



***Trafficking for sexual purposes-
Acute Crisis Intervention after child interview***

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Today

- What is trafficking?
- Who can be trafficked and what can trafficking look like?
- What happens after trafficking?
- What is lacking in support today
- Acute crisis intervention (what is that?)
- ISA

Human Trafficking is the **recruitment, transportation, transfer, harbouring or receipt of people through force, fraud or deception, with the aim of exploiting them for profit.**

Men, women and children of all ages and from all backgrounds can become victims of this crime, which occurs in every region of the world. The traffickers often use violence or fraudulent employment agencies and fake promises of education and job opportunities to trick and coerce their victims. (United Nations)



Who and in what way?

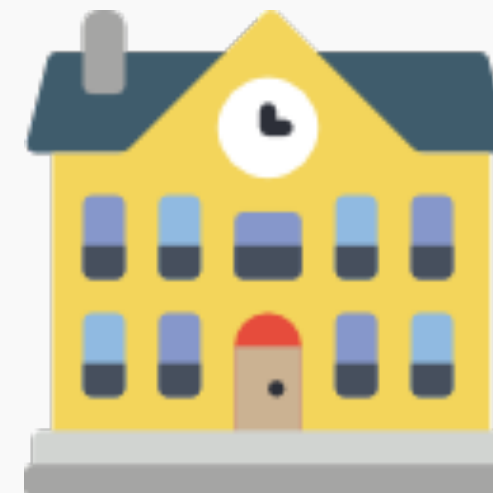
- All children, but some are at more risk? (girls, poor, history of abuse etc)
- Trafficking in a country or between countries?
- Modern slavery- work, organs, weapon, drugs, sexual purpose (often multiple purposes)



- Psychological suffering
- Self-harming
- Sleep problems
- Internalized self-hate



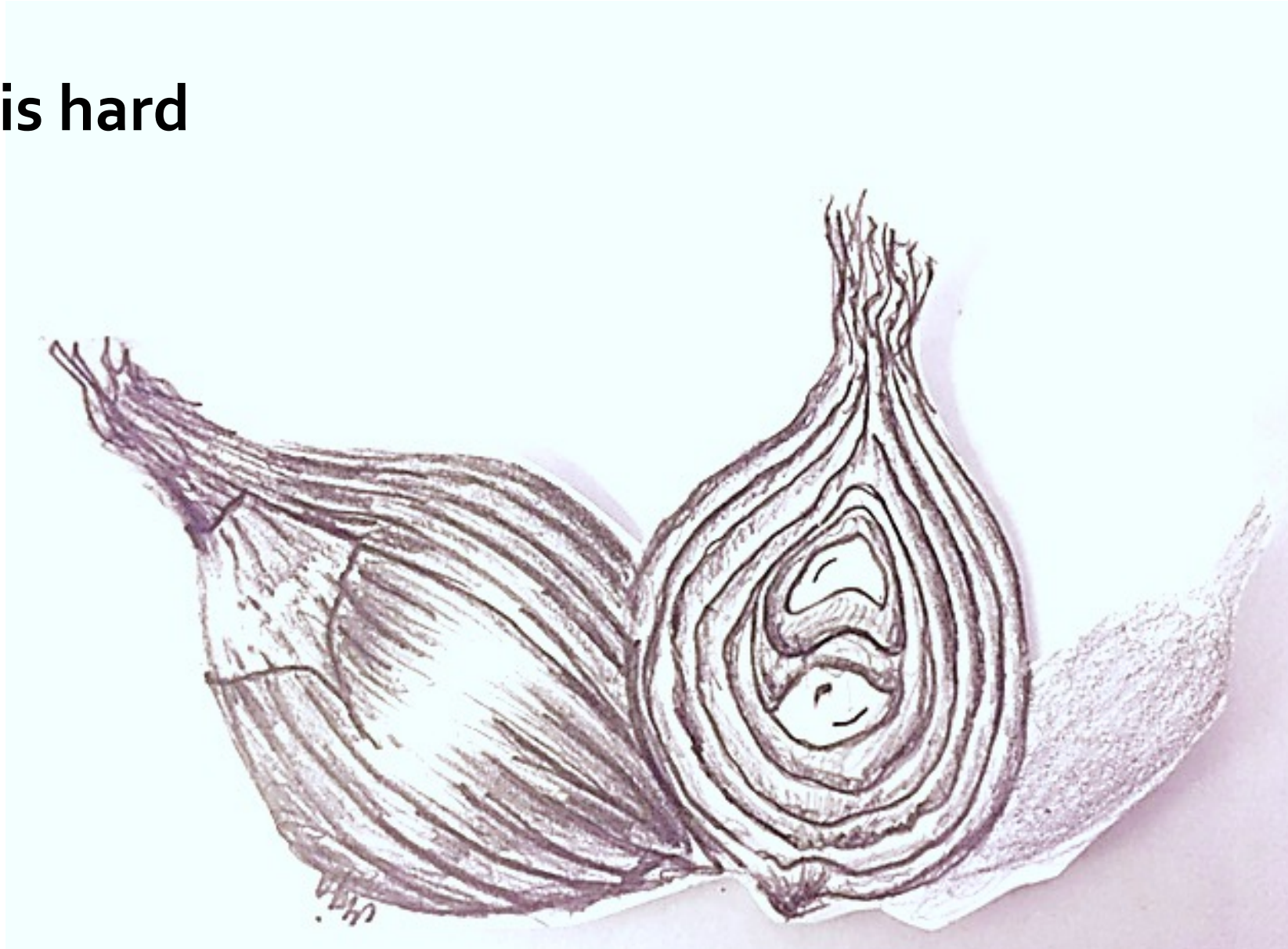
- Trust issues
- Impaired relationships
- Isolation
- Fear of being alone



