

APPROACH FOR PROVIDING SUPPORT FOR CHILDREN SURVIVORS OF HUMAN TRAFFICKING IN SHELTERS



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List of abbreviations

DBT – dialectical behavior therapy

HTS – human trafficking survivor

PTSD – post-traumatic stress disorder

STAIR/NST – Skills Training in Affective and Interpersonal Regulation/Narrative Story-Telling

Introduction

Understanding what human trafficking is and why it is such a complex phenomenon may begin with understanding trauma. Human trafficking is a form of dehumanization and can produce profound, prolonged, and often repeated trauma. The consequences on a person are very unique and affect the lives of survivors deeply. As Van der Kolk notes, ‘trauma is specifically an event that overwhelms the central nervous system, altering the way people process and recall memories. It's the current imprint of that pain, horror, and fear living inside people’.¹ Trauma experienced by trafficking survivors typically stems from psychological, physical, and emotional abuse; deprivation of basic needs; forced or coerced use of drugs; economic exploitation; and/or threats of deportation.² Having that in mind, the most common disorders are posttraumatic stress disorder, mood disorders, anxiety disorders, dissociative disorders, and substance use disorders. Some experts suggest that as a result of multiple traumatic experiences before, during, and sometimes after trafficking, survivors develop complex post-traumatic stress disorder which refers to a more complicated psychological reaction that includes - affect deregulation, dissociation, and changes in memory, somatic distress, changes in relationships with others, shifts in self-perception, and changes in systems of meaning. Some of the commonly presenting behaviors of trafficking survivors, such as guilt and shame, revictimization, hopelessness, aggression, emotional volatility, self-injurious behavior, and other risk behaviors, may be therefore related to complex PTSD.

Even though it is well known that survivors of human trafficking experience multiple forms of abuse and suffer a range of health consequences, there is limited evidence relating to effective treatments for this complex and highly vulnerable group, and little is known about their ability to engage in psychological therapy. Therefore, everyone included in recovery of human trafficking survivors³ needs a more comprehensive understanding of this phenomenon, especially its impact on survivors to provide effective treatment and intervention.

The aim of the approaches is to provide practitioners (clinicians and non-clinicians) who work in shelters across the Western Balkans practical guidance to inspire further learning and action over time. More precisely the goal is to:

¹ van der Kolk, B. A. (2014). *The Body Keeps the Score: Brain, mind, and body in the healing of trauma*. Viking.

² Burke, M. C. (2019). Human Trafficking in the 21st Century: An Overview for Healthcare Providers. In *Working with the Human Trafficking Survivor: What Counselors, Psychologists, Social Workers and Medical Professionals Need to Know* (pp. 1–16). Taylor & Francis Group. <http://ebookcentral.proquest.com/lib/brandeis-ebooks/detail.action?docID=5741710>

³ The terms ‘victim’ and ‘survivor’ are both used in different contexts to refer to individuals who were trafficked. ‘Survivor’ is used by many service providers to acknowledge the strength and resilience demonstrated by those who have been trafficked. Throughout this document, the term ‘survivor,’ rather than ‘victim,’ is used in a conscious effort to recognize the importance of empowering these individuals on the road to rebuilding their lives. Additionally, term survivor is used for both identified and potential victims of human trafficking throughout the document. Hockett, J. M., & Saucier, D. A. (2015). A systematic literature review of “rape victims” versus “rape survivors”: Implications for theory, research, and practice. *Aggression and Violent Behavior, 25*, 1-14.

- provide adequate interventions, i.e. empowerment to human trafficking survivors (HTS) in shelters in order overcome trauma caused by human trafficking and consequently achieve a better quality of life;
- to provide adequate support to HTSs in shelters as to ensure easier and more successful coping with the life circumstances in which they find themselves, which have been shown to carry a risk for developing psychological difficulties and mental disorders.

This tool package is comprised of 4 approaches:

1. Organizational approach to providing support for survivors of human trafficking in shelters
2. Clinical approach to providing support for survivors of human trafficking in shelters
3. Approach for providing support for children survivors of human trafficking in shelters
4. Staff care approach

Recommendations from the approaches may be used interchangeably by all service providers working in the shelters. However, those that require additional psychological training and knowledge should be used only for trained staff in the field of psychology and psychotherapy including counseling.

