Providing Trauma-Informed Care to Child and Adolescent Trafficking Victims

Learning for Practitioners in Costa Rica

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1. Framing the Issue: Understanding the impacts of trauma and the importance of trauma-informed care for child and adolescent trafficking victims

Trauma can result from a single highly stressful incident or, more often in the context of trafficking in persons (TIP), from prolonged and repeated exposure to harm, such as violence, exploitation, abuse, neglect, separation, manipulation, or constant threats to safety and autonomy. Trauma is an emotional, psychological, and physiological response to an experience that overwhelms a person's ability to cope. This is especially true for children and adolescents who are still developing the internal tools needed to process and recover from difficult experiences.

For children and adolescents who have been trafficked, trauma tends to be complex and layered. Often for child and adolescent trafficking victims, trauma is not only the result of the experience of being trafficked, but also results from the conditions that precede and follow a trafficking experience, such as poverty, displacement, family instability, or systemic discrimination. Many young victims experience a breakdown of trust, a loss of control, and persistent fear, sometimes from a very early age. These experiences can significantly alter a child's ability to form healthy attachments, regulate emotions, and develop a stable sense of self.[1]

Trauma shapes the way children and adolescents understand themselves, others, and the world around them. It may cause them to see the world as unsafe, adults as dangerous or untrustworthy, and themselves as powerless or unworthy of care.

Trauma shapes the way children and adolescents understand themselves, others, and the world around them.

These internalized beliefs can affect every part of their development and may persist long after the trafficking situation has ended, unless intentionally addressed through trauma-informed care. Trauma impacts not only a child's development but also many other aspects of life.

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[1] López-Morales, I., I. Ramírez, and J. Baeza Aguirre (2023) 'Trata de personas con fines de explotación sexual: Una revisión bibliográfica comparativa de secuelas psicológicas en población infanto-juvenil', Praxis Psy, 23(38) and Surtees, R. and L.S. Johnson (2021) Special and Additional Measures for Child Trafficking Victims: A Practitioner Guide. Bangkok: Regional Support Office of the Bali Process (RSO) and Washington, D.C.: NEXUS Institute.

1.1 Impact of trauma on child development

Trauma affects key developmental domains – cognitive, emotional, behavioral, and social. When children and adolescents experience extreme stress or harm, their brains enter survival mode, often triggering instinctive responses such as fight, flight, or freeze. This constant state of hypervigilance disrupts normal brain development, particularly in areas related to learning, impulse control, and emotional regulation. Emotionally, children may become numb, anxious, easily triggered, or deeply mistrustful.[2]

Despite the deep impact that trauma can have on a child or adolescent's brain, the brain does have the ability to change and heal. Neuroplasticity is the brain's ability to reorganize itself, form new neural connections, and adapt to new experiences throughout life. In children, this capacity is especially active, which means that although trauma can disrupt brain development, with the right support, the brain can recover and grow stronger.

When a child begins to feel safe, understood, and emotionally supported, the brain can shift out of a constant "survival mode" and begin developing new pathways for thinking, emotional regulation, memory, and social connection. Trauma-informed interventions not only ease emotional suffering but can literally help the brain to repair itself and grow toward well-being.

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1.2 The impacts of trauma on other aspects of life

Trafficking-related trauma extends beyond causing emotional and psychological distress. Trauma can deeply affect a young person's cognitive capacities and physical health, which in turn impacts their daily functioning, interpersonal relationships, and social interactions.

For example, many children and adolescents who have experienced trafficking struggle to succeed in educational settings as trauma affects memory, concentration, and the ability to regulate emotions, which can make classroom environments overwhelming or even retraumatizing.

2. Child Mind Institute (2025) Cómo ayudar a los niños a lidiar con un evento traumático. New York: Child Mind Institute and Gubi et al. (2019) 'Trauma-informed knowledge and practices in school psychology: A pilot study and review', Journal of Applied School Psychology, 35(2), pp. 176–199.

A child might be misunderstood as inattentive or defiant when, in reality, they are in a constant state of alertness or emotional shutdown as a result of trauma. These misunderstandings often lead to tension and conflict with teachers and counselors. Being disciplined, including being suspended or even expelled, can reinforce feelings of shame, exclusion, and alienation.

Trauma can also seriously impact a young person's physical health. Child and adolescent trafficking victims, who are exposed to chronic stress and abuse, may experience sleep disturbances, headaches, stomach problems, chronic fatigue, or stress-related illnesses. Some children experience injuries as a result of their trafficking, and trauma can negatively impact their ability to heal.

Trauma can impair a child's ability to form healthy relationships or trust adults, even caregivers. Children and adolescents who have experienced trauma from trafficking may act out aggressively, withdraw socially, or exhibit dissociation.[3] They may also engage in behaviors that recreate past trauma, sometimes without even realizing it.[4]

Furthermore, trauma affects how children and adolescents perceive their identity and sense of worth. Trafficked children and adolescents often internalize messages of powerlessness and objectification. They may blame themselves for what happened, or believe they are "damaged" or unworthy of love and support. This distorted self-perception can have devastating impacts on their confidence, their motivation to engage in recovery, and their ability to envision a positive future. Children and adolescents who have experienced trafficking often also engage in risky behaviors as coping mechanisms, such as self-harm, substance use, or unsafe relationships.

