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Study of HHS Programs Serving Human Trafficking Victims

Final Report

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Executive Summary

I.   Introduction

Despite increasing attention regarding the problem of human trafficking into, and more recently within, the United States, knowledge and understanding of the issue and how best to serve victims remain fairly limited (Albanese, Donnelly, & Kelegian, 2004; Derks, Henke, & Vanna, 2006). In 2006, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) within the U.S. Department of Health and Human Services (HHS), with involvement from the Office of Refugee Resettlement (ORR), funded an exploratory study to begin filling this research gap. Specifically, the study was intended to examine how HHS programs were currently addressing the needs of international and domestic victims of human trafficking in the United States, with an emphasis on identifying statutory, policy, programmatic, and other barriers to providing effective, comprehensive services to this population and possible promising practices to addressing these challenges. The results of the study summarized below are presented in more detail in a comprehensive review of the literature, several issue briefs, and this final report (http://aspe.hhs.gov/hsp/07/HumanTrafficking/; http://www.icfi.com/markets/social-programs/).

II.   Methodology

This study addressed the following topic areas: defining human trafficking; characteristics of victims; identification of victims, including challenges; outreach strategies; victims' needs; availability and access to needed services; promising strategies to providing services; and desired outcomes for victims and evidence of achieving those outcomes. There are a number of programs and agencies across the country currently (and previously) funded by HHS and other Federal agencies that are responsible for conducting outreach, identifying victims, providing services, and aiding in the investigation and prosecution of human trafficking cases. Therefore, these programs and agencies were targeted for discussions in order to provide the most comprehensive information addressing the study questions.

Critical to this study was identifying HHS-funded programs working with victims of human trafficking that represented a range of service providers in diverse communities across the country. Ten locations and associated programs were identified, and these locations coincided with 9 of the 10 regions where HHS has regional offices. These study locations were:

- Boston, Massachusetts *(HHS Region I)*
- New York, New York *(HHS Region II)*
- Washington, DC, and the surrounding metropolitan area *(HHS Region III)*
- Atlanta, Georgia *(HHS Region IV)*
- Orlando, Jacksonville, and Tampa, Florida *(HHS Region IV)*
- Chicago, Illinois *(HHS Region V)*
- Dallas/Ft. Worth and Houston, Texas *(HHS Region VI)*
- Kansas City and St. Louis, Missouri *(HHS Region VII)*
- Los Angeles and San Diego, California *(HHS Region IX)*
- Seattle, Washington *(HHS Region X)*

Study teams conducted in-person and telephone discussions with direct service providers representing multiple systems of care (domestic violence, runaway and homeless youth, healthcare, mental health, immigration, social services, and trafficking victim services); Federal, State, and local law enforcement; and trafficking survivors. A total of 117 programs and 341 representatives from those programs across 11 States participated in this study.

The information collected for the study was primarily qualitative in nature. Site summaries were prepared to identify common themes, patterns in responses, and issues needing further exploration during subsequent site visits to other locations and programs or in follow-up discussions. Responses were organized by the study questions and coded for similarities and unique differences across respondent groups and locations.

III.   Key Findings and Lessons Learned

1.   Defining Human Trafficking

1.1   Do we know what human trafficking is?

One of the first questions posed to the study participants was, "What does human trafficking mean to you?" The responses to this question were mixed. The programs receiving Federal funding to serve victims of human trafficking appeared knowledgeable of the definition set forth in the Trafficking Victims Protection Act of 2000 (TVPA). But for some providers, their experiences led them to believe that a determination of a person as a victim of human trafficking often hinged on the ability of law enforcement and prosecutors to "make a case." When probing about domestic trafficking, that is the trafficking of U.S. citizens and lawful permanent residents (LPRs), very few programs and providers recognized adult U.S. citizens and LPRs as potential victims despite their inclusion in the definition of victims under the TVPA. For those programs aware of domestic trafficking, respondents equated it with the prostitution of children by a pimp. However, even this was not a common connection that was being made, particularly among programs working with runaway and homeless youth. It is also important to note that for many providers, trafficking was not only equated with primarily foreign-born victims but also with the movement of victims from one country to another. Some providers and even law enforcement also continued to have difficulty making the distinction between smuggling and trafficking, especially in border regions of the country. Lastly, another problem respondents reported was related to the different types of human trafficking. While for most providers, sex trafficking and labor trafficking appeared well understood, victims of domestic servitude were harder for programs to identify and classify as human trafficking.

1.2   Do we know who the victims of this crime are?

While the definition of trafficking was not always understood or consistently applied, it was clear from this study that the victims of human trafficking that were being encountered and served by study respondents included males and females, adults and children. The forms of trafficking seen by the providers and law enforcement in this study included sex and labor trafficking in the food service, agricultural, and garment industries. Victims of domestic servitude also made up some of the trafficking seen by providers and law enforcement. According to respondents, almost all sex trafficking victims they worked with were female and all of the male victims were trafficked for labor. Characteristics that were common to victims served by providers and encountered by law enforcement were those related to

poverty; victims tended to come from poor, high-crime communities, with minimal education, lacking family support, and often presented with poor self-image and low self-esteem. Some providers worked with clients with histories of sexual abuse, mental illness, and substance abuse. Interestingly, while many of the programs and law enforcement reported coming into contact with international and domestic victims of human trafficking, very few reported working simultaneously with both victim populations.

2.   Identification of Victims of Human Trafficking

2.1   How are victims identified?

Respondents reported that international victims were mostly being identified by local, State, or Federal law enforcement, either through tips, other investigations, raids, or referrals from nongovernmental organizations. But some victims were being identified by health or social service providers, faith-based organizations or houses of worship, and Good Samaritans. In some cases, such as with medical clinics, immigration service providers, and domestic violence shelters, victims were being identified from among existing clients as the result of improved screening procedures. Similar to the case of international victims, law enforcement appeared to be the primary source of identification of domestic victims. However, in most cases, domestic victims were first arrested and charged with crimes such as solicitation, pandering, or shoplifting before being identified as victims of human trafficking. Some shelters reported the only reason they were aware they were serving (or had served) victims of domestic trafficking was that the children or youth had self-disclosed their victimization during counseling sessions.

2.2   What are challenges to identifying victims?

Challenges to identifying domestic child victims

Hidden nature of the crime. While victims were being identified primarily by those in a position to assist them, this process was not without challenges. The hidden nature of this crime was noted by respondents as the greatest obstacle or challenge to identifying child victims of domestic trafficking.

Lack of awareness and understanding. The next greatest challenge was lack of awareness or understanding of domestic trafficking. Not everyone recognized that the prostitution of children younger than 18 years of age is a form of human trafficking. Respondents reported a lack of resources for outreach and training to address this lack of awareness. Many noted that the majority of outreach materials developed for and by the human trafficking field focused primarily on international victims. Additionally, according to respondents, most media attention related to human trafficking focused specifically on international female victims of sex trafficking.

Lack of self-identification as a victim. Victims often do not self-identify as victims. In particular, respondents working with female child victims of domestic sex trafficking reported that these girls often viewed the pimp or trafficker as their boyfriend and everyone else as the enemy, part of the tactic used by the trafficker to isolate and control the girls.

Contradictory laws and lack of legislation. Other participants noted existing State legislation that allows for the arrest of children for prostitution if sex is exchanged for money, even when other laws on the books indicate a person younger than age 18 cannot consent to having commercial sex. Additionally, the lack of State legislation specifically defining domestic trafficking as a crime is another

barrier. Even in States with anti-trafficking legislation, the interpretation and application of the law has not necessarily been included in police training programs, and the average police officer was perceived to be unaware of the law.

Legal and program mandates. Additionally, legal mandates, such as mandatory reporting requiring service providers to report to police and/or child protective services any child abuse, neglect, or sexual exploitation, were seen as hindering the ability of runaway and homeless youth programs to reach domestic victims. Service providers report that youth were often aware of such mandatory reporting requirements of shelters and therefore many avoided contact with these programs and/or figured out ways to manipulate the system by staying only up until the time period for mandatory reporting elapsed and then proceeding to another shelter, which is commonly known as "shelter hopping." Like short stays in general, this prevented many youth from establishing rapport with a clinician or case worker, resulting in them not being identified as trafficking victims and receiving appropriate services, and allowing these youth to remain exposed to exploitation.

Challenges with identifying foreign-born victims

Hidden nature of the crime. Similar to the challenge associated with domestic victims, the hidden nature of the crime of human trafficking continues to be the greatest challenge to identification of international victims and a contributing factor to many of the other reported challenges. While most respondents acknowledged an increase in awareness of the crime of human trafficking as it relates to international victims, it is still a crime that respondents reported needs more attention in the media, both locally and nationally, and more resources devoted to targeted training and ongoing technical assistance for those in positions to identify victims in order for it to become "unhidden."

Fear of law enforcement and fear of retaliation. Next, respondents noted that fear is a significant deterrent to foreign-born victims coming forward and being identified, specifically fear of law enforcement and fear of retaliation by the trafficker. In most cases, it was reported that victims are taught to fear law enforcement, either as a result of experiences with corrupt governments and law enforcement in their countries of origin or as a result of the traffickers telling the victims that if they are caught, law enforcement will arrest them and deport them.

Feelings of shame and disgrace. In addition to fear, international victims were reported to experience feelings of shame and disgrace for their situation. Once again, the fear that someone will find out what has happened to them, especially in the case of sex trafficking, often keeps victims silent.

Lack of self-identification as a victim. Not unlike domestic victims, respondents indicated that most international victims were not aware that they were victims of a crime. They did not know about human trafficking or the U.S. laws against it. And they did not know that they have rights as victims of this crime. The often successful efforts of traffickers to convince victims that they are criminals and have done something wrong further enforces this problem of victims not identifying themselves as being exploited and eligible for protection and services.

Stereotypes and misperceptions. Again, similar to the case of domestic victims, service providers reported that the initial behavior of an international victim upon contact with law enforcement could influence whether he or she was viewed as a victim of human trafficking. According to both service providers and law enforcement in most communities, those involved in prostitution have historically been viewed and treated as criminals. There was also the perception among some service providers that if

victims were unwilling to cooperate with law enforcement and/or if prosecutors were unable to make a legal case for human trafficking, then these law enforcement agencies would not consider these persons as "real" victims, which could negatively affect the ability of providers to secure necessary services or reimbursements for these victims.

Lack of understanding of existing legislation. While a few providers noted the lack of State legislation as a hindrance to identifying international victims, a lack of understanding existing State and Federal legislation is also a problem. For law enforcement, the lack of understanding existing laws translates into a lack of priority and a lack of resources devoted to investigating these crimes at the local level.

3. Promising Outreach and Identification Strategies

3.1 What is promising in communities across the country to identify victims?

Systemwide outreach and training. One of the most common and perhaps most promising strategies according to service providers was providing direct outreach to entire systems. Specifically, outreach to child welfare agencies, police departments, juvenile detention facilities, healthcare systems, congregations, youth-serving agencies, and schools or school districts was viewed as essential to increasing the identification of victims. These are the types of agencies or systems that often come into contact with potential victims, yet do not usually have the education or training to recognize the role they could play in identifying and assisting victims. Through outreach and training to entire systems, communities created an extended network of providers and organizations educated on the issue of human trafficking and expanded the safety net for victims through increased chances of identification, better referrals, and expanded services.

Collaboration with local law enforcement. With regard to international victims of human trafficking, working directly with local law enforcement was viewed by both service providers and law enforcement as a promising strategy to identify more victims and connect them with services. The approach adopted by many service providers was to work with local law enforcement and have them act as the intermediary to identify a victim and bring the case forward to Federal law enforcement.

Involving ethnic community leaders/members in outreach. Another promising practice to conducting outreach and identifying victims includes involving members of ethnic communities in the outreach efforts. It was noted by service providers that engaging key members and/or representatives from well-known and respected organizations within a community, in particular ethnic communities, was essential to reaching a larger audience.

Involving survivors in outreach efforts. Several of the organizations conducting direct outreach to victims include survivors of human trafficking in the outreach activities as well as in the development of outreach materials. According to respondents, survivors provided credibility and a knowledge and understanding of the issue that was often difficult to translate through training to other staff. They also have unique insight into where to find potential victims and how best to approach them. However, it is important to note that survivors themselves need to make the determination of whether they are comfortable or ready to assist with these efforts.

Conducting direct outreach to potential victims. Despite these promising ideas and strategies, direct outreach to victims was limited; it was viewed as too dangerous for staff and too difficult given the

hidden nature of the crime. In those cases where direct outreach to victims did occur, it often followed a crisis response model with staff on call and available 24/7. Additionally, some agencies created dual roles for outreach staff who served as case workers or managers in addition to conducting direct outreach to victims. In this way, the rapport and trust that was established on the street carried over into the service delivery. The link between runaway, homeless, and thrown away youth and human trafficking was not being made by most youth programs and, therefore, potential victims were likely going unidentified.

Targeting populations at risk for human trafficking. An attention to risk factors and the connection with human trafficking was occurring among some law enforcement. A promising strategy to identify more child victims of domestic sex trafficking was employed by two local police departments and involved focusing outreach and investigations on children who present with risk factors for trafficking (e.g., chronic runaway, history of abuse, homeless, previous involvement with child protective services).

4.   Needs of Victims

4.1   What are the needs of victims of human trafficking and how do they differ?

Once victims are identified, determining their needs is a crucial next step for law enforcement and service providers. For all respondents, foremost in the process is assessing the immediate safety needs of the victim. The most common basic or pressing needs beyond safety include emergency housing, basic medical assistance, food/clothing, legal services, and translation services for international victims. Longer term needs include assistance accessing documentation (e.g., birth certificates, passports, Social Security cards, work permits), life skills training, job training, education, mental health services, specialized medical assistance, permanent housing, child care, and in some cases, reunification with family or repatriation. A common need that cuts across both short-term and long-term needs for international and domestic victims was the need for assistance and advocacy to navigate the various systems that victims interacted with (e.g., schools, social service agencies, insurance agencies, legal professionals, courts, child welfare, mental health/counselors, transportation).

5.   Services for Victims of Human Trafficking

5.1   What services are available to victims of human trafficking?

Prior to passage of the TVPA, law enforcement and service providers reported that they struggled with scarce resources to piece together the comprehensive services needed by international victims of human trafficking. Under the TVPA, HHS was designated the agency responsible for helping victims of human trafficking become eligible to receive benefits and services so they might rebuild their lives safely in the United States, and within HHS this authority was delegated to the Office of Refugee Resettlement (ORR).

Eligibility and service availability for international victims

Adult international victims of a severe form of trafficking must become certified in order to be eligible to receive services. This certification is carried out by ORR. T-visas were established under the TVPA and allow victims of trafficking to become lawful temporary residents of the United States. Once certified by ORR, international victims are treated the same as refugees for benefits eligibility purposes. International child victims are not required to be certified to receive services; instead, children who are

determined to be victims of a severe form of trafficking receive letters of eligibility from ORR for benefits and services to the same extent as refugees, similar to the services available to adults. According to respondents, most of the services for international adult victims, both certified and pre-certified, were being provided through the HHS-funded Per Capita Victim Services contract. While international child victims are also being served under the per capita program, respondents reported that most services for such unaccompanied child victims are provided through the Unaccompanied Refugee Minors program. According to service providers, for some victims certification was not an option. In particular, in those cases where victims decided not to cooperate with law enforcement out of fear of retaliation from the trafficker or for other reasons, service providers sought other options for victims. These included seeking asylum, filing for a U-Visa, and accessing services under the Violence Against Women Act; for some cases, service providers reported tapping into non-Federal or unrestricted funding streams to provide ad hoc services.

Eligibility and service availability for domestic victims

U. S. citizens or LPRs who find themselves victims of trafficking (i.e., domestic victims) do not need to be certified in order to receive benefits. In the case of citizens, they are already eligible for many benefits and services they might need. But in this study, respondents only reported providing services to domestic child victims of human trafficking; none of them reported working with adult U.S. citizens or LPR victims. In most cases, domestic child victims were provided services although not always adequate or appropriate through other HHS-funded or administered programs (e.g., Street Outreach, Basic Center programs, child welfare programs, mental health and substance abuse treatment programs). Additionally, service providers reported many of the domestic youth victims received services through the juvenile justice system as a result of being arrested for prostitution or other unrelated crimes (e.g., curfew violations, pandering), although again these services were not always adequate or appropriate. In a few cases, domestic youth victims had been placed in domestic violence shelters. Whether for an international or domestic victim, adult or child, all respondents agreed that the most important service for all victims was case management. Having a central case manager was viewed by service providers and law enforcement as a critical service not only for victims but also for other service providers and agencies involved in a trafficking case. The importance of this role is evident in the fact that most of the programs in the study reported providing some form of case management as part of their menu of services for trafficking victims.

5.2   What are the challenges/barriers to delivering services?

Lack of knowledge and understanding. One of the most common and frustrating challenges reported by law enforcement and service providers was the lack of knowledge and understanding regarding human trafficking among service providers, law enforcement, and even victims themselves who often did not believe or understand that they were victims of crime. As a result, victims often went unidentified and unserved. Lack of knowledge and understanding of what services were available was an additional barrier for service providers.

Limited availability of services. Even though international and domestic victims may be eligible for various services, the supply or availability of those needed services was often limited due to long wait lists and associated fees (even if offered on a sliding scale). According to service providers, this was particularly true for mental health services and substance abuse treatment, especially for domestic child and youth victims. Housing was another service that law enforcement and service providers reported was limited. While finding emergency shelter for women and girls was not usually a problem, finding the

same placements for men and boys was difficult. Finally, the availability of services in general for domestic victims was viewed as problematic by some service providers. As service providers reported, it is important to understand the difference between being eligible for services, the availability of services, and actually being able to access services.

Appropriateness of services. Service providers talked not only about the need for more culturally appropriate services, but also for gender appropriate services. Finding such services could be challenging, particularly in rural communities. Additionally, service providers stressed the importance of understanding what was meant by culturally appropriate services. Recognizing these challenges and the implications for providing appropriate services to clients was seen as critical by providers themselves, since failure to provide such appropriate services could undermine their goal of establishing trust with clients. The appropriateness of services also extends to examining the culture of the environment in which the service is offered. For example, it is important to ensure clients are not placed in a shelter that results in re-victimization, isolation, or humiliation.

