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TOOLKIT

Trauma-Informed Case Management with Foreign National Children and Youth Survivors of Trafficking

JUNE 2021

USCRI-TVAP TRAFFICKING TOOLKIT SERIES



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USCRI, in partnership with Heartland Human Care Services (HHCS), developed this toolkit for service providers across the country and in the U.S. territories who are committed to working with foreign national youth survivors of human trafficking. We thank all these agencies for meeting the needs of survivors of trafficking every day.

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PURPOSE OF THE TOOLKIT

The U.S. Committee for Refugees and Immigrants (USCRI) is the current federal administrator of the Trafficking Victim Assistance Program (TVAP) for the U.S. Department of Health and Human Services (HHS), Office on Trafficking in Persons (OTIP). USCRI also operates Project TRUST, a national training and technical assistance program funded by the U.S. Department of Justice (DOJ), Office for Victims of Crime (OVC). Project TRUST supports programs for victims of human trafficking as they work to integrate a trauma-informed approach into program services. Through TVAP and Project TRUST, USCRI works every day with direct service providers seeking training and technical assistance.

In a recent USCRI survey of non-profit social service organizations, especially those serving individuals who have experience violence and those who have experienced homelessness, respondents indicated that they are currently working with and expanding services for youth.[1] Of those surveyed, 60% indicated a need for more tools when working with foreign national minors in the United States (U.S). This is not surprising given the history of child migration into the U.S. and current population estimates of both unaccompanied children and children who have migrated with their families residing in the U.S.

Social services for persons under the age of 18 can be challenging as providers must navigate benefits between federal, state, and local programs and determine the best way of working simultaneously with systems and with adults who maintain legal custody of minors in their care. A secondary layer of challenges emerges when children are refugees, asylum seekers, unaccompanied minors, or trafficked children who are the frequent focus of policy, advocacy, and social service efforts and who, based on their histories, are likely to have encountered multiple traumas prior to, during, and following their migration into the U.S.

This toolkit explores the various ways that programs serving foreign national minors can best respond to the complex needs and realities of children who have been trafficked. It provides a flexible framework for working with children who have been trafficked based upon the principles of trauma-informed care. This toolkit uses **notes, tips,** and **checklists** to provide practical strategies that can be applied throughout the case management process.

TOOLKIT ICONS



NOTES


TIPS


CHECKLISTS

[1] USCRI. "Safety Planning Toolkit with Foreign National Children & Youth Survivors of Trafficking Toolkit Follow Up Survey." Survey Monkey Inc., San Mateo, CA. Mar. 2021. www.surveymonkey.com.

NOTE

Adults and foreign national minors in the U.S. who have been subjected to a severe form of trafficking in persons are eligible for certain benefits and services under the Trafficking Victims Protection Act (TVPA) of 2000, as amended. For the purposes of this toolkit, a foreign national is an individual who is a non-U.S. citizen or non-lawful permanent resident residing in the U.S. Foreign born is an individual who is born outside of the U.S. and may become a naturalized U.S. citizen.

While there can be significant legal distinctions between children under the age of 18 and youth ages 18-24, many aspects of trauma-informed case management apply to working with young people broadly. The terms "child" and "minor" typically refer to those under the age of 18, whereas "youth" may be more encompassing in its reference to those in late adolescence or early adulthood. When relevant, specific age ranges are further delineated when case management practices would necessarily differ based on the real age or developmental abilities of the client being served. Readers should keep in mind that a child's developmental age may differ from the child's actual age. It is important, whenever age ranges are offered, to think about the emotional, behavioral, and cognitive functioning of the child and select actions consistent with the child's developmental level which may vary. It is also advisable to keep in mind that conceptualizations of childhood and acceptable roles for children vary across time, cultures, and socioeconomic situation. These differences are relevant when working with foreign national children and understanding those differences can dramatically increase the likelihood that providers offer culturally appropriate services.



KEY TERMINOLOGY

Child is an individual who is not more than 18 years of age. "Minor" may also be used interchangeably.

Note: A state may elect to define "child" for the purposes of the Preventing Sex Trafficking and Strengthening Families Act as a person who has not reached the age of 24.

Youth refers to late childhood and early adolescence.

Culturally appropriate services are services that recognize and support the cultural customs, languages, traditions, and beliefs of the service recipient. For this toolkit, this includes beliefs about child rearing, child development, and family wellness.

Developmentally appropriate services are services that recognize the emotional, behavioral, and cognitive functioning of a youth. Service providers should assess the developmental age of a youth and tailor their engagement accordingly.

Person-centered care is built upon the needs of the individual receiving services and focuses decisions on the best interest of the individual, not on the organizational needs of the service provider. Therefore, person-centered services are flexible, meeting people's needs in a personalized way.

Strengths-based care emphasizes the abilities of the person receiving services and utilizes a collaborative process between the service provider and service recipient. In a strengths-based approach, service providers affirm and accept the positive attributes of clients and assist clients in building upon their unique characteristics that have helped them overcome past adverse conditions.

Survivor (of human trafficking) is a term applied to persons who have experienced human trafficking. It is used sometimes as a counterpoint to the term, "victim," utilized within the criminal justice system to define persons who have experienced human trafficking. The term, "survivor," generally recognizes the resilience and agency of persons and may be used in place of the term "victim".

Survivor-informed service is a program, policy, intervention, or product that is designed, implemented, and evaluated with intentional leadership and input from victims/survivors to ensure that the program or product accurately represents the needs, interests, and perceptions of the target victim population.[2]

Trauma-informed approach is a method of providing services that recognizes individuals receiving services may have experienced trauma with a corresponding understanding of how trauma can affect persons physically, emotionally, and interpersonally. This includes an understanding of common trauma responses and

NOTE

Not all children whose experiences meet the federal definition of trafficking will self-identify as "victims' or "survivors" and may not perceive any experience of trauma. Children may not understand adverse circumstances or vulnerabilities and may normalize the conditions and situations of their environment.

[2] Office for Victims of Crime. "Office for Victims of Crime Model Standards." OVC Model Standards, ovc.ojp.gov/sites/g/files/xyckuh226/files/model-standards/6/glossary.html.

care techniques to assist in managing symptoms of trauma in the client and in the professional who may experience vicarious trauma as a result of the professional relationship. This method should be implemented at the organizational, programmatic, and direct service level.

VALUES AND PRINCIPLES

Trauma-Informed

Comprehensive case management fosters quality services to meet the unique needs of individual foreign national survivors of trafficking. Case managers deliver core services in a trauma-informed manner in partnership with individuals in need of services, including children and youth.

Person-Centered

Service providers use a person-centered approach when assessing, coordinating, evaluating, and advocating for services to meet individual needs.

Survivor-Informed

Organizations are committed to elevating survivor voices at every level through listening, collaboration, and feedback. Survivor-informed organizations allow survivors to lead their healing process.

Strengths-based

Utilizing a strengths-based approach, service providers name, acknowledge, and empower a client's strengths in the healing the process.

Integrating these approaches is critical for a youth's ability to experience positive outcomes and prevent or avoid further traumatic experiences.

HUMAN TRAFFICKING

Knowing the elements of trafficking and federal and state laws related to trafficking are critical to understanding and advocating for immigrant youth effectively.

Human trafficking occurs when someone is compelled, through force, fraud or coercion, to perform any type of labor, services, or commercial sex act(s). For minors under the age of 18, force, fraud, and coercion do not need to be demonstrated for a child to be considered a victim of sex trafficking.

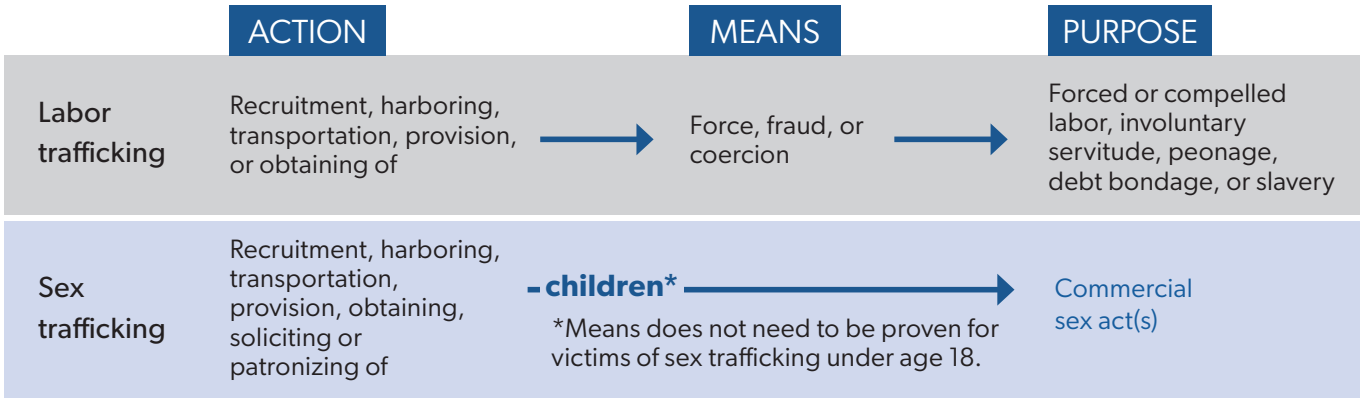
The TVPA of 2000, as amended, defines "Severe Form of Trafficking in Persons" as:

Sex Trafficking: the recruitment, harboring, transportation, provision, obtaining, soliciting, or patronizing of a person for the purpose of a commercial sex act, in which a commercial sex act is induced by force, fraud, or coercion, or in which the person forced to perform such an act is under the age of 18 years;

and

Labor Trafficking: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery.

