HUMAN TRAFFICKING:
ENTRY, PROGRESSION, EXIT AND SERVICE PROVISION FOR SURVIVORS

A Literature Review

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Human trafficking continues to evolve as an issue of importance in many communities. The proliferation of human trafficking is world-wide and involves forced labor, often of young persons. This literature review focuses on the form of human trafficking that involves sex trafficking and prostitution. Terms also used to describe this situation include domestic minor sex trafficking (DMST), sex work, child sexual exploitation and prostitution. This paper focuses on four points of interest: (1) the process of entry into sex trafficking, (2) the progression once one is trafficked/prostituted, (3) the process for exiting, and (4) services for victim/survivors. The paper concludes with recommendations for service provision, including the arenas of healthcare, social services, child welfare and law enforcement. Data specific to Ohio are included in this review to assist the local community with prevention and intervention services.

**Human Trafficking Overview**

The Victims of Trafficking and Violence Protection Act (TVPA) defines severe forms of trafficking 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” (U.S. Dept. of State, p. 6). Human trafficking “encompasses the transportation and subjugation of persons for financial gain” and is considered a modern form of slavery (Alvarez & Alessi, 2012).

The 2008 and 2012 Trafficking in Persons Reports define the major forms of trafficking in persons as: forced labor, bonded labor, debt bondage and involuntary servitude among migrant laborers, involuntary domestic servitude, forced child labor, child soldiers, sex trafficking and
prostitution, children exploited for commercial sex, and child sex tourism. There are slight
differences between smuggling and trafficking; smuggling involves illegal transport across
borders and often involves a commercial transaction between two parties, trafficking seeks to
profit from the criminal exploitation between two willing parties. (U.S. Department of Justice
[DOJ], 2006; U.S. Department of State, 2006 as cited in Wilson & Dalton, 2008). Additionally,
trafficking may not involve transport across borders in order to be exploited. Persons who are
trafficked are forced into sex work and prostitution, construction, manufacturing, agriculture and
fishing, domestic servitude and other forms of physical labor. Labor exploitation is part of a
global market of commodities (i.e. grains, coffee, cocoa, sugar, cotton and gems). Children are
especially at risk to be trafficked (Alvarez & Alessi, 2012). The 2008 Trafficking in Persons
Report from the U.S. Department of State describes human trafficking as a “multi-dimensional
threat”, depriving people of human rights and freedoms, as well as increasing global health risks
and fueling the growth of organized crime (p. 5).

The 2008 and 2012 Reports on Trafficking in Persons provide clear definitions for the
various forms of sex trafficking. First, “sex trafficking comprises a significant portion of overall
trafficking and the majority of transnational modern-day slavery. Sex trafficking would not exist
without the demand for commercial sex flourishing around the world” (2008 Report, p. 23).
The forms of sex trafficking typically begin with children. Children exploited for commercial
sex is estimated at over two million each year. Many children exploited for commercial sex are

people who travel from their own country—often a country where child sexual

exploitation is illegal or culturally abhorrent—to another country where they engage in

commercial sex acts with children…The commercial sexual exploitation of children has
devastating consequences for minors, which may include long-lasting physical and psychological trauma, disease (including HIV/AIDS), drug addiction, unwanted pregnancy, malnutrition, social ostracism, and possibly death…Child pornography is frequently involved in these cases, and drugs may also be used to solicit or control the minors (p. 25).

Sex trafficking is a business of opportunity and commerce. The sophistication of sex trafficking is evident, as traffickers figure out ways to maximize their return on their “products”. Women and girls are often transported to area hotels and motels, truck stops, highway welcome centers. They are centralized around conventions, sporting events, or other populous events (Wilson & Dalton, 2008). They are sold not only on the streets, but through e-commerce (Kotrla, 2010). It may seem difficult to understand how a child, adolescent or young person could be enticed into sex trafficking. The 2012 Trafficking in Persons Report provides context for understanding what seems to occur,

People fall victim to trafficking for many reasons. Some may simply be seeking a better life, a promising job, or even an adventure. Others may be poverty-stricken and forced to migrate for work, or they may be marginalized by their society. These vulnerabilities do not mean that those who are victimized are dependent on someone else to empower them. It often means that they had the courage to pursue an opportunity that they believed would change their lives and support their families. Traffickers see and understand this reality, and through imbalances in power and information—and a willingness to use coercion and violence—they take advantage of their victims’ hope for a better future (p.11).
Thus, the reality of sex trafficking is evident. Sex trafficking occurs in the United States, and Ohio is no exception. Data to describe the incidence and prevalence of this issue are presented in the next section.

**Incidence and Prevalence Data**

Determining the incidence and prevalence of human trafficking is complex. Stansky and Finkelhor (2008) explain the difficulty of knowing exactly how many juveniles are involved in prostitution. They conclude the issue exists because of a lack of credible methods for estimating figures on the issue and a question of definitions about the subject matter. Estimates range from 1,400 to 600,000 but Stansky and Finkelhor (2008) caution that these numbers are essentially a guess or extrapolation. Despite these challenges, researchers, governmental organizations, and providers are working toward better estimates. Centralizing data collection or developing a means for shared data are worthy of discussion, as victims may be identified in various service arenas. Much of the data was tracked through arrest report and other criminal justice filings. Data from others, such as social service and child welfare are typically not specific to human trafficking as a demographic feature.

The Ohio Trafficking in Persons Study Commission, Research and Analysis Sub-Committee submitted a report to the Ohio Attorney General Richard Cordray on the Prevalence of Human Trafficking in 2010. The findings of the report indicate 2,879 Ohio youth (ages 12 to 17) are at-risk for child sex trafficking each year. Wilson and Dalton (2008) examined trafficking cases in Toledo and Columbus, Ohio from 2003 through 2006 through content analysis of two major newspapers. They found 15 cases of human trafficking between the two cities as identified in the press. Ten cases in Toledo involved commercial sex trafficking of Toledo-area juveniles, each of whom had been lured, coerced or kidnapped by a Toledo-area
adult trafficker. The five remaining cases were in Columbus and involved the “exploitation and forced labor of foreign nationals” (p. 300). At the time of their research, identification of human trafficking was just beginning at a formalized level, which likely explains these numbers as smaller than expected. Thus, estimates for the size of the problem in Ohio are still evolving as the identification and tracking of the issue becomes a priority.

_Victims of Trafficking_

Kotrla (2010) emphasizes the reality that many victims of sex trafficking the in the United States are youth. She explains, “youth constitute the most vulnerable group in the United States for becoming victims of sex trafficking,” and “most women in prostitution actually entered as minors” (p. 181). She utilizes the terminology “domestic minor sex trafficking” (DMST) to describe this situation. DMST is modern-day slavery of children and involves commercial sexual abuse of children through buying, selling or trading their sexual services; forms of DMST include prostitution, pornography, stripping, escort services and other sexual services (p. 182). Age of onset for sexual abuse was 10.6 years; age of first running away for those who were sexually abused was 12.6 years. Similarly, Wilson and Dalton (2008) found juvenile victims of sex trafficking range in age from 10 to 17 and were from the cities in which they were currently being trafficked. Nixon, Tutty, Gorkoff and Ursel (2002) in their interviews with 47 women who were involved in prostitution found that most entered prior to age 15. Data from these authors are similar to that reported by the U.S. Department of Justice (2007), which reported age ranges of 11 to 17 (cited in Kotrla, 2010).

