

Using Trauma-Informed and Victim-Centered Approaches To
Provide Assistance to Survivors of Human Trafficking

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Abstract

This qualitative study leverages the experience and knowledge of 13 victim assistance service providers to better understand how these service providers operationalize the concepts of trauma-informed and victim-centered care, how United States Department of Justice-funded aftercare is being provided to survivors of human trafficking, and to identify gaps and barriers to the provision of such care. A wicked problem perspective was used as the conceptual framework. All of the individuals interviewed asserted that their programs were trauma-informed and most considered their programs to be victim-centered. However, the respondents explained their understanding of the concepts more as aspirational goals to be pursued instead of as practical approaches to aftercare. Identified gaps and barriers to aftercare for survivors were frequently similar to issues faced by other poor people, to include the lack of affordable housing and the need for long-term mental health care and treatment for severe substance abuse.

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Abbreviations

APA	American Psychological Association
BJA	Bureau of Justice Assistance
DMST	Domestic Minor Sex Trafficking
HHS	U. S. Department of Health and Human Services
NGO	Non-Governmental Organization
ORR	Office of Refugee Resettlement
OVC	Office for Victims of Crime
SAMHSA	Substance Abuse and Mental Health Services Administration
TIMS	Trafficking Information Management System
TVPA	Trafficking Victims Protection Act of 2000 (Public Law 106-386)
USDOJ	U. S. Department of Justice

Dedication

This dissertation is proudly dedicated to my beloved family—my husband Jim Legg and my son, Nathan Legg. Thank you for your unwavering patience, support, and understanding. Additionally, this dissertation is dedicated to my parents, Nathan Batts and Sally Silvers Batts. They always told me I could do anything I set my mind to do.

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Finally, I would like to recognize each of the individuals who agreed to be interviewed and who contributed their time and insight about caring for those who have been trafficked. I was impressed beyond measure by the energy and dedication displayed by each of them.

Chapter I

INTRODUCTION

The exact number of people currently affected by the crime of human trafficking is unknown. According to Haddadin & Klimova-Alexander (2013), between 20 and 27 million individuals are estimated to be subjected to some form of trafficking to include forced labor, sex trafficking, debt bondage, street begging, forced marriages and adoptions, organ trafficking, and child soldiers. The study further explains that there is no typical offender, as trafficking is committed by individuals, by extended families, and by organized international rings. Both internationally and within the United States, anti-human trafficking efforts have focused on the areas of justice, prosecution, and criminalization of traffickers. Existing research on human trafficking has primarily focused on the important aspects of prevention of human trafficking and on the prosecution of traffickers.

More recently, there has been an evolving shift toward a trauma-informed, victim-centered approach where the greater emphasis is on rehabilitation and assistance to victims (Britton & Dean, 2014). Delivery of this effort is through a mosaic of federal, state, and local government programs as well as through a wide range of non-profit organizations, including faith based entities. The effectiveness of these efforts has been reduced due to a lack of information about the best ways to assist survivors avoid re-victimization, overcome the trauma of trafficking, and successfully integrate or reintegrate into society. Little scholarly research has addressed the protection of human trafficking survivors and their aftercare. Federal policy uses buzzwords like *trauma-informed* and *victim-centered* in describing the official approach to providing services, but a review of the literature provides only minimal insight to how such approaches can best be applied in practice. Obtaining consensus about what it means to provide

trauma-informed services in a victim-centered way is a necessary first step toward improving outcomes for survivors and identifying best practices.

To expand the body of knowledge about caring for those who have been victimized, this research project describes how a sample of United States Department of Justice (USDOJ)-funded organizations providing aftercare to survivors of human trafficking understand and implement trauma-informed and victim-centered practices. The study also finds gaps in necessary services, makes recommendations for future action and discusses the pressing need for additional scholarly research targeted specifically on trafficking survivors. To the researcher's knowledge, this is the only such study of aftercare services provided via the U. S. Department of Justice grants for victims of human trafficking. Prior research has typically focused on programming funded by U. S. Department of Health and Human Services (HHS) and by international non-governmental organizations (NGOs).

Relying on the experiences and knowledge of victim assistance service providers, this project helps to fill an existing gap in the body of knowledge about specific practices used by service providers as they apply the concepts of trauma-informed and victim-centered care. The study describes the challenge of providing aftercare to survivors as a wicked problem and makes recommendations for future action and study consistent with its treatment as a wicked problem.

Throughout this document, the words *victim* and *survivor* are both used to describe those who have been the subject of human trafficking. Sources argued that the use of *victim* is important to emphasize an individual's lack of personal agency, as in the case of a minor lured into prostitution. Other sources argue for the designation *survivor* to emphasize the strength of those who have been able to leave trafficking situations and begin building new lives. The two terms are used interchangeably in this document, to acknowledge the differing perspectives.

Human trafficking as an International Problem

Tremendous effort has already gone into the fight against human trafficking. Since the passage of the United Nations Palermo Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Convention against Transnational Organized Crime (Palermo Protocol) in 2000, 165 nations have become parties to the Protocol and 117 have become signatories. The Palermo Protocol calls for a global anti-trafficking approach and, among other things, requires the provision of social services for people who have been trafficked (Britton & Dean, 2014; Haddadin & Klimova-Alexander, 2013).

In recent years, international law enforcement has increasingly focused on human trafficking; *The 2019 Trafficking in Persons Report* issued by the U. S. Department of State reported 11,096 human trafficking prosecutions and 7,481 convictions during 2018. Additionally, nearly 86,000 trafficking victims were identified during 2018 and 5 nations passed new or amended legislation to address human trafficking (U. S. Department of State, 2019).

The U.S. response to human trafficking

In the United States, the *Trafficking Victims Protection Act of 2000* [TVPA] (Public Law 106-386) established the three pillars of anti-trafficking efforts—Prevention, Prosecution of Traffickers, and Protection of Victims. The law was reauthorized five times since its passage, in 2003, 2005, 2008, in 2013 as the Violence Against Women Reauthorization Act (Public Law 113-4), and most recently in 2019 as the Frederick Douglass Trafficking Victims Protection Reauthorization Act of 2018 (Public Law 115-425).

The TVPA and its five later reauthorization acts addressed many prosecutorial aspects of combatting human trafficking. However, the TVPA, as amended, also resulted in funding several additional programs to assist survivors in their rehabilitation and re-integration.

Two agencies within the U. S. Department of Justice Bureau of Justice Assistance—the Office on Violence against Women and the Office for Victims of Crime—have responsibility for programs providing assistance to human trafficking survivors including U.S. citizens, legal U.S. residents and foreign nationals. For U. S. Department of Justice grant programs, authorized uses of grant funding include community outreach, training for those who may come into contact with trafficked survivors, and victim services such as case management, legal assistance, benefits advocacy, and housing and employment assistance (Busch-Armendariz, Nsonwu, & Heffron, 2014).

The U. S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR) administers a separate set of programs focused on foreign trafficking victims. Several other entities such as the HHS Administration for Children and Families, the HHS Substance Abuse and Mental Health Services Administration (SAMHSA) and the Department of Homeland Security also have roles in the provision of victim services. Some of the survivors served via U.S. Department of Justice programs may also be served through other federal programs and service providing organizations often make use of multiple funding streams. While many different federal agencies share responsibility for victims of human trafficking, a comprehensive and coordinated approach was detailed in the now expired Federal Strategic Action Plan on Services for Victims of Human Trafficking for 2013-2017 (Federal Trafficking Plan)¹. One of the Plan’s major goals as described in its Phase I Initial Framework was to improve outcomes by promoting “effective, culturally appropriate, trauma-informed services that improve the short- and long-term health, safety, and well-being outcomes of victims” (President’s Interagency Task Force, 2013, p. 41). Objectives designed to achieve this

¹ To date, no follow-on strategic plan has been published to guide federal aftercare efforts for 2018 and following years.

goal, included “identify promising practices in responding to victims’ needs” (p. 42) and “support survivors in attaining health in independence” (p. 44).

Service Delivery through Victim Service Providers

Federally funded assistance to victims of human trafficking is delivered through an arrangement with a wide variety of service providers. The number of entities serving trafficking victims has grown quickly and haphazardly in recent years. Some organizations have a long history of service to victims of trafficking; for example, as part of their original mission when established in 1865, the Salvation Army provided assistance to women and children who were being sexually exploited (Wirsing, 2012). Other organizations have more recently expanded their existing offerings to include assistance to survivors, as in the case of Boat People, S.O.S., a refugee organization that extended services by creating the Victims of Exploitation and Trafficking Assistance project with funding provided by the Office of Refugee Resettlement (Shigekane, 2007). Finally, some newer groups were created to focus specifically on survivors. For example, the Coalition to Abolish Slavery and Trafficking is dedicated to the issue of survivor support and established the first shelter in the United States specially intended for victims of trafficking (Shigekane, 2007; Uy, 2011).

While almost all the research conducted to date on aftercare providers for survivors of human trafficking has focused on programs funded by the U.S. Department of Health and Human Service Office of Refugee Resettlement, the U.S. Department of Justice Office for Victims of Crime provides oversight for the largest amount of federal funding for direct services to survivors of human trafficking within the United States. U.S. Department of Justice Office for Victims of Crime and Bureau of Justice Assistance grant funds for direct victim services are issued through one of three programs: the Comprehensive Services for All Victims of Human

Trafficking Program; the Specialized Services for Victims of Human Trafficking Program; and the Office for Victims of Crime/Bureau of Justice Assistance Enhanced Collaborative Model to Combat Human Trafficking Program. The two largest demographic groups served by U.S. Department of Justice human trafficking grant programs include U.S. citizen victims of sex trafficking and foreign national victims of labor trafficking.

The number and range of entities receiving funding from the U.S. Department of Justice for survivors of trafficking has grown quickly. As of October 1, 2014, the U.S. Department of Justice reported 70 different grantees receiving federal funding from the Bureau of Justice Assistance and the Office for Victims of Crime for victim assistance. Five years later, by September 30, 2019, that number had more than doubled, growing to 172 different grantee organizations. As of October 1, 2014, the grants tended to be fairly general in scope and were typically designed to provide services to all victims of human trafficking. However, by September 30, 2019, many of the grants had much more targeted grant purposes such as responding to child and youth victims, development of a task force, or the creation of a transitional housing program.

The Trafficking Information Management System (TIMS) includes performance management and case data for the various U.S. Department of Justice victim services grants. According to the most recent data available from TIMS, 66% of the survivors receiving services were victims of sex trafficking and 25% were victims of labor trafficking. Eighty-two percent of those receiving assistance were female, 16% were male, and 2% identified as transgender. The services provided most frequently included case management, legal services, personal items, and housing assistance. The most common type of housing assistance was placement in a hotel or motel; women's shelters and youth shelters were also frequently utilized to house survivors.

Criminal justice advocacy was provided relatively more frequently to female survivors and social service advocacy was provided relatively more frequently to male survivors. Transgender survivors received relatively more medical services and protection and safety planning than cisgender survivors. The least often used of the basic services offered through the U.S. Department of Justice grant program were employment assistance and dental services.

While U.S. Department of Justice victim assistance grants were issued to an individual organization, in most instances the grantee had arrangements with one or more sub-recipients as a way of providing a more comprehensive range of services. Grantees were often non-profit social service providers but might also be police departments, state's attorney's offices, universities, municipalities, legal aid societies and faith-based organizations. One type of grant, the Enhanced Collaborative Model, typically involved paired Office for Victims of Crime and Bureau of Justice Assistance grants to a law enforcement agency and a partner social services organization. An example of these paired grants is Maryland's Prince George's County Human Trafficking Task Force, funded via a U.S. Department of Justice Bureau of Justice Assistance grant to the Prince George's County Police Department and a related U.S. Department of Justice Office for Victims of Crime grant to the University of Maryland, Baltimore. Multiple sub-recipients provide a range of direct services to identified victims of human trafficking in Maryland's Prince Georges County.

Limited Knowledge about the Best Approaches to Victim Assistance

While the myriad of government agencies and entities involved in providing assistance to victims of human trafficking are in general agreement that human trafficking is an offense against basic human rights and that human trafficking should be eliminated, there is far less

agreement about the appropriate next steps to be taken to assist survivors of human trafficking as they build new lives and either return to their communities or make homes in new countries.

Due to the limited body of knowledge directly addressing the aftermath of human trafficking, service providers often use practices useful in assisting victims of other types of trauma. Related concerns, such as domestic violence, child abuse, and immigrant services, are often referred to as parallel issues. Much of the policy direction relating to aftercare for trafficking survivors is borrowed from policy initially developed to address parallel issues.

Although service providers use a variety of practices and approaches to assist victims of human trafficking, published details about specific techniques and best practices are sparse. Very little scholarly information is available to guide service providers toward those practices and techniques that are most likely to improve outcomes for survivors and the need for rigorous study to determine the most effective practices to assist survivors is well-known. Within the discipline of social work, Busch-Armendariz et al. (2014) asserted that “the literature about the needs of survivors of trafficking and the efficiency and effectiveness of services to meet those needs is relatively scarce” (p. 10) and Steiner, Kynn, Stylianou & Postmus (2018) noted that what little research that exists is Western-centric. In the area of human rights, Shigekane (2007) described the lack of information about the rehabilitation and community integration of trafficking survivors, noting that “... the area is under-theorized and, so far, has developed by borrowing heavily from the experiences of other traumatized groups, including domestic violence survivors, refugees, and torture survivors” (p. 115). Heffernan and Blythe (2014) noted the need for monitoring and evaluation research as part of every program. Gooding (2019) reported “absolutely no literature on evidence-based best practices for rehabilitation for

trafficking survivors” and Cecchet and Thoburn (2014) described the necessity of learning how to better assist survivors through understanding of their psychological experiences.

The lack of reliable information about the needs of victims and the approaches that are most effective and efficient in meeting those needs limits the ability of service providing organizations to address the problems facing survivors of human trafficking. Within government, the Initial Framework for the now expired 2013-2017 Federal Trafficking Plan described the “lack of evidence-based research available to inform federal, state, local, and NGO [non-governmental organization] service provision” as a barrier to achieving the goal of promoting “effective, culturally appropriate, trauma-informed services that improve the short- and long-term health, safety and well-being outcomes of victims” (President’s Interagency Task Force, 2013, p.41).

Ongoing Efforts to Identify and Address the Needs of Trafficking Victims

Organizations that provide victim assistance have identified an extremely wide array of needs for those who have left a trafficking situation. For example, the Salvation Army takes an immediate and practical approach, citing needs that are common to most survivors, including “emotional and moral support, legal assistance, safe housing, high school diploma or GED [General Educational Development] assistance, identification documentation, job training, resume and job searching assistance, medical and dental appointments, cell phone assistance, child care, transportation, safety planning, clothing and food assistance” (Wirsing, 2012, p. 473).

However, survivors of human trafficking also have many more complex needs that cannot be addressed without understanding the individual’s unique situation, experiences, values, and desires for the future. Examples of these needs include assistance in dealing with the psychological and physical trauma that accompanies trafficking, help in obtaining the basic skills

needed to live in a country that may be foreign to the survivor, and support to prevent re-victimization.

Promising Approaches to Victim Assistance

The services provided to trafficked individuals are *aftercare*. Based on observation, and despite the lack of a large supporting body of evidence, those who have worked with survivors have advocated a trauma-informed and victim-centered approach to aftercare and dealing with the aftermath of victimization through trafficking. Trauma-informed care requires adaptation of systems and practices in ways that account for the experience of violent victimization (Arnstein, 2013). The definition of a victim-centered approach has been “the systematic focus on the needs and concerns of a victim to ensure the compassionate and sensitive delivery of services in a non-judgmental manner” (U. S. Office for Victims of Crime Training and Technical Assistance Center, 2014, para. 8).

Trauma-informed and trauma-specific care. Because trauma is a common element in almost all forms of trafficking, one of the more widely discussed approaches to providing services to survivors is the use of trauma-informed and trauma-specific services. This approach is considered by many to result in more rapid recovery from the trafficking experience and an increased ability to address needs in other areas, to include education and employment (Clawson, Dutch & Saloman, 2009). Trauma-informed care requires recognition of the symptoms of trauma and acknowledgement of the impact that trauma has had on the life of a trafficking victim. In contrast, trauma-specific care generally involves direct efforts to support the victim in dealing with the impact of trafficking by identifying it as an experience that caused a trauma, processing what happened, grieving the loss associated with the trauma and ultimately resolving and integrating the experience (Johnson, 2012). Although the phrases *trauma-informed* and *trauma-specific* are widely used, little consensus exists among service providing organizations about their exact meaning (Heffernan & Blythe, 2014) or about how and when such practices can best be use to assist victims of trafficking (Steiner et al., 2018).

Victim-centered approaches. In addition to providing trauma-informed services, survivor advocates also generally endorse a victim-centered approach in providing assistance to trafficking survivors. Victim-centered approaches differ from prosecution-oriented approaches in which the focus is on the prosecution of traffickers rather than on the care of survivors (Shigekane, 2007). As defined by the Office for Victims of Crime, victim-centered approaches “focus on the needs and concerns of a victim to ensure the compassionate and sensitive delivery of services in a non-judgmental manner” (U.S. Department of Justice, n.d.). However, like the situation with trauma-informed services, a gap exists with respect to victim-centered services. The existing research about the needs and concerns of victims and how best to address those

needs in a compassionate and sensitive way is either anecdotal or based primarily on common-sense approaches. Additionally, there is great variability in the level of competence and effectiveness for the different organizations and programs attempting to support survivors.

Barriers to Victim Assistance

Barriers make it more difficult or impossible to provide necessary victim assistance to survivors of human trafficking. Challenges include the lack of advocates to coordinate services, a shortage of secure housing (Farrell, Owens & McDevitt, 2013; Reid, 2010), and long wait times for mental health services and substance abuse treatment (Clawson et al., 2009). In some cases, the services that are available are culturally inappropriate and in others, access is limited by the inability to obtain transportation or the lack of documentation needed to prove eligibility (e.g., birth certificates). An additional barrier to the provision of services is the failure on the part of the criminal justice system to view certain categories of people as victims under the TVPA, including prostitution-involved minors who are sometimes considered juvenile delinquents rather than victims of trafficking (Reid, 2010). The TVPA represents a major step forward in terms of providing assistance to those who have been trafficked; nevertheless, the fragmented nature of the law does not ensure that all victims are able to receive services through victim assistance programs.

Characteristics of Trafficking Victims

In the United States, women and girls are disproportionately victims of trafficking. The Department of Justice reported that 90 % of the victims in confirmed human trafficking cases were female. Victims of confirmed sex trafficking (96%) were female and the majority of labor trafficking victims (68%) were also female. Victims of sex trafficking were young, with 87%

under age 25. U.S. citizens make up 83% of the victims in confirmed commercial sex trafficking cases, according to U.S. Department of Justice analysis (Ren, 2013).

Statement of the Problem

The problem addressed in this study is the lack of reliable information about the needs of human trafficking survivors and the approaches that are most effective and efficient in terms of meeting those needs. The dearth of evidence-based research has been cited as a barrier to improving outcomes for victims (President's Interagency Task Force, 2013, p.41). This project relies on the experiences and knowledge of victim assistance service providers to learn how U.S. Department of Justice funded aftercare is being provided to trafficking survivors, identify gaps or barriers to the provision of trauma-informed and victim-centered care, and provide recommendations for future practice. The project's goals were accomplished through interviews with a sample of aftercare service providers working with organizations that received funding for trafficking victim assistance from the U.S. Department of Justice through either the Office for Victims of Crime or Bureau of Justice Assistance. The interviews were supplemented with relevant documentation from the service providers, gray literature issued by government entities, NGOs and advocacy groups, and data from TIMS. TIMS includes information about performance measures for grantees funded through trafficking victim services grants.

Conceptual Framework for the Study

The issue of providing aftercare of survivors of human trafficking can be understood through a number of different theoretical perspectives including various ecological theories (like Bronfenbrenner's), critical theory, and as a human rights issue. However, given the structural complexity and undefined nature of the challenges associated with trafficking, the need to provide aftercare to trafficking survivors is well-suited for analysis as a wicked problem. This

research project explains how aftercare for survivors can be viewed in terms of the characteristics of a wicked problem and offers a potential way of thinking about the complexities associated with attempts to provide assistance and improve outcomes for victims of human trafficking.

