

# Course 8T - Human Trafficking of Adolescents in America

## Online CE Course Sponsored by CEU By Net, LLC



Photo attributed to the Family & Youth Services Bureau - Runaway and Homeless Youth Training & Technical Assistance Center - National Safe Place Network in Louisville, KY, from the 2016 FYSB-RHYTTAC publication contained within this Course 8T, Study Guide 2.

**INTRODUCTION to this course:** This is Course 8T, Human Trafficking of Adolescents in America, a Continuing Education Course sponsored online for CE Credit by CEU BY Net, LLC. This course is a compendium of 7 copyrighted, research-validated publications within the public domain, addressing important aspects of Human Trafficking of youth in the United States. **These publications are combined into three separate Study Guides in this course, and this is Study Guide 1. Each Study Guide has one quiz.** Although there is inherently some overlap in the 3 Study Guides as to the nature of Human Trafficking, each individual Study Guide offers a specific perspective of the national strategy to support victims of Human Trafficking. Together, the three Study Guides address these topics:

- **Introduction: US Department of Justice 2017 National Strategy to Combat Human Trafficking**
- **Legal Definitions of Human Trafficking and How to Recognize It**
- **Etiology of Human Trafficking in Youth and Young Adults**
- **Characteristics and Methods of Human Trafficking Perpetrators**
- **Role of Drugs, Alcohol, Homelessness, and Survival Sex in Human Trafficking**
- **Therapeutic Approaches to Communicating with and Assisting Trafficking Victims**
- **Comprehensive Trafficking Assessment**
- **Safety Planning and Prevention**
- **Crisis Impact of the COVID-19 Pandemic upon Homelessness and Trafficking**

This Course 8T is sponsored online for CE Credit by *CEU By Net*, a certified and licensed Provider of Continuing Education for Mental Health and Addiction Professionals.

The course is FREE to read, download, and print without the need to register on the CEU By Net website or enroll in the course. You pay only to take the quizzes to earn CE Certificates.

This course is a *compendium of several publications and excerpts* of research-validated documents published in the public domain pertaining to Human Trafficking of Adults and Youth in the United States. The publications are copyrighted, funded, authored, and/or sponsored by the *U.S. Department of Justice, U.S. Department of Health and Human Services, SAMHSA, U.S. Office of Victims of Crime, Family & Youth Services Bureau - Runaway and Homeless Youth Training & Technical Assistance Center - National Safe Place Network.* and other administrative offices of the US government, including nationally recognized organizations which are dedicated to combating the crime of human trafficking of both children and adults.

**NOTE:** To ensure that publications shared in this course have received significant input from trafficking victims, publications included in this compendium are authored and copyrighted by organizations that have extensively involved young trafficking victims in the design of trafficking intervention and prevention activity: ***The Polaris Project*** authored the Human Trafficking Assessment and other materials found in Study Guide 3. Go here to scroll the Polaris ***'Centering Survivors'*** page.

This course has 3 Study Guides or chapters, and each Study Guide has a quiz. You must pass the quiz for each of the Study Guides, and must complete the Feedback Form, in order to earn your CE certificate for this course. The content of each of the three Study Guides appears on the following page.

Credit and copyright information for authorship, publication, grant funding, and administration of the individual documents is contained within the course catalog, on the Continuing Education Certificates, and on the course material itself.

The quizzes which you will take for this course assess competency and understanding of the subject matter. Passing scores of 75% or better for all of the quizzes you take for this course, plus completion of the Feedback Form, will earn an immediately downloadable Certificate for CE Credit.

**If you have an Annual Subscription, you can ENROLL in this course in the CEU By Net Course Catalog at no additional charge.** Or you may pay to enroll in courses individually on an *à la carte* basis if you don't have a Subscription.

After you have enrolled in this course, return to your 'My Home Page' and click the name of the course to locate the quizzes and the Study Guides inside your account.

## Study Guide 1

- **US Department of Justice:** *'The National Strategy to Combat Human Trafficking'*
- **US Office of Victims of Crime Training and Technical Assistance Center:** *'An Overview of Human Trafficking in the United States'*

## Study Guide 2

- **Family & Youth Services Bureau - Runaway and Homeless Youth Training & Technical Assistance Center - National Safe Place Network:** *'Human Trafficking in Youth-Serving Programs: A Blueprint for Organizations Working with Street Youth, Homeless Youth, and Youth at Risk'*

## Study Guide 3

- **National Human Trafficking Resource Center (NHTRC) - Polaris Project:** *Comprehensive Human Trafficking Assessment*
- **National Human Trafficking Resource Center (NHTRC) - Polaris Project:** *Safety Planning and Prevention*
- **Polaris Project:** *Human Trafficking During the Pandemic*
- **US Department of Health and Human Services:** *Summary of Identifying And Interacting with Victims of Human Trafficking*

# National Strategy to Combat Human Trafficking



January 2017

## INTRODUCTION BY ATTORNEY GENERAL LORETTA E. LYNCH



Human trafficking is a devastating crime that threatens society’s most vulnerable members, exploiting them for sex, labor, and servitude of all kinds. It destroys families, shatters lives, and undermines our most fundamental beliefs about the dignity of all people. As a prosecutor in Brooklyn, I saw firsthand the consequences of this despicable crime, as well as the extraordinary strength of survivors as they worked to reclaim their lives and renew their hope.

At the Department of Justice, we are deeply committed to combating the scourge of human trafficking and supporting survivors with every tool at our disposal. And as Attorney General, I have prioritized these efforts to protect the defenseless. We believe in a victim-centered, trauma-informed approach to prosecuting these crimes, because nothing is more important than helping victims regain the sense of control that their assailants have tried to steal from them.

The complex and pernicious nature of human trafficking requires a multifaceted and aggressive response. Trafficking and exploitation can take multiple forms and occur in various contexts. Collaboration at all levels is critical. At the federal level, for example, we have been gratified by the success of our ACTeam Initiative – a joint effort among the Department of Homeland Security, the Department of Labor, and the Department of Justice.

In the first two years of the program, in the six ACTeam pilot districts, we more than doubled the number of human trafficking cases filed and defendants charged over the previous two years. We have since expanded the ACTeam Initiative into six new cities, where the initial results are similarly encouraging. We also work to encourage collaboration at the state and local level. For example, the Department’s Office for Victims of Crime and Bureau of Justice Assistance cooperatively administer the Enhanced Collaborative Model grant program for human trafficking task forces; this program requires a law enforcement agency and a victim service provider to apply jointly for funding and to jointly operate a multidisciplinary anti-trafficking task force.

*Under the Justice for Victims of Trafficking Act, Congress asked the Justice Department to develop a National Strategy to Combat Human Trafficking, which we are pleased to present here.*

As part of the development of this strategy, each U.S. Attorney’s Office produced a district-specific strategy, highlights of which are included in this report. This report also includes a section on our vital work to combat human trafficking in Indian Country, where the threat of trafficking is compounded by risk factors such as high rates of poverty. And it summarizes the work that different components of the Department are already doing to tackle human trafficking, as well as the ways in which components work together to amplify their success. We are committed to constant improvement, and the strategy highlights various ways we intend to enhance our programming and prosecution efforts through greater coordination and collaboration with other federal agencies and outside organizations.

Human trafficking is nothing less than modern-day slavery. It has no place in this nation. The realities of this horrible crime demand our relentless opposition, and the strength and courage of survivors requires our unyielding support and aid. While we have made important progress, there is so much work still to be done. I am confident that with the help of this critical document, we can build on the successes of the past, and that together, we can build a brighter future.

Loretta E. Lynch  
Attorney General, 2015-2017

A handwritten signature in black ink that reads "Loretta E. Lynch". The signature is written in a cursive, flowing style.

# I. INTRODUCTION

Human traffickers prey on some of the most vulnerable members of society. Human trafficking, as defined in federal law, includes **sex trafficking**, in which a commercial sex act is induced by force, fraud, or coercion, or in which the victim is under 18 years of age; and **labor trafficking**, i.e., the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion. *Human trafficking of either type does not require movement, either within the United States or across a U.S. border.*

Bringing human traffickers to justice and assisting trafficking survivors are therefore top priorities of the U.S. Department of Justice (the Department or DOJ). Responding to a crime as complex and as devastating as human trafficking is neither simple nor straightforward. The Department's anti-trafficking efforts involve numerous components engaged in a full spectrum of activities: investigations, prosecutions, services for victims, enforcement initiatives to strengthen anti-trafficking partnerships, innovative prevention efforts, capacity-building programs to advance survivor-centered anti-trafficking strategies, and grant funding to state, local, and tribal authorities and to non-governmental organizations (NGOs).

Between Fiscal Years (FYs) 2009 and 2016, the Department increased the number of trafficking cases filed, in comparison to the previous eight years, by 79 percent, the number of defendants charged by 71 percent, and the number of defendants convicted by 68 percent, in addition to increased prosecution results in cases involving child sex trafficking.

The Attorney General has developed and will implement and maintain this National Strategy for Combating Human Trafficking (National Strategy) in order to enhance the Department's work to combat the atrocity of human trafficking. The National Strategy sets forth plans to enhance coordination within the Department, and to develop specific strategies within each federal district to stop human trafficking. See Justice for Victims of Trafficking Act of 2015, Public Law 114-22, Sec. 606.