The Action-Means-Purpose (AMP) Model of Human Trafficking



Federal law makes some distinctions between trafficking of adults and minors. Under federal law, any time a child under the age of 18 is induced to perform a commercial sex act, they are a victim of trafficking and eligible to access services and protection. The use of force, fraud, or coercion does not need to be present or observable. On the other hand, by federal definition, labor trafficking must include elements of force, fraud or coercion.

In addition to knowing federal and state laws related to trafficking, professionals working with minors need to know the specific laws about mandated reporting. When youth disclose information about having been trafficked, this may trigger specific mandating reporting requirements that vary by state. The Justice for Victims of Trafficking Act of 2015 updated the definition of child abuse in the Child Abuse Prevention and Treatment Act to include sex trafficking. Mandated reporters are required to follow their state and local child welfare reporting requirements and report trafficking accordingly.[3]

An Eligibility Letter or Interim Assistance Letter allows a foreign national minor who may have or has experienced human trafficking, and meets eligibility rules, to **apply for federal public benefits and services** to the same extent as refugees in the U.S.

Case managers should follow the **mandated reporting guidelines** for their state as it relates to child welfare and concerns of trafficking.

NOTE

In accordance with TVPA of 2000, as amended, a provider should notify HHS of trafficking concern within 24 hours of having credible information that a foreign national minor may be a victim of trafficking. Providers may notify OTIP by completing the Request for Assistance (RFA) through the OTIP Shepherd System.

[3] "About CAPTA: A legislative history." Child Welfare Information Gateway, Feb. 2019. U.S. Department of Health and Human Services, Children's Bureau. https://www.childwelfare.gov/pubPDFs/about.pdf.

1 UNDERSTANDING TRAUMA

It is important for case managers to understand the connection between trafficking and trauma and to address concerns of trafficking and/or re-trafficking through a trauma-informed lens. Trauma results from an event, series of events, or set of circumstances that create physically and/or emotionally harmful or threatening experiences. The adverse effects of trauma may occur immediately or over time. They may affect an individual's mental, physical, social, emotional, and/or spiritual well-being.

Survivors of human trafficking often experience high levels and multiple layers of physical and psychological trauma, involving emotional or mental distress.[4] Traumatic events are marked by a sense of horror or fear, intense stress, helplessness, serious injury, or threat(s) of injury or death for oneself or

[4] SAMHSA, "SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach," Jul. 2014, page 8.



others. It is important to note that the trafficking experience itself may not be a traumatic experience for survivors. In some cases, it is the event(s) prior or following the trafficking experience itself, that cause trauma. Each survivor of trafficking has a unique experience.

Youth survivors of human trafficking often describe multiple forms of trauma throughout their lives. They relay childhood experiences that may include physical, sexual, and emotional abuse, and exposure to violence, coercion, threats, and intimidation. Many foreign national youth survivors of trafficking grew up in extreme poverty, lacked protective environments,[5] and may have been exploited prior to entering the U.S., during their journey to the U.S., and/or upon their arrival in the U.S.

Foreign national child and youth survivors are often separated from their families. They may experience arrests or the trafficker may systematically separate youth from their family supports as part of the trafficking experience. Traumatic separation from family can pose unique challenges for foreign national youth. When these separations take place at a young age, or unexpectedly, this increases the risk for a traumatic response.

Keep in mind that while youth describe these events, they may not label the events as traumatic. In fact, many foreign national

TYPES OF TRAUMA

Acute Trauma: A single overwhelming event or experience such as perceived or actual threat, assault, or a natural disaster.[6]

Chronic Trauma: Multiple occurrences of the same event over an extended period such as domestic violence or bullying.[7]

Historical Trauma: An emotional and psychological wounding over the lifespan and across generations such as war or genocide.[8]

Intergenerational Trauma: The psychological or emotional effects experienced by living with people who have experienced trauma. Coping patterns and trauma responses can be learned and passed down from one generation to the next.[9]

Complex Trauma: Exposure to multiple traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long-term impact of this exposure such as a foreign national youth who experienced child abuse, migration, and trafficking.[10]

Vicarious Trauma: An individual's response to listening to others' traumatic experiences that impacts their core beliefs about the world.[11]

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5 Landgren, Karin. "The Protective Environment: Development Support for Child Protection." The Protective Environment: Development Support for Child Protection | Better Care Network, 1 Jan. 1970.

6 Trauma and Trauma-Informed Care: An Introductory Training Provided by DFPS, 2019, www.dfps.state.tx.us/Training/Trauma_Informed_Care/index.asp.

7 Ibid.

8 "Trauma." Administration for Children & Families, www.acf.hhs.gov/trauma-toolkit/trauma-concept#:~:text=Historical%20trauma%20is%20multigenerational%20trauma,violent%20colonization%20of%20Native%20Americans.

9 Sangalang, Cindy C, and Cindy Vang. "Intergenerational Trauma in Refugee Families: A Systematic Review." ***Journal of Immigrant and Minority Health***, vol. 19,3 (2017): 745-754. doi:10.1007/s10903-016-0499-7.

10 Peterson, Sarah. "Complex Trauma." The National Child Traumatic Stress Network, 25 May 2018, www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma.

11 "Blueprint for a Vicarious Trauma-Informed Organization." Office for Victims of Crime, ovc.ojp.gov/program/vtt/blueprint-for-a-vicarious-trauma-informed-organization.

children anticipate a difficult migratory experience and view it as a necessary step to overcome living situations that are otherwise dangerous, abusive, or exploitative. Case managers and other professionals who have a comprehensive understanding of trauma and how it impacts youth may notice, describe, or document relevant information needed for the provision of services. However, in keeping with strengths-based care, the focus of services and interventions should not be on past vulnerabilities but on protective factors,[12] coping skills, and healthy living behaviors.

EFFECTS OF TRAUMA

Trauma responses are the ways individuals think, feel, behave, or physically react during or after a traumatic event. A child's reaction to trauma differs based on the nature of the trauma; the child's individual, family, and cultural characteristics; and the overall balance of risk and protective factors in their lives. The reaction will also differ depending on their age and developmental stage.[13]

Young children (under the age of 5) who experience trauma may:

- ☑ Have difficulty forming attachment to caregivers[14]
- ☑ Experience excessive fear or lack of fear towards strangers
- ☑ Show acute separation anxiety
- ☑ Have trouble eating or sleeping
- ☑ Be especially fussy
- ☑ Show regression after reaching developmental milestones, such as not sleeping through the night or returning to diapers after toilet training

School-aged children (ages 6-12) who experience trauma may:

- ☑ Become aggressive or withdrawn
- ☑ Fixate on their own safety or the safety of others
- ☑ Re-enact traumatic events in their play
- ☑ Have frequent nightmares
- ☑ Exhibit difficulty concentrating in school

Adolescents (ages 13-17) who experience trauma may:

- ☑ Show signs of anxiety or depression
- ☑ Engage in risk-taking or self-destructive behavior, including substance use, self-harm, high risk sexual behavior, or other potentially dangerous activity
- ☑ Feel intense guilt, anger, or shame
- ☑ Adopt a negative view of people
- ☑ Have suicidal thoughts
- ☑ Seek revenge

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[12] "Risk and Protective Factors | Child Abuse and Neglect | Violence Prevention | Injury Center | CDC." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 15 Mar. 2021, www.cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html.

[13] Bartlett, J.D. & Steber, K. Child Trends: How to Implement Trauma-informed Care to Build Resilience to Childhood Trauma. May 2019.

[14] Benoit, Diane. "Infant-Parent Attachment: Definition, Types, Antecedents, Measurement and Outcome." Paediatrics Child Health, Pulsus Group Inc, Oct. 2004, www.ncbi.nlm.nih.gov/pmc/articles/PMC2724160/#:~:text=Attachment%20is%20where%20the%20child,Attachment%20is%20not%20'bonding'.

