Intersection of Human Trafficking and Substance Use: Trauma-Informed Care and Collaboration Strategies to Support Survivors

Webinar
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Meet Today’s Presenters!

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Learning Objectives

As a result of this webinar, participants will be better able to:

• Describe the intersection of substance use and trauma with human trafficking in the context of sexual and domestic violence.
• Apply a trauma-informed approach to support survivors of human trafficking.
• Identify potential partnerships to support survivors of human trafficking.
• Explore strategies to enhance collaboration across barriers and challenges, based on the experience of communities in Vermont and West Virginia.
• Utilize resources to help build or expand collaborations to support survivors of human trafficking.
Group Agreements

Because domestic and sexual violence and human trafficking are so prevalent, assume that there are survivors among us.

- Be aware of your reactions and take care of yourself first.
- Respect confidentiality.
- Discuss about human trafficking from a place of empathy rather than judgment.
Human Trafficking Intersectionality with Oppressions

• Like domestic violence and sexual assault, trafficking is about power and control and exploitation of people

• The anti-violence against women movement was born out of the civil rights movement

• Victims are often targeted for human trafficking based on marginalization

• Trafficking is rooted in interconnected systems of oppression and inequality
Substance Use and Human Trafficking

- Substance use concerns are linked to surviving human trafficking and trauma,
  - Recruitment through substance use
  - Control through substance addiction
  - Substance abuse as a coping mechanism

- Survivors use drugs to cope, for chronic pain, to survive trauma, and even because social drug use is a common behavior of humans in general.

- Adverse childhood experiences increase the risk of opioid misuse and overdose later in life. (CDC)
Trauma-informed Care

✓ Meet the person “where they are” in the moment and offer relevant (stage-based) support
✓ Advocate for the survivor or person when requested
✓ Never exploit or coerce a survivor
✓ Always offer choices and options
✓ Prioritize the hierarchy of needs first
✓ Honor survivor-defined needs and solutions
✓ Take a *matter-of-fact* approach to substance use
Needs of Survivors

- Non-judgement, compassion, kindness, belonging, empathy
- Support with safety plan to mitigate potential harms
- Resources, a place to go, be, stay, feel safe, heal
- Accurate information about natural and unintended consequences
- Clarification on the limitations of the “systems” (justice, help, protection, services, etc.)
- Partnering with, not overpowering
What are our values and intentions when it comes to supporting survivors who use drugs?
Values and Intentions

- Honor each person’s wholeness
- Offer trauma-informed and culturally responsive support
- Honor the dignity and choice of survivors who use drugs
- Avoid re-traumatization
- Be present and use “non-judgmental, stigma skills”
- Remain connected and caring
- Provide access to our services
- “No Wrong Door” approach
Our collaborations are strong when we encourage…

… programs to not screen out for substance use. AND … programs to talk with staff and safety plan around substance use.
Collaborating with Survivors

• Shift from a position of rule enforcement to coming alongside as a supportive collaborator.
• Minimize program rules
• Behaviors that pose safety concerns are approached with empathy
• Creative solutions are collaboratively crafted without fear of punishment
• People are actively invited and involved in the process of cultivating safety for everyone
Collaborating with Substance Use Resources

- Prevention
- Recovery
- Harm Reduction
- Treatment

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Harm Reduction Strategies

- Connect individuals to overdose education, counseling, and referrals.
- Distribute opioid overdose reversal medications (e.g., naloxone)
- Lessen harms associated with drug use that increase the risk of infectious diseases, including HIV, and viral hepatitis.
- Facilitate capacity building for service providers to provide support with the use of medications

https://www.samhsa.gov/find-help/harm-reduction
Poll: Experience in Addressing HT and Substance Use

What are some of the strategies that you are using to address human trafficking and substance use?

- Services
- Protocols
- Harm reduction
- Collaboration policies
- Multidisciplinary Teams (MDT’s)
- Other - Add other strategies in the chat
Building your Team

Who should be on the team?

- First and most important: Build the team from those that are interested, motivated, passionate, dedicated and committed to the cause, not by direction
- Make sure the team lead is organized and experienced with human trafficking (demonstrated track record)
- Ensure representation from substance abuse services
- Define communication/collaboration guidelines
Building an Anti-Human Trafficking Team

- Ongoing training and education
- Know that a diverse team both causes conflict and creates the opportunity to make change
- Get to know each other. Build trust and connections first and worry about competence next
- Move as quickly away from human trafficking as an add on in a role to a carved out role for members
Center the Needs of Survivors who Use Drugs in the Collaboration

✓ Place the survivor at the center of the team
✓ Allow survivors to choose their “contact (point) person”
✓ Provide information and safety first
✓ Expect the survivor not to trust or build relationship on the front end
✓ Always be honest
✓ Do not share information in an exploitative, coercive, or voyeuristic way
Accessibility for Survivors

- Allow OTC medication in shelters and don’t decline services for those with substance use disorder

- Demonstrate that your program is willing to support survivors that are using drugs through material, language and narratives