Access to services. The two greatest barriers to accessing services reported for international victims were language barriers and transportation. Service providers indicated that the availability of information and access to providers who speak English, Spanish, and in some communities Korean, was not difficult. But their clients that spoke other languages had difficulty accessing services. Additionally, transportation was a problem. For domestic victims, accessing services, including obtaining insurance (e.g., Medicaid) could also be difficult due to a lack of identification. Most domestic victims were not in possession of their birth certificates or other forms of identification. This could also be true for international victims. Providers reported difficulty obtaining proof of identification, birth, and citizenship from consulates, thus often delaying the process of obtaining certification or work authorizations.

Length of services. Another challenge identified by service providers and victims themselves was the length or duration of services available to victims. For example, the standard period for pre-certification services for international victims under the per capita contract is 9 months and the period for services after certification is 4 months. However, according to respondents, the timeline to self-sufficiency varied by client. For domestic youth, shelter stays were often limited to 15, 30, or 60 days and did not allow providers enough time to establish relationships with victims or provide adequate services to meet their longer term needs. In addition to the funding restrictions on service periods, insurance plans such as Medicaid and others often placed limits on the number of counseling sessions that could be covered during a particular period (usually annually). Service providers reported these limits were often insufficient to allow clients to work through their trauma.

Lack of coordination of services. For the most part, service providers acknowledged improved coordination of services for victims over the past several years. However, they saw a need for a single point of contact within each agency working with victims and a central case manager to ensure communication and coordination of services.

Lack of information sharing. Across the board, sharing client information across agencies was seen as a challenge and hindrance to service provision. Providers cited such issues as the protection of client confidentiality, Health Insurance Portability and Accountability Act privacy regulations, legal concerns (e.g., case notes being subpoenaed), and organizational policies as the reasons for the barriers to sharing information.

5.3   What are promising approaches to service delivery?

Offering a one-stop shop for services. While not a common practice, those agencies (primarily refugee service agencies and domestic violence and sexual assault programs) that were able to offer multiple services in a single location were viewed as having a more effective organizational structure. They reported better communication and coordination of services and less confusion for victims.

Mobile services. Another innovation helping to meet the needs of victims in several communities was the use of home visits that provided medical and mental health care, and basic case management. Some service providers mentioned using in-home visits as a way to introduce clients to services, almost as a trial period before transitioning them to in-office treatment.

Trauma-informed and trauma-specific services. One of the most common elements across all forms of human trafficking was the experience of trauma by the victim. While the level of trauma and the victim's reaction to the trauma may vary, trauma was present in all cases. According to service providers, when victims had access to trauma-informed or trauma-specific services, they recovered from the trafficking experience more quickly and were better able to work on other aspects of their lives, such as obtaining an education or seeking employment.

Use of pro bono services. Several agencies reported using pro bono services, particularly for legal services. This often involved providing training to attorneys on the issue of human trafficking and providing access to victims by allowing legal counsel to interview them. While this resulted in a larger pool of affordable and appropriate services for clients, it did require significant training and monitoring according to service providers.

Volunteer programs. Some agencies established programs where their clients could do volunteer work. For example, because many international victims were unable to do regular work until they received their work authorizations, service providers needed to find ways to use this "waiting period" to help engage their clients in the community and workplaces, when appropriate. Several providers have in place volunteer programs where clients gain valuable on-the-job training that can then result in quick placement in a job with the same or similar agencies.

Consistent case managers. Given the complexity of victims' needs and the comprehensiveness of the services provided, service providers, law enforcement, and victims reported that having a consistent case manager from identification through case closure was a promising practice. A central case manager with knowledge of all aspects of a victim's situation can ultimately save time and resources.

Collaboration. The importance of collaboration in meeting the needs of victims of human trafficking cannot be overstated. The establishment of coalitions and task forces, such as the ORR-funded Rescue and Restore coalitions, was viewed as one strategy that has resulted in the increased availability of services for all victims. Several service providers reported establishing formal memoranda of understanding with domestic violence shelters to ensure not only placement of their clients but also placement in a facility with staff trained on human trafficking and sensitive to the needs of victims. For domestic child and youth victims of sex trafficking, it was reported that collaboration among law enforcement, juvenile and family court judges, child protection services, and youth shelters and programs was a promising and necessary practice for identifying and meeting the needs of these child victims.

6.   Anticipated Outcomes for Victims

6.1   What impact are we having on victims and how do we document success?

According to service providers and law enforcement working with victims of human trafficking, the outcomes for victims and the timeline for achieving these outcomes vary. Service providers reported working with each victim to set achievable goals as part of his or her service plan. Based on information provided regarding victim goals, several common short- and more long-term outcomes could be identified. While many of the respondents were able to share stories and provide anecdotal evidence of the positive impact their efforts were having on victims (e.g., cases identified due to outreach activities, direct services provided, number and type of referrals made, and number and type of investigations conducted), very few were able to produce documentation in the form of formal assessments or rigorous (internal or external) evaluations that could establish that their actions, policies, and procedures were the most effective possible.

IV.   Conclusion

While much progress has been made since the passage of the TVPA and the availability of Federal funding to provide effective services to victims of human trafficking, the evidence of this progress remains for the most part anecdotal in nature. Formal assessments and evaluations of these innovative strategies and promising practices from the start are essential to documenting what works (and what does not) and providing other communities across the country with replicable and effective approaches to education, identification, outreach, and service delivery.

I.   Introduction

In 2006, the Office of the Assistant Secretary for Planning and Evaluation within the U.S. Department of Health and Human Services (HHS), with involvement from the Office of Refugee Resettlement (ORR), funded an exploratory study to document how HHS programs were currently addressing the needs of international and domestic victims of human trafficking in the United States, with an emphasis on identifying statutory, policy, programmatic, and other barriers to providing effective, comprehensive services to this population and possible promising practices to addressing these challenges. Additionally, the study explored strategies and interventions delivered by non-trafficking specific programs that could have implications for victims of human trafficking; that is, other health and human service programs that may serve this same population and/or populations at risk for human trafficking, or that may otherwise contribute to improving services to victims of human trafficking by providing examples of promising programs and/or services that are applicable to trafficking victims. This final report summarizes key findings from this study.

Presented below is a synthesized review of the current literature on human trafficking into and within the United States. Specifically, this information was extracted from a comprehensive literature review[1] prepared as part of this study on the definition and scope of the problem, victims of the crime, identification of victims, service provision for victims, and the effectiveness of these services.

1.   What Is Human Trafficking?

The crime of human trafficking, commonly referred to as modern day slavery, affects virtually every country in the world (Europol, 2005; Miko & Park, 2000). It has been associated with transnational criminal organizations, small criminal networks and local gangs, violations of labor and immigration codes, and government corruption (Richard, 1999; U.S. Government Accountability Office, 2006). Historically, trafficking generally has been defined as the trade in women and children for prostitution or other immoral purposes (Europol, 2005). In 2000, however, the international community agreed upon a broader definition for trafficking in persons, found in Article 3 of the United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children. At the same time, in the Trafficking Victims Protection Act of 2000 (TVPA), [2] the U.S. Congress defined and classified trafficking into two categories: sex trafficking and labor trafficking.

In the TVPA, Congress defined severe forms of trafficking in persons as:

a) Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or

b) The recruitment, harboring, transportation, provision or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery (22 U.S.C. § 7102).

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[1] A copy of the comprehensive literature review can be downloaded from the following Web sites: http://aspe.hhs.gov/hsp/07/HumanTrafficking/ and www.icfi.com/markets/social-programs/.
[2] This definition is being used for the purpose of this study.

The term "sex trafficking" means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. Sex trafficking can include prostitution, pornography, stripping, live sex shows, mail-order brides, and sex tourism. Labor trafficking situations may arise in domestic servitude, restaurant work, janitorial work, factory work, migrant agricultural work, construction, and peddling (22 U.S.C. § 7102). It is important to note that under this definition, emphasis is placed on the presence of force, fraud, or coercion and the differential power between the trafficker and victim. Also, while transportation or movement of the victim may occur, it is not a requirement of the crime.

2. What Is the Scope of Human Trafficking into and within the United States?

The prevalence of human trafficking into and within the United States is difficult to estimate for several reasons. Given the covert nature of the crime, accurate statistics on the nature, prevalence, and geography of human trafficking are difficult to calculate (Clawson, Layne, & Small, 2006). Trafficking victims are guarded closely by their captors, many international victims lack valid immigration documentation, trafficked domestic servants remain "invisible" in private homes, and private businesses often act as a "front" for a back-end trafficking operation, all of which make human trafficking a particularly difficult crime to identify and count (Kelly, 2002). Additionally, available data are often non-comparable, contain duplicate counts, are limited to information on women and children trafficked for sexual exploitation, and are inconsistently recorded due to differing definitions and beliefs among service providers regarding who is a victim of human trafficking (Clawson, Layne, & Small, 2006).

According to the U.S. Department of State, 600,000 to 800,000 victims, half of whom are younger than age 18, are trafficked annually across national borders worldwide (U.S. Department of State, 2005; U.S. Department of State, 2006; U.S. Department of State, 2007). Approximately 80 percent of internationally trafficked victims are estimated to be female and 70 percent are believed to be trafficked into the sex industry (U.S. Department of State, 2005). The International Labor Organization (2005) estimates that at any given time, there are 12.3 million people in forced labor, bonded labor, forced child labor, and sexual and involuntary servitude throughout the world. Other estimates of global labor exploitation range from 4 million to 27 million (U.S. Department of State, 2006; U.S. Department of State, 2007).

Since 2000, U.S. Government estimates of the number of people trafficked into the United States each year have ranged from 14,500 to 50,000, with the most recent estimates on the lower end. The closest estimate for domestic trafficking, which is the trafficking of U.S. citizens and lawful permanent residents (LPRs) within the United States, is an estimate of children and youth at risk for sexual exploitation, including trafficking.[3] Between 244,000 and 325,000 American youth are considered at risk for sexual exploitation, and an estimated 199,000 incidents of sexual exploitation of children occur each year in the United States (Estes & Weiner, 2001).

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[3] It is important to note that not all forms of child sexual exploitation meet the definition for human trafficking. However, the prostitution of children, a form of sexual exploitation, does meet the legal definition for trafficking.

3. Who Are the Victims of Human Trafficking?

Regardless of gender, age, immigration status, or citizenship, victims of labor and sex trafficking are vulnerable to force, fraud, and/or coercion (Protection Project, 2002). Traffickers prey on victims who live in poverty, are young, have limited education, lack work opportunities, lack family support (e.g., orphaned, runaway/throwaway, homeless, family members collaborating with traffickers), have a history of sexual abuse, have physical or mental health challenges, and live in vulnerable areas (e.g., presence of police corruption, high crime) (Salvation Army, 2006). Victims of international trafficking may also be in a situation where they are trying to escape from internal strife such as civil war and economic crises (Aiko, 2002). These victims often originate from poorer countries where trafficking has become a significant source of income (Newman, 2006). International evidence regarding trafficking, in both developed and less developed regions including the United States, indicates that women and girls are more likely to be trafficked for commercial sexual exploitation and domestic services; whereas men and boys tend to be trafficked for forced labor in commercial farming, petty crimes, and the drug trade (International Labor Organization, 2002).

Children and youth, including U.S. citizens, are among the most vulnerable. Nationally, the average age at which boys, girls, and transgender youth first become exploited through prostitution is between 11 and 14 years old (Estes & Weiner, 2001; Lloyd, 2005; Spangenberg, 2001). While all adolescent subgroups are at risk for prostitution, specific research conducted on a subpopulation of exploited children demonstrated that African-American girls and women are disproportionately arrested for prostitution relative to their numbers in the population. African-American youth, in particular, are reported to be the most susceptible subgroup to be arrested because they tend to be "forced onto the streets and into blatant solicitation where the risk of arrest is highest" compared to other subgroups (Flowers, 2001). Other risk factors for sexual exploitation, including sex trafficking, include a history of childhood sexual abuse (Council for Prostitution Alternatives, 1991; Farley & Kelly, 2000; Raphael, 2004; Spangenberg, 2001), family disruption (e.g., death, divorce, abandonment, substance abuse, and domestic violence) (Raphael, 2004), school-related problems (Martinez, 2006), and chronic runaways and periods of homelessness (Norton-Hawk, 2002; Raphael & Shapiro, 2002; Silbert & Pines, 1982).

4. How Are Victims Identified?

Despite the hidden nature of human trafficking, a variety of frontline workers, including healthcare workers, mental health professionals, social workers, and school personnel, have the potential to encounter victims. Additionally, community-based organizations, faith leaders, and citizens are also often in positions where they encounter victims of trafficking. As public awareness of the problem has grown, victim referrals from these groups to nongovernmental organizations (NGOs) and service providers have increased significantly (Caliber Associates, 2007).

While there has been an increase in referrals from these service providers, the majority of referrals to NGOs continue to come from Federal and local law enforcement (Caliber Associates, 2007). Many documented cases of domestic and international trafficking have been the result of law enforcement task force investigations. To facilitate these investigations, the Federal Bureau of Investigation (FBI) launched the Innocence Lost program in 2003. As part of this initiative, the FBI established task forces in cities with the most reports of prostituted youth; currently, task forces exist in 27 cities. Similar multidisciplinary anti-trafficking task forces have been funded in 42 communities across the country with

the goal of identifying, investigating, and prosecuting cases and providing the protection and services needed by victims (U.S. Department of Justice, 2006).

Law enforcement personnel report that they are often coming in contact with victims of human trafficking through the investigation of other crimes (Clawson, Dutch, & Cummings, 2006; Venkatraman, 2003), especially prostitution and commercial vice. In many localities, those arrested for prostitution or commercialized vice once were viewed as criminals subject to arrest, detention, and/or deportation if undocumented, but are now often viewed and treated as possible victims of a heinous crime (Chase & Statham, 2005; Clawson, Dutch, & Cummings, 2006; Hyland, 2001). While this shift has not been achieved consistently and requires ongoing education, training, and commitment on the part of agencies and their officers, many victims are benefiting from this shift where it is occurring (Clawson, Dutch, & Cummings, 2006).

5. What Services Are Available for Victims of Human Trafficking?

5.1 Service eligibility

Prior to the passage of the TVPA, NGOs and other service providers with scarce resources struggled to piece together the comprehensive services needed by victims of human trafficking (Clawson, Small, Go, & Myles, 2004). The TVPA designated HHS to certify adult international victims of trafficking, which provides victims who are not U.S. citizens or LPRs with documentation allowing eligibility for various mainstream public benefits and refugee services. In addition, trafficking victims may receive a special T-visa that allows them to lawfully reside in the United States for up to 4 years, and after 3 years they can apply for permanent resident status (Protection Project, 2002). Child victims of human trafficking are eligible for benefits without having to obtain either "continued presence" status or a T-visa from the U.S. Department of Homeland Security, and receive documentation from ORR which establishes such eligibility (ORR is part of the Administration for Children and Families, under HHS) (22.U.S.C. §7105(b)(1)).

Certified international adult victims are eligible to apply for, and if determined eligible receive, federally funded services and benefits to the same extent as refugees, such as assistance with housing or shelter, food, cash assistance, job training, English language training, health care and mental health services, and perhaps even services for victims of torture if they meet the definition of a victim of torture. Some of the mainstream, non-refugee specific benefit programs at HHS and across the federal government that certified trafficking victims may apply for include Temporary Assistance for Needy Families, Medicaid, the One-Stop Career Center System, the Supplemental Nutrition Assistance Program (formerly the Food Stamp Program), Supplemental Security Income, State Children's Health Insurance Program, Job Corps, housing, and other State-specific assistance programs (U.S. Department of Justice, 2006). U.S. citizens who are victims of trafficking do not need to be certified by HHS because they already are eligible to receive such benefits. But LPR victims of trafficking who have been in the United States for less than 5 years are not eligible for Federal means-tested benefits due to restrictions enacted under welfare reform in 1996 (Personal Responsibility and Work Opportunity Reconciliation Act of 1996). This has resulted in the anomaly of an undocumented international victim who is certified by HHS being eligible for a greater range of services than a legal immigrant who is a trafficking victim but has not resided in the United States for a period longer than 5 years.

Unaccompanied international child victims are provided services under the Unaccompanied Refugee Minors (URM) program and, to a lesser degree, by the Division of Unaccompanied Children's

Services (DUCS), both of which are managed by ORR. Once a child victim is determined to be unaccompanied, he or she will typically receive a full range of assistance and services from a local URM program which, in accordance with State law, will establish legal guardianship for the child. Reunification with parents or other family is encouraged, and attempts to trace family members are conducted in coordination with local refugee resettlement agencies. Most children in the URM program are placed in licensed foster homes, although some children may be placed in therapeutic foster care, group homes, residential treatment centers, and independent living programs (U.S. Department of Health and Human Services, 2007). DUCS may receive, identify, and serve an unaccompanied child victim of trafficking on a short-term basis, but what typically occurs is that DUCS will screen children within its custody for trafficking, and those identified as trafficking victims will receive an eligibility letter and be transferred to a URM program for long-term placement. DUCS offers a variety of services, such as shelter care, staff secure care, foster care, innovative secure settings, and residential treatment care for unaccompanied international children apprehended by the Department of Homeland Security and transferred to ORR/DUCS. Similar to the URM program, DUCS facilities provide education, health care, socialization, mental health services, access to legal services, family reunification, and case management (U.S. Department of Health and Human Services, 2008).

5.2   Victims' needs and service availability

Upon identification, victims of human trafficking often present with a number of complex needs, requiring comprehensive services and treatment representing a continuum of care (from emergency, to short-term, and long-term assistance). Providers have conceptualized this continuum of care as having three phases: crisis intervention and assessment, comprehensive assessment and case management, and social reintegration (Bales & Lize, 2004). The goal is to help the victim progress along the continuum that begins at crisis or the need for emergency assistance and moves to a position of safety (all within phase 1). With ongoing assessment and intervention to address existing and emerging needs, the victim can move to stability in phase 2. Finally, victims (now often referred to as survivors) can integrate into their environment and begin to thrive. This continuum echoes the Exit Counseling Model developed by MacInness (1998), which illustrates the importance of beginning trust building and engagement with prostituted youth and moving toward stabilization and support.

The specific needs of victims include safe emergency, transitional, and permanent housing; legal services; medical services (including dental care); substance abuse treatment; trauma therapy; and case management and social services.

