

# **Care for Trafficked Children**



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## **Introduction:**

Since 2000, with the passage of the Trafficking Victims Protection Act, Lutheran Immigration and Refugee Service (LIRS) and the U.S. Conference of Catholic Bishops (USCCB) have been responsible for placing trafficked children in safe environments where they can receive appropriate care. Most of the children have been placed in Unaccompanied Refugee Minor (URM) programs which have worked effectively to address their needs. Information and insights presented here are drawn from the experience of URM administrators and staff who work with the children, and from research gathered by USCCB and Georgetown University's Institute for the Study of International Migration who interviewed the children's social workers, case managers and some of the children themselves. This document reflects the shared wisdom of experienced people. It is intended for all URM staff who will work directly with trafficked children.

This document is also intended to suggest best practices as they have evolved through URM program experience with foreign-born trafficked children in the U.S. Since services to trafficked children is a young field, we present these guidelines with the understanding that they are still evolving and that the experience of each URM program serving the trafficked child will contribute to the on-going development of our collective wisdom.

## **Research Sample:**

By May 2005, 63 child victims of trafficking were determined eligible for federal benefits. Thirty-six of the children were unaccompanied and placed in URM care. All but one of the unaccompanied children were girls and they ranged in age from 13 to 17 at the time they entered URM care. The rest of the children (27) were accompanied. Sixteen of the accompanied children were boys and they ranged in age from 5 to 17. Twelve of the unaccompanied children come from Mexico, 18 from Central America (Honduras, El Salvador and Guatemala), three from China, two from Africa, and one from the Caribbean. This paper will focus on findings from interviews regarding the children in URM care. Interviews were conducted about most, though not all of those children. Since all the interviews were regarding female victims, this document will refer to the trafficked person as "she."

## **Initial Considerations:**

Children arrive with a wide range of dispositions. These are conditioned by their experiences before they were trafficked, by the *kind* of trafficking they endured and the way they absorbed it, by the method in which they were freed, by the way they understand the trafficking and their release from it, and by their initial encounters upon being rescued. In this rescue-restore process, initial encounters are central to success.

Ideally, the person who is going to work with the child is the best person to travel with the child from the city in which he or she is released. This will increase the opportunity for informal observation which can be revealing about the child, especially at these initial stages of transition. Constancy of personnel will also create one less adjustment for the child. A trust relationship with the case worker from the beginning will contribute to the child's willingness to trust the program.

First endeavors to serve the child should consider a range of possibilities:

- With whom has the child most recently been, and what is her attitude toward them? Is she anxious about their welfare? Is she experiencing loss at having left them? Is she frightened by mention of them? If she arrives with others she knows, children or adults, how does she interact with them? What in regard to them will best serve her: assurance of continued contact, assurance of no contact, careful monitoring of limited contact? What are the behavioral cues and what are they saying?
- Have law enforcement personnel been present in this case? If so, it is imperative that URM staff establish as good a relationship as possible with them. If they are going to monitor the child's case and be involved in an investigation and prosecution, mutual understanding between them and URM staff and administrators can only enhance the welfare of the child. If they have already interviewed the child, staff should ascertain what impact has this had on the child. What messages have law enforcement given the child? A positive relationship with law enforcement personnel may be important when immigration relief efforts begin. With the best interest of the child as the primary standard, staff should be as collaborative with law enforcement as this value permits.
- The child's story and her ability to tell it are critical to everything that happens in her recovery. Her understanding of her story will probably be incremental and thus the things she says will change from time to time. She may have given a spotty or inconsistent version to law enforcement personnel, because of fear, an exaggerated sense of guilt, lack of clarity, or simple translation problems. The caseworker and other URM staff working with her should give her ample space first to tell her story as she can, accepting it as she tells it, noting omissions and inconsistencies, recording disengagement, passivity, aggression or depression. Eventually, staff should ask clarifying questions and try to establish authentic coherence in the narrative. This will take many interviews, spread over time. Attempts at immediate consistency and coherence will probably only intimidate the child. URM staff assisting the child need to be well-versed in interviewing techniques as well as human trafficking and the highly interpersonal dynamics of it in order to receive the facts with perspective.
- The fact of foster care may be threatening to the child. Every attempt should be made to assure the child without making promises that cannot be kept. She needs to know that she will be safe, and that the desire of the staff is that she be happy in the foster care situation. She needs, too, to be assured of the continued involvement of URM personnel, wherever she is. She should be introduced to the idea of attorneys and how necessary they are to securing for her effective assistance. With as thorough preparation as possible, she should be primed to cooperate with them.
- In all of these initial conversations, clarity, compassion and calm are helpful. The child's response will reflect her past experience, and may be passive, hostile, or reactive, or it may be compliant, dependent, deceptively submissive. Whatever it is, it is ours to assess it