- Difficulties in school

(Joleby, Landström, Lunde & Jonsson 2020)

Disclosure is hard



Acute phase

Stressful for the child and the professional 😊





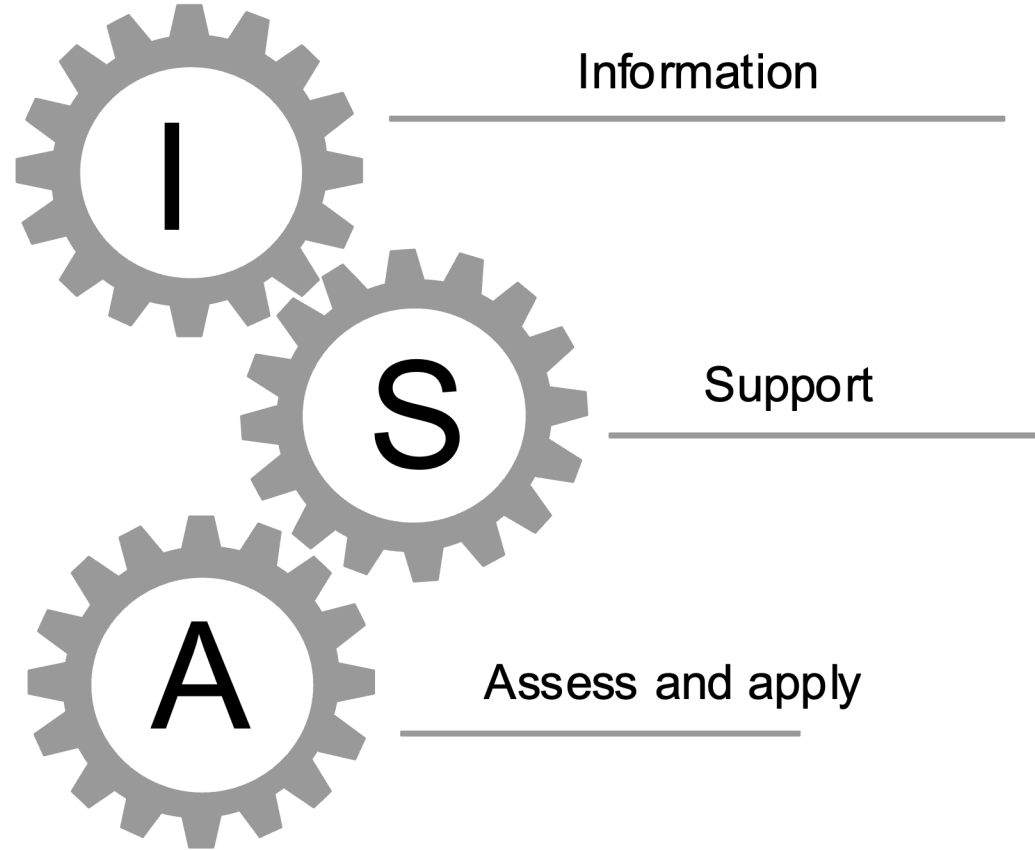
ISA

Support for child victims of sexual exploitation, trafficking, and online sexual abuse during the first critical days after disclosure or a child police interview



Developing ISA

- No existing approach tools or models in use that have been tried in research
- Very little research regarding what type of initial and immediate therapeutic and practical support are needed and what is effective
- Professionals feeling inadequate meeting children, adolescents and caregivers in the acute phase
- Professionals asking for an easy and helpful approach that works even when you don't have much information before the meeting



Information

Support

Assess and apply



ISA