The National Strategy includes the following:

- *An assessment, based on the FBI's experience, of the threat* presented by human trafficking in order to guide federal, state, local, and tribal anti-trafficking efforts.
- *A description of the work* of the Department's components that are most extensively involved in anti-trafficking work, including the Department's efforts to incorporate survivors' experiences into our practice:<sup>1</sup>
  - the Civil Rights Division's Human Trafficking Prosecution Unit (HTPU);
  - the Criminal Division's Child Exploitation and Obscenity Section (CEOS);
  - the U.S. Attorneys' Offices (USAOs);
  - the Federal Bureau of Investigation (FBI);
  - and various grant-making components within the Office of Justice Programs (OJP).
- An outline to enhance *case coordination* within the Department, including specific integration, coordination, and collaboration, as appropriate, on human trafficking investigations between and among DOJ enforcement components.
- A description of the *district-specific strategies* developed by each United States Attorney's Office.
- A discussion of human trafficking and anti-trafficking *efforts in Indian Country*.
- Information about *annual spending* dedicated to preventing and combating human trafficking.
- A description of the Department's *plans to encourage cooperation, coordination, and mutual support between the private and non-profit sector and federal agencies* to combat human trafficking.

<sup>1</sup> This strategy does not treat the topic of services for human trafficking victims in detail. Further information on victim services is available in the interagency Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States 2013-2017,

---

## II. HUMAN TRAFFICKING IN THE UNITED STATES

Human trafficking occurs throughout the United States. In 2015, the National Human Trafficking Resource Center, a non-governmental organization that operates a hotline to receive reports or provide information about human trafficking, received multiple reports concerning human trafficking in each of the 50 states and the District of Columbia.<sup>2</sup> The FBI has investigated trafficking cases out of each of its 56 field offices across the United States. The following analysis of the human trafficking threat is based on experience gained through these FBI investigations. It describes the typical trafficking situations, perpetrators, and victims that FBI agents encounter.

This is not intended to be a comprehensive assessment of human trafficking, given the diverse nature of the crime and the number of federal agencies involved in combating it.<sup>3</sup> Furthermore, *there is no reliable estimate of the number of trafficking victims in the United States*. As described below, traffickers frequently engage in intimidation, manipulation, and retaliation to deter vulnerable victims from contacting or cooperating with law enforcement. Many victims, therefore, do not self-report, leaving law enforcement to depend upon investigation and tips from the public to discover trafficking. Statistics regarding the number of individuals victimized by human trafficking thus remain difficult to calculate. Nonetheless, many of the general characteristics of human trafficking in the United States can be described based on FBI experience.

***Challenges to Victim Identification.*** In many instances, both minor and adult victims of human trafficking are *isolated* and have been *coached* by their trafficker to fear law enforcement, or to lie about their circumstances. Victims of trafficking may be scared of law enforcement because of their participation in unlawful activity, such as prostitution, or, in the case of foreign victims, their undocumented status or experiences with corrupt or violent authorities in their home country. Traffickers exploit these fears by threatening the victim with arrest, detention, or deportation if encountered by authorities. In some cases, the victim is attempting to escape other problems in his or her life that the trafficker exploits to ensure the victim's compliance, such as an abusive family, drug addiction, or extreme poverty.

<sup>3</sup> For a description of the full scope of U.S. governmental anti-trafficking work, including the law enforcement efforts of the Department of Homeland Security and other agencies, please see the Attorney General's Annual Report to Congress and Assessment of U.S. Government Activities to Combat Trafficking in Persons ("Annual Report").



Sex Trafficking	Labor Trafficking
<p>Because commercial sex is already illegal in most locations, it is more likely that law enforcement will encounter potential victims. However, victim identification may be hampered because minors may say they are over the age of 18, and adults may conceal the use of force, fraud, and coercion.</p> <p>Victims exploited for commercial sex must be advertised to or brought into contact with customers, further increasing opportunities for law enforcement or civilians to encounter the victims and interdict the crime.</p>	<p>Labor trafficking often occurs in the context of an otherwise lawful industry, decreasing the number of encounters between law enforcement and individuals engaged in that industry, which makes victim detection and identification more difficult.</p> <p>Labor trafficking victims, including victims of domestic servitude, can be exploited in isolated homes, fields, or factories, with few opportunities to come into contact with customers or other outsiders.</p>

**Methods of Control.** Foreign victims who are facing extreme poverty and limited economic opportunity in their home countries are often targeted by traffickers who lure them to the United States with false promises of marriage, education, legitimate jobs, and steady income to send home to support their families. The traffickers then manipulate the victims’ lack of documented legal status, fear of law enforcement, limited ability to communicate in English, isolation from friends and family – including, in some cases, control over their children back in their home countries – and lack of means to get themselves back home, to further compel and coerce the victims to comply with the traffickers’ demands.

***The most common types of coercion encountered in forced labor situations include forced drug use, violence, threats, isolation, intimidation, debt bondage, and passport confiscation.***

Sex traffickers generally control their victims through force, fraud, or coercion, although these means need not be proven in cases involving minors. Whether preying upon minors or adults, traffickers usually identify and exploit specific vulnerabilities of their victims, which can include preexisting psychological trauma, drug dependency, disabilities, homelessness, dislocation, and isolation.

Pimps also often seek to exploit children because they are perceived as easy to control and more profitable.<sup>4</sup> Such victims are commonly recruited from broken homes or may be runaways with whom a pimp came into contact. Victims are frequently lured by pimps with offers of food, clothes, attention, friendship, love, and a seemingly safe place to sleep. Once a pimp gains this control over a child, he or she will often use acts of violence, intimidation, or psychological manipulation to trap the child in a life of sex trafficking.

***Pimps often target children at bus stops and train stations, schools, strip clubs, casinos, group homes, truck stops, and through social networking and escort websites.***

*Sex Trafficking Settings.* Sex trafficking can occur in many different contexts, including:

- street prostitution controlled by violent or coercive “pimps,”
- prostitution facilitated through online advertising,
- “escort services” offering delivery or “outcalls” to hotels or residences, and
- compelled or coerced prostitution in residences, massage parlors, cantinas, nightclubs, karaoke bars, or other entertainment venues.

Pimps commonly advertise the services of sex trafficking victims in the adult services or escort services sections on certain online classified advertising websites. The advertisements generally do not explicitly discuss commercial sexual activity and use a false name and age for the victim. Often the trafficker will advertise in multiple areas in order to increase his or her profit and to avoid law enforcement detection. In the FBI’s experience, pimps who sell minors for sex are also often involved in other violent criminal activities. Most defendants in the FBI’s human trafficking cases have prior criminal records, and they are prone to recidivism. And there has been an increase in child sex trafficking cases involving pimps who are also gang members or affiliated with a gang.

A significant number of foreign-victim sex trafficking cases involve trafficking enterprises that operate across the U.S.-Mexico border. Multiple prosecutions in Atlanta, New York, New Jersey, Miami, and San Diego have exposed the extent of these transnational sex trafficking networks, which exploited dozens of victims before being dismantled by law enforcement.

While both U.S. and foreign citizens and female, male, and transgender individuals have been sex trafficking victims, in the FBI’s experience, most victims in the last decade have been U.S. citizen women and children. As noted in footnote 3, additional information about the U.S. Government’s work involving foreign trafficking victims can be found in the Attorney General’s Annual Report.

A recent case prosecuted by DOJ demonstrates some of these typical features. The defendant recruited vulnerable young women and girls from the Charlotte, North Carolina area and advertised them for prostitution on the Internet. He lured them into his scheme by promising that they would be part of a “family,” as they had none. Once the women and girls were a part of his enterprise, the defendant demanded all of their proceeds and used brutal violence to control the victims, including handcuffing and beating one, punching another until she vomited, and burning a third on the leg with a cigarette. As one witness explained at trial, the defendant never hit the victims in the face because it would damage his “merchandise.”

The defendant kidnapped one of the victims and viciously beat her after she left and reported him to the police. He continued his efforts to intimidate and control the victims even after his arrest by, among other things, convincing the kidnapping victim to try to retract her allegation.

A federal jury convicted the defendant of sex trafficking, kidnapping, production of child pornography, witness tampering, and promoting a prostitution business enterprise. In May 2016, he was sentenced to life in prison and was also ordered to pay more than \$13,000 in restitution to the two identified sex trafficking victims, whom he trafficked for periods of two months and three months, respectively.

***Labor Trafficking Settings.*** Labor trafficking is providing or obtaining labor by one or more of the following prohibited means:

- force,
- threats of force,
- threats of serious harm, or
- a scheme, plan, or pattern intended to cause a victim to fear serious harm.

FBI investigations suggest that labor trafficking is likely to be found in low-skilled or temporary-worker labor situations including agriculture, traveling sales crews, and restaurants and food service. *Approximately one-fifth to one-third of the FBI's labor trafficking investigations are domestic servitude situations, i.e., the compelled service of an individual in a home for cooking, cleaning, elder care, child care purposes, or other domestic labor. In addition, compelled labor in a sexually oriented legal business, such as a strip club, without engaging in commercial sex acts, is a form of labor trafficking.*

The FBI's labor trafficking investigations most often encounter foreign-born victims, although U.S. citizens are also vulnerable. In the FBI's cases, most trafficking victims from outside the United States come from Mexico, China, and the Philippines.

The United States recently concluded its successful prosecution of two defendants for labor trafficking offenses related to their exploitation of undocumented Guatemalan men and boys.

