

Office for Victims of Crime  
Training and Technical Assistance Center

# Human Trafficking

*1 in a series of 8 resource papers:*

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# 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>

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\* 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 by the Trafficking Victims Protection Act (TVPA) as the use of force, fraud, or coercion for the purposes of labor or sexual exploitation (8 U.S.C. § 1101).

**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.

**Debt bondage** (TVPA definition) is the status or condition of a debtor arising from a pledge by the debtor of his or her personal services or of those of a person under his or her control as a security for debt, if the value of those services (as reasonably assessed) is not applied toward the elimination of the debt or the length and nature of those services are not respectively limited and defined.

**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** (TVPA definition) is holding someone against his or her will to pay off a debt.

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>

## 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.

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.

## 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 co-morbidity 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.

## Additional Web-Based Resources

Office for Victims of Crime, Human Trafficking:  
<http://ovc.ncjrs.gov/topic.aspx?topicid=37>

Office for Victims of Crime/Bureau of Justice Assistance Anti-Human Trafficking Task Force Strategy and Operations e-Guide: [www.ovcttac.gov/taskforceguide](http://www.ovcttac.gov/taskforceguide)

U.S. Department of State, Office to Monitor and Combat Trafficking in Persons:  
[www.state.gov/g/tip](http://www.state.gov/g/tip)

Office of Refugee Resettlement: [www.acf.hhs.gov/programs/orr/index.html](http://www.acf.hhs.gov/programs/orr/index.html)

## Endnotes

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