objectively and intuitively and respond in a way which will optimally help the child's adjustment.

- URM personnel are in the unique position of understanding the children's pre-trafficking and post-trafficking experience. A relationship built with this perspective in mind allows staff to connect to the child's whole self. This is key to assisting her to heal and eventually thrive.

### **Context of Foster Care:**

Effective incorporation of the trafficked child into foster care, whether in the context of family or institution, depends largely on the preparedness of the foster care program to receive the child. Along with the usual challenges of preparing foster care-givers, many people are uninformed or poorly informed about human trafficking. This lack of understanding, if not compensated for, will compound the issue of effective foster care for the trafficked child. Along with the host of regular recommendations common to all foster care preparation, there are issues inherent in trafficking that should be addressed with the care-givers.

- Because of the violent or potentially violent nature of trafficking, safety is a key consideration when caring for a trafficked child. The child must be protected from any possible contact with the traffickers. This adds a special dimension to caring for the trafficked child. The usual latitude given to a foster child must be carefully calculated. Phone calls must be monitored, mobility controlled, visitors restricted. While every effort must be made to educate the child to the inherent dangers, responsible persons must also understand that the child probably will not receive this with appropriate seriousness. This imposes a burden of extreme vigilance on the care-givers.

Likewise, it is possible that those providing care for the child could be in danger. While violence by traffickers toward service providers is not the norm, it should, nevertheless, be anticipated as a possibility. Families and institutions should be fully apprised of the trafficking background of the child and should be alerted to notify law enforcement in case of danger.

- Empathy is a human response which benefits any child who is approaching a foster situation. In the case of the trafficked child, it is crucial. However, it must be tailored to the concrete situation of the trafficked child. Preparation of foster care-givers for response to the particular heartache, fear, and hope of a trafficked child can occur through the use of videos about human trafficking, both for sexual exploitation and labor. It can also occur by sharing general education about human trafficking, or by bringing in resource people who have experience with trafficked children. Cultivating empathy based on the particulars of human trafficking will be an asset in effective foster care.
- While not unique to trafficked children, the combination of behaviors they exhibit is generally directly related to trafficking. Among the common ones are numbing, denial, flooding, isolating, somatic complaints, eating disorders, irritability, excessive fear, inability to articulate needs, dependency issues, and aggression. These and other behaviors are flavored by the particular culture of the child.
- An important issue and source of anxiety for trafficked children is their legal status in the U.S. It may help to develop a fact sheet and tangible timeline for the foster family regarding the child's legal needs. This should be done in conjunction with the child's attorney.
- Cultural competency is imperative in foster care. In this area, all of the ground rules implemented for the average child should be applied to the trafficked child. In addition, the *subculture* of human trafficking should be considered. Foster parents/institutions should be fully briefed on the criminal and clandestine nature of trafficking. Victims of human trafficking are often conditioned to an "underworld" mentality. Their understanding of survival derives from this. Use of indirection and simple subterfuge is to be expected.