The idea of the wicked problem was initially applied to problems of urban planning (Rittel & Webber, 1973), but it has since been used to analyze the complexities of a very wide range of issues. While the researcher found no instances of scholarly research in which the specific issue of aftercare for victims of human trafficking was analyzed as a wicked problem, observations and conclusions detailed in numerous studies support the idea that the problem of human trafficking can realistically be viewed as a wicked one. The issue of what happens to victims of human trafficking after identification and separation from their traffickers has most or all of the characteristics of a wicked problem, as defined by Rittel and Webber (1973) and as elaborated by Horn and Weber (2007).

As described by Rittel and Webber (1973), wicked problems are not necessarily the most deplorable problems. Defining characteristics of wicked problems include the fact that there are different views of the problem, the existence of contradictory solutions, and connections between the problem under review and other wicked problems (e.g. the relationships between trafficking and poverty) (Horn & Weber, 2007; Rittel & Webber, 1973). Value conflicts and ideological and cultural constraints are also likely present (Horn & Weber, 2007; Rittel & Webber, 1973).

According to Rittel and Webber (1973), “there is no definitive formulation of a wicked problem” (p. 161), a situation that is caused in part by differing views of the problem and possible solutions. With regard to differing views on human trafficking, solutions may be seen as either prosecution-oriented or victim-centered (Amahazion, 2014).

The existence of multiple stakeholders is another aspect that prevents definitive formulation of this wicked problem. Victims, traffickers, sex-work customers, law enforcement officers, providers of aftercare and others may have widely differing perspectives on the issue, resulting in value conflicts. Additionally, many different organizations are involved in attempts to address the issue, including federal, state and local government agencies and a wide range of non-profit and faith-based organizations and professions. This diversity of views can lead to different statements of the problem. The advantage of taking a wicked problem approach is that “we do not need to search for a unified view and actually need to proceed without one” (Kazdin, 2011, p. 166).

Another characteristic of a wicked problem is the need to act despite insufficient data. Existing research is scanty and does not really provide a strong basis for action in terms of providing aftercare. Nevertheless, trafficking victims clearly require assistance and failing to provide assistance is not an acceptable approach. Describing the impact of insufficient data on a different wicked problem (the issue of interpersonal violence), Kazdin (2011) stated “the problem is that inaction has a high cost to victims and society and has to be weighed against alternatives” (p. 175). This observation is also true about inaction on issues relating to aftercare for victims of trafficking, as demonstrated by the responses of the service providers interviewed as part of this study.

Purpose of the Study

This study adds to the body of knowledge about how U.S. Department of Justice funded services attempt to help human trafficking survivors through trauma-informed, victim-centered approaches. The problem addressed in this project is the lack of reliable information about the needs of trafficking survivors and the approaches that are most effective and efficient in terms of

meeting those needs. This project relied on the experiences and knowledge of victim assistance service providers to learn how these service providers understand the concepts of trauma-informed and victim-centered care, understand how U.S. Department of Justice-funded aftercare is being provided to trafficking survivors, identify gaps or barriers to the provision of trauma-informed and victim-centered care, and develop recommendations for future practice.

Research Questions

The evaluation project has multiple objectives and the following questions framed this study:

RQ1: How do providers of aftercare to victims of trafficking define and implement the concepts of trauma-informed and victim-centered care?

RQ2: What victim needs are not being addressed through the current system through which aftercare is provided?

RQ3: What barriers prevent identified victims from receiving needed services and what gaps exist in coverage or availability of services?

Procedures

A qualitative, non-experimental research approach fulfilled the purpose of this research project. A qualitative approach was the right choice, in part because little has been written about the specific topic under review. Qualitative methods are often the most effective in situations where existing research does not identify which factors or aspects of a problem may be most important in understanding a previously unknown or poorly understood issue.

Semi-structured interviews of 13 victim advocates and aftercare service providers served as the primary focus of this research project. Additional information, including data from a federal information system and documentary evidence (e.g. annual reports, web sites) provided

by the individuals interviewed or gathered by the researcher, supplemented the interviews and provided context about the organizations included in the sample. To obtain a sample of individuals to interview, the researcher contacted human trafficking services grantees (hereafter called service providers or organizations) receiving funds from either the Office for Victims of Crime or Bureau of Justice Assistance by phone with a request to have a knowledgeable individual spend between 45 minutes to 1 hour in an interview about the assistance provided to trafficking survivors. The resulting sample size of 13 was a nonprobability convenience sample.

Using phone numbers and emails obtained through a Freedom of Information (FOIA) request, the researcher attempted to contact 52 of the 70 service providing organizations listed on the Matrix of OVC/BJA Funded Human Trafficking Services Grantees and Task Forces as of June 22, 2015. The researcher selected a sample that included a variety of different types of organizations distributed across each of the Census Bureau Designated regions, with no more than 2 organizations from any one state. For 30 organizations, the researcher received no response after making at least two phone calls, leaving messages as appropriate and sending an email in instances where an email address was available. For 9 organizations, the individual contacted declined to participate in the research project or did not meet the inclusion criteria (i.e., individual claimed to be unfamiliar with approaches to providing services). Other organizations were excluded because the U.S. Department of Justice response to the researcher's FOIA request did not include contact information (3 organizations), the listed provider did not provide victim assistance (1 organization), the phone number and address provided were incorrect (1 organization) and the service provider had closed (1 organization). Individuals at 13 organizations were selected to be part of the sample. The remaining 12 organizations were not

contacted because the sample already included an adequate number of organizations from that particular state, geographic region, parent entity, or religious denomination.

A total of 13 organizations were sampled, including non-profit organizations providing legal assistance, victim assistance, refugee assistance and other social services; faith-based organizations; and a police department. Ten of the sampled organizations provided services for all victims of human trafficking (without regard to demographic category) and three provided specialized or targeted services (e.g. for sex-trafficked women and youth). Analysis occurred throughout the sampling process and the sample size was sufficient once saturation had been achieved, with the same topics and ideas being repeated and with no new concepts or themes.

A semi-structured interview guide developed by the researcher was useful to gather information from an individual at each of the sampled service providers. Questions addressed characteristics of the service provider organization (e.g. the organization's mission, vision, philosophy, governance, funding sources, and primary challenges and achievements), the treatment model in use at the organization including whether trauma-informed and victim-centered approaches were utilized, and the interviewed individual's perception about the needs of those who have been trafficked, including unmet needs and barriers to provision of service. Questions were open-ended, exploratory, and requested the respondent to share personal interpretations of approaches to aftercare. Follow-up questions were asked to obtain clarification or to elicit more details or context, as appropriate.

The geographic spread of the sample was wide and included organizations based in at least two different states in each of the Census Bureau designated regions (i.e., West, South, Northeast, and Midwest.) Eleven of the interviews were conducted by telephone, given the distances between each of the organizations sampled, and two were face-to-face. Interviews

took place in October and November, 2015. The researcher digitally recorded 12 of the 13 interviews to ensure thoroughness and accuracy, although one interview was not electronically recorded, based on the request of the person interviewed. As appropriate, the researcher requested documentary evidence during the interview, to include items such as annual reports, training manuals, and curricula.

Analysis of the information obtained through the interviews used thematic analysis. Thematic analysis involves developing a set of codes. This approach contrasts theory-driven coding approaches, where categorizing data is according to a pre-existing theory or to coding approaches based on prior research. The relative absence of social science research addressing the use of trauma informed and victim-centered approaches to assist survivors of human trafficking made thematic analysis the most practical analytical approach.

Other existing data and documents were useful to add context to the results of the interviews. For each organization included in the sample, the researcher included a review of the organization's website and other relevant information into the research conclusions. While some organizations did not have an extensive web presence with data relevant to this project, most had websites that included a wealth of information about program operations. Some documentary evidence was collected as part of the interview, especially where an item or document was mentioned in response to a question.

The researcher used an inductive thematic analysis method in analyzing information for this research project. An inductive approach does not rely on a structure developed as part of an existing theory. Instead, it began with the interview responses and applied a process of constant comparative analysis that allowed construction of a theory based on those responses. This

approach was an appropriate choice for this research study, given the limited body of research surrounding the subject.

Significance of the Study

There is little information based in social science research to guide practitioners about the most effective ways to rehabilitate and reintegrate survivors of human trafficking. Therefore, it is likely that understanding the degree to which there is a consensus in the aftercare provider community about trauma-informed and victim-centered care and describing its current status, could be important to aftercare organizations and to agencies that provide federal funding for trafficking victim aftercare. Developing an understanding of the barriers that have prevented full implementation of trauma-informed and victim-centered approaches is also useful in guiding future efforts as is the identification of unmet needs and barriers.

One of the strengths of this study is its focus on aftercare services provided by U.S. Department of Justice programs. To the researcher's knowledge, this is the only such study of aftercare services provided via the U.S. Department of Justice grants for victims of human trafficking. Prior research has typically focused on programming funded by U.S. Department of Health and Human Services and by international NGO's.

Organization of the Study

This research adds to the body of knowledge about federal assistance to victims of human trafficking using trauma-informed and victim-centered practices by describing current practices in use by recipients of U.S. Department of Justice grant and cooperative agreement funds awarded pursuant to TVPA. Based on interviews with victim service providers, the report uses the expertise and experiences of victim service providers to identify barriers and gaps in service

to trafficking survivors. It includes recommendations for future action by service providers and federal grant-making agencies.

The literature review in Chapter 2 provides a general description of human trafficking, an offense that victimizes between 20 and 27 million people around the world. The United States has responded through the TVPA, legislation that established prevention, prosecution, and protection as the three pillars of anti-trafficking effort. TVPA also funded several programs to assist survivors in their rehabilitation and re-integration. A wide variety of service providers receive U.S. Department of Justice grants intended to supply aftercare that is both trauma-informed and victim-centered. Chapter 2 also addresses four theoretical lenses used to view the issue of aftercare for victims of trafficking. The chapter includes a discussion on the lack of social science research addressing aftercare for survivors, as well as several studies and reviews that discuss elements of the topic.

Chapter 3 details the methods used in conducting the research. The project design includes semi-structured, key informant interviews of victim advocates and service providers working with organizations that received funding for trafficking victim assistance from either Office for Victims of Crime or Bureau of Justice Assistance. The information obtained through the interviews was analyzed using thematic analysis. Supplementing the interviews were analyses of information provided by the service providing organizations, gray literature issued by government entities, NGOs and advocacy groups and data from TIMS.

Chapter 4 includes the results of the interviews and a summary of key informant responses. An analysis of the 13 semi-structured interviews disclosed that service providing organizations do not share a common or complete understanding of the terms trauma-informed or victim-centered, as those terms apply to aftercare for survivors of human trafficking. The

needs of survivors are remarkably similar to those of other poor people, with safe, affordable housing being the most commonly identified unmet need. Other unmet needs included treatment for severe mental health illness and for severe substance abuse issues. Service providers were resourceful and committed to locating assistance for identified survivors in their care and many of the individuals interviewed reported positive relationships with law enforcement.

Chapter 5 includes a discussion of the results, to include conclusions and recommendations. Relying on the experiences and knowledge of victim assistance service providers, this project helps to fill an existing gap in the body of knowledge about how service providers understand and apply to concepts of trauma-informed and victim-centered care. The study explores the idea of aftercare for survivors as a wicked problem and makes recommendations for future action and study consistent with its treatment as a wicked problem. Chapter 5 also includes a discussion of limitations and constraints.

Chapter II

LITERATURE REVIEW

Rescuing or separating victims from their traffickers is only the first step toward restoration and recovery. Ongoing practical and emotional support is necessary if a victim is to be permanently removed from the trafficking environment. A primary risk factor for relapse is the fear and uncertainty associated with leaving a trafficking situation (Buonaugurio, 2014). Unless aftercare is adequate and effective, victims may move into despair or depression and be at a higher risk for re-victimization. Opportunities for emotional healing are a key element of service to trafficking survivors (Johnson, 2012).

Theoretical Lenses

A review of the literature shows different theoretical lenses through which one can view the problem of aftercare for victims of trafficking. The problem can be seen as an issue of human rights, as an example of a wicked problem, or as an issue of social ecology. Critical studies of trafficking make up an additional lens that questions whether anti-trafficking efforts actually do harm instead of help. Each of these lenses focuses on distinctive characteristics of human trafficking and suggests different ways of responding to the problem.

Trafficking as a human rights issue. A human rights approach to assisting trafficking survivors focuses on victims' identity as human beings and leads to an emphasis on offering survivors protection and respect (Haddadin & Klimova-Alexander, 2013). This is in contrast to the viewpoint that survivors are "undesirable others" with identities such as "illegal immigrants or migrants, sex workers, foreign workers, criminals, prostitutes, or social deviants undeserving of sympathy and complicit in their harrowing situations" (Amahazion, 2014, p. 181). The Palermo Protocol sets forth requirements for victim assistance based in a human rights approach,

including a prohibition on punishment for victims and assistance with matters such as legal proceedings, residence permits, housing, job training, rehabilitation, and repatriation. An essential element of the human rights perspective is a harm reduction approach that focuses on victim-centered laws, enforcement strategies, and victim help (Ren, 2013).

Trafficking and critical theory. Critical theory is another approach that can be useful as a lens for understanding issues related to aftercare for victims of human trafficking. Also known as emancipatory theory, critical theory is a blending of a classical Marxist approach with new empowerment theories. According to Sowell (2016), critical theory helps the examination of “how society’s patterns and preferences undermine the delivery of social services and welfare in general” (pg. 24). Structural theory, a subtype of critical theory that incorporates elements of *feminist theory*, *Afrocentric theory*, and *queer theory*, addresses systemic injustices and oppressive structures that cause harm to certain members of society. Referring to Forte’s (2007) work on human behavior, Sowell described the difficulties that a social worker might encounter in “trying to uphold their commitment to their client but having to comply with and defend agency and government policies” (pg. 24). According to Sowell, critical theory also has implications for the difficulties inherent in creating and operating programs that depend on powerful groups for funding, but also serve individuals who may have been exploited by these same powerful groups.

Some critical theorists view anti-trafficking efforts as potentially punitive for trafficking survivors and consider many of the assistance practices used by government and non-profit organizations to be “new and evolving variations of psychological and carceral entrapment to which vulnerable and ‘at risk’ populations remain targets” (Musto, 2013, p. 264). The practice of detaining trafficking victims, especially victims of domestic minor sex trafficking (DMST), to

enhance the likelihood that they will receive help is an unproven intervention that is likely to produce unintended consequences. Seen through the lens of carceral protectionism, police “manage and surveil marginalized populations” with the help of social service providers and advocates (Musto, 2011, p. 226). This can lead to a situation in which victims may wish to be rescued from the very people and organizations who are trying to rescue them. As part of a study conducted by the U.S. Department of Justice, staff members who work with trafficking survivors as part of a U. S. Department of Health and Human Services grant program reported that many of those survivors “felt that they were ‘rescued’ against their will and wanted to return to work as soon as possible” (Gozdziak & Lowell, 2016, pg. 27).

Trafficking and Bronfenbrenner’s ecological theory. The various ecological factors that contribute to the problem of human trafficking are the focus of analyses conducted using ecological theories such as Bronfenbrenner’s (1986). The author viewed an individual’s experience in terms of the relationships between personal, interpersonal, and sociocultural factors. Bronfenbrenner’s ecological theory describes this analysis in terms of five environmental systems, including the microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Bronfenbrenner, 1986).

The setting in which a trafficking victim lives, including family, peers, school, and neighborhood is the *microsystem*. Understanding the microsystem is an important part of providing aftercare. For example, a trafficking survivor pointed out the necessity of properly assessing home environments, explaining “when I was younger I got arrested for being a runaway child, I was placed back in the home where I was being trafficked” (National Colloquium, 2013, p. 58). Another illustration of the importance of the microsystem is seen in the National Colloquium report’s conclusion that those working with gang-trafficked youth

should have an understanding of gang dynamics and that the close ties inherent in gangs should be considered (p. 43).

The *mesosystem* makes up the linkages between an individual's microsystems; linkages such as the ones between a victim and the aftercare provider and between a victim and her trafficker can both be a part of the mesosystem. For example, the trauma bond that sometimes arises between a victim and her trafficker may result in a victim believing that she is in love with the trafficker and cause her to deny victimization. Such bonds can increase the risk of relapse, either because the victim wants to return to the person she loves or because she is fearful of the consequences that might result if she stayed away (Buonaugurio, 2014; National Colloquium, 2013; Reid, 2010). Most actions associated with the provision of aftercare are part of the mesosystem.

The relationship between an individual's microsystem and a system in which an individual has no active role is the *exosystem*. An example of the exosystem is the relationship between trafficking victims and the federal government, as expressed in the TVPA. While the trafficking survivor had no active role in crafting the legal provisions that mandate participation in prosecution of her trafficker, she may still be required to demonstrate that she was lured into trafficking through force, fraud or coercion and to serve as a witness against the person who had exploited her. If the victim is successful in these duties, then she may be eligible for the benefits that TVPA provides (Klaassen, 2013).

The culture in which an individual lives is the *macrosystem*. Elements of the macrosystem relating to trafficking include gender inequality and discrimination. Other aspects of the macrosystem are "unrelenting demand factors" (Rafferty, 2008, p. 13). According to Busch-Armendariz et al. (2014), the demand for sex services and associated opportunities for

exploitation are increased in situations that bring large numbers of people together, such as sporting and entertainment venues, conventions, and business meetings. Addressing the issue of child trafficking in Chile, Villalobos (2014) identified risk factors in the macrosystem that include “sexual chauvinism in Latin America and Chile and a poor understanding of the prevalence of human trafficking” (pp. 1-2). A recent study of human trafficking in Colorado described the cooling effect produced by the growing climate of anti-immigrant sentiment that has reduced the likelihood that undocumented people who experience violence or exploitation would ask for help from service providers or from law enforcement (Laboratory to Combat Human Trafficking [LCHT], 2019).

The life course of an individual, including environmental events and life transitions, is the *chronosystem*. An example of an environmental event in an individual’s chronosystem is the impact of federal funding associated with the TVPA and the associated development of programs and services for victims of trafficking (Shigekane, 2007). Trauma that stems from repeated instances or a pattern of ongoing violence can also be part of the chronosystem, as can multigenerational or historical trauma, to include the wounds caused by colonization, war, or genocide (U.S. Department of Justice, 2014).

In Bronfenbrenner’s ecological theory, people are nested within the various systems and the systems are in constant interaction. While Bronfenbrenner’s theory was originally developed to explain how families foster the development of their children, researchers have also applied Bronfenbrenner’s ecological theory to some aspects of the problem of human trafficking. Busch-Armendariz et al. (2014) analyzed post-victimization services received by trafficking survivors and concluded that an ecological perspective offered the best insight to issues of coordination of services. The authors saw that an ecological approach reflects the constant interaction between

individuals and systems characteristic of aftercare. The study focused on single point-of-contact social workers and noted their “strategic position to see the nested environments of survivors and/or professionals” (Busch-Armendariz et al., 2014, p. 16).

Cecchet and Thoburn (2014) interviewed six survivors of child and adolescent sex trafficking to understand the factors that had allowed them to reintegrate into their communities after leaving their traffickers. Within the topic of escape and resilience, the researchers described elements of survivor microsystems including pregnancy and mental health symptoms. Elements of the mesosystem relating to escape and resiliency included “meaningful and healthy relationships” and “making interpersonal connections outside of the sex trade” (p. 490). New support systems formed a key element of the survivors’ macrosystems, including opportunities to speak candidly with family, church groups, and advocacy organizations and to process traumatic experiences.

