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Running Head: TRAUMA-INFORMED ASSESSMENT OF SURVIVORS

Trauma-Informed Psychological Assessment
of Human Trafficking Survivors

Elizabeth K. Hopper, Ph.D.

The Trauma Center at Justice Resource Institute

Correspondence concerning this article should be addressed to Elizabeth Hopper, Ph.D., The
Trauma Center at Justice Resource Institute, 1269 Beacon St., Brookline, MA 02447. Email:
ehopper@jri.org

Abstract

This paper describes a framework for trauma-informed assessment of trafficking survivors that acknowledges the impact of traumatic stress while highlighting survivors' strengths and supporting their resiliency. It identifies core content areas of a trafficking evaluation and underscores adaptations to the standard process of conducting an assessment. Feedback normalizes symptoms and offers hope, and an experiential element builds survivors' coping skills and regulatory capacity. A trauma-informed assessment can be the first step in the healing process for many people who have survived trafficking, orienting them towards a path for change and empowering them to face future challenges.

Keywords: human trafficking, trauma, PTSD, assessment, trauma-informed, women, girls, empowerment, resiliency

Human trafficking is a form of modern-day slavery in which traffickers financially profit through exploitation of another person or group of people. Traffickers use force, fraud, or coercion to make money from their victims through labor or commercial sex (U.S. Department of State, 2000, 2013). Being trafficked often takes away a person's sense of safety, ownership of their own body, and self-esteem. These impacts can be further exacerbated in situations of sex trafficking, in which the "commodity" that is being sold is the victim's own body.

Assessment of trafficking survivors can be an essential first step in creating safety, meeting daily needs, identifying at-risk survivors and making referrals for intervention, and paving a path for recovery. I direct a program at the Trauma Center at Justice Resource Institute called Project REACH that provides mental health services for survivors of human trafficking throughout the United States, including psychological assessments. This article will discuss the Trauma Center's assessment process with women and girls who have been trafficked, which we approach from a strengths-based, empowerment perspective. I will review the core components of psychological evaluations of trafficking victims and will explore how assessment can lead the way to intervention. Although boys, men, and transgendered individuals are also victimized through human trafficking, this paper will focus on the trafficking of women and girls and factors unique to females who have been trafficked.

Purpose of Assessment

When a girl or woman is trafficked, she is treated as an object that can be used and abused. This experience can impair her self-perception, her self-efficacy, and her relationships. Similar to victims of other forms of interpersonal violence, it is not uncommon for a survivor of human trafficking to blame herself and to internalize a perception of herself as damaged or "bad." She may view her body as an object that is a source of pain and disconnect from her body.

The experience of being trafficked might lead her to feel that she is helpless or is not in control of her own life. She might see other people as potential threats and shut down to interpersonal connection. These trauma-related symptoms have been conceptualized as “complex trauma” or “complex PTSD” (Herman, 1997; Luxenberg, Spinazzola, & van der Kolk, 2001a) and can leave survivors feeling entrapped, even after they have escaped or been rescued from trafficking situations (Courtois, 2008). A trauma-informed assessment can help to identify some of these symptoms, guiding recommendations for services.

A trauma-focused psychological assessment conducted by a skilled clinician provides a space for trafficked girls and women to have a positive experience talking with someone about their experiences and emotions, which can relieve the burden of secrecy and decrease the shame response. When the assessment process offers this type of emotional relief, along with hope for change, survivors may be less fearful of mental health care and more open to further intervention. Regardless of whether a survivor chooses to pursue therapy, a trauma-informed assessment can afford an opportunity for her to gain information and to learn and practice emotional regulation tools through this form of brief intervention.

Finally, a psychological assessment of a girl or woman who has been trafficked may be used to advocate for and empower the survivor, amplifying her voice. The U.S. criminal justice system has promoted the use of a trauma-informed and “victim-centered” approach to anti-trafficking efforts. The 2013 Trafficking in Persons Report notes that “law enforcement, immigration, and other officials who interview victims of trafficking must understand the traumatic impact of being trafficked” (U.S. Department of State, 2013). A recent update to federal anti-trafficking legislation directly acknowledged the impact of trauma, noting that victims who are “unable to cooperate with law enforcement requests due to physical or

psychological trauma” may be exempted from the requirement to cooperate in order to seek immigration relief or other benefits (U.S. Department of State, 2008). A psychological evaluation report may be used to describe the traumatic impact of human trafficking on a particular person, allowing officials and service providers to understand her current psychological state and increasing the likelihood that she will be treated in a trauma-informed manner.