Twill, Green and Traylor (2010) explain the gateway to juvenile prostitution relying on a combination of several risk factors including, “issues such as negative family dynamics, poor parenting skills, lower intellectual functioning, poor school success, inadequate social skills, and
abuse and neglect are risk factors associated with juvenile prostitutes” (p. 187); Kramer and Berg (2003) reported similar risk factors related to the timing of entry into prostitution.

A history of abuse – physical, emotional and sexual is common in the childhoods of women involved in sex trafficking and prostitution. High incidence of sexual abuse by a family member or caretaker (including foster care parents or group home attendants) is realized is this population. (Nixon, et al., 2002). Sexual abuse in the home increases the chance that a youth will run away, which places them at risk for re-victimization (Twill, Green, & Traylor, 2010). Benoit and Millar (2001) found histories of physical, sexual or emotional abuse in 90% of respondents who identified as sex workers. Subsequent development of trauma-related disorders such as post-traumatic stress disorder (PTSD) is often seen as a result of the exposure to abuse (Twill, Greene, & Traylor, 2010).

Child welfare involvement is also common in the experience of victims of sex trafficking. Fong and Berger Cardoso (2010) write that “In the United States, runaway, homeless, kidnapped children or children in or leaving foster care are at elevated risk of forced prostitution and trafficking” (p. 311). Nixon, et al., 2002, found that 64% of women involved in sex trafficking had been in the child welfare system as children, including foster and group homes, often for many years.

The Ohio Trafficking in Persons Study Commission identified four factors at a systemic level that place Ohio youth at risk. These include: (1) Ohio’s weak response to trafficking victims, (2) evidence that first responders to human trafficking in Ohio are unaware and unprepared, (3) customers who purchase youth remain protected, receiving minimal charges and rarely being prosecuted in Ohio in any significant way, while traffickers suffer minimal consequences, and (4) high rates of vulnerable youth in Ohio (p. 5).
The Process of Entry

The process of entry into sex trafficking is an area of research that is examined across disciplines of social work, sociology, psychology, nursing, criminal justice, and others. Explanations of this process focus on risk factors that contribute to entrance, as well as relational and environmental factors. Describing the pathway is an essential feature for prevention strategies, as well as being informative for intervention strategies.

McClanahan, McClelland, Abram, and Teplin (1999) describe three pathways into prostitution: (1) childhood sexual victimization, (2) running away, and (3) drug use. They write how “each of these potential pathways suggest markedly different prevention and treatment strategies” (p. 1606). They examined data on 1,142 female jail detainees at Cook County Department of Corrections in Chicago between 1991 and 1993. They found that running away “had a dramatic effect on entry into prostitution in early adolescence, but little effect later in the life course” (p. 1606). Childhood sexual victimization nearly doubled the odds of entry throughout the lives of women. Drug abuse did not explain entry into prostitution as strongly as running away or victimization (McClanahan, et al., 1999).

Kramer and Berg (2003) applied a time-series analysis to understand entry into prostitution for youth. They found that the experience of at least one childhood risk factor (sexual abuse, physical abuse, parental drug abuse) significantly increased the hazard rate for entry into prostitution relative to those experiencing no risks. They also examined the role of race and educational level. They found, “educational level and minority/nonminority status also exerted a significant effect on the timing of entry. Although whites are more likely than minorities to experience childhood abuse, it is minorities who consistently experience higher hazard rates for entry into prostitution” (p. 542).
The Ohio Trafficking in Persons Report (2010) explains that traffickers recruit children into prostitution using several techniques, including grooming or “finesse pimping” wherein the young girl is seemingly making her own decisions to enter and sell services; “bait and switch” wherein an attractive opportunity is presented in order to gain trust and hope only to later change the situation upon entry; and “guerilla pimping” wherein the trafficker recruits through the use of threat, physical violence, or other forms of coercion. They cite the work of Williamson and Prior (2009) in their description.

Pathways into sex trafficking for adults typically focus on women identifying as prostitutes. Campbell, Ahrens, Sefl, and Clark (2003) who interviewed 102 rape survivors to examine the relationship between being raped as an adult and engagement in prostitution. Data from participants revealed,

Survivors were asked whether and how the rape was associated with engaging in prostitution: most (75%) stated that they felt it was related to the assault. The most commonly cited reason for engaging in prostitution by these survivors was that they were trying to regain some control over their lives and their bodies; exchanging sex for money was seen as one way to control men’s access to them (p. 299).

Thus, it seems the pathways into trafficking center on vulnerabilities, including feeling unsafe (due to abuse and violence), and having an unstable living situation that prompts a child to run away or be without supervision. Additional risk factors that come with adverse situations, such as exposure to alcohol and drugs, violence and dangerous people, and difficulties in school seem to make a child’s situation more susceptible to victimization. The relational aspects of trafficking play into these risk factors, and are discussed in the next section.
Relational Context of Entry

The relationships between victims and sex traffickers is complex, as traffickers often engage potential victims through relational means – using expressions of care and concern, love and attention. Based on the literature, one can assume that those victimized are often runaway or at-risk youth who are in need of shelter, food, clothing and other basic needs. It is likely that they were neglected and/or abused and are seeking a connection or attachment to a caring individual. In their research with adolescent females who were prostituted, Twill, Greene and Traylor (2010) found “Female adolescents who were engaged in prostitution were also likely to have been involved in a number of short-term relationships that were generally exploitative…girls turned to these relationships, in part, due to a lack of appropriate social skills” (p. 190). At the core of this process is a need for emotional and physical safety, which the trafficker may appear to provide. Thus, the juvenile enters this relationship believing they will be safe or at least “OK”. Relationships quickly progress from “friendship” to sexual, then to “business”.

Traffickers are often unrecognized and fairly organized, using their victims to assist them in recruiting, retention and other aspects of the business. Wilson and Dalton (2008) described traffickers as “prominent doctors or businessmen with money, influence, and respect in their communities” (p. 301). Traffickers often use women in the process of recruitment and training of the youth. They often work to lure and recruit the victims, while some will also kidnap (Wilson & Dalton, 2008). Once someone is lured in, they must be detained. Therefore, traffickers work to control their victims through various means. They utilize emotional, physical and sexual violence, and economic abuse to keep victims in their custody. Victims are monitored closely by the trafficker and his associates, making it nearly impossible to escape.
Traffickers also use isolation from family, friends and the public to limit the ability to build supportive social networks, as well as the ability to be recognized (Dovydaitis, 2010).

Part of the control involves a re-identification. Wilson and Dalton (2008) found “sex traffickers often gave their juvenile victims new identities and taught them never to give their real name or age to police” (p. 303). Removal of identity documents such as a driver’s license further limit a victim’s ability to escape the situation. Wilson and Dalton (2008) highlight the ability to control the woman through children – often by fathering a child with the woman to further tighten his control over her.