During a traumatic experience or an intense stressor, people often react in four ways: fight, flight, freeze, or fawn.[15]

FIGHT
- irritability
- anger
- aggression
- controlling behaviors



FLIGHT
- anxiety and fear
- panic
- avoiding
- chronic worry
- perfectionism



FREEZE
- stuckness
- collapse
- immobilization
- spacing out
- dissociation
- depression
- shame



FAWN[16]
- people-pleasing
- avoiding conflict
- prioritizing others' needs over own
- difficulty saying 'no'
- difficulty setting boundaries



The above reactions to trauma may manifest in different ways, depending on each individual's experience. The table below describes the ways an individual might be affected by childhood trauma throughout their lives.

IMPACT OF CHILDHOOD TRAUMA

☐ BEHAVIOR
- Poor self-regulation
- Social withdrawal
- Poor impulse control
- Risk-taking/illegal activity
- Sexual acting out
- Adolescent pregnancy
- Drug and alcohol misuse

☐ PHYSICAL HEALTH
- Sleep disorders
- Eating disorders
- Poor immune system functioning
- Cardiovascular disease
- Shorter life span

☐ BRAIN DEVELOPMENT
- Smaller brain size
- Less efficient processing
- Impaired stress response
- Changes in gene expression

☐ EMOTIONS
- Difficulty controlling emotions
- Trouble recognizing emotions
- Limited coping skills
- Increase sensitivity to stress
- Shame and guilt
- Excessive worry, hopelessness
- Feelings of helplessness/ lack of self-efficacy

☐ MENTAL HEALTH
- Depression
- Anxiety
- Negative self-image/low self-esteem
- Post-traumatic Stress Disorder (PTSD)
- Suicidality

☐ COGNITION
- Impaired readiness to learn
- Difficulty problem-solving
- Language delays
- Problems with concentration
- Poor academic achievement

☐ RELATIONSHIPS
- Attachment problems/ disorders
- Poor understanding of social interactions
- Difficulty forming relationships with peers
- Problems in romantic relationships
- Intergenerational cycles of abuse and neglect

Adapted: Jessica Dym Bartlett and Kate Steber, 2019, ChildTrend's How to Implement Trauma-Informed Care to Build Resilience to Childhood Trauma.

[15] Martin , Nahja, et al. "Understanding and Mitigating Trauma Responses." Webinar. 18 Feb. 2021. https://zoom.us/rec/play/QYPAGf8U9msdvl_iJ-R6BelhP-eQeoWcSz0u-g0IlJj2Qt76HQPC2hvPFmZq-j4FnDyW-S2-7wEAHINm.GsGyikKGSed4okrq?continueMode=true.

[16] "Understanding Fight, Flight, Freeze and the Fawn Response." Psychology Today, Sussex Publishers, 22 Aug. 2020, www.psychologytoday.com/us/blog/addiction-and-recovery/202008/understanding-fight-flight-freeze-and-the-fawn-response.

Adolescent youth who are not aware that they are experiencing symptoms of trauma may benefit from a brief explanation of trauma or psychoeducational material in their language to help them better understand what they are experiencing. Trauma is a sensitive and difficult topic and it is important to set a tone of respectful, safe discussion. If children or youth are able to understand the types of trauma, they may be able to identify signs of a trauma response that they or others have experienced. This may help a child or youth understand their own experience.

Trauma responses may affect how foreign national youth respond to supportive services. Many youth do not want to be perceived as vulnerable, which can be a barrier to engaging with services. Case managers should be sensitive to a youth's vulnerabilities and aware that they may have "triggers" or "trauma reminders" that impact their response to a situation. Case managers can be mindful of a client's vulnerabilities while helping them to build skills and tools to manage their trauma responses.



Helpful tools for managing trauma responses are available through **Project TRUST**. These include: Deep Belly Breathing Handout, Body Scan Handout, Cool Down Kit Handout, Four Elements Handout.

Youth who have experienced trauma are more likely to view the world as unsafe and come to believe that people cannot be trusted. They may find it difficult to ask for help, trust providers, and form healthy relationships.

Practical steps for trauma-informed case management are listed below.

Trauma-Informed Case Managers Don't

- ✗ Judge or become frustrated when trauma responses arise
- ✗ Assume all emotions, behaviors, physical responses, and thoughts are a result of trauma
- ✗ Ask details regarding the trauma experienced
- ✗ Place blame on those who have experienced trauma

Trauma-Informed Case Managers Do

- ✓ Use grounding and relaxation skills
- ✓ Help youth identify their trusted support network
- ✓ Create safe and nurturing spaces
- ✓ Offer consistency and structure to the case management process
- ✓ Follow through on case management tasks
- ✓ Utilize patience when trauma responses arise

The following tips from the The National Child Traumatic Stress Network identify ways that adults, sponsors and caregivers might be able to help young people navigate feelings of loss and separation.

Traumatic Separation and Refugee and Immigrant Children: Tips for Current Caregivers[17]

A youth may want you to know that:	You can help a youth by:
They might still feel frightened, confused or tired. They have had a long journey where they might have been exposed to difficult and scary things.	Speak to them calmly, in their own language. Be patient, follow their lead, and help them by asking about their immediate needs.
They may not understand why their family has been separated. At times, they may blame themselves.	Help them understand that the separation was not because of anything that they did or did not do. Find out what they know about the separation and try and educate them about common ways this happens.
They may be worried about what will happen to them, to their safety, and to their family's safety.	Help them find out what is going on with family members or facilitate communication with them if possible.
They may not trust authority figures because of past experiences.	Understand that with the loss or separation, they may feel very unsafe now and not trust you or anyone with power.
They may have scary thoughts, nightmares, or try hard not to think about their family because it hurts too much.	Reassure them. Ask what will help them feel safe. That may be clothes or objects that are comforting or remind them of family, or simply conversing in their own language.
A school-aged child might miss their parent and cry for them, withdraw or not speak at all. They might act younger than their age.	Tell them you understand that it must be hard to be away from family and that this must be a difficult time. Sit with them quietly if they are quiet and withdrawn but reassure them that you are there if they would like to talk.
Their behaviors, like being unable to stay still, having trouble paying attention, being irritable or fighting, may be reactions to trauma.	Recognize that these are trauma symptoms and not behavior that should be punished. Encourage them to do calming or fun activities if possible. Understand that they may not want to talk if they are not ready.
Stomachaches, headaches, trouble eating or sleeping and other somatic symptoms may be symptoms of trauma.	Help them understand that when scary things happen, they can have big feelings about them. Talk to them about the connection between these feelings and the way their body may react. Help them calm their body through breathing, grounding and mindfulness.
They may be irritable, angry, or get into fights.	Acknowledge that they have lots of reasons to be angry, and that using words to express their feelings may help.
Even though they may appreciate your care, their own family is still important, and staying connected to their family, culture, race, ethnicity and history is even more important.	Help them stay connected to their family and culture. Ask them about the foods they like and the traditions that matter to them.

[17] The National Child Traumatic Stress Network, "Traumatic Separation and Refugee and Immigrant Children: Tips for Current Caregivers." 2018. https://www.nctsn.org/resources/traumatic-separation-and-refugee-and-immigrant-children-tips-current-caregivers.

TRAUMA AND RESILIENCE

When providing trauma-informed, person-centered care, it is important to remember that an individual is more than the trauma they have experienced. Trauma-informed case management is strengths-based and fosters the well-being of a child.

Resilience is the ability to effectively cope with and recover from stressful or traumatic events.[18] A case manager who uses a trauma-informed approach assists youth in identifying their strengths and utilizing problem-solving skills to gain a sense of control and build resilience. It is critical to promote recovery and resilience for youth and families impacted by trauma. Services and supports that are trauma-informed employ client and family engagement, empowerment, and collaboration. Trauma-specific interventions recognize the following:

- the child's need to be respected, informed, connected, and hopeful regarding their future;
- the interrelation between trauma and symptoms of trauma, such as substance abuse, eating disorders, depression, and anxiety or over-performance and perfectionism; and
- the need to work in a collaborative way with the family and supportive adults in the child's life and with other human services agencies assisting the child.

Case managers can help youth to identify their own resilient responses that they have learned from their lived experience. Trauma-informed case managers work with youth to promote healthy, resilient responses. Increased resiliency allows individuals to develop more choices of how to respond.[19] Case managers should encourage youth to set boundaries and provide space for youth to advocate for their needs.



As a case manager, modeling healthy relationships by setting good boundaries with youth will help youth to develop their own good boundaries and build resiliency and coping skills.



[18] Van der Kolk, Bessel, The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma. Penguin Publishing Group, 25 Sept. 2014.

[19] Ibid.