Housing/shelter services

Few shelters across the country exclusively serve victims of trafficking and those that do tend to exclusively serve female adolescent victims of sex trafficking. Due to the limited availability of housing options for trafficking victims, most female victims are placed in shelter or housing programs that traditionally serve victims of domestic violence and sexual assault. In emergencies, domestic violence shelters may provide shelter for female child victims. The availability of shelter options is even more restricted for male victims who often are referred to homeless shelters, housed in shelters run by NGOs or faith-based organizations, or placed in hotels or temporary housing paid for by service providers, if available (Salvation Army, 2006).

Legal services

Victims of trafficking often need immediate legal assistance to handle issues related to immigration status, a trafficking investigation and prosecution, a civil lawsuit against a trafficker, juvenile delinquency proceedings, or issues about having dependency or guardianship established (Caliber Associates, 2007; Florida University Center for Advancement of Human Rights, 2003). Attorneys are needed to let victims know about their legal options and rights; educate them about the legal system; represent them in hearings; help them receive certification and complete applications for a T-visa, U-visa, Special Immigrant Juvenile status, or derivative visas for family members; and assist them with gaining lawful permanent resident status and the repatriation process, if appropriate (Florida Immigrant Advocacy Center, n.d.; Salvation Army, 2006). Additionally, attorneys may also need to assist victims of trafficking with housing, employment, medical problems, transportation issues, and obtaining other services if they are not receiving social service support or case management through a partnering agency (Caliber Associates, 2007).

Medical services

Victims can have both emergency and long-term medical problems as a result of the abuse and/or harsh labor conditions they experienced (Bales, 2004; Caliber Associates, 2007). Service providers have reported the following needs for medical services: basic physical exams; gynecological exams; tests for infectious diseases; treatment for stomach problems and headaches (often symptomatic of an emotional problem); chronic back, hearing, cardiovascular, or respiratory problems; and eye and dental care (Caliber Associates, 2007). Work with torture victims indicates that medical treatment is essential to physical and psychological healing, as lingering body pains and symptoms create daily reminders of past torture.

Substance abuse treatment

Limited information is available regarding substance abuse treatment for adult victims of human trafficking. One explanation given by a service provider for this absence is the belief that victims are reluctant to divulge this problem for cultural reasons as well as concern that by acknowledging they have a problem, they may be jeopardizing their credibility as a witness in their trafficking case, their immigration case, or a future custody case (Caliber Associates, 2007). Likewise, research specific to substance abuse in minor trafficking victims is also extremely limited. However, there is some general research on adolescent treatment programs that might provide some guidance about effective substance abuse services for minor trafficking victims. Most important, research suggests that adolescent treatment for substance abuse must be tailored to the unique challenges and developmental needs of the population served (Hser et al., 2001; Physician Leadership on National Drug Policy, 2002). Additionally, the earlier treatment is received, the shorter the course of substance abuse. While encouraging, the problem is that fewer than 1 in 10 adolescents with substance abuse or dependence problems receives treatment (Dennis, 2006).

Trauma therapy

Like torture victims, trafficking victims often experience posttraumatic stress disorder (PTSD), depressive disorder, other anxiety disorders, or substance abuse, and some may display symptoms of Stockholm syndrome (Center for the Survivors of Torture, n.d.; De Jong et al., 2001; Graham & Wish, 1994; Shrestha et al., 1998). Specific symptoms can include sleep disorders, nightmares, difficulty concentrating or relaxing, experiencing feelings of hopelessness, and physical symptoms such as

headaches, chest pain, shaking, sweating, and dizziness (Center for Victims of Torture, n.d.). The recognition of co-occurring disorders and the need for integrated treatment approaches, specifically for trauma, substance use, and mental health disorders, has gained momentum over the past 5–10 years (Austin, Macgowan, & Wagner, 2005; Battjes et al., 2004; Dasinger, Shane, & Martinovich, 2004; Dennis et al., 2002, 2004; Godley, Jones, Funk, Ives, & Passetti, 2004; Robbins, Bachrach, & Scapocznik, 2002). Trauma therapy is often a critical component to this integrated treatment approach. Trauma recovery models begin with pretreatment assessment and an understanding of a victim's current safety risk. Once the victim's immediate safety is established, a clinician can begin to address the trauma issues and their related symptoms, including any appropriate family work, and treat any co-occurring disorders (Mahoney, Ford, Ko, & Siegfried, 2004). Literature on adults shows that comprehensive treatment systems that provide both trauma-informed and trauma-specific services are most effective in identifying and responding to victims' multiple needs. Effective systems include culturally competent approaches with basic supports and services, peer support, and coordinated treatment across multiple systems of care (Finkelstein et al., 2004; Harris & Fallot, 2001; Herman, 2003; Pearlman & Courtois, 2005; Hoshmand, 2007; Ugarte, Zarate, & Farley, 2003).

Case management and social services

Given their complex needs, victims of human trafficking typically encounter a range of law enforcement, and health and human service providers and agencies, which can be a daunting experience, especially for international and child victims. In response, providers have adopted intensive case management approaches. A case manager works with other service providers and is responsible for assessing service needs, providing victims with information about their rights to services, establishing comprehensive service plans with victims, identifying and making service referrals, coordinating services, accompanying victims to appointments, advocating on behalf of victims to other providers and agencies, providing emotional and moral support, and often keeping victims informed of progress on their legal cases and T-visa and other applications (e.g., Social Security card, work permit) (Caliber Associates, 2007; Salvation Army, 2006). Case managers help stabilize victims by offering opportunities to obtain an education, develop life/social skills, learn a new language, gain job skills, and obtain employment, all essential in order for victims to reintegrate into society (Caliber Associates, 2007). Coordinated care that takes a holistic approach to treatment, while often challenging, is essential to meeting the medical, psychological, and social needs of victims (Center for Victims of Torture, n.d.; Program for Torture Victims, n.d.).

6.   How Effective Are Services for Victims of Human Trafficking?

Current research suggests that services available for victims of human trafficking are meeting some of their needs (Bales & Lize, 2004; Caliber Associates, 2007); however, these studies have been limited and have tended to focus on international victims. Findings from these studies have identified a number of barriers and challenges to accessing and providing services. Despite the definition of human trafficking provided by the TVPA, proper identification of victims remains one of the greatest challenges; there still are inconsistencies in how law enforcement and service providers define victims and handle cases. Additionally, inconsistent protocols (including questions to ask and techniques for interviewing victims) are used to screen victims of trafficking (Clawson, Dutch, & Cummings, 2006).

Once victims are identified, provider policies and practices can create additional challenges and barriers. Examples of such barriers include restrictive rules at shelters; concerns regarding confidentiality, including concerns over reports to child protective services; lack of age-appropriate groups and culturally

appropriate services; lack of trust in staff due to high turnover; and the need for increased assistance and support to leave the streets (Aviles & Helfrich, 2004; Dalton & Pakenham, 2002). Providers themselves can also face a number of challenges in serving this population, including the following: lack of resources to provide intensive case management and follow-on/aftercare services for extended periods of time (Dennis, 2006); lack of training (e.g., how to gain victim trust, effective outreach methods, cultural competency, confidentiality) (Bird, 1999; Clawson et al., 2004); ineffective coordination of services across agencies (Clawson, Dutch, & Cummings, 2006); safety concerns for victims and staff (Clawson et al., 2004); lack of monitoring of service quality (Lyons & Rogers, 2004); inability to identify and respond to the co-occurrence of emotional and behavioral problems (especially among adolescents) (Mark et al., 2006); and a general lack of service availability within a community, particularly the availability of appropriate interpreters/translators, secure housing, and affordable medical/dental care (Clawson et al., 2004).

In terms of the effectiveness of the programs and services for victims of human trafficking, little research is available. What is known is limited to two studies that examined services for international victims of human trafficking (Bales & Lize, 2004; Caliber Associates, 2007) and anecdotal information from providers and victims. While little evidence exists to support the effectiveness of specific services for victims of human trafficking, providers have begun to agree on some potential promising practices, especially in working with prostituted children; however, it should be noted that comprehensive evaluations of such practices do not exist (A. Adams, personal communication, March 2006; Caliber, Associates, 2007; N. Hotaling, personal communication, June 2006; R. Lloyd, personal communication, May 2007; National Center for Missing and Exploited Children, 2002; K. Seitz, personal communication, October 2006). Identified components of promising practices include safety planning, collaboration, relationship development/consistency, culturally appropriate services, and trauma-informed programming.

7. Need for Further Study

Despite increasing attention to the problem of human trafficking into, and more recently within, the United States, knowledge and understanding of the issue and how best to serve victims remain fairly limited (Albanese, Donnelly, & Kelegian, 2004; Derks, Henke, & Vanna, 2006). The promising practices identified by service providers are an important first step in understanding the problem and potential solutions. However, much remains unknown about trafficking cases, including characteristics of the victims and perpetrators (beyond those identified by law enforcement or service providers); the long-term impact of human trafficking on victims, their families, and communities; the effectiveness of anti-trafficking programs; and best practices in meeting the needs of victims. What is known about victims of human trafficking is focused primarily on the trafficking of women into the United States for sexual exploitation, with little attention to domestic trafficking, child victims, and in particular, male victims of sex and labor trafficking.

Findings from research and evaluations of programs serving victims of domestic violence, torture victims, prostituted children, and exploited homeless and runaway youth have provided insight into what we might expect to find from similar studies of programs serving international and domestic victims of human trafficking. However, in the absence of such studies, service providers, policy makers, and others in the anti-human trafficking field have been left to draw conclusions from overviews, commentaries, and anecdotal information (Gozdziak & Collet, 2005).

This study is intended to begin examining the extent to which the needs of victims of human trafficking, both international and domestic, are being addressed by HHS programs. Specifically, this exploratory study expands our current knowledge and understanding of the existing research and literature related to the definition of human trafficking, outreach and identification efforts, and understanding and meeting victims' needs, including the availability and accessibility of needed services. Additionally, this report examines issues related to anticipated outcomes for victims, documentation of these outcomes, and any potential lessons that have been learned from the work being done by HHS programs and other service providers and first responders.

II. Methodology

This section presents the key research questions that guided the study, the study design, and analytic strategy to answer these key questions.

1. Guiding Study Questions

This study is intended to provide a more in-depth understanding of human trafficking, the victims of this crime, and the services provided to meet their needs by programs primarily funded by HHS. Specifically, the following questions are addressed by this study:

- How does the field define human trafficking? Who is a victim and what are the characteristics of victims of human trafficking?

- How are victims of human trafficking being identified? What are challenges to identifying victims?

- What outreach strategies are being used successfully to reach and identify victims?

- What are the needs of victims? In what ways, if any, are the needs of victims similar and how are they different?

- What services are being provided to victims of human trafficking, both international and domestic, and who are the agencies providing services? How are these services similar for trafficking victim populations and how are they different?

- In what ways, if any, is access to services different for international compared to domestic victims? Adults compared to children? Males compared to females? Victims of sex trafficking compared to labor trafficking?

- What are challenges/barriers to providing services? To accessing services? How are these challenges/barriers similar or different for international compared to domestic victims? Adults compared to children? Males compared to females? Victims of sex trafficking compared to labor trafficking?

- What are promising approaches/strategies to providing services?

- What are the desired outcomes for victims as a result of receiving services?

- What evidence is there that programs/services are achieving desired outcomes?

The answers to these questions are intended to provide HHS, other Federal agencies, and the field of victim service providers, child welfare and juvenile justice professionals, law enforcement, and other key stakeholders in the fight against human trafficking with current information grounded in the realities of those working directly with victims, and to help inform future policies and practices.

2.   Approach to the Study

A number of programs and agencies currently (and previously) funded by HHS and other Federal agencies across the country are responsible for conducting outreach, identifying victims, providing services, and aiding in the investigation and prosecution of human trafficking cases. Therefore, these programs and agencies were targeted for discussions in order to provide the most comprehensive information addressing the study questions. Additionally, the study approach expanded the focus to programs that are not trafficking-specific but likely to encounter potential victims or those at greatest risk for trafficking in order to further our understanding of challenges, gaps, and promising practices and strategies to improve outreach, identification, and services.

3.   Program Selection

Critical to the study was identifying a sample of HHS-funded programs working with victims of human trafficking that represent a range of service providers and communities across the country. Specifically, locations with the greatest concentration of HHS-funded programs, including Rescue and Restore coalitions, subcontractors under the per capita[4] program run by the U.S. Conference of Catholic Bishops (USCCB), intermediary contractors, and street outreach grantees were identified. Other criteria for selecting the final study sample included:

- **Geographic region**—International and domestic victims of human trafficking can be found in many regions of the country. For this reason, it was important to ensure geographic representation to capture any possible differences in the types of victims being identified and served, availability of services, and challenges and barriers encountered that may be attributed to geographic region. Regions were defined based on the location of the HHS regional offices.[5]

- **Type of program**—The needs of trafficking victims are complex, comprehensive, and varied. In order to fully understand how well the needs are being met, identify gaps in services, and identify promising practices in serving trafficking victims, it is important to ensure representation of the full spectrum or continuum of services within and across the sites. Efforts were made to identify at least one of each of the following programs in each location for inclusion: case management; outreach and education; housing/shelter; legal services; medical services; mental health/counseling services; social services (education, job training/employment assistance, financial assistance, life/social skills, parenting skills); and substance abuse treatment. In many cases, multiple services are being provided by a single agency or program.

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[4] The Office for Victims of Crime 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. Additionally, HHS extended the parameters of its direct services (now per capita services) funding to cover the period of pre-certification. The Per Capita Victim Services contract is designed to centralize services while maintaining a high level of care for victims of human trafficking through anytime, anywhere case management.

[5] The HHS regional offices are: Region 1: Boston; Region 2: New York; Region 3: Philadelphia; Region 4: Atlanta; Region 5: Chicago; Region 6: Dallas; Region 7: Kansas City; Region 8: Denver; Region 9: San Francisco; and Region 10: Seattle.

- **Population served**—Victims of human trafficking may be males or females, adults or children, victims of sex trafficking and/or labor trafficking, and international or domestic victims. An important criterion when selecting sites and programs was ensuring representation of a wide range of victims being served. In some cases, it is not known whether services are being provided to victims of human trafficking or whether the definition of human trafficking used by the program to identify clients is consistent with the Federal legal definition. For example, it is likely that some programs may be serving clients who meet the legal definition of human trafficking but are unaware of this and therefore do not indicate that they are serving trafficking victims. For others, they may be identifying clients as victims of human trafficking who do not meet the legal definition. And finally, others may be serving individuals at risk for human trafficking but who are not actual victims yet. The exploration of how trafficking is defined, how victims are identified, and who is being served was critical to the study and required representation from diverse programs.

- **History working with victims of trafficking**—Another important criterion used in selecting programs was the extent to which there was a history of working with victims of human trafficking. That is, it was important to ensure the inclusion of programs with direct and substantial experience working with this population who could share their lessons with others.

Initially, 12 geographic locations and associated programs were identified as the possible study sample. A feasibility assessment was subsequently conducted with the programs in the 12 locations to verify available information on services provided and populations served, and to identify programs that did not meet the selection criteria and/or were not interested in participating in the study. Specifically, e-mails and informal calls were made to points of contact for each HHS-funded program and a sample of other identified programs to explain the purpose of the study, verify information already collected on the programs, discuss plans for visiting the programs to conduct informal discussions with staff, and assess their willingness to participate in the study. The feasibility assessment was also an opportunity to identify additional programs to include in the study. Based on the feasibility assessment, 10 locations and associated programs were identified. These locations were:

- Boston, Massachusetts *(Region I)*
- New York, New York *(Region II)*
- Washington, DC, and the surrounding metropolitan area *(Region III)*
- Atlanta, Georgia *(Region IV)*
- Orlando, Jacksonville, and Tampa, Florida *(Region IV)*
- Chicago, Illinois *(Region V)*
- Dallas/Ft. Worth and Houston, Texas *(Region VI)*
- Kansas City and St. Louis, Missouri *(Region VII)*
- Los Angeles and San Diego, California *(Region IX)*
- Seattle, Washington *(Region X)*

A map depicting the number of programs represented in each location and a list of programs participating in the study are provided in Appendix A. Maps of HHS-funded anti-trafficking programs are provided in Appendix B. Based on the maps, the locations and programs included in the study are representative of the HHS-funded programs across the country.

4. Information Collected

Study teams conducted in-person and telephone discussions with direct service providers representing multiple systems of care (domestic violence, runaway and homeless youth, healthcare, mental health, immigration, social services, and trafficking victim services); Federal, State, and local law enforcement; and trafficking survivors to identify issues, themes, challenges, and promising practices related to services for victims of human trafficking, both international and domestic. Topics covered during the discussions included client characteristics and needs, client identification and outreach, services provided, challenges/barriers to providing and accessing services, and promising practices. For those programs not directly working with victims of human trafficking, or those who were unsure if they were working with victims, additional areas were covered, including ability to identify and provide services to victims, anticipated challenges to working with this population, and lessons learned from current clients that can inform services to victims of human trafficking. A set of questions and probes were available to the study team to guide the discussions, as necessary (see Appendix C for guiding questions). Table 1 provides a summary of the number of programs and staff/personnel participating in the discussions for each location. A total of 117 programs and 341 representatives from those programs across 11 States and the District of Columbia participated in this study.

Table 1. Summary of Study Participants

Location	Number of Programs and Participants
Georgia	**10** programs (8 on-site and 2 phone) **30** discussants
Massachusetts	**12** programs (12 on-site) **35** discussants
Texas	**18** programs (10 on-site and 8 phone) **55** discussants
Washington, DC, Maryland, and Virginia	**9** programs (8 on-site and 1 phone) **48** discussants
Washington State	**11** programs (7 on-site and 4 phone) **32** discussants
Florida	**14** programs (9 on-site and 5 phone) **33** discussants
Illinois and Missouri	**13** programs (13 phone) **30** discussants
New York	**12** programs (9 on-site and 3 phone) **27** discussants
California (San Diego and Los Angeles)	**18** programs (17 on-site and 1 phone) **51** discussants

5. Analysis

The information collected for the study was primarily qualitative in nature. Very few programs reported systematically collecting quantitative data on their programs and services. The main exceptions were programs receiving funding as a subcontractor under the HHS per capita program and those receiving funding from the Office for Victims of Crime within the U.S. Department of Justice under the comprehensive services grants. Given the focus of the study on HHS-funded programs serving victims of human trafficking, data from the per capita program were obtained from USCCB, the prime contractor for this program. Obtaining data from USCCB reduced the burden on local programs to produce such

quantitative data and provided access to data on all subcontracts and clients served under the program from its inception. Additionally, data on the number of certifications issued by HHS for victims of human trafficking were obtained from ORR.

