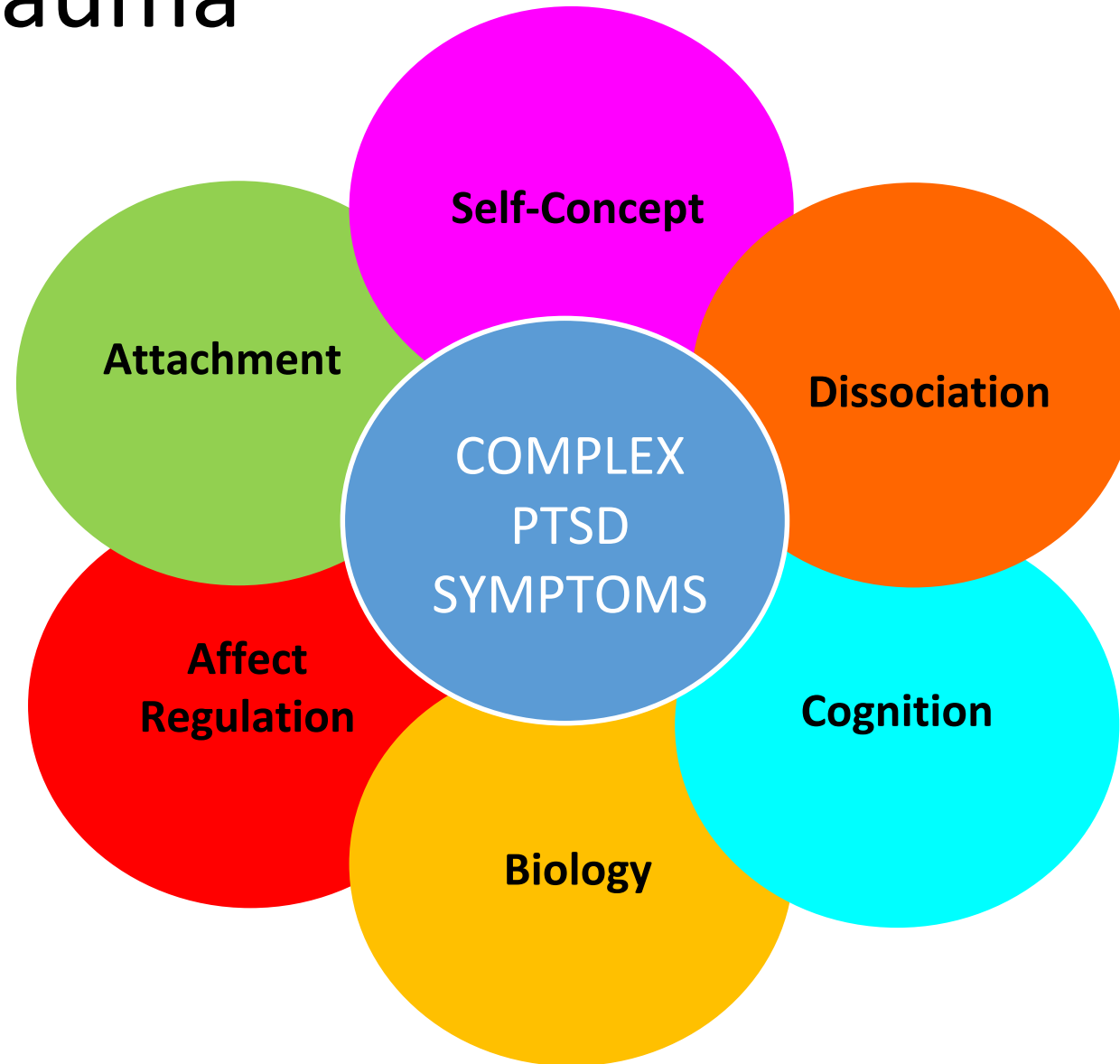
Polyvictimization:
experiencing multiple victimizations

Trauma bonding:
ongoing cycles abuse with intermittent reward and punishment reinforces powerful emotional identification

Contributing factors:

- Attachment disturbance, interpersonal violence
- Unmet needs (being noticed, affection/love, receiving support, self-worth)
- Broken “radar”
 - Hypervigilance: seeing danger where there is none
 - Emotional numbing: missing warning signs
- Dysregulated emotions: looking for external means to regulate