## **Adjustment to URM program:**

Even experienced URM personnel describe these clients as more difficult to engage than the average refugee child. While the unaccompanied trafficked child has a great deal in common with the unaccompanied refugee minor (they are both displaced; they are both often traumatized; they are both "alone,"), there are differences which affect their adjustment. Refugees, often also victims of severe suffering, are usually displaced by some kind of generic upheaval, such as categorical persecution, war, political revolution. Without doubt, they know that what has happened to them should not have happened. The trafficked child has usually been displaced by very personal experiences, and, because she often attaches to her trafficker, she is not always convinced that what has happened to her is disordered. The trafficked child has often been betrayed by family, and certainly by adults she or he trusted.

Often the refugee child has lived in a system of some sort (a refugee camp, for example) before reaching the U.S. and the URM program. Generally, only refugee children who can work within a structure (go to interviews, appointments, etc.) make it to resettlement. Further, because of the length of time a refugee child often waits to enter the U.S., the traumatic experiences the child suffered are in the more distant past. The trafficked child has often led a chaotic and *unsystematic* life (for example, being moved every few weeks), or been subject to a rigid and destructive order. Either way, her adjustment to the routine of the URM program is often problematic. Moreover, trafficked children's entry into URM care is often very soon after having left whatever form of exploitation they suffered. Both kinds of children have usually suffered, but, since the source of their suffering and thus of their healing may be different; the effects on their persons will be different, too. Their concrete needs are similar. They need shelter, medical care, education, legal aid and all the fundamental things any child needs to live and grow. But their participation in and adjustment to the URM program that will provide these services will be tailored by their histories.

Workers report that trafficked children often take up to a year or more to "settle in" and trust the program. In the meantime, according to our interviews with the children and URM staff reports, two major areas require steady attention: the child's capacity to embrace the seriousness of safety issues, and the child's willingness to engage with URM goals.

***Safety planning***, alluded to earlier in this document, requires that the child as well as foster care-givers understand the dangers often inherent in trafficking. The child needs to be aware of issues affected by three factors: her contact with traffickers, her contact with her family, and the content of what she communicates to whatever outside contacts she has.

- **Contact with the traffickers** is an on-going concern. Children frequently develop dependent relationships with the traffickers and, in their insecurity, sometimes want to re-establish those relationships. That obviously is dangerous. URM staff struggle regularly with this dilemma. In the research, the child's relationship and perception of the traffickers has ranged from total identification ("they were nice enough to me, I was paying off my smuggling debt and doing work that was fine to do") to full comprehension of the injustice ("I hate them and I want to tell them that"). These perceptions are based on a variety of factors including: the length of time involved altogether and the duration of mistreatment; the child's connection to the traffickers, e.g. relatives, or boyfriends, or strangers; the skill of the trafficker in manipulating the child's perceptions; the child's pre-trafficking profile, and the child's conditioning to accept treatment, which we would consider cruel, as standard for herself.

Victims of trafficking are often told things like, "The people in the US hate you and will put you in jail" and "I know you don't like it here, but all the money you are making is going to pay for a house for your family." There are also a number of girls who were told that they had paid off a lot of their debt while trafficked and believed that they were actually working. Some children could leave the place they were trafficked for short shopping trips, etc, increasing their confusion about being victims. In addition, their experiences may be in

keeping with cultural or family expectations, e.g., working very long hours or prostituting themselves in order to meet their needs for survival. These variables color their perception of themselves (e.g., as victim or not) and their trafficker (e.g., as victimizer or caregiver).

- **Contact with families** is a complicated issue subject to many vicissitudes and variables. All of the children in the sample had a natural desire to contact their families regardless of history. While children are generally entitled to contacts with their families and generally better off for them, in the case of the trafficked child this needs to be conducted in conjunction with the investigation. Sometimes family members have colluded with the traffickers, or "sold" the child for labor or sex. Or, in some cases, families who genuinely care about the children are being watched by the traffickers and subject to pressure to report any news they receive of the child. In any case, the contact needs to be made in the context of safety. URM staff have found it helpful to monitor the calls, and to be sure, when appropriate, that the child never reveals the exact location of her foster care arrangements. Staff have also found it helpful to remind the child that safety precautions will also benefit their families.

