

### Utilizing Trauma-Informed Approaches to Trafficking-related Work

Core Impact Areas	What does this mean?	What you might see	Tips, or Things to Keep in Mind
Alteration in Regulation of Affect and Impulses	Core challenges managing emotions, behaviors, and physiology (i.e., arousal or energy level)	<ul style="list-style-type: none"> <li>• Frozen, shut down, “spacy”</li> <li>• Quickly changing mood or expressions</li> <li>• Hard time sitting still; jumpy</li> <li>• Angry, hostile behavior</li> <li>• Weepy, depressed</li> <li>• Reactive to other people’s statements; mis-reading / responding strongly</li> <li>• Appearing “surly”, uncooperative, or disinterested (i.e., during meetings, while testifying, etc.)</li> </ul> <p><i><u>Brief case example:</u> Lina is sitting with the lead prosecutor on her case. In reviewing the content of her affidavit, she appears disengaged, as if she’s not paying attention, then suddenly jumps up, says, “You’re not listening to me!” and bursts into tears. When the prosecutor tries to speak with her, Lina appears frozen and shut down, and fails to respond.</i></p>	<ul style="list-style-type: none"> <li>• Don’t take strong reactions personally; be very aware of managing your own emotional responses.</li> <li>• Provide frequent breaks, particularly with tasks that may induce strong emotions.</li> <li>• Be aware if the victim / client / survivor appears shut down or disconnected; this may be a sign that the person is overwhelmed.</li> <li>• Provide concrete supports and resources (i.e., links to counselors, advocates, etc.).</li> <li>• Have materials available which may support regulation during meetings, conversation, or testimony. For instance, soothing scents or sensory objects a person can hold (i.e., silly putty, a stress ball), soft materials, soft lighting, calm environment.</li> </ul>