Complex Trauma



Cooke et al, 2005

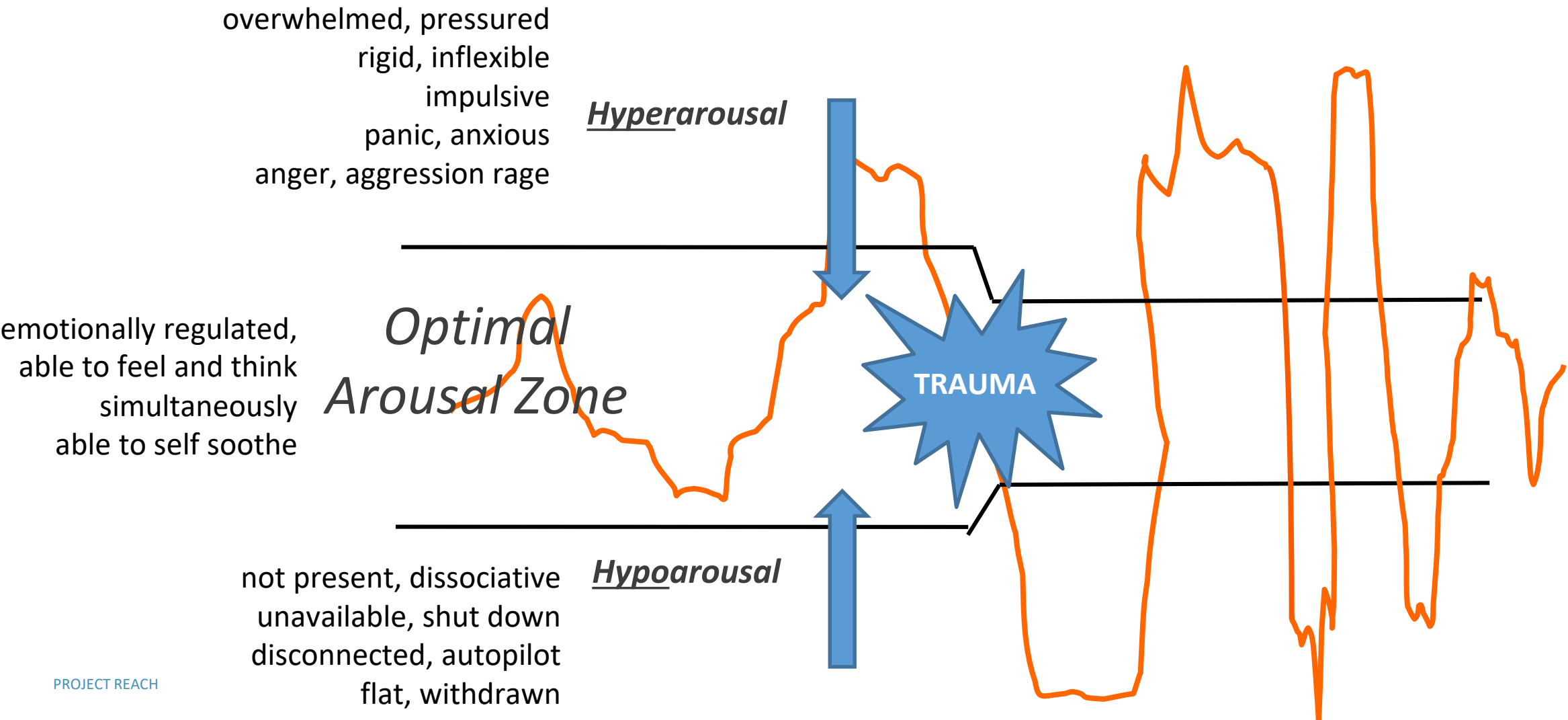
Window of Tolerance

WINDOW OF TOLERANCE

When you are in your Window of Tolerance, you feel like you can deal with whatever's happening in your life. You might feel stress or pressure, but it doesn't bother you too much. This is the ideal place to be.