- Inclusive of all: transgender and gender non-conforming persons

- Translation of materials and proper interpretation for services

- Consider the needs of survivors with disabilities
Vermont Experience

- Majority of adult cases have a drug component (no good data, anecdotally 90%)
- Large portion of the youth cases in older adolescents have a drug component (no data, anecdotally 50%)
- Struggling to find services for detox/recovery (all adolescent/teen beds gone, no adult beds for detox that specialize in HT)

Source: Dr. Steward, Vermont Human Trafficking Taskforce
Vermont Experience (continued)

The drug/substance component adds complication to an already complex treatment plan:

- Timing
- Readiness
- Treatment availability
- Being asked to leave prematurely for the normative behavioral course of recovery from HT/SA
Vermont Approach

- Vermont Human Trafficking Taskforce (VHTTF) established in approximately 2010 – due to a statute
  - Subcommittees – Law enforcement, victim services, housing, labor
- 2017 – 2 case management positions created and embedded/co-located with law enforcement agencies
- 2018 – Federal Collaboration Grant
  - 3 positions – Task force administrator, Victim Service Director, Law Enforcement Liaison
- 2021 – Subgranted the remainder of the collaboration grant to local districts to build 3 pilot MDTs
- 2022 – Repurposing the VHTTF
Vermont – Lessons Learned

➢ Traffickers/Trafficking networks are always one step ahead of the collaborators

➢ Pandemic broke some of the continuum of care and has made staffing shortages increase collaborative barriers

➢ Housing as a barrier is compounded for survivors of HT with substance

➢ We must come from a survivor-centered place
  ❖ What we want or believe someone should do might not be what they choose

➢ Communication/trust is the most important component of a HT team
West Virginia Approach

• West Virginia Human Trafficking Taskforce (WVHTTF) originally paired with hate crimes task force but broke off on its own around 2015

• Housed in the U.S Attorney’s office within the state

• Has multiple subcommittees – law enforcement, victim services, grants, data collection, training
West Virginia – Lessons Learned and Tips

- Struggles to keep attendees interactive and returning
- Started HUGE, had to scale down to those most invested and involved - ended up with a dedicated group who understands and works together across disciplines
- Struggled with many people doing trainings, not all were accurate or trauma-informed
- Differing ideas on how to address substance use concerns/needs across the state
- Legislation that works against the needs of survivors
Successfully created a referral flowchart for first responders

Dedicated a single referral line for cases where justice system involvement was requested

Advocated for better legislative definitions of human trafficking

Hosted multiple regional trainings and is beginning to develop a solid training team
Rural Human Trafficking Considerations

• Transportation as a barrier
• Lack of resources
• Lack of assistance for treatment (SUD, mental and physical health needs)
• “Everyone knows everyone”
• Culturally specific programming not welcome
Compassion Fatigue/Vicarious Trauma

• Becoming trauma informed in working with survivors or clients begins by recognizing staff experiences with personal and vicarious trauma.

• Stressors are a normative and expected part of doing HT work

• Fatigue is a risk factor for feeling depleted and disengaged, it is important in prevent and intervene

➤ The antidote to compassion fatigue is meaning, connection, rest, and self-care
Wellness Resources

- **What About You? A Workbook for Those that Work with Others**
- **Self-Care & Organizational Self-Care Checklist**
- **Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others**
- Capacitar [https://capacitar.org](https://capacitar.org) (mindfulness)
- Compassion Fatigue & Self-Care for Individuals and Organizations (webinar)
[https://www.futureswithoutviolence.org/resources-events/webinars-3/](https://www.futureswithoutviolence.org/resources-events/webinars-3/)
Important Take-Aways

- Human Trafficking is a violation of an individual’s right to freedom and involves cumulative trauma.

- Trauma-informed care can lead to better services and team functionality.

- Trauma-informed care leads to better adaptive behaviors arising from trauma.

- Recovery and rehabilitation depends on restoration of the survivor’s and mental health, and sense of humanity.
Group Chat and Questions

What is one item you plan to put into action from what you just heard?

What new groups do you plan to engage with and collaborate, in order to better support survivors?

Questions?
Resources

Service Recommendations for HT Survivors With Substance Use Disorders

Resources for Mental Health and Substance Use Support Providers
http://www.nationalcenterdvtraumamh.org/trainingta/resources-for-mental-health-and-substance-use-treatment-and-recovery-support-providers/

Harm Reduction https://www.samhsa.gov/find-help/harm-reduction

The Intersection of HT and Addiction

The Intersection of HT and Housing
Futures Without Violence is funded by OVW to provide training and technical assistance to advocates, law enforcement, legal professionals, and others as they build collaborative responses to trafficked survivors of domestic violence and sexual assault.

Learn more: https://www.futureswithoutviolence.org/human-trafficking
Contact: learning@futureswithoutviolence.org
Resource: 10 Action Steps: Building and Sustaining Collaborations to Support Trafficking Survivors of DV SA, A Toolkit for Advocacy Programs
Thank you and evaluation

Please take a moment to take a short evaluation and request a certificate of participation.
Link: https://www.surveymonkey.com/r/SubsCollWebEval

Learn more:
https://www.futureswithoutviolence.org/human-trafficking

For questions and resources, contact:
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