Eventually, all the children in the sample came to cooperate with the safety plan and gained the ability to be in contact with at least part of their family. As their identification with the program increased, a number of children were less invested in being in relationship with destructive aspects of their families. One example regards two girls, trafficked by their mother and grandmother in a bar/brothel. The girls were in ongoing contact with the mother and grandmother while they were in prison for trafficking. One of the girls had active plans to go back to her home country when the grandmother was released despite agency belief that she might be punished for giving testimony that led to the imprisonment. (Other involved relatives were never prosecuted and she would be bound to encounter them.). Over the next year, as the girls became happier in the program, these ideas gradually evaporated and contact back and forth diminished naturally.

In another example in which the child's relationship with her family is transformed by her experience in the URM program, a girl felt great guilt for not sending money home and fought the monitoring of her conversations with her mother. Over a two year period she became openly unhappy with her mother's constant requests for money. This allowed her to talk more fully about her dreams for herself and some of the inequities she experienced when she was growing up (her money was spent on her brothers' schooling while she had not been allowed to remain in school due to the cost). Previously, she had been very defensive around this whole topic.

- **Contact with the public** can also be complicated. Trafficked children are still children. It is normal for them to want to tell some version of their story to their peers, or to some adult whom they want to impress. Children need to be well-schooled in what part of the truth to tell. In placing children in educational settings, URM staff can tell authorities that the child has been a witness to violence. This allows the child some privacy while letting the school know the child may have special physical and emotional needs. A number of programs inform the administration of the girl's history while the teachers remain unaware; in other programs, all of the school personnel are told. Obviously, the agency comfort with the school's discretion and ability to make constructive use of the information varied widely.

Children's relationship with the others they were trafficked with can be powerful and the desire to be involved with each other is strong. An example is two step-sisters trafficked together; one child was valued in her family of origin and the other was scapegoated. After their release from the family bar/brothel in the U.S. they felt and behaved as close friends. This close and caring relationship persists in spite of the fact that the previously privileged girl has continued to pressure her half sister to pay back the family for her smuggling debt. A number of agencies recounted the benefit of trafficked children being in contact with one another: the children exhibited diminishing isolation and shame and the children modeled different ways of being in the U.S. and even receiving URM services. Even girls who are

unwilling to speak to each other frequently ask for information from their social worker regarding each other's well being.

On the other hand, the placement of trafficking victims together can be a liability. If one child leaves the program or runs away and manages to get in contact with a trafficker, others with her are at risk. On one occasion, children colluded with one another and ran away together. As one program discovered, the children can develop dependencies on each other, and thus tend to want to move as a unit, while the pace of their social and psychological growth is *not* uniform. While one child may be ready for a foster home, others in the group may still be better off in a group home. Once the dependency is established, the first child has been found to be unwilling to move because the others cannot.

The foremost issue in developing safety plans remains the agency's ability to be empathic and start where the client is. Programs must be able to support the child compassionately, to wait with and for them patiently, and to move them gently.

### **Compliance with URM Goals**

Understanding and owning the URM goals is often difficult for the trafficked child primarily because of the way she perceives herself. Forced into labor or sex for at least a number of months, the trafficked child rarely thinks of herself as a child. Nor does she necessarily think of herself as trafficked. She has been conditioned to think of herself as capable of work, and has a history of believing that she needs to make money. While her goals for success and self-sufficiency are in accord with program goals for her, there is often a difference about the means necessary to accomplish the goals. Because she often thinks of herself as an adult, the child is impatient with what she considers deferred action. (For example, she may not want to be in school.) She is often not equipped to understand what is necessary as a means to her end.

URM staff have found it helpful to examine with her the truth of the "American Dream" by which she is often driven. For example, in the U.S. education is essential for the marketplace; the kind of work she can do and the money she can earn is partly contingent on education. In this and other issues URM staff must constantly prompt the child to the big picture, and show her that the URM guidelines that direct her life now are necessary to the eventual achievement of her own goals.