2 PRINCIPLES OF TRAUMA-INFORMED CARE

The Substance Abuse and Mental Health Services Administration (SAMHSA), defines a program, organization, or system as trauma-informed when it:

- ☑ realizes the widespread impact of trauma and understands potential paths for recovery;
- ☑ recognizes the signs and symptoms of trauma in participants, families, staff, and others involved with the system;
- ☑ responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
- ☑ seeks to actively resist retraumatization.



A trauma-informed approach incorporates six key principles outlined by SAMHSA.[20] Those principles are:

PRINCIPLE 1: SAFETY

A trauma-informed organization understands safety as defined by the youth they work with and the physical and psychological safe space they create for clients. Safety refers to promoting a sense of **physical** and **emotional** safety. Felt safety is when an environment is arranged and behaviors are adjusted so that youth feel truly safe in a space with a person. A trauma-informed organization offers a physical setting and interpersonal interactions that promote a sense of felt safety and provide a space for healing. Refer to USCRI's Safety Planning with Foreign National Children and Youth Survivors of Trafficking to learn more.

Example

A youth comes to the office. The receptionist warmly greets the youth, shares their personal pronouns in their introduction, and asks them which staff member they have come to see. When the case manager comes to greet the youth, the case manager shows her to a common conference room, asks her if she is comfortable meeting in that space and if she would like the door to remain open or be closed to establish a sense of that youth's safety while maintaining confidentiality. The case manager discusses emotional safety with the youth and asks her to describe a person or relationship that felt emotionally safe. The case manager develops a safety plan with the youth that helps her meet her goals for emotional safety. The case manager ensures the youth has access to necessary resources and emergency numbers.

PRINCIPLE 2: TRUSTWORTHINESS AND TRANSPARENCY

In order to be trauma-informed, organizations should operate with transparency to build and maintain trust. Case managers should clearly define their role and responsibilities as well as the expectations of the youth and the role of their caregiver in the case management process. Again, it is important for the case manager to disclose their mandated reporting responsibility to the youth and caregiver. The youth should decide whether they feel comfortable sharing information about their trafficking experience or other confidential information. It is important to understand and be sensitive to the youth's relationship with their caregiver, especially if there are safety concerns, and to be transparent about how involved the caregiver will be in the case management process.

Example

A case manager begins a professional relationship with a youth by setting expectations around services, confidentiality, and mandated reporting, so the youth understands the case manager's role more clearly. The case manager asks if the youth would like to meet with the case manager separate from their caregiver. After the youth discloses their past trafficking situation, the case manager thanks the youth for sharing the story and validates their experiences. The case manager offers a supportive environment for the youth to talk about what happened and reiterates that the youth can continue to share as little or as much as is comfortable. The case manager asks if the caregiver is aware of the trafficking history, and if the youth feels safe in their current living environment. The case manager reminds the youth that they will not share any information outside of mandated reporting guidelines with

[20] SAMHSA, "SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach," Jul. 2014, page 10.

their caregiver, and that the youth's safety is the main priority. The case manager helps the youth practice grounding techniques to use when feeling overwhelmed and offers to connect the youth to mental health resources to process past experiences.

Example

A new case manager is working on setting goals with a youth. The youth asks if the public schools have a free lunch program they can enroll in. The case manager states, "I do not know the answer, but I will look into it after this and will text you the answer in two days." The case manager follows up with the resources two days later, honoring their verbal commitment to the youth and showing trust through actions.

PRINCIPLE 3: PEER SUPPORT

Offer youth opportunities to engage in activities, such as playing soccer or participating in an extracurricular activity or support group. Peers with shared experiences, including migration or a shared culture, may provide guidance and support. If a youth is comfortable discussing their trafficking, they may benefit from a relationship with a peer that has survived a similar experience.

Example

At intake, a case manager talks to the youth about their work together. At the end of the meeting, the case manager also tells the youth about other opportunities available to them if they are interested. This includes culturally-specific community events and resources that may be relevant to the youth, as well as a weekly group that is led and facilitated by other youth with similar experiences. In this group, they talk more about how they have managed to adjust to a new life in the U.S.

PRINCIPLE 4: COLLABORATION AND MUTUALITY

Collaboration and mutuality emphasize the importance of partnership. The case manager and client relationship is inherently unequal. Case managers must be aware of these power dynamics. Case managers need to engage youth clients in the meaningful sharing of power and decision-making about their lives.

Example

A youth contacts their case manager to notify them that they do not feel safe living with their caregiver. The case manager discusses options with the youth for them to achieve safety and reminds the youth of their obligations as a mandated reporter. The youth is asked how they would like to proceed with achieving safety based on the options they discussed together. The case manager researches options that meet the youth's needs and advocates with child welfare for the youth to be a part of the decision-making around any investigation and possible transfer to a new placement.

PRINCIPLE 5: EMPOWERMENT, VOICE AND CHOICE

Trauma-informed agencies utilize a strength-based approach. Agencies should strive to ensure youth's voices and choices are represented in their case plans and policies. Youth feel supported in their decision making, choice, and goal setting. Trauma-informed organizations understand the power differentials and the ways in which voice and choice have historically diminished in the social service context and constrained in the experience of trafficking.

Foreign national youth survivors of trafficking have drawn on significant internal and

external strengths to have survived their past experiences. Case managers who utilize a strengths-based approach aim to empower youth to attain their goals on their own terms. This can be done in several ways, including acknowledging specific strengths, without stereotyping or making assumptions about religious, ethnic, or cultural groups, to inquire about future goals in case management.

Example

A youth is working with an attorney to obtain legal status in the U.S. His attorney has recommended pursuing a T nonimmigrant visa.[21] The attorney asks him if he wants to make a report to law enforcement and the youth asks the case manager for advice on what he should do. The case manager reminds the youth that he does not have to submit this portion of the application if he does not feel comfortable and that it is ultimately his choice. The case manager discusses with the youth what a law enforcement interaction may look like and then asks him if this is something he would like to do with the help of the attorney. The case manager also asks the attorney to provide some examples to the youth to help him make up his mind. If the youth does decide to move forward with the law enforcement report, the case manager will request a forensic interviewer, who will use trauma-informed interview techniques to limit the impact of trauma on the youth.

PRINCIPLE 6: CULTURAL, HISTORICAL, AND GENDER ISSUES

Trauma-informed organizations are aware of cultural stereotypes and biases and are culturally responsive to the ethnic and cultural needs of the immigrant youth being served. Case managers engaging with immigrant youth should never presume to know the intricacies of a client's culture. It is important to ask questions and be transparent about what we do not know, and to operate from a place of continual learning. Case managers should avoid cultural and gender stereotypes, offer young people choices, and reflect on explicit and implicit bias they may possess toward people from various backgrounds.

NOTE

Explicit bias is when a person is clear about their feelings and behaviors toward a subject or issue and their related actions are carried out with intent. Implicit bias is an unconscious behavior or action that a person carries out that may contradict their declared or stated beliefs or values. Implicit bias can affect a case worker's assessment of their client and the way they provide case management services to youth.[22]

A critical component of trauma-informed care is resisting retraumatization. Foreign national children and youth may have already faced discrimination or experienced xenophobia and racism prior to engaging in services.[23] It is for this reason that fostering an immigrant friendly environment is critical. Trauma-informed organizations consistently evaluate their programs to ensure that they are promoting

[21] "Victims of Human Trafficking: T Nonimmigrant Status." USCIS, 10 May 2018, http://www.uscis.gov/humanitarian/victims-of-human-trafficking-and-other-crimes/victims-of-human-trafficking-t-nonimmigrant-status.

[22] The National Center for Cultural Competence. "Conscious & Unconscious Bias in Health Care." Georgetown University. nccc.georgetown.edu/bias/module-3/1.php.

[23] "Xenophobia vs. Racism: Explaining the Difference." Merriam-Webster, Merriam-Webster, www.merriam-webster.com/words-at-play/xenophobia-and-racism-difference.

equity. This includes providing options to minimize barriers for clients such as language, transportation, and expanding resources through partnerships.

Example

A case manager calls a youth's caregiver for the first time to confirm that Spanish is the caregiver's preferred language. The caregiver explains that their first language is Akateko, but that they also speak Spanish. The case manager asks if the caregiver would like to continue in Spanish or use an interpreter. The caregiver explains that they are comfortable speaking in Spanish and asks that the case manager speak slowly and clearly. The case manager mirrors the caregiver's language, speaking with straightforward language and asking the caregiver to confirm their understanding. The case manager asks if the caregiver would prefer to complete forms verbally, and the caregiver confirms that this would be best. The case manager accommodates the intake process to be more suited to the caregiver's needs. The case manager speaks with the minor and finds that the minor feels most comfortable speaking Spanish and can read and write in Spanish, and the case manager modifies their approach to meet each household member's needs.

