



**MENTAL HEALTH COORDINATING COUNCIL**  
**TRAUMA INFORMED CARE AND PRACTICE-MEETING THE CHALLENGE**  
**2011 CONFERENCE**

**Trauma Informed Care and Practice for Trafficked People and CALD**

**Populations**

Laura Vidal

The Salvation Army- Safe House for Trafficked Women

P: (02) 9211 5794

E: [laura.vidal@ae.salvationarmy.org](mailto:laura.vidal@ae.salvationarmy.org)

The following scenario is based on true events.

Amy is a 32-year-old woman from India. Amy is the mother of three children and has been struggling to provide food and shelter for her family, as employment opportunities in her village are very limited. Amy responded to an advertisement in the newspaper for a domestic helper in an effort to earn money for her family. Amy called the number listed on the advertisement and arranged to meet the employer in Delhi where he explained to Amy that she would be travelling to Australia to work in the private home of his Aunt and Uncle who were elderly and in need of somebody to take care of the cooking, cleaning and washing. Amy was a little taken back by the fact that she would be required to travel to Australia, but decided that job opportunities were scarce and continued to listen to the conditions of employment. The employer explained to Amy that she would be required to live in his Aunt and Uncles property but would only be required to work from 9am-5pm each day. She was told she would be paid \$20.00 p/day and would have freedom to come and go from the house and call her family. Amy thought this could be the one-way she could provide for her family and create a future for her children. Amy asked

the boss how she would travel to Australia, the boss stated that he would arrange Amy's passport, Visa and plane ticket telling Amy that this was part of the employment package. The boss suggested that perhaps Amy could try it for 6 months and if it wasn't for her she could return home to her family. Whilst it was difficult to leave her children, she agreed to try this job opportunity for 6 months and left her children in the care of her parents on the promise that the money she was earning she would send home to her children.

Amy arrived in Australia under escort of her employer. She was transported to the house of his Aunt and Uncle who seemed like nice people. The employer stayed for a few hours and then left the house. He told her that if she had any problems or questions she could call him and gave her his phone number. Amy never saw or spoke to him again.

The first day at the house was fine; Amy completed the cooking, washing and cleaning and worked the promised 8 hours. Amy enquired to the Uncle as to when she would receive her pay and he informed her that she would be paid at the end of each week she worked. Amy continued this work for a week and at the end of the week Amy requested her wages from the Uncle, he stated that he didn't have money to pay her and she would have to wait. Amy felt disappointed and anxious because she knew her children needed the money.

Weeks passed where Amy still was not paid for her work. When Amy asked about her wages the Uncle became very angry and started to yell at Amy and tell her that he was dissatisfied with her work so she would not be getting paid until he was satisfied. Amy was shocked and surprised by this because it was the first time she had heard the couple were dissatisfied with the work she was doing.

She began to work longer days, and was told that she could not leave the house until all the work was done and the couple continued to add tasks to the list making it impossible for her to be able to leave. Amy had never sighted her travel documents as her original employer arranged her travel and she was escorted to Australia. Amy

tried to call the employer to explain that she was not being paid and it was not working out as promised, the phone number was disconnected.

Amy felt trapped; she had nothing to prove her identity or to explain why she was in Australia, she was unfamiliar with the area she lived and did not understand how things worked in Australia. Amy asked the Uncle to help her arrange to go home as she was here on a 6-month trial and she didn't feel it was working and needed to return home to her children. The man became very angry and physically assaulted Amy and threw her in the bedroom. Amy sat crying for hours while the man continued to yell at Amy from behind the door.

The next morning Amy packed her bags to leave, she didn't know where she was going to go but she thought anywhere would have been better than where she was. When the man noticed she was trying to leave he physically assaulted her again and restrained her from leaving the house. He yelled "this was not part of the deal, I paid good money for you, now you will stay and do as I say" Amy was again shocked and wondered what he had meant by the fact that she had been paid for.

Amy was in this situation for 3 years, she was physically, psychologically and sexually abused on a daily basis.

### **WHAT IS HUMAN TRAFFICKING?**

So, from this scenario what can we say defines Human Trafficking? The United Nations defines Human Trafficking as *"The recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs."* (United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, 2003)

Typically Human Trafficking has three distinct elements process, means and end. If we relate these three elements to Amy's situation we can see that there was a process of recruitment by way of newspaper advertisement, means by way of coercion and end the use of forced labour

### **WHAT DOES HUMAN TRAFFICKING LOOK LIKE IN AUSTRALIA?**

The Australian Government considers trafficking in Persons to Australia a relatively new focus area, with a policy response from the Commonwealth of Australia coming to fruition in 2004. In the policy's early stages there was a particular focus placed on trafficking for the purpose of sexual exploitation. With this as the focus it was reported that less than 100 women and men are trafficked to Australia each year. (Australian Government, 2004).