Over time, untreated trauma can lead to long-term challenges, including mental health disorders, legal issues, unstable housing, and difficulty maintaining employment or healthy relationships in adulthood.[5]

If traumatized children and adolescents are not supported through trauma-informed care that affirms their dignity and autonomy, they are at greater risk of revictimization or exploitation.

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[3] Dissociation is a condition where an individual experiences feeling disconnected from their thoughts, emotions, sense of identity, or their surroundings.
[4] Chahín-Pinzón, N., J. Reyes, and J. Vargas, (2017) 'Aspectos psicológicos a tener en cuenta en la atención de víctimas de la trata de personas', Psychologia, 11(2), pp. 121-129.
[5] Gubi et al. (2019) 'Trauma-informed knowledge and practices in school psychology: A pilot study and review', Journal of Applied School Psychology, 35(2), pp. 176–199 and Sheki, M. (2024) 'Implementing trauma-informed care: Strategies for supporting healing and resilience in adolescents', Journal of Child and Adolescent Behavior, 12(12).

Helping these children regain a sense of control, voice, and connection is critically important for their personal recovery and reintegration, as well as the wider family and community settings where they live and grow.[6]

1.3 The importance of trauma-informed care when working with child and adolescent trafficking victims

Trauma-informed care (TIC) is a framework that guides how professionals and institutions understand, respond to, and support individuals who have experienced trauma. At its core, trauma-informed care is about recognizing the widespread impact of trauma, understanding potential paths for recovery, and integrating that awareness into every aspect of service delivery, from policies and environments to interpersonal interactions.

Trauma-informed care (TIC) is a framework that guides how professionals and institutions understand, respond to, and support individuals who have experienced trauma.

Trauma-informed care is premised on the idea that trauma changes how people experience the world and, therefore, care systems must change how they interact with individuals who have experienced trauma. Providing trauma-informed care requires a shift in perspective: from asking "What's wrong with this individual?" to "What happened to this individual?" This change moves away from judgment and toward compassion and understanding.

In practical terms, providing trauma-informed care to children and adolescents means creating environments where children and adolescents feel heard, respected, and safe, both physically and emotionally. It means recognizing signs of trauma (such as withdrawal, aggression, dissociation, or hypervigilance) as adaptations to harm, not as problems to be "fixed" through discipline or control.

It also means training professionals to avoid re-traumatization, which can occur through well-meaning but insensitive actions like forcing disclosure, punishing trauma-related behaviors, or minimizing the child's experiences.

Child and adolescent trafficking victims have often been subjected to severe violations of trust and safety, and many may not feel secure even in protective environments.

[6] Surtees, R. and L.S. Johnson (2021) Special and Additional Measures for Child Trafficking Victims: A Practitioner Guide. Bangkok: Regional Support Office of the Bali Process (RSO) and Washington, D.C.: NEXUS Institute.

Trauma-informed care helps rebuild a sense of predictability, connection, and control, laying the foundation for healing and resilience. When systems and professionals adopt trauma-informed care, children and adolescents are more likely to engage with services, begin their recovery journey, and regain a sense of dignity and hope.

Children and adolescents who have been trafficked are among the most vulnerable individuals that professionals will encounter. Their experiences of trauma are often chronic, cumulative, and interpersonal, involving not only physical and sexual abuse, but also intense emotional manipulation, betrayal, and fear. Many have been hurt by the very adults who were supposed to protect them. As a result, their ability to trust, feel safe, and regulate emotions is often deeply disrupted.

TIC provides a framework that prioritizes safety, voice, and sense of control – three things that trafficked children and adolescents may have lost during their trafficking experience. Unlike traditional models of care that may overlook trauma or treat symptoms without addressing root causes, trauma-informed care acknowledges the underlying pain and protective adaptations that shape each child's behaviors and responses. For example, instead of viewing a teenager who lashes out angrily or refuses to speak as "difficult," trauma-informed care would recognize that individual may be protecting themselves from further harm based on past betrayals. This recognition shifts the way that a practitioner interacts with that individual.

Many child and adolescent trafficking victims face re-traumatization when entering support systems that are not trauma-informed, such as through invasive questioning, rigid procedures, or lack of cultural sensitivity. Trauma-informed care helps prevent the risk of re-traumatization by creating predictable, flexible, and empowering environments. Applying special and additional measures that consider a child's trauma history prevents further psychological damage and promotes long-term recovery.[7] Examples of additional measures include allowing children to have a trusted adult present during interviews, using child-friendly language and explanations, offering choices whenever possible to restore a sense of control, and providing access to culturally appropriate mental health services. In some cases, it may also mean adjusting timelines or procedures to match the child's emotional readiness, rather than forcing immediate disclosure or participation.