**Progression**

Once a girl/adolescent/woman is trafficked, there is an unknown amount of time in which she remains in this situation. She may remain involved for months or years until she is rescued or exits. While little is written about the progression within sex trafficking, there is some information from the literature on women engaged in prostitution. The life course of someone who is trafficked is worthy of further exploration. This topic is an area of research that needs further development, as the progression of a child or adolescent may vary from that of an adult. Because of a similarly young age of entry, it is reasonable to make the connection between prostitution and trafficking, which is why the examples from the literature on adults is utilized.

Williamson and Folaron (2003) propose five developmental phases of prostitution based on their research with adult women. Assessing which stage a woman is in assists providers in the planned intervention. The stages help the provider understand motivations for remaining or exiting and provide dimension to the reality of a life as a prostitute. In all phases women desire “something better” for themselves, which must be remembered by those working to intervene (Williamson & Folaron, 2003). These stages are summarized in Table 1.
Table 1: Developmental Stages of Prostitution (Williamson and Folaron, 2003)

<table>
<thead>
<tr>
<th>Developmental Stages of Prostitution</th>
<th>Additional Context</th>
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<tbody>
<tr>
<td><strong>Enticement into the Lifestyle:</strong></td>
<td>It is likely that the woman/girl has significant needs (e.g. food and shelter) that cannot seem to be met through another resource. Prostitution is seen as a survival strategy to help alleviate financial burdens. Emotional burdens from a stressful home life, including abuse, neglect and poverty may impact a girl/adolescent to flee and enter the lifestyle.</td>
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<td>To enter, two preconditions are necessary: (1) enticement by the prospects of financial gain/ (2) shed any moral objections to prostitution work.</td>
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<tr>
<td><strong>Learning the Lifestyle: Feeling Powerful:</strong></td>
<td>In this learning phase of the prostitution lifestyle, the women begin to incorporate new habits and new ways of thinking. They find a way to silence moral restraints and begin to value exploitation. The rule on the street is, ‘don’t hate the player, hate the game.’ With that sentiment, women are taught to take it in stride and learn from their mistakes (p. 277)</td>
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<tr>
<td>Learning the lifestyle requires adapting to a new environment and learning the rules of behavior for success and survival. In this learning phase, the rewarding aspects of prostitution are prominent and women focus on the benefits of the lifestyle. Prostitution life is fast paced (p. 276)</td>
<td>Women develop protective strategies against getting arrested and against dangerous “dates”.</td>
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<tr>
<td><strong>Living the Lifestyle: Trusting the Game</strong></td>
<td>Distinct activities of this phase:</td>
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<td>The most prominent feature of this phase is the increased time spent in prostitution. Prostitutes in this phase distance themselves from conventional connections such as school, church, and other political and social institutions (p. 279).</td>
<td>Increased socialization with underground social networks, resulting in increased drug use; Experience with a broader range of customers: Increase in more customer-related violence</td>
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<td></td>
<td>Because of the increased work and increased violence, the enticement of the lifestyle is lessened. There is an increase in depression. Drug use moves from a recreational purpose to a functional purpose in order to do the work.</td>
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<tr>
<td><strong>Caught up in the Lifestyle: Accumulating Burdens</strong></td>
<td>Immediate gain becomes the goal of almost every opportunity, later provoking deep remorse and shame. Safety becomes a secondary concern as women place themselves at increased risk to obtain money to buy drugs. During this time women accept the element of chance and the little control they have over customer–prostitute encounters.</td>
</tr>
<tr>
<td>At this phase, women are experiencing chronic depression, drug abuse and learned helplessness. Life consists of “drug seeking and rug taking” (p. 281).</td>
<td>For those who enter prostitution after the onset of</td>
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were untreated. Their emotional state is weakened as well. As the addiction to drugs becomes more consuming, women are further immersed and further cut-off from any social supports, including children and family.

drug addiction, the context is slightly different during this stage. Drug-addicted women enter already ‘caught up’ in a wave of drug addicting behaviors and drug addiction needs. In order to serve the addiction, addicts new to prostitution engage in a substantial amount of customer contact. The probability that they would employ protective strategies is slim, having never taken the initial time to enter, learn, and adjust to the mores of the lifestyle (p. 281).

**Leaving the Lifestyle: Taking Stock and Getting Out**
The decision to exit is one that is reached through some reflection upon the ability to continue in the lifestyle. There must also be a belief that there is “something better” out there for the woman.

It is the sum totals of daily hassles, acute traumas, and chronic conditions that precipitate a woman’s decision to exit prostitution. There is some evidence that institutional pressures also have an effect on a woman’s decision to leave, particularly pressures from law enforcement and child protective services. A combination of arrests, time in jail, and probation mandates put pressure on women to consider exiting the life. Outside pressure is successful when it is accompanied by a strong, personal desire to exit the life. Without a personal desire to quit, outside restrictive measures are only temporary (p. 283).

**Re-Entrance into the Lifestyle: The Loss of Options**
Whatever means prompt women to exit, without help and support, the most gallant tries often result in re-entrance into the prostitution lifestyle following a stressful event (p. 284).

Poverty is cited as the leading factor precipitating and re-entrance into the lifestyle.

A woman may encounter a potential service provider during any one of these developmental stages. One can posit that there are different motivations at each stage that will entice a woman into exiting. When one is in the earlier stages and prostitution seems like an effective means to getting needs met and the consequences of the lifestyle are not as severe, the enticement to leave would have to be met with promise of a better situation. When engaging with women in the later stages, there would be less time spent convincing her of the downside and more time ensuring that her concerns for her health and welfare will be addressed. A client-centered approach recognizes the differences in the life course of prostitution and works to maximize those aspects that will facilitate a positive change.
In addition to developmental stages, there are work style variations for women engaged in prostitution. By examining her work typology and her stage of development, one can develop a composite of her potential needs. Williamson and Baker (2009) detailed the work style typologies of women engaged in street-level prostitution and developed three categories: (1) pimp-controlled prostitution, (2) renegade prostitution, and (3) outlaw prostitution. There are differences between each category based on affiliation with others, client-base and activities not related to sex work.

**Pimp-controlled prostitutes** describes those who were enticed, finessed and manipulated as adolescents into working for a pimp in order to achieve a lifestyle that would help them survive. Terms used to describe those working for the same pimp include “wife-in-laws”; expectations for wife-in-laws are to train one another and keep each other in line. They often work for a daily quota, which varies depending on their experience. Pimps use a combination of violence, intimidation and education to keep women with them; those attempting to leave often have to escape, rather than attempt to align themselves with another pimp (known as “choosing up”) (Williamson & Baker, 2009).

**Renegade prostitutes or Independent Entrepreneurs** describes women working without a pimp. Williamson and Baker (2009) explain how “Women involved in Renegade Prostitution either enter street-based prostitution as free agents or escape the grasp of a pimp to become free agents. These women stated that they work when they want or need to” (p. 35). Part of the renegade style is the build-up of a regular client base (termed sugar daddies or cake daddies). The threat of violence is from customers, rather than from pimps. Women engaged in renegade prostitution learn to carry weapons and/or hire persons to act as security or “watchers”.
Outlaw Prostitutes or Street Hustlers describes those who participate in dishonest activities to swindle and obtain money from unsuspecting customers. They are less interested in building a customer base – rather those who are unfamiliar and unsuspecting are the target. Outlaws typically hope to walk away with more than what was agreed upon through manipulation or robbery, and do not want to engage in sexual activity, if they can avoid it.