During each site visit, a member of the study team took copious notes during the discussions. For telephone discussions, responses were similarly retained. From these detailed notes, site summaries were prepared to identify common themes, patterns in responses, and issues needing further exploration during subsequent site visits to other locations and programs. These summaries also informed the development of schemes used for subsequent organization of information. When necessary, follow-up telephone discussions were conducted with staff to fill in gaps and obtain clarifying information. All discussion notes were entered into a database. Responses were organized by the study questions and coded for similarities and unique differences across respondent groups and locations. The coded data were then synthesized for the final report and associated issue briefs.[6]

Descriptive statistics were run on data obtained from USCCB regarding the number and type of trafficking victims served under the per capita program from April 2006 to June 2009. This information is presented in the report. Descriptive statistics were also run on certification data. Specifically, the number of certifications for adults and children by fiscal year and demographics of the victims are included in this report.

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[6] A series of five issue briefs was prepared as part of this study and can be downloaded from the following Web sites: http://aspe.hhs.gov/hsp/07/HumanTrafficking/ and www.icfi.com/markets/social-programs/.

III.   Key Findings and Lessons Learned

This section highlights key findings and lessons learned from this study, which are organized into the following six topics derived from the study questions: 1) defining human trafficking; 2) identifying victims; 3) promising outreach and identification strategies; 4) health and human service needs of victims; 5) service delivery; and 6) victim outcomes.[7]

1.   Defining Human Trafficking

1.1   Do we know what human trafficking is?

One of the first questions posed to the study participants was, "What does human trafficking mean to you?" The responses to this question were mixed. The programs receiving Federal funding to serve victims of human trafficking appeared knowledgeable of the definition set forth in the TVPA. Additionally, agencies that had worked with their local anti-trafficking task force and/or their community coalition against human trafficking (funded initially by HHS) reported being aware of the definition of human trafficking and the forms of trafficking that it covers. However, while the definition was clear to these agencies, applying the definition to actual cases was not always as clear. For example, several of the service providers indicated they were working with clients who they believed met the definition of human trafficking, whereas law enforcement was not always in agreement with that assessment. Because the ultimate determination of whether an adult has been a victim of human trafficking under Federal laws resides with law enforcement agencies, which in turn can substantially affect determinations by HHS, the end result has not always been satisfactory to service providers. The perception among several providers was that law enforcement and prosecutors were more likely to determine a case to be human trafficking if there were multiple victims involved (versus the single victim case). Additionally, for some providers, their experiences suggest to them that a determination of a person as a victim of human trafficking often hinged on the ability of law enforcement and prosecutors to "make a case." While only perceptions, the implication of these opinions represent an ongoing tension between service providers and law enforcement.

When probing about domestic trafficking, very few programs recognized adult U.S. citizens and LPRs as potential victims, although both U.S. citizens and LPR victims are included under the parameters of human trafficking as defined in the TVPA. This is partly because few of the service providers and law enforcement in the study had ever worked with these populations or were aware of such cases. The one exception cited across multiple locations and programs was a case involving the trafficking of homeless adult male citizens for labor.

For those programs aware of domestic trafficking, respondents equated it with the prostitution of children by a pimp. However, this was not a common connection that was being made, particularly among programs working with runaway and homeless youth. There remained confusion within street outreach programs and basic center programs (both funded by HHS, Administration for Children and

> The **TVPA** defines severe forms of trafficking in persons as,
>
> a) sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or
>
> b) the recruitment, harboring, transportation, provision or obtaining of a person for labor or services, through the use of force, fraud or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery (22 U.S.C. § 7102).

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[7] It is important to note that these findings are based on informal discussions with 117 programs across 10 locations, with a range of 9–18 discussions per location.

Families, Family Youth Services Bureau) regarding who was a victim of human trafficking and whether their programs might encounter such victims. When representatives from these programs were asked if they serve (or ever had served) victims of human trafficking, almost every respondent said no. In following up on these responses, it became clear that to these providers, human trafficking equated with foreign-born persons and not U.S. citizens. When asked if they ever encountered youth involved in prostitution, the majority of the programs said yes. While this was not a routine screening question for the majority of the runaway and homeless youth (RHY) programs, several of them reported that roughly 10–15 percent of the youth seen in their shelters were involved (or had been involved) in pimp-controlled prostitution. The number of youth engaging in survival sex or self-prostitution was reportedly much higher, especially for boys. Only a few programs across the study locations acknowledged these as crimes against children and only a couple of programs recognized the link between the prostitution of children and domestic (sex) trafficking. Most of the providers viewed engagement in prostitution, especially among boys, as a means of survival. For some programs, it was viewed as a choice the children make to earn money. This stereotype was further reinforced as a result of attempts by youth to recruit others from shelters into prostitution. Clearly the dynamics of human trafficking and ultimately the definition of domestic trafficking were not well understood by all those coming in contact with potential victims, pointing to the implementation challenges for those working to combat human trafficking.

Interestingly, rather than referring to these crimes as domestic (sex) trafficking, several of the programs and law enforcement officers contacted by this study were using the term "commercial sexual exploitation of children" to define the prostitution of children. For them, this term was more encompassing of the range of exploitation (e.g., survival sex, pornography, stripping) they saw among the children they worked with on the streets and in their facilities, even though the Federal trafficking definition also references "commercial sex." Once again, human trafficking was a term that most of these service providers and law enforcement personnel reserved primarily for international victims, both adults and children.

It is also important to note that for many providers, trafficking was not only equated with primarily foreign-born victims but also with the movement of victims from one country to another. This was yet another misinterpretation of the federal definition and the term trafficking itself. Additionally, some providers and even law enforcement continued to have difficulty making the distinction between smuggling and trafficking, especially in border regions of the country. This may be due in part to the difficulty of determining or understanding when elements such as coercion are present, indicating that the case may be one of human trafficking. For example, there could be a case that might have initially started as a smuggling operation, but evolved into a trafficking operation if force, fraud, or coercion were used in relation to the victims (e.g., if smugglers forced or coerced people into certain types of labor to pay off their debt).

Another confusion respondents reported centered around the different types of human trafficking. While for most providers, sex trafficking and labor trafficking appeared well understood, domestic servitude and servile marriage were harder for programs to identify and classify as trafficking. For some, these cases represented sex trafficking, for others labor trafficking, and still others classified these victims as both sex and labor trafficking. In most cases, the differences in classification stemmed from the information or details available about a particular case.

While most respondents, particularly those receiving HHS and other Federal funding to address human trafficking, reported noticeable improvement in an understanding of the crime and its victims by other service providers and law enforcement since the passage of the TVPA, they also acknowledged that

there was much more work to do in this area. This was especially true regarding those forms of human trafficking that were not clearly sex trafficking or labor trafficking, and domestic trafficking of adults and children for purposes of labor and/or sex.

1.2   Do we know who the victims of this crime are?

While the definition of trafficking was not always understood or consistently applied, it was clear from this study that the victims of human trafficking who were being encountered by study respondents included males and females, adults and children. The forms of trafficking seen by the providers and law enforcement in this study included sex and labor trafficking in the food service, agricultural, and garment industries. Victims of domestic servitude also made up some of the trafficking seen by providers and law enforcement. According to respondents, almost all sex trafficking victims they worked with were female and all of the male victims were trafficked for labor. However, many of the male victims were sexually assaulted as part of the intimidation and violence used by the trafficker to keep them enslaved.

> **Some Local Program Statistics:**
>
> - 20 out of 94 clients currently in an adolescent treatment facility have a known history of prostitution
> - 40% of youth in an RHY shelter have been involved with the child welfare system
> - 50–60% of youth in an RHY shelter have a mental health diagnosis
> - 70–80% of youth in an RHY shelter have significant health care needs

Just as the literature and prior research have suggested, while the statutory terms used to define trafficking are relatively clear, victims of human trafficking did not consistently fit into these discrete classifications. What was fairly consistent, however, was the characteristics of those victims served by providers and encountered by law enforcement. According to respondents, victims tended to come from poor, high-crime communities, with minimal education, lacking family support, and often presented with poor self-image and low self-esteem. Some providers worked with clients with histories of sexual abuse, mental illness, and substance abuse. These combinations of risk factors were associated frequently with victims of sex trafficking.

Interestingly, while many of the programs and law enforcement reported coming into contact with international and domestic victims of human trafficking, very few reported working simultaneously with both victim populations. Service providers predominantly served international victims, both adults and children, or domestic victims. While law enforcement encountered both, different task forces or special units tended to handle either international or domestic victims. This bifurcation was seen primarily as a function of funding restrictions, capacity within an organization, and the result of organization mission and priorities.

2.   Identification of Victims of Human Trafficking[8]

2.1   How are victims identified?

Across respondents, the majority of international victims were reportedly being identified by local/State or Federal law enforcement through tips, other investigations, raids, or referrals from NGOs. Others identifying victims included social service providers, faith-based organizations and houses of faith, and Good Samaritans. In some cases, such as with medical clinics, immigration service providers, and

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[8] For additional information on the identification of victims of human trafficking, see the issue brief prepared as part of this study entitled, "Identifying victims of human trafficking: Inherent challenges and promising strategies from the field," it can be downloaded from http://aspe.hhs.gov/hsp/07/HumanTrafficking/ or http://www.icfi.com/markets/social-programs/.

domestic violence shelters, victims were being identified from among existing clients as the result of improved screening procedures. By asking the right questions, staff were able to determine that clients with other issues and needs for services often met the definition of human trafficking.

Similar to the case of international victims, law enforcement appeared to be the primary source of identification of domestic victims. However, in most cases, domestic victims were first arrested and charged with crimes such as solicitation, pandering, or shoplifting before being identified as victims of human trafficking. Some shelters reported the only reason they were aware they were serving (or had served) victims of domestic trafficking was that the children or youth had self-disclosed their victimization during counseling sessions.

> *"We often encounter victims [of human trafficking] during the investigation of other crimes. Unfortunately, not all of our officers are trained in the issue or know the red flags to look for. I'm sure we are coming across victims without even knowing it. We need more training."*
>
> —Law enforcement officer

2.2   What are challenges to identifying victims?

Challenges to identifying domestic child victims

Hidden nature of the crime. While identifications of victims were occurring primarily by those in a position to assist the victims, this process is not without challenges. The hidden nature of this crime was noted by respondents as the greatest obstacle or challenge to identifying child victims of domestic trafficking. Providers and law enforcement acknowledged that the prostitution (or trafficking) of children was not occurring on the streets but out of view and more often was being facilitated by pimps (or traffickers) through the Internet. This makes it difficult to keep up with who and where these children are. Unfortunately, respondents indicated that very little effort and resources were being devoted to reaching out to potential victims through the same channels that the traffickers were using to exploit them. But the recent establishment of the Internet Crimes Against Children task forces may have some impact on sex trafficking of domestic children, although data are not yet available to determine that.

Lack of awareness and understanding. The next greatest challenge was lack of awareness or understanding of domestic trafficking. As already noted, not everyone recognized that the prostitution of children younger than 18 years of age is a form of human trafficking. Still others did not recognize this as a crime at all. There were several reasons given for this. First, respondents reported a lack of resources for outreach and training to address this issue. Many noted that the majority of outreach materials developed for and by the human trafficking field focused primarily on international victims. In fact, during the site visits, there were no visual displays of human trafficking materials, such as those developed by the HHS-funded national Rescue and Restore Victims of Human Trafficking campaign, in any of the RHY shelters. Additionally, according to respondents, most media attention related to human trafficking focused specifically on international female victims of sex trafficking. What little media attention there was on domestic trafficking appeared to be presented as child prostitution or sexual exploitation, not a form of human trafficking.

Lack of self-identification as a victim. In addition to service providers and law enforcement being unaware of this form of human trafficking, victims often do not self-identify as victims. Respondents working with female child victims of domestic sex trafficking reported that these girls often viewed

> *"If a person does not view themselves [sic] as a victim, the message about human trafficking will not stick. They will not relate the information to their situation. We need to educate about the issue without using labels."*
>
> —Service provider

the pimp or trafficker as their boyfriend and everyone else as the enemy—part of the tactics used by the trafficker to isolate and control the girls. For many of these girls, they had run away from group homes or foster care, and had run-ins with law enforcement and been arrested for prostitution. Therefore they generally mistrusted those in positions of authority. Law enforcement gave several examples of girls being uncooperative and belligerent to them when the girls were picked up and not wanting to share any information with the officers. This same initial reaction from the girls was also reported by many of the street outreach workers and shelter providers. Even if the girls believed they were being mistreated, they were not willing to open up to law enforcement or service providers and ask for help. It was reported that these girls need time to build trust. Unfortunately, the brief, and often unpleasant, encounters with law enforcement and the short stays at shelters (15, 30, and 60 days) required by statutes, regulations, or funding restrictions often frustrated this need. In particular, providers working in youth shelters suggested that it is unlikely that they can build trust and establish the type of relationship needed to make these girls feel safe and willing to share their stories given the current limitations on shelter stays and the inadequate screening tools available to them to uncover this type of experience.

Contradictory laws and lack of legislation. Others noted existing State legislation that allows for the arrest of children for prostitution if sex is exchanged for money, even when other laws on the books indicate a person younger than age 18 cannot consent to having commercial sex. These contradictory laws and a history of law enforcement and others treating prostitutes, including children, as criminals continue to blur the meaning of domestic (sex) trafficking and make identification of domestic victims difficult.

Additionally, the lack of State legislation specifically defining domestic trafficking as a crime is another barrier. Without State legislation, local law enforcement reported not having the tools (and often the support) needed to justify their attention to this crime. Even in States with anti-trafficking legislation, interpretation and application of the laws have not necessarily been included in police training programs, and the average street officer was seen as unaware of the law. Those who had received training often reported a lack of support to address these crimes in light of other department priorities, and limited resources devoted to investigating these cases further hindered their ability to identify victims.

Legal and program mandates. Additionally, legal mandates such as mandatory reporting was seen as hindering the ability of RHY programs to reach domestic victims. Mandatory reporting refers to the responsibility of service providers to report to police and/or child protective services any child abuse, neglect, or sexual exploitation. The timeframe and requirements for reporting vary by State. As one shelter provider indicated, *"We can't even get them in our doors."* Service providers report that youth were often aware of the mandatory reporting requirements of shelters and therefore many avoided contact with these programs and/or figured out ways to manipulate the system by staying only until the time period for mandatory reporting elapsed and then proceeding to another shelter, which is commonly known as shelter hopping. This, like the short stays, prevented the youth from establishing rapport with a clinician or case worker and ultimately resulted in them remaining exposed to exploitation.

Challenges with identifying foreign-born victims

Hidden nature of the crime. Not unlike with domestic victims, the hidden nature of the crime of human trafficking continues to be the greatest challenge to identification of international victims and a contributing factor to many of the other reported challenges. While most respondents acknowledged an increase in awareness of the crime of human trafficking as it relates to international victims, it is still a crime that respondents reported needs more attention in the media, both locally and nationally, and more

resources devoted to targeted training and ongoing technical assistance for those in positions to identify victims in order for it to become "unhidden." Examples given of agencies and groups to target included health/dental clinics, emergency rooms, domestic violence and sexual assault shelters and programs, crisis hotlines, social workers, community- and faith-based organizations, religious/community leaders, citizens, school administrators and counselors, business owners, postal workers, and various inspectors (i.e., wage and hour, housing, liquor license).

> *"We do not treat victims of rape or domestic violence the same way we treat victims of human trafficking. If a domestic violence or rape victim decides not to press charges, it doesn't mean she wasn't a victim. We wouldn't deny a domestic violence victim access to shelter just because she didn't want to report to law enforcement."*
>
> —Service provider

Fear of law enforcement and fear of retaliation. Next, respondents noted that fear is a significant deterrent to foreign-born victims coming forward and being identified, specifically fear of law enforcement and fear of retaliation from the trafficker. In most cases, it was reported that victims were taught to fear law enforcement, either as a result of experiences with corrupt governments and law enforcement in their countries of origin or as a result of the traffickers telling the victims that if they are caught, law enforcement will arrest them and deport them. The trafficker paints a picture of the victim as the criminal in the eyes of law enforcement. Additionally, the trafficker uses the threat of harm against the victim and/or his or her family as a means of control and a compelling reason for the victim to remain hidden.

In some cases, these fears were in fact the ultimate reality for the victim. Service providers gave several examples of clients being placed into deportation hearings after coming forward to law enforcement. Service providers acknowledged that in some communities, if a victim is first identified by law enforcement that understands human trafficking and is referred to a service provider for assistance, the victim is more likely to cooperate with law enforcement. However, if the client is first identified by a service provider, his or her distrust and fear of law enforcement is often more difficult to overcome. Some providers indicated this is because when law enforcement identifies a victim, the pressure to prove oneself as a victim often disappears; whereas when a service provider or other non-law enforcement entity first identifies a victim, there remains a burden on the victim to prove to law enforcement he or she is a victim.

Feelings of shame and disgrace. In addition to fear, foreign-born victims were reported to experience feelings of shame and disgrace for their situation. Once again, the fear that someone will find out what has happened to them, especially in the case of sex trafficking, often keeps victims silent. Another silencer for international victims, according to law enforcement and service providers, was the language barrier. Most victims do not speak English and are further isolated and unable to communicate, even with those they come in contact with who may be able to help them.

Lack of self-identification as a victim. Respondents indicated that not unlike domestic victims, most international victims were not aware they were victims of a crime. They did not know about human trafficking or the U.S. laws against it and they did not know they have rights as victims of this crime. The often successful efforts of traffickers to convince victims that they are criminals and have done something wrong further enforce this problem of victims not identifying themselves as being exploited and eligible for protection and services.

Stereotypes and misperceptions. Service providers reported that similar to domestic victims, the initial behavior of an international victim upon contact with law enforcement could influence whether he or she was viewed as a victim of human trafficking. Unfortunately, in several cases, especially sex

trafficking cases, law enforcement reported the victims were unwilling to work with the officers and service providers. If these reactions were not understood in the context of trauma and exposure to violence/control, respondents indicated that the likelihood of misinterpretation and resulting misidentification were likely, and the victim was therefore seen as a willing participant in the crime and not a victim. The resulting arrest and treatment of the victim by law enforcement reinforced the fear and mistrust of other victims and reinforced stereotypes among those in a position to identify victims.