- ISA focuses only on the very first contact after the visit to Barnahus or other immediate authorities, organizations and does not cover all forms of support a child need after disclosure of abuse. ISA aims to make sure that the child (and caregivers') acute needs is met through giving **information, support, and validation**.
- The main goals of ISA are:
 - Make the child feel seen, supported, and validated
 - Reduce stress and help the child understand their reactions, feelings, thoughts and behaviors
 - Reduce potential shame and guilt that the child are feeling
 - Help accepting support and potential further assistance

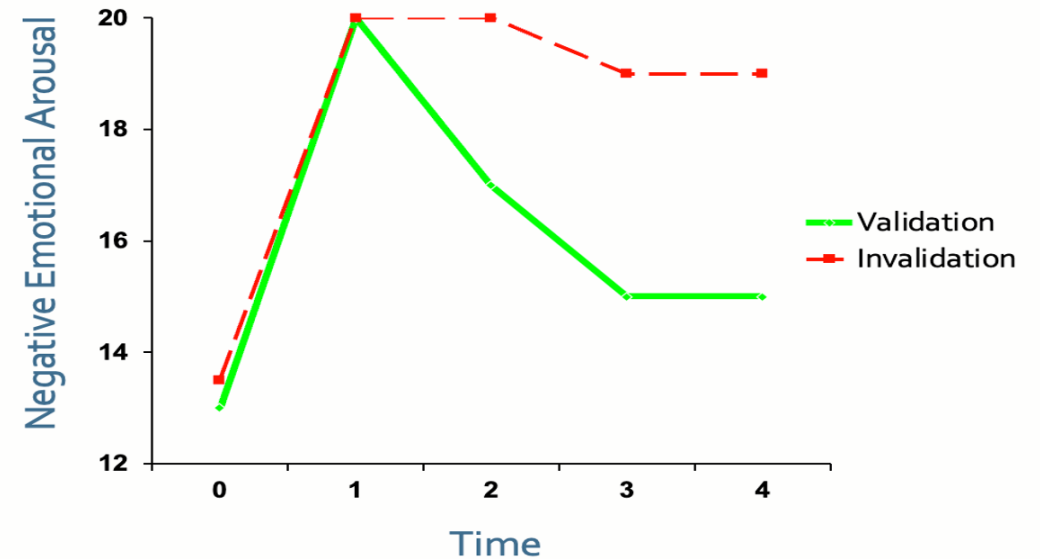


- If there are active Caregivers suitable for being part of the intervention:
- Support and validate Caregivers
- Reduce stress and help the Caregivers understand both their own and their child's reactions, feelings, thoughts, and behaviours
- Reduce potential shame and guilt they are feeling because of the situation
- Help them with parental skills to be able to support their child in the best way possible
- Help accepting support and potential further assistance