[7] Surtees, R. and L.S. Johnson (2021) Special and Additional Measures for Child Trafficking Victims: A Practitioner Guide. Bangkok: Regional Support Office of the Bali Process (RSO) and Washington, D.C.: NEXUS Institute.

Implementing trauma-informed care also supports long-term resilience. By nurturing stability, emotional safety, and supportive relationships, professionals can help trafficked children and adolescents begin to rebuild their sense of identity, agency, and hope. When they are treated with dignity, given choices, and allowed to safely reconnect with their emotions and bodies, healing becomes not only possible, but transformative.

2. Challenges in implementing trauma-informed care with child and adolescent trafficking victims

While the importance of implementing trauma-informed care to support child and adolescent trafficking victims has been shown, putting it into practice remains a significant challenge. Professionals often face complex and intersecting barriers that hinder their ability to provide the kind of care child and adolescent trafficking victims need and deserve. These challenges fall into two broad categories – 1) structural challenges rooted in limitations of the system and 2) challenges stemming from the inherent complexity of working with severely traumatized children and adolescents. Understanding distinctions between these categories is crucial for designing effective responses.

2.1 Structural challenges in the implementation of trauma-informed care

Structural challenges are often systemic and institutional in nature. They relate to how child protection, legal, health, and education systems are organized, resourced, and operated. Structural challenges may limit professionals' ability to respond adequately, even when they have the will and compassion to do so.

Lack of professional capacity and training

A major barrier in implementing effective trauma-informed care is the lack of professional capacity and training. Many professionals, whether from child protection, justice, education, or health, receive little or no training on trafficking-specific trauma or how to apply trauma-informed care principles in practice.[8] This lack of knowledge leads to misunderstandings of trauma symptoms, such as seeing aggression or withdrawal as “bad behavior” rather than as protective responses to harm. Without proper training, even well-intentioned professionals may struggle to meet the complex needs of child and adolescent trafficking victims.

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[7] Gubi et al. (2019) ‘Trauma-informed knowledge and practices in school psychology: A pilot study and review’, Journal of Applied School Psychology, 35(2), pp. 176–199 and Sheki, M. (2024) ‘Implementing trauma-informed care: Strategies for supporting healing and resilience in adolescents’, Journal of Child and Adolescent Behavior, 12(12).
[8] Gubi et al. (2019) ‘Trauma-informed knowledge and practices in school psychology: A pilot study and review’, Journal of Applied School Psychology, 35(2), pp. 176–199 and Sheki, M. (2024) ‘Implementing trauma-informed care: Strategies for supporting healing and resilience in adolescents’, Journal of Child and Adolescent Behavior, 12(12).

Gaps in knowledge often lead to unintentional re-traumatization. Children may be met with disbelief, judgment, or emotionally invalidating responses – experiences that can mirror the powerlessness they felt while being trafficked.[9] Practices such as demanding detailed disclosures, using punitive discipline, or minimizing a child or adolescent's pain can reinforce shame, fear, and mistrust. Trauma-informed care calls for an approach grounded in empathy, patience, and understanding, but such an approach is difficult to maintain if a professional has not received training or capacity building to have the tools to do so.

Fragmentation of services and lack of coordination

Another significant challenge is the fragmentation of services and lack of coordination between state agencies, NGOs, and community-based actors. Many countries lack an integrated response framework that aligns protective services, psychological support, and legal care in a cohesive way. Instead, services often operate in isolation, with heavy caseloads, limited communication, and inconsistent referral pathways. This not only overwhelms frontline workers but can lead to important gaps in a child's recovery journey, undermining stability and consistency so crucial in trauma recovery.[10]

This fragmentation directly impedes the ability to provide trauma-informed care, which relies on consistent, coordinated, and predictable support systems. When services are disconnected, children may be forced to retell their trauma repeatedly to different professionals, encounter conflicting messages, or face delays in receiving critical care. These experiences can inadvertently mirror past trauma, erode trust in helpers, and heighten feelings of confusion and vulnerability—ultimately making recovery more difficult and re-traumatization more likely.

[9] Chahín-Pinzón, N., J. Reyes, and J. Vargas, (2017) 'Aspectos psicológicos a tener en cuenta en la atención de víctimas de la trata de personas', Psychologia, 11(2), pp. 121-129.
[10] Surtees, R. and L.S. Johnson (2021) Special and Additional Measures for Child Trafficking Victims: A Practitioner Guide. Bangkok: Regional Support Office of the Bali Process (RSO) and Washington, D.C.: NEXUS Institute.

2.2 Challenges linked to the complexity of the issue and target group

Beyond structural challenges, there are significant challenges in implementing trauma-informed care with child and adolescent trafficking victims that are tied to the nature of trauma itself and the complex needs of the survivors. These young individuals may have difficulty trusting adults, regulating emotions, or engaging with support services due to past experiences of betrayal, violence, or neglect. In practice, this means that even well-intentioned interventions can be met with resistance, withdrawal, or behaviors that seem difficult or confusing to professionals. Providing effective care requires time, flexibility, and a deep understanding of trauma responses, which can be particularly challenging in systems that are overburdened, under-resourced, or not fully trauma-informed.

