

Cultural Sensitive Trauma-informed Therapy for Youthful Victims of Human Sex Trafficking: Setting a Course to Healing

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Abstract: Millions of children around the world are exploited and traumatized in situations of human trafficking- a form of modern-day slavery. Exposure to such brutal and inhuman treatment is traumatic, especially for children. Trauma is a life defining event with a complex course which can profoundly shape a victim's sense of self and others. Trauma interferes with the child's brain (Perry B., 2001). Many survivors will need skilled care to help them fully recover from their traumatic experiences. This presentation will identify two types of child human trafficking, the trauma associated with victimization, and strategies on how to provide basic culturally sensitive trauma resolution services for child sex trafficking victims.

Key words: child sexual abuse, youth sex trafficking, sexual trauma, trauma informed practice

1. Introduction

Ideally, childhood is a time of safety, security, emotional and physical well-being, loving guidance and attention. With the proper physical and emotional nurturing children reach emotional and intellectual developmental milestones on the way to maturing into secure and responsible adults. But sadly, millions of children never have this opportunity. They are abused in human trafficking situations from which they cannot easily escape. Children are left to endure their treatment with no adult to comfort or rescue them. Exposure to such brutal and inhuman treatment is traumatic, especially for children still going through early stages of physical, emotional and brain development. Worse, trauma is deepened due to the intimate nature of sexual abuse and the lack of adult trustworthy caregiver (Perry B., 2001). In fact, most likely adults are the perpetrators of sexual violence towards vulnerable youth. In sexual violence of youth, the victim's body becomes the inescapable instrument of torture.

What is trauma? Trauma is a life-defining event with a complex course which can profoundly shape a victim's sense of self and sense of others. It profoundly disrupts the child's ability to anticipate basic fairness in the world. As a results most survivors carry with them into adulthood the idea that the world is not safe — ever — and one must be always vigilant against threats and adapt strategies to survive (e.g., dissociation, self-blame, drug use, traumatic bonding to perpetrators, etc.) in the face of ongoing danger. Unresolved trauma dramatically colors one's on-going thoughts and behaviors, especially for children whose cognitive and emotional resources are not fully mature to accurately perceive themselves as victims and resolve traumatic events (A fuller discussion of the

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symptoms of trauma appears later in this paper).

The good news is that children are resilient and can and do survive horrific experiences with prompt and skilled intervention. This paper suggests however, that to fully heal emotionally, most severely traumatized survivors require skilled caregiver assistance to help them resolve their experiences. Unfortunately, fewer than three percent of trafficking survivors receive adequate trauma-informed services. As a result, the majority of young human trafficking survivors fail to achieve their full potential because they suffer from debilitating feelings of shame, fear, anxiety, self-blame, depression, worthlessness, impaired abilities to develop healthy relationships with trustworthy persons, drug addictions, and failure to achieve normative educational and vocational milestones.

Purpose of this paper: Optimally, trauma resolution work should be rendered by specially training clinicians, however novice caregivers can learn to promote healing of significant trauma for survivors by following basic guidelines. Because the need is great and the resources are few, the author will offer basic guidelines for trauma-informed services to this population. For those interested, further reading and training on trauma-informed practice is strongly encouraged as a full exploration of the topic is well beyond the scope of this paper. *Trauma Competency: A Clinician's Guide*, by Linda Curran, is one excellent resource.

The primary goals of services are **empowerment** and **recovery** (growth, mastery, and efficacy) which are tailored to survivors' recovery needs. The service relationship is collaborative with the survivor and the provider having equal valuable knowledge. At all times the survivor is an active planner and participant in services. His/her safety is ensured, a priority is placed on choice and self control, and trust is developed over time (Harris & Fallot, 2001).