- **The mandate for education** is sometimes a key source of conflict for the child. However, according to most state laws, children generally must be in school. It is the responsibility of the URM program to educate the child for school, and to educate the school for the child. If the child is going to spend a substantial amount of time in school under the direction of the URM program, it is essential to her adjustment to the URM program that the experience be as good as it can be. The URM program's primary goal with schools is advocacy. Balancing the child's need for privacy and safety and enabling the school to a compassionate response is important.

Schools vary significantly in their experience in working with children from differing cultures. Some are effective; some are not. URM staff assessment of the school's readiness and capacity for versatile management can help in the child's transition. Establishing a single point of contact for problems and communication can also be helpful. Sometimes a school social worker, ESL teacher or guidance counselor can assume this role.

School personnel may inspire and mentor trafficked children to engage in formal education for the first times in their lives. Because of them the child experiences success. On the other hand, schools have also been guilty of reinforcing feelings of worthlessness in the child. For example, one school requested that the child not attend classes while group testing was going on so that she would not have a negative effect on scores that would impact the profile of the school. For the child this meant that she would be unable to graduate because she would never have passed the required test.

Children obviously vary in their readiness for education. A number of histories of trafficked children recount parents taking the child out of school because it was too expensive or the child was needed at home. While a number of trafficked children have arrived at URM care pre-literate in their home language, others have histories of school achievement and are happy to attend. Some, unequipped by background to participate at the grade level for their age groups, are destined to failure. One Mexican child, for example, failed Spanish, not, of course, because she did not know Spanish well, but because at the age of 16 she could neither read nor write. Some of the girls in care have well-developed plans to go to college and are probably good candidates for that. Some trafficked girls have found niches in cosmetology and sales. One state has a program for Latina teachers, offering secondary educational subsidies for this and one trafficked girl is pursuing that career. However, the challenge of going to school in a differing culture with a foreign language is often extremely challenging. The agenda for each child needs to be carefully tailored so that she can succeed. Otherwise her discomfort will have an impact on her general adjustment to URM program goals.

- **In other areas**, too, the perceptions of the child can interfere with her readiness to comply with URM goals. Frequently girls who have been trafficked perceive themselves as adults due to cultural beliefs and experiences. Their understanding of love and sexuality may be skewed by sexual misuse while trafficked. Many of the girls are from cultures in which they might have children or be married earlier than would generally be considered a norm in the US. A number of the girls had been pregnant before coming to the program and/or had left children behind in their home countries, which can lead to being more sexual in either a voluntary or trauma-related manner. Discussions of sexuality are often foreign to them. For some, these discussions may trigger painful memories of the trafficking. Alternatively, this type of discussion can be a corrective experience which underscores the differing choices they have in the U.S.

Hearing what the girls want and listening to their goals can be helpful as we attempt to guide them into the type of relationship that is in keeping with URM goals and their safety. One girl didn't want to go into foster care and was placed in a group home. She said that she didn't want to live with a foster family because "[they would have] alcohol in the home...I would be addicted. [They would] leave you in a home with too much time alone" She loved the staff at the group home and rose quickly to the top level. She is currently in an independent living situation on the grounds of the center.

All of the children need to explore what gender means to them and the decisions they make as a result. In one program, a girl who already had a child became involved with a significantly older man. She was 17 and he was approximately 30. While there was unease regarding the relationship, the agency eventually supported her in her desire to have a traditional family and build on her desire by helping her learn skills to support this goal. When she was 19 they married. Her son is almost three and the marriage appears stable. In the meantime, she maintains her relationship with her caseworker.

Another girl who had been belligerent and unidentified with URM goals became transformed after becoming pregnant. Early in care she did poorly in school and was described by her foster family as "controlling, rude and demanding." Once she was pregnant she cooperated with nutrition and after the birth of her child has engaged with school and counseling (which she had dropped out of in the past). A number of children have embraced the protection and safety of URM care as the realities of life outside the program have become more real.