The defendants would lure minors and adults to the United States under false pretenses and then compel them to work on egg farms in Ohio. They and their associates recruited workers from Guatemala, some as young as 14- and 15-years old, by falsely promising them good jobs and a chance to attend school in the United States.

The defendants then smuggled and transported the workers to a trailer park in Marion, Ohio, where they ordered them to live in dilapidated trailers and to work at physically demanding jobs at Trillium Farms for up to 12 hours a day for minimal amounts of money. The work included cleaning chicken coops, loading and unloading crates of chickens, de-beaking chickens, and vaccinating chickens.

The defendants pleaded guilty in 2015 to conspiracy to commit forced labor, forced labor, witness tampering, and alien harboring. In June 2016, the defendants were sentenced respectively to ten and more than 15 years in prison for their roles in the scheme. They were also ordered to pay more than \$67,000 in restitution to the identified victims, eight minors and two adults.

**The following acronyms are used in the National Strategy:**

ACTeam	Anti-Trafficking Coordination Team
AI/AN	American Indian and Alaskan Native
AUSAs	Assistant U.S. Attorneys
BJA	Office of Justice Program’s Bureau of Justice Assistance
CEOS	Criminal Division’s Child Exploitation and Obscenity Section
CRU	Federal Bureau of Investigation’s Civil Rights Unit
DHS	U.S. Department of Homeland Security
DOJ	U.S. Department of Justice
DOL	U.S. Department of Labor
ECM	Enhanced Collaborative Model to Combat Human Trafficking
EOUSA	Executive Office for U.S. Attorneys
FBI	Federal Bureau of Investigation
FY	Fiscal Year
HRSP	Criminal Division’s Human Rights and Special Prosecutions Section
HTIU	Child Exploitation and Obscenity Section’s High Technology Investigative Unit
HTPU	Civil Rights Division’s Human Trafficking Prosecution Unit
HTTF	Human Trafficking Task Force
ICE/HSI	U.S. Immigration and Customs Enforcement Homeland Security Investigations
NAC	National Advocacy Center
NICTI	EOUSA’s National Indian County Training Initiative
NGOs	Non-governmental organizations
OCC	Operation Cross Country
OJP	Office of Justice Programs
OVC	Office of Justice Program’s Office for Victims of Crime
PSC	Project Safe Childhood
TVPA	Trafficking Victims Protection Act of 2000
USAC	U.S. Advisory Council on Human Trafficking
USAOs	U.S. Attorneys’ Offices
VCACS	FBI’s Violent Crimes Against Children Section

Please continue on to the next page for publication 2 in this  
Study Guide 1, from the US Office of Victims of Crime  
Training and Technical Assistance Center.

**Office for Victims of Crime  
Training and Technical Assistance Center**

# Human Trafficking

**OVC**TTAC  
OFFICE FOR VICTIMS OF CRIME Training and Technical Assistance Center

# Human Trafficking\*

Human trafficking, modern-day slavery, is a crime against the world's most vulnerable individuals. Traffickers may abduct, deceive, use, and sell men, women, and children for profit or personal gain. Victims are treated as commodities who often endure physical and/or sexual brutality, exploitation, and mental and emotional abuse. As a result of this trauma, victims may experience multiple, long-lasting consequences. Once victims escape or are recovered from their trafficking situations, they often receive services across a wide variety of systems (e.g., social services and criminal justice); therefore, coordinated service delivery is critical to successful intervention. This paper briefly describes the crime of human trafficking, its impact on victims, and models for multidisciplinary, collaborative approaches for serving this population.

## Statistics

Despite efforts to estimate the crimes of human trafficking, its scope continues to elude governments, practitioners, and researchers alike. It has been estimated that thousands of foreign nationals are trafficked into the United States every year; however, the exact number as well as the number of domestic victims remains largely unknown.

Some of the many challenges to obtaining accurate human trafficking data include the hidden nature of the crime; lack of agreed upon indicators, methodology, and data tracking systems for identifying and assisting victims; and insufficient resources among providers to report data accurately. Data are limited by reliance on the number of arrests, indictments, and prosecutions. Much of the information on human trafficking is derived from research in related fields, such as domestic violence and sexual assault. The use of proxy research is even more pronounced as it relates to labor trafficking in the United States, where research is extremely scarce and there are few, if any, related victim assistance arenas on which to draw information.

In 2009, the Office of Juvenile Justice and Delinquency Prevention funded a 30-month grant to estimate the scope of domestic, minor victims of commercial sexual exploitation in the United States. The Bureau of Justice Statistics also began operating the Human Trafficking Reporting System (HTRS) in 2007. HTRS contains data on alleged incidents of human trafficking reported by federally funded human trafficking task forces and is not a comprehensive national picture of the human trafficking situation. As of June 2010, HTRS had 2,515 alleged incidents in its database. Analysis of these incidents indicates the following:<sup>1</sup>

\* This resource paper was authored in 2009 by Erin Williamson, MSW, ICF International, and reviewed by Catherine Chen, ICF International, Fairfax, VA, and anti-human trafficking consultants Heather Moore and Florrie Burke. Lindsay Waldrop, ICF International updated the content in June 2012.

- Confirmed sex trafficking victims were almost all female (94% of victims with known gender). Of the 63 confirmed labor trafficking victims, 20 were male and 43 were female.
- Confirmed sex trafficking victims were more likely to be white (26%) or black (40%), compared to labor trafficking victims, who were more likely to be Hispanic (63%) or Asian (17%). Four-fifths of victims in confirmed sex trafficking cases were identified as U.S. citizens (83%), while most confirmed labor trafficking victims were identified as undocumented aliens (67%) or qualified aliens (28%).
- More than half (62%) of the confirmed labor trafficking victims were age 25 or older, compared to 13 percent of confirmed sex trafficking victims.

In addition, the following statistics come from “Crime Victimization in the United States Statistical Overviews” which the Office for Victims of Crime prepared for National Crime Victims’ Rights Week, 2011:

- According to Secretary of State Hillary Clinton, there are “as many as 27 million men, women and children” in forced labor, bonded labor, and forced prostitution around the world.<sup>2</sup> The International Labor Organization estimates that 60 percent of forced child labor is in agriculture.<sup>3</sup>
- The United States is primarily a destination country.<sup>4</sup> The main regions from which trafficking victims originate are reported to be the Commonwealth of Independent States, Asia, Latin America, and the Caribbean.<sup>5</sup>
- In 2007, the U.S. Government spent approximately \$23 million for domestic programs to increase anti-trafficking law enforcement efforts, identify and protect victims of trafficking, and raise awareness of trafficking to help prevent new incidents.<sup>6</sup>

## Definitions<sup>7</sup>

**Human trafficking** is defined as the use of force, fraud, or coercion for the purposes of labor or sexual exploitation. It is important to understand that physical movement or transportation of an individual is not a requirement for human trafficking to take place. The critical elements are whether force, fraud, or coercion are present, with the exception of minors involved in commercial sex activities for which there is no force, fraud, or coercion requirement. Trafficking victims can be foreign nationals or U.S. citizens, adults or children, male or female. Given this definition, there is no nation and no community that is not affected by human trafficking. In fact, the U.S. State Department’s 2011 Trafficking in Persons Report covers instances of human trafficking in 184 countries around the world.<sup>9</sup>

While similarities between trafficking and other criminal activities do exist, there are notable differences between these crimes. These differences are due, in part, to the fact that crimes such as domestic violence and sexual assault are often perpetrated by one individual, whereas victims of trafficking may have been victimized by multiple perpetrators, including networks of organized crime.

**Sex trafficking** can present itself in a variety of forms including prostitution and pornography. Sexualized labor such as stripping and exotic dancing may turn into prostitution and become sex trafficking, but minus that, it is considered forced labor. Victims of sex trafficking can also be subjected to debt bondage.<sup>8</sup> When commercial sexual acts involve a minor (individual under age 18), there is no requirement for force, fraud, or coercion to have taken place.

**Labor trafficking** is defined as the use of force, fraud, or coercion for the purposes of debt bondage, involuntary servitude, peonage, or slavery. It can occur in many industries, including agriculture, construction, manufacturing, services, retail, domestic work, mining, and herding. Despite stringent child labor laws in the U.S., children are also vulnerable to labor trafficking.

**Involuntary servitude** (TVPA definition) is a condition of servitude induced by means of (a) any scheme, plan, or pattern intended to cause a person to believe that if the person did not enter into or continue in such condition, that person or another person would suffer serious harm or physical restraint; or (b) the abuse or threatened abuse of the legal process.

**Peonage** is holding someone against his or her will to pay off a debt.

---

### Added Course Notation by CEU By Net, from the Polaris Project Difference Between Smuggling and Trafficking

*Human smuggling* is the business of transporting people illegally across an international border, in this case into the United States. Smuggling does not involve coercion. The people the smugglers bring from one place to another place – illegally – generally have chosen to make the trip themselves for any number of reasons. Some are fleeing violence or poverty. Most, and are in fact, paying someone to help them make the journey.

*Human trafficking*, by contrast, is involuntary and is integral to its very definition. Traffickers use force, fraud or coercion to get someone to sell sex or work in exploitative conditions. Trafficking – unlike smuggling – does not necessarily involve movement or transportation at all. A person can be trafficked in their very own home. Additionally, anyone under the age of 18 who is involved in sex for profit is considered a trafficking victim, regardless of the presence of force, fraud or coercion.