Dysregulation



Complex Trauma and Substance Use

- Interpersonal violence (IPV) and human trafficking (HT) have significant health, mental health and substance use-related consequences
- High rates of substance use among survivors of IPV and HT
 - Substance use as a means of affect regulation
 - Use of substances increases risk for exploitation and abuse
 - Traffickers and perpetrators of IPV use mental health and substance use issues as tactics of control
- IPV and trafficking affect survivors' ability to engage in treatment

How Trafficking is Relevant for STOP Grant Administrators

- Awareness of intersection of trafficking and other forms of violence against women
- Understanding of polyvictimization and the complexity of the trauma response
- Inclusion of trafficking in RFPs
 - Grantees who are serving populations where there is an intersection
 - Inclusion of training on HT and complex trauma for grantees
 - Specialization in areas of particular need (e.g., substance use, mental health, socioeconomic factors)
- Ensuring that grantees are utilizing trauma-informed approaches
- Process for preventing, recognizing, and addressing vicarious trauma in grantees

Oversight of Grantees Serving HT Survivors

- Which organizations are serving mixed populations of victims of DV, SA, and HT?
- Which populations are assisted ? Are survivors of all forms of trafficking being served? Survivors of all nationalities or U.S. citizens only?
- What elements of Trauma Informed Care (TIC) are currently being implemented?
- What are the similarities and differentiating features of victims of IPV and victims of trafficking?
- How specifically do these similarities and differentiating features impact the provision of services?
 - Outreach/ access to care
 - Standard protocols
 - Follow-up

Oversight of Grantees Serving HT Survivors

- Did the organization begin originally as a dedicated facility?
- What adaptations to dedicated facilities or procedures are required to serve mixed populations?
- What challenges or problems are presented by serving these populations together?
 - Include plans to address challenges.
- What additional specialized training is required for staff?
- How are grantees linked to other entities engaged in anti-trafficking work?
- What mechanisms of cooperation with governmental and non-governmental entities are utilized?
- What best practices exist that can be replicated? What indicators of progress/success will be used?

When care is NOT TRAUMA INFORMED....

We re-traumatize.

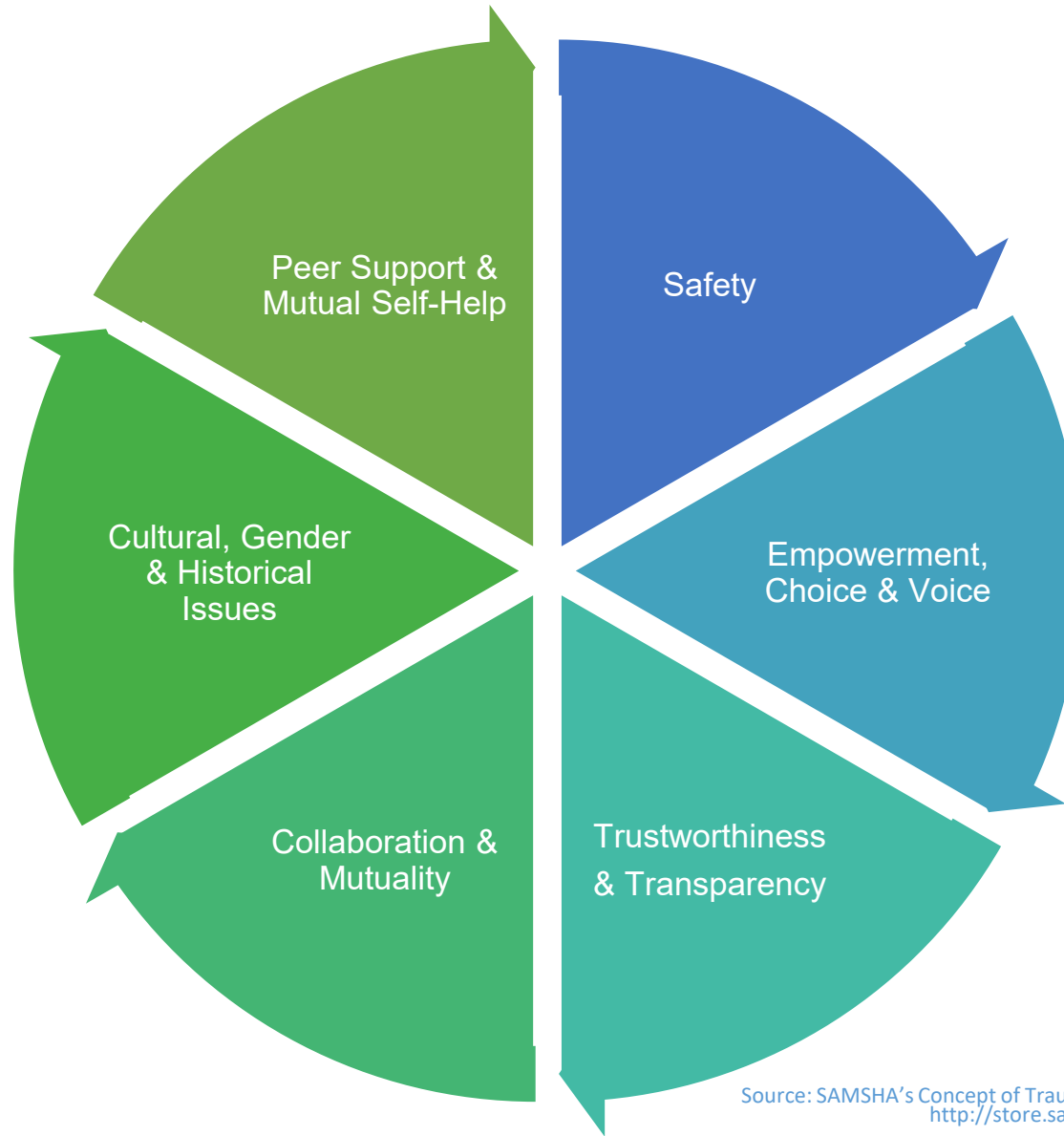
- Re-enactment of coercive dynamics that occur within trafficking
 - “In order to receive help, you need to...”
- Repetition of feelings of helplessness, fear, feeling like an object
 - “My victim...”
- Re-exposure to traumatic content without focus on healing
 - Narrative, emotional, somato-sensory experiences that re-traumatize and de-stabilize
- Physical environments mimic trafficking experience
 - Windowless rooms
- Power dynamics
 - Authoritative stance, emphasizing rules
- Boundary violations
 - Privacy, touch
- Not able to meet the needs of clients
 - ESL, job training, \$\$
- Frustration, cynicism, burnout amongst providers