Assessment Approach

We view our assessment process as the first step in intervention; that is, we want it to be an experience that promotes health, versus a triggering experience. In order to be the first step in intervention, a trauma-informed psychological assessment should be an empowering process for each girl or woman. She should be approached as a human being, with unique interests, concerns, strengths, and goals, rather than as solely a survivor of human trafficking. This emphasis on personhood instead of victim status forms the groundwork for the development of a life narrative that can shift from self-blame, beyond the perception of self as a victim or survivor, to a view of herself as a person who is more than the sum of the difficult experiences in her life.

Willingness and interest in participating in the assessment are essential. Women and girls must be given information about the purpose of the assessment and what the process entails. Active consent can be a challenge because clinicians are often seen as authority, and some survivors may have a tendency to be compliant while others may feel the need to push back against recommendations in order to feel some sense of control. Time should be devoted to building rapport and offering information so that women and girls can make informed choices about their involvement in the process and with whom information can be shared.

The assessment framework should be respectful of different frameworks and individual

perspectives. The clinician should work to become culturally informed, with “culture” referring to the host of background factors that influence a person’s view of themselves and the world. A Western model of mental health, including the concept of conducting a psychological assessment, is one framework; other viewpoints are equally valid and should be elicited. For instance, one indigenous woman from Guatemala believed that her soul left her body when she was trafficked.¹ Although a Western mental health model may frame her despondency and listlessness as depression, it is important to consider that healing for her would likely include a sense of her soul’s return to her body (Castillo, 1997).

Acknowledging that freedom and self-determination are taken by the trafficker(s), a trauma-informed approach places the power of choice with each survivor to the degree possible. This means that change—anything from leaving the trafficking situation, to accepting medical or mental health care, to replacing maladaptive coping strategies with more effective tools—often occurs at a different pace and by a different route than a provider might hope. The motivation for change comes from within each survivor, and the process of making changes is typically not linear (Prochaska & DiClemente, 1984). Respecting each survivor’s viewpoint and process of change is an important step in joining with her and working together.

Because participating in a trauma assessment can be emotionally challenging for the survivor, we offer support throughout and build towards the positive, with an emphasis on resources and a future focus. A trauma-informed assessment should offer information, resources, and possibilities, as opposed to defining a person and prescribing directives. Instead of reinforcing helplessness, guilt, or shame, this process should open new avenues, build supports, and foster hope.

¹ A belief common to “susto,” a folk illness in Latin-American cultures that is caused by a sudden frightening experience

Core Elements of a Psychological Assessment of Trafficked Women and Girls

Elements of a psychological assessment of women and girls who have been trafficked include: rapport-building and informed consent, safety assessment, needs assessment and goal-setting, history and vulnerability factors, trafficking narrative (including elements of force, fraud, and coercion) and trauma exposure, assessment of psychological symptoms, and strengths and coping. As part of the assessment process, we include psychoeducation and an experiential element that focuses on building regulatory capacity. We wrap up the process with a future focus and an emphasis on recommendations and resources.

Safety Assessment

After building rapport and obtaining informed consent, the first element of any assessment of a trafficking survivor should focus on immediate safety needs. Progress can not be made on more complex emotional issues when a person is at imminent risk or perceived risk of harm (Maslow, 1943). A safety assessment will include information about threats from the trafficker(s), history of physical assaults and harm, known weapons, whereabouts of the trafficker, information about the trafficker's associates, and ongoing threats to the victims' loved ones. Attention should also be paid to any current suicidal or homicidal ideation or plans. If immediate safety needs are identified, the focus should shift to accessing resources and responding to the crisis in a concrete manner.

Needs Assessment and Goal-Setting

Without basic necessities, it is difficult to turn attention to emotional needs; conversely, unmet needs often have a significant mental health impact on trafficking survivors. Therefore, a basic needs assessment is often an initial step in assessment of women and girls who have been trafficked. A needs assessment reviews a wide variety of current needs such as the need for

shelter or housing, lack of basic necessities (clothing, food, and personal care items), medical or dental problems, communication barriers, transportation issues, and immediate financial needs. It should also assess ongoing stressors, including legal stressors (involvement in the immigration, civil, or criminal justice systems), cultural barriers, parenting stress, lack of contact with family, illiteracy, lack of education or job skills, poverty, social isolation, and other longer-term stressors (Clawson, Small, Go, & Myles, 2004). Attending to and meeting some of these basic needs can contribute to the development of a trusting relationship.

Goal-setting involves working with a woman or girl to identify her priorities and set short-term and long-term goals. By beginning and ending with a positive future orientation, we provide emotional containment to assessment of topics that are typically more intense, such as the trauma narrative and post-traumatic reactions to the trafficking experience. Using an empowerment approach, a woman's goals are often translated into recommendations to service providers or the criminal justice system. Goal-setting is a way of amplifying the voice of each survivor, highlighting her main concerns, and helping her to advocate for herself.