Difficult behaviors, responses, reactions

Working with children and adolescents who have endured trafficking and exploitation is profoundly difficult, not because they are "difficult clients," but because their behavior is shaped by prolonged harm, betrayal, and survival mechanisms. These children often struggle with trust, emotional regulation, and social interaction. They may reject help, act out, or disengage from support services, not out of defiance, but because their trauma has taught them that connection can be dangerous.[11]

Working with trafficked children and adolescents involves navigating behaviors shaped by fear, mistrust, and deep psychological wounds. These children and adolescents may resist help, misinterpret kindness as manipulation, or test boundaries to protect themselves. This is a reflection of the complex human impact of trauma, which requires time, patience, and tailored responses. These challenges demand relational work, emotional resilience, and a deep understanding of the trauma experience.

Additional and intersecting vulnerabilities and challenges

Every child is different. Some child and adolescent trafficking victims may have co-occurring mental health conditions, be involved with the justice system, or have linguistic and cultural barriers that further complicate intervention. These intersecting factors mean that there is no one-size-fits-all approach. Working with this population requires flexibility, cultural humility, and often long-term engagement. The complexity of their trauma, combined with the instability of the systems around them, creates a highly delicate environment where small missteps can have large emotional consequences.

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[11]López-Morales, I., I. Ramírez, and J. Baeza Aguirre (2023) 'Trata de personas con fines de explotación sexual: Una revisión bibliográfica comparativa de secuelas psicológicas en población infanto-juvenil', Praxis Psy, 23(38).

Impact on professionals

Professionals may find themselves emotionally affected by these dynamics, leading to frustration, compassion fatigue, burnout, or even vicarious trauma. Without a strong support system and proper training, it can be incredibly challenging to remain engaged, patient, and consistent in the face of resistance, regression, or crisis behaviors. This is why trauma-informed care also emphasizes organizational self-care (which involves creating supportive workplace environments that promote staff well-being through regular supervision, opportunities for debriefing, manageable workloads, and access to mental health resources) and trauma-informed systems – not just for survivors, but for the professionals who work with them.

These challenges, both structural and related to the complexity of trauma, often overlap and reinforce each other. Without coordinated systems and trauma-specific skills, even well-meaning professionals may struggle to provide safe and effective support. Addressing these barriers requires clear strategies that promote safety, flexibility, and trust. The next section explores practical approaches for doing so.

3. Solutions and Strategies in Implementing Trauma-Informed Care among Trafficking Victims

Implementing trauma-informed care with trafficking victims and survivors requires a dual focus: providing safety in the present and addressing the developmental disruptions caused by trauma in the past. Strategies must be flexible and responsive to individual needs. The following approaches offer practical entry points for fostering safety, connection, and resilience through everyday interactions and institutional practices.

Addressing the challenges in implementing trauma-informed care with child and adolescent trafficking victims requires more than individual goodwill – it demands systemic change and sustained commitment. Trauma-informed care acknowledges that systems must adapt to the individuals who have experienced trauma, not the other way around. This means investing in training, improving coordination, building trust-based relationships, and creating flexible, responsive care environments. Only by confronting these challenges head-on can professionals begin to bridge the gap between the needs of child and adolescent trafficking victims and the support they actually receive – laying the groundwork for real healing, protection, and long-term recovery.

There are different solutions and strategies that can address and overcome the challenges outlined above. These include:

- Educate yourself/oneself about the impacts of trauma on child and adolescent trafficking victims
- Understand how to implement trauma-informed care
- Create safe and predictable environments
- Support emotional regulation
- Promote trusting relationships
- Promote interagency support networks
- Strengthen systems through structural reform and investment

Educate oneself about the impacts of trauma on child and adolescent trafficking victims

Implementing trauma-informed care begins with understanding. Professionals who work with child and adolescent trafficking victims must educate themselves not only on the legal and social dimensions of trafficking in persons, but also on the psychological, emotional, and developmental impacts of trauma that result from it. Trafficking in persons inflicts injury and wounds that can last a lifetime if not addressed.[12]

Educating oneself on trauma includes learning about how trauma affects brain development, behavior, relationships, and learning. This also means becoming familiar with the symptoms of trauma, not just the clinical ones like flashbacks or anxiety, but also the subtle signs: hypervigilance, emotional shutdown, difficulty concentrating, reactions that may be perceived as aggressive, or fear of adults, among others. Without this knowledge, even the most well-meaning interventions risk being ineffective or, worse, re-traumatizing. Professionals must also understand that trauma does not affect every child or adolescent in the same way, and that intersectional factors such as age, gender, culture, migration status, and disability may influence how trauma is experienced and expressed.