---

## Unique Impact / Effects on Victims<sup>10</sup>

The impact and effects of human trafficking often mirror those of other criminal activities such as domestic violence, sexual assault, and torture. Similarly to domestic violence, traffickers often use psychological coercion to control their victims. The forms of psychological coercion used on victims of trafficking are numerous and often vary depending on the type of trafficking and the individual circumstances of each case.

In many cases trafficking victims are exploited by people known to them – neighbors, distant relatives, boyfriends, lovers, or fiancés – who build on trusting relationships in order to gain control of the victim. Labor and sex trafficking victims are often told that if they try to escape, their families will be harmed. The traffickers instill fear in victims with threats of deportation, law enforcement harm, personal exposure, and other punishments. This is one of the most effective tools traffickers use to manipulate victims; as such, this and other forms of coercion allow traffickers to control victims often without needing to rely on physical force.

## Physical Impact

The health needs of victims of human trafficking tend to present themselves at multiple stages in the recovery and reintegration process, and can be chronic or present for extended periods of time.<sup>11</sup> Almost all victims of trafficking suffer from at least one physical health problem.<sup>12</sup> Some of these ailments can include the following:<sup>13</sup>

- Unhealthy weight loss due to food deprivation and poor nutrition.
- Memory loss.
- Chronic pain.
- Head and neck trauma.
- Loss of consciousness.
- Infectious diseases.
- Human Immunodeficiency Virus (HIV) & Sexually Transmitted Infections (STIs).
- Dental or oral problems.
- Respiratory illness.
- Scabies.
- Lice.
- Pelvic pain or pelvic inflammatory disease.
- Pregnancy.
- Complications from abortions.
- Other gynecological problems.
- Workplace injury.
- Amputation.
- Pesticide or other chemical intoxication.
- Illness resulting from poor sanitation and/or contaminated food and water.
- Heat stroke or exhaustion.
- Occupational hearing loss.
- Cancer.
- Musculoskeletal trauma from awkward posture, repetitive movement, and/or lifting heavy loads.
- Exposure to dangerous/poisonous animals.
- Infectious disease, including parasites, hepatitis, and tuberculosis.
- Occupational asthma and/or respiratory problems.

Studies have found that 76-100 percent of survivors of trafficking report being physically assaulted and 67-100 percent report being sexually assaulted while they were trafficked.<sup>14</sup> One study found that of the survivors that report being injured while they were trafficked, 57 percent said that the injuries caused persistent problems or pain.<sup>15</sup> Physical injuries can present themselves anywhere on a victim's body. However, like perpetrators of domestic violence, some traffickers only inflict physical injury where the bruises and scars will be covered by clothing. In addition to injuries outside of the body, sexual assault occurring during either sex or labor trafficking can cause genital trauma, which can result in lacerations, tears, and injuries to the internal reproductive organs.<sup>16</sup>

While the majority of research has focused on the health needs of victims of sex trafficking, victims of labor trafficking have a unique set of health risks due to the nature of their work.<sup>17</sup> These risks can be similar to occupational hazards stemming from dangerous or highly repetitive work. These health problems are often exacerbated by lack of protective gear appropriate for the work that is being performed and the living conditions they are forced to reside in.<sup>18</sup>

Due to lack of health care, it is important to remember that children who were trafficked at a young age, including adults trafficked as children, may have missed certain developmental milestones that have gone undetected. In addition, lack of health care often causes victims of trafficking to self-medicate, potentially leading to a buildup of resistant strains or infections.<sup>19</sup>

While all trafficking victims are at risk for HIV, STIs, and pregnancy, victims of sex trafficking are especially vulnerable. One study of women and adolescents trafficked in Europe found that 90 percent of respondents reported being forced or intimidated into sex or doing something sexual during their trafficking experience.<sup>20</sup> Studies indicate that the duration of forced prostitution and the number of locations where victims are prostituted are positively correlated with HIV infection.<sup>21</sup> HIV infection is negatively correlated to the age a victim is initially trafficked for prostitution; therefore, the younger a person is when initially trafficked, the greater the risk is for HIV.<sup>22</sup> Victims of sex trafficking are also at high risk for contracting hepatitis B and syphilis and have a high risk of developing tuberculosis.<sup>23</sup> In addition to HIV and STIs, victims of sex trafficking are at high risk of pregnancy and unsafe abortions.

## Psychological and Social Impact

As a result of the traumatizing and complex nature of human trafficking, the mental health issues associated with this population are often complex and there is a high degree of comorbidity of mental health ailments. In addition, many mental health issues do not present themselves until after the more immediate and practical needs, such as safety and shelter, have been met.<sup>24</sup>

One of the principal factors that can complicate mental health issues correlated with human trafficking are the individuals associated with a victim's entry into the trafficking situation. For example, children and adults can suffer significant psychological distress when family members or close friends are intentionally or unintentionally involved in their being trafficked.<sup>25</sup>

Similar to victims of other traumatic experiences, many victims of human trafficking suffer from symptoms of posttraumatic stress disorder (PTSD). While estimates of the prevalence of PTSD differ depending on type and location of study,<sup>26</sup> PTSD symptoms are reported in a significant percentage of this population. In addition to PTSD, other mental health issues include depression, anxiety disorders, substance and alcohol abuse, and dissociative disorders.<sup>27</sup>

*Symptoms reported by victims and survivors of trafficking include:*<sup>28</sup>

- Anxiety.
- Headaches.
- Loss of interest in things.
- Anger.
- Changes in appetite or eating.
- Hopelessness.
- Sleeplessness, sleep disturbances, nightmares, and/or insomnia.
- Isolating behavior.
- Exhaustion.
- Fear of being alone.
- Distrust/fear of strangers.
- Guilt, shame, and/or self-blame.
- Aggression.
- Denial.
- Stockholm syndrome.
- Difficulty concentrating.
- Autonomic arousal.
- Numbness.
- Recurrent or intrusive memories of abuse.
- Incongruent affect.
- Crying more than usual.
- Depression.
- Feelings of sadness or unhappiness.
- Feeling inferior to others.
- Feeling permanently damaged.
- Sexual problems.
- Obsessions and compulsions.
- Mood changes.
- Somatization/psychosomatic symptoms.

One study found that symptoms of depression, anxiety, and hostility tend to decline over time for victims of human trafficking; however, these symptoms remain relatively high when compared against the general population.<sup>29</sup> Dissociation is another long-term reaction of victims of trafficking, which can result in memory loss.<sup>30</sup> A study conducted in Europe found that 63 percent of victims of trafficking have memory loss.<sup>31</sup> Memory loss can have significant psychological as well as legal implications, particularly during any interview process. For some victims of trafficking, these psychological injuries can be exacerbated by witnessing violence against others.<sup>32</sup>

Recovery from a trafficking experience is often protracted due to proximity of the trafficker and/or affiliates as well as lengthy and complex legal proceedings in which the victim may be a witness or, in civil cases, a plaintiff.

In addition to suffering the symptoms mentioned above, minor victims of sex trafficking can have physical, cognitive, social, and emotional delays. *Cognitive deficits and learning disabilities* experienced by this population may have been present before they were trafficked or could be a result of their victimization.<sup>33</sup>

A number of *psychosocial problems* also may present themselves in victims of human trafficking. These include general and specific fear, regression, shame, behavioral problems, re-experiencing trauma in daily activities, psychosomatic problems, and difficulty forming and maintaining relationships.<sup>34</sup> Many victims of trafficking experience stigmatization, self-stigmatization, or perceived stigmatization, which can greatly affect their psychological health and ability to reengage in the community.<sup>35</sup> This stigmatization may be intensified for individuals who leave their trafficking situations with questions about their sexual orientation and/or gender identity.<sup>36</sup>

Victims of trauma often develop *negative coping mechanisms* to help them survive their situations and the consequences of these situations. When the psychological symptoms become overwhelming, victims of human trafficking may resort to self-mutilation or other forms of self-harm.<sup>37</sup> Studies have found that 39–66 percent of victims report suicidal ideation.<sup>38</sup>

*While a few victims of trafficking report prior substance addictions, the majority of victims who report alcohol and drug use say they began using after they were in their trafficking situations.*<sup>39</sup> Some victims report using alcohol and drugs to help them deal with their situations; however, others report being forced or coerced to use drugs or alcohol by traffickers.<sup>40</sup> This is especially true of victims of sex trafficking who report being forced to use drugs and alcohol so that they would take more clients, work longer hours, or perform acts that they would otherwise find objectionable.<sup>41</sup> Substance abuse can result in a number of mental and physical health ailments and can put an individual at high risk for addiction and/or re-victimization.

When working with victims of human trafficking, it may be necessary for providers to distinguish between symptoms directly resulting from the circumstances of their

trafficking situation and those caused by *underlying or exacerbated medical conditions*. This distinction is equally relevant in mental health as identification of pre-existing mental health issues, such as borderline personality disorder, can be critical when determining the best treatment modality. They also significantly impact service engagement, and should play a role in determining if the victim should be placed in a communal shelter or more independent living conditions.

While the general effects of human trafficking can be identified, the individual needs of each victim are as varied as the victims themselves. For example, the needs of an adult male with no knowledge of the English language or of U.S. laws who is trafficked from Mexico to work on a farm or in a factory in California are likely to be different from the needs of a U.S. citizen African American youth trafficked into prostitution in Michigan. These differences require case managers and service providers who can identify the specific needs and provide customized treatment and reintegration plans to meet those diverse needs.