2. What is Human Trafficking?

The United Nations (UN) defines trafficking in persons as,

“the recruitment, transportation, transfer, harboring, or receipt of persons, by means of threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person for the purpose of exploitation. Exploitation shall include, at a minimum, the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs.”¹

The U.S. government estimates that approximately 600,000 to 800,000 victims are trafficked across international borders annually;² about half of these international victims are under the age of 18.³ The International Labor Organization (ILO), the United Nations (UN) agency responsible for monitoring labor standards, employment and social protection issues around the world, conservatively estimates that at any one time there are 12.3 million people in forced labor, bonded labor, forced child labor, sexual servitude and involuntary servitude.⁴ Other estimates of global labor exploitation range from 4 million to 27 million.⁵

There are two types of child human trafficking: labor and sex.

Child labor human trafficking: Children are targeted for work in extremely dangerous or tedious activities

¹United Nations Office of Drugs and Crime (2006) *Trafficking in Persons: Global Patterns*: United Nations New York, retrieved on 2/28/2010 from http://undoc.org/unodc/en/trafficking_persons_report_2006-04.html.

² *The Trafficking in Persons Report*, June 2008, U.S. State Department, Washington, DC, p. 7.

³ *Ibid.*

⁴ *Ibid.*

⁵ *Ibid.*

because of their diminutive size, innocence, ease of control and perceived lack of value (e.g., child soldiers, rug and brick factories, camel jockeys, the fishing industry).⁶ They endure lack of proper care and education, long hours, inhuman living conditions, and inadequate nutrition. Each year unknown numbers of children die as a result of labor trafficking. Those who survive suffer traumatizing sexual, emotional and physical abuse that without proper care, often haunts them into adulthood (Cloitre M., DeRosa R., Hubbard R., Kagan R., Liantand J., Mallah K., Olafson E. & van derKolk B., 2005).

Child sex trafficking: The US State Department suggests that an estimated 2 million additional minors are added to the ranks of those exploited in the vast global commercial sex market. Like their labor trafficked counterparts, sex trafficking victims suffer inhuman treatment. Examples of sex trafficking include: prostitution, pornography, exotic dancing/stripping, massage parlors, escort services, mail order brides, and modeling studios. Girls in particular are highly vulnerable to sex trafficking. For example, scores of young girls from Nepal are tricked or kidnapped into the sex markets in India. They are prized for their fair skin and the widely held misconception that sex with a virgin or young girl can cure AIDS for the males who commercially rape them. The video documentary, *The Price of Youth*, states that eighty percent (80%) of these girls contract HIV and die premature deaths.⁷

3. Signs of Possible Child Sex Trafficking

Red flags of possible child sex trafficking include the following: presence of an overly controlling and abuse “boyfriend”, inability or fear of making eye contact, untreated injuries, signs of physical abuse or torture, restricted/scripted communication; demeanor of fear, anxiety, depression, extreme submission, tension, nervousness; claims of being an adult though appearance suggests adolescence features; signs of malnourishment; lack of identification documents, (ID, birth certificates, etc); frequent movement from location to location; claims to be just visiting and an inability to clarify addresses; few personal belongings or personal records; inappropriately dressed; over sexualized behaviors; living and working together with many same-age mates and an unrelated adult(s); and reporting an excessive amount of sexual partners during health check-ups.⁸ There are strategies to identify possible child sex trafficking victims during routine human service delivery intakes (Macy & Graham, 2012).

4. The Quad-partite Components of Trauma

Traumatic responses are unique to each youth depending on his or her individual temperament, history, individual capacities, the type and length of trauma, culture, gender, and beliefs and support systems. Traumatic experiences usually include the following components:

- Overwhelming experience(s) beyond one’s normal ability to cope,
- Pernicious threat(s) to one’s physical and/or mental well being,
- Extreme vulnerability or a complete loss of control, and
- Disruptive relationships and altering of one’s basic belief systems.⁹

⁶ The Trafficking in Persons Report, June 2009, U.S. State Department, Washington, DC, p. 20.

⁷ Copyright 2000 Andrew Levine/WITNESS.