Often URM goals and the goals of the trafficking victims can be compatible. When they are not, or appear not to be, a history of trust is crucial. If the caseworker creates a supportive relationship, the child can be convinced to wait and most conflicts resolve themselves.

## Health Issues

Health issues with trafficking victims vary from malnutrition to severe mental health problems. Generally, in terms of health, anything that might be expected in relationship to a domestic violence victim might be anticipated in trafficking victims. Anything that is true of the typical health problems of a prostitute might well be true of a trafficking victim. Anything that might be true of an abused and deprived worker might be true of a trafficking victim. In addition to the standard problems, they frequently have long-neglected dental problems. They may be HIV positive, or tubercular. Staff should work to understand these health issues and be able to address them in a professional and caring manner. Often wounded physically and psychologically, trafficked children can be disabled by traumatizing experiences. This should be assessed in an ongoing manner and addressed promptly.

- Almost all children will have had **traumatic events**. Their response to these events vary. Six of the children presented with full spectrum PTSD according to the Diagnostic and Statistical Manual of the APA (DSM IV). Symptoms included nightmares, sleeplessness, numbing, insomnia and hypervigilance. Three of these children also had concurrent mental health issues including severe depression, delusions (hysterical pregnancy) and extreme anxiety. A number of children had partial indicators of PTSD especially around sleep problems (nightmares were common), fearfulness and emotional numbing.

It is noteworthy that the two children who each had been trafficked within a single family, one for five years and one for only a few months, were two of the most traumatized in the entire sample. All of the factors that appear to contribute to trauma including a troubled history (they lost family members through abandonment, illness or suicide), occurred with them. Their experiences were extreme. One girl was the family slave for five years and was constantly emotionally abused by her “owner” and the other was tricked into a home where the father brought her to an “orgy.” There a number of men drugged her and held her captive for a few days.

Most commonly, children presented with depression, often serious. At least four of them had suicidal thoughts and sometimes acted on them. One girl reported an attempt while being trafficked and another just before being placed at the URM program. Two children needed quick residential placements, one child who made a well-developed suicide attempt and another who was suicidal with self-harming behaviors and interpersonal aggression.

Interventions which may be helpful when therapy is unavailable or refused (and can also be helpful as reinforcement to the therapy) include normalizing to reduce the shame of the symptom itself (“lots of kids I know have bad dreams about what happened-what do you do when you have a bad dream?”); inviting them to tell about what happened; providing medication for sleep issues and anxiety; helping them reclaim an ability to have fun and play (often accessed through creativity) and increasing their spirit by having them acknowledge their history while identifying with their inherent strength. Some children are helped by connecting with their religious beliefs or exploring new beliefs to reinforce a sense of meaning. Our belief regarding their capacity to heal and to instill hope is fundamental to their healing.

- **Use of psychotherapy** was uneven and was affected by the availability of a helper as much as the willingness to be helped. A number of girls were not in therapy although they presented as emotionally vulnerable. For example, a girl who was not in therapy made vague but ongoing threats about her life and the life of her soon-to-be born child. It is difficult to tease out what therapeutic interventions the children received as many of the social workers themselves were highly skilled in counseling and were informally, through therapeutic relationships, empowering the children. Other children were in group homes where therapeutic modalities were built into the program. Some who needed treatment for issues such as significant, ongoing PTSD received it but dropped out. Others who demonstrated no problem were in treatment and used the therapy for support and skill building.

Successful treatment seemed to be augmented by therapists who specialized in trauma and could bring that expertise when trauma responses presented in the treatment. Also successful were therapists who were familiar with the population (including therapists who were housed in the URM program) and therapists who appear to be comfortable with flexible treatment (meet for short periods of time, start where the client is, use a variety of techniques such as cognitive interventions, art therapy) . Group work was used in a few programs to reduce isolation and build community; cognitive interventions were used to reduce self blame and undo cognitive distortions. Three programs used specialized torture experts.

