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# Shining Light on the Commercial Sexual Exploitation of Children: A Toolkit to Build Understanding

Developed by: *Wichita State University Center for Combating Human Trafficking* // In Partnership With: *MANY*

**TOPIC: Trauma Informed Mentoring**

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# Trauma Informed Mentoring

This resource is one of several topics addressed in the [Shining Light on the Commercial Sexual Exploitation of Children: A Toolkit to Build Understanding](#). The toolkit is designed to be a resource for multidisciplinary professionals, policy makers, volunteers, faith communities, and others involved in anti-trafficking work. While the information provided on each topic is in no way exhaustive, you will find additional resources to facilitate further study.

Each topic is addressed in three sections. First, the “**what?**” – what we know about the topic which includes a review of what we know from both research and the field. “**So what?**” addresses what this means – the reason this information is important to understand and how it will enhance our response to trafficking. “**Now what?**” considers the implications of this information in practice - how the information can be used to enhance our response to human trafficking. This includes specific implications for mentoring relationships, when applicable.

## What?

Traumatic events are a universal human experience. Each of us has experienced trauma in one form or another. However, repeated trauma can lead to severe negative outcomes. In addition to the trauma experienced during exploitation, victims/survivors of Commercial Sexual Exploitation of Children (CSEC) often endure trauma prior to their exploitation. For example, 70% to 90% of CSEC survivors have experienced sexual abuse prior to being trafficked (*Lloyd & Orman, 2007*). These traumatic experiences affect the biological, psychological, social, and spiritual health of a person. In order to foster positive outcomes, providers must acknowledge how trauma adversely affects a survivor’s response to the environment, stress, and daily activities.

Although research on trauma informed mentoring is limited, trauma informed care is used frequently in therapy practices, residential treatment centers, foster homes, and child welfare systems (*Brown, McCauley, Navalta, & Saxe, 2013; Hodgdon, Kinniburgh, Gabowitz, Blaustein, & Spinnazzola, 2013; Johnson & Pryce, 2013*). Trauma informed care can be easily applied to the mentoring relationship and is particularly important when working with mentees who have been involved in human trafficking.

- **A basic understanding of the impact of trauma is a key ingredient to successful implementation of trauma informed care.**

— Trauma, as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), is exposure to “death, threatened death, actual or threatened serious injury, actual or threatened sexual violence.” Trauma can be experienced directly (i.e. traumatic experience happens to you), indirectly (learning a friend experienced trauma), by witnessing a traumatic experience, or through repeated exposure to details of something traumatic.

— Trauma can be a one-time event (acute trauma) or can be prolonged (chronic trauma) (*Bath, 2008*).

- Most survivors of trafficking experience chronic trauma.

— Trauma has physical ramifications. For example, survivors of trafficking often experience headaches, stomach pain, memory problems, back pain, poor appetite, exhaustion, dizzy spells, pelvic pain, and gynecological infections due to the physical and psychological trauma they have faced (*Oram et al., 2012a; Oram et al., 2012b; Zimmerman, et al., 2008*).

— Trauma changes how your body responds to stress. In order to survive repeated trauma, the body, brain, and even nervous system learn to adapt (*Child Welfare Information Gateway, 2014*). The resulting survival mechanisms are often mislabeled as problem behaviors such as aggression, not following rules, dissociation, acting out, distrust, etc.

## What? (cont.)

— Exposure to a traumatic experience can result in Post-Traumatic Stress Disorder (PTSD). PTSD occurs if a person is consistently, for more than one month, re-experiencing the traumatic event, shows avoidance and numbing response to stimuli related to the trauma, experiences negative changes in mood or behavior (lack of interest in significant activities, alimentionation, self-blame, persistent trauma related emotions, etc.), displays changes in arousal or reactivity (DSM-IV).

- High levels of PTSD, anxiety, and depression have been found in survivors of trafficking (*Oram et al., 2012b*).
- Many people who have experienced something traumatic become fixated on safety. They may become alarmed just thinking about the traumatic event. The resulting actions are rooted in their aroused state, even though they are no longer in immediate harm (*Perry, 1999*).
- **Trauma informed care aims to address the unique needs of those who have experienced trauma.** Services are offered in a manner that acknowledges the impact of past trauma and are tailored to meet the specific vulnerabilities of those who have experienced trauma (*Harris & Fallot, 2001; Clawson, Salomon, & Grace, 2008*).

— Trauma informed care should influence all levels of an agency/organization. Every interaction, from check-in at the front desk to actual service delivery, should be offered with the unique needs of trauma survivors in mind (*Clawson, Salomon, & Grace, 2008; Harris & Fallot, 2001*).

## So What?

- **Chronic trauma (i.e. repeated or prolonged exposure to traumatic events, like human trafficking) will require a lengthy recovery process** (*Bath, 2008*). Service providers must recognize and prepare for this process before engaging in work with survivors.
- **Trauma is so pervasive it changes how our bodies respond and cope.** Healing from trauma must be holistic (bio-psych-social-spiritual).
- **Many of the negative behaviors displayed by survivors of trafficking are actually skills which helped them survive exploitation.** It takes time for the body to relearn how to cope and respond when trauma is absent. Service providers should work with survivors on identifying how to change and adapt past coping skills to more effectively serve them in recovery.
- **Trauma is “highly personal and the impact of a traumatic event is specific to the individual”** (*Buse, Burker, & Bernacchio, 2013, p. 15*).
- Trauma informed services take into account the impact of trauma. Services are designed to meet the unique needs of survivors and avoid re-traumatization (*Harris & Fallot, 2001; Clawson, Salomon, & Grace, 2008*).

**“A basic understanding of the impact of trauma is a key ingredient to successful implementation of trauma informed care.”**

### General Practice Implications

#### *Individuals*

- Those that will be connecting with survivors should receive training on the impact of trauma as well as trauma informed care.
- All those intentionally engaging with survivors should be held accountable for ensuring that a trauma informed environment is created.
- Survivors of trafficking have likely dealt with some form of childhood abuse or traumatic experience before they were exploited. Service providers will need to attend to trauma associated with both trafficking and early childhood experiences.

#### *Service Providers*

- Trauma informed care is not just about client interactions, but rather, how organizations incorporate the concepts of trauma informed care into all aspects of daily operations. Organizations should assess their policies and procedures through a trauma-informed lens and adjust as necessary to better serve those who have experienced trauma.

#### *Community*

- Advocate for trauma-informed care to be implemented across social service agencies.

### Mentoring Practice Implications

#### *Individuals*

- It is vital that mentors receive training on the impact of trauma and trauma-informed care. Such training can greatly impact how they interact with mentees.
- For many survivors of trafficking, trauma occurred in the context of relationships. With the right support and training, healing can occur in a healthy mentor relationship (Johnson & Pryce, 2013).

#### *Service Providers*

- Encourage mentors to see their mentee's behavior through a trauma-informed lens (“what happened to you” vs “what is wrong with you”) and assist them in developing trauma-informed responses.
- Ensure that mentors receive continual training on trauma. Failure to provide training on trauma leads to poorer outcomes in the mentee (Johnson & Pryce, 2013).
- Provide regular and ongoing support to mentors so that they know that they are not alone in supporting the survivor.

#### *Community*

- Advocate for more trauma-informed communities which aim to address community and individual level trauma through community engagement and participation (Annie E. Casey Foundation, 2015).



- [Organizational Trauma Informed Assessment](#)
- [Creating Trauma-informed Care Environments](#)
- [Trauma Training Toolkit](#)
- [Tips and Strategies for Trauma Informed Mentoring](#)
- [Childhood Trauma Changing Minds](#)

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