History and Vulnerability to Trafficking

After safety and basic needs have been addressed, attention may turn towards the trafficking situation within a larger context, including history and vulnerabilities. Traffickers typically target people who are vulnerable in some way, whether that is due to poverty, lack of access to education, lack of resources and opportunities, chronic unemployment, discrimination, displacement or unstable living conditions, youth or naïveté, history of trauma exposure, lack of a supportive care giving system, responsibility for dependents, limited awareness of the crime of human trafficking, or other reasons (U.S. Department of State, 2000; Logan, Walker, & Hunt, 2009). Experts indicate that women and girls are disproportionately targeted for human trafficking

schemes (U.S. Department of State, 2000, 2009; U.S. Department of Justice, Bureau of Justice Statistics, 2011). This increased risk is particularly notable for sex trafficking, with an estimated 98 percent of reported cases involving female victims (International Labour Organization, 2012). Females have unique vulnerability factors that may contribute to these different rates of human trafficking. When evaluating a girl or woman who has been the victim of human trafficking, it is important to understand her perception of the situation and what drew her into the scheme, in order to provide her with education and promote secondary prevention by reducing her risk of being re-trafficked.

Gender inequality. Women and girls in many parts of the world hold disadvantaged social and economic positions, which has “contributed to a burgeoning of the trafficking industry” (U.S. Department of State, 2000, Division A, Sec. 102b). The assessment should consider gender-based disparities that left each girl or woman vulnerable to trafficking (La Strada International, 2008). For instance, girls and women in some communities are relegated to the domestic spheres, preventing them from engaging in ongoing education and employment and creating social and financial dependence on men (Chung, 2009). Concrete recommendations regarding immigration status, education, job skills training, or child care may reduce the vulnerability to re-exploitation. The assessment should also evaluate gender stereotypes held by the survivor’s community, family, or internalized by the survivor herself. Some gender stereotypes present men as powerful and in control and women as passive, leaving decision-making in the hands of men (D’Cunha, 2002); when these perceptions are internalized, they may reinforce feelings of helplessness and dependency. By considering psychological factors such as each survivor’s view of her social roles and her sense of self-efficacy, the assessment can make mental health recommendations that address gender-based barriers. Myrna’s story is a

prototypical narrative of recruitment shared by numerous young women from Latin America who were vulnerable to trafficking due to poverty, gender inequality, and lack of opportunities for improving their lives.

Myrna (23 year old woman, born in Mexico)

Myrna left school at the age of fourteen to help support her family and fund her brothers' educations. When she was seventeen, a man approached her at the bus station as she was on her way to work. He was complimentary and asked her to come to his family's home for a party. While she was at the party, this man raped her. She was overcome with shame at the dishonor that she had brought to her family, worried that she would no longer be eligible to marry and would be a financial burden to her family. She succumbed to the pressure to become this man's "girlfriend," in hopes that she could restore her honor through marriage. He became physically abusive to her and pressured her to come to the U.S. with him, making promises about having a family together. However, when she arrived, he coerced her into prostitution and took all of her earnings. He told her that it would only be for a short time, until they got on their feet; however, he continued to pressure her to earn more and more money. When she resisted, he threatened that he would go to Mexico and bring another woman if she didn't earn more money.

In this trafficking scheme, gender-based violence was used as a coercive strategy; this "seasoning process" was particularly effective because of cultural norms in Myrna's community that prized virginity and emphasized the importance of marriage as a source of worth for women. Myrna internalized a sense of shame and self-blame as a result of these gender-based stereotypes and victim-blaming in her community, creating a psychological vulnerability to trafficking.

Prior trauma exposure. The literature has consistently shown that women and girls are disproportionately impacted by domestic and sexual violence (Elliott, Mok, & Briere, 2004;

United Nations Women, n.d.). Earlier exposure to interpersonal trauma creates an increased risk of revictimization through human trafficking (Finkelhor & Brown, 1985; Silbert & Pines, 1981). In the case of Anita (below), an escape from domestic violence led to poverty and loss of social supports, creating vulnerability to labor trafficking by a family who offered to “help” her.

Anita (32 year old woman, born in India)

Anita was the fourth of six children, and her family struggled with poverty. When she was eighteen, her parents arranged for her to marry a man from a neighboring village. They accepted a bride price for her, which was immediately used to pay debts. Soon after she married, her husband began verbally and physically abusing her, which escalated after the birth of her daughter. She sought help from her parents, but they counseled her to return to her husband and to avoid displeasing him. Seeing no alternatives, she ran away and asked few questions when she was offered a job as a nanny in the U.S. The family told her that she would make a lot of money, would be treated like part of the family, and would be able to send for her daughter after a short time. Instead, Anita was required to work up to 18 hour days, had to sleep on a cot in an unfinished basement, was verbally abused, and was not paid.