The goal of therapy and therapeutic interventions should include efforts to help children with the following:

- Honoring their pasts, naming hard things so the past does not get frozen in internalized shame, recognizing themselves as having survived the past and feeling free to be in the present;
  - Reinforcing their home culture so they do not feel they are betraying it as they enter into the current culture;
  - Learning to express appropriately a range of emotions in keeping with their personal style and cultural comfort.
  - Developing skills to increase their flexibility to respond to current and future challenges.
- **Medication** was used unevenly and was sometimes helpful. A number of children were on antidepressants. Some girls were on antipsychotic medications and in one instance it was useful in helping them stabilize. Other medications appear to have been used in a more reactive manner and getting the child off the medication was the helpful intervention. On one occasion a girl arrived in the program on a number of psychotropic medications but the program was never able to learn why.
  - **Physical health issues** of the children were varied and were often denied by the children. Surprisingly few serious illnesses were noted at the beginning of care with the exception of significant sexual issues related to violent and unsafe sexual practices. One girl had heart disease previously diagnosed in her home country. Another had a lacerated cervix and many had a variety of sexually transmitted diseases. One girl probably will be unable to have children. A few children were anemic and a number had dental issues. Some experienced alcohol and drug use while being trafficked.

A number of children had physical illnesses that were stress-related and symptoms persisted beyond medical ability to intervene. Some of the children were very avoidant of medical care. For some, their previous experience with medical care was either non-existent or perceived as threatening. The interrelation of their trafficking history, physical and emotional hurts are complicated. As is typical of their developmental stage, many of the children used physical hurt to express emotional hurt.

## **Advanced URM Care**

As children move from early to later care in a URM program the issues change. Attention to middle stage signs and independent living issues become priorities. Over time as children feel safer, less shamed and more trusting of their case workers, they are more open to sharing about potentially difficult situations. This has occurred a number of times even when children are close to moving into independent living or even after they have emancipated. One example is a girl whose boyfriend had been very supportive and cooperative while she was still in the URM program. As she was leaving he became more controlling and eventually became physically abusive. After consulting with her social worker, she was able to take out a protective order and successfully persevere a different living situation.

Another example is a girl who had an extremely negative initial response to the URM program, including a nearly successful suicide attempt. She was placed in a group home where she became more acculturated and able to make decisions to gain freedoms through a cognitive behavioral system. She eventually negotiated with her worker to leave the group home. She said "If you [the worker] are really ready to help me, I need help. If you place me in [the home I like] I will follow the rules." Since that time she has done very well in all areas despite lingering depression. She proudly stated that during the time in care she learned to be independent.

URM programs differ as to how long the child can remain and what criteria are used to decide the length of treatment. Subject to time-lines, programs must juggle the needs of the individual child with the limits of the program. Thus the lives and futures of trafficked children must be shaped with realism as well as respect. All of the workers need to be conscious of requirements for immigration relief. Workers should also plan for contingencies, since children may change their minds about what they want. An example was a girl who wanted to be reunited with her grandmother (who trafficked her) once the grandmother was released from prison. The plan was that they return to Central America. Despite her announced desire, it was concurrently important to apply for her T visa, in case she could be persuaded that her best interest lay elsewhere. Eventually, the child did change her mind and chose to remain in the U.S.

Children have changed their minds about wanting to leave the program as they get closer to the time when they need to leave. With this in mind, integrating independent living skills and plans for the future can help the child focus on her life with greater clarity and purpose. It may also reduce power struggles and control issues.

Once the child shows signs of settling in (more open communication, able to problem-solve about life issues such as school, sexual and peer relationships, placement issues), more attention can go toward identity issues and planning. This in turn will lead to a reemerging and reworking of the earlier issues (particularly loss and their relationship with their family). Often the child at this point has more confidence in the program staff and is more open to talking. Other signs of effective adjustment include more humor and enjoyment of life, an ability to show a wide range of feelings (including sadness and anger) and an ability to be both dependent and independent, as appropriate. In the end, children are usually resilient.