⁸ <http://www.rescueandstoreky.org/case-identification/indicators-red-flags/>.

⁹ The National Center on Family Homelessness, Department of Health and Human Services, US Government, 2007.

The trauma of child sex trafficking: Child sex trafficking is particularly traumatizing as the child's body itself become the inescapable instrument of torture. Sex trafficking involves repeated exposure to trauma as some victims endure 15-30 commercial rapes a day for years; each event compounding trauma and leading to a sense of young victim's hopelessness and profound personal damage. Furthermore, many survivors exhibit trauma bonding. *Trauma bonding* is a common psychological survival defense mechanism in which victims become strongly emotionally attached to their perpetrators.

Viewing youth through a "trauma lens: In order to best understand how to help minors on the road to recovery from severely traumatizing events, it is important for caregivers to understand the horrid events survivors have endured. In doing so, caregivers can develop patience, empathy for young survivors and appreciate the challenges they will face to build trust with traumatized survivors.

To illustrate the horrific treatment endured, the following example tells what happens to young sex trafficking victims in the United States (US) although the dynamics of sex trafficking are universal. In the US as many as 2.8 million children live on the streets, a third of whom are lured into prostitution within 48 hours.¹⁰ Virtually all teenage prostitution in the US is pimp/adult controlled. The relationship with their primary perpetrator is one of extreme violence and emotional manipulation. Victims are beaten, whipped, slapped, gang-raped, starved, confined, tortured, emotionally abused, re-named, branded/tattooed as a piece of property, isolated/removed from peer and familial support, and deprived of any identification documents. Some are killed as an example to those who might consider exiting or non-compliance. The goal of the pimp/controller is to ultimately break down the personal autonomy of the child victim — to not only win total compliance — but to also make victims grateful for the small tokens of attention, intermittent kindness, and the promise of life/safety. The powerful trauma bonding often results in the discouraging reality that many rescued survivors return to their perpetrators (similar to domestic violence dynamics). Even though survivors may choose to return to their abusers, most experts agree it is a mistake for facilities to lock survivors in. This will replicate their captivity dynamics and perhaps inflict further psychological damage. In such situations, caregivers must allow the survivor to make her own decisions and if they choose to leave, genuinely invite them to return to safe care as soon as they are able.

5. What Does Trauma Look Like? — Trauma Symptoms

Because minors lack the cognitive and emotional maturity of adults, they cannot resolve trauma effectively and often need assistance in healing. Young survivors leave their exploitation deeply mistrustful and damaged, a condition known as Post Traumatic Stress Disorder (PTSD). PTSD factors interfere with the building of initial trust between the survivor and the caregiver that is essential to beginning the healing process.

According to Herman (1993), PTSD's three primary symptoms include:

- (1) *intrusive re-experiencing* of the trauma (e.g., flashbacks, nightmares and intrusive thoughts),
- (2) *avoidance or numbing of trauma-related* or trauma-triggering stimuli (e.g., avoiding certain places, people or situations),
- (3) *hyper-arousal* (e.g., heightened startle response and inability to concentrate), problems with functioning including difficulties controlling emotions, sudden outbursts of anger or self-mutilation, difficulties in concentration, suicidal behaviors, alterations in consciousness (dissociation) and increased risk-taking behaviors. Other trauma symptoms include anxiety, panic attacks, major depression, substance abuse and eating disorders.

¹⁰ Domestic Sex Trafficking: The Criminal Operation of the America Pimp. The Polaris Project, 2010.

Victims also may develop personality disorders and face challenges establishing healthy intimate relationships.

Cognitive Distortions: To survive and explain endless abuse, survivors develop false beliefs as to their personal value and culpability. Such beliefs result in intense feelings of shame, self blame, dependency and fear, and concerns for reprisals against loved ones and family members (Smith, Thompson, & Khan, 2010).