Cultural Humility

Cultural humility is a process of self-reflection that helps a person understand personal and systemic biases and to develop respectful relationships based on mutual trust. Cultural humility acknowledges that each person is a learner when it comes to understanding another's experience.

Approaching clients with trauma-informed principles respects the dignity, autonomy and right to self-determination of survivors and avoids exposure to discrimination or victim-blaming through voice, choice, transparency, confidentiality, and nonjudgmental support.

Incorporate Trauma-Informed Principles



- ☑ Post "All Are Welcome Here" posters or signs in multiple languages in your office.
- ☑ Hire staff who speak the languages and represent the populations you serve.
- ☑ Ask clients what language they prefer to speak and what pronoun they use to identify their gender.
- ☑ Offer culturally relevant snacks and accommodations.
- ☑ Provide materials in the language of the client's choosing.
- ☑ Call a language line to have a third party interpret and coach clients on effective use of language line services.
- ☑ Educate clients on your role and how it differs from that of others, including that of immigration enforcement.
- ☑ Talk to clients about their rights in the U.S. regardless of their immigration status. Connect them to legal representation, so they may speak to a professional about their rights as an immigrant victim of crime and seek legal relief.
- ☑ When you make a mistake that is offensive to a client's culture, apologize and learn from it.
- ☑ Commit to diversity, equity, and inclusion training for staff.

3 TRAUMA-INFORMED CASE MANAGEMENT FOR FOREIGN NATIONAL CHILDREN & YOUTH



ENGAGEMENT AND ESTABLISHING RAPPORT

A relationship with even one caring, safe, and supportive adult can make a world of difference for a youth.[24] When trauma is a part of a youth's lived experience, the process of building rapport may take time. Strengths-based approaches foster trust and rapport over many meetings by moving beyond victimization to learn more about the youth as a complex, layered, and multifaceted person.

Tips to building rapport



- ☑ Let the child/youth lead the conversation.
- ☑ Build trust through consistency, transparency, and actions, not just words.
- ☑ Don't make promises you can't keep. It is important to say, "I don't know, but I will follow up and get back to you".
- ☑ Treat young people as the experts of their own lives, with the ability to make their own decisions.
- ☑ Make sure you are not imposing your labels on clients, their lives, or their relationships. As appropriate, use the terms they use for describing themselves and their relationships.
- ☑ Engage in activities that foster the relationship while maintaining healthy boundaries. This may be coloring, drawing, playing cards, going for a walk, listening to music, or even talking about popular culture to find commonality and connection.
- ☑ Get to know the client's likes and dislikes, the culture from which they come, and the aspects of their culture that they are missing or feeling the loss of the most.

Case Example

A case manager is meeting a 16-year-old gender non-conforming person from Mexico for the first time. The case manager knows that trust needs to be built, so she starts by showing the youth their affirming and trauma-informed spaces, including the spaces for wellness, the posters that reflect welcoming all immigrants and people of all genders and the gender-neutral bathrooms. As they introduce themselves, the case manager offers up her pronouns and asks the youth if they are comfortable sharing theirs. She then asks the youth more about their particular interests and hobbies. She uses gender-neutral language and mirrors the language the youth uses to describe various relationships, rather than assigning labels herself.

STRATEGIES FOR ENGAGING WITH YOUTH

A trauma-informed working relationship ensures case managers recognize that youth have limited autonomy and work to maximize the autonomy that youth do have in guiding the healing process. Case managers should utilize a variety of techniques when engaging with youth.

Setting clear expectations is the first step to building trust with youth. Trauma-informed response requires case managers to be transparent. Providers should discuss with youth their role and their limitations as a case manager.

Mirroring is a communication skill that informs a client that a case manager is listening through verbal and non-verbal techniques. Case managers match a client's tone, cadence, and non-verbal cues. This includes mirroring a client's language. If a youth refers to their trafficker as their partner or family member, a case manager will use the same language.

[24] National Scientific Council on the Developing Child. "Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience: Working Paper No. 13." 2015. www.developingchild.harvard.edu.

NOTE When working with those who have experienced trauma it is important to be conscious of personal space.

Compassionate listening is the commitment to be present with the person you are working with and demonstrate your engagement in the conversation. It places emphasis on non-judgmental questions and validates a client's emotions. Key aspects of compassionate listening include active listening and authentic acceptance.

Modeling is a technique where an individual uses their own behavior to demonstrate positive and healthy behavior and communication.

Techniques to achieve compassionate listening



- ☑ Ask open-ended questions
- ☑ Utilize non-verbal cues to express empathy
- ☑ Repeat back and summarize what a client has expressed to confirm you understand

Through modeling, a youth can learn a new skill or behavior by observing their case manager. A youth can begin to understand rules around certain behaviors that will allow them to better judge and create new behaviors.[25]

Language Matters when engaging with youth. The following recommendations differentiate between language that can harm or retraumatize and language that can uplift and empower.[26]

Don't	Do
"You are safe now."	"We will do everything we can to help you achieve safety, as you define it."
"No one here will hurt you."	"We are not working with the people who hurt you and took advantage of you. We are here because we want to help."
"Coming to us and working with us will help you."	"We are here because we want to do our best to help you."
"You are a victim, not a criminal."	*This is simply replacing one label with another.* "You were mistreated and your rights were violated. You did not deserve this. It's not your fault."
"You can trust me."	*Trust is established through actions.* "I hope that over time, we can get to know each other better so I can support you in whatever way you are comfortable."
"We want to make sure what happened to you does not happen to anyone else."	*AVOID. This is victim blaming. The onus should never be put on the youth to prevent future crimes or violence against others.* "This should not have happened to you or to anyone else."

Jenkins, Jan. 2014

[25] Project Trust Virtual Rapport Building Webinar. "Providing Trauma-Conscious and Person-Centered Services in a Virtual Setting." 17 Dec. 2021.

[26] Jenkins, D. Chart by Midwest Regional Service Coordinator for the Northern Tier Anti-Trafficking Consortium at Heartland Alliance. [PDF manual emailed to train-the-train participants]. Train-the-Trainer Manual. Cook County, IL: Cook County Human Trafficking Task Force Training Subcommittee. Jan. 2014.

GATHERING INTAKE INFORMATION

When meeting with a youth for the first time, **explain your separate roles and responsibilities**. Talk with the youth to determine the areas where a case manager is needed and where the youth already has access to resources or support. Youth may not want to participate in systems such as child welfare or immigration but lack the choice to disengage altogether without repercussions. Where children are under the legal age to consent to or decline certain activities or services, providers should carefully explain limitations and work in collaboration with trusted adults to empower children, to the extent possible, to voice their preferences and explain their needs.

Trauma-informed practices involve partnership and mutual decision-making and are centered upon participant self-determination.

Assess each child and respond to their needs using an individualized approach. Provide youth the space to make choices based on their cognitive, behavioral and emotional abilities.

Only ask for the information you need.

At intake, a case manager has not yet established rapport with the youth. It is important to only ask for the information you need to complete intake for your program and explain why you are asking certain questions. When documenting intake information, consider that files are subject to subpoena and make careful decisions about how much or how little will be recorded in case notes or on intake forms.

Limit the number of times a client must share their experience.

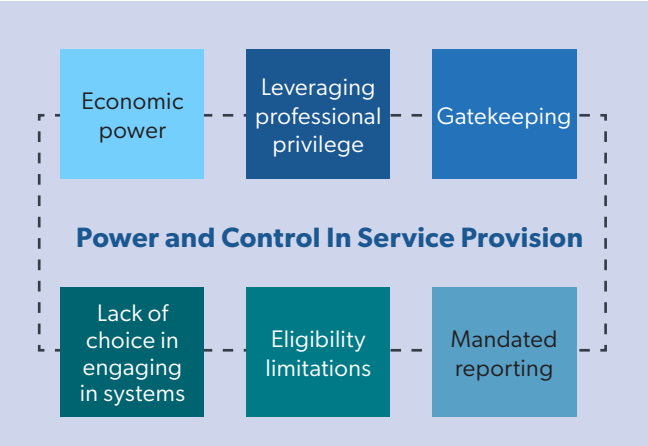
It is best practice to gather intake information from the client's primary referral source, or another trusted provider, such as an attorney or mental health clinician. If needed to support a client's case, the case file from OTIP or the Office of Refugee Resettlement (ORR) may be requested. All efforts should be made to obtain information from external sources prior to asking the client directly about their trafficking experience. Coordination with these sources to confirm the child's trafficking history will minimize re-traumatizing the youth.

Know the questions you need answered before you start your intake.

It is preferable not to read a list of questions because it does not allow for the natural flow of information from a client and as such, fails to be client-centered. Prior to the meeting, know what questions you need answered for the purpose of your screening. Limit questions to those needed to provide services to the client. Keep these questions in mind and weave them into a more organic conversation as they are relevant.

Understand your professional role.