Unique to this category of workers is a relationship with a partner. Williamson and Baker (2009) explain,

Outlaws may engage the efforts of a male or female partner in crime. Sometimes, an Outlaw may have a boyfriend who also engages in hustling activities. He is not described as her pimp, although he may be instrumental in helping to arrange dates, provide security, or be a partner in a scam to get money from a potential customer. This is a relationship where, despite prostitution activities, emotional and physical fidelity are important (p. 37).

While not all women will fit neatly into one of these three categories, it is helpful to recognize and differentiate between the various work styles. Women who were trafficked as girls and were pimp-controlled may feel as though their work as a Renegade or Outlaw is considerably better than their previous situation. Understanding the history of entry and the progression of the trafficked person is a necessary component of being able to effectively intervene.

Regardless of the typology, one feature that is ubiquitous to all persons involved in sex trafficking is violence. It is woven throughout the life course of persons and tends to become more severe over time. Nixon, et al (2002) explain violence as an everyday occurrence in the lives of women and girls working in sex trafficking. The authors explain,

“The narratives from women who became involved in prostitution as girls described high
rates of violence perpetrated against them. They encountered abuse during their childhood prior to their involvement in prostitution and as prostituted street youth. During their involvement in prostitution, they were frequently the targets of pimps, johns, other prostituted women, and intimate partners as well as representatives from mainstream society and members of the police. A number also reported incidents in which they behaved violently to others and themselves” (p. 1023).

As they begin their involvement in sex trafficking/work/prostitution, the violence increases and becomes extreme (Campbell, Ahrens, Sefl, and Clark, 2003). The expectation of violence is normalized and victims become desensitized over time. According to Nixon, et al. (2002), violence can come from intimate partners, customers, pimps, other women involved in prostitution, and police officers and other professionals. Addressing the role of violence and its aftermath is a significant need for victims. Specific guidance on services is provided in later sections of this paper.

**Substance Use and Other Health Issues**

Often intertwined with the progression in sex trafficking is the progression of substance abuse and addiction. The relationship between prostitution and addiction is typically viewed from a uni-dimensional perspective, when it is actually more multi-dimensional (Sallmann, 2010). She explains, “Although prostitution is treated as an almost fundamental component of female addiction, its impact on substance use and recovery is rarely examined. This lack of attention leads to the impression that prostitution is irrelevant to the experience and treatment of addiction” (p. 116). Sallmann (2010) references information from the Drug Abuse Treatment
Outcomes Study (DATOS) study that indicates between 30 to 41.4% of women report exchanging sex for money or drugs.

Progression of drug use seems to occur faster for women in prostitution, moving from “softer” drugs to “harder” drugs such as heroin and crack cocaine. Substance use and prostitution are viewed as going “hand-in-hand”. Sallmann (2010) writes, “Narratives reveal how women make sense of and connect these issues in their lives, highlighting the common practices of using substances and exchanging sex as inextricably linked. Participants described three such connections: (a) exchanging: “a means to an end,” (b) using: making it “easier to do,” and (c) using and exchanging: enabling each other” (123).

In addition to the deleterious effects of substance dependence, the progression in sex trafficking includes the development of health-related issues, including sexually transmitted diseases, HIV/AIDS, Hepatitis C, mental illness, malnutrition and fatigue (Nixon, et al., 2002). These health issues are often ignored over time and only treated in an extreme emergency due to lack of access to medical services and fear of being arrested or further punished by the pimp or trafficker. It is likely, based on what is written in the literature, that the trafficked person will have significant physical, mental, social and emotional needs, all of which will need addressed. Because these needs are extensive, it is likely that many providers will need to be engaged in order to be effective. The next section examines the process of exiting, which takes into account the many challenges and needs of this population, as they relate to escaping or leaving.
The Process of Exiting

How does someone exit sex trafficking or prostitution? The answer to this question is emerging in the research literature. Exit strategies seem to vary based on a few factors including the age of the victim, the typology of the “work” in which she is involved, the point of intervention (i.e. child welfare, juvenile justice, criminal justice, hospitalization, etc.), and the access to services that will assist in her exit. Barriers to exiting are examined first, followed by a description of the exit process.

Barriers to Exiting

Baker, et al, (2010) explains the numerous barriers that exist for women seeking to exit prostitution. They identify the most commonly cited barriers discussed in the research as addiction, mental and physical health disorders, but posit that thinking of these barriers singularly is inadequate. Rather, the barriers exist on multiple personal and societal levels.

Arnold, et al, (2000) details what goes beyond a decision to leave stating, “For this population, deciding not to work the streets is not the answer, but only the beginning of a long process fraught with numerous obstacles” (p. 120). According to Wilson and Dalton (2008), factors that inhibit or prevent victims from seeking help include stigma and perceived judgment, drug addiction, and having nowhere to turn, having no economic resources and threats of violence or death. Baker, et al, (2010) categorize barriers in four areas, as follows:

(a) **Individual factors**: those associated with a woman’s own internal drive and abilities (p. 590). These include: self-destructive behaviors and substance abuse, mental health problems, effects of trauma from adverse childhoods, psychological trauma/injury from violence, chronic psychological stress, self-esteem/shame/guilt, physical health problems, and lack of knowledge of services;
(b) **Relational factors**: those associated with her close relationships and informal social network. These include: limited conventional formal and informal support, strained family relationships, pimps, drug dealers, and social isolation;

(c) **Structural factors**: those associated with societal circumstances. These include: employment, job skills, limited employment options, basic needs (e.g. hosing, homelessness, poverty, economic self-sufficiency), education, criminal record, inadequate services; and

(d) **Societal factors**: those which capture social perceptions of prostituted women and likely affect, in profound ways, the other factors (p. 509). These include: discrimination and stigma.

These multiple barriers impede the process of exit. However, the identification of barriers alone is not enough to fully understand and assist with the process of exiting. The process itself is complicated and is discussed in the next sub-section.

**The Process of Exiting**

Baker, Dalla and Williamson (2010) propose an integrated six-stage model to describe the “complex and convoluted process” of exiting prostitution (p. 579). Although this model centers on women engaged in street-level prostitution, much of it corresponds to girls and adolescents who are sex trafficked, as the histories of both populations are similar. Their model is depicted in the Figure 1 (p. 591).
Immersion is the first stage and is the beginning of the journey and describes the “total immersion” in the lifestyle. This immersion leaves little room to consider leaving or even develop the awareness of leaving. One can assume that traffickers, pimps and other associates are involved in the indoctrination and engagement into the lifestyle during this stage.

Visceral Awareness and Conscious Awareness occur in the second stage. Visceral awareness is described as a “gut” feeling about leaving prostitution due to the awareness that things have changed. Conscious awareness is an amplification of these
visceral feelings of wanting to leave. Part of consciousness is a verbalization of these feelings.