Early developmental trauma exposure is another factor that increases vulnerability to human trafficking and that also impacts the symptom picture shown in survivors. Many of the close to 300,000 youth within the U.S. who are estimated to be at “high risk” of being trafficked are runaways or have been “thrown away”--abandoned or forced to leave their homes by parents or guardians—leaving them homeless or with unstable living conditions. Others are vulnerable due to family dysfunction, including domestic violence, and familial substance abuse or mental illness (Clawson, Dutch, Solomon, & Goldblatt Grace, 2009; Clawson, Salomon, & Goldblatt Grace, 2007;; Estes & Weiner, 2001). While any person could potentially be recruited, those

with a history of neglect, emotional abuse, and physical or sexual abuse are particularly vulnerable to sex trafficking (Clawson et al., 2007; 2009; Council for Prostitution Alternatives, 1991). Traffickers prey on the emotional needs of these youth, who often struggle with shame and low self-worth and are eager to find “love” and acceptance (Estes & Weiner, 2001). Jaime (below) was already struggling with behavioral problems following early neglect and sexual abuse. She responded quickly to the affection showered onto her by a “father figure” who used a feigned romantic relationship to coerce her into sex trafficking.

Jaime (16-year-old Italian American girl born in the U.S.)

Jaime’s mother was a single parent who was often physically and emotionally absent. Jaime was sexually abused by a neighbor between the ages of seven and ten but was afraid to disclose the abuse. In early adolescence, Jaime started drinking and smoking pot, getting into frequent fights with her mother, skipping school, and running away. She was hospitalized twice for suicide attempts. When she was fifteen, Jaime met a 29-year-old man named Rob on the internet who groomed her by posing as her “friend” and offering emotional support. She disclosed her history of sexual abuse and family conflict, and Rob encouraged her to leave home, saying that he would take care of her. They started “partying” together, using alcohol, cocaine, and heroin. Rob was sometimes affectionate, but at other times threatened Jaime with weapons and violently assaulted her. After the abuse, Rob insisted that she “pushed” him to beat her. He told her that they needed money and pressured her to give massages with “happy endings” to customers; this later escalated to what Jaime described as “disgusting and degrading” sexual acts for money. When police located her, she was protective of Rob and didn’t want to talk about what had happened. She said that, despite what had happened, she still loved him.

Human Trafficking and Trauma Exposure

Psychological abuse, deprivation of basic necessities, threats, and physical and sexual violence are daily occurrences in the lives of many trafficking victims (U.S. Department of State, 2000). Evaluation of women and girls who have survived human trafficking may include a contained description of the conditions of her trafficking experience, without pushing for unnecessary details. This background can be helpful in understanding the survivor's perspective. With a survivor's consent, an evaluation report can also be useful as a supporting document for immigration relief applications or for conveying information to law enforcement or other service providers. In particular, it may be helpful to document the elements of force, fraud, and coercion that are used in the human trafficking scheme.

Force involves physical means such as the use of abduction, rape, beatings, starvation, torture, and confinement to control victims (U.S. Department of State, 2000). Force may be used during the early stages of victimization to break down a victim's resistance, as when Myrna was raped by her trafficker. Force is also used in an ongoing way to assert continued control; physical aggression as simple as shaking a victim by the arms or pushing her can be an assertion of control by the trafficker. In sex trafficking, women and girls may be exposed to multiple rapes each day, over the course of days, weeks, or years (Zimmerman, Yun, Shvab, Watts, & Trappolin, 2003). Because sexual violence and injuries during trafficking have been linked to higher symptom levels of posttraumatic stress disorder (PTSD), depression, and anxiety (Hossain, Zimmerman, Abas, Light, & Watts, 2010), assessment of the presence and severity of sexual violence during trafficking may be useful in identifying at-risk survivors.

Fraud often involves false offers that induce people into trafficking situations (U.S. Department of State, 2000). Traffickers often hold out expectations for a "better life" or promise certain work conditions, good pay, or access to education but do not follow through on these

promises. Traffickers may express that they will help in supporting a child or will treat the victim like a family member. Fraud can also involve falsified work “contracts” or debt-bondage, in which traffickers tell victims that they have accrued a “debt” for transportation, housing, or living expenses. Often these debts continue to increase, with additional fees or fines for not meeting quotas, while victims work endlessly to try to pay off their debt. Anita’s traffickers made false promises of a well-paid nanny job but instead brought her into domestic servitude, telling her that they were “holding” her pay for her because she didn’t have a bank account.