Acknowledging that your professional role creates unequal power with a client is an important aspect of social work practice. Inherently, social services hold power with economic resources and financial support. This creates a power imbalance between a recipient of services and the person able to provide them. Trauma-informed case management recognizes



and minimizes the power imbalance by providing choices to clients and respecting clients as the authority on their own lives.

Whenever possible, advocate for young people to share their voice directly.

When engaging with systems that may not have experience or expertise in working with trafficking survivors, case managers can advocate to provide guidance on addressing the minor's needs from a trauma-informed, person-centered approach. Providing information about the dynamics of trafficking, including working with foreign nationals, may help inform the approach of local service providers. Case managers can serve as advocates for the youth's participation in programs or services in a way that may best meet their needs and can guide clients and service providers to ensure that their interactions do not lead to retraumatization of the client.

SCREENING

Screening is a process implemented by case managers to identify a potential survivor of trafficking. During a screening, case managers utilize a screening tool, or a short set of questions, in confidential and safe setting.[27] If the youth has never been screened for trafficking, it is best to approach the conversation tactfully, using trauma-informed techniques to ensure the client feels comfortable and does not experience retraumatization. A case manager should ensure that rapport is established with a client prior to screening for trafficking.

NOTE

The purpose of screening is **not** to find out intimate details of a youth's experience or force a disclosure of trafficking, but simply to determine whether trafficking has taken place to confirm eligibility for the program or services.

NOTE

An RFA is an online form that a provider should complete within 24 hours to request help for a minor who the provider suspects may have been trafficked. Providers may access the form through OTIP's Shepherd System.

A minor may be referred for an RFA while they are still in a trafficking situation and will require continuous assessment of safety and indicators for trafficking.

If the youth has not already been screened, it may be best to start the conversation by asking about the youth's journey to the U.S. to get a better sense of the force, fraud or coercion that may have occurred pre-migration, on their journey, or after they arrived.

Most programs utilize a variety of screening tools and hybridize tools as a means of customizing them for the populations that the program serves. Just as with intake questions, following any tool too closely by asking predetermined questions in a set order fails to be trauma-informed. This toolkit does not endorse the use of any particular screening tool and instead offers some sample questions consistent with trauma-informed screening.

[27] "Adult Human Trafficking Screening Tool and Guide." U.S. Department of Health and Human Services, Administration for Children and Families, Office on Trafficking in Persons, Jan. 2018. www.acf.hhs.gov.

Some ways to tell if a child or youth has already been screened:

1. The minor has an Interim Assistance Letter or Eligibility Letter from OTIP or a pending request. This documentation may be included in the minor's discharge packet from ORR.
2. The minor's point of contact, such as an attorney, clinician or shelter worker, has indicated to you that they have submitted a Request for Assistance for the minor.
3. A minor has been screened by an attorney or law enforcement for a form of legal relief that indicates that they have been trafficked.

When interviewing a child or youth that may have experienced trafficking, it is best to use open-ended, non-leading questions to understand the child's experience from their perspective. It is best to approach this conversation using "TED" questions as a guide:

T – Tell Me About

E – Explain

D – Describe

Example:

Tell me about your journey to the United States.

Explain to me what happened next.

Describe how you felt at that time.

If you notice signs of distress in the youth that you are screening or the youth shuts down because of your questioning, offer to take a break or talk about grounding techniques to help regulate emotions. Sometimes screening conversations must happen over time so that you may continue to build rapport and find age-appropriate ways to have delicate conversations.

While screening helps you identify whether a minor has been trafficked, ongoing assessment of the minor will help you form a more complete picture of the minor's situation. Refer to OTIP's website and the Human Trafficking Capacity Building Center for additional indicators. Every trafficking situation is different, so do not use the listed indicators as a checklist. Common indicators include:[28]

- Not being paid for labor or being paid very little (or a different amount of pay from what was agreed upon)
- Works excessively long and/or unusual hours
- Is reluctant to discuss how they make money, where they live, how they got to the U.S. and what life has been like since their arrival in the U.S.
- Appears pressured to do something they do not want to do and feels they have no choice but to do what is asked of them
- Is accompanied by someone who appears to be controlling
- Describes their caregiver, family, or guardian as being unusually demanding, controlling, or threatening
- Lacks identification/documentation or it is being held by someone
- Lives in housing provided by an employer

[28] "Recognizing Human Trafficking." Polaris, 25 Mar. 2021, polarisproject.org/recognizing-human-trafficking.

- Lacks control over their schedule and/or money
- Works more often than they attend school and may be truant from school
- Has no time to engage in extracurricular activity of their choice
- Describes a debt for being smuggled into the country that they are now being told they must work to pay off
- Shows signs of mental, physical, or sexual abuse
- Describes being monitored by a romantic partner or managed by a person who handles their labor or trading of sex in exchange for something of value, such as a place to stay
- Describes threats of harm to family members in their country of origin or threats of deportation if they do not provide a labor or service
- Describes an unsafe, strict or unfairly rigid work environment

NEEDS ASSESSMENTS AND SERVICE DELIVERY

A needs assessment provides a picture of the youth's current situation, as well as the baseline for case management goals. Through the assessment, the case manager obtains information from the client to determine the client's resources, strengths, and needs. This information is used to determine which supports and services might be useful to the youth and to discuss those services and how to access them.

Assessing a youth's internal and external resiliency factors will assist the case manager in guiding case management strategies to ensure the youth's own resources are utilized. This approach is more empowering and client centered.

GOAL PLANNING

Case managers are expected to set SMART goals with clients, which includes clients who are youth. SMART goals are specific, measurable, achievable, relevant, and timely. Because each client and trafficking situation is different, goal plans must be personalized for each client.

SMART GOALS

Specific
State exactly what will be accomplished.

Measurable
List the tasks that are needed to make progress on the goal(s) and the person responsible for completing the task, whether it is the case manager, client, supportive adult/caregiver, or some combination.

Achievable
Make goals reasonable.

Relevant
Set goals based on the priorities as identified by the client.

Timely
Create timelines and deadlines for tasks and meet regularly to review progress.

In addition to setting SMART goals, it is important to follow some basic principles when goal setting:

Don't	Do
Expect change to happen overnight.	Meet people where they are.
Make decisions for youth.	Give youth choices about when and with whom they will engage.
Tell youth what they should feel or how to react.	Let young people be the experts of their own life.
Pressure anyone to engage with systems or people.	Respect self-determination.
Talk down to or condescend. Adolescents are especially sensitive to this.	Validate, educate and support.
Act as a gatekeeper or mimic control tactics utilized by a trafficker.	Give back as much power and autonomy as possible.

TIMELINES

Part of trauma-informed case management involves providing clear expectations around timelines for services with a client. It is important for case managers to contact youth **as soon as possible** once a referral has been received to assess the youth's needs and discuss their preferences regarding services. Given that youth may be referred during a possible crisis, it can be beneficial to establish communication and trust early, even if the bulk of the case management work may not be possible right away. Providing clear expectations and meeting commitments to youth **help build and maintain trust** in the case management relationship.

As case managers work with youth, it is important to discuss any time limitations that exist in the provision of services and the inevitable end of services. Case management needs to begin by keeping discharge in mind and acknowledging that clients are best helped when provided with tools and resources to achieve stability and function with greater independence.

OVERCOMING COMMON OBSTACLES

Barriers to service

It is important for service providers to be aware of the stressors that many children and their families experience in their adjustment to the U.S. Some post-migration stressors that families may face will present obstacles in service provision. These stressors include:

- Chronic exposure to discrimination
- Limited access to resources, including barriers around transportation, obtaining state identification, accessing benefits for the household
- Language barriers
- Fear of deportation if living with families with unauthorized immigrant members
- Navigating new culture and spaces, including school, immigration court, community settings
- Bi-culture stress in identity formation
- Grieving from loss of people and places

When working with a youth that may be facing these barriers, it is helpful to discuss what resources the case manager can assist with to ensure that clients can appropriately access services.

Communication & Language

Language barriers pose an additional challenge when working with immigrant youth. Communication and rapport building can be difficult in some circumstances because it is not always possible to choose who will be

doing the third-party interpretation, especially when using a language line. A good interpreter makes conversation with a youth seamless, while a judgmental or inaccurate interpreter can shut someone down and potentially ruin the relationship entirely.

Trauma-informed practices take active approaches to minimizing the risk of misinterpretation by recruiting staff that have bilingual language capacity. When this is not feasible, interpretation is provided in person or over the phone. Interpreters should be neutral, have a complete grasp of the two languages they are translating, as well as training in the skill of interpretation. Trauma-informed practices embed choice in interpretation, meaning that you may want to ask a youth if they prefer to have an interpreter of the same or different gender or of the same or different cultural or religious community. You may also want to ask if a youth prefers to have an interpreter there in person or over the phone.