**Deliberate Planning** is the third stage and involves an assessment of formal and informal support resources. She is gathering information either through phone calls or conversations to find out more about “life on the outside” (p. 592). This planning may be initiated by the individual or imposed by others (e.g. social services, criminal justice, family).

**Initial Exit** is the fourth stage. Baker, et al.(2010) explains the complex and delicate nature of this stage as,

The *initial exit* stage is when the woman begins actively using informal (e.g., moving in with a family member) and formal (e.g., attending counseling, entering de-tox) support services. Clearly, work done in the earlier stage of deliberate preparation may be critical to her success at this stage of the exit process, particularly if a woman’s needs are extensive (e.g., housing, employment skills, substance abuse, or mental health problems)…Not only is access to formal and informal support critical at this stage of the exit process but so also is each woman’s receptivity to those services…It is in this stage of the model that a woman’s internal desire and motivation to exit are severely tested. The *initial exit* stage captures the reality of the “entry-exit-re-entry” cycle of street-level prostitution and the variability of paths out of the sex industry. In other words, some women may seek out and utilize available services and never return to street-based prostitution (their initial and only exit); whereas for others, the *initial exit* may be short-lived and result in reentry (p.592).
Reentry is the fifth stage in this model and captures the reality of the exit process. The authors explain that reentry into prostitution may result in a complete re-immersion into the industry/lifestyle, or it may stimulate feelings of being “stuck or trapped”. Baker, et al. (2010) explains, “…despite conscious awareness of a need to change, she may lack the confidence, initiative, coping skills, or necessary resources to allow her to engage in deliberate preparation…despite their desire to exit, their lack of behavioral action makes them invisible to formal support providers” (p. 593).

Final Exit is the sixth stage and the most complicated to define. The authors explain that this stage often occurs after a series of cycling in and out of prostitution. The difficulties in exiting on one’s first attempt are related to the barriers discussed earlier in this paper. They write, “Simply stated, specific parameters (e.g., certain length of time away from the streets, the attainment of legal employment, safe residence, or the establishment of new friends without connections to the sex industry) delineating final exit are exceedingly difficult to define… although the final stage in our integrated model is labeled final exit, we believe that reentry is always a possibility” (p. 594).

This integrated model explains the complexity of exiting, highlighting the reality that leaving is more than a simple decision to go. Rather, numerous variables (both internal and external) can impact the ability of the person to successfully exit and not re-enter. Many of those external variables are better described as the institutions and services with which the trafficked person comes into contact. Their roles in the exit process are discussed in the following subsections.
Exiting: The Role of Law Enforcement and Criminal Justice

To effectively combat human trafficking, it is imperative that front-line responders, especially law enforcement agencies, are equipped with the know-how to correctly identify and respond to human trafficking cases. Over the years, various tools have been developed and disseminated to assist law enforcement officers to identify victims of human trafficking. Despite such efforts, timely identification of victims remains a challenge rarely met. This greatly hinders the access of human trafficking victims to assistance and protection, prolonging suffering and exploitation at the hands of traffickers (United Nations Office on Drugs and Crime, 2012). Law enforcement officers can take first steps to 1) Identify human trafficking, 2) Stabilize and control the human trafficking situation, 3) Prepare victims and pass information on to investigators, and 4) Refer victims to specialized service providers (NGOs, medical and psychological assistance, legal counseling, shelter…) (United Nations Office on Drugs and Crime, 2012).

Law enforcement and the courts also play a pivotal role in the exit process, as it relates to outreach and engagement for community services such as addiction treatment. Anderson, et al, (2000) found “staff reported that it was easier to try and engage these women while they were in jail. However, the motivation level decreased once the individual is released…staff did a great deal of “hand holding” as well as home visits” in an effort to establish a relationship and encourage the woman to utilize services (p. 128). Collaboration between law enforcement, the courts and community providers is an essential component of outreach, engagement and retention in services.

Exiting: The Role of Health Care Professionals and Social Workers

Health care providers are one of the few professionals likely to interact with trafficked women and girls while they are still in captivity, which represents an opportunity for intervention
(Dovydaitis, 2010). Dovydaitis (2010) writes, “Health care providers are in a unique position to identify victims of trafficking and provide important physical and psychological care for victims while in captivity and after. Health care professionals, including social workers must be aware of this issue in an effort to identify and potentially assist persons who are trafficked.

Alvarez and Alessi (2012) recommend that social workers have a comprehensive understanding of the issue to assist them with the identification of persons engaged in forced labor. Furthermore,

Social workers in direct practice can play a pivotal role in identifying trafficked persons in such settings as emergency rooms, health clinics, and shelters. Since there are no distinct physical and emotional symptoms by which clinicians can identify trafficked persons, knowledge of industry-related morbidity and conditions of vulnerability can help facilitate identification through comprehensive psychosocial assessments…It is important to recognize that some trafficked persons may not be ready to leave their situations out of fear of retaliation against them or their family members.” (p. 149-150).

As social workers develop interventions for this population, they are faced with the creation of a comprehensive and multi-systemic approach. Anderson, et al, (2000) explains, “Because many of these women not only have backgrounds in prostitution but also experience substance abuse, mental illness, violence, and homelessness, the social work practitioner is faced with finding relatively scarce interventions that are both appropriate and effective” (p. 120).

Available services and resources are paramount to the success of the exit process. The next section discusses services for victims/survivors of trafficking. Additionally, Appendix One contains a list of resources for organizations working in this area.
Services for Trafficking Survivors:

Providing services must first begin with improved identification of victims. Learning the indicators of persons who are involved in sex trafficking is essential. Fedina, Trease and Williamson (2008) offer this list of indicators for youth engaged in sex trafficking (p. 7):

- Teens Dating Much Older, Overly Controlling or Abusive Men
- Lying About Age and/or Giving False ID
- Restricted or Strict Communication
- Missing Lots of School
- Inconsistencies in Story
- Disappearing for Blocks of Time, Chronic Run Away
- Exhaustion, Fear, Anxiety, Nervous, Depressed
- Involved in the Foster Care System and Child Protective Services
- Pagers or Cell Phones Not Paid for by a Parent or Guardian
- Hotel Room Keys
- Lack of Knowledge about a Given Community or Whereabouts
- Recurrent Sexually Transmitted Infections
- Needing Pregnancy Tests Frequently
- Bruising and Injury
- Signs of Branding (Tattoo or Jewelry)
- Inability or Fear to Make Eye Contact
- Increased Mental Health Symptoms
- Substance Use and Abuse
- Extreme Weight Loss
- Expensive and trendy jewelry and clothes that could not be supported by family’s financial circumstances.
- Having quantities of cash that exceed what the family or “legitimate” employment could provide.

The identification of victims may occur in hospitals, clinics, criminal justice, addiction treatment, mental health services, schools, or other venues. Once a victim is identified, the next task is the attempt to engage her in assistance. It is at this point in the intervention that one must be aware of what services actually exist within the community, as well as the inherent risks involved to the victim as she attempts to leave. Arnold, Stewart and McNeece (2000) write, “While the risks of engaging in street prostitution are commonly known, few community-based programs exist to
provide outreach services to help these individuals get off the street and into treatment” (p.117). They suggest interventions that target substance abuse, mental health, child custody, victimization, glamorization of prostitution, vocational challenges, and outreach; these interventions require community collaboration and a specialized focus on prostitution.