The overall approach

Validation in ISA

- To actively listen and clearly communicate your understanding regarding what the person is saying or exhibiting:
- Seek what can be understood
- Confirm what you can understand
- Respect feelings, desires, wishes, reactions, and goals
- Be genuine - mean what you say and say only what you mean

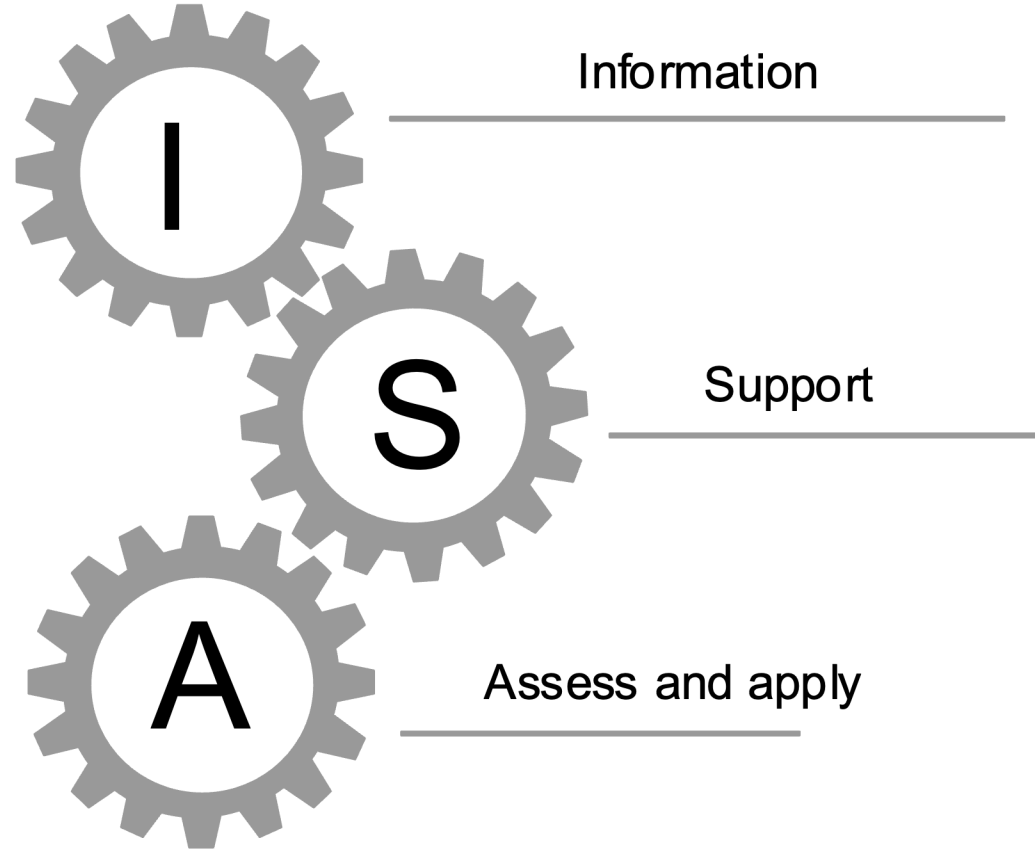


Fruzetti 2007, Kuo et al., 2022



Who can do it, when and how?