Common beliefs include:

- “I am a worthless whore/person,
- All adults are unsafe and will exploit me,
- I cannot survive without my pimp/husband, and
- I am damaged forever”

Most empirically-based trauma work contains a strong emphasis on cognitive restricting of unhealthy thoughts. During the course of service, such cognitive distortions must be altered for successful outcomes. Compassionately identifying and meeting survivors’ basic needs are two ways to begin to change the above beliefs.

Core Components of Culturally Sensitive and Trauma-informed Services:

The rest of this paper will present ideas on trauma-informed services. The reader is encouraged to find additional resources. In addition to the resources mentioned in the Introduction, the manual *The Hands That Heal: International Curriculum to Train Caregivers of Trafficking Survivors* is another excellent resource. Caregivers must view youth through a “trauma-lens” and be guard against judging victims for their previous survival behaviors (Grant B. & Lopez-Hudlin, 2007).

Goals of Services: As noted in the introduction, the goals of trauma-informed work are *empowerment* and *recovery*. Stated another way: **stabilization and containment**. Hence, the core components of culturally sensitive and trauma-informed services as follows: providing culturally sensitive services, ensuring safety, meeting basic needs, successfully engaging youth, teaching life skills that build on strengths, building trust slowly, and skillfully processing traumatic events. More specifically, the desired outcome is *mastery*: teaching youth how to incorporate the traumatic events into their life histories in ways that make them stronger and wiser- and not permanently damaged.

Culturally-sensitive services: It is important to consider and incorporate cultural aspects in working with survivors. As noted above, one primary goal of trauma services is to help the victims explore and come to healing terms with what has happened to him or her in ways that are consistent with their cultural and personal beliefs (Smith, Thompson & Khan, 2010). This is to say, all cultures have their own ways of dealing with and healing from negative human events. Accordingly, it is the responsibility of the caregiver to understand and incorporate cultural specific ways of healing from trafficking associated trauma. To be sure, the survivor may or may not adopt their cultural constructs associated with negative events and it is the caretaker’s role to investigate the meanings for their youth they treat.

6. Cultural Competence

If the caregiver working with a youth is also a member of the same culture, class, ethnicity, and gender, the process of understanding and incorporating healing aspects of the culture is easier to accomplish. However, often caregivers do not match the demographics as the survivor he or she is working with. Therefore is the responsibility of the caregiver to understand and incorporate cultural specific ways of healing from trafficking

associated trauma. Beginning engagement questions might include:

“Teach me how your culture explains human tragedies in which innocent people die such as, in hurricanes, accidents, disease, abuse, or murder?”, and “How do you explain such events?”

A useful resource on ensuring cultural competent service delivery can be found in *Trauma-Informed Care, for Women Veterans Experiencing Homelessness: A guide for Service Providers*.¹¹

6.1 Comprehensive Cultural Assessment

Pamela Hays’ ADDRESSING model (2007) outlines cultural features that impact trauma for *consideration resolving trauma*. Brown (2011) notes that Hays’ “acronym stands for a non-exhaustive but relatively complete list of social locations, each of which exists to some degree in all persons, and any of which can become central strands in the development of identities for individuals in that specific culture.” These are:

A: Age-related factors, including chronological age and age cohort

DD: Disability/ability, developmental and acquired, visible and invisible

R: Religion and spirituality

E: Ethnic origins; race/phenotype, culture

S: Social class, current and former

S: Sexual orientation; lesbian, gay, bisexual, heterosexual, questioning

I: Indigenous heritage/colonization history/colonizer history

N: National origin/immigration status/refugee/offspring of immigrants

G: Gender/biological sex (male, female, intersex)/gender identity (masculine, feminine, transgender).”