## **Effective Responses for Victim Support, Medical and Mental Health Treatment, and Advocacy for Justice System Participation**

Upon identification, victims of human trafficking typically have a wide range of needs. Immediate needs may include food, shelter, clothing, emergency medical treatment, legal representation, crisis intervention, and safety planning. Some victims of trafficking will also require assistance with repatriation or relocation if they wish to return to their country or state of origin or if it is unsafe for them to remain in their current location. Victims who have escaped their trafficking situations are often at high risk for re-victimization, especially if they cannot meet their basic, immediate needs for food, shelter, and clothing. Therefore, it is crucial for service providers to try and ensure that all emergency needs are met before attempting to focus on long-term treatment and care.

Even after being removed from the trafficking situation, many victims will continue to need assistance with these basic needs until they can financially support themselves independently. In addition, victims may require support obtaining educational and job training skills, child care, and legal services. Foreign national victims with a limited or no understanding of the English language will require language training and translation services. Some victims may also require literacy courses in their native tongue.

## **U.S. Government Policies for Assisting Trafficking Victims<sup>42</sup>**

Under the Trafficking Victims Protection Act (TVPA), victims of human trafficking are entitled to benefits and protection. U.S. citizen victims of trafficking are eligible for mainstream benefits, such as Temporary Assistance for Needy Families (TANF),

Medicaid, and the Supplemental Nutrition Assistance Program (formerly known as the Food Stamp Program). As with other citizens applying for such benefits, victim must meet the eligibility requirements for each program (e.g., be single mothers with children, disabled, or meet other criteria, and have low income). Variations in state application processes, documentation requirements (e.g., birth certificate, driver's license), and the movement of victims once they are identified may make it difficult for victims to access these services.<sup>43</sup>

Foreign national victims are also eligible for benefits once they have been certified as a victim of human trafficking. To determine that an individual is a victim of a severe form of trafficking, as defined by the TVPA, the victim must demonstrate that s/he reported the crime and was willing to cooperate with all reasonable requests. While law enforcement endorsement strengthens the application, it is not absolutely necessary in order for a T-visa to be approved. As part of certification the victim must be willing to assist in the investigation of the traffickers, unless the victim is a minor. Victims who meet these eligibility requirements must complete a bona fide application for a T-visa or be awarded "continued presence" (8 U.S.C. 1101 a15T 2000), which allows them to legally, albeit temporarily, reside in the United States.

Continued presence is granted through the U.S. Immigration and Customs Enforcement (ICE) at the petitioning of a federal law enforcement agency. Under continued presence victims are provided employment authorization documents (EADs) and either parole or deferred action. (Parole and deferred action allow foreign nationals to stay in the United States for a limited period of time. Parole is issued to individuals who entered the U.S. illegally. Deferred action is issued to individuals who entered the U.S. with valid papers but then violated the conditions of that entry.) Continued presence is usually awarded for up to 1 year and can be renewed at the request of the sponsoring agency.

T-visas, established under the TVPA, allow international victims of trafficking to become temporary residents of the United States. T-visas are self-petitioned by victims of human trafficking, typically with the assistance of an immigration attorney. A criminal justice professional (e.g., judge, prosecutor, law enforcement agent) must attest that the petition is being brought by a victim of human trafficking and that the individual is cooperating in the investigation or prosecution of the trafficking case.

Minors do not need to cooperate with law enforcement in order to attain a T-visa. Victims who receive T-visas are also provided EADs and either parole or deferred action. Once a T-visa is obtained, a victim may remain in the United States for up to 4 years. At the 3-year mark or when the criminal case is closed (if there is a criminal case), victims may apply for permanent residency.<sup>44</sup>

For some international victims, including those who decide not to cooperate with law enforcement, NGOs and service providers seek alternative remedies to meet their needs. U-visas, a self-petitioned, temporary non-immigrant visa that allows victims of certain crimes legal status and EADs for up to 4 years, are one of the most common alternatives used for victims of human trafficking.<sup>45</sup>

Certified adult victims are eligible to receive federally funded services and benefits similar to refugees. Some of the refugee-specific services that victims of trafficking are eligible to receive are Refugee Cash and Medical Assistance, housing or shelter assistance, food assistance, income assistance, employment assistance, English language training, health care assistance, mental health services, and assistance for victims of torture. Other non-refugee specific benefit programs that certified victims may apply for are TANF and Medicaid (22.U.S.C. §7105(b)(1)).

In addition to these benefits, victims are eligible for the Department of Labor's One-Stop Career Center System, which offers free job search and employment centers that provide information and assistance for people who are looking for a job or who need education and training to obtain a job. It also provides support services such as transportation, child care, and housing. Other programs available to victims who meet standard income and eligibility requirements of each program include the Supplemental Nutrition Assistance Program, Supplemental Security Income, State Children's Health Insurance Program, Job Corps, public housing, and state-specific programs.<sup>46</sup>

The process for obtaining certification and thus access to benefits can be lengthy, since it often takes law enforcement agencies a while to formally determine that a person meets the statutory criteria to be considered a victim of a severe form of trafficking.<sup>47</sup> During this waiting period, international victims, in most cases, are not eligible for either refugee-specific or mainstream services. For this reason, the Office for Victims of Crime (OVC) began administering comprehensive service grants to communities to provide pre-certification services to international victims of human trafficking who were pursuing certification and cooperating with law enforcement in 2003.

Pre-certification services parallel most of the certification services, including housing, food/clothing, advocacy, legal assistance, medical/dental care, language services (e.g., interpreters/ translators), mental health counseling, education, and job training.<sup>48</sup> Most of these services are provided in response to emergency or immediate needs.<sup>49</sup> In 2010, OVC expanded its grant programs to allow for emergency services, ongoing case management, and legal assistance to assist all victims of human trafficking (foreign national and U.S. citizens, adults and minors, victims of sex and labor trafficking). Additionally, the U.S. Department of Health and Human Services (HHS) extended the parameters of its direct services (now per capita services) and now provides funding to cover both pre-certified and certified victims.

## **Multidisciplinary Teams and Case Management<sup>50</sup>**

When receiving services, victims of human trafficking often interact with multiple system representatives including law enforcement, prosecutors, immigration attorneys, medical providers, mental health professionals, shelter/housing providers, child care providers, and public benefits personnel.

Working with multiple systems can be overwhelming for victims, especially international and minor domestic victims who may be unfamiliar with these systems and are dealing with the trauma of their trafficking experience. In order to coordinate “victim-centered” service delivery and successfully meet the needs of victims, collaboration is essential. Through formal memoranda of understanding; information-sharing protocols; and shared policies, practices, and procedures, agencies can work effectively together while recognizing each other’s boundaries or limitations.

A growing number of cities across the United States have developed task forces to address the issue of human trafficking in their communities. Task forces enable service providers to collaborate, share information, and build a network of providers dedicated to serving this vulnerable population. In addition, 49 states have passed anti-trafficking laws, many of which mandate a state-level task force to coordinate statewide efforts. (The one state that has no anti-trafficking laws is Wyoming.)

In addition to collaboration, centralized case management is also a key practice for ensuring seamless delivery and effective communication across all agencies, including law enforcement. A central case manager can assess clients’ needs for services and support; identify, obtain, and coordinate services; coordinate and manage consensual communications across systems; and serve as a liaison for clients. Other functions of the case manager include translating or obtaining translation services, accompanying clients to appointments, assisting/teaching clients to access public transportation, and, in some cases, teaching clients basic life skills.

Service providers and law enforcement identify the following key elements as important ingredients for effective case management:

- Establishing a hopeful, trusting relationship with the client.
- Assessing client strengths and needs.
- Developing, in partnership with the client, a service plan to achieve desired outcomes.
- Locating, linking, and following up with needed services and support.
- Monitoring, coordinating, and adjusting services and supports to achieve desired outcomes.
- Providing crisis prevention and intervention services and support.
- Advocating for the client as well as helping the client to develop self-advocacy skills.

## Medical Response<sup>51</sup>

Unlike many victims of other criminal activities, victims of human trafficking may not initially enter medical facilities as a direct result of their sexual and/or labor exploitation due to their inability to access medical care during their captivity.<sup>52</sup> Screening by medical providers in all health care settings is important to ensure proper identification and service provision.<sup>53</sup>

While limited research has been conducted to identify best practices for serving the health needs of victims of human trafficking, some of the procedures and protocols used for domestic violence and sexual assault offer an important foundation on which to learn from and build proper response systems for victims of sex trafficking. Unfortunately, a similar foundation does not currently exist for victims of labor trafficking.

While little is known regarding the effectiveness of evidentiary exams on victims of human trafficking, some protocols for evidentiary examinations appear appropriate for victims of human trafficking, such as ensuring that victims of sexual assault be examined in a private room and by trained medical providers. Similar to sexual assault response, it is also important to have a rape crisis advocate, medical health professional, social worker, or pastoral caregiver trained in crisis intervention available to victims of trafficking who have been sexually assaulted.

A number of tools have been developed to assist with the evaluation of domestic violence and sexual assault and can potentially be applied with victims of trafficking. The Domestic Violence Survivor Assessment (DVSA) tool assists health care practitioners and patients in identifying psychological processing of the abuse as well as movement toward a violence-free life.<sup>54</sup> This tool can be used for victims of sex trafficking whose relationship with their trafficker emulates that of intimate partner violence. Additionally, this and other tools can be modified for successful use with all victims who experienced sexual assault while they were trafficked.