Recognizing that the age of entry to sex trafficking is oftentimes young (10 to 17 years of age), one must prioritize prevention and recognize the role of child welfare organizations in the service continuum. According to Nixon, et al. (2002),

Efforts to prevent children from turning to the streets in the first place are obviously key. Although an inability to meet basic needs such as food and shelter is important in the “choice” to engage in prostitution, wider issues must also be taken into account. The context of sexuality, attitudes about male and female roles generally, and the societal conception and sexualization of youth are all factors that contribute to the problem. This wider construction of youth and sexuality also plays a role in the demand for prostituted youth (p. 1040).

Because many victims/survivors are minors, services and practices within the child welfare system must be examined to ensure they are identifying and responding to this population. Fong and Berger Cardoso (2010) offer several suggestions for child welfare organizations and workers (p. 315). These include:

(a) Organizational practices and polices need to be examined for child welfare assessments to appropriately capture the enormity of trauma child victims of human trafficking have experienced and accurately identify the treatment needed.

(b) Standard treatments of individual, family, and group therapy for child sexual abuse, which child protective workers use for referrals, may not be appropriate. Family
members may not be available and group work may require extra sensitivity to the victims’ fear of exposure, lack of anonymity, and fear of deadly harm to family members abroad.

(c) Child welfare agencies need to partner with successful treatment programs in private agencies that work with the commercial sexual exploitation of children.

Mitchell, Finkelhor, and Wolak (2010) conceptualize juvenile prostitution as child maltreatment, considering the significant abuse experienced by minors. Their work supports the suggestions of Fong and Berger Cardoso (2010) for a coordinated effort between juvenile justice, child welfare and social services. Retaining juveniles in juvenile detention centers or in foster care placements are not seen as ideal (Kotrla, 2010). McClanahan, et al. (1999) recommends working to recover children who have run away and finding them a safe place to stay. They also emphasize the importance of mental health services to address the impact of childhood sexual abuse over the life course; these services should “help them come to terms with their victimization and restore a sense of mastery and control over their lives” (p. 1612).

Whether the victim/survivor is a youth or an adult, there are numerous needs to be addressed. Clawson and Dutch (2007) categorize needs as emergency/safety, then short-term and long-term.

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<th>Table 2: Immediate Needs</th>
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<td><strong>Immediate Safety</strong></td>
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<td><strong>Emergency Shelter</strong></td>
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<td><strong>Basic Necessities</strong></td>
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clothing, shoes, and toiletries such as soap and feminine hygiene products (Armstrong, 2008; Aron et al., 2006; Caliber, 2007). Clawson and colleagues (2009) made a salient point that until these basic needs are met, survivors may be able to do little toward securing their safety, addressing their legal needs, or recovering from the trauma of their experiences.

**Table 3: Ongoing Needs:**

Once survivors’ immediate needs have been addressed, survivors then need help in recovery from trauma to establish stability in their lives.

| **Physical Health**     | Physical violence is the most recognized and documented feature of human trafficking perhaps because this, along with sexual violence, is the most convincing evidence of a crime. Sexual and reproductive health risk are among the most commonly reported health problems among individuals who are sexually abused and exploited, including pelvic and |

Kotrla (2010) and Clawson and Dutch (2007) recommends appropriate housing, physical and mental health care, legal services, food and clothing for providers working with persons rescued or escaping from sex trafficking. Appropriate and safe housing is an essential feature of proposed services, and remains the most difficult component of service to acquire.

Williamson and Folaron (2003) remind social workers that contact with women involved in sex trafficking happens within several systems: criminal justice, child protection, hospital and addiction treatment. Reaching them and working to help them exit or assist with “rescue and restore” involves strategies for prevention and intervention. Thus, an approach that includes multiple services within programs for victims of DMST, including posttraumatic stress disorder, substance use problems, malnutrition, anxiety, and self-destructive behaviors is recommended (Kotrla, 2010).
vaginal pain, sexually transmitted infections, and unwanted pregnancy (Dovydaitis, 2010; Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006; Leserman, Drossman, & Hu, 1998), whether or not they are forced into prostitution. Among the women in the study, over half (58%) reported a gynecological infection diagnosis (Zimmerman et al., 2008). Health problems seen in victims are related to factors such as deprivation of food, sleep, extreme stress, violence and dangerous work; they are likely to receive health care only after these problems are advanced (Dovydaitis, 2010).

| Mental Health                           | Mental health is perhaps the most dominant health dimension in trafficking cases because of the profound psychological damage caused by (often chronic) traumatic events and the common somatic complaints that frequently translate into physical pain or dysfunction. An individual’s psychological responses are very often correlated with many - if not each - of the other risk categories. For example, depression is frequently detected among those who are sexually abused, drug addicted, socially marginalized or with insecure immigration status (Silove et al., 2006). Women trafficked for forced sex work show high levels of post-trauma reactions, including PTSD and depression, anxiety and hostility which is associated with physical injury, trafficking conditions, (such as a longer time period and restricted freedom), and a short time period out of the trafficking situation (Hossain, Zimmerman, Abas, Light, & Watts, 2010). Mental health symptoms found among these women are similar to those documented for individuals exposed to repetitive trauma or chronic abuse (Krakow, Artar, Warner, Melendrez, Johnston, Hollifield, Germain, & Koss, 2000). |
| Substance Abuse                        | Substance abuse is also a serious problem for survivors. Traffickers may use substances as a method of control that in turn leads survivors to addiction. In addition, survivors may turn to substances as a way to cope with the trafficking ordeal (Anderson, et al. 2000; Clawson, et al., 2009; Raymond & Hughes, 2001). Consequently, survivors may continue to misuse and abuse sub- stances even after they are no longer trafficked. Anderson, et al. (2000) found that survivors often wanted treatment programs designed specifically for prostitutes because of “the shame associated with prostitution”, which makes it difficult to disclose and share in therapeutic groups (p. 124). Sallman (2010) adds “substance use treatment programs could benefit from similarly becoming “prostitution-informed.” This would require workers striving to provide services that are nonjudgmental of prostitution involvement and that convey the treatment environment is a safe place to disclose and discuss such issues. Additionally, findings point toward the importance of making prostitution-specific services |
| **Child Custody** | Child custody issues are ever-present with human trafficking. Children and adolescents involved in trafficking need safe homes to return to; women involved with trafficking may have children of which they have lost parental rights. |
| **Vocational Needs** | Persons who are trafficked will need assistance with educational and vocational needs, especially as they impact self-sufficiency and deter the return to the streets to survive (Anderson, et al., 2000). |

Table 4: Long-Term Needs:

Survivors enter a recovery phase in which they begin to establish independence and require services to address long-term needs (Macy 2011).