Coercion involves more subtle psychological techniques used to manipulate another person (U.S. Department of State, 2000). It can involve creating an environment of fear, through threats to physically harm the victim or her loved ones, to turn her in to police or immigration, to take her children, or to publicly shame her. When the trafficker poses as a romantic partner, as in Jaime’s case, the “relationship” mirrors domestic violence relationships, where abuse, control, and isolation are peppered with intermittent affection or other positive reinforcement such as gifts (Hopper & Hidalgo, 2006). Coercion may involve creating dependency and/or withholding basic needs, including adequate food, shelter, clothing, or medical care. Creating a sense of indebtedness and an “us” versus “them” mentality can be another very powerful mechanism of control. Despite their exploitation of her through domestic servitude, Anita felt indebted to her traffickers for being willing to “help” when no one else did. Some traffickers establish an encapsulated world that provides the structure of a family and creates a mistrust of anyone outside of “the Life” (Friedman, 2005). Mistrust is amplified by systems that are not responsive or that inadvertently reinforce traffickers’ threats (e.g., a sex trafficking victim is charged with prostitution-related offenses), alienating victims from potential sources of help (Hopper, 2004).

Cautions and limitations regarding the trafficking narrative. Mistrust can impact the assessment process, requiring a slower pacing and awareness of the fact that information may be omitted during interviews (Courtois, 2008). Survivors' avoidance of traumatic memories—one of the hallmark symptoms of PTSD—might further complicate the process of obtaining a complete trafficking narrative. Even if they are open and willing to talk about the trafficking, research has shown that traumatic memory tends to be fragmented, with some aspects retained in vivid detail and other elements dissociated (van der Kolk, 1994 ; van der Kolk & Fisler, 1995; van der Kolk, McFarlane, & Weisaeth, 2006). Therefore, some gaps and minor inconsistencies in the trafficking narrative are normative.

Although an assessment of trauma exposure can offer important context, details about the trafficking experience should not be the primary focus of the assessment process. The extent of information obtained about the trafficking experience should be tailored to the purpose of the evaluation request and the psychological state of the survivor. If the evaluation is being conducted as part of a civil, criminal, or immigration-related legal case, a more thorough review of the trafficking experiences may be conducted, as long as this process does not negatively impact the survivor. If the purpose of the assessment is primarily for service planning, very limited information on the trauma exposure may be necessary. A review of trauma exposure would also be minimal or avoided when it is judged that developing a trauma narrative would be too dysregulating for a particular girl or woman; in these cases, the focus would center on current psychological functioning and recommendations for intervention.

Psychological Impact of Human Trafficking

There is minimal research on the mental health sequelae of human trafficking (Oram, Stöckl, Busza, Howard, & Zimmerman, 2012); however, research has shown that chronic

interpersonal traumatic stress often has a significant impact on physical, emotional, and social well-being (van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005; van der Kolk et al., 2006). Because of the similarities between human trafficking and other forms of interpersonal trauma, we might expect similar psychological sequelae in women and girls who have been trafficked (Clawson et al., 2009; Herman, 1997). The day-to-day needs of women and girls who have been trafficked are so numerous that their mental health states might be inadvertently overlooked. Survivors often make an effort to put their trafficking experiences out of their minds, focus on daily activities or on the future, and try to appear as though they are moving on in their lives. However, many women and girls who appear to be doing well on first sight are actually struggling with emotional dysregulation, sleep disturbance, distressing memories, nightmares, depression, social isolation, and mistrust of other people, among other reactions (Clawson et al., 2009). Because of the broad impact of mental health in a person's life, a major focus of psychological assessment of women and girls who have been trafficked is on their current mental health status.

Biorhythms reflect an individual's mental health state and may provide an entryway for assessment of more complex psychological functioning. Because these behaviors are concrete, it may be easier for survivors to answer questions such as, "how have you been sleeping?", "what is your energy level like?", or "how is your appetite?" rather than a more ambiguous question such as, "how are you feeling emotionally?" Promotion of health behaviors can also be concrete, such as offering information on sleep hygiene, nutrition, and physical activity.

Depression, anxiety, and posttraumatic stress disorder (PTSD) are commonly identified in survivors of human trafficking (Clawson et al., 2009; Tsutsumi, Izutsu, Pouyal, Kato, & Marui, 2008). In a review of research utilizing screening tools to identify mental health

symptoms, trafficking victims were found to have found high levels of anxiety (48.0%–97.7%), depression (54.9%–100%), and post-traumatic stress disorder (19.5%–77.0%) (Oram et al., 2012). More than half of the trafficked women in one study met criteria for a mental health diagnosis, with PTSD, depression, and anxiety disorders being the most common diagnoses (Abas et al., 2013). A research review also reported a high prevalence of somatic issues such as headaches, back pain, stomach pain, and memory problems in trafficking survivors (Oram et al., 2012).