Defining Trauma-Informed Care

Comprehensive approach to care, which:

1. **Realizes** the widespread impact of trauma and understands potential paths for recovery
2. **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system
3. **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices
4. Seeks to actively **resist re-traumatization**

Guiding Principles of TIC: Client services



EXTEND Curiosity: the **Why** Behind the **What**

BEHAVIOR IS AN ATTEMPT TO FULFILL AN UNMET NEED

EMOTIONAL NEEDS

- Lack of emotional boundaries
 - Too much sharing
- Emotionally demanding
 - Dramatic, crisis presentation
- Seeking negative attention
 - Acting out, self-injurious, suicidal ideation
- Seeking control
 - Problems with authority, resistance to suggestions, attempts to control sexual relationships

PHYSICAL NEEDS

- Physical nurturance-seeking behavior
 - Too much physical contact; sexualized behaviors
- Focus on accrual
 - Of money, objects

REGULATION STRATEGIES USED BY SURVIVORS

- Substance use
- Running (avoidance)
- Self-injurious behavior (cutting, burning)
- Eating disorders
- Suicidality
- Sensation-seeking behaviors
- Sexual behavior (excessive or avoidance)
- Creating ongoing crisis / chaos in life
- Relationship enmeshment

“Non-compliant”

“Attention Seeking”

“Avoidant”