## **Experiences of Care-givers**

Workers recounted how satisfying and difficult their work is due to the challenges of the client population as well as the high level of needs to be met. In the course of their experiences, a number of lessons were learned.

In regard to their perception of what helped their clients heal, they described the following. One person said, "It is important to find what anchors them to their power." Another said, "They need to feel goodness in the world" in order to compensate for their own sense of guilt or shame. Another person said that her clients did not realize that they were victims, that their trust had been violated in every way and they needed an extreme amount of support to overcome this. This worker also noticed that the clients are very sensitive to criticism so she used great care when confronting negative behavior.

Many persons talked about how hard and complex the work is. One theme was the steep learning curve especially around the complexity of the legal issues and the number of systems that need to be coordinated. Boundary problems with other professionals were an issue for some. One person described how attached her clients become to her. This was expressed by how competitive they are for her time and how they compare what she does for one to what she does for the other. Another person talked about how much she has had to depersonalize her clients' behaviors. She found that being "firm, supportive and clear" works for her.

Many workers talked about three themes that helped in their work: patience, integration of cultural

issues and individuation of the children.

- Regarding **patience** a worker said, “It is important to remember how slow the process of building trust might be.” Another said “The kids test every rule.” Another said she needed patience and flexibility to do her job well. Another said that it helps to be patient by “recognizing small successes.” Another person said “They need lots of love and support; be patient.”
- In reference to **cultural issues**, workers said it is hard and important “to respect the cultural trajectory and help [the child] to appropriately bridge the cultures.” A person noted that it was important and hard to tease out what was culturally related as opposed to an aspect of the person’s personality or an aspect of a trauma response. A few talked about how different the children’s lives are here and how different the expectations are for them.
- About **individuation**, workers said, “These are complicated clients; [there is] always more to uncover and learn. They are very individual and generalizations are not useful”; “Keep in mind [the child’s] pre-trafficking personality;” “They have gone from being an outsider in their country to being an outsider in the U.S.” Another said “Be open minded” and “be compassionate.”

Worker self-care was seen as very important. A number of URM personnel talked about the importance of colleagues and supervision. In the course of this work strong feelings are naturally touched. There are triggers in knowing about cruelty and painful life stories. Other strong feelings are triggered by the children. One worker said that her understanding of vicarious trauma helps her deal with these feelings. She added that a person can be vulnerable to countertransference because the child’s needs are so great and they often have unrealistic expectations of the URM program. In addition, the child’s fear of authority can also be transferred to the worker and this can make them less likely to share information. Another worker stated that he didn’t want to think about vicarious traumatization and that not thinking about it was helpful. Whatever strategy the workers used, it appears important to be aware of how they feel toward the children and toward the work itself.

For some workers, part of their self-care emerged as lodged in spiritual belief that doing good itself was important and that this work allows them to express that belief. This spiritual belief could be based in a religious identification or in an understanding of what gives meaning to life in general. Many workers recognized this was important for their client’s healing as well and helped the clients see themselves as having meaning and/or being a part of a religious community.

In summary, workers described relationships with the children which were complicated, demanding and eventually often very gratifying. Providing a steady, long term presence appeared to be important to the quality of the outcome. Having a theory and practice base which includes counseling techniques, understanding the stages of change (such as Motivational Interviewing), understanding crisis intervention and an ability to identify psychological symptoms was also helpful. Operating from a professional and altruistic sense appears to help maintain a good perspective.

## **Conclusion**

To date, the URM program is the best solution we have for the unaccompanied trafficked child. Not necessarily easy to apply, or simple to administer, the program is, nevertheless, equipped to assist the child to growth and to independent living. It requires creativity and flexibility of the URM staff. The rewards are a broken life made whole, a child returned to an appropriate developmental stage and a victim empowered to become a survivor.