To date, there has been no research on gender differences in the psychological symptoms of trafficking survivors. Most studies have focused on female victims of sex trafficking, with no comparisons to males. In survivors of trauma other than trafficking, women have up to twice the likelihood of reporting symptoms of PTSD (Breslau, 2002) and depression (Nolen-Hoeksema, 2001), as compared to men. Women also tend to have a longer symptom course than men (Breslau, 2002). Based on these findings, it is reasonable to speculate that female victims of human trafficking may be particularly vulnerable to the mental health impacts of trafficking and/or more willing to disclose their symptoms in an assessment.

Although most of the literature on mental health in survivors of human trafficking focuses on symptoms and diagnoses, we utilize a trauma-informed framework that helps to contextualize these psychological symptoms. As previously mentioned, many trafficked girls and women suffer early developmental trauma as a precursor to trafficking-related trauma (Clawson et al., 2007; 2009). In addition to creating vulnerability to revictimization, early developmental trauma may complicate women's and girls' responses to human trafficking, leading to Complex PTSD (Cook et al., 2005). The complex trauma construct reflects the idea that many of the mental health "symptoms" of survivors are actually psychological, biological, and behavioral

responses to repeated or chronic trauma and represent intuitive coping efforts to manage traumatic stress (Herman, 1997; van der Kolk, 1994).

Jaime is one of these girls who experienced several layers of developmental trauma, beginning very early in life. In addition to being treated like a sexual object from the age of seven years old, Jaime also experienced emotional neglect due to familial conflict, her father's later absence, and her mother's lack of emotional availability. Emotional neglect and other types of psychological maltreatment are often overlooked as traumatic experiences, with greater attention being given to overt abuse (Rosenberg, 1987). However, the absence of affection, love, and positive attention early in life has a major impact on children (Hart, Binggeli, & Brassard, 1997; Hart & Brassard, 1987). Like many domestic victims of sex trafficking (Estes & Weiner, 2001), Jaime was coerced into commercial sexual exploitation in early adolescence, a period of identity formation, sexual maturation, and the development of social and romantic relationships. When adolescents are treated as sexual objects, they may disconnect from their sexual selves or see their sexuality as their primary worth, re-enacting unsafe sexual situations or utilizing their sexuality as a "bartering chip" in exchange for attention and affection (American Psychological Association Task Force on the Sexualization of Girls, 2010). Like many girls with Complex PTSD, Jaime had difficulty recognizing and regulating her own internal physiology and emotions, developing a well-defined sense of herself, and learning how to negotiate intimate relationships with appropriate boundaries (Spinazzola et al., 2005).

Dysregulation is a cornerstone of complex trauma reactions. Women and girls who have been trafficked may have difficulty recognizing, managing, and expressing their emotional states. They might experience somatic dysregulation, such as feeling distress physically (e.g., frequent headaches or stomach pain) or being disconnected from their somatic states (e.g.,

difficulty recognizing hunger cues). In addition to emotional and somatic dysregulation, survivors may have dysregulated or impulsive behaviors, including: substance abuse problems, self-injurious behaviors, eating disorders, excessive work, promiscuity, reckless or high risk behaviors, and “running” or other forms of avoidance. Instead of treating these as unique behavior problems, the assessment can frame them as coping strategies that originally emerged with an adaptive function. In order to treat these issues, the function of the behaviors will need to be replaced with other more adaptive coping strategies (D'Andrea, Ford, Stolbach, Spinazzola, & van der Kolk, 2012; Herman, 1997; Luxenberg et al., 2001a; Luxenberg, Spinazzola, Hidalgo, Hunt & van der Kolk, 2001b).

Because human trafficking is a form of interpersonal abuse, women and girls who have been trafficked often struggle with relational issues. Like Jaime, many survivors experience ambivalence toward their traffickers. On the one hand, they want to escape the abuse; while on the other hand, they feel an attachment to the trafficker, sometimes referred to as “trauma bonding,” “Stockholm syndrome,” or “identification with the perpetrator” (Herman, 1997). Identifying signs of trauma bonding is essential in a safety assessment, highlighting the potential for re-victimization and the need for safety planning regarding the trafficker(s).

Similarly, women and girls who have been trafficked may struggle with future relationships, particularly in situations where the relationship was used as a coercive tactic in the trafficking scheme or where there was extensive interpersonal abuse. These struggles can be on either end of a continuum, from lack of boundaries (quickly entering relationships, sexual promiscuity, difficulty recognizing warning signs of maladaptive relationships) to overly rigid boundaries (social avoidance and isolation, pre-emptory rejection, running away). Porous boundaries create safety issues and put women and girls at risk for revictimization, while rigid

boundaries prevent help-seeking and maintain isolation (Herman, 1997; Luxenberg et al., 2001a). This portion of the assessment can be used to identify girls and women who are at risk of social isolation and/or further interpersonal injury. It can guide intervention that focuses on relational issues such as learning how to recognize unsafe situations and how to slowly build trusting, healthy relationships.