Data for the approaches was gathered through different means. Best practices are collected through desk research. In addition, different examples are drawn from carrying out in-depth interviews with service providers in different shelters in Bosnia and Herzegovina, Macedonia, Albania, Kosovo*, Montenegro and Serbia. The aim was to compare and contrast best practices in providing assistance to human trafficking survivors and complement them with different practices implemented worldwide as to contribute to developing new approaches that will help HTSs in the field. The approaches consist of evidence-based and best practice information for clinical and non-clinical service providers who want to work more effectively HTSs who have been exposed to acute and chronic traumas and/or are at risk of developing traumatic stress reactions.

The approaches for working with vulnerable persons have been developed within the project *“Heal and Connect: Towards the improvement of mental health protection of vulnerable groups through networking and evidence-based practice”*, implemented by PIN – Psychosocial Innovation Network. This project is a part of the project *“Preventing and Combating Trafficking in Human Beings in the Western Balkans”* (PaCT) funded by the German Federal Ministry of Economic Cooperation and Development (BMZ) and implemented in the region by the German Corporation for International Cooperation GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit).

* This designation is without prejudice to positions on status, and is in line with UNSC 1244 and the ICJ Opinion on the Kosovo Declaration of Independence

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Children and adolescents may become victims of the same trafficking forms as adults - sexual exploitation, forced marriage, forced labor, slavery, servitude, forced begging, criminal activities, and organ removal. Nevertheless, minors are more vulnerable to manipulation, control and abuse, as they lack the necessary maturity to perceive what is happening to them, as well as the ability to protect themselves. Additionally, most of the trafficked youth already experienced significant trauma prior to their trafficking trauma, making them more vulnerable to further victimization, including trafficking itself.

Child human trafficking survivors experience numerous mental health struggles and symptoms. Child survivors develop similar symptomatology as adult victims, including depression, anxiety, PTSD, hostility, irritability, substance abuse, dissociative symptoms, suicide attempts, and sexual promiscuity. Developmental disturbances make the trafficking experience even more devastating for children in comparison to adults, as brutal trafficking conditions may cause significant damage. Trauma has an adverse impact on development of brain structure, function, regulatory mechanisms and stress-responsive neurobiological systems. Therefore, repeated trauma can be severely detrimental to emotional regulation of the children.

There is a lack of appropriate mental health treatments specifically developed for child HTSs, and available interventions for child trauma survivors have not yet been scientifically evaluated for human trafficking survivors. Additionally, most of the psychosocial interventions used for treating adult survivors could be useful for youth as well. However, similar to adult HTSs, there are some factors that are important to consider when dealing with traumatized children and providing different services for them. In the paragraphs that follow, there will be presented some of the most important factors in treating trauma in children caused by trafficking.

Ensuring safety for children HTSs

Child-friendly spaces: The needs of child trafficking survivors differ significantly from those of adult victims. Child-friendly spaces are an essential component of appropriate care for children HTSs. Service providers should take special measures to ensure appropriate and tailored support and care available to them. Children should receive immediate support and assistance in a comfortable setting that is not intimidating or retraumatizing. These spaces can be a separate room or even just a corner in the shelters and should ensure provision of a safe and structured environment for play and learning.

Schedule in the shelter is important: It can be retraumatizing and frightening for a child if it is accommodated in the shelter which functions in a disorganized and confused way. Therefore, it is important for a child survivor to have a structured day and a known daily pattern. It needs to be ensured that children have consistent times for meals, school, homework, quiet time, playtime, dinner and chores. Not only does this provide them with feeling of safety and stability but they also learn new skills and take responsibilities which is crucial for their recovery.

Recommendations ensuring safety for children

- Given constraints around physical space and financial resources, service providers need to develop creative ways to establish a child-friendly space. If a separate room is not available, a child-friendly corner can also serve as a designated section that is welcoming to children.
- It is important for a child to have a daily schedule and a known pattern. It has to be ensured that they have consistent times for meals, school, homework, quiet time, playtime, dinner and chores.

Realize the widespread nature of childhood trauma

Similar to recommendations made in regards to adult survivors of trafficking, it is vital for service providers to be aware of the widespread nature of childhood trauma and how it impacts the child's emotional, social, behavioral, cognitive, brain, and physical development, as well as their mental health. In order to do so, training and professional development on child trauma is an important first step. By obtaining sufficient knowledge on trauma aspects in children, service providers will be able to provide 'trauma lens' in dealing with them and gain the capacity to view children's difficulties in behavior, learning, and relationships as natural reactions to trauma.⁴

Best practices show that training and professional development opportunities are also important for collaboration with community service providers. In this way service providers are sufficiently equipped to refer a child to specialized mental health providers who can further screen for childhood trauma and provide appropriate treatment.