[12] López-Morales, I., I. Ramírez, and J. Baeza Aguirre (2023) 'Trata de personas con fines de explotación sexual: Una revisión bibliográfica comparativa de secuelas psicológicas en población infanto-juvenil', Praxis Psy, 23(38) and Sheki, M. (2024) 'Implementing trauma-informed care: Strategies for supporting healing and resilience in adolescents', Journal of Child and Adolescent Behavior, 12(12).

Understand how to implement trauma-informed care

Implementing trauma-informed care requires translating knowledge into practice. To do this, professionals must engage in ongoing training, supported by reading materials, reflective practice, and peer learning opportunities. One of the most significant gaps in the provision of assistance and support to child and adolescent trafficking victims is the lack of professional preparation on how to recognize trauma responses and respond appropriately.[13]

When trauma-informed training is not readily available, it is essential for professionals and organizations to seek alternative ways to build their capacity. This can include accessing online resources, participating in webinars, joining peer support groups, or utilizing freely available reading materials and toolkits developed by reputable organizations. Additionally, fostering a culture of reflective practice and peer learning within teams can help compensate for formal training gaps. While these steps do not replace comprehensive training, they provide valuable opportunities to enhance understanding and improve responses to trauma until more structured training becomes accessible.

Ideally, institutions should provide training to their professionals on understanding how trauma affects behavior and decision-making, how to avoid misinterpreting trauma-related behaviors, and how to create interactions that build trust rather than trigger fear. For example, a child who refuses to speak or makes inconsistent statements may be struggling with trauma-induced dissociation, not being "uncooperative." Professionals must learn to slow down, listen deeply, and respond with empathy and predictability. Caregivers also benefit from this training, as it equips them to create consistent, validating environments at home or in residential settings.

Learning about trauma-informed care includes understanding organizational and system-level strategies, such as developing trauma-informed policies, building cross-sector collaboration, and creating spaces for staff wellness and emotional support.[14]

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[13]Gubi et al. (2019) 'Trauma-informed knowledge and practices in school psychology: A pilot study and review', Journal of Applied School Psychology, 35(2), pp. 176–199.

[14] See, for example, Bath, H. and M.D. Selekman (2022) 'Implementation of trauma-informed care in human services: An ecological review', Behavioral Sciences, 12(11); Center for Health Care Strategies (2021) Policy considerations for trauma-informed care implementation. Hamilton Township: Center for Health Care Strategies; Center for Health Care Strategies (2020) Strategies for encouraging staff wellness in trauma-informed organizations. Hamilton Township: Center for Health Care Strategies; Cook, J. and N. Harris (2021) 'Practical guide for implementing a trauma-informed approach', The Recovery Process: A Guide for Clinicians, pp. 45–67. Boulder: Colorado Open Digital Press; and SAMHSA (2014) Creating trauma-informed organizations (Treatment Improvement Protocol TIP Series 57). Rockville: Substance Abuse and Mental Health Services Administration.

Some key strategies to implement trauma-informed care with child and adolescent trafficking victims include:

- **Prepare yourself with empathy and awareness.** Before approaching a child or adolescent, take a moment to reflect on what they may have gone through. Approach with respect, humility, not assumptions, and remind yourself that building trust takes time.
- **Avoid adult-centered behaviors.** Don't impose authority, urgency, or control. Instead of asking "Why are you doing this?", try "What might be making you feel this way?" Respect the child's pace and choices.
- **Remember that all behavior communicates something.** Aggression, silence, or avoidance may not be "misbehavior"; they are often trauma responses. Look beyond the surface to understand what the child might be trying to express.
- **Trauma may not be visible.** Not all children or adolescents show clear signs of trauma. Some may smile or act "fine" while hiding deep pain. Be gentle and avoid expecting them to open up quickly.
- **Take care of your own emotional regulation.** Children and adolescents feel the emotions of the adults around them. Stay calm, grounded, and present. If you feel overwhelmed, pause and seek support before continuing.

Create safe and predictable environments

Safety is the foundation of healing for trauma survivors. For children and adolescents recovering from trafficking, this means more than just physical protection, it means cultivating emotional, relational, and psychological safety. Implementing trauma-informed care means ensuring the environment in which child and adolescent trafficking victims are receiving care is designed to reduce fear and confusion and to offer clear, consistent, and compassionate structure.

This can be achieved through simple but powerful practices: maintaining predictable routines, using common and clear language, explaining what will happen in advance, and ensuring that rules and expectations are consistent and fair.

For example, a teenager who becomes visibly agitated during transitions between activities may not be "disruptive," but reacting to a loss of predictability that triggers feelings of helplessness rooted in past trauma. In such cases, professionals can support regulation by preparing the youth in advance, using a calm tone, and offering choices to increase their sense of control.

For example, a child who withdraws or becomes quiet during an interview may not be "uncooperative," but responding to anxiety triggered by unfamiliar surroundings and a lack of control. Professionals can foster safety by calmly explaining each step of the process, allowing the child to ask questions, and offering breaks as needed to help the child feel more secure and engaged.