Ecological theory has also been incorporated into a range of projects dealing with human trafficking. Bronfenbrenner’s theory has been useful to support development of a trauma-informed psychoeducation program for professionals treating adolescent female sex trafficking victims (Arnstein, 2013) and to investigate psychological and social policy perspectives on the impact of trafficking on children (Rafferty, 2008). The theory has also been useful to conceptualize the challenges of accessing adequate mental health services and intervention (Special Committee on Violence Against Women, 2011), to describe the global and individual characteristics of child human trafficking in Chile (Villalobos, 2014), and to design a community-based program for victims of DMST in Los Angeles County (Rosal, 2014). A recent study of the experiences of survivors of commercial sexual exploitation used Bronfenbrenner’s ecological theory in a framework that distinguished between various layers in an analysis that

addressed the factors of Power and Control, Social Values, and Health and Risk as related to the micro-, exo-, and macro-systems (Small, 2019).

Trafficking as a wicked problem. Another lens that can be useful in understanding human trafficking is the lens that views trafficking as a wicked problem. The idea of the wicked problem was initially applied to problems of urban planning (Rittel & Webber, 1973), but it has since been useful to analyze the complexities of a very wide range of issues such as interpersonal violence (Kazdin, 2011), fiscal equality for women (Turnbull, 2010), and institutional abuse (Burns, Hyde, & Killett, 2013). A 2019 study conducted by the Laboratory to Combat Human Trafficking described the issue of human trafficking in Colorado as a wicked problem and warned against the possibility that different organizations and individuals might hold differing definitions of the problem. As a result of these differences in problem definition, parties may develop varying and potentially incompatible solutions to a wicked problem.

While the researcher found no instances of scholarly research in which the specific issue of aftercare for victims of human trafficking was analyzed as a wicked problem, observations and conclusions detailed in numerous studies support the idea that the problem of human trafficking can realistically be viewed as a wicked one. Wicked problems are not necessarily the most deplorable problems; instead, they are wicked in the sense that they are unlikely to be effectively addressed through linear processes. Wicked problems are structurally complex, and it is unclear where a wicked problem stops and a related problem begins. The issue of what happens to victims of human trafficking after identification and separation from their traffickers has most or all of the characteristics of a wicked problem.

Wicked problems have several defining characteristics, including the fact that there are different views of the problem, the existence of contradictory solutions, and connections between

the problem under review and other wicked problems (e.g. the relationships between trafficking and poverty). Value conflicts and ideological and cultural constraints are also likely to be present in wicked problems (Horn & Weber, 2007; Rittel & Webber, 1973). The Laboratory to Combat Human Trafficking (2019) gives the example of contradictory solutions that might arise when an issue is assessed through the lens of sex trafficking, with the result that proposed solutions could disregard or fail to address important elements of the problem that relate to labor trafficking.

According to Rittel and Webber (1973), “There is no definitive formulation of a wicked problem” (p. 161). In contrast to tame problems that can be clearly and easily defined, the description of a wicked problem is inextricably bound to the perceived solution. Thus, it is not possible to explain exactly the problem of dealing with victims of human trafficking unless a solution to the problem is incorporated into the description. There are differing views preventing a definitive formulation of the problem of aftercare; solutions tend to be either prosecution-oriented or victim-centered (Amahazion, 2014). For example, the TVPA can be viewed as furthering a prosecution-oriented approach to aftercare, as it generally requires victims to assist with investigations and prosecutions of traffickers as a prerequisite to receiving assistance and immigration relief. In contrast, victim-centered approaches may also have prosecution of the trafficker as a goal but emphasize the needs of the victim.

The bond between the description of a wicked problem and its perceived solution creates a danger that any emergent solutions might address symptoms without having a meaningful impact on root causes. As described in the Laboratory to Combat Human Trafficking study “Shifting the focus from our feelings and fears about human trafficking to the intervention points

where we can support individuals and communities will create positive social change at a root cause level necessary to ultimately end trafficking” (2019, p. 7).

The existence of multiple stakeholders is another aspect that prevents definitive formulation of this wicked problem. Victims, traffickers, customers, law enforcement officers, providers of aftercare and others may have widely differing perspectives on the issue, resulting in value conflicts. Additionally, many organizations become involved in attempts to address the issue, including federal, state, and local government agencies, and a wide range of non-profit and faith-based organizations and professions. The vague and changing boundaries of the issue under review are one of the defining characteristics of a wicked problem. According to Roberts (2000), “nothing really bounds the problem-solving process—it is experienced as ambiguous, fluid, complex, political, and frustrating as hell” (p. 2). In Miller’s analysis of network approaches to addressing wicked problems, the author described how the “many levels of governance and jurisdictions” were needed to co-create solutions and partnerships to the challenge of human trafficking (2017, p. 3).

The diversity of views can lead to different statements of a wicked problem and uncertainty about the way forward. Three types of uncertainty include cognitive uncertainty or the lack of complete knowledge about technical issues or cause and effect relationships; strategic uncertainty arising from the multiplicity of actors and their viewpoints; and institutional uncertainty that results from fragmented decision-making that occurs within various organizations and may not be based on a unified view of the problem (Van Buren, Klijn & Koppenjan, 2003). Fortunately, the advantage of taking a “wicked problem” approach is that “we do not need to search for a unified view and actually need to proceed without one” (Kazdin, 2011, p. 166).

Another characteristic of a wicked problem is the need to act despite insufficient data. As previously noted, existing research does not really supply a strong basis for action in terms of providing aftercare. Nevertheless, trafficking victims clearly require assistance and failing to provide aid is not an acceptable approach. Describing the impact of insufficient data on a different wicked problem (the issue of interpersonal violence), Kazdin (2011) stated “the problem is that inaction has a high cost to victims and society and has to be weighed against alternatives” (p. 175). This observation is also true about inaction on issues relating to aftercare for victims of trafficking.

Aftercare for Victims of Human Trafficking

The literature review disclosed studies and articles addressing a wide range of needs associated with aftercare for victims of human trafficking, including the need for counseling, medical care, housing and shelter services, legal services, medical services, substance abuse treatment, case management and social services, and immigration relief (Clawson et al., 2009; Reid, 2010; Ren, 2013). Some of these needs are relatively well defined and well-understood; the challenge to meeting many needs lies primarily in locating adequate resources and in appropriately matching victims with assistance (Farrell et al., 2013). However, almost all survivors of human trafficking have suffered from trauma, with a resulting need to address the trauma as part of any attempt to provide assistance and healing. Further, the aftercare community has been supportive of the idea of giving care in a victim-centered way. The specific characteristics of trauma-informed and victim-centered practices are not well-defined or well-understood, making these practices the proper focus for this research project.

Trauma-informed and trauma-specific care. Extraordinarily little research has occurred on the specific public policy practices and methods through which trauma-informed care has been delivered (Purtle & Lewis, 2017). Nevertheless, the concepts of trauma-informed and trauma-specific care are often referenced in the aftercare literature and U.S. Department of Justice Bureau of Justice Assistance and Office for Victims of Crime guidance presupposes that grant programs will be delivered consistent with these concepts. However, as noted by Heffernan & Blythe (2014) and Hopper, Bassuk & Olivet (2009), no widely accepted definitions of trauma-informed care have been developed and providers use the language of trauma in a number of different ways. Despite the lack of a consensus definition, scholars have agreed that using a trauma-informed lens involves a “philosophical/cultural stance that integrates awareness and understanding of trauma” (Hopper et al., 2009, p. 132).

Practitioners use a number of different terms when discussing the issue of trauma; although terms are sometimes used interchangeably, important differences between specific trauma-related terms have implications for the provision of trauma-informed care. As described by Gooding, trauma-informed care “trains service providers to be sensitive to the effects of trauma and to avoid exacerbating trauma in survivors” (2019, p. 121). In contrast, a trauma-specific intervention “specifically targets trauma and tries to help a survivor deal with it” (Gooding, 2019, p. 121). Gooding uses a metaphor that compares a survivor’s trauma to a field full of land mines. The difference between the two is essentially that one method teaches individuals how to avoid stepping on land mines while walking through the field (trauma-informed care), while the other method gives a survivor the tools and techniques to start demining the field (trauma-specific intervention).

Determining whether a program or practice can be considered trauma-informed is difficult. While aftercare programs funded through Office for Victims of Crime and Bureau of Justice Assistance are required to be trauma-informed, there is little clarity about exactly what constitutes trauma-informed aftercare for survivors of human trafficking. Citing the “unclear operational definition” (Baker, Brown, Wilcox, Overstreet & Arora, 2015, p. 73) of trauma-informed care, Baker et al. (2015) noted that “there is no objective way to determine the extent to which an individual or system is trauma-informed” (p.73). Nevertheless, a review of the literature on trauma informed care identified at least three different approaches to assessing the degree to which a program or practice could be considered to be trauma-informed.

High-level, aspirational descriptions. Trauma-informed care can be described in terms of its higher-level characteristics. For example, with regard to mental health practitioners, Substance Abuse and Mental Health Services Administration identifies the characteristics of trauma-informed care in terms of four R’s: R realizing the widespread impact of trauma; Recognizing the signs and symptoms of trauma; Responding by integrating knowledge about trauma; and Resisting re-traumatization.

Survey-based measures. In contrast to the more abstract descriptions provided by Substance Abuse and Mental Health Services Administration and others, Baker et al. (2015) developed a detailed psychometric scale to evaluate service provider attitudes toward trauma-informed care with an overall focus on staff working in schools and human service systems. Examples of the types of component measures included such items as the degree to which staff feels committed to their job and the acceptability of using restraints, seclusions, suspensions, expulsions, and/or out of class time.

Lists of trauma-informed practices and services. A third approach to understanding the implementation of trauma-informed concepts in a real-world setting comes from the Becker-Blease (2016) description of the wide range of practices taught as being trauma informed, to include such items as the Sanctuary model, journal writing, sensory strategies, comfort plans, and trauma-focused cognitive behavior therapy.² Based on the listing, compiled via a Google search, she cautioned practitioners about the need for more critical engagement with the concept of trauma-informed and noted that many of the practices, while potentially beneficial, have not been shown to have special relevance for survivors of trauma.

Hanson and Lang (2016) executed a similar attempt to operationalize the meaning of trauma-informed practice through their web-based survey of 414 child-serving professionals. The researchers intended to delineate “professionals’ perceptions about the components of TIC [trauma-informed care] and the extent to which TIC efforts are being implemented and evaluated nationally” (Hanson & Lang, 2016, p. 97). The survey addressed a wide range of issues including questions on topics like the respondent’s knowledge on accessing trauma evidence-based practices, the presence of written policies that include trauma, and whether the organization has a defined leadership position for trauma services.

While there are relatively few comprehensive studies specifically addressing the most effective ways to address the impact of trauma on survivors, the research community has identified some specific short and long-term needs arising from the trauma associated with trafficking, to include both emotional and physical needs. Mental health services are necessary to treat emotional impacts of trauma such as anxiety, panic disorders, and major depression. Victims may suffer from Post-Traumatic Stress Disorder or Disorders of Extreme Stress Not

² These examples relate to the overall field of trauma-informed care and are not specific to aftercare for survivors of human trafficking.

Otherwise Specified. These illnesses can result in disassociation, aggression (against self and against others), affect dysregulation, and character pathology (National Colloquium, 2013). Medical services are necessary to address the physical effects of trauma, to include physical injuries like broken bones and stress-related symptoms such as stomach pain.

Despite the wide constellation of trauma-related needs, few formal assessments or evaluations have addressed the effectiveness of the specific practices used to provide trauma-informed and trauma specific care for trafficking victims. The American Psychological Association [APA] (2014) *Report of the Task Force on Trafficking of Women and Girls* noted “The central challenge of providing psychotherapy services to survivors of human trafficking today is the dearth of clinical research identifying best practices for this population” (p. 55).

The Trauma-Informed Continuum of Care is one method that has been useful to provide services to survivors. Using this approach, a range of services (e.g. life management, education, housing, and mental health) is established; each aspect of the continuum is modified or adjusted to recognize the impact of the trauma experienced by the victim (Buonaugurio, 2014). One reason that adjustment is necessary relates to the sense of powerlessness that some victims experience. Victims can be re-traumatized when routine procedures trigger a trauma response, as in the case where an individual who has suffered from sexual violence is required to remove clothing for a necessary medical examination (Blanch, Filson & Penney, 2012). Other policies and procedures that can damage those who have experienced trauma include the use of strip searches and locked holding pens (Clawson, Saloman & Grace, 2008). Trauma-informed practices recognize that victims need ways to empower themselves and to acquire agency, since the experience of trafficking often removes all sense of personal agency from a survivor (National Colloquium, 2013).

Although many service providers assert that the assistance they provide to victims is trauma-informed, there is apparently little consensus about the exact meaning of the phrase or about how and when trauma-informed practices can best be applied (Baker et al. 2015). The U.S. Department of Justice Office of Violence Against Women, through a grant to the Sexual Violence Justice Institute of the Minnesota Coalition Against Sexual Assault, conducted a study to identify how providers understood the concept of trauma-informed services and to learn how such practices were used. As stated in the report's executive summary, the concept of trauma-informed "seems to have become, for some, a catch phrase with different meanings to different people, lacking a common definition and with inconsistent or uneven implementation of practices" (Sexual Violence Justice Institute, 2016, p. 3). The focus of this federally funded study was sexual assault, domestic violence, stalking, and dating violence—not human trafficking. Nevertheless, such information about the use of trauma-informed practices could be useful to those who aid or interact with trafficking survivors. This is consistent with the approach suggested by the American Psychological Association in its *Report of the Task Force on Trafficking of Women and Girls*. The American Psychological Association report suggested that the guidelines applied to the treatment of survivors of other types of abuse be applied to the treatment of trafficking victims "until interventions specific to the needs of trafficked women and girls are developed" (2014, p. 5). The application of research and policy developed to address parallel issues (e.g. sexual assault or domestic violence) is a customary practice within the community of service providers for survivors of human trafficking.

Although there is very little research-based evidence regarding trauma-informed practices and their effectiveness, the U.S. Department of Justice grant programs that provide services to survivors of human trafficking call for trauma-informed approaches, noting that such approaches

“ensure that victims of human trafficking have the opportunity to make informed decisions about the support they need to work through the impact of the crime, address the issues that may have shaped the trafficking situation, and work toward identifying and achieving their personal goals” (U.S. Department of Justice, 2019, p. 7). However the focus on trauma-informed practices can be viewed as incomplete. For example, Ginwright (2018) suggested a shift away from a sole reliance on trauma-informed practices toward what he calls “healing centered engagement” and a move toward strengths-based care (p. 1). Rooted in the positive psychology field, healing centered engagement tries to go beyond the treatment of symptoms to strengthen well-being using an asset-driven approach.

Victim-centered approaches. Traditional criminal justice practices focus on the offender and how to punish the offense and deter reoffending. The role of the victim is one of witness to a crime against the state. Beginning in the 1970’s in Canada and then in the U.S., the restorative justice movement came into being, offering an alternative to the highly punitive approach in effect at the time. Restorative justice provides an increased role for victims and views the rights of victims as well as the rights of the accused. Victim-centered approaches are grounded in the restorative justice movement (Hagan, 2012).

The U.S. Department of Justice supports a victim-centered approach for dealing with survivors of human trafficking, noting “the victim-centered approach plays a critical role in supporting victims’ rights, dignity, autonomy, and self-determination, regardless of whether they choose to report or cooperate with law enforcement” (U.S. Department of Justice, n.d.).

Much of the literature addressing the needs of trafficking survivors argues in favor of a victim-centered approach in providing rehabilitation and reintegration services. While the definitions of victim-centered approaches vary with the source consulted, most authors consider

such approaches to have certain specific characteristics. First, victim-centered approaches take the specific needs of the individual victim or survivor into account. The individualized tailoring of approaches takes notice of practical considerations as well as cultural and language-based concerns. The needs of the victim are privileged over the need of the organization providing support or the entity prosecuting any crimes. The range of services provided under the victim-centered approach is wide and includes legal representation, social service counseling, mental health services, housing, and medical care. The objective of the victim-centered approach is empowerment for the victim and creation of a sense of personal agency (Busch-Armendariz et al., 2014; Haddadin & Klimova-Alexander, 2013; Klaassen et al., 2013; Shigekane, 2007).

Research studies, essays, and policy papers tend to support the victim-centered approach, but there is little about the specific theory that underlies it. That is, while there seems to be general agreement that a victim-centered approach is appropriate for providing assistance to survivors, a careful search of a wide range of databases did not disclose any theoretical explanation for why that might be the case. Like the situation with trauma-informed care, while several studies addressed peripheral issues associated with a victim-centered approach, little evidence seems to have been developed to demonstrate the efficacy of the victim-centered approach for either the survivor or for the criminal justice system through which traffickers are prosecuted.

Based on the literature review, existing explanations of why there is so little information about the effectiveness of aftercare services seem incomplete. The report of the Task Force on Trafficking of Women and Girls suggested that organizations “seldom have been guided by a comprehensive understanding of the problem” and noted the lack of outcome evaluation and the need for “systematic and rigorous research to determine what does and does not work”

(American Psychological Association, 2014, p. 52). Uy (2011) implied that the apparent consensus about providing services to victims of trafficking actually reflects two very different ways of understanding the problem. According to Uy (2011), “For the Religious Right, human trafficking is a ‘clear-cut, uncontroversial, terrible thing going on in the world’” (p. 205). However, the author noted that the progressive left, including feminists, considers trafficking to be “an extension of women’s inequality, which is a ‘product of domination of women by men’” (p. 205). Gooding (2019) offered an alternative explanation. According to Gooding, police raids and courtroom dramas are often more exciting than the mundane activities of daily therapy or training survivors for new employment. Consequently, stories of rescue attract donors and advocates more than information about the effectiveness of aftercare practices, with the result that aftercare practices are infrequently studied.

Despite the various explanations for the gap in effectiveness data, it seems likely that lack of information about trauma-informed and victim-centered approaches to assistance results from the fact that, until recent years, Americans generally did not consider human trafficking to be a problem in the United States. The TVPA of 2000 stimulated the growth of interest in providing victim-centered services to survivors and time is necessary to develop a body of knowledge about this practice. This idea was echoed in the Phase I: Initial Framework of the expired Federal Trafficking Plan that stated “While services were developed over the course of more than a decade, the field only recently matured to a place where promising practices can be identified” (President’s Interagency Task Force, 2013, p. 42).

Sources Addressing Practical Aspects of Aftercare for Trafficking Victims

Although no studies were identified that specifically addressed the provision of aftercare with a focus on trauma-informed, victim-centered care for the entire range of victims of human

trafficking, several researchers addressed some aspect of the problem. Research that offered insight to the challenges associated with aftercare for survivors included:

Johnson's (2012) *Aftercare for Survivors of Human Trafficking* was directly relevant to this research project. The article was based on Johnson's experiences both domestically and overseas. It addressed, among other things, the importance of trauma-specific therapy and the key role of the social worker. However, the article focuses on the author's firsthand experiences and was more useful in stimulating thought than in describing the parameters of the problem.

Only one of the identified studies (Heffernan & Blythe, 2014) dealt with aftercare services provided by a program funded by the U.S. Department of Justice Office for Victims of Crime. This program evaluation of an agency providing services to international human trafficking victims described the use of "a trauma-informed lens in conjunction with a client-centered approach to delivering case management" (Heffernan & Blythe, 2014, p. 169). Addressing the importance of process evaluation to such programs, the study spoke to the important concept of implementation fidelity or how the program is executed in practice.

Under contract to the U.S. Department of Health and Human Services, Clawson participated in two studies detailing the results of an exploratory project to develop information about how Department of Health and Human Services programs met the needs of trafficking victims. The first report (Clawson, et al., 2008) focused on trauma treatment and mental health recovery and addressed challenges in meeting the trauma-related needs of victims, a problem that was exacerbated by the fact that any comprehensive approach was likely to cross multiple systems of care. A second, more comprehensive follow-up report concluded, in part "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” (Clawson, et al., 2009, p. 42).

Gozdziak and Lowell (2016) studied the comprehensive case management services provided to foreign-born adult survivors under the Department of Health and Human Services Office of Refugee Resettlement Per Capita Reimbursement contract. Their study showed that the program met its goal of improving the measured stability of survivors. Survivors received help for an average of five months and the number of identified needs (e.g. basic, health, community) reduced from 22 to 17 over the course of the program. Help was not always welcomed by survivors and caseworkers reported that “many survivors were not interested in the range of services on offer, except for legal aid and employment” (Gozdziak & Lowell, 2016, p. 27). Women and the elderly were statistically less likely to experience improvement than other demographic groups included in the study.