Sexual Assault Nurse Examiner (SANE) and Sexual Assault Response Team (SART) programs also offer unique models that may be beneficial for victims of human trafficking, who, as previously mentioned, tend to be connected to multiple service providers. While all SANEs/SARTs follow basic unifying guidelines and principles, each is unique in its structure and composition; therefore, communities will need to assess the best way to integrate human trafficking into their current response system on an individual basis.

All medical services should be based in culturally competent practices that respond to the cultural needs of the victim. Particular care should also be taken when conducting examinations on children.<sup>55</sup> As previously mentioned, little is known regarding the effectiveness of various medical techniques and models on victims of human trafficking; therefore, while guidelines for sexual assault and domestic violence can inform health care efforts related to human trafficking, further research is needed to assess their effectiveness with the trafficking victim population.

## Mental Health Response<sup>56</sup>

Similarly to medical treatment, limited research has been conducted to assess the impact of various mental health therapeutic treatments when caring for victims of human trafficking. In the absence of research pertaining to the mental health treatment of victims of human trafficking, mental health professionals working with this population must educate themselves on the evidence-based research related to the treatment of common diagnoses, crime victims, and similarly marginalized populations to ensure proper provision of the best mental health care possible. Service providers engage in supportive counseling from the onset of the case. Clients must be stabilized before more formal mental health interventions are introduced.

Empirical evidence on the treatment of PTSD, anxiety, and mood disorders increasingly supports the use of cognitive-behavioral therapy.<sup>57</sup> While many practitioners continue to employ psychodynamic therapy, family systems intervention, or a combination of techniques from multiple theoretical practica, the effectiveness of these treatment options lack evidence-based support at this time. However, it is important to remember that lack of evidence regarding other types of interventions does not necessarily mean they are ineffective, but rather that recommendations regarding the use of these treatment methods cannot be made based on current available research.

## Legal Response<sup>58</sup>

Victims of human trafficking often require significant legal assistance. For foreign nationals, one of the most immediate and significant legal needs is assistance attaining immigration relief. Foreign nationals are typically unaware that as a victim of human trafficking they have the legal right to attain immigration relief and receive victim assistance services. In addition to attaining immigration relief for themselves, victims applying for T- and U-visas may also need assistance seeking immigration relief for family members, as permitted under the law.

Many domestic and foreign victims also require legal assistance disputing charges that may or may not have been brought as a result of their being trafficked. For example, law enforcement may have charged a foreign national with illegal boarder crossing, not recognizing that the individual was actually smuggled and then trafficked into the United States. On the other hand, a domestic minor may have previous charges of stolen property unrelated to being a victim of human trafficking.

Additional legal services often needed by victims of human trafficking include assistance obtaining identification papers, protection orders, and restitution, and filing for divorce or working with child protective services to prevent removal of children from the home or facilitating the children's return.

## Law Enforcement Response<sup>59</sup>

Law enforcement plays a number of roles in cases of human trafficking including participating in covert/overt operations, following up on leads, conducting surveillance, and interviewing victims. In recent years there has been increased awareness among law enforcement regarding the crime of human trafficking, particularly among specialized investigators, units, or task forces.

When working with this population it is critical for law enforcement to view victims of human trafficking as victims and not criminals who broke laws such as prostitution or border crossing. Trainings have been developed to assist law enforcement in employing interview techniques that are culturally sensitive, respectful, and nonthreatening.

Partnerships among law enforcement, service providers, and other community agencies have been shown to facilitate efficient and effective responses to human trafficking. As previously mentioned, these partnerships help victims quickly connect to needed services and support and enhance communication among the multiple service providers working to address human trafficking in a given community.

## Barriers to Victim Identification and Accessing Services<sup>60</sup>

There are a number of barriers that hinder both the identification of and service delivery to victims of human trafficking. Some of these barriers result from the nature of the crime while others are more systemic in nature. It is important for service providers to understand and recognize these barriers so that they are better prepared to respond to them when working with victims of this crime.

### Identification

Despite coming into contact with community members, social service providers, law enforcement personnel, medical personnel, or other first responders, victims of trafficking often go unidentified because most people are unaware of the issue and the definition of trafficking, which includes persons who have not typically been associated with human trafficking, such as minors involved in prostitution.<sup>61</sup> One study found that, of the 21 human trafficking victims interviewed, 28 percent reported having contact with the health care system while in a trafficking situation; however, none of these interactions with medical personnel led to the victim's identification or removal.<sup>62</sup> In addition to lack of general awareness, providers and first responders often associate trafficking with only foreign nationals and border crossing, potentially missing opportunities to identify domestic victims of trafficking.

## **Fear of Law Enforcement**

Many foreign national victims come from countries or cultures that distrust law enforcement. In some countries, law enforcement and military are the primary perpetrators of human trafficking. In other instances, victims have been conditioned to fear law enforcement by their traffickers to prevent them from seeking help. Understanding these barriers is a critical component in communities that are affected by human trafficking.

## **Access to Services**

Simply accessing services can be a major challenge for victims, due to a lack of knowledge about where providers are located, restricted mobility, limited financial resources, and a lack of awareness of free services. For these and other reasons, victims of human trafficking may avoid seeking assistance until their mental or physical health is severely affected.<sup>63</sup> Proactive outreach can help facilitate victims' awareness and access to needed services.

## **Length of Service Eligibility**

Nonprofit and community-based organizations rely heavily on victims' access to public benefits to meet their needs. It can take weeks to secure welfare benefits and medical insurance,<sup>64</sup> and, as previously mentioned, coverage for foreign nationals may depend on their being certified as a victim of human trafficking and their willingness to cooperate in criminal proceedings against traffickers. According to service providers, pre-certification can take up to a year and post-certification resources requiring month-to-month approval are limited in duration.

## **Cultural Considerations<sup>65</sup>**

Individuals' ethnic and cultural heritage is often directly related to their world view and thus their experiences. It can affect how individuals seek assistance, define their problems, attribute psychological difficulties, experience their unique trauma, and perceive future recovery options. A victim's heritage can also directly influence their outlooks on their pain, expectations of mental health treatment, and beliefs regarding the best course of treatment. Many cultures do not differentiate psychological, emotional, and spiritual reactions from more physical reactions; rather, they focus on the impact of trauma on the body as a whole. Additionally, cultural factors influencing individuals' beliefs about threats and response to danger can play an important role in how individuals respond to violent crimes.<sup>66</sup>

*Service providers should remember that every culture has a distinct framework or perspective and, as a result, distinct beliefs about the benefits of seeking different forms of assistance.* For example, counseling is a predominantly western practice and in some cultures traditional forms of healing are commonly accepted forms of health care provision.<sup>67</sup>

Additionally, cultural beliefs may influence who people are willing to receive services from. Victims may feel self-conscious speaking about stigmatizing subjects, such as sex, with service providers or interpreters of the opposite sex and/or their same cultural background.<sup>68</sup> These issues should be considered when providing services to victims of human trafficking, and all efforts should be taken to match victims with providers and interpreters with whom they are comfortable disclosing information.

*Service providers should familiarize themselves with the beliefs, values, and practices of the various cultures of their clients so they are able to provide culturally competent care.* Cultural competency trainings and literature can assist with this, as can speaking with leaders within different cultural communities. Asking clients directly about their culture can be an empowering intervention and demonstrate care and interest on the part of the provider.

*In addition to cultural considerations, foreign national victims often have limited or no grasp of English, a significant barrier to their identification and attainment of services.* Victims and traffickers are often confused for each other after a law enforcement operation. Service providers should meet with victims off-site only after law enforcement has determined who is who, to maintain their appropriate role, to ensure safety, and to prevent victims from misconstruing service providers as law enforcement.

*In order to ensure proper identification and service delivery, service providers who do not speak a victim's native language must meet with each victim independently of the individuals accompanying them and with a neutral interpreter.* Even service providers who do speak the victim's language should still meet with each victim independently as victims may be fearful or ashamed to disclose facts in front of other people. Providers should also avoid to the greatest extent possible being used as interpreters by law enforcement.

Service providers must remain aware of the risk for crossing professional boundaries when working cases in which clients may have no other social supports initially or even months into service delivery. *A strengths-based approach to case management entails assisting clients to build social supports outside the realm of professional services, which protects the client's best interests and fosters client independence.* In certain situations, service providers must make the difficult decision to place the needs of the greater good above those of an individual client. While difficult, maintaining consistent, equal, and objective services will protect the interests of all clients.

## **Added Course Notations by CEU By Net, LLC**

### **What Is the Difference Between Trafficking and Consensual Commercial Sex [Sex Work]?**

"The terms sex trafficking, sex work, and prostitution are often conflated. While both sex work and sex trafficking involve prostitution by definition, sex work is consensual and entails a willing engagement in commercial sex. By contrast, sex trafficking involves force, coercion, or deceit. Some enter the industry willingly as sex workers but may eventually become victims of trafficking." *HumanTraffickingSearch.org*

Commercial Sex is defined as "engaging in sexual practices to earn money or other economic benefits." *Consensual Commercial Sex* [often referred to as 'sex work'] is VOLUNTARILY engaging in sexual practices to earn money or other economic benefits. *Sex Trafficking* is NOT VOLUNTARY. Sex trafficking involves force, fraud, or coercion of the trafficking victim.