Recommendation for realizing the widespread nature of childhood trauma

- It is recommended for service providers to attend at least introductory trauma training on widespread nature of childhood trauma and related symptoms for all staff members.
- It may be beneficial to recruit and recognize staff who have demonstrated a high level of competency in child traumatic stress.

Screening for symptoms of trauma in children

Children's reactions to traumatic events vary. Children of different age, family history, culture or gender respond to traumatic experiences caused by trafficking differently. Some children show

⁴ Cole, S. F., Eisner, A., Gregory, M. & Ristuccia, J. (2013). *Helping traumatized children learn: Creating and advocating for trauma-sensitive schools* (Vol. 2). Boston, MA: Massachusetts Advocates for Children.

the following signs of trauma: having difficulty calming down, behaviors common to younger children (e.g., thumb sucking, bed wetting, fear of the dark, clinging to caregivers), tantrums, aggression, or fighting, becoming quiet and withdrawn, wanting to be left alone, wanting to talk about the traumatic event all the time, or denying that it happened, changes in eating or sleeping (sleeping all the time, not sleeping, nightmares), frequent headaches or stomachaches.⁵ Without proper screening, children suffering from traumatic stress may be misdiagnosed with other behavioral health conditions and provided unnecessary, ineffective, or even contraindicated interventions that do not address the underlying traumatic stress. The service providers should screen everyone for traumatic history and traumatic stress responses and that would assist them in understanding a child's trauma and create an adequate individual treatment plan.

Findings from the field show that shelters who are specialized in accommodating minors slightly differ from those in which children are accompanied by a parent who is a HTS. In some shelters, children are immediately interviewed and screened for trauma. In other cases, children are already screened before they reach shelters so staff may refer them to mental health providers and organize psychotherapy sessions. Time of the screening also differentiates between organizations. Some prefer to do it immediately upon a child's arrival to shelter, while others wait for children to get to know the place, build relationships with service providers and adjust to the new environment. When it comes to screening techniques, service providers' practices are again not uniformed. Some of them do apply different forms of test to screen for trauma symptoms (Trauma Symptom Scale in Children - TSCC, Wechsler intelligence test for children WISC-IV-HR, 6-16 years) and some of them do not have any standardized way of assessing widespread consequences of trauma in a child.

Recommendations for screening for symptoms of trauma in children

- It is recommended to develop a standardized way of screening together with utilization of screening instruments that service providers find suitable for children HTS.

Psychosocial activities for children

Psychosocial activities in shelters are usually provided by non-clinical staff. Even though they are not directly focused on reducing trauma related symptoms, they are significant in improving the overall well-being of the child. In order to do so, children need the opportunity to use five types of play – creative, imaginative, physical, communicative, and manipulative.⁶ Activities in the shelter may include games, sports, expressive/creative activities, life skills, educational activities and other activities that promote child development/psychosocial well-being and coping skills

⁵ The National Child Traumatic Stress Network. (2016). *Resilience and child traumatic stress*. Los Angeles, CA and Durham, NC: National Center for Child Traumatic Stress.

⁶ Elkind, David (2007). *The Power of Play: How Spontaneous, Imaginative Activities Lead to Happier, Healthier Children*. Cambridge, MA: Da Capo Press.

(the skills that help us function positively and deal with emotion in difficult situations).⁷ What is more, when working with children, it is important to remember to be sensitive, listen to how they want things to be done and be patient. It is vital to treat children with respect as they are the most vulnerable category of victims.

Gender, age and cultural sensitivity are important to consider when planning and organizing psychosocial activities. Service providers need to make sure that activities are specific and appropriate for the gender and age group of HTSs. It is sometimes incorrect to assume that same activities are suitable for boys and for girls. Appropriate activities also vary for children of different ages, as they are at differing developmental stages.

Findings from the field show that children are offered a wide-range of activities within the shelters: art therapy, play therapy, Points of You, occupational activities etc. As some of the service providers report, they are very significant for their recovery. What is more, some of the best practices demonstrate that children appreciate non-formal every day activities such as going out for an ice cream, going to the cinema, walking down the city, gym.

Recommendations for psychosocial activities for children

- Service providers are recommended to provide as many as possible psychosocial activities to children survivors of human trafficking. However, they have to be trauma-sensitive and make sure that activities are specific and appropriate for the gender, age and cultural sensitivity of survivors of human trafficking.