| **Life Skills** | Life skills training are important for a survivor’s ability to secure financial independence and care for herself or himself (Armstrong, 2008; Aron et al., 2006; Caliber, 2007; Clawson & Dutch, 2007; Tzvetkova, 2002; VSSLS, 2010). For example, life skills training should include information on how to use public transportation and how to manage finances. Such life skills are essential to complete rehabilitation for survivors. |
| **Language Skills** | The review also revealed important considerations for effective services, speaking the survivor’s native language and providing culturally appropriate services. |
| **Education & Job Training** | Given that most survivors have worked solely in the sex industry, they need life skills and job skills training to secure and sustain employment. |
| **Permanent Housing** | The literature also describes secure shelter as a short-term need of survivors, which shifts to a long-term need for permanent housing as survivors work to rebuild their lives. |
| **Legal Advocacy** | Several documents emphasized the importance of providers contacting a legal representative when a client is identified as a sex trafficking survivor (i.e., and has not already secured legal representation). This action will ensure that the confidentiality privileges that exist between survivor and legal counsel are in place before the survivor discloses any information that might affect his or her legal or immigration status. |
Family Reunification

Family reunification may be important service goals for some survivors, such goals may place many survivors at serious risk of re-trafficking and other adverse consequences.

Trauma and the need for treatment cannot be emphasized enough when designing services for victims/survivors of human trafficking. The 2012 Trafficking in Persons Report highlights this issue and explains how trauma issues are both devastating and a lead contributor to re-victimization if left unaddressed. Psychological symptoms associated with trauma can surface over a long period of time and may take many years to heal. Thus, support for these issues must be a foundational aspect of services. Common responses to trauma and victimization include physical and emotional reactions, all of which are easily attributed other problems, making proper assessment of trauma essential. Physical reactions include: a weakened physical state, bruises, cuts or other untreated medical ailments, complaints of stomach pain, heart palpitations, and extreme changes in eating patterns (2012 Trafficking in Persons Report, p. 17). Emotional reactions can include: loss of memory related to the traumatic event, frequent bouts of tearfulness, detachment, feelings of self-blame, emotional numbing or emotional response that does not fit the situation, flashbacks or nightmares, anxiety and fear, difficulty making decisions and/or concentrating, and avoidance of eye contact in a manner not related to culture (2012 Trafficking in Persons Report, p. 17). Table 5 provides a list of steps to address the aftermath of trauma.
Steps to reinstating psychological well-being include (p. 12):

- Establishing a dependable safety network for victims to utilize and ensuring all their basic needs are met;
- Ensuring privacy and confidentiality to protect victims and their families and friends;
- Soliciting the support of medical experts, social workers, and psychologists who are trained in human trafficking and can provide trauma-specific therapy;
- Attending to victims’ physical well-being, as sometimes there are physical symptoms existing simultaneously with or indicative of underlying psychological disorders;
- Providing collaborative therapies that are culturally sensitive;
- Fostering an empowering environment in which victims actively participate as consumers of therapeutic and other services;
- Assessing victims for self-injurious and suicidal behavior;
- Screening for post-traumatic stress disorder (PTSD), substance abuse/dependence, depression, and anxiety – mental disorders that can develop as a result of being trafficked;
- Providing unconditional support, especially amidst victims’ potential denial, distrust, reticence, shame, or anger;
- Working towards social and familial reintegration;
- Rebuilding identity; and
- Reestablishing skill-sets, self-esteem, and personal interests.

Williamson and Baker (2009, p. 42) suggest social workers base their intervention strategies on understanding the prostitution work typologies. A service continuum is one aspect of the intervention; the strategy or approach to providing the services is equally as important.

Intervention strategies based on work typology are depicted in Table 6.

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<th>Table 6: Intervention Strategies based on Prostitution Typology (Williamson and Baker 2009)</th>
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<tr>
<td><strong>Outlaw Prostitution:</strong> Those who participate in dishonest activities (hustling) to swindle and obtain money from unsuspecting customers. Outlaws typically hope to</td>
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walk away with more than what was agreed upon through manipulation or robbery and do not want to engage in sexual activity, if they can avoid it. Unique to this category of workers is a relationship with a partner.

**Pimp-Controlled Prostitution:**

*Those who were enticed, finessed and manipulated as adolescents into working for a pimp in order to achieve a lifestyle that would help them survive.*

Because of the coercive and controlling nature of pimps, leaving prostitution may be a different experience, requiring quicker and more comprehensive planning. Ensuring a woman’s safety from the pimp is an immediate concern. women who have been controlled by pimps may require additional treatment to address the physical, psychological, and emotional aftermath of this traumatic relationship.

**Renegade Prostitution:**

*Those who work without a pimp. They enter street-based prostitution as free agents or escape the grasp of a pimp to become free agents. Women engaged in renegade prostitution learn to carry weapons and/or hire persons to act as security or “watchers” to deal with threat of violence from customers.*

The Renegade prostitute woman may want to negotiate her care or the services she receives rather than having them imposed by social workers because she is used to a business-oriented, independent work style.

Thus, service needs and intervention strategies require an approach that is comprehensive and multi-systemic. Approaches that engage providers across systems (housing, health, child welfare, addiction, mental health, vocational assistance) require changes and the policy and institutional level in order for services to be delivered in a coordinated manner. The next section provides considerations for policy and system changes.

**Policy and System Changes**

Farrell, McDevitt, Pfeffer, Fahy, Owens, Dank and Adams (2012) write, “In 2000, the federal government passed the *Victims of Trafficking and Violence Protection Act (TVPA).* This law defined a new set of crimes related to human trafficking and enhanced penalties for existing offenses, such as slavery, peonage, and involuntary servitude. Since passage of the *TVPA,* 49
states have enacted legislation criminalizing human trafficking” (p. 1). However, there seems to be a lack or a lag in prosecuting human trafficking cases, despite public attention to the issue and passage of legislation. Their study examined the practices that would improve the ability of local agencies to identify, investigate and successfully prosecute human trafficking cases. Data from 140 closed human trafficking cases were reviewed, along with interviews with 166 persons working in the criminal justice system to gather their insight on the challenges and barriers of identifying, investigating and prosecuting human trafficking cases. Their findings indicated 85% of human trafficking cases were sex trafficking and that nearly all identified sex trafficking victims were female. 80% of victims were under 20 years of age and most all were United States citizens. The suspects in the human trafficking cases were male (70%), with the average age of 33 years. The most common way a case of human trafficking came to the attention of law enforcement was from a tip to the police (p. 3).

Farrell, et al. (2012) makes the following recommendations to improve identification, investigation and prosecution (p. 12-14):

(1) **Prioritization and awareness-raising:** Education and awareness-raising is needed from organizations that support law enforcement, state attorneys general, and district attorneys about the need to prioritize the problem of human trafficking and its impact on local communities.