These preexisting stereotypes, particularly those associated with the victims of sex trafficking (either adults or children), continue to be a barrier to identification. According to both service providers and law enforcement in most communities, those involved in prostitution have historically been viewed as and treated as criminals. This stereotype was echoed in several remarks by respondents. For some, it was the belief that the women and girls would leave the situation when they were ready. In these cases, service providers, particularly street outreach workers, saw it as their primary responsibility to ensure these individuals were aware of the services available for them when they "chose" to leave. At least in the case of children, these responses indicated a lack of understanding of the definition of human trafficking and the remaining challenges to increasing awareness of human trafficking across multiple programs and service environments.

"Even if we could overcome all of these other barriers, we just don't have the manpower or resources to investigate these cases. Trafficking cases take a lot of time and few officers are dedicated just to working these cases. It becomes collateral duty for most of us. Until human trafficking is made a priority, we will never find more victims."

—Law enforcement officer

There was also the perception among some service providers that if victims were unwilling to cooperate with law enforcement and/or if prosecutors were unable to make a legal case for human trafficking, these law enforcement agencies would not consider these persons as "real" victims, which could negatively affect the ability of providers to secure necessary services for them. This was a frustration shared by several service providers, especially those who worked with other crime victims for whom there are no requirements that charges be filed or a case brought to trial in order for them to be identified as victims of a crime.

Lack of understanding of existing legislation. While few providers noted the lack of State legislation as a hindrance to identifying international victims, a lack of understanding of existing State and Federal legislation is a problem. For law enforcement, lack of understanding of the laws translates into a lack of priority and a lack of resources devoted to investigating these crimes at the local level. All law enforcement reported that the investigation of these crimes was very time and resource intensive, especially in relation to other crimes.

According to all respondents, the greatest obstacle to identifying any victim of human trafficking is the hidden nature of this crime. Finding victims is considered difficult at best when the hidden nature of the crime is combined with a general lack of awareness and understanding of the issue. This is compounded by the lack of State legislation designating human trafficking, including trafficking of U.S. citizens and LPRs, as a crime, or the existence of contradictory legislation, such as mandatory reporting requirements. There are also the problems of victims' fear and distrust of law enforcement and service providers, and lack of priority and devoted resources among some agencies. Despite these multiple challenges, many communities have had success uncovering the hidden nature of this crime and identifying victims.

3.   Promising Outreach and Identification Strategies

3.1   What is promising in communities across the country to identify victims?

Several communities across the country are engaging in promising practices and strategies to identify and serve victims of human trafficking.

Systemwide outreach and training. One of the most common and perhaps most promising strategies according to service providers involved direct outreach to entire systems. Specifically, outreach to child welfare agencies, police departments, juvenile detention facilities, healthcare systems, congregations, youth-serving agencies, and schools or school districts was viewed as essential to increasing the identification of victims. These are the types of agencies or systems that often come into contact with potential victims yet do not usually have the education or training to recognize the role they could play in identifying and assisting victims.

> *"Outreach and education cannot be a one-time event. It must be ongoing in order to saturate an entire community and the agencies within those communities about the nature of this crime, the impact on victims, and the role each individual and system can play in the fight to end human trafficking."*
>
> —Service provider

In these systemwide efforts, outreach and training were described as occurring from "top down to bottom up" within each organization to ensure the same information and message were being shared at all levels. Through outreach and training to entire systems, communities created an extended network of providers and organizations educated on the issue of human trafficking, and broadened the safety net for victims through increased chances of identification, better referrals, and expanded services. For example, in San Diego, Atlanta, Boston, Central Florida, and other communities across the country, NGOs were providing training to hospitals, child welfare agencies, law enforcement officials, Social Security offices, and the courts. However, more outreach and training to judges, officers, and solicitors within the criminal and juvenile justice systems was also seen as a priority for several communities combating human trafficking of international and domestic victims. In particular, educating these individuals and systems about the nature of the crime and the cultural differences and impact of trauma on the victims, including how they should react to the experiences and behaviors of victims, was an ongoing need for many communities.

Regardless of who was being trained, there were characteristics of promising training that many service providers and law enforcement agreed on, including:

- Involve someone from the agency/group being trained as a co-trainer in order to increase access and credibility. For example, it was recommended that when training law enforcement, one should always pair a service provider with a law enforcement officer assigned to working trafficking cases to help deliver the training.

- Incorporate information on human trafficking into existing training events/venues, whenever possible. For example, include information on trafficking in "survival" Spanish classes for law enforcement or during roll call and academies. Also, include human trafficking information during in-service training required for personnel working in most human service agencies.

- Discuss human trafficking within the context of a larger issue, such as human rights, immigrant rights, or victims' rights.

- Conduct training with multidisciplinary teams to foster collaboration and communication among individuals who will need to work together on these cases.

Respondents strongly encouraged providing training to a wide variety of organizations, such as ethnic community groups, hospital/healthcare providers (HIV/AIDS clinics, family planning clinics, OB/GYN providers), RHY shelters, drop-in centers, churches, restaurants/bars, hotels, community businesses (grocery stores, beauty parlors), schools, and transportation systems (bus/train stations, taxi cabs).

Collaboration with local law enforcement. With regard to international victims of human trafficking, working directly with local law enforcement was viewed by both service providers and law enforcement as a promising strategy to identify more victims and provide them with services. Local law enforcement was seen as the answer by service providers in many communities because they generally were not concerned with (or required to ask questions about) immigration status. The approach adopted by many service providers was to work with local law enforcement and have them serve as the intermediary to identify a victim and bring the case forward to Federal law enforcement. This was viewed as particularly promising in jurisdictions where there was a history of contention between service providers working with immigrant populations and Federal law enforcement (i.e., U.S. Immigration and Customs Enforcement [ICE]).

> *"Getting law enforcement, in particular ICE agents, to consider that an illegal immigrant may be a victim or getting a vice cop to consider that a prostitute may be a victim will not happen overnight. It is similar to what we saw in the domestic violence field. It has taken us decades to view domestic violence as a crime and to recognize that there are victims of this crime. We can't expect this same type of change to occur with trafficking overnight."*
>
> —Service provider

Involving ethnic community leaders/members in outreach.
Another promising practice in conducting outreach and identifying victims includes involving members of ethnic communities in the outreach efforts. It was noted by service providers that engaging key members and/or representatives from well-known and respected organizations within a community, in particular ethnic communities, was essential to reaching a larger audience. These individuals provide entry into the communities and credibility to the outreach workers and the message being delivered. In Florida, efforts were underway to train leaders in the community (clergy, community group leaders) on how to conduct outreach. Rather than train other providers and law enforcement, community members were receiving intensive training on human trafficking and being provided with the materials (outreach cards, flyers) to distribute throughout their communities to not only educate others about the crime but also hopefully pass the information into the hands of victims or those coming in contact with or becoming aware of victims (e.g., neighbors of victims of domestic servitude, hairdressers or salon workers, grocery store clerks). Another promising strategy was placing billboards in communities prone to trafficking to keep the issue present in the minds of citizens. Outreach was also being conducted through media outlets such as newspaper articles, public service announcements on public television and local radio stations (in particular, stations targeting ethnic populations), and flyers and posters in bus and railway stations and taxi cabs.

Involving survivors in outreach efforts. Several of the organizations conducting direct outreach to victims involve survivors of human trafficking in outreach activities as well as in the development of outreach materials. According to respondents, survivors provided credibility and a knowledge and

understanding of the issue that was often difficult to translate through training to other staff. They also have unique insight into where to find potential victims and how best to approach them. However, it is important to note that survivors themselves need to make the determination of whether they are comfortable or ready to assist with these efforts.

Conducting direct outreach to potential victims. Despite these promising ideas and strategies however, direct outreach to victims was limited. It was viewed as too dangerous for staff and too difficult given the hidden nature of the crime. In those cases where direct outreach to victims did occur, it often followed a crisis response model with staff on call and available 24/7. Additionally, some agencies created dual roles for outreach staff who served as case workers or managers in addition to conducting direct outreach to victims. In this way, the rapport and trust that was established on the street was carried over into service delivery. For service providers, this saved valuable time that allowed them to optimize the limited stays allowed by mandates and funding streams. Across the board, the key to successful direct outreach appeared to be consistency, trust, and follow-through.

There were also direct outreach efforts to potential victims underway in Florida and San Diego that targeted potential victims of labor trafficking. Service providers and advocacy groups were conducting direct outreach at day labor pick-up sites, in flea markets, and at migrant workers' rights marches to provide information on human trafficking and available resources for victims. Sex trafficking, in addition to labor trafficking, was being addressed at these events because, as one respondent indicated, *"Often times, the migrant workers are the 'johns' for the women and girls being trafficked for sex."*

Unfortunately, there were many agencies conducting direct outreach to at-risk populations (and even prostituted children) that were not focusing on the issue of human trafficking. Instead, these street outreach programs were concerned with informing street youth (regardless of whether they were involved in prostitution or other commercial sex activity) about available services and educating them about harmful behaviors (e.g., alcohol/drug use, unprotected sex, poor hygiene). None of the street outreach programs visited was using any human trafficking related materials. The link between trafficking and runaway, homeless, and thrownaway youth was not being made by most youth programs and, therefore, potential victims were likely going unidentified. This finding points to an area where significant improvement could be made by better coordination and collaboration.

Targeting populations at risk for human trafficking. An attention to risk factors and the connection with human trafficking was occurring among some law enforcement. A promising strategy to identify more child victims of domestic sex trafficking employed by two local police departments involved focusing outreach and investigations on children who present with risk factors for trafficking. For example, the High Risk Victims Unit in Dallas was investigating cases of child prostitution, child sexual abuse, and repeated runaways to determine if trafficking was present. Additionally, this law enforcement unit had developed an interview process and protocols grounded in an understanding of the dynamics of exploitation, the impact of trauma on memory, and adolescent development. This approach has prevented many investigations from "dying" during the interview process, as do many others that follow a standard approach. In fact, in 2005, the investigation of 136 high-risk victim cases resulted in 83 open investigations and 63 felony charges against 42 suspects. In 2006, the investigation of 130 high-risk victims resulted in 93 open investigations and 77 felony charges against 37 suspects.

In Boston, local police were looking closely at youth at risk for domestic sex trafficking by examining missing persons reports and CHINS (child in need of services) cases. Following

> *"Once we identify someone as a victim, the system is forced to treat them [sic] as a victim and provide services."*
>
> —Law enforcement officer

these case reviews, law enforcement notified probation and social services of the overlapping cases. This sent up red flags for these children and cast a safety net of agencies and individuals looking for these children across different systems (e.g., juvenile justice and child welfare). These approaches by law enforcement demonstrate the need and the payoff of expanding outreach (and investigation) efforts to not only potential victims but also those at risk for trafficking.

While there was some quantitative evidence of increased victim identification as a result of these promising outreach strategies, most evidence was anecdotal. No empirical studies have been conducted to demonstrate a link between these outreach strategies and increased identification of victims, with the exception of the internal review conducted by the High Risk Victims Unit in Dallas. With each new approach (and in particular, each federally funded effort), some form of evaluation is needed to begin determining what works and where to best devote limited resources in order to identify more victims of human trafficking.

4. Needs of Victims[9]

4.1 What are the needs of victims of human trafficking and how do they differ?

Once victims are identified, determining their needs is a crucial next step for law enforcement and service providers. However, it is not always the case that the needs of victims are a priority for some law enforcement. Organizations receiving Federal funding to provide services for victims reported having formal procedures and protocols in place (on which all staff were trained) for assessing the needs of victims. For all respondents, foremost in the process is assessing the safety needs of the victim. Safety plans are tailored to fit the individual client's needs. Next, an assessment of basic needs is conducted. The most common basic or immediate needs beyond safety include emergency housing, basic medical assistance, food/clothing, legal services, and translation services for international victims. Longer term needs include assistance with accessing documentation (e.g., birth certificates, passports, Social Security cards, work permits), life skills training, job training, education, mental health services, specialized medical assistance, permanent housing, child care, and in some cases, reunification with family or repatriation.

> **Trauma-related Needs**
>
> The effects of trauma are severe and often present in both emotional and physical forms.
>
> Emotional effects of trauma include anxiety, panic disorder, major depression, substance abuse, eating disorders, and pervasive mistrust of others.
>
> Physical effects of trauma include direct physical injury (e.g., broken bones, bruises, contusions) and stress-related illnesses (e.g., stomach pain, headaches, and other unexplained ailments).
>
> Addressing the effects of trauma requires short- and long-term medical and mental health services.

While the needs of victims did not vary based on type/length of victimization, gender, and age, the level of need was reported to vary for some victims. For example, for some victims, the length and circumstances of the sexual exploitation resulted in higher levels of trauma. Additionally, while both international and domestic victims often presented with a need for immediate employment and financial assistance, the need was reported to be more pressing for international victims given the financial dependency of the victims' families "back home" (often the reason for falling prey to the trafficker in response to promises of a better life in the United States). However, service providers also noted that

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[9] For additional information on the needs of victims of human trafficking, see the issue brief prepared as part of this study entitled, "Addressing the needs of victims of human trafficking: Challenges, barriers, and promising practices," it can be downloaded from http://aspe.hhs.gov/hsp/07/HumanTrafficking/ or http://www.icfi.com/markets/social-programs/.

meeting this immediate need was difficult given the employment restrictions on international victims prior to their being certified. Additionally, the type of legal services, with the exception of information regarding their legal rights, varied as might be expected for international and domestic victims (e.g., immigration assistance for international victims versus assistance with emancipation for domestic victims). Translation services were also reported as a predominant and often hard to meet need for international victims compared to domestic victims. In addition to finding appropriate translation services given the number of languages and dialects represented by victims, in some cases it was difficult to ensure the interpreters did not have connections to the traffickers.

A common need that cut across both short-term and long-term needs for international and domestic victims was the need for advocacy and assistance to successfully navigate the various systems that victims interacted with (e.g., schools, social service agencies, insurance agencies, legal professionals, courts, child welfare, mental health/counselors, and transportation). In working with international victims, this responsibility falls primarily to an assigned case manager, often funded completely or partly with Federal funding. There is no specialized funding to provide case management services for domestic victims, and they often do not receive such assistance unless it is available under an existing program, such as a shelter or other public assistance program.[10]

In general, the needs of international and domestic victims, as shown in Table 2, are similar. However, availability and access to the services required to meet the needs of victims do vary and are discussed in the next section on services for victims of human trafficking.

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[10] With the Office for Victims of Crime demonstration program for victims of domestic trafficking and the Office of Juvenile Justice and Delinquency Prevention funding for community responses to commercial sexual exploitation of children, limited resources will be available in a few communities to support case management services.

Table 2. Needs of Victims of Human Trafficking

	International		Domestic Children
	Adults	**Children**	
Emergency			
Safety	X	X	X
Housing	X	X	X
Food/clothing	X	X	X
Translation	X	X	
Legal guardianship		X	X
Short-/Long-term			
Transitional housing	X		X
Long-term housing	X		X
Permanency placement		X	
Legal assistance	X	X	X
Advocacy	X	X	X
Translation	X	X	X
Medical care	X	X	X
Mental health/counseling	X	X	X
Substance abuse treatment			X*
Transportation	X		X
Life skills	X	X	X
Education	X	X	X
Financial assistance/management	X		X
Job training/employment	X	X	X
Child care	X		X
Reunification/repatriation	X	X	X

* While substance abuse treatment may be a need for international victims, providers contacted by this study only identified it as a need for domestic child victims.

5. Services for Victims of Human Trafficking

5.1 What services are available to victims of human trafficking?

Prior to the passage of the TVPA, law enforcement and service providers reported that they struggled with scarce resources to piece together the comprehensive services needed by international victims of human trafficking. Under the TVPA, HHS was designated the agency responsible for helping victims of human trafficking become eligible to receive benefits and services so they might rebuild their lives safely in the United States. The HHS anti-trafficking program administered by the Office of Refugee Resettlement (ORR) in the Administration for Children and Families: 1) certifies non-U.S. citizen and non-LPR victims of human trafficking; 2) provides outreach and education to service providers, NGOs, and State and local governments on the phenomenon of human trafficking; 3) awards discretionary grants designed to provide outreach and direct services to victims; 4) awards contracts designed to provide support to intermediary organizations that lead anti-trafficking efforts in localities and regions; 5) administers a public awareness campaign designed to rescue and restore victims of trafficking; and 6) provides services and case management to victims of trafficking through a network of service providers across the United States.

Eligibility and service availability for international victims

Adult international victims of a severe form of trafficking must become certified in order to be eligible to receive services. To become certified, a victim must: 1) be willing to assist in every reasonable way in the investigation and prosecution of severe forms of trafficking in persons or be unable to cooperate with such a request due to physical or psychological trauma; and 2) have made a bona fide application for a T-visa under section 101(a)(15)(T) of the Immigration and Nationality Act that has not been denied; or 3) be a person whose continued presence in the United States the Attorney General is ensuring in order to effectuate prosecution of traffickers in persons. T-visas were established under the TVPA and allow victims of trafficking to become legal temporary residents of the United States. Once a T-visa is obtained, a victim may remain in the United States for up to 4 years. At the end of 3 years, the victim may apply for LPR status.

Once certified, international victims are treated the same as refugees for benefit eligibility purposes. That is, certification equates to eligibility to apply for benefits and services under Federal or State-funded programs to the same extent as refugees. Some of the services that international victims of trafficking are eligible for through federally funded programs include housing or shelter assistance, food assistance, income assistance, employment assistance, English language training, health care assistance, and mental health services.

Prior to becoming certified, a period referred to as pre-certification, victims can receive limited, often emergency services, through funding available from HHS, the Department of Justice, and to a more limited extent, the Department of Homeland Security. Pre-certification services can meet the emergency needs of victims and include housing, food/clothing, advocacy, medical/dental care, language services (e.g., interpreters/translators), mental health counseling, education, and job training. The Department of Justice also funds legal assistance for potential victims.

International (non-LPR) child victims are not required to be certified to receive services; instead, children who are determined to be victims of a severe form of trafficking receive letters of eligibility for benefits and services to the same extent as refugees, similar to the services available to adults.