Another example is an adolescent who suddenly raises their voice or storms out of a group session, who might be perceived as being "disrespectful" or defiant. However, this reaction could be a trauma response to feeling overwhelmed, exposed, or unsafe in a group setting, especially if the topic or dynamic unconsciously mirrors past experiences of powerlessness. In such cases, responding with calm, non-punitive support, such as offering space, checking in privately, or validating their feelings, can help de-escalate the situation and re-establish a sense of safety.

It is important to highlight the active participation of minors in both the healing process and decision-making about their own lives. Empowering children and adolescents to have a voice fosters a sense of control and autonomy. When child and adolescent trafficking victims are included in discussions about their care, routines, and support, it reinforces emotional safety and trust. It also helps tailor environments and interventions to their unique needs and preferences, making healing spaces truly responsive and respectful. Active participation not only validates their feelings and experiences but also promotes resilience and self-efficacy, key components in the journey toward recovery.

Creating safe and predictable environments is a central pillar of trauma-informed care, particularly when working with children and adolescents recovering from trafficking. While the settings in which support is offered may vary (shelters, clinics, schools, foster homes, or legal offices) the emotional tone of the space plays a critical role in supporting recovery. Regardless of the environment, it is essential to strive to make the space feel as safe, calm, and comforting as possible.

Children and adolescents who have experienced trafficking in persons often associate unfamiliar environments with danger, confusion, or powerlessness. Therefore, the goal is to create child-friendly spaces – spaces that are designed or adapted to reduce stress, minimize sensory overload, and communicate psychological safety. Creating a child-friendly space doesn't require extensive resources – small, intentional choices can make a meaningful difference.[15]

Child-friendly spaces should feel warm and welcoming, not clinical or intimidating. For instance, providing quiet corners in classrooms or support rooms, using soft lighting instead of harsh fluorescents, or incorporating natural elements like plants and calming colors can help create a sense of calm. Including transitional objects such as soft cushions, stress balls, fidget toys, or access to creative materials like art supplies allows children and adolescents to self-regulate when feeling anxious or overstimulated.

Even in more structured or institutional settings, consistency and predictability can be communicated through the environment: posting clear, simple daily schedules; labeling areas with pictures and words; or using familiar objects to mark routines (like a specific chair for one-on-one sessions or a consistent arrival ritual) can help children feel oriented and safe.

Validation is also key. When children express fear, anger, or sadness, caregivers and professionals should respond with empathy, not correction. Phrases like *"I see that this is really hard for you"* or *"It makes sense that you feel this way after what you've been through"* can help children and adolescents feel seen and understood, counteracting the isolation and shame that often accompany trauma.

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[15] For more information about child-friendly spaces for child and adolescent trafficking victims, please see https://childfriendlyspaces.warnathgroup.com/

Some key strategies to create a safe and predictable environment with child and adolescent trafficking victims include:

- **The first minutes matter most.** First impressions can either reinforce fear or open the door to connection. Your tone, body language, and approach in those first moments can set the tone for the entire relationship.
- **Connect before setting rules.** Before explaining boundaries or asking questions, focus on making the child feel safe. A simple "I'm here to help you, and we'll go at your pace" can go a long way.
- **Be mindful of your tone and posture.** Use a soft, calm voice. Keep your body relaxed and open, avoid standing over the child or making sudden movements.
- **Respect personal space.** Sit beside rather than in front of the child if possible and allow physical distance. Some children may be hyper-sensitive to proximity due to past trauma.
- **Offer simple, safe choices.** Giving options like "Would you prefer to talk here or outside?" helps restore a sense of control, which is crucial for children and adolescents who've had their autonomy taken away**.**
- **Validate feelings without pressuring disclosure.** Let them know that their emotions are okay. Say things like "It's normal to feel confused" or "You don't have to talk about anything you're not ready to share."
- **Use predictability to reduce anxiety.** Explain what will happen next in clear, simple language. For example: "First we'll sit and talk, then you can choose a game or drawing activity if you'd like." Predictability creates emotional safety.

Support emotional regulation

Children and adolescents who have experienced trauma often struggle with regulating emotions, especially if their trauma occurred during early developmental stages. Helping them learn to identify, express, and manage their emotions is essential for long-term recovery. Trauma-informed care promotes the use of concrete, age-appropriate strategies to support emotional regulation, such as teaching breathing exercises, grounding techniques, and mindfulness practices.

For example, a child or adolescent trafficking victim might suddenly become anxious, irritable, or have intense emotional outbursts triggered by reminders of their trauma, such as loud noises or unexpected touch. Rather than interpreting this behavior as defiance or "acting out," professionals trained in trauma-informed care recognize these as emotional regulation difficulties rooted in past trauma. In such moments, guiding the child through calming techniques like deep breathing or grounding exercises helps them regain control over overwhelming feelings in a safe and supportive way.