Busch-Armendariz et al. (2014) conducted a study of the role of the social work practitioner and the strength of social work theories and practice in meeting the complex needs of trafficked people. This study differed from others in that the interviews and focus groups included both survivors and professional practitioners such as service providers and law enforcement. With a small number of exceptions, the other studies referenced in this literature review were based solely on the experiences of the practitioners helping survivors. Results of the Busch-Armendariz (2014) study included the benefit of a victim-centered approach and a conclusion that “social workers’ theoretical and practice modalities are well suited to respond to and coordinate [needs of trafficked individuals]” (p. 7). Shigekane (2007) study of the rehabilitation and community integration of trafficking survivors focused on the rapid expansion of support and service providing organizations.

Research conducted by Steiner et al. (2018) used interviews with practitioners from 26 countries on six continents to develop information about the various practices used in the field of aftercare for survivors of human trafficking. In contrast to other studies, this review categorized the various approaches used as either individual (e.g. trauma-informed and victim-centered), community level (e.g. collaboration and/or partnerships between governmental bodies, non-profit organizations, and community-based organizations), or societal and cultural (e.g. Western-centric). Noting that interagency collaboration to address human trafficking issues may be limited or non-existent, the authors observed that such partnerships could increase the range and amount of services available to survivors, decrease duplication of services, and enhance the sharing of knowledge and information.

The Salvation Army's STOP-IT Program in Chicago, Illinois was the subject of two studies. Wirsing (2012) wrote a descriptive article detailing the outreach, collaboration, and services provided to survivors, noting that the organization provided services to all victims of human trafficking, without regard to whether they were victims of sex or labor trafficking or whether they were U.S. citizens or foreign, adult or minor, male or female. In the second study, a needs assessment based on interviews with STOP-IT program staff identified the need for a psychoeducation program for adolescent females that introduced topics such as "the impact of enduring a trauma, coping skills, self-esteem/self-compassion, decision-making, social skills, and establishing positive relationships" (Arnstein, 2013, p. 95).

Several studies focused on domestic minor victims of sex trafficking. Reid (2010) conducted a study assessing the impact of the TVPA on DMST victims in a single metropolitan area experiencing elevated levels of human trafficking into and within the area. Based on interviews with 34 respondents from 18 different agencies, the study concluded, in part, that no

service providers or shelter facilities specialized in providing services to victims of DMST. Further, providers who were recipients of Office for Victims of Crime grants for services for human trafficking victims were unable to help victims of DMST, as funding was restricted to use for foreign victims of human trafficking. While some minors were eligible for services provided to victims of crime, those who had pled guilty to prostitution charges were excluded and thus not served³.

Parker's (2013) study of management practices at facilities housing and providing services to DMST victims identified a need for minimum standards to promote the recruitment and retention of qualified staff, as well as a standardized accreditation system to support the establishment of minimum standards. A study of the relationship between trauma, treatment, and relapse in female juvenile survivors of commercial sexual exploitation disclosed the need for specialized therapy that places a focus on trauma and the need for more training to enable licensed professionals to feel competent in providing such therapy (Buonaugurio, 2014). The services provided by U.S. rehabilitation centers for DMST survivors were the topic of a nursing sciences dissertation concluding that two of four sampled rehabilitation centers articulating a treatment model reported using trauma-informed practices (Twigg, 2012). As part of the dissertation, the author developed an aftercare model for survivors of DMST, including immediate needs (e.g. basic necessities), ongoing needs, (e.g. legal advocacy and mental health care), and long-term needs (e.g. family reunification and higher education).

Macy and Johns (2011) conducted a literature review addressing aftercare services for international sex trafficking survivors and reported on the need for a range of aftercare services

³ Since the date of the Reid study, the U.S. Department of Justice has changed its policies and services are currently available to all identified victims of human trafficking, including U.S. citizen survivors of DMST, without regard to any prior guilty pleas.

to address the changing needs of survivors. Based on the documents reviewed, the authors concluded that providers should practice trauma-informed care, even though such services had not actually been evaluated for use with sex trafficking survivors.

Chapter Summary

A review of the relevant literature found several theoretical lenses through which to view the issue of aftercare for victims of trafficking. However, there is little information based in social science research to guide practitioners about the most effective ways to rehabilitate and reintegrate survivors. Therefore, determining the degree to which there is a consensus in the aftercare provider community about trauma-informed and victim centered care and describing the delivery of such care in practice offers important information to service providing organizations and to the agencies that provide federal funding for trafficking victim aftercare. Contributing to a better understanding of the barriers that prevent full implementation of trauma-informed and victim-centered approaches is also critical, as is the identification of unmet needs and barriers to service delivery. The following chapter describes the methods used in this research project to add to the body of knowledge about aftercare for trafficking survivors.

Chapter III

METHODOLOGY

Overview

The Research Design and Methodology section of this study is organized in the following sections (a) purpose of the study, (b) research questions, (c) rationale, (d) context of the study, (e) information sources, (f) information collection methods, (g) information analysis, (h) information management plan, and (i) the trustworthiness criteria of the research. Participant demographics, interview information, field notes and memos, coding strategies, and identified themes are discussed in the Results section.

Purpose

The purpose of this qualitative study was to understand how aftercare providers, funded via grants from the U.S. Department of Justice, use trauma-informed and victim-centered approaches to assist survivors of human trafficking and to identify barriers, gaps and unmet needs as part of that service provision. Research focusing on U.S. Department of Justice-funded aftercare programs increases the body of knowledge on the real-world practices and challenges service providers encounter as they attempt to meet the often-competing needs of victims and of law enforcement. Focusing the research on aftercare service providers who have direct, day-to-day contact with individuals who have been trafficked permitted insight into how various organizations have operationalized the U.S. Department of Justice's mandate to support victims and ensure their full access to the range of services needed for recovery and restoration.

The researcher used a qualitative method in this study due to the lack of relevant research about trauma-informed and victim-centered aftercare. Analysis of the information obtained through the interviews used a thematic coding approach. The absence of social science research

addressing the use of trauma-informed and victim-centered approaches to help survivors made thematic analysis the most practical analytical approach.

Research Questions

The research questions framing this study are:

RQ1: How do providers of aftercare to victims of trafficking define and implement the concepts of “trauma-informed” and “victim-centered” care?

RQ2: What victim needs are not being addressed through the current system through which aftercare is provided?

RQ3: What barriers prevent identified victims from receiving needed services and what gaps exist in coverage or availability of services?

Rationale

Qualitative methods, including thematic analyses, were the best choice for this study due to the lack of scholarly research on the topic of trauma-informed and victim-centered aftercare for survivors of human trafficking. While the literature review identified numerous articles and studies that pointed out a lack of research and the need for additional study, none specifically addressed how the range of U.S. Department of Justice-funded aftercare providers understood and implemented concepts of trauma-informed or victim-centered care. This study sought to understand how U.S. Department of Justice-funded providers of aftercare translated these poorly defined, yet aspirational ideas into concrete action and aid provided to victims of human trafficking.

In conducting this study, the researcher interviewed individuals with responsibility for providing aftercare to trafficking survivors with the objective of learning how each understood the relationship between their service providing organizations and the victims/survivors to whom

they provided assistance. The inductive thematic analysis method used in analyzing the interviews did not rely on a structure developed as part of an existing theory. Instead, it began with the interview responses and applied a process of constant comparative analysis that allowed construction of a theory based on those responses. This approach was proper for this research study, given the limited body of existing theory surrounding the subject. By supplementing these interviews with written materials describing their programs and comparing the resulting information to the extent possible, the researcher was able to gain insight into aspects of the U.S. Department of Justice program for trafficking survivors that has not previously been described or published.

While interviews with survivors might seem to present a more direct way of obtaining information, interviews with victim advocates and service providers were a better way of obtaining a basic understanding of the research objective than interviews with survivors. Thus, this research project relied primarily on interviews of individuals working at service providing organizations. This approach allowed for collection of information about a larger number of survivors. That is, an interview with a trafficking survivor would have provided perspective about a single individual's experience, but the representatives of service provider organizations were able to speak to the experiences of all the clients with whom the provider worked.

Context of the Study

Together with the Bureau of Justice Assistance, the U.S. Department of Justice Office for Victims of Crime supplies more grant funding to programs providing direct assistance to victims of human trafficking than any other federal agency. U.S. Department of Justice victim services programming goes to survivors based on their status as victims of the crime of human trafficking. This contrasts with a similar program, funded by the U.S. Department of Health and

Human Service Office of Refugee Resettlement, which also offers assistance to survivors through a program focused on foreign trafficking victims. Some overlap between the two programs occurs and service providers often receive federal funding from both the U.S. Department of Justice and the U.S. Department of Health and Human Services, as well as from a variety of state and local governments and other non-profit and faith-based organizations. Given that each funding source may be subject to differing requirements, the organizations that offer services to trafficking survivors are often required to navigate a complex set of rules in their efforts to best serve their clientele.

The U.S. Department of Justice Bureau of Justice Assistance and Office for Victims of Crime have relatively few guidelines for how services are provided but emphasize the requirement of providing services in ways that are trauma-informed and victim-centered. Although the U.S. Department of Justice gives training and other general guidance to service providing organizations about good practices, the precise methods and definitions to be used are generally left to the discretion of the grantee agencies.

As of September 30, 2019, 172 different organizations had been awarded U.S. Department of Justice Office for Victims of Crime or Bureau of Justice Assistance grant funding totaling more than \$100 million for the benefit of victims of human trafficking. While a few of these grants were made solely in support of prevention or prosecution efforts, most of the grants were awarded in support of either comprehensive or specialized aftercare services for victims of human trafficking.

Sources of Information

Three sources of information provided support for this study. Semi-structured interviews of a sample of individuals responsible for providing U.S. Department of Justice-funded aftercare

served as the primary information source. Supplementing these interviews was information derived from the websites of sampled organizations, to include items such as podcasts, information about related grants, and annual financial statement audits. A third source was the literature review conducted by the researcher; given the lack of scholarly and peer reviewed material addressing the issue being studied, the literature review included a range of scholarly literature as well as government issued publications, news stories, and descriptive journal articles about the topics of trauma-informed and victim-centered practices. The literature review was not limited to material addressing human trafficking survivors but was expanded to include information about parallel fields of study such as domestic violence, sexual assault, and interpersonal violence.

The sampling frame was the listing maintained by the Office for Victims of Crime titled, *Matrix of OVC/BJA-funded human trafficking services grantees and task forces*. At the time of sample selection, the Matrix included 70 organizations from 26 states, the District of Columbia, and the Northern Mariana Islands. Twenty-nine of the organizations were associated with a Human Trafficking Task Force. Fifty of the organizations provided comprehensive services for all victims of human trafficking, while twenty provided services that were more targeted. Some organizations limited their service to specific categories of victims, such as sex trafficked women and youth or Asian victims of human trafficking. Other organizations provided more specialized assistance in areas such as mental health, court advocacy, and intensive case management. Criteria for the sampled organizations included (a) receiving TVPA grant funding from either the Office for Victims of Crime or the Bureau of Justice Assistance and (b) providing aftercare services to female trafficking survivors aged 11 or older within the past year.

Table 1 details the characteristics of 13 organizations selected for review.

Table 1 *Organizations Selected for Review*

Organizations Selected for Review	
	Did the organization participate in a USDOJ funded Human Trafficking Task Force?
Offering comprehensive services for all victims of human trafficking	
1. A community services organization in a very large, densely populated county located in a western state.	Yes
2. A victim assistance organization serving a major city located in a western state.	No
3. A community services organization located in a New England state.	No
4. A refugee services organization serving three counties in a Midwestern state.	Yes
5. A woman’s organization serving multiple counties in a Mid-Atlantic state.	No
6. A center operated by an anti-human trafficking organization in a southern state.	Yes
7. A charitable organization associated with a major religious group, serving twelve counties located in a southern state.	No
8. A charitable organization associated with a major religious group, located in a southern state.	No
9. A charitable organization associated with faith-based group, serving a large city in a Mid-Atlantic state.	No
10. The police department in a large city located in a western state.	Yes
Offering specialized legal services for all victims of human trafficking	
11. A legal service organization serving a western state	No
Offering specialized services for sex trafficked women and youths	
12. A non-profit organization in a mid-western state.	No
Offering intensive case management, including emergency shelter, for certain victims of trafficking	

13. A non-profit organization providing services to a large metropolitan county in a southern state.

No

The inclusion criteria for individual victim advocates and service providers selected for the interviews were: (a) job title of founder, program director, program manager, grant manager or similar job title; (b) knowledgeable about the provision of aftercare services to victims of human trafficking, as demonstrated by the ability to express a definition of trafficking and familiarity with a range of treatments and services that may be provided to victims; (c) 21 years of age or older; and (d) English-speaking.

Table 2 *Individuals Selected for Interview*

Characteristics of Individuals Interviewed
District Director of a large faith-based charitable organization. Male, holding two master's degrees.
Director of Programming for a non-profit organization. Female identified and a trafficking survivor
Manager of trafficking program at a community services organization. Female, holding a master's degree in social work (MSW).
Human Trafficking Program Director for a victim assistance organization. Female, holding an MSW.
Human Trafficking Program Manager for a large faith-based charitable organization. Female, holding an MSW.
Social Worker for a refugee services organization. Female, holding an MSW.
Subject matter expert on human trafficking for a community services organization. Female, holding an MSW.
Director of anti-trafficking for a charitable organization associated with a faith-based group. Female, holding an MSW.
Lead victim specialist for a non-profit organization. Female.
Sr. attorney for a legal services organization. Female.
Human trafficking victim services coordinator for a woman's organization. Female, with a master's degree in business administration.
Survivor care specialist for a center operated by an anti-human trafficking organization. Female, with a master's degree in psychology, global mental health and trauma.
Administrator of USDOJ funded human trafficking task force for a police department. Female, with a degree in international studies and master's thesis research on human trafficking.

Information Collection Methods

To obtain a sample of individuals to interview, the researcher contacted human trafficking services grantees (hereafter called service providers or organizations) receiving funds from either the Office for Victims of Crimes or Bureau of Justice Assistance by phone with a request to have a knowledgeable individual spend between 45 minutes and 1 hour in an interview about the assistance provided to trafficking survivors. Email and written correspondence served to follow up as needed to obtain an adequate sample size. The sample is a non-probability convenience sample.

The researcher made initial calls to organizations selected to ensure diversity in terms of geography, type of victim served, and type of service provided. Some organizations declined to take part in the research project and the researcher chose replacements as needed to provide an appropriate mix of respondents. The sample of 13 organizations was geographically diverse, coming from ten states located throughout the U. S. Organizations were selected from at least two different states in each of the Census Bureau Designated Regions (i.e., West, South, Northeast, and Midwest).

Ten of the organizations sampled provided comprehensive services for all victims of human trafficking. One organization provided specialized legal services to survivors and another provided service only to survivors of sex trafficking. One organization provided intensive case management and emergency shelter to adults, adolescents, and children, when accompanied by a parent.

For purposes of planning this research project, a sample size of 10 – 15 organizations was initially anticipated. This estimate was based on the literature review and on the understanding that obtaining larger sample sizes has sometimes presented a problem for human trafficking

researchers, as in Parker's 2013 study of management practices for facilities that house and provide services to victims of DMST and included interviews of only four individuals—the only individuals that both met the study's criteria and were willing to participate. The sample size of 13 interviews achieved for this qualitative study met the initial goal of interviewing between 10 and 15 individuals. More importantly, the interviews provided a sufficient variety of rich information about the use of trauma-informed and victim-centered practices to permit the researcher to draw meaningful conclusions. The researcher tallied and compared the interview responses throughout the sampling process and saturation was achieved, with the same topics and ideas being repeated, with no new concepts or themes.

A semi-structured interview guide developed by the researcher was useful to gather responses from an individual at each of the sampled service providers. The interview guide for representatives of service provider organizations is Appendix A. The basis of the interview guide is the model provided by Bronfenbrenner's ecological theory (1986) and Clawson et al. (2008) study of trauma treatment and mental health recovery for victims of human trafficking. The interview guide was developed specifically for this research project, although some questions used were from prior research. Questions addressed the characteristics of the service provider organization (e.g. mission, vision, philosophy, governance, funding sources, and primary challenges and achievements), the treatment model in use at the facility including whether the organization used trauma-informed and victim-centered approaches, and the individual's perception about the needs of those who have been trafficked, including unmet needs and barriers to provision of service. Questions were open-ended, exploratory, and requested the respondent to share personal interpretations of approaches to aftercare. The

researcher used follow-up questions as needed to obtain clarification or to elicit added details or context.

The semi-structured interview guide in Appendix A was the basis for the interview, but discussion was free-flowing and the majority of the individuals included in the study provided additional information that they believed was necessary to facilitate an understanding of their organization's work with survivors. The researcher asked clarifying questions as necessary to ensure that critical areas of inquiry were addressed.

Some areas of expected concern did not emerge from the interviews. For example, although the researcher had anticipated the interviews might include discussion of disagreements or other concerns with guidance or interactions between the organization and the Bureau of Justice Assistance or the Office for Victims of Crime, relatively few concerns were described by those interviewed.

Of the 13 interviews, 11 were by telephone and 2 were in person, given the geographic spread of the sample. The duration of phone interviews ranged from 35 minutes to 1 hour, 19 minutes with an average of 52 minutes. Each of the in-person interviews lasted for about an hour and a half. The researcher digitally recorded all but one of the interviews to ensure thoroughness and accuracy. Names and data identifying participants were not recorded. Respondents' name and contact information will be deleted three (3) years after approval of dissertation defense and submittal of final dissertation and the electronic recordings will be destroyed after completion of dissertation.

The researcher emailed the transcribed interviews to the participants for review, member checking, and to allow for any needed clarifications or edits. None of the individuals interviewed offered corrections, although several offered more information and documents to

enhance understanding of their answers. During the interviews, the researcher took handwritten notes as a way of recording the researcher's reactions and flagging topics for further exploration. As necessary, the researcher requested documentary evidence during the interview, to include items such as annual reports, training manuals, and curricula. Other documentary evidence was useful to provide context for the interviews and analysis.

For each organization included in the sample, the researcher did a review of the organization's website and incorporated relevant information into the research conclusions. While some organizations did not have a web presence with data relevant to this project, most had websites that included a wealth of information about program operations. For example, the web site of one sampled organization that provided comprehensive services for all victims of human trafficking, included a great deal of rich data, such as a link to a podcast about combatting sex trafficking in the state; information about a grant for outreach, health and legal services and case management for trafficking victims; and a series of annual financial statement audits that detailed the amount spent on anti-trafficking efforts (including a breakdown by categories such as salaries and outside services.) Some added documentary evidence was collected after the interview, typically when an item was mentioned in response to a question. For example, when an individual's answer referred to guidance received from the Office for Victims of Crime, the researcher requested a copy of that guidance.

Analysis

The researcher used an inductive thematic analysis method in to reach conclusions for this research project. The inductive approach did not rely on a structure developed as part of an existing theory. Instead, it began with the interview responses and applied a process of constant comparative analysis that allowed construction of a theory based on those responses. This

approach was appropriate for this research study, given the limited body of existing theory surrounding the subject.

After transcription of the interviews, thematic analysis techniques were used to identify patterns and themes. As described by Braun and Clarke (2006), the first step in conducting a thematic analysis was to become familiar with the data, through reading and re-reading it. For this research project, the first step consisted of a careful reading of each interview, as well as each piece of associated documentary evidence. This familiarization phase included an initial search for meanings and patterns. As noted by Guest, McQueen & Namey (2012) in *Applied Thematic Analysis*, the approach included a “pragmatic focus on whatever tools might be appropriate to get the job done in a transparent, efficient, and ethical manner” (p. 18).