According to respondents, most of the services for international adult victims, both certified and pre-certified, were being provided through the HHS-funded Per Capita Victim Services contract. This contract, currently held by the U.S. Conference of Catholic Bishops (USCCB), is designed to centralize and streamline services while maintaining a high level of care for victims of human trafficking through anytime, anywhere case management. Subcontractors are reimbursed for the services actually provided to each human trafficking victim. According to the 2008 Attorney General's Report to Congress, during 2008, a total of 644 clients received services through the per capita contract. This number included 215 pre-certified victims, 270 certified victims, and 159 family derivatives (spouse, children, or other dependents). During 2008, 16 clients transferred from pre-certified to certified status (U.S. Department of Justice, 2008). Between April 2006 (inception of the program) and May 2009, USCCB reported serving 1,037 victims under the per capita program by approximately 80 subcontractors in 90 locations across the country. An additional 272 family derivatives have also been served. Table 3 shows the demographics of these clients, including the form of trafficking.

While international child victims are also being served under the per capita program, respondents reported that most services for unaccompanied child victims are provided through the Unaccompanied Refugee Minor (URM) program. The URM program establishes legal responsibility, under State law, to

ensure that children and youth refugees, entrants, and trafficking victims who do not have a parent or relative available and committed to providing for their long-term care receive the full range of assistance, care, and services that are available to all foster children in the State. The URM program will work with the State's courts to establish guardianship of the child, which may entail custody by the State, county, or URM program. Children are placed in foster homes, group homes, or independent living arrangements. Through the URM program, children can receive intensive case management, education, health care, mental health counseling, independent living skills training, assistance with family reunification, and other services until they turn 18 or such higher age, depending on the foster care rules of each State.

Table 3. Clients Enrolled in Per Capita Program: April 2006–May 2009

	Total	Male	Female	Adult	Children and youth	Sex	Labor	Both
Pre-certified only	303	120	183	295	8	61	228	14
Certified only	535	109	426	522	13	188	289	58
Clients originally enrolled as pre-certified who became certified	199	103	96	194	5	19	172	8
Total victims enrolled	**1037**	**332**	**705**	**1011**	**26**	**268**	**689**	**80**
Family derivative	272	125	147	131	141	N/A	N/A	N/A
Total clients served	**1309**	**457**	**852**	**1142**	**167**	**268**	**689**	**80**

In 2008, a total of 286 certification letters were issued by HHS to adults. While children were not required to be certified, 31 children received eligibility letters from HHS. Of the victims who were certified, 45 percent were male. Of the adult victims who were certified, 76 percent were victims of labor trafficking and 17 percent were exploited through sex trafficking, while 5 percent were victims of both labor and sex trafficking. Of the child victims who received eligibility letters, 77 percent were female. Fifty-five percent of the child victims were victims of sex trafficking, 26 percent were

Number of Certified Adult Victims and Eligible Child Victims by FY
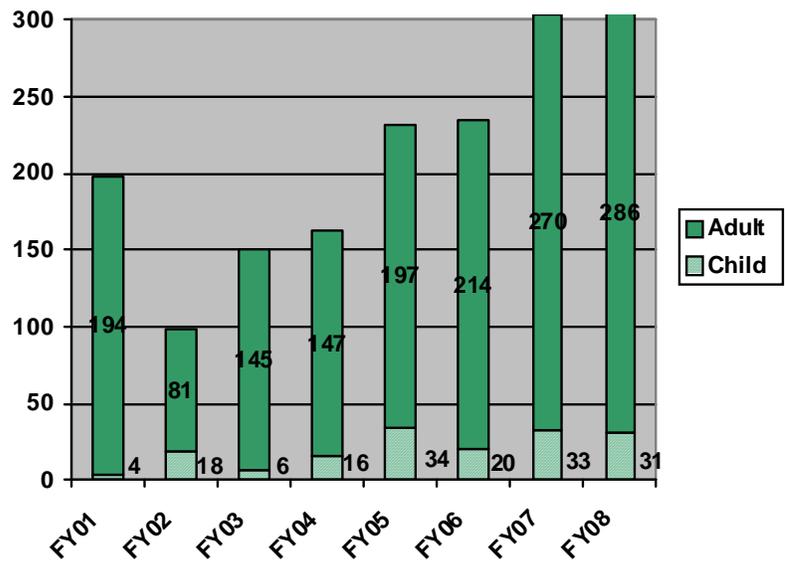
victims of labor trafficking, and 6 percent were victims of both labor and sex trafficking. Letters were provided to child victims in 28 States, the District of Columbia, and Saipan. Certified adult victims came from 40 countries; the top 4 countries were Mexico, Thailand, Philippines, and Korea. The graph shows the number of adult victims certified and child victims who received eligibility letters by fiscal year. (U.S. Department of Justice, 2008)

According to service providers, certification was not an option for some victims. In particular, in those cases where victims decided not to cooperate with law enforcement out of fear of retaliation from the trafficker or for other reasons, service providers sought other options for victims. These included seeking asylum, filing for a U-visa, and accessing services under the Violence Against Women Act, or for some cases, service providers reported tapping into non-Federal or unrestricted funding streams to provide ad hoc services.

Eligibility and service availability for domestic victims

U. S. citizens or LPRs who find themselves victims of trafficking (i.e., domestic victims) do not need to be certified in order to receive benefits. In the case of citizens, they are already eligible for many benefits and services they might need. However LPRs face greater benefit eligibility restrictions than U.S. citizens. For example, LPRs who have been in the United States for less than 5 years are not eligible for Federal means-tested benefits such as Temporary Assistance for Needy Families (TANF), Medicaid, Supplemental Security Income, and food stamps, and beyond this period they may face other eligibility restrictions if they have been sponsored by a relative or friend as a condition of receiving their green card. This results in the anomaly of certified international victims (who are usually considered undocumented immigrants prior to their certification) having greater benefit eligibility than LPRs who have less than 5 years of residence, For this study, respondents only reported providing services to domestic child victims of human trafficking; none of them reported working with adult U.S. citizen or LPR victims.

In most cases, services for domestic child victims were being provided through other HHS-funded or administered programs, including State child protective services or child welfare agencies, basic youth centers (RHY shelters), youth street outreach programs, and transitional living programs for older youth. Additionally, service providers reported many of the domestic youth victims received services through the juvenile justice system, although these services were not always adequate or appropriate. These youth had been generally arrested for prostitution or other unrelated crimes (e.g., curfew violations, pandering). In a few cases, domestic youth victims had been placed in domestic violence shelters.

Whether an international or domestic victim, adult or child, all respondents agreed that the most important service for all victims was case management.[11] Following are key findings and lessons learned regarding effective case management for victims of human trafficking.

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[11] For additional information on case management for victims of human trafficking, see the issue brief prepared as part of this study entitled, "Case management and the victim of human trafficking: A critical service for victim success," it can be downloaded from http://aspe.hhs.gov/hsp/07/HumanTrafficking/ or http://www.icfi.com/markets/social-programs/.

Case Management

Having a central case manager was viewed by service providers and law enforcement alike as a critical service not only for victims but for other service providers and agencies involved in a trafficking case. In fact, the case manager was considered to have a critical role throughout the lifespan of a trafficking case, including at initial contact by law enforcement or others, during depositions, appearances in court, application renewals for benefits and services, and family reunification.

Definition of Case Management

Case management is a professional practice in which the service recipient is a partner, to the greatest extent possible, in assessing needs, defining desired outcomes, obtaining services, treatments, and supports, and in preventing and managing crisis."

National Association of Case Management (2008)

According to respondents, the case manager is responsible for assessing clients' needs for service and support; identifying, obtaining, and coordinating those services for clients; coordinating and managing communications across systems involved in a case; and serving as a liaison for the client with other agencies. For some clients, the case manager also serves as translator or obtains translation services for the clients. Other common responsibilities include accompanying clients to appointments, assisting/teaching clients to access public transportation, and teaching clients basic life skills. The importance of this role is evident in the fact that most of the programs in the study reported providing some form of case management as part of their menu of services for trafficking victims. However, like with other services, providing case management to victims is not without challenges.

Ingredients for Effective Case Management

- Establishing a hopeful 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; and
- Advocating for the client.

Extracted from the NACM Web site, www.yournacm.com/definition.html

Challenges to case management

One of the greatest challenges respondents reported to providing effective case management was limited resources. Case management for trafficking victims can be a "24/7" responsibility. In fact, providing case management to a single client can be a full-time job; although not true for all clients. This generally limits the amount of time that a case manager is available to other clients and thus necessitates a limited case load for each case manager. In contrast, resources to support full-time case managers are scarce. In particular, smaller agencies without the kind of "back-office" functions and infrastructure as larger organizations, struggle with funding streams like the per capita program. It is difficult for them to keep up with the reimbursement process and difficult to support case managers during periods when they are not serving any trafficking victims. Large agencies on the other hand are able to support case managers under other funding streams and often have case managers working with different (victim) populations, such as domestic violence victims or refugees. While those in the field, including smaller agencies, recognize that the current per capita funding is intended to be a more efficient use of limited resources than previous funding streams in that it allows for the provision of services to victims "anytime, anywhere" throughout the country, and only reimburses providers for services actually provided to victims, not all agencies, including those specific to human trafficking, have been able to diversify their funding beyond the per

capita program. As a result, some agencies have had to move to part-time case managers which has limited their ability to be available on a 24/7 basis.

When it comes to providing case management services to domestic victims of trafficking, domestic victims have to currently rely on case management services that may be offered through existing systems and programs, such as the child welfare system and domestic violence and youth shelter programs, which are often already overburdened and hence struggle with providing effective case management to their existing caseload. This significant gap in services for domestic trafficking victims is beginning to be addressed. For example, OVC recently released an announcement to fund two demonstration programs to provide comprehensive services, including case management, to domestic child victims of human trafficking, and an evaluation of the demonstrations is being funded by the National Institute of Justice.

Another significant challenge or barrier to effective case management is the length of service eligibility (e.g., 9 months for pre-certification services and 4 months for certification services under the per capita program; 15-, 30-, and 60-day stays in shelters for runaway and homeless youth). Service providers reported that it can take significant time to build trust with clients and get them to begin opening up to their case managers. Until this happens, getting clients to accept and engage in services can be difficult and often times inappropriate. The eligibility time restrictions can limit the ability of case managers to move some clients from "crisis to thriving" and toward the accomplishment of their service goals.

> *"When working with a domestic victim, I just need more time. I can't stabilize a client with extensive trauma histories within 90 days or transition them to permanent housing within 18-months. Many of my clients struggle to get an education (or GED), learn life skills, obtain employable skills, and get employed. This is especially true if they have not begun to work on trauma recovery and this can take years."*
> —Service provider

Working with other service providers and law enforcement is acknowledged as a key factor underlying a case manager's success in working with victims. Limited access to information regarding details of a client's case can hinder the role of the case manager. For example, several providers reported incidents where case managers were put in difficult situations with their clients because they did not have information that the clients thought they should have about their legal cases, and in some situations, the results of medical tests. When case managers are unable to provide clients with (timely) answers to their questions, respondents reported that this creates feelings of distrust and can cause set-backs in the victim's recovery.

While effective case managers were described by respondents as highly committed and dedicated to their work, these same strengths can create another challenge to case management; a high turnover rate. Service providers and law enforcement reported that case managers working with victims of human trafficking are overworked and underpaid, contributing to staff burnout. Additionally, respondents pointed to vicarious or secondary trauma and the lack of resources to address this for staff as another contributing factor to the burnout and high turnover. As one service provider put it, *"There are few resources devoted to helping the helpers."*

Benefits of case management

Service providers and law enforcement were adamant that case management needs to be a core and central service provided to <u>all</u> victims of human trafficking. When effective case management is provided, everyone should benefit. For victims, case manager can help them move toward self-sufficiency by educating them about their rights as victims, helping them understand and navigate through the criminal justice, juvenile justice, immigration, and human services systems, identifying and making appropriate referrals, assisting them in accessing services, advocating on their behalf, and providing ongoing moral and emotional support.

Law enforcement reported that they too benefit from case management to victims. They saw the case manager helping to stabilize victims by providing needed services and support that were beyond the means and expertise of law enforcement. As a result, law enforcement experienced victims that were more likely to share information, and more quickly, with officers that aided in the investigation of their cases, and in some cases aided in the apprehension of traffickers. Law enforcement described case managers as a "time saver" for officers by freeing them up to focus on the investigation.

Finally, prosecutors also reported benefiting from case management services for victims of human trafficking. According to the few prosecutors that participated in this study, case managers provided an important source of stability for victims that resulted in more consistent and credible witnesses; an important factor especially in cases dependent on victims for successful prosecutions.

5.2   What are the challenges/barriers to delivering services?

Given the comprehensive and complex needs of victims of human trafficking and the continuum of services required to address those needs, it is not surprising that respondents reported experiencing many challenges to assisting victims.

Lack of knowledge and understanding

One of the most common and frustrating challenges reported by law enforcement and service providers was the lack of knowledge and understanding regarding human trafficking among service providers, law enforcement, and even victims themselves who often did not believe or understand that they were victims of crime. As a result, victims often went unidentified and unserved. Lack of knowledge and understanding of what services were available was an additional barrier for service providers. Many service providers reported their own confusion regarding what services their clients were eligible for and could access, which highlighted the need for effective case management.

> *"There is a general lack of knowledge and understanding of human trafficking and not enough service providers in the healthcare profession, social security administration, department of motor vehicles, and other key agencies are trained on this issue and know they can serve these clients. We are constantly having to take our clients to appointments because they are turned away when they try on their own."*
>
> —Service provider

Limited availability of services

Even though international and domestic victims may be eligible for services, the availability of those needed services was often limited due to long wait lists and associated fees (even if offered on a sliding scale). As one provider indicated, *"Free clinics are not always free. You spend a lot of time waiting to be seen and there are often some unexpected charges associated with most services."* According to service providers, this was particularly true for mental health services and substance abuse treatment, especially for domestic child and youth victims.

While accessing basic medical services (physicals, gynecological exams, screenings) was not reported as a problem for most service providers (with the exception of some providers in rural communities), accessing specialized medical treatment was problematic. Specifically, specialized care for acute, long-term needs such as diabetes, cancer, and other illnesses, including prescriptions that were part of the treatment, were often cost prohibitive and in some cases, exhausted program resources.

Similarly, while most service providers were able to find basic dental care for their clients (although sometimes there were long waiting periods), more serious and costly dental procedures, such as root canals and extractions, were difficult to obtain.

Housing was another service that law enforcement and service providers reported was limited. While finding emergency shelter for women and girls was not usually a problem, finding the same placements for men and boys was difficult. Transitional and permanent housing was scarce for everyone but in particular for domestic youth with felony convictions and victims with mental health or substance abuse issues.[12] Additionally, domestic victims were known to run from the facilities, often RHY shelters, shortly after placement. Most of these programs have policies that prevented them from allowing these victims to return once they have run. There were only a handful of residential facilities (three specific to victims of domestic trafficking and two others experienced in working with this population) that had changed their policies to accommodate the expected behaviors of these victims (e.g., substance abuse, mental diagnoses, chronic running).

Finally, the availability of services in general for domestic victims was viewed as problematic by some service providers. Several examples included referrals to child welfare agencies by service providers and law enforcement only to find out that the agencies would not see the domestic victims because the abuse did not occur at the "hands of a parent or legal guardian." In these cases, providers and law enforcement reported children falling through the cracks of the mainstream system and not receiving services. In some cases, children have been handed back to their abusers and "turned back out on the streets." Additionally, providers noted that a critical aid to victims of human trafficking, cash assistance, was not available for domestic victims. And there were other problems regarding the presumed availability of services for domestic victims. For example, TANF is only available to adults with children. Under standard

> *"If you just look at what domestic victims are eligible for on paper, it seems impressive. However, trying to access those services is another story."*
>
> —Service provider

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[12] For additional information on the housing needs of domestic minor victims, see the issue brief prepared as part of this study entitled, "Finding a path to recovery: Residential facilities for minor victims of domestic sex trafficking," it can be downloaded from http://aspe.hhs.gov/hsp/07/HumanTrafficking/ or http://www.icfi.com/markets/social-programs/.

victim compensation programs, services are often inadequate and a police report is required to obtain services. For some assistance, the crime needs to be included under domestic violence, which requires the abuser to be a spouse or intimate partner of the victim. This limitation may prompt some victims to lie about their relationship with their trafficker in order to obtain services. As service providers reported, it is important to understand the difference between being eligible for services, the availability of services, and actually being able to access services.

Appropriateness of services

Service providers talked not only of the need for more culturally appropriate services, but also for gender appropriate services. Finding such services could be challenging, particularly in rural communities. Additionally, service providers stressed the importance of understanding what was meant by culturally appropriate services. For instance, just having someone from the same culture who spoke the same language did not ensure culturally appropriate services, according to service providers. Speaking the same language as clients can help facilitate service provision, but that is just one piece of one's culture. Service providers gave examples of victims of sex trafficking who were not comfortable talking about their experiences with someone from their same culture due to the associated shame and stigma. Other examples given by service providers were related to the gender and culture of the victim. For example, in some cultures, it is not appropriate for a female to visit a male doctor. Recognizing these challenges and the implications for providing appropriate services to clients was seen as critical by providers themselves, since failure to provide such appropriate services could undermine their goal of establishing trust with clients.

The appropriateness of services also extends to examining the culture of the environment in which the service is offered. For example, service providers noted that providing services to victims who were living in shelters could be difficult and some environments could result in revictimization. In particular, providers shared examples of sex trafficking clients being placed in domestic violence shelters and then facing humiliation and isolation. For international sex trafficking victims, the isolation was usually attributed by service providers to language barriers and cultural differences. But for domestic victims of sex trafficking, the humiliation and isolation, according to service providers and some victims, was attributed to perceptions that domestic victims were prostitutes or willing participants, rather than victims of abuse and crimes. These misperceptions reflected yet again a general lack of understanding and knowledge of human trafficking, not only among service providers but also in the general public.

Access to services

The two greatest barriers to accessing services reported for international victims were language and transportation. Service providers indicated that the availability of information and access to providers who speak English, Spanish, and in some communities Korean, was not difficult. But their clients who spoke other languages had difficulty accessing services.

Additionally, transportation was a problem. In large cities, teaching clients how to use the transportation system can be overwhelming and very time consuming. Service providers reported clients missing appointments because they were afraid to use public transportation. In smaller, rural communities, there was often limited or no public transportation, also making it difficult for clients to get to appointments.

For domestic victims, accessing services, including obtaining insurance (e.g., Medicaid) could also be difficult due to a lack of identification. Most domestic victims were not in possession of their birth certificates or other forms of identification. While they might have been eligible for services because they were U.S. citizens, proving their citizenship could take time. According to some providers, it could take months to obtain documentation for domestic victims. They reported a real need for more assistance in helping these victims obtain their vital records. This could also be true for international victims. Providers reported difficulty obtaining proof of identification, birth, and citizenship from consulates, thus often delaying the process of obtaining certification or work authorizations.