Unlike Consensual Commercial Sex, Sex Trafficking is covert and is NOT the same as voluntarily engaged in sex work or prostitution. Human trafficking victims are forced into the sex industry against their will. It is not necessary to prove force, fraud, or coercion if the victim is under the age of 18.

### **What Is the Importance of Documentation When Working with Human Trafficking Victims?**

Documentation has two meanings in working with this population: One is the traditional task of effectively *documenting* observations, medical and laboratory findings, clinical assessment, information from the victim, and the other interactions with the individual as well as our communications with law enforcement representatives who will determine if trafficking has in fact occurred in keeping with Federal and State laws.

*The other type of documentation* which is important in working with trafficking victims is the presence or absence of *legal paperwork or records* such as a birth certificate, visa, drivers license, social security card, bank account, or other evidence of citizenship or refugee status. Such documents are frequently taken from the individual by the trafficker, but location or administrative access to such documents is important to confirm eligibility for citizen or refugee protections and benefits.

Because of the nature of the crime and the back-street or covert circumstances in which it often occurs, behavioral health professionals are often not the first to interact with the victim. Health care professionals in both emergency room and outpatient settings are frequently the first to have contact with the trafficking victim, and therefore all health care professionals must have a clear understanding of the signs that sex or labor trafficking are occurring, as well as the requirements that govern proper collection, preservation, and documentation of physical evidence during initial examination of the victim - particularly in the case of sexual assault or other physically damaging abuse which may have occurred.

In Study Guide 3 we have included the Trafficking Assessment document developed by the National Human Trafficking Resource Center - Polaris Project, which facilitates assessment and documentation of the abuse, intimidation, and entrapment circumstances of the victim as well as our clinical impressions of the physical, mental, and developmental impact which the individual has suffered as a victim of this crime.

This careful gathering of assessment and background history, and documentation thereof, play a crucial role in trauma-informed care and rescue of the victim as well as in the identification and prosecution of the perpetrators.

The initial medical assessment includes a detailed history and physical examination, followed by laboratory and radiology studies as may be indicated, and all must be documented. Nurses who are specifically trained in the assessment of rape victims and the collection of physical evidence play an important role in the documentation which is essential in prosecution of perpetrators. In order to be admissible in court, documentation and collection of physical evidence should be timely, gathered at the same time as the physical examination.

As addressed on page 17, trafficking victims typically demonstrate a range of physical injuries, malfunction, and disease, which must be fully documented in order to provide effective care, rehabilitation, and social service benefits, as well as prosecution of traffickers who have been responsible for the physical mistreatment and neglect of the victim.

## Endnotes

<sup>1</sup> Bureau of Justice Statistics, April 2011, “Characteristics of Suspected Human Trafficking Incidents, 2008–2010,” Washington, DC: U.S. Department of Justice. Retrieved June 13, 2012, from <http://bjs.ojp.usdoj.gov/content/pub/pdf/cshti0810.pdf>.

<sup>2</sup> U.S. Department of State, June 27, 2011, “Remarks on the Release of the 2011 Trafficking in Persons Report,” Washington, DC. Retrieved June 13, 2012, from [www.state.gov/secretary/rm/2011/06/167156.htm](http://www.state.gov/secretary/rm/2011/06/167156.htm).

<sup>3</sup> U.S. Department of State, 2011, “Trafficking in Persons Report: June 2011,” Washington, DC: GPO, 21. Retrieved June 13, 2012, from [www.state.gov/j/tip/rls/tiprpt/2011](http://www.state.gov/j/tip/rls/tiprpt/2011).

<sup>4</sup> United Nations Office on Drugs and Crime, 2006, “Trafficking in Persons: Global Patterns,” New York: United Nations, 104. Retrieved June 13, 2012, from [www.unodc.org/documents/human-trafficking/HT-globalpatterns-en.pdf](http://www.unodc.org/documents/human-trafficking/HT-globalpatterns-en.pdf).

<sup>5</sup> Ibid.

<sup>6</sup> U.S. Department of State, 2008, “Trafficking in Persons Report: June 2008,” Washington, DC: GPO, 51. Retrieved June 13, 2012, from [www.state.gov/j/tip/rls/tiprpt/2008](http://www.state.gov/j/tip/rls/tiprpt/2008).

<sup>7</sup> Information included in this section is directly cited from H.J. Clawson et al., August 2009, *Human Trafficking Into and Within the United States: A Review of the Literature*, Fairfax, VA: ICF International. Retrieved June 13, 2012, from <http://aspe.hhs.gov/hsp/07/HumanTrafficking/LitRev/index.shtml>.

<sup>8</sup> Administration for Children and Families, The Campaign to Rescue and Restore Victims of Human Trafficking, October 5, 2009, “Sex Trafficking Fact Sheet.” Retrieved June 13, 2012, from [www.acf.hhs.gov/trafficking/about/fact\\_sex.html](http://www.acf.hhs.gov/trafficking/about/fact_sex.html).

<sup>9</sup> See note 2 above, U.S. Department of State, 2011.

<sup>10</sup> Information included in this section is directly cited from H.J. Clawson, N. Dutch, and E. Williamson, 2008, *National Symposium on the Health Needs of Human Trafficking Victims: Background Brief*. Fairfax, VA: ICF International.

<sup>11</sup> C. Zimmerman, 2003, *The Health Risks and Consequences of Trafficking in Women and Adolescents: Findings from a European Study*, London: London School of Hygiene and Tropical Medicine. Retrieved June 13, 2012, from [www.lshtm.ac.uk/hpu/docs/traffickingfinal.pdf](http://www.lshtm.ac.uk/hpu/docs/traffickingfinal.pdf).

<sup>12</sup> M. Orhant, 2002, “Article 1: Trafficking in Persons” in eds. E. Murphy and A. Hendrix-Jenkins, *Reproductive Health and Rights: Reaching the Hardly Reached*, 1–12. Retrieved June 13, 2012, from [www.path.org/publications/files/RHR-Article-1.pdf](http://www.path.org/publications/files/RHR-Article-1.pdf).

<sup>13</sup> M.P. Alexander, N.D. Kellogg, and P. Thompson, 2005, “Community and Mental Health Support of Juvenile Victims of Prostitution” in eds. S.W. Cooper et al., *Medical, Legal and Social Science Aspects of Child Sexual Exploitation: Vol. 1*, St. Louis, MO: G. W. Medical Publishing, Inc., 397–421; Family Violence Prevention Fund, 2005, *Turning Pain into Power: Trafficking Survivors’*

Perspectives on Early Intervention Strategies, San Francisco, CA: Author; International Organization for Migration, 2006, Breaking the Cycle of Vulnerability: Responding to the Health Needs of Trafficked Women in East and Southern Africa, Pretoria, South Africa: Author; J. G. Raymond et al., 2002, A Comparative Study of Women Trafficked in the Migration Process: Patterns, Profiles, and Health Consequences of Sexual Exploitation in Five Countries (Indonesia, the Philippines, Thailand, Venezuela, and the United States), New York: Coalition Against Trafficking Women International; see note 11 above, C. Zimmerman, 2003; C. Zimmerman et al., 2006, Stolen Smiles: A Summary Report on the Physical and Psychological Health Consequences of Women and Adolescents Trafficked in Europe, London: London School of Hygiene and Tropical Medicine.

<sup>14</sup> See note 13 above, Raymond et al., 2002; Zimmerman, 2003; Zimmerman et al., 2006.

<sup>15</sup> See note 13 above, Zimmerman et al., 2006.

<sup>16</sup> F.B. Watkins, 2005, "The Medical Implications of Anogenital Trauma in Child Sexual Exploitation," in eds. S.W. Cooper et al., *Medical, Legal and Social Science Aspects of Child Sexual Exploitation: Vol. 1*, St. Louis, MO: G. W. Medical Publishing, Inc., 369–396.

<sup>17</sup> A.G. Fassa, 2003, *Health Benefits of Eliminating Child Labour*, Geneva, Switzerland: ILO Publications.

<sup>18</sup> Ibid. Also, see note 12 above, International Organization for Migration, 2006.

<sup>19</sup> See note 11 above, Zimmerman, 2003.

<sup>20</sup> See note 13 above, Zimmerman et al., 2006.

<sup>21</sup> J.G. Silverman et al., 2006, "HIV Prevalence and Predictors Among Rescued Sex-Trafficked Women and Girls in Mumbai, India," *Journal of Acquired Immune Deficiency Syndrome* 43: 588–593; J.G. Silverman et al., 2007, "HIV Prevalence and Predictors of Infection in Sex-Trafficked Nepalese Girls and Women," *JAMA* 298:36–542.

<sup>22</sup> See note 21 above, Silverman et al., 2007.

<sup>23</sup> J.G. Silverman et al., 2008, "Syphilis and Hepatitis B, Co-Infection Among HIV-Infected, Sex Trafficked Women and Girls, Nepal," *Emerging Infectious Diseases* 14:932–934; Raymond et al., 2002.

<sup>24</sup> See note 11 above, Zimmerman, 2003.

<sup>25</sup> See note 13 above, Family Violence Prevention Fund, 2005.

<sup>26</sup> See note 13 above, International Organization for Migration, 2006; M.A. Pico-Alfonso, 2005, "Psychological Intimate Partner Violence: The Major Predictor of Posttraumatic Stress Disorder in Abused Women," *Neuroscience and Biobehavioral Reviews* 29, 181–193. See note 13 above, Zimmerman et al., 2006.