Using the methodology described by Braun and Clarke (2006), the second phase of the analysis involved initial coding. To provide an initial structure for the analysis, the researcher developed a start list of potential codes and themes for this research project. The researcher augmented and rearranged the start list as dictated by the interview responses. Using the start list, the researcher identified each extract (typically a sentence or paragraph) with one or more of the initial codes. If new ideas or concepts were identified, the start list was modified as necessary to include those additional ideas. At the conclusion of this phase, the researcher applied one or more codes to each of the extracts.

The third phase of the analysis was the search for themes. This phase involved categorizing the various identified coded items into themes and sub-themes. Braun and Clarke (2006) suggested a number of possible ways to visually map this process, including writing each code on a separate piece of paper and creating theme-piles, mind-maps, and various types of

tables. For this project, the Framework Method as described by Gale, Heath, Cameron, Rashid & Redwood (2013) supported the search for themes.

After development of the initial framework to document potential themes and sub-themes, Braun and Clarke (2006) suggested reviewing and refining the themes. The researcher reread each of the collated extracts and assessed to determine whether it was appropriately included in the theme or sub-theme to which it has been assigned. If changes were necessary, extracts were recoded and the analysis revised. Once a review of the individual extracts occurred, the researcher made another assessment to determine whether the map of themes reflected meaning in relation to the overall body of information. The goal was an analysis that included internally homogeneous themes, that is, each extract included within a theme is similar in some meaningful way. An added aim is that the collection of themes be externally heterogeneous. That is, the differences between themes should be clear.

Once the researcher drafted the framework, the next step of the analysis was defining and naming the various themes and sub-themes. As described by Braun and Clarke (2006), this process required determining what story each individual theme tells, as well as the overall story told by the entire data set. With detection of the sub-themes, the researcher defined the hierarchical relationship between the sub-themes and themes.

The final stage of the analysis involved drafting a description of the analysis performed as well as the results and conclusions. This description explained fully the relationship between the various themes and included examples and extracts to illustrate key points. In some cases, the quotations were lightly edited for readability and to obscure the identity of the respondent. The final document provided a specific answer to each individual research question.

Information Management Plan

This research required and received Institutional Review Board review and approval (Appendix B). Each of the individuals interviewed signed an informed consent letter to document their agreement to participate and 12 of the 13 agreed to electronic recording of the interview. The researcher stored the information collected in a secure manner, with full protection for any personal privacy information. This included all physical materials, including written notes and completed informed consent letters stored in a locked desk drawer in the researcher's home office. No unusual information system capabilities were necessary for the project, beyond the typical software found on most personal computers. Respondents' name and contact information will be deleted three (3) years after approval of dissertation defense and submittal of final dissertation and the electronic recordings will be destroyed after completion of dissertation.

Trustworthiness

Lincoln and Guba (1985) asserted that an assessment of the worth of a research study requires an evaluation of its trustworthiness. In their framework, trustworthiness is a quality made up of four elements—credibility, dependability, confirmability, and transferability. The researcher conducted this research in a manner that sought to ensure its trustworthiness. The comparison between interview results and associated documentation served to increase the credibility and dependability of research conclusions; testimonial evidence corroborated by documentary evidence can be viewed as more credible and dependable than testimonial evidence taken alone. An audit trail of the information collected and its analysis enhanced confirmability of the results. The study's use of a non-probability sample of respondents limited the transferability of results.

Chapter IV

RESULTS

Each of the 13 service providers interviewed as part of this study described their organization's strong commitment to assisting survivors of human trafficking. An exceptionally wide range of services was being provided, ranging from the basic necessities of everyday life to advocacy, support, and legal assistance and, in many cases, assistance in resolving long-standing concerns such as severe mental health problems or issues of addiction. Organizations worked hard to implement trauma-informed and victim-centered approaches as they provided assistance to survivors. This chapter describes how the U.S. Department of Justice-funded service providers included as part of this study implemented the concepts of trauma-informed and victim-centered aftercare for survivors of human trafficking.

RQ1: How do providers of aftercare to victims of trafficking define and implement the concepts of “trauma-informed” and “victim-centered” care?

The providers of aftercare to victims of human trafficking typically asserted that the services offered were both trauma-informed and victim-centered. Each of the organizations included in the study reported offering care in ways that would generally be considered trauma informed. However, based on the interviews conducted as part of this study as well as added supporting materials reviewed, sampled organizations implemented and interpreted the concept of victim-centered care in a variety of different ways. In a few instances, organizational values and local conditions were used to explain policies and practices that were not fully victim centered.

Trauma-informed care. The review of scholarly literature included descriptions of the characteristics of trauma-informed care (and its closely related companion trauma-specific care)

instead of precise definitions that could clearly differentiate between actions that are trauma-informed and those that are not. Generally, trauma-informed care involves recognition of the symptoms of trauma and acknowledgement of the impact that trauma has had on the life of a trafficking victim, while trauma-specific care is viewed as a subset of trauma-informed care that involves direct efforts to support the victim in dealing with the impact of trauma due to trafficking. In describing the results of this study, the term trauma-informed is used to describe both the recognition of trauma as well as any concrete efforts to assist victims in dealing with trauma. Table 3 sets forth some of the common themes relating to trauma-informed practices that emerged through analysis of the service provider interviews.

Based on interviews with individuals responsible for providing care to human trafficking survivors, the concept of trauma-informed care was understood in a variety of different ways. Typically, respondents defined trauma-informed care in terms of how it affected the language to be used in dealing with the survivor, the pace of activities, the physical environment in terms of comfort and safety as perceived through the eyes of the survivor, and acknowledgement of the possibility of trauma bonding with the survivor's trafficker. Of the 13 individuals interviewed, 12 mentioned their organization's strong commitment to the use of trauma-informed practices, but 4 had difficulty in providing an explanation of how their organization determined whether a practice was trauma informed. Based on the key informant interviews conducted as part of this study, understanding and application of the concept trauma-informed is uneven and inconsistent.

Table 3 *Common Themes Related to Trauma-Informed Care Emerging from Interviews of Service Providers*

Common Themes Related to Trauma-Informed Care Emerging from Service Provider Interviews	
<ul style="list-style-type: none"> • Key Concepts 	<p>Physical and emotional safety.</p> <p>This concept included actions to ensure physical safety as well as efforts to enhance feelings of security and control for survivors of the trauma often associated with the experience of being trafficked.</p>
	<p>Survivor empowerment, voice, and choice.</p> <p>This concept emphasized the personal agency of survivors and included the importance of acknowledging the individual needs and preferences of survivors.</p>
<ul style="list-style-type: none"> • Evidence of Implementation 	<p>Use of an appropriate, non-judgmental, and empowering vocabulary, decisions about how to characterize clients (survivor vs. victim) and use of preferred pronouns.</p>
	<p>Adjusting the pace of activities to accommodate the needs of survivors, as in limiting the need for lengthy interviews and allowing for time for clients to process events and feelings.</p>
	<p>Modifying the physical environment by providing a safe, comfortable, and welcoming space for victim interviews and avoiding the use of interrogation rooms and other practices associated with coercive practices (e.g., restraints).</p>
<p>Note: While this table sets out the themes that appeared most frequently, none of individuals interviewed mentioned every theme or described each theme in exactly the same way.</p>	

The following list details the several ways that individuals described their understanding of trauma-informed care and explained how their organization implemented trauma-informed aftercare for survivors of human trafficking. As an initial response, those interviewed frequently offered an overall description of trauma, as applied to survivors; probing and additional questioning was sometimes necessary to elicit the respondent's understanding of the concept of trauma-informed care, as distinct from trauma. Based on interviews with service providers, examples of trauma-informed care include the following:

- Maintaining an awareness of client boundaries, e.g. refraining from hugging without permission;
- Ensuring that all staff working directly with survivors have an understanding of trauma;
- Ensuring a welcoming physical environment and considering the arrangement of offices and meeting rooms;
- Knowing that every client is different and that their needs change often;
- Allowing the client to set the pace, e.g. taking a lead from the client;
- Refraining from judging survivors;
- Helping clients know that they have rights;
- Ensuring that therapists understand human trafficking and its effects on survivors;
- Giving the victim choices and not dictating to them;
- Focusing on survivor self-determination;
- Being aware of trauma and noticing traumatic triggers;
- Speaking to the survivor in her own language;
- Giving the client as much control as possible;

- Helping clients recognize how trauma is affecting them—“a normal reaction to an abnormal situation;”
- Recognizing the impact of trauma on staff and having policies that are reflective of that knowledge; and
- Maintaining awareness of the possibility of a trauma bond.

The most often cited characteristic of a trauma-informed approach, as described by those interviewed, was the use of an appropriate vocabulary in discussing the trafficking and surrounding events. Those who provide aftercare were generally careful in their choice of words. As one of the individuals interviewed explained “in our meetings we’re just very aware of our language—what we say, how we say things, and then encourage our supporting partners to do the same as well.” A person who had been trafficked might be referred to as a survivor in discussions about plans for the future as a way of emphasizing the strengths that had allowed them to make it through a difficult and dangerous situation. However, in discussions with law enforcement, the same person might be described as a victim, emphasizing their role as a person against whom a crime had been committed. Another respondent explained the importance of using the client’s vocabulary as a way of acknowledging the trauma of trafficking.

We understand that the trafficker is the perpetrator and he’s a criminal, he’s the bad guy. But knowing that our victim may not view that person in the same way as our task force does . . . if they say . . . ‘boyfriend’ to refer to . . . their perpetrator, our advocates will repeat the same language . . . it would be unproductive . . . to say ‘No, that’s actually your trafficker.’ So, it’s us using the language that they used to validate their experience. It is understanding that . . . our advocates do assume that there is a history of violence and trauma in their life, prior to their trafficking.

According to 6 of the individuals interviewed, providing services in a trauma-informed way requires victim advocates to consider the pace of activities as a way of recognizing the trauma that victims have been through as well as demonstrating an understanding of the victim's point of view. The supervisor of a human trafficking task force explained how easy it is to "come off a little strong" because you are trying to get information from someone. However, a trauma-informed approach can result in a slower pace "Let's take a break; let's do this; how about we ask the question in a different way—things like that."

An attorney for a legal services provider expressed the same idea in different words and noted the value of moving at the client's pace.

Trying to give the client as much . . . control as possible and how to feel as comfortable as possible . . . If they seem to be getting agitated or seem to be shutting down, just being aware of that sort of pushing them beyond their limits.

Providing services in a trauma-informed manner often requires care providers to alter their approaches over time as a way of keeping pace with a survivor's changing needs.

Every client is different and their needs change on a weekly basis. So, when we come up with a treatment plan, we know we have to adjust it on a weekly basis when we meet with the client. Because as they stabilize, their needs change . . . with trauma-informed, we know that everything will change 'til they're more stable.

The physical environment can reflect a trauma-informed approach to providing services to trafficking survivors. Concurrent with its participation in a human trafficking task force, a major police department began to shift its perceptions from criminal-based to victim-based and described their increasing efforts to avoid re-traumatizing victims to the degree possible, while still obtaining enough information to allow for arrest and prosecution of victimizers. As part of

this initiative, the police no longer take the “girls” into a small room with table and chairs that allow for handcuffing the victim to a chair. Instead, victims are taken to a soft area room, with nice couches, pillows, and blankets—elements that help alleviate some of the initial anxiety and stress and signal that law enforcement is not viewing them as criminals and is not planning to arrest them. Some of the survivors are so tired that they end up sleeping in the soft area room. Others organizations that are involved with survivors use similar techniques and one of the service providers included in this review had established a drop-in center designed to be a safe, trauma-informed welcoming and non-judgmental space for women suffering from sex-trafficking and commercial sexual exploitation in a major urban area.

Although the use of trauma-informed practices was a grant requirement for each of the organizations included in the study, none of individuals interviewed provided a comprehensive description of trauma-informed care that touched on the full range of characteristics described in the scholarly literature. One of the individuals interviewed provided a description of the ways in which a trafficked person may have been traumatized, but was completely unable to describe how his organization demonstrated any trauma-informed practices or approaches in providing assistance to survivors. Nevertheless, he asserted that this organization did, indeed, provide trauma-informed care.

Of the 13 respondents, 8 touched on at least one or two aspects of trauma-informed care, as described in the literature, with the most frequently cited aspects involving the concepts of safety and of survivor empowerment, voice, and choice. Examples of the principle of safety cited by service providers included:

It’s just a matter of sitting with them and allaying a lot of their fears.

And if there's a trigger that reminds them of something from the trafficking situation, [the trigger] immediately goes into their brain and tells them that they should go into fight, flight, or freeze. So we see it as . . . retraining their brain about how to process stress so that the brain can rewire and not always go to fight, flight, or freeze, but they can do something else.

Another concept often cited by victim service providers was the idea of survivor empowerment, voice, and choice. Examples as cited by service providers included:

Not imposing certain ideas about trafficking [insisting] that they know the trafficker is the perpetrator and he's a criminal, he's the bad guy . . . it's us [the service provider] using the language that they used, to validate their experience.

Even if [survivors] do run they still have you in the back of their mind, and so when they are ready, they know who to come to [and know that the service provider] will not have that judgement and that they [the survivor] know a safe place and a safe person.

Trying to give the client as much . . . control as possible . . . not pushing them. [If] they don't want to litigate we're not pushing them to litigate.

The concepts of peer support and of mutual self-help as elements of a trauma-informed approach were often described in the literature but generally absent or only touched on peripherally in respondents' descriptions of their organizations' trauma-informed approaches. However, one individual reported that their organization utilized peer support when appropriate and extensively leveraged the experiences of survivors in their programs. As explained during the interview, "We're very diverse. Some of our staff—half, I think—are survivors, mostly survivors of sex trafficking, but others are survivors of sexual violence, domestic violence,

survivors of life.” As part of its programming, this particular organization makes use of a structured 14-week program that is designed and led by survivors.

Another concept that was generally absent in respondents’ descriptions of their organizations’ trauma-informed approaches was the importance of cultural, historical, and gender issues. While most of the individuals interviewed did not discuss these issues in answer to questions about trauma-informed approaches, issues of culture and diversity were sometimes addressed as part of responses to other questions. Several mentioned the importance of having a team that mirrored the languages and cultures of their clients and described staff ethnicities and languages spoken.

One service provider mentioned her organization’s efforts to become more inclusive in terms of sexual orientation, stating:

As we evolve, we’re finding that so many of the young adults who are in the LGBT community are in such dire need of assistance . . . we’re just initially doing all the meetings and getting all of our protocols together so that we can provide those services and gather the individuals, the volunteers and would be mentors, and who would be assisting these young adults who find themselves in such a crisis—[being trafficked] is such a hard place to be for anybody.

Victim-centered approaches. The Office for Victims of Crime describes victim-centered approaches as those practices and attitudes that “focus on the needs and concerns of a victim to ensure the compassionate delivery of services in a non-judgmental manner” (U.S. Department of Justice, n.d.). Grounded in the restorative justice movement (Hagan, 2012), victim-centered approaches are those that take the specific needs of the individual victim or survivor into account. The needs of the victim are typically to be privileged over the needs of the organization providing support or the entity prosecuting any crimes (Busch-Armendariz, et al., 2014; Haddadin & Klimova-Alexander, 2013). Victim-centered approaches lead to victim empowerment and a sense of personal agency (Klaassen, 2013). Table 4 sets forth some of the common themes relating to victim-centered approaches that emerged through analysis of the service provider interviews.

Each of the 13 individuals interviewed for this study explained their vision of victim-centered aftercare in varying ways. The characteristics of advocacy for the victim, avoidance of a one-size-fits-all approach to case management, and support for survivor-defined goals and objectives were among the different aspects considered to be important components of victim-centered care. While each of the individuals interviewed described deference to survivor wishes regarding participation in criminal prosecutions of their traffickers as an important part of how they understood the victim-centered approach, respondents reported significant variation in their level of commitment to this aspect of victim-centered care.

Table 4 *Common Themes Related to Victim-Centered Approaches Emerging from Interviews of Service Providers*

Common Themes Related to Victim-Centered Practices Emerging from Service Provider Interviews	
<ul style="list-style-type: none"> • Key Concepts 	<p>An individual who has been trafficked is a victim, not a criminal.</p> <p>Survivors should receive necessary assistance in moving through the judicial system, with full recognition of their status as a victim of crime.</p> <p>Every client is different and there is no “one-size-fits-all” approach for assisting and empowering survivors of trafficking.</p>
<ul style="list-style-type: none"> • Evidence of Implementation 	<p>Serving as an advocate for victims in their interactions with law enforcement and in their efforts to meet their personal goals, including health (mental and physical), education, and economic goals.</p> <p>Developing and implementing customized care plans to address the unique physical, mental, legal and cultural needs of survivors.</p>
<p>Note: While this table sets out the themes that appeared most frequently, none of individuals interviewed mentioned every theme or described each theme in exactly the same way.</p>	

The following listing offers examples of the many different ways in which individuals interviewed described their understanding of victim-centered care and explained how their organization implemented victim-centered aftercare.

- “Bargaining”—where law enforcement might choose to “look the other way” with regard to consequences for certain types of behavior, especially prostitution;
- Seeing clients “where they are at;”
- Refraining from telling a client what she needs to do, but letting her make that determination for herself;
- Empowering survivors to move on from the trafficking experience;

- Avoiding re-triggering by reducing the number of times a victim must repeat her story to law enforcement and others;
- Talking with clients about what prosecution “looks like;”
- Giving choices about whether a survivor will assist in prosecution;
- Emphasis on survivor safety and protection;
- Utilizing a strengths-based perspective;
- Maintaining an attitude of “what the victim wants comes first;”
- Advocacy for victims, especially with law enforcement;
- Helping survivors learn the tasks of daily living, e.g., how to ride a bus;
- Coming up with a plan based on client goals; and
- Approaching survivors as victims of crime, not as criminals.

The administrator of a well-established human trafficking task force provided an explanation of the victim-centered approach through three different lenses—a law enforcement lens, a prosecution lens, and a victim services lens.

As explained by the Task Force administrator, the *law enforcement lens* assists the police in seeing someone who has been trafficked as a victim rather than as a criminal and understanding “a lot of considerations . . . how to make sure that they [police] don’t traumatize the victim any more than they needed, but—at the same time—be able to get enough information to get the perpetrators.”

The administrator further explained that the *prosecution lens* includes practices that help survivors move through the criminal justice system.

To alleviate any fear and the complex array of emotions that they may have to testify against their traffickers, [advocates] may sit with them in court all day—sometimes all they need is someone to hold their hand throughout the process.

For foreign national survivors, the prosecution lens may also require connecting the survivor with an immigration attorney.

According to the administrator, the third type of lens – the *victim services lens* includes customized case management planning.

All the cases are so different . . . we don't have necessarily an official policy because it won't work. What works for one person absolutely [will] not work for another person. Almost everything is available to them and we can pay for almost everything.

Mentioning the importance of advocating for victims in some context came from almost every person interviewed as part of this study. Most often, care providers spoke about victim-centered advocacy for survivors as part of dealings with law enforcement and the criminal justice system.

They are scared . . . because they are trying to move on with their life and really don't want to have to bring up those past experiences . . . we're her advocate so we're not going to say you've got to go and talk to [law enforcement].

Advocacy efforts were often seen as including elements of problem solving, especially when clients were hesitant or frightened about confronting their traffickers. As one respondent explained, "Maybe she can testify but that can be in judge's chambers or . . . maybe she can write a letter or maybe it can be a video testimony."

Development of a customized care plan, based on some sort of a structured intake process, was described by almost all of the respondents as another important aspect of providing

victim-centered care. Initial questions were typically geared toward establishing whether the survivors had experienced the three elements of trafficking, with an eye toward determining whether they meet the parameters established for victim services programming. To avoid triggering clients, questions were usually general in nature and one respondent described the importance of keeping only minimal documentation of this stage to avoid the possibility that documented information might be subsequently subpoenaed as part of legal proceedings and, perhaps, used to the detriment of the client survivor.