In present times Australia has begun to learn that Trafficking in Persons is present in more contexts than the sex industry. Recently, the focus has begun to shift to the existence of trafficking for the purpose of Labour Exploitation (David, 2010) for example, construction, textiles and agriculture.

Poor standards of living, low education levels and impoverished populations often characterize the living conditions in the source countries of Trafficking in Persons "Human traffickers prey on the vulnerable" (US State Department, 2008) Traffickers often present opportunities that address individual's desperation for an improved way of life. "Their ploys are creative and ruthless, designed to trick coerce and win the confidence of potential victims. Very often these ruses involve promises of a better life through employment, educational opportunities, or marriage" (US State Department, 2008)

Just like Amy, Women and men are often presented with opportunities of employment in another country, but when they arrive in the country of destination they find situations significantly different to what they had originally consented to. Certainly they may have consented to the type of work, but not the exploitative

conditions. Common experiences of people Trafficked to Australia include poor working conditions, providing labour without pay, being forced to live at their workplace, sexual, physical and verbal abuse, restricted freedom and confiscation of identity and travel documents. (Stanger, Pers. Comm., 2010) It can be argued that the problem of trafficking in persons is in fact a symptom of wider systemic problems; comprised largely of all the elements of globalised poverty, as individuals in impoverished nations continue to search for opportunities to better their lives.

Victims usually enter Australia with valid documentation under the promise that they are going to be offered a fair work opportunity. (Stanger, Pers. Comm., 2010) Pearson (2007) states “the majority of trafficked people have tended to enter Australia legally on tourist, student or work visas, but ended up in situations of exploitation akin to debt bondage or forced labour”

Globally trafficking for the purpose of sexual exploitation is widely reported. The issue of trafficking women for the purpose of sexual exploitation has led to the development of international instruments, in particular the first instrument, *The United Nations Convention for the Suppression of the Traffic in Persons and the Exploitation of the Prostitution of Others* (1951) In more recent times, particularly in the last two years, anecdotal evidence suggests that Australia has a growing rate of trafficking for the purpose of labour exploitation. Fiona David of The Australian Institute of Criminology (AIC) has recently completed a preliminary study which calls for greater research into the area of trafficking for the purposes of labour exploitation (2010) The Australian Government Attorney-General’s Department is currently going through a consultation process to address their response to trafficking for the purposes of labour exploitation.

## **THE AUSTRALIAN GOVERNMENT RESPONSE**

The Australian Government shares community concern about the welfare of victims of trafficking and has responded by introducing a comprehensive victim support package for those victims who choose to participate in a criminal investigation led by The Australian Federal Police.

A case-management approach is used, and suspected victims who are granted a Bridging F Visa can receive intensive support for the period of the Visa's validity or until they wish to leave Australia, whichever occurs first. This support includes temporary accommodation, access to Medicare and medical services, counselling and legal services, training, and social support. Victims who are subsequently granted a Criminal Justice Stay Visa can continue to receive support.

Additionally, victims who, as a result of their contribution to an investigation or the prosecution of people-trafficking offenders, are deemed at risk of harm if they return to their home country may be eligible for a permanent Witness Protection (Trafficking) Visa.

## **THE SAFE HOUSE FOR TRAFFICKED WOMEN**

The Salvation Army's Safe House for Trafficked Women provides supported accommodation and comprehensive case management services to victims of human trafficking, slavery and slavery-like practices. The service also has some capacity to meet the needs of trafficked men, women and children living in the community.

The Safe House assesses people as per the United Nations definition of Human Trafficking and provision of services is not limited to their choice or capacity to participate in a criminal investigation, this is a distinct difference between The Salvation Army program and the program offered by the Commonwealth government.

The Safe House is engaged in both direct and indirect services however directly related to the focus of this paper is trauma informed care, which speaks to the direct work the service does with victims of trafficking. Broadly The Safe House aims to uphold peoples rights and interests, achieve equitable access to social, economic and political resources, provide direct assistance and support, raise awareness of structural inequalities, promote policies and practices that have a fair allocation of social resources and act for social change to reduce social barriers, inequities and injustice.

### **TRAFFICKED PERSONS AND TRAUMA INFORMED CARE**

There is currently only a small body of published research on the health consequences of any form of human trafficking, and there is an extremely limited body of research on the mental health consequences of trafficking. Most trafficking-related health studies have focused on sexually transmitted infections among trafficked women for sexual exploitation. A recent study published in the American Journal of Public Health (2010) found that injuries and sexual violence during trafficking were associated with higher levels of PTSD, depression and anxiety. It also concluded that the study serves to inform the emerging field of mental health care for trafficked persons by highlighting the importance of assessing severity and duration of trafficking related abuses and the need for adequate recovery time.