Examples: Culture plays a critical role in how victims process the negative events and resolve them. Many cultures blame victims for sex trauma. For instance, in the United States if a 13 year girl is raped by a 50 year old man, she is considered a victim and the man is prosecuted. However, if a 13 year old girl — who has been exploited, emotionally manipulated, beaten, and otherwise forced into street prostitution-she is raped by a 50 old man while engaged in street prostitution, the minor female is arrested and the man “john” most often suffers no consequence. In Nepal, young girls who are sex trafficked to India, if they are lucky enough to escape, there are ostracized by their home villagers.

Safety is the first condition of healing. One way for a caregiver to assess safety concerns is to ask the youth, “when was the last time you felt safe?” Survivors must feel safe from their traffickers and from further possible peer or adult victimization. For female survivors this means they should sleep in a separate place away from male peers or adults. Ideally, the facility should be in a confidential location, with doors and windows locked to outsiders and well lit. Staff, especially male staff with sex trafficking survivors, must honor appropriate staff/survivor boundaries. As much as possible survivors should have their own space and be allowed time alone. Dressing and bathing areas must be private. The facility should be clean, quiet and orderly. Giving youth a basic predictable routine concerning rules, meals, bedtime, school, and activities will help them feel safer. When possible, survivors should interact with a few trusted staff rather than many different persons.

Traumatic Re-enactment: Brown (2011), notes that survivors of complex trauma are often engaged in trauma reenactments in their adult lives. This is true in their young adult lives as well. As a result, they are frequently involved in physically and/or emotionally dangerous relationship as an unconscious strategy to resolve earlier

¹¹ Women’s Bureau. (2010). *Trauma-informed care for women veterans experiencing homelessness: A guide for service providers*. US Department of Labor, United States Government publication.

trauma. For instance, it is common for sex trafficked youth to return to a vicious pimp or other exploiter, even if offered a safe healing respite. For them, life on the dangerous streets, involvement in exploitive personal and sexual relationships, and/or consuming drugs are collective attempts to avoid or manage the often intolerable effects of trauma. Return to the known street dynamics also may serve to confirm their perceived inevitability and inescapability of their victimization. They are lost in a cycle of victimization from which they cannot escape, and worse, they become unwitting co-collaborators in their ongoing traumatic victimization.

Safety: The first steps towards physical and emotional escape is for caregivers to provide safety and unconditional acceptance.

“Safety in trauma therapy must, consequently, focus on addressing questions of strategies that people have adopted in order to soothe themselves and manage intolerable affects in the wake of trauma. Many of the symptoms associated with post-traumatic diagnoses represent some component either of those intolerable effects or people’s self-help strategies for trying to deal with them. Some of those strategies are problematic and risky, such as excessive consumption of mind-altering substances, cutting or burning oneself to evoke either heightened or numbed states of awareness, over-exercise, over-work, eating less or more than nourishes the body, being sexual in unsafe ways or with unsafe partners, and so on.” (Brown, 2011)

Upon intervention, due to the potential of ongoing unsafe coping practices, or danger from traffickers, the service worker should complete safety and risk assessments. Sample assessment forms can be found in *The Salvation Army’s Anti-trafficking Training Program* (Smith, 2006).

Conduct a Comprehensive Needs Assessment: As soon as possible, staff should develop a full needs assessment and care plan. This is developed with as much collaboration with the survivor as possible. Care plans for trafficking survivors resemble care plans for other populations. The needs of survivors include: food, shelter, personal hygiene, transportation, child care, crisis intervention, dental services, language skills/training, advocacy, clothing, medical care, mental health services, substance abuse intervention, safety planning/protection, legal assistance, educational opportunities, income, vocational training, family connections, recreational, social, and spiritual outlets. The assessment should also include the genesis of their exploitation (trauma history).

6.2 Strategies to Successfully Engage Youth (Smith, 2010)

Offer caring practical assistance: Understandably youth enter your care with deep mistrust of adults. One way to engage them is to be of practical assistance (e.g., obtaining food, clothing, etc.). The tasks of the therapist during the stabilization and containment phases of treatment may begin by not looking very much like what therapy is generally imagined to be. Case management skills and the willingness to collaborate with clients in dealing with social welfare, public housing, transportation, and other systems supporting safe functioning are often necessary in working with all but the most privileged and functional of trauma survivors.