Human trafficking is a form of chronic interpersonal trauma that strips away an individual's personhood. Some survivors begin to feel that "this is all I deserve." Many women and girls who have been trafficked live with shame and self-blame about their trafficking experiences. Girls and women who rely heavily on dissociation to manage traumatic exposure might develop a fragmented sense of self (Herman, 1997; Howell, 2005). Impacts on her sense of self can have a ripple effect on the survivor's relationships, general functioning, and goals for the future. By identifying problems in her self-concept through the assessment, negative thoughts and emotions can be countered over time through intervention and through corrective experiences that build a positive and cohesive sense of self.

Strengths and Coping

The assessment process should balance between the identification of psychological impacts of the trafficking experiences and the identification and development of resiliency in survivors. This strengths focus is a reflection of the philosophy that the purpose of assessment is to establish a plan for increasing supports and beginning the healing process. A strengths-based assessment considers a woman or girl as a human being, with unique interests, concerns, assets, and goals, rather than as solely the victim or survivor of a traumatic experience.

Resiliency can be based on both external and internal factors (Reich, Zautra, & Hall, 2010). External strengths include concrete resources such as having employment, financial

security, stable housing, or a means of transportation. Other external strengths are social, such as having close family relationships or a strong social support network (locally or in their home city or country), having access to professional resources and social services, engaging with the community, or developing a good relationship with a service provider. Identifying potential external strengths can be used to develop a safety net of support; gaps in external supports can then be addressed within a service plan. Internal strengths include personality characteristics such as persistence and drive, social interest, conscientiousness, or optimism; sources of meaning-making such as faith, connection to loved ones, or wanting to help others; and coping skills such as the ability to tolerate distress, seek help, make use of available supports, or use a variety of methods to feel better. Intervention can build on internal strengths that have been identified in the assessment, focusing on expanding a survivor's repertoire of coping skills.

During the assessment process, the format in which questions are asked and the follow-up comments that frame the narrative should elicit and reinforce resiliency, beginning with the fact that the survivor has lived through this experience. For instance, instead of focusing solely on the traumatic experiences, a clinician may follow up a discussion of trauma exposures by prompts such as "Tell me about how you managed to get through this experience," or comments such as, "You really showed a lot of strength being able to keep going through a situation like that."

Comments by the clinician can begin to reframe a survivor's self-narrative and begin to develop a positive identity. The clinician's approach to the assessment process can help to minimize avoidance, while at the same time shifting the survivor's sense of self from hyper-focus on the impact of traumatic experiences ("I am damaged") to a broader sense of self ("I am a woman that has experienced some terrible things, but who also... has a lot of strengths, has hopes and dreams for the future, is a good mother, etc."). This is done through emphasis on a

variety of topics, including further exploration of interests, talents, personality characteristics that elicit pride, and hopes and dreams for the future. For instance, one young woman had experienced early sexual abuse by her step-father, followed by several years of sex trafficking by a man who posed as her boyfriend. Throughout much of the assessment process, she focused on feeling either suspicious and enraged or “dead” inside. However, when she talked about her daughter, she lit up and spoke about her intense love for this little girl. She was fiercely protective of her daughter and was able to feel a sense of pride in her ability to mother her daughter in ways that she had not experienced herself. Her identity as a mother was therefore a strength and a building block for a more positive sense of self.

Building Regulatory Capacity Through Assessment

Throughout the entire assessment process, we work to build regulatory capacity. Careful attention to pacing is important throughout the assessment. Some girls or women may regulate by avoiding certain memories. Others may want to disclose all of the details of their trafficking experience quickly, in order to “get it over with” or in an attempt to purge the details from their minds. Some women may share their narrative in a very matter-of-fact way, maintaining distance from the emotional aspects of their memories, while others may become overwhelmed emotionally. The role of the clinician is to be able to identify basic elements of the narrative and to assess the psychological state of the survivor, without having the process become dysregulating or triggering. Each girl or woman should be provided with psychoeducation at the beginning of the evaluation regarding the importance of pacing and noticing internal cues that she needs to take a break, change topics, or end the process. Every survivor should be reinforced for the use of self-reflection and setting limits, and her mental health state should always prevail over the narrative content of the evaluation. Good clinical instincts will also aid the clinician in

determining when to shift the course of the evaluation or when to intersperse psychoeducation, reinforcement and support, or coping skills.

Our assessment approach focuses on identifying coping skills already being used and building on these skills. The clinician may ask explicitly what the survivor does in situations of stress or how she tries to feel better. Categories may be provided to help elicit coping strategies. For instance, the survivor could be asked who she talks to when she is upset, whether she does any physical activities that help her feel better, whether she has spiritual beliefs or a religious community that she relies on, whether she uses creative outlets (music, writing, art), or whether she uses any calming rituals (taking baths, creating a quiet environment). The clinician should also ask about coping strategies that might be problematic, such as substance abuse, social withdrawal, and emotionally shutting down. Behavioral observations during the assessment process can also be informative in identifying coping mechanisms.