- Any professional that meets a child
- Right after child interview or prior to
- Go through the three steps in ISA



Information

Support

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Information

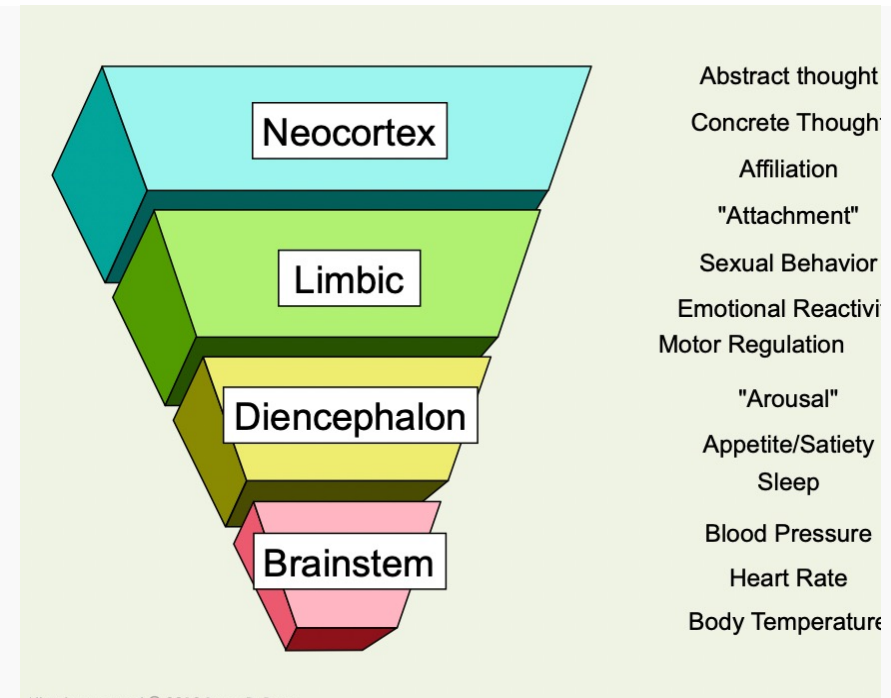
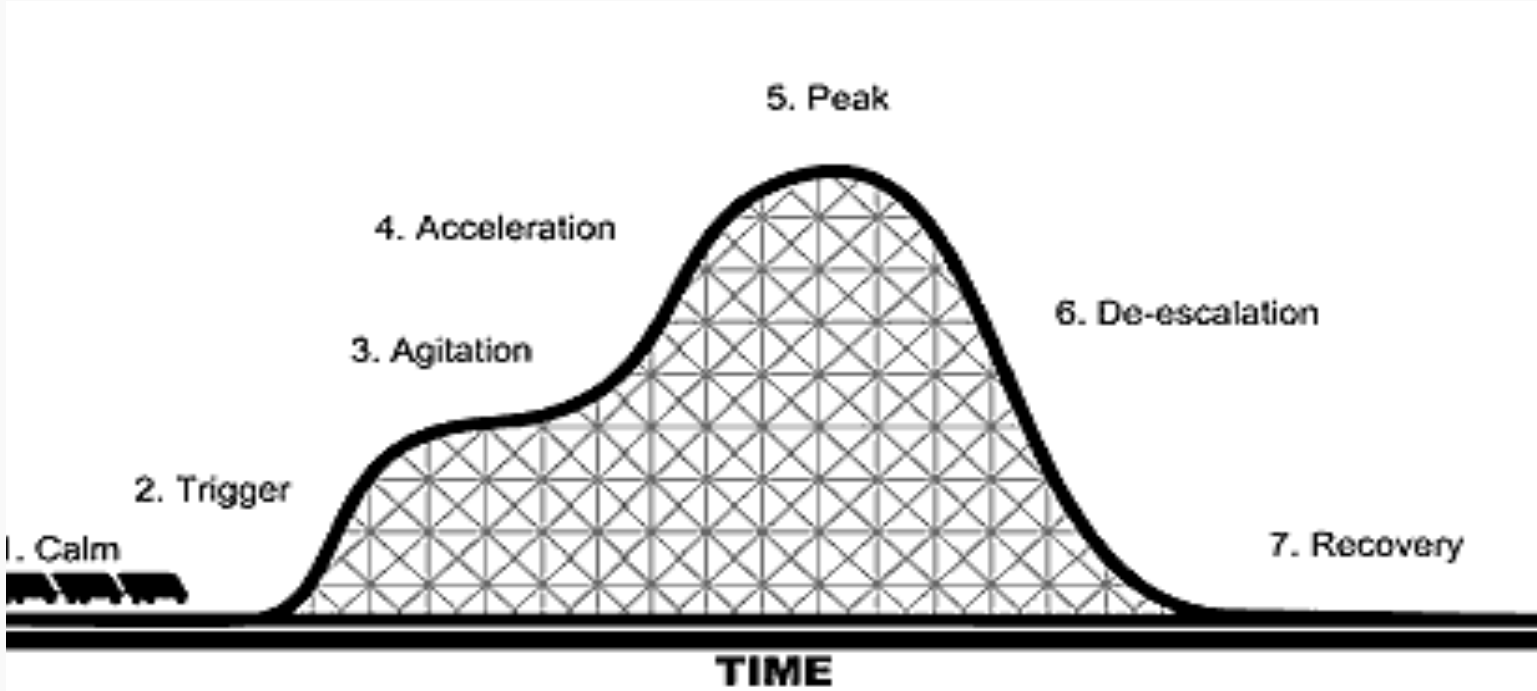
- **Collect**
 - Collect information regarding the child's situation and trafficking history to tailor the first contact
 - Collect information from the child, and if relevant, caregivers, to establish both practical and psychological needs in the acute phase.
- **Communicate**
 - Concrete communication and information are keys to make the child and their caregivers feel safe, supported, validated, and listened to.
- **Collaborate**
 - Collaboration with other professionals. Mapping the child's experience and encounters with other professionals and agencies as well as working together with other agencies is part of creating a full picture of the situation, experience and needs of the child

