

# CLINICAL APPROACH TO PROVIDING SUPPORT FOR SURVIVORS OF HUMAN TRAFFICKING IN SHELTERS



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## List of abbreviations

- CBT – cognitive behavioral therapy
- EMDR – Eye movement desensitization and reprocessing
- HTS – human trafficking survivor
- NLP – neuro-linguistic programming
- PTSD – post-traumatic stress disorder

## 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’.<sup>1</sup> 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.<sup>2</sup> 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 survivors<sup>3</sup> 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:

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

<sup>2</sup> 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>

<sup>3</sup> 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).

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\* 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

## CLINICAL APPROACH TO PROVIDING SUPPORT FOR SURVIVORS OF HUMAN TRAFFICKING IN SHELTERS

This approach is tailored for clinical staff (mental health service providers such as psychologists and psychotherapist) that work in the area of human trafficking and deliver direct specialized support to survivors in the shelters. Provision of clinical interventions should be individualized and aim to help survivors gain back control over their lives, regardless of therapeutic modality or intervention type. In the following sections, there will be presented key elements necessary for efficient and effective treatment as well as recommendation of specific interventions that need to be provided by well-equipped and trained mental health staff.

### Screening for trauma

**Initial interview and trauma screening:** When a client enters the shelter, initial interview and screening are usually the first step that service providers take in order to support HTSs. It is essential to emphasize that the initial interview can be conducted by non-clinical staff. However, assessments for trauma-related disorders require a mental health professional since this type of screening gathers all relevant information necessary to understand the role of the trauma in individuals' lives, appropriate treatment objectives, goals, planning and any ongoing diagnostic and treatment considerations. The individual forms his or her first impression of treatment during this screening process as well. Taking this into consideration, the way screening is carried out is important as it can impact the further process of recovery treatment especially in regards to the relationship between a HTS and service provider.

**Timing:** Service providers should pay attention to the timing of the screening. Clients should have the opportunity to build trust in service providers before being asked about their trauma history. It is crucial to take time to prepare and explain to HTSs the whole process of screening so they have a greater sense of control, safety and trust over the whole process. By building trust between service providers and clients, a screening conducted in a later stage enables HTSs to speak more freely, respect their own boundaries, avoid re-traumatization and ensure more suitable interventions for the client. Good practices in the field of mental health illustrate that the whole process needs to be slowly paced. This means that questions about trauma should be general and gradual.<sup>4</sup>

**Best practices** show that the client should be supported in the process of screening by creating an atmosphere of trust, respect, and acceptance.<sup>5</sup> What is more, personal space should be respected for the survivor as well. Service providers should pay attention to adjusting the tone and volume of the speech as clients who have been traumatized may be more reactive.<sup>6</sup>

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<sup>4</sup> Knight, C. (2019). Trauma informed practice and care: Implications for field instruction. *Clinical Social Work Journal*, 47(1), 79-89.

<sup>5</sup> Melnick SM, Bassuk EL. (2000) *Identifying and responding to violence among poor and homeless women*. Nashville, TN: National Healthcare for the Homeless Council.

<sup>6</sup> Fallot RD, Harris M. *A trauma-informed approach to screening and assessment*. (2001) In: Harris M, Fallot RD, editors. *Using trauma theory to design service systems*. San Francisco: Jossey-Bass; pp. 23–31.

**Screening tools:** As screening is an important part of individualized treatment plan, some specific screening tools might be helpful for service providers. The tool selection should be carefully reviewed and adapted according to the needs of human trafficking survivor. Some examples of screening tools are:

- Life Stressor Checklist - Revised (LSC-R)<sup>7</sup>
- Stressful Life Events Screening Questionnaire<sup>8</sup>

**Findings from the field** indicate that many service providers do not have a uniformed way of conducting the screening process in regards to trauma-related symptoms nor did they develop specific guidelines for this purpose. The state is similar when it comes to screening tools. For instance, mental health professionals reported to have a great need for using instruments, however, in some countries it is difficult to obtain them. Some of the tools that have been utilized and stated to be suitable in the screening process are: Trauma Symptom Inventory – TSI, Test D-48 – intelligence test, Cognitive nonverbal test – CNT, Personality Testing Inventory.