Length of services

Another challenge identified by service providers and victims themselves was the length or duration of services available to victims. For example, the standard period for pre-certification services under the per capita contract is 9 months and the period of services after certification is 4 months. However, according to respondents, the timeline to self-sufficiency varied by client. Some clients may come in, be certified right away, and be ready to work, especially many labor trafficking victims. Other victims, however, may remain pre-certified for a longer period of time, and even after becoming certified they may not be ready to work or move forward with their lives. According to service providers, individual timelines were difficult to predict. However, with close monitoring and anticipation of setbacks (e.g., depositions, appearances at trial, intense counseling sessions, reunification), providers were able to adjust services to meet the changing needs of clients.

> *"There is no cookie-cutter approach to working with this population. Males, females, adults, children, sex trafficking, or labor trafficking. You just don't know how long you will be working with them. Just when you think they are moving forward, something happens with their case or with their family or they see something in the news that triggers the trauma experience and sets them back sometimes months in their progress. A lot of times it is one step forward and two or three steps back. You just have to be prepared for setbacks."*
>
> —Service provider

For domestic youth, shelter stays were often limited to 15, 30, or 60 days and did not allow providers enough time to establish relationships with victims or provide adequate services to meet their longer term needs. Even transitional housing was limited to 18 months. When victims were able to stay in the shelters or longer term housing facilities, they often found it difficult to follow the rules and restrictions of the facilities (e.g., no drug/alcohol use, required employment).

In addition to the funding restrictions on service periods, health insurance coverage such as Medicaid and others often placed limits on the number of mental health counseling sessions that could be covered during a particular period (usually annually). Service providers reported these limits were often insufficient to allow clients to work through their trauma.

> *"When working with a domestic victim, I just need more time. I can't stabilize a client with an extensive trauma history within 90 days or transition them to permanent housing within 18 months. Many of my clients struggle to get clean, get an education (or GED), learn life skills, obtain employable skills, and get employed. This is especially true if they have not begun to work on trauma recovery and this can take years."*
>
> —Service provider

Lack of coordination of services

For the most part, service providers acknowledged improved coordination of services for victims over the past several years. However, they saw a need for a single point of contact within each agency

working with victims and a central case manager to ensure communication and coordination of services. (See discussion of case management for more details.)

This appeared to be especially true in the case of child victims. According to service providers and law enforcement, when working with child victims, in particular international child victims, there were often numerous individuals involved in a case, making coordination and communication difficult. In some cases, providers and law enforcement reported not knowing who to contact or who could make decisions on behalf of the child. This was often because the child was unaccompanied with no guardian in the country, or there were concerns that the alleged caregiver or guardian was involved in trafficking the child. There have been cases where information has not been transferred from one agency to the next, sometimes resulting in children not getting the services they needed. As one provider stated, *"When the process for [foreign-born] minor victims works, it works well. But when it doesn't, it fails miserably."* There was agreement among providers and law enforcement that there needs to be more information and better communication regarding how international child victims are served. Most providers reported positive experiences with the URM programs, but since there are only 19 such programs in 15 States, communications from these programs and the availability and location of services were sometimes seen as limited.

Lack of information sharing

Across the board, sharing client information across agencies was seen as a challenge and hindrance to service provision. Providers cited such issues as the protection of client confidentiality, HIPAA privacy regulations,[13] legal concerns (e.g., case notes being subpoenaed), and organizational policies as the reasons for the barriers to sharing information.

5.3   What are promising approaches to service delivery?

To address the many challenges and barriers to providing services to victims of human trafficking, many service providers have developed innovative strategies and promising practices for their agencies and their clients.

Offering a one-stop shop for services

While offering multiple services in a single location was not a common practice, providers in those agencies (primarily refugee service agencies and domestic violence and sexual assault programs) that offered such services viewed it as a real asset. They reported better communication and coordination of services and less confusion for victims. Many of these programs were able to provide case management, job training, English as a Second Language classes, mental health services, and medical exams at the same location. Offering on-site counseling and mental health services was considered one of the greatest benefits for victims. Providers reported that having a counselor on site increased the likelihood that a client would seek out these services and attend sessions.

> *"The one-stop shop approach places the client at the center and we wrap services around them. No need to navigate the complex service systems. Our staff work together on the same case but in different capacities. Our services are coordinated and not duplicated."*
> —Service provider

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[13] The Health Insurance Portability and Accountability Act of 1996.

Mobile services

Another innovation helping to meet the needs of victims in several communities was the use of home visits that provided medical and mental health care and basic case management. This approach was especially valued by agencies serving clients in large, geographically dispersed areas, as well as rural areas. In both of these cases, clients could find it difficult to get to their appointments. Some service providers mentioned using in-home visits as a way to introduce clients to services, almost as a trial period before transitioning them to in-office treatment.

Additionally, linking clients to existing mobile health clinics was a common practice for many agencies, including shelters working with domestic victims.

Trauma-informed and trauma-specific services[14]

One of the most common elements across all forms of human trafficking was the experience of trauma by the victim. While the level of trauma and the victim's reaction to the trauma may vary, trauma was present in all cases. According to service providers, when victims had access to trauma-informed or trauma-specific services, they recovered from the trafficking experience more quickly and were better able to work on other aspects of their lives, such as obtaining an education or seeking employment. This was because these trauma services were welcoming and appropriate to the special needs of trauma survivors. Similarly, providing alternatives to traditional therapies for victims was reported to improve client recovery time and outcomes. These alternatives included offering organized religious or spiritual activities, acupuncture, meditation, and using music/art therapy.

Use of pro bono services

Several agencies reported using pro bono services, particularly for legal services. This often involved providing training to attorneys on the issue of human trafficking and allowing them to interview clients. While this resulted in a larger pool of affordable and appropriate service providers for clients, it did require significant training and monitoring according to providers. One example of where this approach has worked well was Project Liberty in Atlanta. Atlanta was also obtaining pro bono services to assist clients in seeking mental health services. In exchange for training on human trafficking, one service provider had enlisted help from a group of psychologists to train staff to ask questions that enabled them to better assess mental health needs without directly asking if the client needed mental health services. Questions were asked about trauma symptoms and then the client was given a

> **Project Liberty**
>
> In Atlanta, Tapestri, Inc., a nonprofit organization dedicated to ending violence and oppression in refugee and immigrant communities, and using culturally competent and appropriate methods, has established Project Liberty. In this program, a pool of immigration attorneys (public and private) receive annual training from Tapestri on human trafficking as part of their professional development. In exchange, the attorneys provide pro bono services to Tapestri's trafficking clients. Tapestri has recently replicated this model with psychologists to provide mental health services for its clients.
>
> *For more information on this model, call 404.299.2185 or e-mail Tapestri at http://www.tapestri.org/*

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[14] For additional information on trauma and the mental health service needs of victims of human trafficking, see the issue brief prepared as part of this study entitled, "Treating the hidden wounds: Trauma treatment and mental health recovery for victims of human trafficking," it can be downloaded from http://aspe.hhs.gov/hsp/07/HumanTrafficking/ or http://www.icfi.com/markets/social-programs/.

recommendation for someone who could help them, for instance, with nightmares they were experiencing or headaches they were having. This helped avoid the stigma, especially in some cultures, associated with mental health services.

Volunteer programs

Some agencies established programs in which their clients could do volunteer work. Because many international victims were unable to do regular work until they received their work authorizations, service providers needed to find ways to use this waiting period to help engage their clients in the community and workplaces, when appropriate. Several providers have in place volunteer programs in which clients gain valuable on-the-job training that can then result in quick placement in a job with the same or similar agencies.

Consistent case managers

Given the complexity of victims' needs and the comprehensiveness of the services provided, service providers, law enforcement, and victims reported that having a consistent case manager from identification through case closure was a promising practice. While such consistency was not possible in all cases due to staff turnover and the lack of funding for case managers for domestic victims, when it was available it benefited the victim, service providers, and law enforcement,

"Victims need to be assigned a case manager from point of identification throughout the criminal justice process. This person does not need to be a victim witness coordinator from law enforcement (although they could) but the person needs to be consistent."

—Law enforcement officer

including prosecutors. A central case manager with knowledge of all aspects of a victim's situation can ultimately save time and resources.

Collaboration

"We have partnered with Goodwill and similar organizations to obtain vouchers for our clients. They are able to use these to shop for necessities. It provides them with what they need as well as gives them some level of independence."

—Service provider

The importance of collaboration in meeting the needs of victims of human trafficking cannot be overstated. Law enforcement and service providers stressed the importance of working together to meet the diverse and complex needs of this population. The establishment of coalitions and task forces, such as the ORR-funded Rescue and Restore coalitions, was viewed as one strategy that has resulted in increased availability of services for all victims.

Several service providers reported establishing formal memoranda of understanding (MOUs) with domestic violence shelters to ensure not only placement of their clients but also placement in a facility with staff trained on human trafficking and sensitive to the needs of victims. These MOUs were also important because some domestic violence shelters would not (or could not) accept victims if they were not victims of domestic violence, defined as involving a boyfriend or spouse. But with MOUs, exceptions to this definition have been made with some agencies. Service providers also reported success in reaching out to domestic violence shelters that traditionally serve immigrant battered women.

For domestic victims of sex trafficking, it was reported that collaboration among law enforcement, juvenile and family court judges, child protection services, and youth shelters and programs was a promising and necessary practice for identifying and meeting the needs of these child victims.

> **Local Practice to Aid Domestic Children and Youth Victims**
>
> One promising practice in Boston that has helped provide services to domestic child victims is the use of child abuse statutes and filing of a 51A. This allows law enforcement, department of social services, therapists, and medical providers to share client information. Also, treating cases as child abuse provides access to services rather than locking the child up for a crime. In Boston, the goal is to avoid charging children with prostitution or solicitation because once charged, it makes it more difficult to get others to view the minor as a victim.

6. Anticipated Outcomes for Victims

6.1 What impact are we having on victims and how do we document success?

According to service providers and law enforcement working with victims of human trafficking, the outcomes for victims and the timeline for achieving these outcomes vary. Service providers reported working with each victim to set achievable goals as part of his or her service plan. These goals were periodically reviewed with the client and adjustments made as necessary. Based on information provided regarding victim goals, several common short- and more long-term outcomes could be identified. These included:

- Establishing a sense of safety for self and others (i.e., family members)
- Building trust with service providers and law enforcement
- Developing healthy coping strategies to help deal with stress
- Working through trauma
- Building self-esteem and self-worth
- Obtaining (and maintaining) employment
- Obtaining (and maintaining) permanent housing
- Connecting to a community; establishing a sense of belonging
- Obtaining lawful permanent resident status (or other status allowing victim to lawfully reside in the United States, even if temporarily)
- Becoming self-sufficient
- Becoming an advocate for self and others
- Reuniting with family (in country of origin or in the United States).

> *"We know we have been successful when we move a person from victim to survivor."*
>
> —Victim service provider

While many of the respondents were able to share stories and provide anecdotal evidence of the positive impact their efforts

were having on victims (e.g., due to outreach and identification activities, providing direct services, making referrals, and conducting investigations), very few were able to produce documentation in the form of formal assessments or rigorous (internal or external) evaluation results that supported these claims. However, there is performance measurement data required under some federally funded programs. This includes the HHS-funded per capita program, the Office for Victims of Crime comprehensive services program, and the anti-trafficking task force initiative.[15] While respondents reported collecting and reporting these data as a requirement of their funding, very few indicated they are using the data to assess their own performance. Respondents indicated that a lack of resources, limited capacity, and a lack of technical expertise were key reasons for not using the data and for the absence of engaging in formal (or informal) evaluations of their efforts. For some, while they recognized the importance of such evidence, their focus and priority was assisting victims.

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[15] The three data sources cited most frequently by respondents were the USCCB online per capita database, which contains client demographic information and data on service provision, case progress, legal progress, and expenditures per cases; the Office for Victims of Crime Trafficking Information Management System, which contains client demographics such as gender, date of birth, country of origin, type of trafficking, referral source, immigration status, and association with a legal case as well as service data; and the Bureau of Justice Statistics Human Trafficking Reporting System, which is an incident-based collection system containing data on human trafficking cases investigated by law enforcement from the 42 anti-trafficking task forces.

IV.   Conclusion

While the definition of human trafficking and recognition of individuals as victims appears to be clear to some service providers and law enforcement, particularly those receiving Federal funding to address this crime, there are still many who do not have this understanding and are in positions to identify and assist victims. Additionally, just being able to define the problem does not necessarily translate into an ability to identify victims. The challenges to identification are many and include foremost the hidden nature of this crime; a lack of awareness and understanding among organizations and the general public that come into contact with potential victims; misperceptions about who is a victim, especially among victims of sex trafficking, including domestic child victims; limited resources for law enforcement to devote to the intensive investigation associated with these cases; and a lack of priority placed on these cases by most law enforcement agencies. All of these factors work against the ability of those on the ground to rescue and restore victims of this heinous crime. But there has been progress in overcoming these challenges, and as a result, more victims are being identified.

Once identified, victims appear to be getting most of their basic needs addressed even with the complex nature of the needs of these victims, whether international or domestic. They require comprehensive services and treatment that span a continuum of care from emergency to short-term to longer term assistance. However, like identification, meeting the needs of victims is not without challenges. It can take months and often years for victims to become self-sufficient. The timeline for serving each victim is different and often unpredictable. And the challenges to accessing timely and appropriate services are ongoing. Some services, such as emergency housing for men and boys, permanent housing, specialized medical and dental treatment, mental health/counseling services, and substance abuse treatment remain either unavailable or difficult to access. This is true for both international and domestic victims. Yet, through continued (and expanded) collaboration among agencies, including those funded through the HHS Rescue and Restore coalitions and per capita program, and innovative strategies and promising practices, there are more services available today for victims of human trafficking than at any time in the past.

Across the country, communities have begun making progress in the fight against human trafficking. There is better education and training being provided to entire systems of care (e.g., social service agencies, child welfare systems, juvenile justice systems, healthcare systems), law enforcement, and communities. Outreach is occurring to community leaders and businesses that may come in contact with potential victims. There is also direct outreach to potential victims occurring in migrant communities and on street corners. Many agencies, including law enforcement and shelter providers, have instituted better screening and interviewing procedures and protocols to assist in identifying potential victims. Centralized case management is being provided to international victims through the HHS-funded per capita program and other federally funded programs, and case management for domestic victims, currently a significant gap for this population, will soon be available through federally funded demonstration programs. Lastly, the development and use of task forces, coalitions, and other multidisciplinary teams has generated more dialogue, more awareness, more information sharing, and more coordinated assistance to victims of human trafficking.

However, while much progress has been made since the passage of the TVPA and the availability of Federal funding, the evidence of this progress remains for the most part anecdotal in nature. Formal assessments and evaluations of these innovative strategies and promising practices from the start are essential to documenting what works (and what does not) and providing other communities across the

country with replicable and effective approaches to education, identification, outreach, and service delivery. For this to happen, and for service providers and law enforcement to continue to have an impact, human trafficking needs to become a community issue and priority. Entire agencies and communities overall need to recognize the problem and take responsibility for the solutions, including identifying and assisting the victims of this crime, whether international, U.S. citizens, or LPRs; victims of sex and/or labor trafficking; males or females; adults or children.

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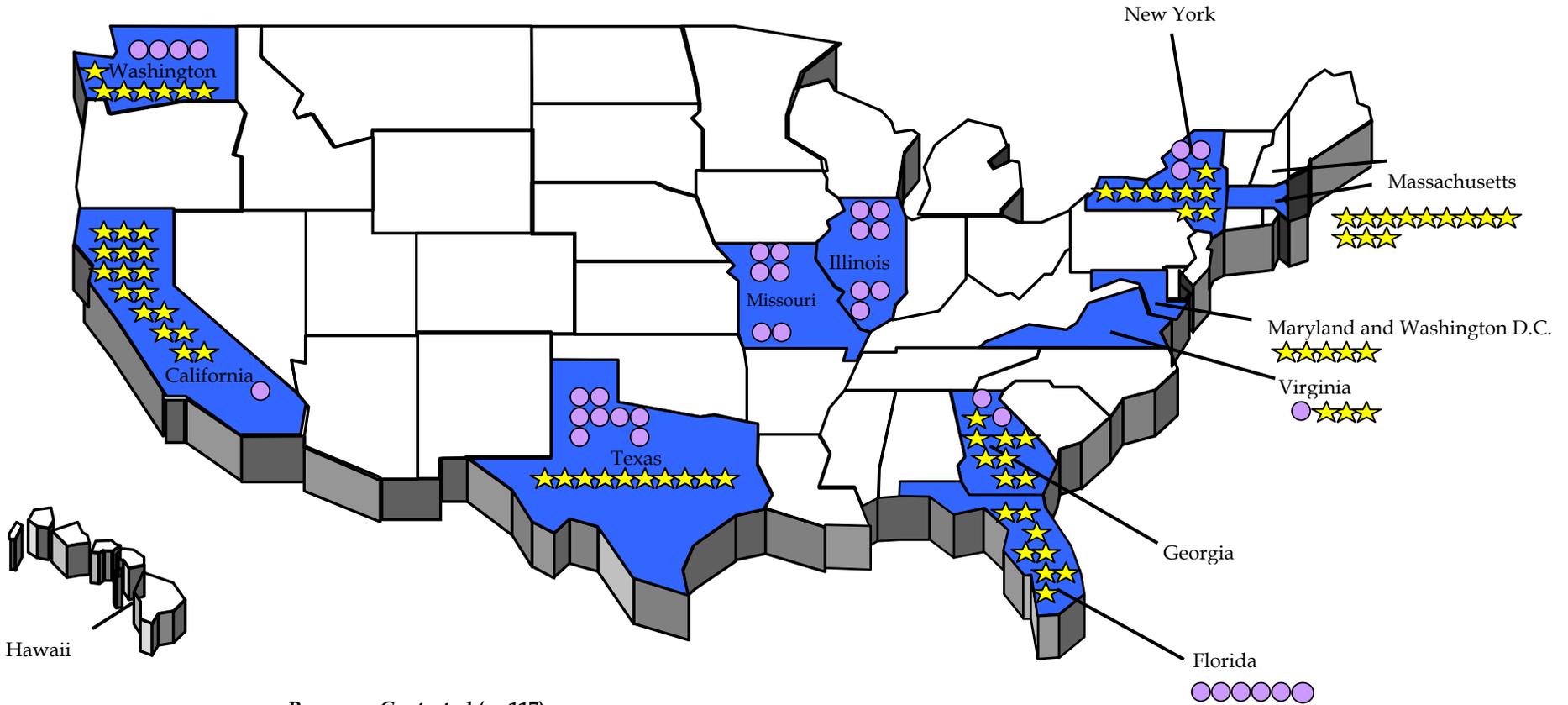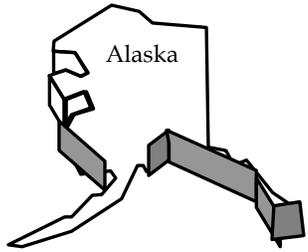
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APPENDIX A:

STUDY PARTICIPANT MAP AND
LIST OF PARTICIPATING PROGRAMS

Study of HHS Programs Serving Human Trafficking Victims: Study Participant Map

Alaska

New York

Washington

Massachusetts

Illinois

Missouri

Maryland and Washington D.C.