Focus on survivors’ interests and abilities, In the assessment include questions on how they survived, their interests and perceived strengths, what they wish for the future.

Give choices: (empowerment): Recognizing that while in trafficking situations survivors had no personal autonomy, one healing aspect is to permit them to make as many small and safe choices as possible (without compromising the structure and integrity of the program). Small choices may include: food items, personal hygiene products, educational and recreational activities, bedtime and wake up times (within limits), chores, clothing, participation in activities, and taking the lead in trauma discussions. Token economies (reward systems) with youth help make appropriate choices and build personal responsibility.

Return to normal age-appropriate routines as soon as possible: This includes having age-appropriate books,

games, school programs, activities and reconnecting youth promptly to same-age peers. This also includes reconnection to safe family members and culture events when possible.

Life Skills Training: For persons with PTSD symptoms, learning self control is a critical life skill. Recall the common symptoms of PTSD include: (1) *intrusive re-experiencing* of the trauma (2) *avoidance or numbing of trauma-related* or trauma-triggering stimuli (e.g., avoiding certain places, people or situations) and (3) *hyper-arousal*. Caregivers must teach ways to best manage such symptoms (see more discussion below under containment). Life skills also involve teaching vocational and educational skills to equip the youth with legitimate job training and options beyond participation in the commercial sex industry.

Build Trust Slowly: Efforts for caregivers to establish trust with a youth may be difficult. This is understandable because adults have exploited them - why should they trust caregivers? Caregivers will earn their trust over time by the following:

- being friendly and genuinely caring,
- permitting small choices,
- honoring their feelings/behaviors as a way of working through the trauma,
- following through consistently on what you say (don't overpromise),
- returning anger with calm assurance,
- creating a peaceful respectful atmosphere,
- allowing youth time and space to work out issues on his or her own timetable,
- believing in them as survivors,
- constantly encouraging them in making more positive life choices,
- helping them identity strengths,
- providing resources to develop those strengths,
- offering positive survivor role models (peers and adult survivors),
- providing fun wholesome activities (outings/trips to zoos or recreational sites,)
- building on the faith tradition of the child to underscore their personal value separate from their past behaviors (helps to dissipate a feeling of damage and shame), and using faith tradition to help the child make some sense of the trafficking (bad events but they are precious and capable of moving forward.)

Processing the traumatic events: Another core ingredient of trauma-informed services is the provision of focused time where the child can tell his or her stories (individual counseling or specialized group), identify feelings, identify what they lost and grieve the losses (stolen children) and explore how they may use the experience(s) for strength (e.g., help other girls avoid sex trafficking by teaching them about the tricks of traffickers, helping others talk about their victimization and heal) (Kiser, Baugardner & Dorado, 2010)

Containment: Before addressing strong feelings associated with the traumatic events, youth must know how to **contain** affect. First, caregivers must teach containment strategies such as deep breathing, thought stopping, and distracting techniques such as art, dance, playing games, athletics, safe anger expressions, writing life stories self soothing techniques, and practice making eye movements from left to right. Importantly, if the survivor is pregnant or a young parent, do not attempt trauma resolution, as they will not be able to do both — focus on parenting and resolve trauma.

When processing specific traumatic details, the caregiver must find a private place to hear stories and underscore that the details will be held strictly confidential. Understand, survivors will not tell everything at once, and may share only a few details initially as a test to see if the caregiver can handle the graphic details. Note: if

children accept undue responsibility, it is important that the caregiver informs them that they see it differently (don't try to convince them otherwise initially.) They have been blamed and convinced they are responsible and it will take time for them to see culpability differently.