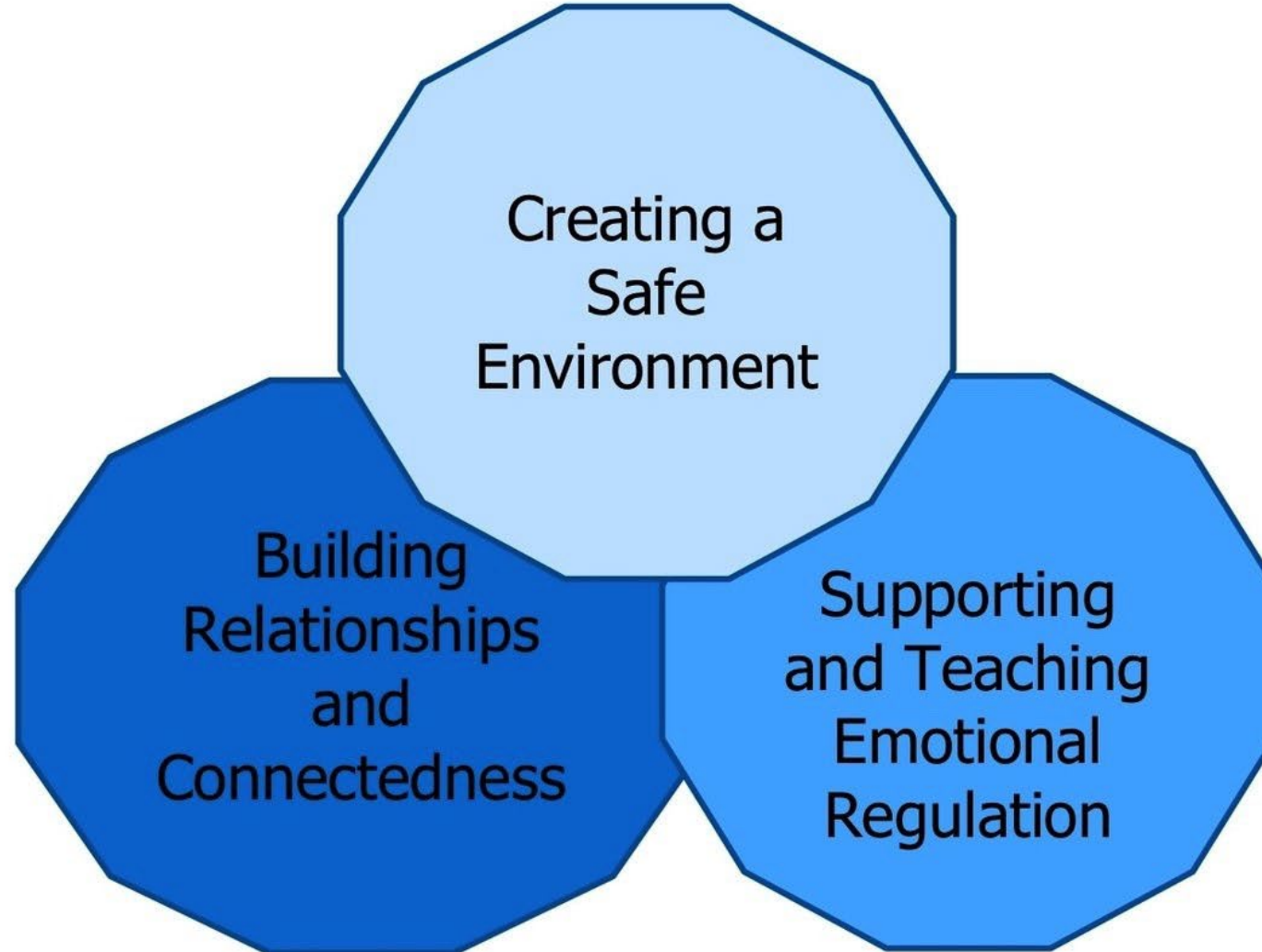
“Resistant”