Certain interactions with child and adolescent trafficking victims, like counseling sessions, can begin with a simple deep-breathing activity that helps children settle into the space and feel present. Mindfulness games, like naming five things they see or hear, can help shift their focus from internal distress to external safety. Emotional identification tools such as "feelings thermometers," emotion cards, or simple draw-and-talk exercises using art, movement, or music allow children to express what they can't yet verbalize.

Trauma-informed care promotes the use of concrete, age-appropriate strategies to support emotional regulation, such as teaching breathing exercises, grounding techniques, and mindfulness practices.

Play-based and creative methods are particularly effective with young children and adolescents. Trauma is often stored in the body and nervous system, and activities like drawing, dancing, or storytelling offer safe ways for children to release tension and reconnect with their bodies and emotions. When appropriate, these practices must be offered consistently, at the child's or adolescent's pace, and never forced.[16]

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[16] Sheki, M. (2024) 'Implementing trauma-informed care: Strategies for supporting healing and resilience in adolescents', Journal of Child and Adolescent Behavior, 12(12).

However, it is important to acknowledge that not all professionals may be in a position to offer these types of interventions, depending on their role, setting, or level of training. In such cases, collaboration with specialists (such as art therapists, play therapists, or psychosocial support staff) can help integrate these approaches in a safe and appropriate way.

Promote trusting relationships

Healing from trauma happens in relationships. Children and adolescents who have been trafficked often come from experiences of betrayal, neglect, and abuse. For them, forming secure attachments with adults who are reliable, patient, and emotionally available is both difficult and essential. Trust must be built slowly, through consistency, honesty, active listening, and emotional attunement.

Professionals and caregivers should strive to be predictable, follow through on promises, and offer choices whenever possible, helping the child or adolescent regain a sense of control. Professionals should be emotionally present, showing through tone, body language, and actions that the child's or adolescent´s feelings matter and will be met with respect. They learn to trust not through words, but through repeated, safe experiences with adults who care.

For example, a child who has been trafficked might initially react to a practitioner's approach with suspicion or withdrawal, avoiding eye contact or refusing physical closeness due to past betrayals. Instead of pushing for immediate engagement, a trauma-informed practitioner recognizes these behaviors as protective responses and responds with gentle patience – offering small consistent gestures like sitting quietly nearby, respecting the child's boundaries, and validating feelings by saying, "I'm here when you're ready." Over time, these small but consistent acts can help the child feel safe enough to lower defenses and gradually build trust.

In trauma-informed care, the relationship itself is not merely a means to an end, but a core healing experience. That is, "relationship is not a tool – it is the intervention."[17] For children and adolescents who have been trafficked, many of whom have suffered profound betrayal, neglect, or exploitation, safe, consistent relationships are often the first step toward rebuilding trust in others and in themselves. It's through the steady presence of a caring adult, the reliability of a familiar routine, and the patient validation of emotions that healing begins.

[17] López-Morales, I., I. Ramírez, and J. Baeza Aguirre (2023) 'Trata de personas con fines de explotación sexual: Una revisión bibliográfica comparativa de secuelas psicológicas en población infanto-juvenil', Praxis Psy, 23(38).

These everyday moments – being remembered, being listened to, being believed – become corrective experiences that slowly rewire the child's expectations of the world. In this sense, the relationship is not just something that helps deliver an intervention, it is the very space where recovery and resilience are cultivated.

Small actions make a big difference: remembering a child's preferences, celebrating small achievements, or taking time to sit quietly when words feel too heavy. These moments communicate safety.

Attunement is an example of how to promote trust and emotional safety in trauma-informed care. It is the ability of a caregiver or professional to tune in to a child's emotional state and respond with sensitivity, empathy, and presence to a child's emotional cues. It involves noticing not just what a child says, but how they express themselves through tone, body language, silence, or behavior and then responding in a way that shows understanding and care. For example, if a child becomes suddenly quiet and withdrawn during an activity, an attuned adult might gently say, "You seem a bit overwhelmed – do you want to take a break or sit with me for a while?" Rather than ignoring or correcting emotional signals and by noticing and validating these signals with empathy and presence, attunement helps children feel seen, understood, and safe, all of which are essential foundations for building trust and healing after trauma. This deep emotional connection builds the foundation for secure, trusting relationships, which are essential for healing from trauma.[18]

Actively resist re-traumatization

Every interaction is an opportunity for healing or harm. Children and adolescents who have been trafficked are often sensitive to cues that signal danger, even when there is none. Therefore, trauma-informed care requires a conscious, ongoing effort to resist re-traumatization in every setting and at every level.

For example, a child who flinches or freezes when asked repetitive questions about their experience may be experiencing a trauma trigger rather than being "difficult" or "uncooperative." In such cases, pushing for immediate answers or pressuring them to disclose can re-activate feelings of fear and helplessness linked to their trafficking experience. Instead, professionals should recognize these responses as signs to pause, offer reassurance, and perhaps delay sensitive questioning until trust and emotional readiness improve.