<p>Alterations in Attention or Consciousness</p>	<p>Difficulty integrating experience into a coherent whole; disconnecting from experience (“dissociating”) as a way to manage overwhelming feelings, thoughts, and events; disconnecting aspects of experience from each other (i.e., feelings from memories)</p>	<ul style="list-style-type: none"> <li>• Person appears disconnected, frozen, shut down</li> <li>• Memory gaps</li> <li>• Slight changes in verbal narrative (“the story”) from meeting to meeting; not remembering previously remembered or described details</li> <li>• Presentation that changes from meeting to meeting (i.e., seems connected and calm one day, then very different on another)</li> <li>• Emotional presentation that does not match the content of the narrative</li> </ul> <p><i>Brief case example: Nicole is having her third meeting with a police investigator who is gathering evidence related to her case. She has described her experience twice, but this time when asked to give further detail states repeatedly that she does not remember, and is unable to confirm detail that she previously reported. Her sentences are disjointed and brief, and she looks spacy, with minimal eye contact.</i></p>	<ul style="list-style-type: none"> <li>• Check in to make sure victim / client / survivor is hearing and understanding your statements / information. Written information may be particularly helpful for clients who struggle to process information verbally.</li> <li>• Be aware that changes in memory do not necessarily indicate falsehood or storytelling, but may be evidence of a trauma response.</li> <li>• Try to hold interviews or other key conversations at a time when victim / client / survivor feels most regulated / safe, or in an environment in which they feel comfortable / supported, to minimize dysregulation leading to disconnection. Offer the individual access to self-soothing materials, breaks, etc. to support his/her capacity to remain present and connected.</li> </ul>
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<p>Alterations in Self-Perception</p>	<p>Ways experience affect how a person views him- or herself; may include our sense of capability, guilt / responsibility, power, control, and worth</p>	<ul style="list-style-type: none"> <li>• Professing responsibility for something in which the reporter appears to have been the victim</li> <li>• Strong feelings of guilt or shame about experiences; may color or influence how the story is told (i.e., statements of what the person “should” have done to stop or change the experience)</li> <li>• Helplessness; feeling overwhelmed by even small tasks. For instance, not following through on requested or suggested tasks</li> <li>• Minimizing experiences, or describing even minor experiences as overwhelming.</li> </ul> <p><i>Brief case example: Michael, a victim of labor trafficking (cross-border drug smuggling) recently came to the attention of authorities after a fellow victim sought support. On interview, he breaks down and states, “I’m no good, man, this is all my fault. I thought I was helping my Mom, my family-- that if I just did what they said, they would let my brother go. Now, now I’m just a no-good criminal like them. I should have been able to get away.”</i></p>	<ul style="list-style-type: none"> <li>• Don’t assume that a statement of felt responsibility is the equivalent of an admission of guilt.</li> <li>• Support victim / client / survivors in accurate attribution of responsibility; reiterate known facts about trafficking and its influence on victims’ perception of responsibility.</li> <li>• Help victim / client / survivors break down tasks concretely; assume that even small tasks may feel overwhelming. Support them in accessing help with task completion (i.e., someone who will help them complete forms or make phone calls).</li> <li>• Focus on the facts of experiences, rather than getting caught up in the individual’s emotion (or lack thereof) or perception of event salience in making determinations about criminality.</li> </ul>
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<p>Alterations in Relations With Others</p>	<p>Ways that experiences impact the individuals' ability to form safe, trusting relationships with other people</p>	<ul style="list-style-type: none"> <li>• Vulnerability to ongoing victimization in relationship; for instance, returning to a previously identified trafficker or other abusive situation</li> <li>• Not trusting others. May show up as suspiciousness of the intentions of providers or law enforcement; challenging statements or information from those who are attempting to offer help.</li> <li>• Pulling back from offered supports; not attending meetings, support groups, or accessing other resources.</li> <li>• Refusing to testify.</li> </ul> <p><i><u>Brief case example:</u> Tamika is a 16-year-old girl who has been living with a single foster mother since she was identified as a victim of sex trafficking. The foster mother contacts police after Tamika has been missing for several days, stating that she has found e-mail messages suggesting that Tamika returned to her pimp / trafficker.</i></p>	<ul style="list-style-type: none"> <li>• Be aware of the often confusing nature of victims' relationships with victimizers; be conscious of not making assumptions about the victim's perception.</li> <li>• Don't take it personally if a victim / client / survivor appears distrustful. Don't expect someone who has been victimized to feel safe with or trust new people. The goal is to provide a "safe enough" environment to support both the individual's needs and the needs of the law enforcement community.</li> <li>• Reach out to victims, rather than waiting for them to reach out for supports.</li> <li>• Provide opportunities for control and empowerment (i.e., offering choice about meeting times, about where to sit in a room, about pacing of the interview process whenever possible, etc.).</li> <li>• Be aware of safety features in meeting rooms/environments in which a victim will be present: Is the area well lighted? Is there ready access to an exit? Does the victim have the choice of sitting with his/her back to a wall vs. a door (depending on preference)? Physical environment can support or detract from felt sense of safety.</li> </ul>
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Somatization	Physical symptoms which develop in response to psychological / emotional stressors.	<ul style="list-style-type: none"> <li>• May present as a range of physical complaints – for instance, headaches, stomach aches, digestive issues, unexplained neurological issues, unexplained sexual symptoms.</li> </ul> <p><i><u>Brief case example:</u> Following 4 years of labor trafficking, Mei complains of chronic headaches and neck pain. She also reports chronic digestive issues. Mei identifies that her symptoms worsen when she feels anxious or depressed. Results from her physical fail to explain Mei’s report of symptoms. Mei’s providers question the veracity of her report. In response, Mei shuts down.</i></p>	<ul style="list-style-type: none"> <li>• Don’t dismiss frequent or unexplained physical complaints as “in the victim’s head.” Somatic symptoms are a real, very distressing manifestation of extreme emotional stress, and often have their basis in physiological changes in the body resulting from that stress.</li> <li>• Be aware of the importance of physical as well as emotional supports for victim / client / survivors. For instance, access to routine medical care; access to physical self-care and/or activity engagement resources such as trauma-sensitive yoga classes, support with relaxation and stress management strategies, etc.</li> </ul>
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<p>Alterations in Systems of Meaning</p>	<p>Ways that a person’s belief system about the world around them is influenced by their experience; for instance, believing in justice, safety, hopefulness, or positive outcomes; impacts on spiritual or religious beliefs.</p>	<ul style="list-style-type: none"> <li>• Dismissing the utility of following through on criminal prosecution; not believing that anyone can make a difference or keep him/her safe.</li> <li>• Extreme religiosity or denial of previously held beliefs.</li> </ul> <p><i>Brief case example: Olga, a victim of sex trafficking and a survivor of chronic trauma describes chronic feelings of hopelessness and helplessness. She is unable to follow through with recommendations and strategies suggested by her providers due to her belief that “nothing will ever change.” She also describes having felt disconnected from her religious community since her relocation to the United States. She notes that even small efforts feel “impossible” on her own. Her providers begin to feel frustrated with Olga as she is not able to comply with the majority of their recommendations. Her providers begin to feel that they are putting more effort into the case than Olga is able to match.</i></p>	<ul style="list-style-type: none"> <li>• Hold the belief in positive outcomes for the victim / client / survivor while also reflecting understanding of their described viewpoint; meet the client/victim/survivor where they are at while acknowledging possibilities for alternate outcomes. If they dismiss the utility, don’t feel like this is about their belief in you, versus their belief in the possibility of justice for themselves.</li> <li>• If spirituality or religiosity is a source of support for the victim / client / survivor, work with a trauma-informed religious community that matches the belief system of the victim / client / survivor; look to connect with resources across spiritual and religious backgrounds.</li> </ul>
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