While specifics varied from organization to organization, an individualized care plan was typically developed, and the service provider began engaging with the client to meet urgent needs. Immediate needs were usually identified as part of this initial intake, a process that was often described as totally client-driven. However, given that survivors were sometimes defendants in criminal cases and might be incarcerated, service providers noted that client goals might be dictated to some degree by the criminal justice system—as one provider explained, “sometimes the goals of the client and the goals of the criminal system are not congruent and then we are trying to find a way to balance all of that.”

Prosecuting traffickers while maintaining a victim-centered approach. The relationship between victims and the criminal justice system presented a challenge to implementing a victim-centered approach. Some survivors saw confronting their trafficker through legal processes as an important personal goal and, often, a key element to their recovery. Other survivors had not had positive experiences with law enforcement and did not wish to testify as victims or witnesses. Since clients were often subpoenaed and might be facing their own charges, it was not always possible for service providers and for law enforcement to privilege victim preferences over the needs of the criminal justice system.

Organizations participating in this study reacted in a range of different ways when clients chose not to cooperate with law enforcement. The website of one faith based organization included in the sample explained the organization's commitment to a victim-centered approach, but also warned that program participants would not receive case management services if they did not cooperate with law enforcement. The program's director affirmed that his organization was not really victim-centric in terms of the relationship between clients and the criminal justice system and stated his belief that "if you're conducting the act of prostitution, that's a criminal event."

Other organizations assertively supported clients' decisions about cooperation with law enforcement and described requesting and receiving trauma-exemptions from the Office for Victims of Crime that allowed funding for services even when clients were unable or unwilling to assist with prosecutions of traffickers. As one service provider explained, "we don't ever pressure clients to be involved in a prosecution or to testify."

The waiver process developed by the Office for Victims of Crime is a good example of a victim centered approach and several of the individuals interviewed described applying for and

receiving waivers on behalf of victims that did not feel that they could support law enforcement through testimony without risking re-traumatization. For example, one service provider described a young woman who had been trafficked by her own father. She was unwilling to testify against him and the service provider sought and received from the Office for Victims of Crime a waiver that allowed her to continue to receive needed services without the requirement of supporting law enforcement in the prosecution of her close relative.

Six of the service providers interviewed described using trauma-informed and victim-centered approaches to support survivors in difficult testimony against their traffickers. For example, one provider described a testimony packet that included a variety of sensory items such as hot candy and playdough. When a victim waiting to testify began to feel the trauma response of fight, flight or flee, the service provider would help her by using grounding exercises. For example, very hot or sour candy, with a level of spice that exceeded what the victim might normally choose, might be used to help the survivor by distracting from the flight, flight or flee response and bring her back to the present in a more mindful way. Alternatively, the service provider might ask the survivor to name three things she can see or two things she can touch, as a way of interrupting a panic attack or dissociative experience. Through the service provider's awareness of trauma, the victim could be more effective in meeting her own goals of seeking justice on her own behalf.

Prosecutors did not always act in ways that were victim-centered and did not always keep the needs of the victim in mind. An attorney in the office of a legal services provider described a situation with a local district attorney who likely considered her own approach to be victim-centered. For the first time within this particular geographic area, the district attorney had determined to seek restitution relating to a particular type of trafficking charge and attempted to

reclaim about \$60,000 that the state department of human services had expended to support the trafficking victim. However, the district attorney did not try to obtain any restitution on behalf of the victim herself. According to the legal services attorney, a true victim-centered approach might have led the district attorney to also consider restitution for the victim and not just on behalf of the state.

Prosecutors did not always communicate appropriately with victims about their roles in criminal proceedings, another example of not following a victim-centered approach. One of the service providers explained that, although the Victim Rights Act requires prosecutors to check-in with victims about possible plea agreements and apprise them of different developments in their cases, the required communication rarely occurred. The lapses in communication were happening at both the state and federal levels, a clear departure from legal requirements and from the victim-centered approach. In the view of the individual interviewed, proper communication was “not in the norm.”

The conflict between the needs of law enforcement and the interests of trafficking victims was one of the most problematic issues for providers of aftercare. Several of the individuals interviewed mentioned providing formal and informal training to law enforcement officers and to prosecutors and others within the criminal justice system on the impact of trauma and the need to interact with survivors in ways that are both trauma-informed and victim-centered. Participation in Human Trafficking Task Forces was another method through which law enforcement officials and social services providers could become more aware of the challenges each faced and learn more about the potential value of trauma-informed and victim-centered practices in assisting survivors of human trafficking.

Evaluating the effectiveness of aftercare services. Although the U.S. Department of Justice grant program permitted the use of up to 5% of the total victim services project budget to support a program evaluation, none of the individuals interviewed described any program evaluations or detailed performance monitoring to assess the effectiveness or impact of the grant program. The Office for Victims of Crime’s established performance measures were simplistic (e.g. number of trafficking victims served, number of services provided, etc.) and were unlikely to provide much insight into ways of improving victim services.

In response to questions about measuring the success of their programs, individuals described different perspectives. For example, a police department representative considered a measure of success to be the increased number of convictions coupled with longer sentences, a result from the increased awareness associated with the provision of victim services and the federal grant. A social services provider described success, in part, as occurring “. . . when somebody gets housed and somebody has a job and somebody is stable and somebody feels safe and somebody's in recovery and stays.” Another provider associated success with justice, stating in part, “For us, it's a success when these cases end up being prosecuted and the victims are able to get restitution or see that traffickers [are] held accountable for the crimes they have committed.” Hope for the future is another sign of success, as in “. . . seeing survivors be able to just imagine that change is possible and that there is hope that they can have a different future.”

RQ2: What victim needs are not being addressed through the current system through which aftercare is provided?

The individuals interviewed as part of this study described how their organizations met a wide range of victim needs by accessing a broad network of state and local government entities as well as various non-profits including church and faith-based organizations. Each of the

respondents described efforts to find resources to help survivors in meeting their goals and in overcoming the trauma of having been trafficked. Overall, service providing organizations appear to have exercised a great deal of ingenuity and effort in meeting the identified needs of survivors and most respondents described being able to find necessary resources or suitable alternatives for the majority of the individuals for whom they provided care. Based on the interviews and other data gathered as part of this study, service providing organizations were able to provide survivors of human trafficking with basic needs of living on a short-term basis.

Unmet needs were rarely unique to survivors of trafficking. Instead, the unmet needs of trafficking survivors closely mirrored the unmet needs of other poor people within their communities, which included the need for safe, affordable housing and for long-term medical care relating to severe substance abuse issues and to severe mental health issues. Trafficking survivors often have the same unmet needs as other poor people, plus additional complicating factors that result from the experience of being trafficked. That is, the unmet needs were not necessarily a direct result of the experience of being trafficked and may have been part of an environment that increased the risk of becoming a victim. Issues such as homelessness, drug addiction, and severe mental illness could be complicating factors to the already demanding situation in which trafficking victims may find themselves.

Housing. The most frequently cited area of concern, described by 12 of the 13 individuals interviewed, was the lack of safe, affordable housing available for trafficking survivors. The director of programming for an organization that assists women survivors of sex trafficking described as “heartbreaking” the situation in her organization where she sometimes has to tell “a woman at the door” that no housing is available:

There's no place, there's no place—not even a shelter. The biggest need that we have is what to do with the women who are coming from the shelter systems, coming from homelessness, coming from their pimps, coming from their traffickers, coming from their abusers. Where do we put them all?

For the service providers interviewed, the shelter issue relates to the availability of housing stock more than to the availability of funding. The Director of Programs at one organization explained the impact on survivors.

We can tell you all sorts of things and provide you all sorts of support, but if the only place that you have to lay your head at night is with your pimp or your trick or in a shelter . . . independence is going to take much longer if [you don't have] safe, stable housing.

This particular organization was reported as having a housing component, including permanent housing in the form of one- and two-bedroom apartments for clients and their families. However, since the organization also reports serving between 500 and 550 women a year and having housing for less than 70, there is a significant gap in the capacity to supply housing. More funding will not necessarily meet the needs of trafficking survivors for safe and stable shelter. The creation or identification of added affordable housing stock will be necessary as part of any longer-term solution.

Respondents were unanimous in their belief that safe and stable housing is critical if survivors of trafficking are to become self-sufficient and reintegrated with their own community. However, approaches that are sometimes effective with other populations may not always be workable for those who have experienced trafficking. An example of the differences is the need for emergency housing. Like victims of domestic violence, trafficking survivors often require

short-term shelter, but domestic violence shelters may not be right for a number of reasons. Respondents explained how the rules in domestic violence shelters can create barriers for trafficking survivors.

The different mentalities of domestic violence survivors and HT [human trafficking] survivors play a role in the housing [problem]. Some of our shelters have rules where you need to be up during the day and looking for a job, which is perfectly fine. Curfew is at 10 and then they want you to go to bed. With an HT survivor, they usually sleep during the day and then [they tend to stay] up all night . . . so if you put them in a [domestic violence] shelter, for the first couple of days they have a hard time with the rules. [They] are . . . [accustomed to] sleeping during the day. So, [complying with shelter rules requires] more of an adjustment.

Additionally, some of the available short-term housing options may offer reminders of the trafficking experience that re-traumatize survivors in ways that create issues for their healing.

When we have to use a last resort, like a Motel Six, if we can't find housing, [a problem occurs because] sometimes they were trafficked at a motel. Putting them in the motel when we can't find a bed would be the most challenging part [referring to the triggering effect of returning a location very similar to the one at which the survivor had been trafficked].

Notably, based on data provided by the U.S. Department of Justice, the majority of housing provided through U.S. Department of Justice trafficking grants is short-term shelter located in hotels and motels. Trafficking survivors experience added problems in obtaining long-term housing solutions. Even when enough money to pay a month's rent is available and potential housing stock is identified that could be used by survivors of human trafficking, the

difficulties that survivors have experienced may make it difficult or impossible for them to qualify for that housing. Identified barriers to housing include (a) low or non-existent incomes; (b) history of past evictions; (c) need for first and last month rent and for security deposits at the time of move-in; (d) unsafe location of the lower-cost housing options; (e) unwillingness of landlords to rent to people with a criminal history; (f) history of universal defaults; and (g) lack of an employment history.

Severe mental health illness or substance abuse issues that require hospitalization.

Nine of the respondents in this study explained that many of the survivors with whom they work are struggling with mental health issues, poverty, or addiction. Cause and effect relationships are not often clear. Risk factors existing prior to trafficking, such as mental illness, substance abuse, poverty or lack of opportunity, may have made certain individuals particularly vulnerable to trafficking. The experience of being trafficked may have resulted in trauma that created new damage or worsened existing mental illness or drug and alcohol use. Regardless of whether trafficking is a cause or an effect of trauma, fully meeting the needs of trafficking survivors in a victim-centered way would often require addressing issues of mental illness and substance abuse. Some individuals report that their organizations offer significant mental health help to survivors. Ongoing therapeutic help may be provided by employees on staff or through a cooperative arrangement with agencies experienced with counseling. Four of the individuals interviewed explained that their organization was not a treatment center for any sort of chemical dependence, and three reported the ability to refer survivors out to other facilities within the community as needed. One organization had local partners that could offer inpatient care for substance abuse; that organization received funding in ways that allowed it to pay for those sorts of mental health services. Two organizations offered relapse prevention groups to their clients.

While short-term, emergency mental health and substance abuse care was generally available, several individuals reported that funding and other considerations prevented their organization from being able to provide assistance in the event of severe mental illness, especially mental illness that required hospitalization or long-term counseling arrangements. Longer-term treatment for severe substance abuse was also often difficult or impossible to arrange. One of the service providers interviewed described difficulties in paying for replacement therapy drugs, to include suboxone and methadone, used for opiate dependent individuals. Notably, that entity was eventually able to access a fund administered by a local police department through their state Department of Health and Human Service and the police department is now paying for needed replacement therapy drugs.

Each of the individuals interviewed as part of this study spoke at length about the ways in which their organization met the immediate needs of their clients. However, when discussing the topics of unmet needs in the areas of longer-term housing, mental health, and substance abuse, they gave very few details about specific needs or priorities for the future. Efforts seemed focused on locating a partner on an ad hoc basis to provide needed services, but detailed information about specific needs and strategies for meeting those needs over the long term was generally lacking.

RQ3: What barriers prevent identified victims from receiving needed services and what gaps exist in coverage or availability of services?

Each of the respondents noted one or more barriers that prevented identified victims from receiving needed services. Some of the reported barriers related to the unique challenges resulting from the trauma of trafficking and others related to the availability of resources and funding. Providers of aftercare services were often able to provide needed services and help

when that assistance related to general type needs but reported being less able to address needs when those needs coincided with traumatic damage.

Many of the respondents described positive relationships between law enforcement agencies and providers of aftercare. However, several of those interviewed noted that law enforcement attitudes and approaches can create an insurmountable barrier between the survivor and needed services. Such barriers seemed less significant when providers of aftercare reported cooperating with local law enforcement in trafficking task forces or educational events about the impacts of trauma on trafficking survivors. However, respondents that had not been able to create such collaborative relationships often reported significant challenges in supplying victim-centered and trauma-informed care.

The director of a trafficking program from a state with no Office for Victims of Crime funded task force explained her concerns about collaborating with the local police.

The relationship with law enforcement is really challenging. I think that one of the hardest parts of the work is social services partnering with the criminal justice system. As a social worker, [I believe] the criminal justice system is not victim-centered and is not trauma-informed . . . The criminal justice system wants to help save people by arresting them, because they think it's safer. We strongly disagree with that. [Law enforcement] would strongly disagree with our approach, with how we are doing things. How do we team up?

In contrast, a similar social services-oriented organization that participates in a trafficking task force together with a local law enforcement agency reported a more positive and collaborative approach in which law enforcement officers, victim advocates, and employees of the District Attorney's office all participate together in training on using victim-centered

approaches. According to the supervisor of the human trafficking unit, when law enforcement contacts a trafficking survivor:

They go about it the right way. They are victim-centered with the questions and how they make the person feel safe . . . [The victim feels] that is really a police officer that cares about me. If something is not going right with the minors, the police will definitely advocate.

Of the individuals interviewed, 4 specifically addressed challenges with funding that could prevent identified victims from receiving certain types of services, including services that were particularly expensive or that required a longer-term commitment. As explained by the director of one service provider organization:

So, I think one huge gap is having the resources financially to be able to provide all the comprehensive services. Some of them are really intensive and some of them are pretty long-term, so even though there may be some degree of funding, it's not always necessarily in-depth for [what] a particular client needs. . . I think that time-limited services or services that are dependent on a report to law enforcement really, really prohibit people [from providing] the victim services that people need . . . because so many clients don't want to report for various reasons, and some clients need pretty extensive, expensive services which are beyond the abilities of our budget to handle. You want to provide everything that they need, and that's not always possible with the limited funding.

Two service providers described limitations that funding sometimes placed on the ability of their organization to relocate survivors and to provide housing in high-cost areas. Because one of the organizations served a high-cost, urban area that had drawn many people from other

states and locales in search of opportunities, survivors often required additional, more expensive assistance, especially with housing, and had little or no support system and only very limited or non-existent options of lodging with friends and family. Another organization described an inability to provide the type of housing for the length of time needed by a survivor.

They might want independent apartment living and maybe there's not enough funding for that at the time—or for as long as they want it. Some clients want assistance with rent for a year or two years and we might not have that.

The immigration status of a survivor can have a significant effect on the ability of an organization to help. Foreign nationals are sometimes eligible for specific types of aid that are linked to their immigration status. For example, while a limited amount of housing is sometimes available for foreign national victims of trafficking, there are no comparable federal programs (and little other funding) for housing domestic survivors of sex or labor trafficking. A respondent explained the complexities of various funding streams noting that “Some other funding is very siloed—only for foreign nationals. [It] also is very challenging when you have to piece meal the services through different funding streams.”

Service providers were adamant that they would do everything in their power to support clients, even in the face of limited or non-existent funding. Many of the informal networks that support victim services had arisen because of providers searching for a way to provide assistance that their organization either could not locate or could not afford. A faith-based service provider described the commitment to the survivor community in terms of a strong belief.

This is a moral imperative for this organization and so even when we didn't have other sources [the faith-based organization] would increase the amount of money they would put in. There is an ongoing commitment that has been here for the past six, seven years,

that we're going to keep this program running no matter what. Whether outside funds come or go, we're going to keep it going.

A victim specialist at another service provider organization described a time when all funding, including that from the local police department, from another non-profit, and from the U.S. Department of Justice was exhausted.

Once those funds . . . were diminished . . . since we had established a good working relationship with the law enforcement and social service providers in the community, I worked pro bono for two years. . . I figured that these individuals need more help. I knew the program. We wrote the protocols. We were the genesis of the anti-human trafficking movement here in [city].

An often-mentioned barrier to the receipt of effective aftercare was the reluctance or inability of individuals to see themselves as victims or survivors of trafficking. Several of the care providers interviewed noted that survivors are not necessarily identifying themselves as victims, either because they have been “brainwashed” by a controller, abuser, trafficker or pimp or because they may not see what they are doing as prostitution. Although care providers viewed it as a necessary step for healing, survivors often denied that their experience was trafficking.

As explained by the Director of Programs for a care provider:

[Survivors] are not identifying as victims [and] might say ‘Well, I chose to do this—I didn’t have to—I chose to.’ So we talk about recruitment, going back to whatever made them feel that it was a choice. That could be a variety of things—that could be prior sex abuse or molestation, rape, jumping from foster care to foster care home to foster care home. That could be drugs . . . so really kind of helping them to see [how their history interacted with] the impact of prostitution.

In some instances, the survivors' own actions created a barrier to the receipt of aftercare services. Organizations varied in the ways that they treated individuals who kept connections to a trafficking situation. Some required that the client give up all connections to the trafficking environment to receive services. In explaining why their organization might not be able to assist some people, one individual stated that certain survivors "were not willing to give up the life"—a precondition for receiving assistance from their organization. As described by another service provider:

The problem with . . . unthinkable acts is that they can be remunerative, and they [were] making a lot of money . . . and sometimes they get lured right back into the lifestyle, because that's all they know, and that's where they had money.

Other disqualifying factors mentioned by one or more of the organizations included recruiting others to take part in trafficking schemes and failure to follow rules, especially those established to protect the security of a shelter location. Continued drug use was also a basis for expulsion from some programs. However, not all the organizations held clients to strict standards and at least two provided services to clients who were known to be continuing active participation in commercial sex work.

Some victims were unable to receive certain types of services they wished to access because their values differed from those of the service provider for their area. For example, a faith-based service provider was the only provider receiving an Office for Victims of Crimes grant to supply services for survivors within a particular state. The director of that organization explained:

We work under the [major religious organization]. So, there are certain health-based things that we cannot provide related to family planning or abortion services. They

cannot get those through our agency. It's not to say they couldn't get them in the community because they exist in the community, but they wouldn't get them through our agency.

In contrast, a similarly situated service provider in another state with a program fully funded by the Office for Victims of Crimes explained that they had been able to fully support the reproductive choices of survivors, stating:

We can pretty much do any of that stuff . . . that's also working with OVC. Any of our restrictions would be through OVC, but OVC has been unbelievably flexible and wanting to help in any way that they can for the survivors that we've worked with.

Thus, with regard to reproductive choice, the faith-based beliefs of a service provider can present a barrier to victim services that would be otherwise available through Office for Victims of Crimes programs.

A survivor's location in a rural area could present a barrier to the receipt of services. Typically concentrated in urban and more populated areas, victim services can be more difficult to access in rural areas, resulting in gaps and barriers to services. The director of a faith-based organization described the challenge of providing services in a rural area. "We see much more intensive resources in urban areas and also it's very challenging to have the same service [in a rural area] . . . there's not always the same resources available on every community." In some instances, this organization relocated individuals from rural areas to more urban ones in order to obtain needed services. Rural and frontier locations may present an even greater barrier to services for victims of labor trafficking. Labor trafficking is often associated with agricultural work and victims in isolated areas may not know where to go for help. Additionally, since many of the rural labor traffickers are considered to be "high-status" landowners (i.e., ranchers or

farmers), members of the local community may be less willing to come forward or to provide assistance to these rural victims of labor trafficking.