NOTE Even if a child has some proficiency in a language, such as Spanish, they may have a strong preference to communicate in another language. Always make every attempt to utilize the language preference of the child.

When a case manager is engaging with a youth for the first time from a country or cultural background with which they are less familiar, they should seek out an interpreter before the meeting to set the stage for the meeting and assess for any cultural dynamics that may impact communication.

Good interpretation is never summarized or abbreviated. The interpreter provides a true accounting of the meaning of each sentence and phrase. Good interpreters do not elaborate on what is being stated but clarify messages for any

NOTE Ensure that the interpreter is trained to interpret. Often, on short notice, case managers make the mistake of utilizing internal staff within the organization who are not qualified to interpret for a client.

content that is difficult to interpret. If a question is unclear, the interpreter will explain to either party what is unclear rather than trying to explain it themself or assume understanding.

NOTE Provide clients with helpful tips for working with an interpreter. Many clients have never had to use an interpreter before engaging in services.

Things to consider when working with an interpreter:

- Avoid using family, friends, or children of the client due to the sensitive nature of conversations with clients. Clients may prefer not to share the details of their trafficking to family members or friends.
- Ensure the interpreter does not engage in side conversations with the client or pass judgement on the client to the client while interpreting. Politely end the phone call if this happens.
- Set aside funding for interpreters, even if you have staff who speak the language of most of your clients. When working with foreign nationals, it is likely you will not always have someone on staff who speaks the language of the client.
- If you are using a telephonic interpreter and you are not pleased with the way they

are interpreting the conversation, you may request to end the conversation and call again to access a different interpreter.

Effectively working with an interpreter



- ☑ Speak directly to the youth, not to the interpreter.
- ☑ Speak slowly, not loudly.
- ☑ Speak at an even pace in relatively short segments and pause so the interpreter can interpret.
- ☑ Make sure you are keeping up with their verbal and nonverbal cues, including tone and inflection, hand gestures, and other cues.
- ☑ Your nonverbal cues matter too – as do tone and inflection. make sure you are calm so a youth can feel comfortable despite the language barrier.
- ☑ If you are not getting the response you were expecting, restate the question in a different way so the interpreter can try again.
- ☑ Sometimes certain concepts have no linguistic or conceptual equivalent in another language. Keep this in mind when you use language and try to keep the conversation as simple as possible.
- ☑ Avoid asking more than one question at a time.
- ☑ Allow more time for a meeting with an interpreter since the interchange takes time.
- ☑ Advocate for interpretation in every setting, including with law enforcement, attorneys, child welfare, and the courts.

SAFETY PLANNING

When someone experiences trafficking, their physical and emotional safety may be threatened. This loss of safety due to traumatic experiences can alter the way in which the brain processes events and, therefore, the way in which survivors respond to stimuli.

NOTE Everyone defines safety differently. Service providers should not impose their ideas about safety on clients, including youth. Instead, case managers can raise concerns over issues that they may perceive as unsafe and explore if youth share their concerns, or not.

To facilitate the healing process, organizations working with youth human trafficking survivors should help them regain a sense of physical and emotional safety and build coping strategies for managing traumatic triggers. Promoting a sense of safety is a core tenet of trauma-informed care.

A successful safety plan will:



- ☑ Assess current and potential risks and safety concerns
- ☑ Create strategies for avoiding or reducing the threat of harm
- ☑ Outline steps to stay safe in potentially dangerous situations
- ☑ Build in strategies for emotional safety, grounding, and regulation

Case Example 1

A case manager assesses safety with a youth at intake, who discloses no emerging concerns or risks at their first meeting. They review general safety planning in the event that the youth needs to reach out for help in case of emergency. As the relationship builds over the next several months, the youth discloses that their caregiver is no longer being supportive. The caregiver is threatening to kick them out and has sometimes physically hit them when punishing them for not doing their chores on time. The caregiver holds their documents, including their child Eligibility Letter, and have been using the youth's cash assistance on personal items for themselves. The case manager proceeds to work through a new safety plan to reflect this new reality, discussing practical strategies to stay safe, and is transparent about their obligations as a mandated reporter.

Case Example 2

A case manager builds a healthy relationship over time with a youth where they chat about things like their favorite foods, favorite times of year, and hobbies. In conversation about their favorite times of year, the youth discloses that Christmas is a particularly hard time for them because it was when they were first separated from family and then exploited. To this day, the youth does not like music reflecting the time of year and feels triggered by common Christmas symbols. Knowing this, the case manager instead brings in items that the youth has disclosed liking, talks about coping strategies if they hear Christmas music on the radio, and helps the youth build new and different memories for this same time of year.

For detailed information on safety planning, please refer to USCRI's Safety Planning with Foreign National Children and Youth Survivors of Trafficking Toolkit.

REFERRALS AND ADVOCACY

Systems can inadvertently retraumatize. This can happen when young people feel a lack of control, threatened or attacked, vulnerable or frightened, questioned or judged, shamed or experience unexpected change. When we detain young people, conduct nightly shelter bed checks, impose curfews, mandate court hearings, and ask them to repeatedly tell their story as they cooperate with an investigation, we contribute to retraumatization.

Preventing Retraumatization in Systems

A case manager should strive to prevent youth from retraumatization in systems. They should advocate that a child or youth does not have to tell their story repeatedly, and that a forensic interviewer, who uses techniques to gather accurate and extensive memory recall about abuse while limiting the impact of trauma, do the interview in a comfortable space chosen by the youth.

This can include dimming the lighting, providing snacks and stress-relieving objects, and having the youth testify from a seat rather than a witness stand. When a youth is working with an attorney, ask the attorney to take regular breaks, set up multiple meetings, and show patience and understanding with a youth when having to lay out the details of the trafficking experience for legal purposes.



Ask prosecutors to make special accommodations for youth in the court setting, and if the case goes to trial, consider use of a victim's rights attorney.

Case Example

After being identified as a victim of trafficking, a youth decides he would like to cooperate with law enforcement in an investigation of the trafficker. The minor does not show up for the first two scheduled appointments with law enforcement. At the third appointment, he arrives late, is angry, and gives brief and disjointed responses to the law enforcement agents. The agents tell the case manager that they do not think this is worth their time. They continue to ask the youth the same question repeatedly, making him feel as if he is not being heard and that his credibility is being questioned. When the case manager asks the youth to take a walk and a break, the youth says he has been having nightmares about coming forward and fears the trafficker will find out that he made a report. The case manager practices breathing exercises with the youth and asks him if he would rather speak to a different agent, or if he would like to leave the appointment entirely. This gives the youth autonomy in decision making and increased control, which helps him make an informed decision.

It is imperative to provide foreign national youth with connections to legal relief at the onset of service provision if they are not already connected, to ensure that any immigration-related matters can be addressed immediately. This is especially important in cases where there may be confusion about upcoming immigration hearings. Connecting clients to affordable, culturally and linguistically appropriate resources in a timely manner is an essential aspect of trauma-informed case management.

- Discuss the importance of legal representation and support the client to connect with a pro-bono or low-bono attorney as soon as possible. Inform the youth and caregiver of the benefits of starting the legal relief process prior to their court date and before the child turns 18.
- If a youth has recently arrived in the home with their caregiver, ensure that the Change of Address or Change of Venue forms are completed to reflect their new location. **Show the youth and caregiver how to call the Executive Office for Immigration Review (EOIR) Immigration Court Hotline to verify their court location: 1-800-898-7180**.
- Remind the youth and their caregiver of the importance of attending court and updating their address with the court if they move. Set expectations around what may happen at court and provide transparency, so they are not surprised or traumatized by their experience in court.



Educate a youth on their rights and familiarize them with the laws that may impact their immigration case or engagement with child protection.

DISCHARGE AND CASE CLOSURE

Ending services with a youth may be a retraumatizing experience, especially for youth with a history of traumatic loss or separation. Throughout the service period, the client may have grown to trust and feel supported by the case manager.

It is important to begin services with case closure in mind. Set realistic goals and expectations with youth, so they are not surprised or shocked when services end. Service provision should be conducted with the intent that case management services are finite, and goals are intended

to facilitate stability and well-being while empowering clients to continue their progress. From the beginning, case managers should remind youth about any service limitations.

Prior to concluding services, the case manager should conduct an exit interview to review accomplished goals and connect the youth to additional resources for services that were not met during the period of enrollment or that may be useful to maintain progress. Youth should be provided with referrals to community partners and understand who they can call if they become in need of services.