For example, we have found that sometimes some people are rushed by external procedures particularly within the Criminal Justice process and they find themselves withdrawing from the justice system; realizing once time has lapsed, having had the opportunity to process the trauma, they may have made the wrong choice, or regret the choices they made.

Anecdotally work at The Safe House, shows that the people we work with more often than not experience varying degrees of PTSD, Depression and Anxiety. People who have experienced slavery often present symptoms of post-traumatic stress – dissociative disorder, anxiety, flashbacks, nightmares, intrusive thoughts and an inability to concentrate. Often, they don't eat or sleep enough and are depressed.

They express shame and self-blame at having been lured by the false promises of their traffickers. They feel that time has been stolen from them and the uncertainty of the future makes coping with daily living difficult. Some residents may be battling addiction and some may be feeling suicidal. They may fear their traffickers and/or their associates who might still be in the community or close to families at home. Their families may actually be in danger and debt. Boredom contributes to declining mental health as some may not be authorized to work or study and are awaiting an outcome regarding their immigration status. Nearly every enslaved person I have encountered identifies themselves with a religion. The trafficking experience leaves many people feeling abandoned by God. At The Safe House, and through our community partners, we can assist residents to reconnect with their spirituality. It is a priority of care offered at The Safe House that people have the opportunity to access appropriate mental health services and ongoing psychological care, and be given the opportunity to reconnect with their spirituality.

The conclusions by above mentioned study by the American Journal of Public Health are particularly pertinent in the current climate of anti-trafficking measures in Australia. Whilst acknowledgement is made that victims may be experiencing difficulties with trauma, practice shows that the justice process is limited in terms of acknowledging the full cycle of trauma, including the benefits to an investigation when trauma has been processed. This is potentially damaging to an individuals ongoing recovery and rehabilitation.

### **THE SAFE HOUSE FOR TRAFFICKED WOMEN AND TRAUMA INFORMED CARE**

As established earlier The Safe House for Trafficked Women provides supported accommodation and comprehensive casework support for the full spectrum of ones needs including accommodation, health, mental health, legal support, rights education, and education and employment support. It is a rights based environment premised on client driven case goals, information sharing and clear and transparent communication.



With regard the trauma informed care The Safe House provides a safe environment in which the person can begin to learn affect control and feel safe. In order to promote such safety, staff are made aware of potential triggers and reactions to triggers. Staff establish strategies with clients to work on calming themselves when they have been triggered.

The services operates on a do no harm policy, which is a key element to trauma informed care. The service acknowledges that trauma impacts on each individual differently depending on one's personal history with trauma, social and familial supports and natural coping skills, for this reason work with each person is individualized and each person that the service works with has a customized and specific care plan.

Human Trafficking is considered a complex trauma. It involves multiple or prolonged traumatic events. It results in emotional dysregulation, loss of safety, direction and the ability to detect and respond to danger cues (Herman, 1992) It is imperative that the service operates on the core principles of trauma informed care (adapted from the Headington Institute, 2010) including:

- Understanding of trauma and its impact
- Understanding vicarious trauma and its impact
- Promoting safety
- Ensuring cultural humility
- Supporting client control, choice and autonomy
- Sharing power and governance
- Integrated and holistic system of care
- Caring and supportive relationships
- Ongoing healthy boundary analysis
- Belief that recovery is possible

Human trafficking primarily involves the loss of control; perpetrators instill fear to control. Fear is also increased by inconsistent and unpredictable outbursts of

violence and capricious enforcement of petty rules. The ultimate effect of these techniques is to convince the victim that the perpetrator is omnipotent, that resistance is futile and that their life depends on winning his indulgence through absolute compliance (Herman, 1993). This is a significant consideration in work at The Safe House in that casework and support services are delivered from a strengths-based and client directed perspective to ensure that victims begin to be empowered and take back control over their own lives. Casework and support services are considered to be a collaborative process whereby work with the person is a partnership.

### **ESSENTIAL NEEDS OF TRAFFICKED PERSONS**

Trafficked people are a marginalized and vulnerable group of people. There are many essential needs that trafficked people have that include both the provision of practical needs such as accommodation, food and clothing and mental health support including establishing genuine safety and addressing deep-seated vulnerabilities to avoid further exploitation; including experiences of trauma before trafficking occurs. It is necessary that support services and in particular mental health care providers spend time addressing vulnerabilities outside of the trafficking experience as this influences the treatment process and ongoing achievement of rehabilitation.

As expected it often takes a long time for clients to establish trust, they have had their trust abused and have been taken advantage of as a result of placing trust in somebody. Once trust is established further needs of the person can be met. It is important that victims are empowered throughout their rehabilitation process, which includes encouraging their participation and offering information and support. Providers who recognise the intersection of physical and psychological problems in trafficking victims can address physical and mental health needs in an integrated way.