California

Virginia

Texas

Georgia

Hawaii

Florida

Programs Contacted (n=117)

⭐ On-Site Program Contacts (n=80)

🟣 Phone Program Contacts (n= 37)

🟦 Participating States (n=11)

Note: Total of 341 persons interviewed

List of Participating Programs

Georgia (Tucker, Atlanta, Winder, Decatur, Cartersville, Albany and Savannah)	Massachusetts (Boston, Cambridge, Chelsea, and Arlington)	Washington D.C, Maryland (Baltimore and Silver Spring) and Virginia (Virginia Beach, Falls Church and Dunn Loring)
Advocates for Bartow's Children	Boston Police Department (BJA Task Force)	Alternative House
Atlanta Police Department	Casa Myrna Vazquez, Inc.	Boat People S.O.S
Atlanta Victim Assistance, Inc.	Department of Social Services (DSS)	Community Connections
Highland House	Germaine Lawrence	Hearts and Home for Youth
Juvenile Justice Fund	International Institute of Boston	Polaris Project
Open Arms, Inc.	My Life My Choice Project	Seton Youth Shelters
Park Place Outreach, Inc.	ROCA, Inc.	Tahirih Justice Center
Refugee Women's Network, Inc.	Sydney Borum Health Center	United States Conference of Catholic Bishops
Tapestri, Inc.	Teen Prostitution Prevention Project	World Relief Corporation
Young Adult Guidance Center, Inc.	Trafficking Victims Outreach and Services Network	
	Transition House (Transitional Living Program, Emergency Shelter Program and Dating Violence Intervention Program)	
	Youth on Fire	

Texas (Fort Worth, San Antonio, Dallas, Conroe, Houston, Austin, Galveston, and Kerrville)	California (San Diego and Los Angeles)	Washington State (Auburn, Colville, Olympia, Seattle, Redmond and Evert)
All Church Home for Children	Bilateral Safety Corridor Coalition (BSCC)	Asian and Pacific Islander Women and Family Safety Center
Austin/Travis County Department of Health and Human Services, Refugee Health Screening Clinic (Member of the Central Texas Coalition Against Human Trafficking)	Catholic Charities – San Diego	Auburn Youth Resources (AYR)
BJA Houston Task Force	Chadwick Center for Children and Families	Chinese Information and Service Center
Catholic Charities Fort Worth	Children of the Night	Cocoon House
Catholic Charities San Antonio	Crisis House	Community Youth Services
Dallas Police Department	House of Ruth	Friends of Youth
Genesis Women's Shelter	Los Angeles Police Department (BJA Task Force)	International Rescue Committee (IRC)
K'Star, Inc.	Los Angeles Youth Network (LAYN)	Refugee Women's Alliance
LifeWorks	Mary Magdalene Project	Rural Resources Community Action
Montgomery County Youth Services	Panorama Teen and Family Center	Seattle Police Department
Mosaic Family Services, Inc.	Program for Torture Victims (PTV)	Youthcare
Political Asylum Project of Austin (PAPA)	Salvation Army SAVE	
Promise House	San Diego County Sheriff's Department (BJA Task Force)	
Refugee Services of Texas, Inc. (Member of the Central Texas Coalition Against Human Trafficking)	San Diego Police Department	
Safe Place (Member of the Central Texas Coalition Against Human Trafficking)	San Diego Youth Services	
St. Michael's Home for Children -Catholic Charities	SouthWest Key Program, Inc.	
YMCA Dallas	The Way In (Salvation Army)	
YMCA Houston	Walden Family Services	

| Florida (Orlando, Clearwater, Jacksonville, Tampa, Tallahassee, Fernandina Beach, and Orange Park)	Missouri and Illinois (Chicago, Parkridge, St. Louis, Parkville, and Kansas City)	New York (New York City and Brooklyn)
Catholic Charities of Central Florida	Epworth Children and Family Services	Builders for Family and Youth
Children's Medical Services (CMS)	Footprints	Catholic Charities Archdiocese of New York - Community Services
City of Jacksonville: Victim Services Center	Heartland Alliance	Covenant House New York
Clearwater Area Task Force on Human Trafficking	International Institute of St. Louis	East New York Urban Youth Corps.
Covenant House Florida	National Runaway Switchboard	Ending Child Prostitution and Trafficking (ECPAT-USA)
Families First	Ozanam	Farmworkers Legal Services of New York
Florida Coalition Against Human Trafficking	Project Oz	Girls Educational and Mentoring Services (GEMS)
Micah's Place	reStart	New York Asian Women's Center
Orange County Youth Shelter	Steppingstone	New York Association for New Americans, Inc.
Quigley House	Synergy Services	Safe Horizon
Refuge House	Teen Living Programs	The Children's Village
Victim Service Center of Orange County	The Harbour, Inc.	The Door
World Relief Corporation	The Night Ministry	
Youth Crisis Center		

APPENDIX B:

HHS Anti-Trafficking in Persons Program Maps

USCCB Per Capita Subcontractors
and
Rescue & Restore Coalitions, Street Outreach Grantees, Intermediary Contractors, and Regional Grantees
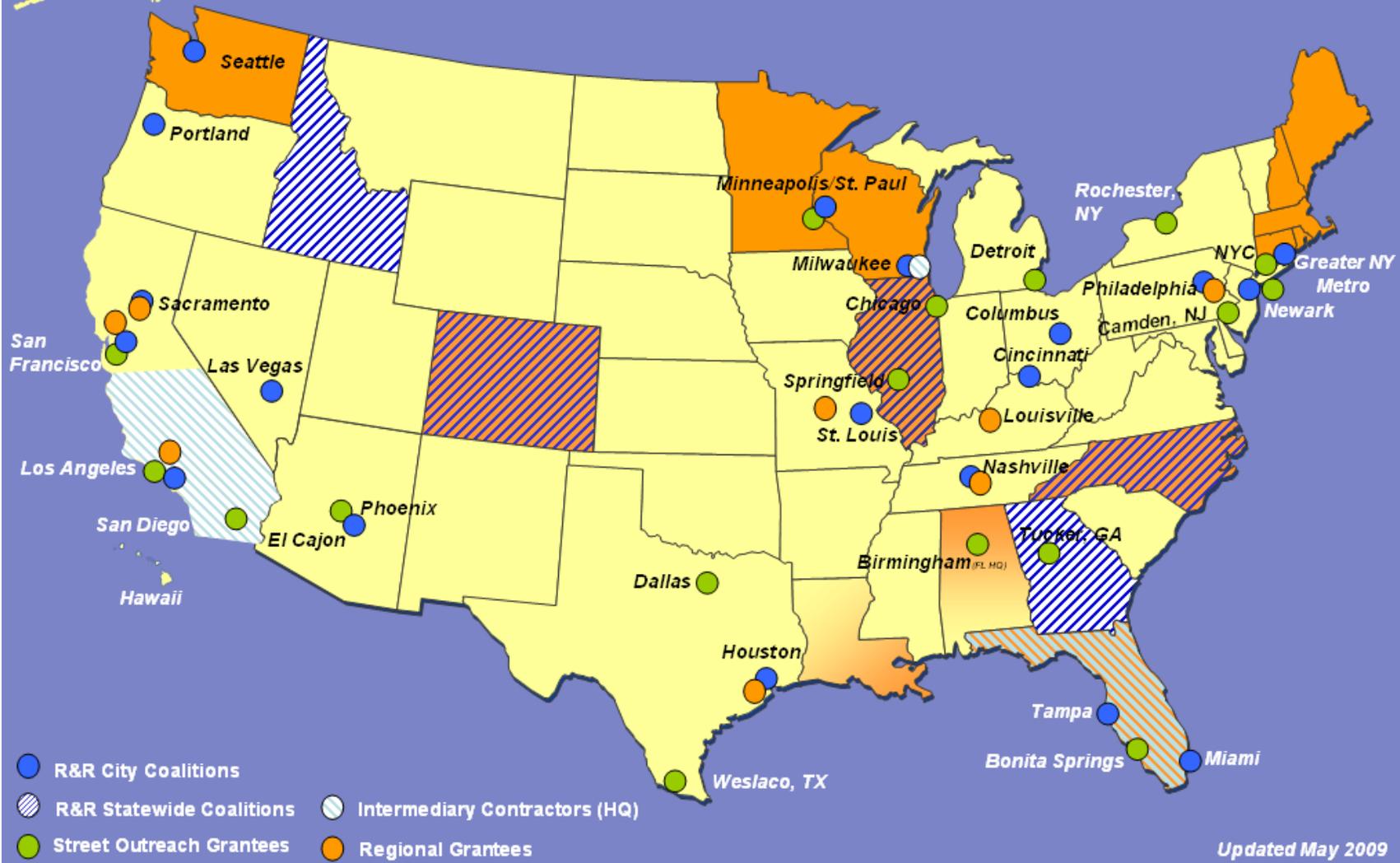
HHS Anti-Trafficking in Persons Program

USCCB Per Capita Subcontractors

Guam
Hawaii
American Samoa
Northern Mariana Islands
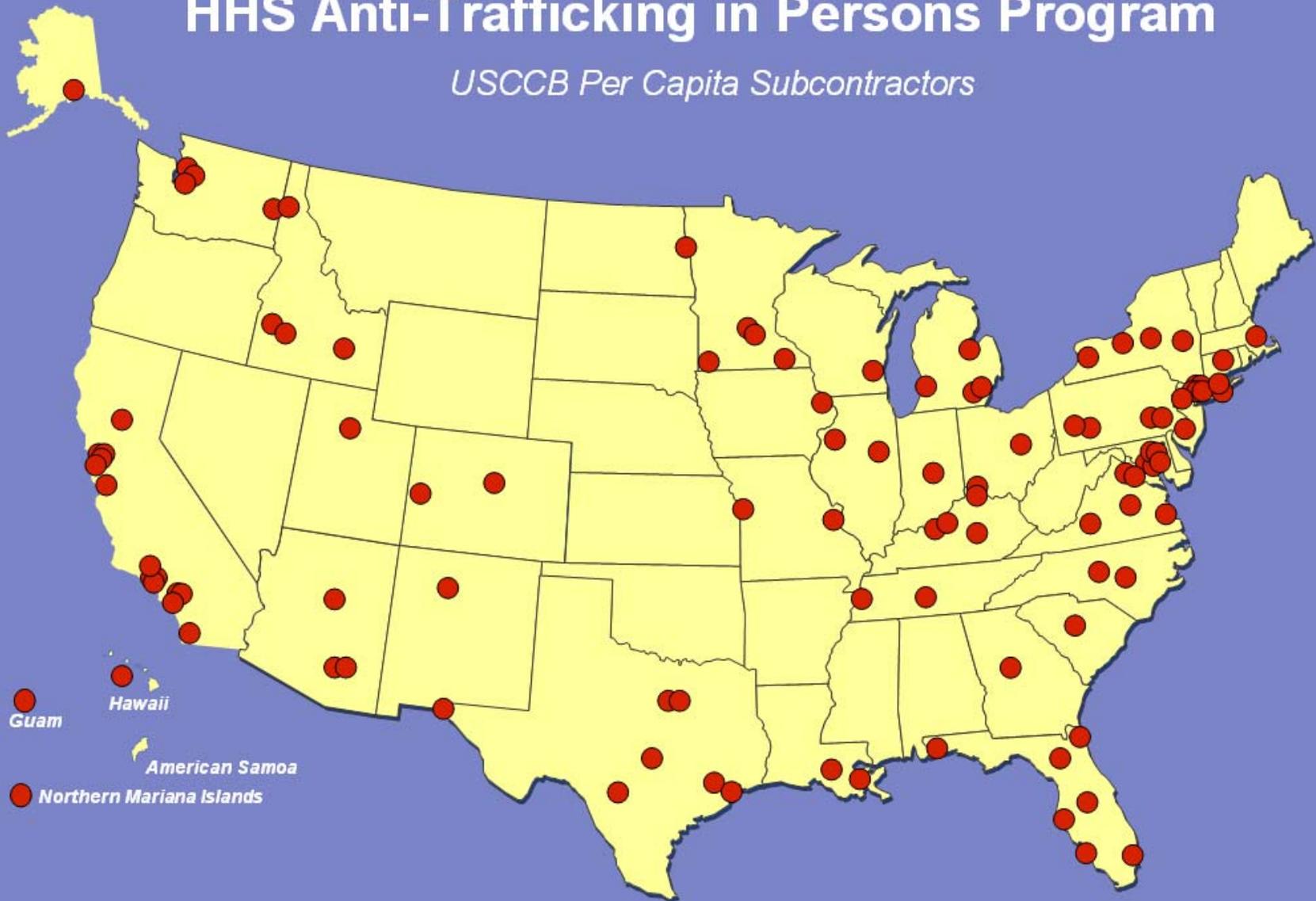
Updated May 2009

HHS Anti-Trafficking in Persons Program

Rescue & Restore Coalitions, Street Outreach Grantees, Intermediary Contractors, and Regional Grantees

Seattle
Portland
Minneapolis/St. Paul
Milwaukee
Detroit
Rochester, NY
NYC
Greater NY Metro
Newark
Sacramento
Chicago
Columbus
Philadelphia
Camden, NJ
San Francisco
Las Vegas
Springfield
Cincinnati
St. Louis
Louisville
Los Angeles
Nashville
San Diego
Phoenix
El Cajon
Tucker, GA
Hawaii
Dallas
Birmingham (FL HQ)
Houston
Tampa
Bonita Springs
Miami
Weslaco, TX

Legend
- R&R City Coalitions
- R&R Statewide Coalitions
- Intermediary Contractors (HQ)
- Street Outreach Grantees
- Regional Grantees

Updated May 2009

APPENDIX C:

GUIDING DISCUSSION QUESTIONS

Program:
Date:
Participants:

Clients

In general, what type of clients do you work with? What are the characteristics of the clients you see (age, sex, race/ethnicity, background, etc.)?

Would you describe any of your clients as victims of human trafficking? Do any of your clients meet the legal definition of a victim of human trafficking (provide definition)?

For those programs that serve victims of human trafficking, what types of trafficking victims do you see: International victims? Domestic victims? Victims of sex trafficking? Victims of labor trafficking? Adult victims? Minor victims? Male victims? Female victims?

Client Identification and Outreach

How are clients identified? Who identifies clients? Where do you get most of your referrals?

What role does law enforcement play in identifying clients? What are the pros and cons of law enforcement's role in this process?

What type of outreach do you do to reach clients? What type of outreach do others do?

What are the challenges/barriers to identifying clients? Conducting outreach?

In your experience, what outreach strategies have been most effective in reaching clients? Why have they been effective? (probe for replicable components of effective strategies)

Client Needs

What are the primary needs of your clients? Of your trafficking clients?

How do the needs of trafficking victims compare to the needs of other clients you serve? How are they similar? How are they different?

How do the needs of domestic trafficking victims compare to those of international trafficking victims? How are they similar? How are they different?

What are the challenges/barriers to meeting needs? How have you been able to overcome or address these challenges/barriers?

How well are you able to meet the needs of your clients (probe for met and unmet needs)? Of your trafficking clients?

What factors contribute to your ability to meet the needs of your clients? Of your trafficking clients? (probe for comprehensiveness of services, collaboration with other providers, etc.)

Service Provision

What services do you provide to clients/trafficking clients? What services do you coordinate for clients/trafficking clients? (probe: Shelter/Housing, Legal services, Medical services, Mental health services, Social services , Education/ESL, Job training/employment assistance, Life/social skills development, Parenting skills, Substance abuse treatment)

Are there services that your clients/trafficking clients need that are not available to them?

What are these services and why aren't they available (e.g., clients not eligible to receive services, etc.)?

Challenges/Barriers to Providing and Accessing Services

What are the challenges/barriers to providing services to your clients/trafficking clients?

What are the challenges/barriers your clients/trafficking clients experience when trying to access services?

How do these challenges/barriers differ by type of client? That is, are the challenges/barriers to providing and accessing services different for different types of clients? (probe for differences between international and domestic victims of human trafficking, males and females, adults and minors, etc.)

How do you address the challenges/barriers? Which have you been successful at overcoming? Which continue to be problems for you and your clients?

What recommendations do you have for improving service provision for clients? For victims of human trafficking?

What do you and other organizations need to help you better serve your clients/trafficking clients (probe for training, legislation, funding/resources, etc.)

Promising Practices

Of the services you provide (or coordinate) for clients/trafficking clients, which would you describe as most effective in meeting client/trafficking client needs? Which are most successful (have interviewee define success)? How do you define or measure success?

What makes these services effective?

What evidence do you have that these programs are effective?

Do you evaluate these services? If yes, how are they evaluated? (obtain copies of any evaluations or assessments)

What guidance would you provide to another agency considering working with victims of human trafficking?

FOR THOSE WHO DO NOT PROVIDE SERVICES TO VICTIMS OF HUMAN TRAFFICKING

Would you be able to identify someone as a victim of human trafficking? Why or why not? What would help you determine if someone is a victim of human trafficking?

If you were to encounter a victim of human trafficking, would you be able to provide services to this population? Why or why not?

What would you anticipate as the challenges/barriers to working with this population?

What would help you overcome these challenges/barriers?

What services do you currently offer to your clients that could benefit victims of human trafficking? Why and how would they benefit this population?

What lessons learned from working with your clients do you think can help those working with victims of human trafficking?