Trauma specific interventions in children

A child's recovery from trauma often requires serious mental health treatment, delivered by a skilled therapist that helps the child reduce overwhelming emotion related to the trauma. It is common for children HTSs to have significant symptoms that interfere with their ability perform different tasks in the shelter, build and maintain relationships with service providers and peers and succeed in school. Specific trauma interventions for children do not differ significantly for those for adults. However, it is important that mental health providers who work with children are additionally trained to work with minors. In order to help children to overcome consequences of traumatic events caused by trafficking, some of the following interventions may be useful.

Dialectical Behavior Therapy (DBT)

It is a variation of cognitive behavioral psychotherapeutic approach that helps children learn to both regulate and tolerate their emotions and may be appropriate for treating traumatic stress

⁷ WHO defines life skills as abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life. For more information please see: <http://www.ineesite.org/page.asp?pid=1137>.

symptoms. Concrete skills are taught and practiced, including mindfulness practices from Eastern medicine. DBT combines standard cognitive behavioral techniques for emotional regulation with concepts of distress tolerance, acceptance, and mindfulness.⁸

Skills Training in Affective and Interpersonal Regulation/Narrative Story-Telling (STAIR/NST)

It is a two-module treatment focused on reducing symptoms of PTSD and other trauma-related symptoms (including depression and dissociation) and on building and enhancing specific social and emotional competencies that are frequently disturbed in youths who have experienced multiple traumas and/or sustained trauma. This intervention might also be used to prevent the development of traumatic stress symptoms when implemented after exposure to a traumatic event. STAIR/NST includes 10 treatment sessions conducted in group or individual format that target social and emotional competency building. The sessions focus on developing emotional regulation and social skills, positive self-definition exercises and goal setting and achievement.⁹

Child-Parent Psychotherapy

This is a form of family therapy and it is especially relevant for traumatized children whose caregiver is a survivor of human trafficking. It is an intervention model for children aged 0-6 who have experienced at least one traumatic event and/or are experiencing mental health, attachment and/or behavioral problems, including posttraumatic stress disorder. The treatment is based on attachment theory but also integrates psychodynamic, developmental, trauma, social learning, and cognitive behavioral theories. This form of psychotherapy focuses on the way trauma has affected the caregiver-child relationship and the child's development. The primary goal is to strengthen the caregiver-child relationship to restore and support child's mental health.¹⁰

Play therapy

Play therapy involves the use of toys, blocks, dolls, puppets, drawings, and games to help the child recognize, identify, and verbalize feelings. The psychotherapist observes how the child uses play materials and identifies themes or patterns to understand the child's problems. Through a combination of talk and play the child has an opportunity to better understand and manage their conflicts, feelings, and behavior.¹¹

⁸ Linehan M. (1993) *Cognitive-behavioral treatment of borderline personality disorder*. New York: Guilford Press.

⁹ For more information please visit: http://resources.childhealthcare.org/resources/STAIRNST_2-11-05.pdf

¹⁰ The National Child Traumatic Stress Network. *The National Child Traumatic Stress Network Empirically Supported Treatments and Promising Practices*. <http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices>.

¹¹ Bratton, S. C., Ray, D., Rhine, T., & Jones, L. (2005). The Efficacy of Play Therapy With Children: A Meta-Analytic Review of Treatment Outcomes. *Professional Psychology: Research and Practice*, 36(4), 376–390.

Recommendations for trauma specific interventions in children

- It is recommended to provide as many as possible trauma specific interventions to children survivors of human trafficking. They have to be provided by a well-trained psychotherapist specialized in treating children.

INDICATORS FOR M&E OF THE IMPLEMENTATION OF THE APPROACH

Ensuring safety for children survivors of human trafficking	<ul style="list-style-type: none"> • Existence/number of child-friendly spaces within a shelter • Existence of guidelines to ensure consistent times for meals, school, homework, quiet time, playtime, dinner and chores.
Realize the widespread nature of childhood trauma	<ul style="list-style-type: none"> • Number of capacity building trainings on understanding a widespread impact on trauma among children survivors of human trafficking. • Existence of guidelines on how to deal with highly traumatized children victims of human trafficking in shelters.
Screening for symptoms of trauma in children	<ul style="list-style-type: none"> • Number of instruments used in a process of screening for children, human trafficking survivors. • Existence of a standardized way of screening process developed for children, human trafficking survivors.
Psychosocial activities for children	<ul style="list-style-type: none"> • Number of psychosocial activities • Number of children, human trafficking survivors undertaking psychosocial activities
Trauma specific interventions for children	<ul style="list-style-type: none"> • Number of trauma specific interventions • Number of children, human trafficking survivors undertaking specific interventions

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