Critical to the support of trafficked people is an ongoing explanation of their rights, providing choices and allowing them to establish control over their own lives. This is achieved through client centered, rights based practice

### **ENGAGING CALD COMMUNITIES**

It is here that one should note the importance of culturally appropriate services and in particular mental health intervention.

Culturally and Linguistically Diverse (CALD) communities are unique. They are unique in the sense that not only is their language a barrier in terms of accessing services but their cultural lens or view is different to that typically understood by the western world.

Often, it is misunderstood that providing a culturally appropriate or sensitive service refers to providing access to services in a language that can be best understood by the service user. This is in fact inaccurate. Culturally appropriate or sensitive services refer to the ability of a service to not only meet the needs of service users linguistically but to have an understanding of cultural values and understandings.

Where possible, service providers should consult with culturally specific workers who may be able to give support to the therapeutic process.

In our experience it has been challenging to engage individuals from a CALD background with mental health services. The engagement is difficult on two levels, 1) because of their visa status and 2) the whole concept of mental health services is foreign.

The first challenge is more difficult to address than the second as it is a structural barrier and sometimes relies on the good will of practitioners to offer counseling or mental health services at reduced rates or on a pro-bono basis. The second challenge is addressed at The Safe House in a variety of ways.

First and foremost, after a trust relationship is built the client is introduced to the idea of mental health support in a non-confronting manner, always emphasizing that it is a relationship that they have total control over. Consideration of trauma and previous experiences here is also imperative. Concepts such as confidentiality and informed consent alone pose a challenge as again more often than not the individual may not have had the opportunity to experience situations where their information was kept confidential or they have been given a choice to consent to a particular activity. In fact, the concepts of confidentiality and informed consent are probably not concepts such individuals have ever been exposed to, and thus require explanation of the terms.

The type of treatment that is introduced to individuals is of course dependant on their own individual care plan and their articulated needs. In our experience members of CALD communities respond more effectively to therapies, which do not involve talking as the main basis of intervention. People often experience shame around their experience and it is not something that they feel comfortable talking about in the first instance. Creative therapies such as art therapy or recreational type therapies engage members of CALD communities because these are activities of which they are familiar and involve healing through doing rather than talking; and can also be a way to build trust and work toward more 'talking' based therapeutic interventions.

Another key to engaging CALD communities in mental health supports and therapeutic interventions is collaborative practice. In our work with trafficked people an invaluable mechanism is collaboration. As you can understand, the repetition of ones experience throughout the helping process can often compound the trauma, the people we have worked with often discuss the advantage of case managers being involved in the initial stages of the therapeutic relationship and in providing background information around their situation to mental health service providers.

## **VIEW FROM SERVICE USERS/TRAFFICKED PEOPLE**

As highlighted throughout this paper, the client being positioned at the centre of the helping process is integral to ongoing work of trauma informed services and the work of The Safe House.

The Safe House often engages with its service users with respect to how they feel about different processes both within the service and at the broader spectrum of anti-trafficking measures and support services. It is through this feedback that The Safe House frames their advocacy and continues to improve their own service provision.

For example, when one resident was asked about how they felt after an interview with an agency about their trafficking experience the following response was given: *“they have to understand that we come from different backgrounds and unlike in my country we do have options. So it’s kind of they have to give us time not to push us, everything in a rush...when you take everything in a rush I don’t have say, I don’t have anything that I can do, or suggestions I can raise. There is no way out. You just continue pushing me; and you have to leave. If they don’t want to listen to what’s made me be here, it’s like telling someone you have to enter into a hole and you don’t know the risk you will face if you enter into that hole. So the best thing to give is time and a chance to explain, put everything in the open...at least to have time”* (Safe House Resident, 2011)

This one view alone highlights just how important it is to consider the impact of trauma in all interactions with victims of trafficking, and to also consider the elements of choice, time and cultural perspective.

## **WAYS FORWARD**

As a way of summary, I now suggest ways in which services can move toward trauma informed care, as premised by our work with victims of people trafficking-

1. Create safe and rights-based environments;
2. Do no harm;
3. Promote the achievement of equality;
4. Create client-centered environments with individualized care plans;
5. Operate on the Empowerment principles, creating partnerships with service users and allowing service users to take control over their own lives;
6. Consider the severity and duration of trauma as a means to assess the impact of trauma;
7. Information sharing, with clear and transparent communication at all times;
8. Ensure staff are all trained in elements of trauma and are aware of service user triggers, and strategies to address reactions to such triggers;
9. Introduce alternative therapies;
10. Create culturally competent, sensitive and aware services and
11. Promote and engage in collaborative practice as a way of reducing the rate of re-traumatisation.

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