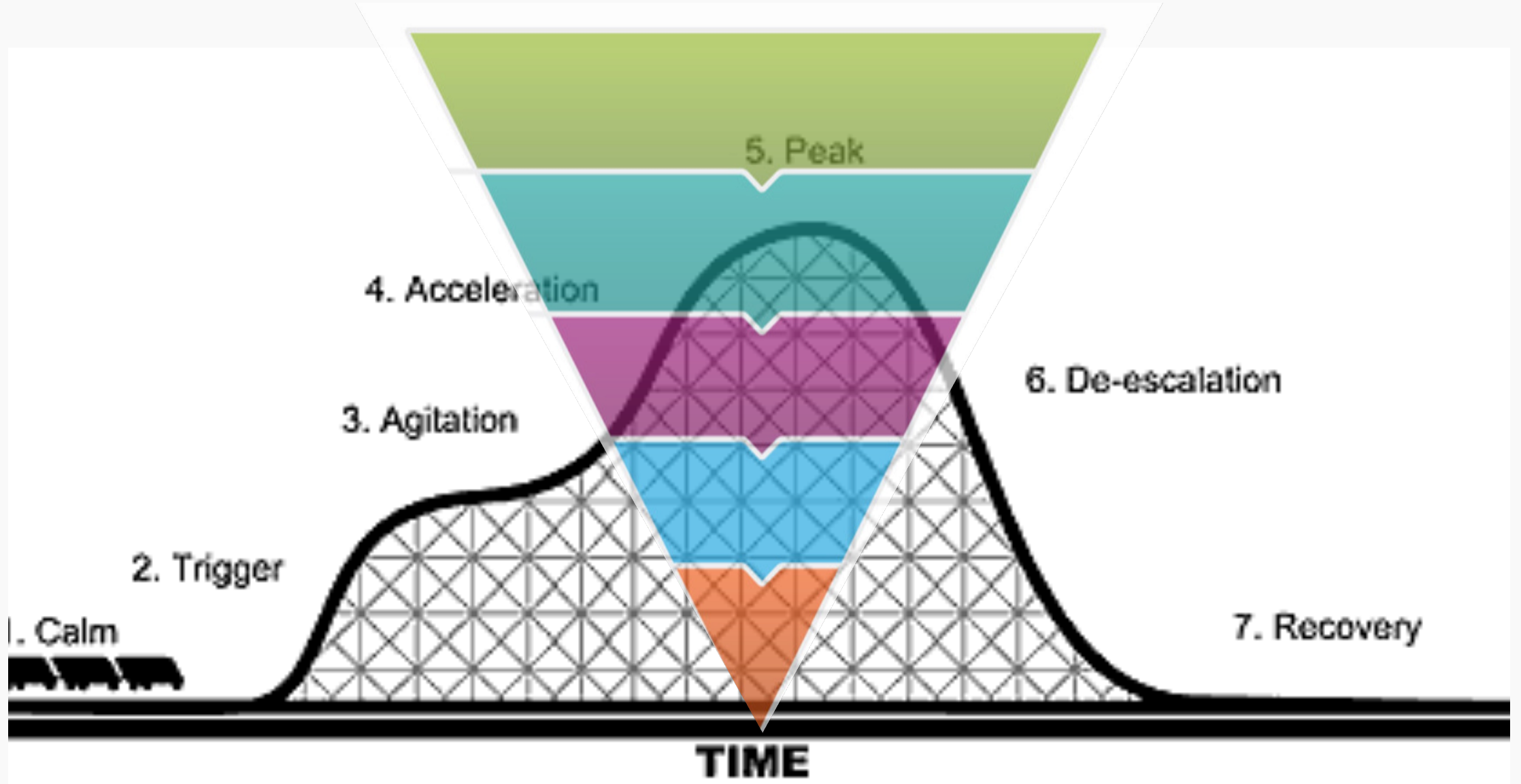
Information discussion

- What challenges do you meet in your practice, in regard to, having or not the information you need before you meet a child?
- How do you prepare if you don't have information?
- Do you notice any difference in the meeting if you had or didn't have information before?



Needs and vulnerabilities awareness





Trauma Symptoms

Thoughts

- Rumination
- Flashbacks
- Concentration difficulties
- Fear of being retraumatized
- Difficulties sleeping

Emotions

- Anxiety and fear
- Tense, irritated and angry
- Depressed
- Shame, guilt, bitterness
- Sense of isolation

Body

- Rapid heartbeat
- Pressure on chest
- Tense muscles
- Tiredness, feeling of no energy
- Body aches
- Hypervisgelence

Behaviors

- Avoidance
- Difficulty relaxing
- Avoiding being alone
- Drug/alcohol use
- Mood swings
- Rituals



Support

- **Practical**
 - Establishing the child's acute, basic needs and concerns
- **Psychological**
 - **Contact and Connection**
Create an environment which signals safety. Make sure the initial contact is calm, non-demanding, and validating only focused on the child's needs.
 - **Stabilization and information**
Provide concrete information, making sure the child understands the situation they are in and what services that can be offered.
 - **Psychoeducation**
 - Explaining the fight, flight, freeze and appease response.
 - Explaining general common trauma reactions and symptoms.
 - Explaining and talking about specific common feelings thoughts and reactions after having been through their specific type of traumatic events.

Support discussion

- What challenges do you meet in your practice, in regard to, the support you can or get to offer in these cases? Think about both practical and therapeutic challenges.
- What kind of knowledge do you wish you had more of?





Assess and apply

- Assess
 - identify *long-term* support and psychological interventions, help the child and potential caregivers to gain access to the most efficient treatment options
- Apply
 - Establish referral pathways and contacts with services that can provide further support and interventions if your service is not responsible for long-term support



ISA discussion

- Could an approach like ISA be helpful in the work you do?
- Is there anything you would want to add to the approach?





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