It has been also noticed that there is a variety of practices when it comes to moving too deeply or quickly into trauma material with survivors. While some organizations conduct the screening in the early phase of clients’ stay in the shelters, other suggested that this process needs to be done slowly and gradually. It was emphasized that mental health staff must be aware of trauma-related symptoms and disorders and how they affect clients in the treatment. Some organizations decided to skip the official screening process and carry out the assessment throughout the survivor’s stay in the shelter and therefore avoid pathologizing and labeling them with diagnoses. Instead, they provide ongoing assessment during treatment that provide valuable information about their mental health struggles.

### Creating an individualized treatment plan

After the screening process, an individualized treatment plan should be created for HTSs. Involving clients in the treatment process is fundamental for survivors’ active role in their recovery. HTSs need a voice in their own treatment planning and therefore the creation of individualized plans for HTSs need to include survivors’ perspective and their specific needs. As mentioned above, using clients as experts is crucial for effective treatment.

Interview findings show that all shelters have a standardized way in creating an individual plan for HTSs. It is usually supported by the Center for Social Work who are the main guardian of HTSs. Good practices from the field demonstrated that the individual plans for the treatment are created timely, with respect of HTS’ needs, usually after the screening process. In this way, HTSs are given time and space to rest, adjust to the new environment and start building relationship with others as well. It is important for HTSs to realize that service providers are there to help them and that they will not demand from them something that they themselves do not consider useful.

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<sup>7</sup> <https://www.ptsd.va.gov/professional/assessment/documents/LSC-R.pdf>

<sup>8</sup> <https://georgetown.app.box.com/s/08evpdiwv64zhn0q3xqa0od77a36ig8k>



## Best practice – peer engagement to motivate HTSs for treatment

*One promising engagement strategy involved human trafficking survivors with lived trauma experiences who receive special training to be part of the care team. Their role was to engage with the HTS and motivate him/her for the treatment. Based on their similar experiences and shared understanding, clients may develop trust with them and be more willing to engage in treatment. Peer engagement is a powerful tool to help overcome isolation which is common among individuals who have experienced trauma.<sup>9</sup>*

## Prevention of retraumatization

Service providers who are working in trauma-related contexts always need to be aware of potential risks of retraumatization. It can happen unintentionally due to treatment settings or service provider's behavior. There are many forms of retraumatization. For example, it may happen that service providers do not fully trust the client about their experience, minimize, discredit, or ignore client responses or label their experience and feelings as pathological. Therefore, it is of utmost importance for service providers to be aware and educated about potential risks of retraumatization as well as different forms of it. In the same manner, mental health providers need to be well equipped with skills on how to recognize signs of retraumatization in HTSs and act in the best interest of the client.

Interview results with eight organizations in the region show that there are no organized and planned ways on retraumatization prevention as staff members in shelters do not put this issue high on the agenda in their work. Some of the interviewees mention one important factor that can contribute to retraumatization of HTSs and that is prolonged stay in shelters. When a HTS stays in the shelter for a long time, it has a negative impact on his/her mental state and therefore trauma related symptoms may resurface.

### Recommendations for screening and prevention of retraumatization

- It is recommended for service providers to take time to prepare and explain to HTSs the entire screening process to have a greater sense of control, safety and trust over the whole process.
- It is recommended to develop a standardized way of screening together with utilization of screening instruments that service providers find suitable for their clients.
- It is recommended to develop and introduce guidelines/strategies on the prevention of retraumatization in HTSs.

<sup>9</sup> SAMHSA (2014). TIP 57: *Trauma-Informed Care in Behavioral Health Services*.

<http://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816>

## Trauma-specific interventions

Human trafficking survivors are in most cases exposed to complex traumas that need to be treated in order to allow them to recover and move forward with their lives. Although evidence-based practices for treating trafficking survivors are not extensive, certain psychotherapy interventions and techniques have shown to be effective with survivors of trauma abuse. Regardless of any modality in psychotherapy, trauma recovery should consist of the following stages: safety and stability, remembrance and mourning, reconnection and integration. The first phase of regaining stability and safety is the most relevant for HTSs as they usually do not stay in shelters long enough to reach other phases of trauma treatment.<sup>10</sup> Nevertheless, mental health practitioners should be trained to apply all stages of recovery treatment according to the needs of the client.