Acknowledge their victimization: Healing comes when youth share their stories and (1) they are fully listened to and believed by a compassionate person; (2) the horror(s) of the survivor's experience are acknowledged as painful and unjust. Once disclosed, the negative shame impact of the events begins to lessen as they youth no longer has to keep the events secret. The events may need to be disclosed repeatedly over time); (3) the losses are identified and grieved, and (4) an understanding of how to accept and move through the experience(s) is planned. Again, the caregiver should inquire and use cultural appropriate ways of understanding and resolving issues of injustice. An effective technique is to have the youth create a story of the event(s) with an ending. If the ending is not positive, the caregiver can create a similar story with a more positive ending. The caregiver could create stories of recovery, growth, and change after difficult experiences in order to inspire hope in the survivor.

Don't move too quickly: Don't expect youth to disclose graphic details when they are not ready or trusting, or expect the youth to heal faster than they can. Some youth may take many years to heal and they may decide to return to the trafficking situations voluntarily. Staff must understand the challenge of trauma bonding and strength of trafficking conditioning. Serving in the trafficking situation may be the only way the youth knows how to survive in this moment and keep his/her family safe or support themselves. They have not yet adopted healthier beliefs or skills. Staff will continue to invite them back when they can come and display unconditional regard and faith in them.

Be respectful of their survival skills. Understand the child is coping the best he or she can in this moment given the history, support, skills, and strengths. Again, view the child's behavior through a trauma lens and appreciate the level of trauma endured and the time necessary to youth to emotionally stabilize and recover.

Closely monitor youth in a residential setting: For those rescued from sex trafficking, youth may be sexually provocative (survival skill) and even acting out sexually. Such behaviors must be immediately and gently confronted and controlled. Take the youth aside to explain what you observe and why it is inappropriate in this setting. Do not shame. Monitoring is very important so other youth are not sexually exploited by peer-on-peer abuse.

Explore faith traditions: If you work in a faith-based agency be careful NOT to impose your personal religious values. Ask about their faith traditions and how they use their faith to help them cope. Cultivate their faith traditions in ways that assist them to understand what has happened to them and beliefs that facilitate healing. For example, in the Christian faith a youth might say, "I prayed every night that God will help me escape." The counselor helps the youth explore meaning in the trafficking. Consistent with her or his faith a survivor might suggest, "There is evil in the world. The experience was horrible and I am learning it was not God's fault. God helped me survive because I know I am precious. I can tell my story to help other victims".

7. Group Trauma Work

Processing traumatic events in a group setting with peers is another powerful way to promote healing. As noted in Yalom's (1995) seminal work on group therapy, the powerful therapeutic aspects of group work include: universality — survivors are not alone — others have experienced the same trauma; installation of hope — youth

can see others move on; positive role modeling — imitating others who are surviving and thriving; altruism — helping others past the trauma; and correction of faulty cognitions — such as “it was my fault”. In group settings art, music, storytelling and dance therapies are also effective ways to facilitate exploration of feelings, losses, and strengths. Additionally, there are many culturally-oriented group activities that will help grieve losses, cleanse, move towards growth, and provide protection. Therefore, caregivers should explore culturally appropriate symbolic rituals to accomplish or compliment the above therapeutic work.

8. Summary

Children can and do recover from significant trauma when given the proper care, resources, time and support. Trauma-informed services provide safety, structure, time and opportunities to process the events, self-calming techniques, reconnection to others and their culture of origin, assistance with arriving at a basic acceptance and understanding of the trauma, adaptive life skills, and correction of faulty beliefs. In the end, survivors should experience compassionate care that corrects faulty beliefs and begins to instill the following beliefs:

- There are safe adults in the world who will care for them and work for their best interests.
- Their needs are important and they can be met by trustworthy adults without any expectations in return.
- They can learn to let go of the negative influences of the past and move forward with strength and confidence.

While they may always remember the past, they can learn to also live in the moment and prepare for the future.

- They can learn to make healthy decisions for themselves.

What happened to them was not their fault, nor will it prevent them from living a full life.

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