(2) **Problem-solving approach to human trafficking identification and investigation:** the need for a more proactive approach to investigating and prosecuting cases of human trafficking. To accomplish such a strategy, it will often be necessary to expand the responsibility for human trafficking investigations within law enforcement agencies beyond Vice Units.
(3) **Comprehensive victim protection and empowerment:** Once they have identified victims, police, prosecutors, and victim service providers should commit to long-term support for them. These services include health, mental health, education, job training, and most importantly secure housing. Since most human trafficking prosecutions take between one and two years to complete, a corresponding long-term victim support plan will increase the number of successful prosecutions. Victim testimony is critical to human trafficking cases. While law enforcement and prosecutors can work to develop other sources of evidence, there will likely always be a reliance on victims to provide some type of testimony. Understanding the challenges associated with victim cooperation and participation in investigations and prosecutions, prosecutors should consider applying strategies that have been effective in domestic violence cases to cases of human trafficking. Demonstration projects with evaluation components could help us understand what kinds of support services are most effective in helping victims heal and in keeping them involved in the prosecution of their trafficker. In study sites, we found there was often a conflict between these two goals.

(4) **Improved understanding of the victim experience:** While law enforcement and prosecutors recognize that victims of human trafficking are vulnerable in many ways, they commonly expressed sentiments that either blamed victims for their own victimization or dismissed victims as lacking credibility. A new orientation that understands the consequences of victims’ fear, and how victims’ engagement in illegal activity is the consequence of force, fraud, and coercion would help law enforcement effectively contextualize victim experiences in both investigating and prosecuting cases of human trafficking.

(5) **Training:** A number of officials interviewed for this research had participated in some kind
of human trafficking training. These trainings should address information about state human trafficking statutes, best practices for acquiring and utilizing corroborating evidence in human trafficking cases, including better techniques for interviewing human trafficking victims, and information about the impact of trauma and violence on victim behavior, including criminal behavior and testimony and techniques for presenting evidence at trial, even with a victim who may be perceived as less credible.

(6) **Institutional resources and infrastructure:** Specialized investigators and prosecutors or units of specialized personnel should be assigned to handle sex and labor trafficking cases. These prosecutors should be responsible for leading proactive human trafficking investigations. The designation of specialized personnel requires resources that may not initially seem justified by a small number of human trafficking cases, but identification of such cases is not likely to occur without such institutional investments. Additionally, specialized personnel need the resources to effectively conduct interviews and secure evidence. Protocols also should be developed between state and federal prosecuting authorities to guide law enforcement in their decisions about which types of labor or sex trafficking cases to refer to state or federal authorities.

(7) **Legal resources:** State-specific toolkits should be developed to provide prosecutors with information on updated state human trafficking laws, as well as legal strategies and common legal impediments in human trafficking cases. The toolkit should also include such documents as model motions or jury instructions, as well as contact information for local prosecutors in each state who have experience prosecuting trafficking cases and who can be contacted for guidance.

Collaboration among providers working with this population is imperative. It is unlikely
that a victim/survivor of trafficking will be impacted in only one life dimension. Therefore, care that is coordinated and comprehensive is the most practical and humane strategy for this population.

Summary

While human trafficking is not a new topic, it is one that is gaining attention and awareness in many communities. Addressing the needs of persons impacted by trafficking, especially sex trafficking will require prevention and intervention strategies. Prevention of child abuse, neglect, child homelessness and running away is part of the solution. Intervening with those who are victimized by sex traffickers in a way that facilitates healing and the restoration of a safe situation is a second part of the solution. The third component is ensuring that those who engage in sex trafficking are identified and prosecuted. The impact of being trafficked is far-reaching and will require a long-term intervention. Multiple providers will need to be engaged in the development of service continuums and strategies for assisting this population.
Appendix 1: Organizations working on Human Trafficking:

Administration on Children and Families (Department of Health and Human Services): The Campaign to Rescue and Restore Victims of Human Trafficking. HHS was the federal agency designated to assist victims under the Trafficking Victims Protection Act of 2000. Resources for communities seeking to establish a Rescue and Restore Coalition are found on the ACF website: acf.hhs.gov/trafficking

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (ASPE), Office of Refugee Resettlement (ORR) www.aspe.hhs.gov/hsp/07/HumanTrafficking. A large exploratory study of HHS programs serving human trafficking victims began in 2006. This website contains numerous issue briefs, as well as the full report of the findings. The final report was prepared in 2009. Principal Investigator: Heather Clawson, Ph.D.

Crimes Against Children Research Center at The University of New Hampshire (Durham, NH) www.unh.edu/ccrc/prostitution). CCRC examines many issues related to child victimization, including Prostitution of Juveniles (Sex Trafficking). They oversee The National Juvenile Prostitution Study (N-JPS) which examines the types of criminal cases seen by law enforcement agencies that involve the prostitution of and by youth under the age of 18.

Polaris Project: www.polarisproject.org. The Polaris Project began in 2002, and is one of the leading organizations in the global fight against human trafficking and modern-day slavery. Named after the North Star "Polaris" that guided slaves to freedom along the Underground Railroad, Polaris Project is transforming the way that individuals and communities respond to human trafficking, in the U.S. and globally. By successfully pushing for stronger federal and state laws, operating the National Human Trafficking Resource Center hotline (1-888-373-7888), conducting trainings, and providing vital services to victims of trafficking, Polaris Project creates long-term solutions that move our society closer to a world without slavery. National Human Trafficking Resource Hotline (part of The Polaris Project): 1-888-3737-888

Shared Hope International: www.sharedhope.org. Shared Hope is located in Vancouver, WA, and has a global focus on the eradication of sexual slavery. Shared Hope was founded by U.S. Congresswoman, Linda Smith, in 1999 to rescue and restore women and children in crisis. They have domestic and international partners. Domestic Partners include: Veronica’s Voice (Missouri), Courtney’s House (Washington DC), Shae’s Place (Washington, DC), and One Eagle’s Wings (North Carolina).

ARC Community Services, Inc. (Madison, WI): www.arccommserv.com/programs.htm#RESPECT RESPECT Project on Prostitution: This project addresses local prostitution in the City of Madison and Dane County and was opened by ARC as a project in the community in 1986. This
project is jointly funded by the City of Madison and Dane County and provides diversion services on an outpatient basis for women involved in prostitution as processed by the City of Madison and Dane County District Attorney’s Offices for the violation of loitering and other prostitution related ordinances and statutes in lieu of fines, court appearances and jail time, and also provides services for women who have voluntarily come to RESPECT for counseling and assistance in leaving the life of prostitution. RESPECT provides a safe space and peer support as well as advocacy, case management, counseling and crisis intervention on an outpatient basis in order to assist women in leaving prostitution and to help them into essential community services in order to address a woman’s health, economic, and family needs so she can develop a safe, constructive lifestyle. RESPECT also does outreach for HIV Prevention Intervention for high-risk behaviors as a result of funding from the Madison AIDS Network, the State Department of Public Health and Center for Disease Control.

Northeastern University: Institute on Race and Justice, School of Criminology and Criminal Justice; and Urban Institute Justice Policy Center: These two organizations submitted a report in April 2012 to the National Institute of Justice titled, “Identifying Challenges to Improve the Prosecution of State and Local Human Trafficking Cases, Executive Summary”. This report was part of a grant award (2009-IJ-CX-0015) Authors: Farrell, A., McDevitt, J., Pfeffer, R., Fahy, S., Owens, C., Dank, M., Adams, W. (2012).
Appendix 2: References

References


“Identifying Challenges to Improve the Prosecution of State and Local Human