RE-FRAME

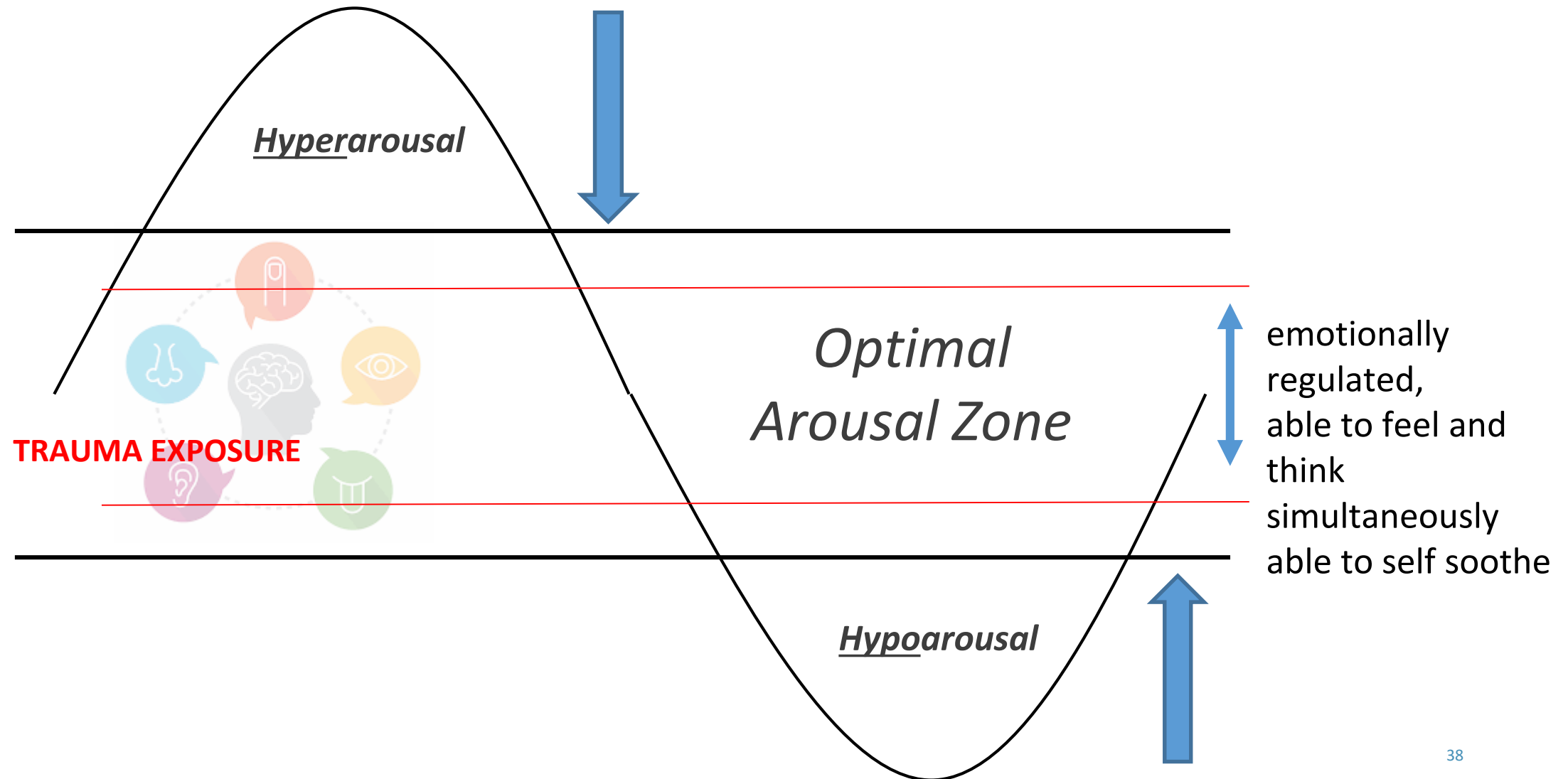
in terms of

ATTEMPTING TO REGULATE

Components of Trauma-Informed Care



Window of Tolerance



VICARIOUS TRAUMA (VT)

Vicarious, Secondary, Indirect Trauma

- Can occur when someone is **continually exposed** to other's traumatic experiences through witnessing or hearing other's stories
- Manifests in **trauma related symptoms** including flashbacks, intrusive thoughts, avoidance, etc
- Profound shift in worldview

Compassion Fatigue, Burnout, Empathic Strain

- Often described as “**having nothing left to give,**” and occurs when someone regularly hears or witnesses difficult and traumatic stories and begin to lose their ability to feel empathy for others
- Needing longer term support to recover from work
- Reduced capacity of empathy towards others
- **Emotional exhaustion, depersonalization, and reduced personal accomplishment**

Vicarious Trauma-Informed Organization

Recognizes the potential negative consequences of the work and **assumes the responsibility** for **proactively** addressing the impact of vicarious trauma through **policies, procedures, practices and programs.**

Individual Level Response to VICARIOUS TRAUMA

Anticipate	Address	Transform
Awareness	Selfcare	Create meaning
Balance	Selfnurturing activities	Infuse meaning in current activities
Connection	Distance	Challenge negative beliefs
		Participate in community building

Organizational Level Response: Creating a Culture of Wellness

Leadership & Mission

- Create an atmosphere of respect

Management and Supervision

- Arrange adequate resources

Employee Empowerment and work environment

- Possibility of a changed collective experience
 - Stay connected to the truth of your worth
 - Support and nurture it
 - Achieve greater balance

Training and professional development

- Provide flexibility, education, training as needed

Staff health and wellness

- Attend to physical setting/space
- What feeds your soul, and the collective soul?

Questions?

Thank you!

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