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[18] Geller, S.M. and L.S. Greenberg (2012) Therapeutic Presence: A Mindful Approach to Effective Therapy. New York: W. W. Norton & Company.

This includes avoiding practices that echo past trauma, such as using harsh tones, removing autonomy, pressuring disclosure, or minimizing a child's or adolescent's reactions. It also involves monitoring our own emotional responses as professionals, recognizing when frustration or overwhelm may lead us to act reactively rather than compassionately, and having the tools to cope with it.

To resist re-traumatization, professionals should regularly reflect on power dynamics, ensure transparency, and work collaboratively with children and adolescent's in decision-making. Trauma-informed care also means advocating for changes within systems, such as adapting intake procedures, reducing exposure to multiple interviews, or ensuring that interpreters and service providers are trained in trauma sensitivity.

Trauma-informed care must be integrated into every step in the trafficking victim protection process, including preliminary identification, referral for protection and assistance, reporting the trafficking case, formal identification, protection and support and recovery and reintegration.

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At every one of these stages, care and respect must be prioritized, ensuring the child or adolescent is seen not merely as a case number, but as a person with agency and rights.

Promote interagency support networks

No single professional or institution can meet all the needs of a child or adolescent recovering from trafficking. Trauma-informed care requires a coordinated, multi-sectoral approach in which professionals from child protection, mental health, education, justice, and civil society collaborate closely and consistently. Yet often this coordination is weak or even entirely absent.[19]

For example, consider a teenage trafficking victim who requires mental health counseling and specialized education services due to trauma-related learning difficulties, as well as legal support for ongoing court proceedings. Without coordination, the mental health provider might be unaware of school challenges, while legal advocates may not understand the survivor's emotional state, leading to fragmented or conflicting approaches.

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[19] Gubi et al. (2019) 'Trauma-informed knowledge and practices in school psychology: A pilot study and review', Journal of Applied School Psychology, 35(2), pp. 176–199 and Surtees, R. and L.S. Johnson (2021) Special and Additional Measures for Child Trafficking Victims: A Practitioner Guide. Bangkok: Regional Support Office of the Bali Process (RSO) and Washington, D.C.: NEXUS Institute.

Through an interagency support network, professionals can hold joint case conferences to align their interventions, share relevant information with consent, and create a unified plan that balances therapeutic, educational, and legal needs. This collaboration helps avoid overwhelming the adolescent with multiple uncoordinated appointments or repeated trauma disclosures and ensures that all professionals work toward the survivor's overall well-being.

Efforts must be made to build bridges between services, establish clear communication channels, and develop shared care plans based on the unique profile of each child or adolescent. These plans should integrate therapeutic support, educational accommodations, legal advocacy, and family or community engagement where appropriate. Regular case reviews and shared decision-making can help ensure that interventions remain coherent and responsive over time.

At the heart of this approach is a commitment to individualized, holistic care. Trauma recovery is not linear, and each child's journey will look different. Interagency support networks must be flexible, culturally sensitive, and built around the belief that healing is a collective responsibility—one that extends beyond any single institution, organization, or role.

Strengthen systems through structural reform and investment

Child protection, legal, health, and education systems must be resourced and restructured to support trauma-informed care. Structural reform is essential and refers to the comprehensive changes needed within child protection, legal, health, and education systems to create environments that can effectively support trauma-informed care. This includes ensuring adequate staffing, reducing bureaucratic delays, and integrating trauma-awareness into institutional mandates. Systems must be flexible and responsive, centering the needs of children and adolescents rather than forcing them to conform to rigid procedures.

Two additional key points are emphasized:

- **Improve coordination between services and sectors.** Integrated, cross-sectoral systems are essential for a holistic response. Establishing clear referral pathways, shared protocols, and coordinated case management can reduce fragmentation and ensure continuity of care. This kind of collaboration minimizes the burden on children and professionals alike and helps avoid retraumatizing gaps or overlaps in service.
- **Tailor responses to individual needs and intersectional vulnerabilities.** Trauma-informed care must be adaptable to the unique circumstances of each child. This includes recognizing and accommodating co-occurring mental health issues, cultural and linguistic differences, disability, or justice system involvement. Flexibility, cultural humility, and a non-linear view of progress are key to meaningful engagement and effective care

Sustainable implementation of trauma-informed care is not possible without system-level commitment. This means embedding trauma-awareness into supervision models, accountability frameworks, institutional policies, and budgetary planning, not as an optional enhancement, but as a core operational principle. Trauma-informed systems are built intentionally, through iterative practice, capacity development, and strong leadership aligned with a child-centered vision of service.

Trauma-informed care is not a checklist, it is a continuous, adaptive process that requires curiosity, humility, and institutional readiness. While no single strategy is sufficient on its own, together these practices build the scaffolding for relational healing and systemic change. When implemented with fidelity and care, they create the conditions in which children and adolescents impacted by trafficking can begin to feel safe and move toward recovery with dignity.

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