4 SUMMARY & IMPORTANT REMINDERS

Effective, trauma-informed case management with youth survivors of human trafficking interweaves principles of interaction with clients throughout the case management process. As you work at various stages of case management, some questions you may consider to ensure your practice is trauma-informed include:

Safety

- ☑ How does your child or youth client define safety? Has safety planning been discussed and completed with the client in an age-appropriate manner? How can you support your client to achieve emotional safety? What steps are you taking as a case manager to ensure your client feels safe in your interactions? (Refer to the Safety Planning with Foreign National Children and Youth Survivors of Trafficking Toolkit for more tools about safety planning.)

Trustworthiness and Transparency

- ☑ Have you set clear expectations with your client about case management services? Have you discussed confidentiality and its limits, obtained informed consent, and discussed mandated reporting? Is the client aware of the time-limited nature of services, and your availability for support? Are you meeting the expectations you set with this client, showing reliability and responsiveness in line with your responsibilities and healthy boundaries?

Peer Support

- ☑ What supports are available for the client in their community? Does the minor have peers to whom they can turn for positive support? Are there mentorship or other peer support programs for the minor to develop healthy, supportive relationships outside the home?

Collaboration and Mutuality

- ☑ Is the client's input present in their service plan? Are other service providers aware of the client's preferences and needs? Have collaborative efforts been made to prevent retraumatization? Has informed consent around privacy and information sharing been established?

Empowerment, Voice and Choice

- ☑ Are you asking clients what their goals and needs are? Are you checking in with your clients to see if their goals have changed? Do your clients know the rights they have in your program? Do you provide space for client feedback? Do clients inform the development of your programming?

Cultural, Historical, and Gender Issues

- ☑ Are you offering language interpretation services to clients? At intake, are you asking clients their preferred pronouns? Does your program provide space to celebrate a client's culture? Does your team engage in diversity, equity, and inclusion training?

5 TOOLS & RESOURCES

OTIP

To submit a Request for Assistance for a Foreign National Minor Victim of Trafficking
https://www.acf.hhs.gov/otip/resource/rfa-0

What is Human Trafficking/Signs and Indicators of Trafficking
https://www.acf.hhs.gov/otip/about/what-human-trafficking

Understanding Human Trafficking
https://www.ovcttac.gov/UnderstandingHumanTrafficking/index.cfm?nm=wbt&ns=ot&nt=ht

OTIP Monthly Webinars: Responding to Child Victims of Trafficking
https://www.acf.hhs.gov/otip/training-technical-assistance/resource/monthlywebinars

Shepherd Case Management System
https://shspfm.gss.acf.hhs.gov/eaasidentityserver/Identity/Account/Login/LoginSelection/

National Human Trafficking Training and Technical Assistance Center SOAR Training
https://nhttac.acf.hhs.gov/soar

HHS SOAR Online: Health and Wellness Training on Human Trafficking
English: https://www.train.org/main/course/1087568/
Spanish: https://www.train.org/main/course/1087561/

HHS SOAR Online: Culturally and Linguistically Appropriate Services
English: https://www.train.org/main/course/1087569/
Spanish: https://www.train.org/main/course/1087562/

HHS SOAR Online: Trauma Informed Care Training
English: https://www.train.org/main/course/1087571/
Spanish: https://www.train.org/main/course/1086514/

PROJECT TRUST

Website
https://www.projecttrust.org

Understanding Trauma
https://static1.squarespace.com/static/5f775bcdf5692b1ac1c55a8b/t/5f888b985354611007330e8d/1602784152910/Understanding-Trauma-Oct2020.pdf

Understanding and Mitigating Trauma Responses
https://www.projecttrust.org/resources

Deep Belly Breathing Handout
https://static1.squarespace.com/static/5f775bcdf5692b1ac1c55a8b/t/60300ebf6240b761807fc242/1613762239396/Deep+Belly+Breathing+Handout+-+Project+TRUST.pdf

Body Scan Handout
https://static1.squarespace.com/static/5f775bcdf5692b1ac1c55a8b/t/60300edfda3d7f5aae7539c5/1613762271535/Body+Scan+Handout+-+Project+TRUST.pdf

Cool Down Kit Handout
https://static1.squarespace.com/static/5f775bcdf5692b1ac1c55a8b/t/60300f2519badf2faf7b8821/1613762341337/Cool+Down+Kit+Handout+-+Project+TRUST.pdf

Four Elements Handout
https://static1.squarespace.com/static/5f775bcdf5692b1ac1c55a8b/t/60300f550207f317530a1bd8/1613762389241/Four+Elements+Handout+-+Project+TRUST.pdf

Nurturing Survivors Forward: A Survivor's Lens on Trauma-Informed Work During COVID-19
https://static1.squarespace.com/static/5f775bcdf5692b1ac1c55a8b/t/5fdc25c338e73f2e3d6f1d04/1608263107539/Nurturing+Survivors+Forward_A+Survivor+Lens+on+Services+During+COVID+19.pdf

Building Trauma-Conscious and Person-Centered Rapport with Clients in a Virtual Setting
https://static1.squarespace.com/static/5f775bcdf5692b1ac1c55a8b/t/5fdc2625c32e197a2eff51c8/1608263205123/Building+Trauma-Conscious+and+Person+Centered+Engagement+in+Virtual+Settings.pdf

Ethical Considerations Supplemental Resources
https://static1.squarespace.com/static/5f775bcdf5692b1ac1c55a8b/t/5fdc267fd1d11b6b5bb91192/1608263295609/Supplemental+Resources_Ethical+Considerations.pdf

Human Trafficking Capacity Building Center & Project TRUST, The Victim's Safety and Well-Being Take Priority in All Matters
https://static1.squarespace.com/static/5f775bcdf5692b1ac1c55a8b/t/5f888b7745753b299416ea21/1602784119630/Trauma-Informed+Care-Resources-Oct2020.pdf

PROJECT TRUST (CONTINUED)

Applying a Trauma-Informed Approach (The Victim's Safety and Well-Being Take Priority in All Matters Series)
https://static1.squarespace.com/static/5f775bcdf5692b1ac1c55a8b/t/5f888bc165ce261dfcb15087/1602784193994/Applying-Trauma-Informed+Approach-Oct2020.pdf

Trauma-Informed Care for Survivors of Human Trafficking: A State of the Field in 2019
https://static1.squarespace.com/static/5f775bcdf5692b1ac1c55a8b/t/5f9c63742f476b45979943cf/1604084598547/Trauma-Informed+Care+for+Survivors+of+Human+Trafficking_+A+State+of+the+Field+in+2019.pdf

Trauma-Informed Care Resources (The Victim's Safety and Well-being Take Priority in All Matters Series)
https://static1.squarespace.com/static/5f775bcdf5692b1ac1c55a8b/t/5f888b7745753b299416ea21/1602784119630/Trauma-Informed+Care-Resources-Oct2020.pdf

Request Training and Technical Assistance from Project TRUST
https://www.projecttrust.org/training-technical-assistance

TRAUMA-INFORMED RESPONSE

SAMHSA Person-Centered and Family-Centered Care and Peer Support
https://www.samhsa.gov/section-223/care-coordination/person-family-centered

OTIP's Building Survivor-Informed Organizations and Recommendations developed by survivor leaders from the national Human Trafficking Leadership Academy's Promising Practices for Survivor Engagement
https://www.acf.hhs.gov/otip/training-technical-assistance/resource/nhttacorgtoolkit

Office for Victims of Crime Technical Assistance and Training Center, Using a Trauma-Informed Approach
https://www.ovcttac.gov/taskforceguide/eguide/4-supporting-victims/41-using-a-trauma-informed-approach/

The Freedom Network Training Institute (FNTI), Working with Foreign National Resources
https://freedomnetworkusa.org/training/resource-library/?search-term=&order=DESC&level=&material_type=&types_of_trafficking=&keyword=Foreign+Nationals&demographics=

THE NATIONAL CHILD TRAUMATIC STRESS NETWORK

About Child Trauma
https://www.nctsn.org/what-is-child-trauma/about-child-trauma

Complex Trauma
https://www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma

THE NATIONAL CHILD TRAUMATIC STRESS NETWORK (CONTINUED)

Early Childhood Trauma
https://www.nctsn.org/what-is-child-trauma/trauma-types/early-childhood-trauma/effects

Trauma and Separation
https://www.nctsn.org/sites/default/files/resources/tip-sheet/traumatic_separation_refugee_immigrant_children_tips_current_caregivers.pdf

ADDITIONAL TRAFFICKING SCREENING TOOL FOR RUNAWAY & HOMELESS YOUTH

https://www.acf.hhs.gov/otip/news/rhyscreening

SAFE HARBOR LAWS

Human Trafficking Issue Brief: Safe Harbor
https://polarisproject.org/wp-content/uploads/2019/09/2015-Safe-Harbor-Issue-Brief.pdf

U.S. Committee for Refugees and Immigrants
2231 Crystal Drive, Suite 350, Arlington, VA 22202
703-310-1130 uscri@uscridc.org
https://refugees.org