At the beginning, but also during therapy, it is important that the client re-establishes self-control and a sense of safety. Regaining a sense of safety may take days to weeks with acutely traumatized individuals or months to years with individuals who have experienced ongoing/chronic abuse. In the next phase, the client reapproaches the trauma event and experiences emotions such as sadness, shame, guilt, anger. In this phase it is also crucial to ensure the feeling of safety for survivors as it allows them to move through this phase in a way that integrates the story of the trauma rather than reacts to it in a fight, flight or freeze response.<sup>11</sup> In the phase of reconnection and integration the person affected by trauma recognizes the impact of the victimization and is willing to take concrete steps towards empowerment and self-determined living.<sup>12</sup>

Trauma specific interventions are many and in order to be practiced they require well-trained mental health professional such as psychologist and psychotherapist. In the following lines, a brief overview of best evidence-based interventions for trauma in adults will be presented.

### Cognitive behavioral therapies (CBT)

Cognitive Behavioral Therapy can help people find new ways to behave by changing their thought patterns. CBT rests on the assumption that the way people think and interpret life events affects how they behave and feel.<sup>13</sup>

There are many different varieties of CBT. CBT has also been expanded to include various techniques, coping skills, and approaches, such as dialectical behavior therapy, seeking safety and mindfulness. Traditional CBT emphasizes symptom reduction or resolution, but recent CBT

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<sup>10</sup> Butollo, W. (2010) *Dialogical Exposure in Gestalt Based Trauma Therapy*, oral presentation on 10th Conference of EAGT, Book of Abstract, Berlin, DVG&EAGT

<sup>11</sup> Herman JL. (1992) *Trauma and Recovery*. Basic, New York.

<sup>12</sup> Ibid.

<sup>13</sup> Resick, P.A. and Calhoun, K.S. (2001) Posttraumatic Stress Disorder, in Harlow (ed.) *Clinical handbook of psychological disorders*, 3rded. The Guilford Press

approaches have also emphasized the therapeutic relationship, a particularly important dynamic in trauma treatment.<sup>14</sup>

CBT has been applied to the treatment of trauma and has also been effectively used in the treatment of substance use. A review of efficacy research on CBT for PTSD is proven by different authors.<sup>15</sup>

### Exposure therapy

Exposure-based therapies engage clients in systematically confronting the object(s) of their fears and distress within a therapeutic framework in order to regain control of overwhelming emotions. Relaxation and breathing techniques for lowering physical tensions and hyper-arousal are widely used in trauma treatment protocols. More precisely, it focuses on: PTSD education; breathing techniques to reduce the physiological experience of stress; exposure practice with real-world situations; and talking through the trauma.<sup>16</sup> The effectiveness of exposure therapy has been firmly established.<sup>17</sup>

### Eye movement desensitization and reprocessing (EMDR)

EMDR is one of the most widely used therapies for trauma and PTSD. EMDR therapy is a phased, focused approach to treating trauma and other symptoms by reconnecting the traumatized person in a safe and measured way to the images, self-thoughts, emotions and body sensations associated with the trauma, allowing for the natural healing powers of the brain to move toward adaptive resolution.<sup>18</sup> There are eight phases to EMDR therapy: initial history discovery and treatment planning, preparation, assessment, desensitization, installation, body scan, closure, and then reevaluation. It is an effective treatment for PTSD and numerous reviews support its effectiveness.<sup>19</sup>

### Mindfulness interventions

Mindfulness is a process of learning to be present in the moment and observing internal experience (thoughts, bodily sensations) and external experience (interactions with others) in a nonjudgmental way. Mindfulness challenges limiting beliefs that arise from trauma and helps

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<sup>14</sup> Jackson C, Nissenson K, Cloitre M. (2009) *Cognitive-behavioral therapy*. In: Courtois CA, editor. *Treating complex traumatic stress disorders: An evidence-based guide*. New York: Guilford Press.