Chapter Summary

The individuals interviewed a part of this research study explained their organizations' approaches to providing trauma-informed and victim-centered aftercare and generally asserted the importance of providing aftercare services consistent with these approaches. However, explanations were typically lacking in detail or any discussion of guiding principles or theoretical underpinnings for the way in which services were provided.

Organizations were often challenged to meet the needs of survivors with regard to housing and to medical services relating to severe mental health issues and substance abuse. Barriers to provision of services included tensions in the relationship between social service agencies and law enforcement, the tendency for some victims to deny that they had been victimized, and the existence of trauma-bonds linking a survivor to her trafficker. Some services were not provided in a victim-centered manner, as in instances where prosecutors failed to communicate with victims about the status of trafficker prosecutions and occasions when the religious beliefs of the service providing organization conflicted with the reproductive choices of survivors.

Chapter V:

CONCLUSIONS, INTERPRETATIONS AND RECOMMENDATIONS

Trauma-informed and victim-centered approaches are methods widely used in U.S. Department of Justice funded projects to improve outcomes for survivors and to address the wicked problem of rehabilitating and reintegrating individuals who have been trafficked. Relying on the experience and knowledge of victim assistance service providers, this project helps to fill an existing gap in the body of knowledge about how service providers understand and apply the concepts of trauma-informed and victim-centered care. Further, it shows survivor needs that are not addressed in the current system of care as well as barriers that prevent identified victims from receiving needed services. This study explored the idea of aftercare for survivors as a wicked problem and makes recommendations for future action and study consistent with its treatment as wicked problem.

Concepts not always well Understood by Those Charged with Implementation

Based on interviews with a diverse sample of U.S. Department of Justice-funded grantees as well as an extensive literature review, there is little or no common understanding of the concepts of trauma-informed and victim-centered approaches with respect to aftercare for survivors of human trafficking. Although all the individuals interviewed expressed a commitment to a trauma-informed approach and most asserted that their operations were also victim-centered, understanding of the two key concepts was limited at best and often omitted apparently important aspects. As noted in the literature, there are no generally accepted definitions for either term, with the result that organizations that provide aftercare funded by the U.S. Department of Justice are responsible for implementing such practices without clear guidance as to what those practices might actually entail.

Each of the individuals interviewed described a strong commitment to helping survivors in their return to health and reintegration to the community. Among the most often cited practices relating to trauma-informed care were those that related to physical and psychological safety and those relating to client choice and decision-making. Advocacy for their clients was important and each of the organizations included in the sample offered examples of helping survivors toward personal goals; several organizations supported clients in their pursuit of justice, to include assistance in testifying against their traffickers and providing evidence in other types of court proceedings.

Elements of a Trauma-Informed Approach

Although U.S. Department of Justice guidance mandates the use of trauma-informed approaches in providing aftercare to trafficking survivors, none of the individuals interviewed as part of this study provided a comprehensive explanation that incorporated a full description of trauma-informed practices or that included the most important elements generally attributed to the concept in scholarly literature. Instead, respondents viewed the concept of trauma-informed care as more of an aspirational goal than a theory or evidence-based approach to providing services. That is, trauma-informed was more of an ideal toward which their organization would strive rather than a set of concrete practices and approaches subject to evaluation and assessment. The organizations included as part of this study reported practices that demonstrated a good understanding of the aspects of trauma-informed care related to helping ensure the safety of survivors and as related to supporting survivor empowerment and the ability of victims to exercise personal choice and autonomy to the greatest degree possible.

Service provider descriptions of trauma-informed care were notable for important concepts that were missing. That is, qualities often attributed to trauma-informed care by the

scholarly literature were either not mentioned or were addressed in ways that seemed to be less than comprehensive or complete. For example, while several of the individuals interviewed spoke about the idea of trustworthiness as related to the idea of being reliable and truthful in interactions with survivors, no one interviewed spoke about the need for transparency in communication, another characteristics that has been identified as an important aspect of overall trustworthiness in various studies of trauma-informed approaches. Similarly, only one of the individuals interviewed mentioned the concept of collaboration and mutuality as important to a trauma-informed approach, even though this topic is widely cited as a hallmark of the trauma-informed approach in the literature and one of the three U.S. Department of Justice grant programs (Enhanced Collaborative Model) is based in collaboration and mutuality of effort. It is important to note that those interviewed may have valued transparency and collaboration, even if they did not specifically identify those qualities as important to providing a trauma-informed approach when answering the researcher's questions.

Some aspects that are generally considered to be important to implementing a trauma-informed approach were not mentioned at all in response to questions about the organizations' practices or viewpoints. For example, there was almost no discussion of the principles of peer support (i.e. trauma survivors) or of cultural, historical and gender issues. However, a few of the examples and anecdotes provided in other parts of the discussion demonstrated that these aspects of trauma-informed care might be considered important to the trajectory of a survivor's aftercare, even if they were not consciously considered as part of an organization's trauma-informed approach. Based on the interviews with individuals responsible for leading organizations that provide trauma-informed care to survivors of human trafficking, their organizational

understanding of trauma-informed approaches is incomplete at best and likely omits important elements of the concept.

Elements of a victim-centered approach.

Like the situation with the concept of trauma-informed care, there is no generally accepted definition detailing the precise components or principles of a victim-centered approach. The Office for Victims of Crime Human Trafficking Task Force e-Guide is brief and general, describing a victim-centered approach as “the systematic focus on the needs and concerns of a victim to ensure the compassionate and sensitive delivery of services in a nonjudgmental manner” (U. S. Office for Victims of Crime Training and Technical Assistance Center, 2014, para. 8). Each of the individuals interviewed as part of this study offered a description of victim-centered approaches that was relatively consistent with the U.S. Department of Justice’s definition and all but one of the individuals interviewed asserted that their organization strove to be victim or survivor-centered. However, few could provide any deep or detailed description about exactly what specific elements constitute a victim-centered approach to services for survivors of human trafficking. Nevertheless, the degree of understanding about victim-centered approaches seemed to be somewhat greater than the completeness of understanding about trauma-informed approaches, a difference that may stem from the fact that the concept of victim-centered is simpler than the concept of trauma-informed. Most of the service providers’ examples and descriptions offered during the interviews reflected a victim-centered approach with its focus on the needs and concerns of the victim.

Barriers, gaps, and unmet needs of trafficking survivors

Although organizations could generally meet most of the immediate needs of their clients, finding safe and affordable housing continued to challenge them and sometimes resulted

in stop-gap solutions and increased risk of re-traumatization. Other unmet needs were not unique to survivors but were also like those experienced by many poor people. Treatment for severe mental illness and for severe substance abuse was not always available and replacement therapy for drug dependency (e.g. suboxone and methadone) could be difficult to obtain. For clients receiving services in certain geographic areas served by specific faith-based organizations, reproductive health services were not always provided when requested by survivors.

Some gaps in coverage and access to assistance occurred due to a lack of funding. At its most extreme, one victim services specialist described a time when funding for her facility had been exhausted and she worked for two years *pro bono* based on her commitment to the clients she served and her belief in the importance of the work being done. A representative of a faith-based organization described the viewpoint that assisting survivors was a moral imperative and asserted that funding would be located to do whatever needed to be done, no matter what occurred.

Another often-mentioned barrier to the receipt of aftercare included the reluctance or inability of individuals to see themselves as victims or survivors of trafficking. Sometimes survivors' own actions created a barrier; the impact of the trauma bond and the tendency of some victims to return to their traffickers after a period of aftercare were mentioned by several individuals interviewed. While a few organizations required an individual to give up what they referred to as "the life" and refused service to those who continued in trafficking-related activities, at least two organizations included in the sample provided services to clients who continued active participation in commercial sex work. To the extent that victims were unable or unwilling to meet requirements of the service provider grantee responsible for their particular

geographic area, those requirements including the requirement to give up sex work or to refrain from the use of controlled substances could also be considered as a barrier.

Trauma-Informed and Victim-Centered Relationships while Pursuing Justice

Maintaining a focus on the needs and concerns of a trafficking survivor is usually reported to be straightforward for organizations providing basic needs like shelter, sustenance and general medical care. However, given the complex relationships between trafficking survivors and the criminal activities that comprise human trafficking, the connections between victims, traffickers, social service organizations, law enforcement and the court system can present a challenge in terms of implementing victim-centered practices. Based on interviews with U.S. Department of Justice grantees, the police departments and other law enforcement agencies that deal with human trafficking vary greatly in the degree to which they implement trauma-informed and victim-centered approaches in dealing with identified victims of human trafficking. The tension between the needs of law enforcement and the interests of trafficking victims was often one of the most problematic issues for providers of aftercare. Of the 13 individuals interviewed, 10 mentioned some sort of formal or informal training provided law enforcement officers and to others within the criminal justice system on the impact of trauma and the need to interact with survivors in ways that are both trauma-informed and victim-centered. Participation in Human Trafficking Task Forces was described as another method through which law enforcement officials and social services providers could become more aware of the challenges each faced and learn more about the potential value of trauma-informed and victim-centered practices in assisting survivors of human trafficking.

Aftercare as a Complex and Messy Issue

The U.S. Department of Justice's prescribed approach to caring for survivors of human trafficking appears to be straightforward and could be easily misunderstood if viewed only as a network of providers offering a menu of needed items and services. If a trafficked individual is homeless, grantees provide a few nights in a low-budget hotel. If someone has a broken tooth, then a grantee connects that person with a dentist. When a victim's trafficker is on trial, the victim tells her story and obtains justice. On its surface, the U.S. Department of Justice model appears simple. However, based on the interviews and other data collected as part of this study, caring for trafficking survivors is actually quite messy, uncertain, complicated and complex. Considering aftercare for survivors through the "wicked problem" lens can offer useful insights for the future.

Caring for Survivors of Human Trafficking as a Wicked Problem

The challenge of aftercare for survivors of human trafficking has all of the characteristics of a wicked problem in that there are different views of the problem, contradictory solutions, and an extensive network of connections between the issues of aftercare and other wicked problems, to include poverty and homelessness. The issue is characterized by value conflict and cultural constraints and any potential description of the wicked problem is inextricably bound the perceived solution. The complexity of the range of possible solutions increases the likelihood that root causes may not be addressed, despite the best efforts of those who seek to address the wicked problem.

A defining characteristic of a wicked problem is the need to act despite insufficient data. Existing research is scanty and does not really provide a strong basis for action in terms of providing aftercare to survivors. Nevertheless, trafficking victims clearly require help and

failing to provide assistance is not an acceptable approach. Describing the impact of insufficient data on a different wicked problem (the issue of interpersonal violence), Kazdin (2011) stated “the problem is that inaction has a high cost to victims and society and has to be weighed against alternatives” (p. 175). This observation is also true about inaction on issues relating to aftercare for victims of trafficking.

Differing viewpoints of the wicked problem. The resolution of the wicked problem of aftercare required different organizations potentially holding vastly different viewpoints to agree on a path forward. Various organizations, all wishing to assist a survivor, may reach diametrically opposed conclusions about the best way to care for victims of trafficking.

Law enforcement organizations may have tended to see the problem of providing aftercare to survivors of human trafficking as a matter of protecting the physical safety of a trafficked individual while simultaneously obtaining the evidence and testimony needed to support successful prosecution of a trafficker. Although obtaining a conviction in the absence of victim testimony is not impossible, trafficking survivors who are unable or unwilling to participate in prosecutions can create significant complications for the criminal justice process. Additionally, if a victim does not testify and a trafficker is either acquitted or not prosecuted, the trafficker may be able to continue his illegal activities unabated. Therefore, aftercare efforts that help to strengthen and stabilize trafficking survivors can be viewed as key elements of many criminal prosecutions.

In contrast to the law enforcement perspective, social service organizations typically viewed aftercare as way to supply support and healing to a victim who may have been traumatized by an abuser during the commission of a crime. Service providers noted that some actions that tended to support prosecution (e.g., telling and re-telling the story of victimization)

may also have tended to exacerbate the likelihood of further trauma and possible damage to the victim.

Other organization's established policies, including those created for the protection of individuals, can have the unintended effect of re-traumatization when applied to victims of trafficking. For example, some hospitals require confiscation of the clothing of individuals admitted for suicidal feelings. This is done to ensure that the patient does not have a concealed weapon or dangerous items in her possession. However, this otherwise reasonable policy can create problems and re-traumatize certain trafficking victims, especially those who may have been the victim of rape or sexual violence. The hospital's perspective of avoiding harm for a potentially suicidal patient may conflict with the victim advocate's perspective of avoiding re-traumatization of a trafficking survivor.

Although resolution of this paradox is not simple, this study described several instances in which the disparate organizations involved in U.S. Department of Justice-funded aftercare were able to effectively coordinate their views with positive results for survivors. Nevertheless, differing perspectives including those of law enforcement and of social service organizations, continued to present opportunities for misunderstandings and miscommunications during the difficult period after an individual has left a trafficking situation. Conflicts and challenges often occurred as part of attempts to balance the need for justice with advocacy for the individual who has been harmed.

Contradictory solutions to the wicked problem. Solving a wicked problem is rarely simple and proposed solutions may be conflicting. Some entities, typically law enforcement, suggest that trafficking survivors must be willing to testify against their traffickers to obtain justice, even if such testimony comes with a risk of re-traumatization. The TVPA seems to

support this approach and, to maintain eligibility for services provided pursuant to the grants included as part of this study, adult victims of human trafficking were generally required to cooperate with law enforcement as a condition of receiving services and minors were to be encouraged to cooperate⁴. One of the faith-based organizations included in the study specifically required survivors to help law enforcement as a condition of receiving services. In contrast, most of the other social service providers interviewed privileged the personal choice of a survivor and considered the decision of whether to testify against a trafficker to rest solely with the survivor. For the grants included in this study, if a waiver was requested by the service provider, the Office for Victims of Crime was allowed to consider exceptions for victims who might be negatively impacted by a requirement to assist law enforcement, notwithstanding the overall policy requiring survivor cooperation.

Multiple and complex connections between aftercare and other wicked problems.

The challenges of providing aftercare for trafficking survivors are intricately connected with the other risk factors for victimization and with the broader socio-economic issues of poverty and deprivation. For example, homelessness is often identified as a primary risk factor for human trafficking; a 2018 study conducted by Polaris reported that 64% of survivor respondents were homeless or had unstable housing at the time of their recruitment. The lack of safe and affordable housing is one of the most significant and persistent gaps in aftercare services. However, the issue of housing for survivors is also connected to many other issues, including issues of income stability, of safety, of family dynamics, of immigration status, of creditworthiness and of criminal background history. Interim solutions to homelessness may

⁴ This requirement has subsequently been eliminated. For Office for Victims of Crime grants issued in FY 2019 and beyond, survivor willingness to cooperate with law enforcement is not to be used as condition of access to services.

create a different sort of problem, as in the instance of temporary housing for a trafficking survivor in a motel. If an individual had been previously trafficked from a motel room, being housed in a similar location could easily re-traumatize the individual. Additionally, if secure housing is not located and the survivor returns to homelessness, the survivor may become vulnerable to her trafficker once again.

Value Conflicts and Cultural Constraints in Aftercare

Differences in core values can create conflict in the provision of aftercare and the services available to survivors can vary greatly depending on the values of the organization receiving U.S. Department of Justice grant funding for a particular geographic area. Some organizations required a survivor to give up all connections to the trafficking environment in order to receive services while at least two of the organizations included in the study provided services to clients even if they continued active participation in commercial sex work. Some faith-based organizations did not provide certain types of services that they viewed as inconsistent with their religious values (e.g. reproductive health services). This is in contrast to at least one service provider in another state with a program fully funded by the Office for Victims of Crime that reported obtaining reproductive health services as requested by trafficking survivors.

U.S. Department of Justice's Description of the Problem and the Perceived Solution.

In its solicitation of grantees for its victim services programming, the U.S. Department of Justice described the problem of aftercare in terms of the direct services that are necessary for survivor safety, security, and healing. At its simplest, the U.S. Department of Justice described a need for specific services and, thus, for this particular program, the perceived solution to the aftercare problem is the provision of those services. Since trafficking survivors are viewed as

victims of a crime, the services must be provided in a victim-centered way. Since trauma is a likely part of trafficking, service providers are required to use a trauma-informed approach.

To the extent that the wicked problem might have been defined differently (e.g. survivors as prostitutes instead of victims), then the perceived solutions might have been different (e.g. prosecution and jail time for commercial sex). The director of one of the organizations included in this study is an example of this viewpoint; he referred to survivors in his program as “prostitutes” and not as victims. Given that description of the problem, it is not surprising that this particular organization also asserted that their programming was not really victim-centered despite what appeared to be a very sincere commitment to assisting their clientele.

Multiple Stakeholders Creating Uncertainty about the Wicked Problems.

Victims, traffickers, customers, law enforcement officers, providers of aftercare and others had widely differing perspectives, resulting in value conflicts. In addition, many different organizations attempted to address the issue, including federal, state and local government agencies and a wide range of non-profit and faith-based organizations and professions. This diversity of views led to different statements of the problem. Nevertheless, service providers described making extensive use of formal and informal networks to obtain necessary resources for survivors. The various Human Trafficking Task Forces were often cited as a source of information and access to services and providers were apparently skilled at working through bureaucratic hurdles in order to assist their clients.

A Complex Range of Possible Solutions to the Wicked Problem

Because this wicked problem has a high cost to victims and to society, inaction is not an acceptable solution. Service providers are compelled to make an effort toward assisting survivors through aftercare, even though data about the most effective ways to implement

trauma-informed, victim-centered and other practices are incomplete or insufficient. For example, although appropriate and affordable shelter may not always be available to house victims of trafficking, the individuals interviewed described their efforts to find alternatives, even when those alternatives may not have been ideal or even acceptable. Temporary, cobbled-together fixes may be all that is available, with the result that root causes associated with poverty and the shortage of affordable housing stock are rarely addressed.

The complexities and uncertainties associated with the wicked problem of caring for survivors make it difficult to identify all the specific steps needed to improve the likelihood that identified victims of trafficking receive effective trauma-informed and victim-centered assistance. However, the results of interviews with service providers, the literature review, and researcher analysis suggest several approaches that warrant consideration for future action.

A coordinated strategic plan for victim services. The Federal Strategic Action Plan on Services for Victims of Human Trafficking developed for 2013-2017 has expired, with no publically available replacement plan to supply strategic guidance on the provision of aftercare for survivors. Based on the publically available data posted on federal websites, current federal efforts focus on the prevention of trafficking and on the prosecution of traffickers—both noble causes. However, the wicked problem of protection and caring for those who have already been harmed by human trafficking—the problem of aftercare—remains largely unaddressed.

Since the expiration of the Federal Strategic Action Plan on Services for Victims, it is almost impossible to obtain information about the strategic direction of federal aftercare programs. Given the wide range of organizations currently working together to implement aftercare for survivors, it is likely that, without some sort of planning process and strategic direction, government agencies will provide duplicative services in some arenas and leave gaps

in services for others. An updated strategic plan addressing how the Departments of Justice, Health and Human Services, Homeland Security, and Labor will provide the basic services and resources to which trafficking survivors are entitled as matter of human rights could be a useful tool and guide for future efforts.

Meaningful performance evaluations. Although grant program guidance allows a grantee to use up to 5% of grant funds to perform an evaluation of the effectiveness of grant programs, none of the organizations reviewed had been subject to a comprehensive evaluation offering an assessment of the effectiveness of programs. To the extent that the limited evaluation findings were shared as part of this project, issues addressed were primarily administrative in nature—how to best account for time spent on a particular type of assistance or how to best write-up case notes to facilitate future reference. Based on interviews and a detailed review of publically available data, it does not appear that the U.S. Department of Justice has published any evidence-based insight to whether its grantees are providing assistance in trauma-informed and victim-centered ways.

A few organizations have chosen to evaluate their own program effectiveness about human trafficking efforts. For example, Colorado’s Laboratory to Combat Human Trafficking conducted community-based research projects and issued a detailed report in 2013, with a follow-up report in 2019, including a listing of promising practices and actionable recommendations. This project assessed active programs and attempted to identify and address root causes related to human trafficking. Similar studies could do a great deal to enhance understanding of how service providers are actually serving survivors of human trafficking and whether the trauma-informed and victim-centered practices currently in use are effective in meeting U.S. Department of Justice objectives.