<sup>27</sup> ILO/IPEC-TICSA, 2002, *Specialized Training Manual on Psychosocial Counseling for Trafficked Youth*. Geneva, Switzerland: ILO Publications.

<sup>28</sup> See note 13 above, Alexander et al., 2005; Family Violence Prevention Fund, 2005; International Organization for Migration, 2006. M. Kawsar et al., 2004, "Prevalence of Sexually Transmitted Infections and Mental Health Needs of Female Child and Adolescent Survivors of Rape and Sexual Assault Attending a Specialist Clinic," *Sexually Transmitted Infections* 80, 138–141; Orhant, 2002; D.J. Sheridan and D. VanPelt, 2005, "Intimate Partner Violence in the Lives of Prostituted Adolescents" in eds. S. Cooper et al., *Medical, Legal, and Social Science Aspects of Child Sexual Exploitation: A Comprehensive Review of Child Pornography, Child Prostitution, and Internet Crimes Against Children*, St. Louis, MO: GW Medical Publishing, 423-435; Raymond et al., 2002; Zimmerman, 2003.

<sup>29</sup> See note 13 above, Zimmerman et al., 2006.

<sup>30</sup> See note 11 above, Zimmerman, 2003.

<sup>31</sup> See note 13 above, Zimmerman et al., 2006.

<sup>32</sup> See note 13 above, Raymond et al., 2002; Sheridan and VanPelt, 2005.

<sup>33</sup> See note 13 above, Alexander et al., 2005.

<sup>34</sup> See note 27 above, ILO/IPECTICSA.

<sup>35</sup> Ibid. Also, see note 13 above, International Organization for Migration, 2006; Zimmerman et al., 2006.

<sup>36</sup> See note 13 above, Alexander et al., 2005.

<sup>37</sup> See note 28 above, Sheridan and VanPelt, 2005. See note 13 above, Raymond et al., 2002.

- <sup>38</sup> See note 13 above, Raymond et al., 2002. See note 11 above, Zimmerman, 2003.
- <sup>39</sup> See note 13 above, Raymond et al., 2002. See note 11 above, Zimmerman, 2003.
- <sup>40</sup> See note 13 above, Raymond et al., 2002. See note 11 above, Zimmerman, 2003.
- <sup>41</sup> See note 11 above, Zimmerman, 2003.
- <sup>42</sup> Information included in this section is directly cited from H.J. Clawson et al., August 2009 (see note 7 above).
- <sup>43</sup> P.A. Holcomb et al., 2003, *The Application Process for TANF, Food Stamps, Medicaid and SCHIP: Issues for Agencies and Applicants, Including Immigrants and Limited English Speakers*, Washington, DC: Urban Institute.
- <sup>44</sup> Protection Project, 2002, *Human Rights Report on Trafficking of Persons, Especially Women and Children: United States Country Report*. Retrieved June 13, 2012, from [www.protectionproject.org/wp-content/uploads/2010/09/Iran.pdf](http://www.protectionproject.org/wp-content/uploads/2010/09/Iran.pdf).
- <sup>45</sup> Caliber Associates, 2007, *Evaluation of Comprehensive Service for Victims of Trafficking: Key Findings and Lessons Learned*, Fairfax, VA: Author.
- <sup>46</sup> U.S. Department of Justice, 2006, *Assessment of U.S. Government Efforts To Combat Trafficking in Persons*. Washington, DC: U.S. Government Printing Office.
- <sup>47</sup> See note 45 above, Caliber Associates, 2007.
- <sup>48</sup> See note 46 above, U.S. Department of Justice, 2006.
- <sup>49</sup> See note 45 above, Caliber Associates, 2007.
- <sup>50</sup> Information included in this section is directly cited from H.J. Clawson and N. Dutch, June 2008, *Case Management and the Victim of Human Trafficking: A Critical Service for Client Success*. Fairfax, VA: ICF International. Retrieved June 13, 2012, from <http://aspe.hhs.gov/hsp/07/HumanTrafficking/CaseMgmt/ib.htm>.
- <sup>51</sup> Information included in this section is directly cited from E. Williamson, N.M. Dutch, and H.J. Clawson, April 2010, *Medical Treatment of Victims of Sexual Assault and Domestic Violence and its Applicability to Victims of Human Trafficking*. Fairfax, VA: ICF International. <http://aspe.hhs.gov/hsp/07/HumanTrafficking/SA-DV/index.shtml>.
- <sup>52</sup> See note 13 above, Zimmerman et al., 2006.
- <sup>53</sup> HHS has developed a toolkit for health care workers to help them identify and provide services to victims of human trafficking. This toolkit as well as toolkits for law enforcement and service providers can be found at [www.acf.hhs.gov/trafficking/campaign\\_kits/index.html#health](http://www.acf.hhs.gov/trafficking/campaign_kits/index.html#health).
- <sup>54</sup> J. Dienemann et al., August 2007, "The Domestic Violence Survivor Assessment (DVSA): A Tool for Individual Counseling with Women Experiencing Intimate Partner Violence," *Issues in Mental Health Nursing*, 28, 913–925.
- <sup>55</sup> Agency for Healthcare Research and Quality, 2003, *Medical Examination and Treatment for Victims of Sexual Assault: Evidence-based Clinical Practice and Provider Training* (Report to Congress: AHRQ Publication No. 03-R210). Rockville, MD: Author.
- <sup>56</sup> E. Williamson, N. Dutch, and H. Clawson, 2010, *Evidence-Based Mental Health Treatment for Victims of Human Trafficking*. Retrieved June 13, 2012, from <http://aspe.hhs.gov/hsp/07/HumanTrafficking/MentalHealth/index.shtml>
- <sup>57</sup> A. McIntosh et al., December 2004, *Clinical Guidelines and Evidence Review for Panic Disorder and Generalized Anxiety Disorder*, Sheffield, London: University of Sheffield/London, National Collaborating

Centre for Primary Care.; Otto, Smits, and Reese, 2004; S.A. Rauch and S.P. Cahill, 2003, “Treatment and Prevention of Posttraumatic Stress Disorder, *Primary Psychiatry* 10, 60-65; R.J. Ursano et al., November 2004, *Practice Guideline for the Treatment of Patients with Acute Stress Disorder and Posttraumatic Stress Disorder*, Arlington, VA: American Psychiatric Association; V.R. Weersing et al., 2006, “Effectiveness of Cognitive-Behavioral Therapy for Adolescent Depression: A Benchmarking Investigation,” *Behavior Therapy* 37, 36–48.

<sup>58</sup> For more information, please see the American Bar Association’s *Meeting the Legal Needs of Human Trafficking Victims: An Introduction for Domestic Violence Attorneys and Advocates*. Available at: [www.abanet.org/domviol/pdfs/DV\\_Trafficking.pdf](http://www.abanet.org/domviol/pdfs/DV_Trafficking.pdf).

<sup>59</sup> Information included in this section is directly cited from H.J. Clawson, N. Dutch, and M. Cummings, September 2006, *Law Enforcement Response to Human Trafficking and the Implications for Victims: Current Practices and Lessons Learned*. Fairfax, VA: ICF International. Retrieved June 13, 2012, from [www.ncjrs.gov/pdffiles1/nij/grants/216547.pdf](http://www.ncjrs.gov/pdffiles1/nij/grants/216547.pdf).

<sup>60</sup> Information included in this section is directly cited from H.J. Clawson, N. Dutch, and E. Williamson, 2008, *National Symposium on the Health Needs of Human Trafficking Victims: Background Brief*. Fairfax, VA: ICF International.

<sup>61</sup> See note 13 above, International Organization for Migration, 2006.

<sup>62</sup> See note 13 above, Family Violence Prevention Fund, 2005.

<sup>63</sup> See note 13 above, Alexander, Kellogg, and Thompson, 2005.

<sup>64</sup> See note 11 above, Zimmerman, 2003.

<sup>65</sup> See note 60 above, Clawson, Dutch, and Williamson, 2008.

<sup>66</sup> Office for Victims of Crime, 1998.

<sup>67</sup> See note 60 above, Clawson, Dutch, and Williamson, 2008.

<sup>68</sup> See note 11 above, Zimmerman, 2003.

## Additional Web-Based Resources

Office of Refugee Resettlement <https://www.acf.hhs.gov/orr>

Office for Victims of Crime, Human Trafficking: <https://ovc.ncjrs.gov/>

Office for Victims of Crime/Bureau of Justice Assistance Anti-Human Trafficking Task Force Strategy and Operations e-Guide <https://www.ovcttac.gov/TaskForceGuide/EGuide>

U.S. Department of State, Office to Monitor and Combat Trafficking in Persons: <https://www.state.gov/bureaus-offices/under-secretary-for-civilian-security-democracy-and-human-rights/office-to-monitor-and-combat-trafficking-in-persons/>

### *This is the end of Study Guide 1*

You may take Quiz 1 (i.e., the quiz for Study Guide 1) now or after you finish reading the other Study Guides in this course. (There are three Study Guides total, and each has a quiz.)

To take the quiz for Study Guide 1, return to your My Home Page and click the name of the course. You will then see links to 'view or take' the three quizzes on the right. You can also print a paper copy of all of the quizzes before you start reading, to note answers as you read along (a 'quiz practice' copy). Then when you are ready to take a quiz online, just transfer your answers to the screen, which will take you only a couple of minutes to do. Then click SUBMIT.

You can find Study Guide 2 for this course by returning to your My Home Page and clicking the name of the course. You will then see links to the three study guides on the left.