<sup>15</sup> Foa EB, Keane TM, editors. (2000) *Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies*. New York: Guilford Press.

<sup>16</sup> Foa EB, Hembree EA, Rothbaum BO. (2007) *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences: Therapist guide*. New York: Oxford University Press.

<sup>17</sup> Foa EB, Keane TM, editors. (2000) *Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies*. New York: Guilford Press.

<sup>18</sup> Shapiro F. (2001) *Eye movement desensitization and reprocessing (EMDR): Basic principles, protocols, and procedures*. 2nd ed. New York: Guilford Press.

<sup>19</sup> Mills KL, Teesson M, Back SE, Brady KT, Baker AL, Hopwood S, et al. (2012) *Integrated exposure-based therapy for co-occurring posttraumatic stress disorder and substance dependence: A randomized controlled trial*. JAMA.

clients stay grounded in the present. It plays a significant role in helping individuals who have been traumatized to observe their experiences, increase awareness, and tolerate uncomfortable emotions and cognitions.<sup>20</sup>

Mindfulness-based interventions are valuable as a part of trauma-specific interventions. They may also help individuals tolerate discomfort during exposure-oriented and trauma processing interventions. Overall, mindfulness practices can help clients in managing traumatic stress, coping, and resilience.

### Group interventions

If survivors of human trafficking feel safe to share their experience with other survivors, different types of group interventions can be useful, especially for rebuilding their social capacities. Group interventions may provide them with an opportunity to share their experiences, generating a sense of community and support.<sup>21</sup> Furthermore, discussing stigmatized topics within group settings can help reduce shame, as it is common for trafficked survivors to feel that no one else has gone through similar situations. While various therapeutic modalities can be conducted in a group setting, advantage should be given to the ones that are scientifically proven to be adequate for trauma survivors, such as the aforementioned trauma focused CBT interventions.

Findings from the field show that service providers use various psychotherapeutic modalities in the treatment of HTSs. These modalities range from family therapy, NLP, cognitive behavioral and gestalt therapy and different methods such as Points of You. Taking that resources for providing psychotherapy are limited, HTSs usually attend reduced number of therapy sessions than needed. Shelters reported that the main problem is the lack of financial support for employing well-trained mental health service providers who will offer psychotherapy sessions on a more regular basis.

### Recommendations for trauma – specific interventions

- It is recommended for service providers to choose a treatment model based on the level of evidence for the model, the psychotherapist’s training and availability, identified problems, potential for prevention and the client’s goal and readiness for treatment.

<sup>20</sup> Baer RA. (2003) *Mindfulness training as a clinical intervention: A conceptual and empirical review*. Clinical Psychology: Science and Practice.

<sup>21</sup> Elizabeth K. Hopper, Naomi Azar, Sriya Bhattacharyya, Dominique A. Malebranche & Kelsey E. Brennan (2018) STARS experiential group intervention: a complex trauma treatment approach for survivors of human trafficking, *Journal of Evidence-Informed Social Work*, 15:2, 215-241

<b>INDICATORS FOR M&amp;E OF THE IMPLEMENTATION OF THE APPROACH</b>	
Screening for trauma	<ul style="list-style-type: none"> <li>• Number of instruments used in a process of screening for trauma in adults, human trafficking survivors.</li> <li>• Existence of a standardized way of screening process developed for adults, human trafficking survivors.</li> </ul>
Creating an individualized plan for treatment	<ul style="list-style-type: none"> <li>• Staff members understand the importance of creating an individual plans for the treatment in a timely manner, with respect of HTS' needs, usually after the screening process.</li> </ul>
Prevention of retraumatization	<ul style="list-style-type: none"> <li>• Existence of guidelines/strategies on the prevention of retraumatization in HTSs.</li> </ul>
Trauma-Specific Interventions	<ul style="list-style-type: none"> <li>• Number of trauma specific interventions for adults, human trafficking survivors</li> </ul>

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