Strong connections between law enforcement and social services organizations.

Based on interviews conducted as part of this study, the law enforcement organizations involved in the fight against human trafficking are aware of trauma-informed and victim-centered approaches to addressing the needs of those who have been trafficked. Many of the social service providers interviewed described positive relationships with the police and related stories of how police officials may have gone the extra mile to understand the needs and concerns of trafficking victims. However, in other instances, the relationship between social services and law enforcement was described as strained and—in a few cases—individuals interviewed had relatively negative views of the way that police interacted with survivors.

For the organizations included in the review, participation in multi-disciplinary Human Trafficking Task Forces appeared to lead to far better relationships and enhanced understanding of the needs of both law enforcement and of organizations providing direct client aftercare services. Notably, the organization included in this review where the relationship with law enforcement was reported as being most problematic was also one where the social service agency had no routine interaction with local police and there were no formal or informal human trafficking task forces through which the organizations could share concerns and develop effective ways of working together.

Evidence-based research focused on survivors of human trafficking. While there is a great deal of literature on trauma-informed and victim-centered care in relation to parallel issues such as domestic violence and sexual assault, the unique characteristics of human trafficking result in the need for scholarly research specifically addressing the effectiveness of trauma-informed and victim-centered practices for aftercare of trafficking survivors. Identification and dissemination of best practices would be helpful to those looking to implement trauma-informed

and victim-centered practices. Evidence-based research could also help identify additional models (e.g., healing-centered engagement or other strengths-based approaches) that might be more effective than the current U.S. Department of Justice-mandated approaches or that might offer value when used as a supplement to existing practice.

Recommendations for Future Research

Interviews of victim service providers revealed little or no common understanding about the concepts of trauma-informed and victim-centered approaches to aftercare for survivors of human trafficking. Provider understanding of the two key concepts was limited at best and often omitted apparently important aspects of the required approaches. Consistent with observations noted in the Initial Framework for the now-expired 2013-2017 Federal Trafficking Plan, the lack of evidence-based research created a barrier to the provision of “effective, culturally appropriate, trauma-informed services that improve the short-and long-term health, safety, and well-being outcomes of victims” (President’s Interagency Task Force, 2013, p. 41). Further, the aftercare community’s continued reliance on research addressing parallel issues other than human trafficking, (e.g., interpersonal violence or child abuse), meant that providers lacked credible information about the effectiveness of practices and approaches as applied to the unique circumstances of survivors of human trafficking. Because the literature provides no generally accepted definitions specific to trafficking survivors, organizations providing aftercare funded by the U.S. Department of Justice are responsible for implementing victim-centered and trauma-informed practices without clear guidance as to what those practices might actually entail.

Further research is warranted to evaluate the effectiveness of trauma-informed and victim centered approaches to aftercare for victims of human trafficking and to identify relevant distinctions, if any, between individuals who have been trafficked and individuals from other

victimized populations. Evidence-based studies to assess the utility of practices such as the Sanctuary model, journal writing, and sensory strategies could provide important guidance to aftercare providers and allow for the use of those practices most likely to improve outcomes for victims. Assessments of other treatment approaches such as healing centered engagement could offer valuable insight to program administrators about possible alternative or supplemental approaches to trauma-informed and victim-centered practices.

Because the number of interviews conducted for this research study is relatively small, future studies using larger sample sizes combined with qualitative approaches could be useful in identifying additional or differing information about the topics covered. A similar study focused on interviews with individuals at the organizations that prosecute traffickers (e.g., state's attorney's offices) might offer insight about how prosecutors implement trauma-informed and victim-centered approaches and either confirm or refute the observations in this report, including the observation that prosecutors at both state and federal levels do not always implement victim-centered approaches by communicating with victims about possible plea agreements and other developments, as required by the Victim Rights Act.

Other research that should be considered includes studies providing evidence to support and develop consensus definitions of trauma-informed and victim-centered care, as applied to survivors of human trafficking. Program evaluations of the effectiveness of individual aftercare programs could help identify best practices and model programs. Research is also needed to assess how well survivors participate in the criminal justice process when they have been effectively stabilized and provided with aftercare as compared with survivors who have not received trauma-informed and victim-centered treatment. Such a study could provide persuasive support to law enforcement, prosecutors, and others about the value of victim aftercare programs.

Limitations of the Study

This study focused in the experiences and observations of 13 individuals at service providing organizations receiving U.S. Department of Justice funding to provide aftercare for survivors of human trafficking. Because the sample is a non-probability convenience sample, transferability of the results is limited. The responses provided by those interviewed may not be fully representative of the responses that might have been received if all of the service providers had been interviewed. An additional limitation of the study is the possibility that the researcher may have misunderstood or misinterpreted the meaning of interview responses, with a resulting negative impact on accuracy of the study's conclusions.

While the individuals interviewed were promised that their responses would remain anonymous, it is possible that some participants may not have felt comfortable in providing complete or unbiased information about potential issues or concerns.

Another limitation of the study is that none of the state's attorney's offices or district attorney's offices receiving U.S. Department of Justice victim services funding agreed to participate in the research project. As a result, to the extent that the perspectives of organizations prosecuting traffickers were different from those of other service providing organizations, those perspectives may not have been reflected in the study results.

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APPENDIX A:

Semi-Structured Interview Guide for Service Provider Organization

Semi-Structured Interview Guide for Service Provider Organization

I. Introduction

II. Description of people who use your organization's services

A. What types of people does your organization serve? How many are victims/survivors of trafficking?

(age, males, females, transgender, ethnicity, race, country of origin, level of education, length of time trafficked, languages spoken)

B. How are people connected with your organization?

(referrals from social services or law enforcement, voluntary vs. court mandated)

III. Description of your organization

A. What are the mission, vision, philosophy or other guiding principles of your organization?

B. Please describe the funding sources for your organization.

(private donors; grant money from federal agencies –OVC, BJA, ORR etc.; state or local government; private organizations, other)

C. How many and what type of employees work at your organization?

(leadership; administrative staff; support staff; clinicians—nurses, doctors, social workers, therapists, psychiatrists; educators; security; full-time vs. part-time; volunteer vs. paid)

IV. Needs of survivors

A. What does your organization view as the most important needs of trafficking victims?(immediate – safety , housing, food/clothing, translation, legal guardianship; short/long-term – housing, permanent placement, legal assistance, advocacy, translation, medical care, mental health counseling, substance abuse treatment, transportation, life

skills, education, financial assistance/management, job training/employment, child care, family reunification/repatriation)

B. How do you find out what an individual needs when your organization begins a relationship?

C. Have there been situations where victims had a need that your organization was unable to meet? What were the reasons that needs could not be met?

D. Are there categories of trafficking survivors that your organization is not able to assist, or not able to assist as completely as would be desired? Why is that?

E. Are there services that your organization is not willing to provide?

V. Treatment models and approaches

A. Service providers sometimes follow a particular philosophy or treatment model in providing assistance to survivors. What approaches are used in your organization?

(trauma-informed care, victim-centered care, strengths-based programming, positive youth development, feminine theory, social work model)

B. Trauma often goes along with human trafficking and some have suggested a trauma-informed, trauma-specific, or trauma-sensitive approach to assisting survivors. Would you consider the practices of your organization to be trauma-informed? Why or why not?

C. Please tell me about your organization's use of trauma-informed practices.

1. Can you give me some examples?

2. If your organization uses trauma-informed care, how do your employees learn about the practices? Do you have specific training, policies, guidance, OJT?

3. How would you define trauma-informed and trauma-sensitive practices? Would your colleagues share your view?

4. Whether or not your organization's programs are considered trauma-informed, what else should I know to have a full understanding of how your organization deals with the trauma experienced by victims of trafficking?

D. Sometimes, victims of trafficking are provided help so that they are better able to participate in prosecution of their trafficker. Others find it most important to focus on the needs and concerns of the victim to ensure the compassionate and sensitive delivery of services in a non-judgmental manner. This approach is sometimes referred to as a victim-centered approach. Would you consider the practices of your organization to be victim-centered? Why or why not?

E. Please tell me about your organization's use of victim-centered practices.

1. Can you give me some examples?

2. If your organization uses victim-centered practices, how do your employees learn about the practices? Do you have specific training, guidance, or OJT?

3. How would you define victim-centered practices? Would your colleagues share your view?

4. Whether or not your organization's programs are considered victim-centered, what else should I know to have a full understanding of how your organization deals with the needs and concerns of victims of trafficking?

VI. Other issues

A. I am interested in how the people you assist interact with law enforcement to assist prosecution of their traffickers. Can you tell me how that works? Do victims receive assistance if they do not cooperate with law enforcement?

B. Is your organization part of a task force, coalition or other group that collaborates to address trafficking issues? Please tell me about that.

C. How do you view the relationship between your organization and the federal agency that provides grant funds? Do they provide guidance? Do they just send money? Are there policies that should be changed, in your opinion?

VI. Outcomes

A. How does your organization define success?

B. How does your organization measure success?

(outcome measures – education, substance abuse, re-entry to victimization; rate of return; follow-up with survivors; survivors satisfaction; alumni involvement)

C. Has your organization undergone an internal or external evaluation?

1. What entities review or evaluate your organization?

2. What were the results of the review? May I have a copy?

3. What recommendations were made and how has your organization responded to them?

VII. Closing

Is there anything else that you would like to share about your program?

APPENDIX B:

Institutional Review Board (IRB) Approvals

Initial Approval



**Institutional Review Board (IRB)
for the Protection of Human Research Participants**

NEW PROTOCOL APPROVAL

PROTOCOL NUMBER: IRB-03251-2015 RESPONSIBLE RESEARCHER: Rebecca Batts
PROJECT TITLE: Using Trauma-Informed and Victim-Centered Approaches to Provide Assistance to Victims...
APPROVAL DATE: 9/29/2015 EXPIRATION DATE: 9/28/2016

LEVEL OF RISK: Minimal More than Minimal
TYPE OF REVIEW: Expedited Under Category I/II/III Convened (Full Board)

- CONSENT REQUIREMENTS:
- Adult Participants – Written informed consent with documentation (signature)
 - Adult Participants – Written informed consent with waiver of documentation (signature)
 - Adult Participants – Verbal informed consent
 - Adult Participants – Waiver of informed consent
 - Minor Participants – Written parent/guardian permission with documentation (signature)
 - Minor Participants – Written parent/guardian permission with waiver of documentation (signature)
 - Minor Participants – Verbal parent/guardian permission
 - Minor Participants – Waiver of parent/guardian permission
 - Minor Participants – Written assent with documentation (signature)
 - Minor Participants – Written assent with waiver of documentation (signature)
 - Minor Participants – Verbal assent
 - Minor Participants – Waiver of assent
 - Waiver of some elements of consent/permission/assent

APPROVAL: This research protocol is approved as presented. If applicable, your approved consent form(s), bearing the IRB approval stamp and protocol expiration date, will be mailed to you via campus mail or U.S. Postal Service unless you have made other arrangements with the IRB Administrator. Please use the stamped consent document(s) as your copy master(s). Once you duplicate the consent form(s), you may begin participant recruitment. **Please see Attachment 1 for additional important information for researchers.**

COMMENTS: NONE

Lorraine Schmetzing

9/30/15

Thank you for submitting an IRB application.

Lorraine Schmetzing, Ed.D., IRB Chair

Date

Please direct questions to irb@valdosta.edu or 229-259-5045.

Form Revised: 12.13.12

NEW PROTOCOL REVIEW REPORT

Attachment 1

ADDITIONAL INFORMATION FOR RESEARCHERS:

If your protocol received expedited approval, it was reviewed by a two-member team, or, in extraordinary circumstances, the Chair or the Vice-Chair of the IRB. Although the expeditors may approve protocols, they are required by federal regulation to report expedited approvals at the next IRB meeting. At that time, other IRB members may express any concerns and may occasionally request minor modifications to the protocol. In rare instances, the IRB may request that research activities involving participants be halted until such modifications are implemented. Should this situation arise, you will receive an explanatory communiqué from the IRB.

Protocol approvals are generally valid for one year. In rare instances, when a protocol is determined to place participants at more than minimal risk, the IRB may shorten the approval period so that protocols are reviewed more frequently, allowing the IRB to reassess the potential risks and benefits to participants. The expiration date of your protocol approval is noted on the approval form. You will be contacted no less than one month before this expiration date and will be asked to either submit a final report if the research is concluded or to apply for a continuation of approval. It is your responsibility to submit a continuation request in sufficient time for IRB review before the expiration date. If you do not secure a protocol approval extension prior to the expiration date, you must stop all activities involving participants (including interaction, intervention, data collection, and data analysis) until approval is reinstated.

Please be reminded that you are required to seek approval of the IRB before amending or altering the scope of the project or the research protocol or implementing changes in the approved consent process/forms. You are also required to report to the IRB, through the Office of Sponsored Programs & Research Administration, any unanticipated problems or adverse events which become apparent during the course or as a result of the research and the actions you have taken.

Please refer to the IRB website (<http://www.valdosta.edu/ospra/HumanResearchParticipants.shtml>) for additional information about Valdosta State University's human protection program and your responsibilities as a researcher.

Continuation of Approval
August 22, 2016-August 21, 2017



**Institutional Review Board (IRB)
for the Protection of Human Research Participants**

PROTOCOL MODIFICATION AND/OR CONTINUATION APPROVAL

PROTOCOL NUMBER: 03251-2015

INVESTIGATOR: Rebecca Batts

PROJECT TITLE: **Using Trauma-Informed and Victim-Centered Approaches to Provide Assistance to Victims of Human Trafficking**

CONTINUATION APPROVAL DATE: 08/22/2016

NEW EXPIRATION DATE: 08/21/2017

- TYPE OF REVIEW:**
- Continuation request of previously expedited protocol approval.
 - Expedited Review Category 8 - Review of a protocol previously approved through convened review where:
 - The research is permanently closed to enrollment of new participants, all participants have completed all research-related interventions, and the research remains active only for long-term follow-up of participants; or
 - No participants have been enrolled and no additional risks have been identified; or
 - The remaining research activities are limited to data analysis
 - Expedited Review Category 9 – Continuing review of research, not conducted under an investigational new drug application or investigational device exemption, where Expedited Categories 2 through 8 do not apply but the IRB has determined and documented at a convened meeting that the research involves no greater than minimal risk and no additional risks have been identified
 - Convened review

DETERMINATION:

Your continuation request has been **approved** for an additional **12 months through the expiration date noted above**. If you are continuing to recruit participants, please use updated consent document(s) bearing the new expiration date. Consent documents will be sent through email unless other arrangements have been made.

Please also remember the following:

1. You must receive IRB approval for any protocol modifications prior to implementing them;
2. You must report to the IRB Administrator any unanticipated problems or adverse events which become apparent during the course or as a result of the research and the actions you have taken; and
3. You may not conduct research activities involving participants or data about them (including interaction, intervention, data collection, and data analysis) beyond the expiration date noted above.

Elizabeth W. Olphie

Elizabeth Olphie, IRB Administrator

8/22/2016

Date

Thank you for submitting a continuation request.

Please direct questions to irb@valdosta.edu or 229-259-5045.

Revised: 06.08.2016

Continuation of Approval
August 21, 2017-August 2, 2018



**Institutional Review Board (IRB)
for the Protection of Human Research Participants**

PROTOCOL CONTINUATION APPROVAL

PROTOCOL NUMBER: 03251-2015

INVESTIGATOR: Ms. Rebecca Batts

PROJECT TITLE: *Using Trauma-informed and Victim-centered Approaches to Provide Assistance to Victims of Human Trafficking.*

CONTINUATION APPROVAL DATE: 08.21.2017

NEW EXPIRATION DATE: 08.20.2018

- TYPE OF REVIEW:**
- Continuation request of previously expedited protocol approval.
 - Expedited Review Category 8 - Review of a protocol previously approved through convened review where:
 - The research is permanently closed to enrollment of new participants, all participants have completed all research-related interventions, and the research remains active only for long-term follow-up of participants; or
 - No participants have been enrolled and no additional risks have been identified; or
 - The remaining research activities are limited to data analysis
 - Expedited Review Category 9 – Continuing review of research, not conducted under an investigational new drug application or investigational device exemption, where Expedited Categories 2 through 8 do not apply but the IRB has determined and documented at a convened meeting that the research involves no greater than minimal risk and no additional risks have been identified
 - Convened review

DETERMINATION:

Your continuation request has been **approved** for an additional **12 months through the expiration date noted above**. If you are continuing to recruit participants, please use updated consent document(s) bearing the new expiration date. Consent documents will be sent through email unless other arrangements have been made.

Please also remember the following:

1. You must receive IRB approval for any protocol modifications prior to implementing them;
2. You must report to the IRB Administrator any unanticipated problems or adverse events which become apparent during the course or as a result of the research and the actions you have taken; and
3. You may not conduct research activities involving participants or data about them (including interaction, intervention, data collection, and data analysis) beyond the expiration date noted above.

Elizabeth W. Olphie

5/31/202008.21.2017

continuation request. Elizabeth Olphie, IRB Administrator
irb@valdosta.edu or 229-259-5045.

Date

Thank you for submitting a
Please direct questions to

Revised: 06.08.2016

Continuation of Approval
July 31, 2018-July 30, 2019



**Institutional Review Board (IRB)
for the Protection of Human Research Participants**

PROTOCOL MODIFICATION AND/OR CONTINUATION APPROVAL

PROTOCOL NUMBER: 03251-2015

INVESTIGATOR: Rebecca Batts

PROJECT TITLE: *Using Trauma-Informed and Victim-Centered Approaches to Provide Assistance to Victims of Human Trafficking*

CONTINUATION APPROVAL DATE: 07.31.2018

NEW EXPIRATION DATE: 07.30.2019

- TYPE OF REVIEW:**
- Continuation request of previously expedited protocol approval.
 - Expedited Review Category 8 - Review of a protocol previously approved through convened review where:
 - The research is permanently closed to enrollment of new participants, all participants have completed all research-related interventions, and the research remains active only for long-term follow-up of participants; or
 - No participants have been enrolled and no additional risks have been identified; or
 - The remaining research activities are limited to data analysis
 - Expedited Review Category 9 – Continuing review of research, not conducted under an investigational new drug application or investigational device exemption, where Expedited Categories 2 through 8 do not apply but the IRB has determined and documented at a convened meeting that the research involves no greater than minimal risk and no additional risks have been identified
 - Convened review

DETERMINATION:

Your continuation request has been **approved** for an additional **12 months through the expiration date noted above**. If you are continuing to recruit participants, please use updated consent document(s) bearing the new expiration date. Consent documents will be sent through email unless other arrangements have been made.

Please also remember the following:

1. You must receive IRB approval for any protocol modifications prior to implementing them
2. You must report to the IRB Administrator any unanticipated problems or adverse events which become apparent during the course or as a result of the research and the actions you have taken; and
3. You may not conduct research activities involving participants or data about them (including interaction, intervention, data collection, and data analysis) beyond the expiration date noted above.

Elizabeth W. Olphie

5/20/2020

Elizabeth Olphie, IRB Administrator

Date

*Thank you for submitting a continuation request.
Please direct questions to irb@valdosta.edu or 229-259-5045.*

Revised: 05.08.2016

Continuation of Approval
July 30, 2019-July 30, 2020



**Institutional Review Board (IRB)
for the Protection of Human Research Participants**

PROTOCOL MODIFICATION AND/OR CONTINUATION APPROVAL

PROTOCOL NUMBER: 03251-2015

INVESTIGATOR: Rebecca Batts

PROJECT TITLE: *Using Trauma-Informed and Victim-Centered Approaches to Provide Assistance to Victims of Human Trafficking.*

CONTINUATION APPROVAL DATE: 07.30.2019

NEW EXPIRATION DATE: 07.30.2020

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Elizabeth W. Olfie

Elizabeth Olfie, IRB Administrator

5/20/2020

Date

Thank you for submitting a continuation request.

Please direct questions to irb@valdosta.edu or 229-259-5045.

Revised: 06.08.2016