Co-regulation--a process by which one person helps another to recognize and manage emotions and other internal states-- is practiced throughout the course of the evaluation as an experiential teaching tool. The clinician may help the survivor to notice when she is becoming dysregulated, highlighting subtle early warning signs. The clinician can offer praise for increased awareness of these signs, help to elicit natural coping skills, provide psychoeducation about new affect regulation tools, and then offer the opportunity to practice these affect regulation skills together with the clinician. This experiential element moves beyond telling to showing; by practicing a regulation tool with the clinician's support, the woman or girl is able to experience the impact of using the new skill. She can also receive guidance on adapting a regulation skill that is not working well. If trauma-informed treatment is recommended, this is also an

opportunity to explicitly make the connection between the experiential exercise and the process of ongoing therapy.

Culturally relevant coping strategies may emerge during this portion of the assessment process. For instance, one young woman from Rwanda was showing somatic distress during the portion of the assessment that focused on the abuse that she had experienced at the hands of her trafficker. Her posture became slumped; her eyelids became heavy; she rested her head against her hands; and she reported extreme fatigue and a fear that she would have difficulty sleeping that night. As the clinician shifted the focus of the interview to strengths and current coping strategies, the young woman mentioned that listening to hymns and singing spiritual songs from her home country helped her to feel better. The clinician explored the feelings that these songs elicited, inviting the woman to sing some spiritual hymns in her primary language. They noticed together the shift in the survivor's body posture and emotional state as she sang these songs. The clinician encouraged her to support these changes by lifting her chin higher and by pulling her shoulders back, which opened her chest. As she sang, the young woman's eyes brightened, her posture straightened, and her voice became louder and clearer. Her singing became more powerful and self-assured. She began smiling and talking more animatedly. In this way, the experiential portion of the assessment supported her self-awareness of her hypoaroused state and helped to elicit her natural coping strategies for regulation. Following this, the clinician built on her natural coping strategies by providing psychoeducation about deep breathing as a means of eliciting a relaxation response. Because of her hypoarousal, movement was paired with breathing in a yoga-based exercise called "seated sun breaths," in which the breath is coordinated with a sweeping open and upward movement of the arms. Following these experiential exercises, the young woman expressed that she felt much better physically and mentally and began talking

about her thankfulness for all of the support that she had recently found (through her attorney, case manager, shelter staff, and also the clinician). She expressed that, because of her traumatic experiences, she had felt that people were essentially bad and could not be trusted but that her faith in humanity was slowly being restored.

Future Focus: Feedback and Recommendations

Some trafficked women and girls, particularly those who are struggling with PTSD and complex PTSD, have difficulty seeing a future for themselves. The final portion of the evaluation offers information and hope for the future. Trauma-informed feedback and psychoeducation normalizes a survivor's reactions, helping her to understand some of the reasons for the symptoms she is experiencing; it also provides a platform for exploring change. Feedback highlights each woman's strengths and coping resources, reviews new coping skills, and revisits goals that were identified at the beginning of the assessment. Recommendations based on the assessment identify her unmet needs, top priorities, and potential resources to help her reach her goals.

When a survivor gives her consent, it may also be beneficial to provide feedback and recommendations to certain of her providers, such as her case manager, attorney, or mental health provider. In making decisions about whether and how much information to share, it is important to balance the importance of privacy and confidentiality with the need for increased access to services and the development of trauma-informed care. Feedback to providers sometimes involves identifying the major concerns for a particular woman or girl, including safety concerns, mental health issues, and unmet needs. It might focus on explaining trauma-related reactions, which can build sensitivity and improve quality of care. For instance, when providers understand a survivor's triggered reactions and are able to de-personalize trauma-

related relational dynamics, they are often less vulnerable to reactivity and more able to maintain a consistently available and supportive position. Finally, feedback to providers can be used to highlight recommendations, identify resources, and advocate for the survivor.

Conclusion

Trauma-informed psychological assessment of women and girls who have been trafficked comes from a strengths-based empowerment perspective, with a focus on providing information and building coping skills. It is often normalizing and emotionally regulating for a girl or woman to understand why she is experiencing certain symptoms and to realize that her reactions make sense given the trauma she has experienced. The experiential component of the assessment gives her some coping tools for managing her emotions. We conclude the evaluation with a future focus in order to begin to build a vision of longer-term change and to assist in identifying some stepping stones towards that vision. In these ways, the assessment helps to identify and contextualize a survivor's current psychological functioning and assists each woman or girl in building a path towards healing.

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