

CONSIDERATIONS AND RECOMMENDATIONS ON TRAUMA-INFORMED ADVOCACY FOR TRAFFICKING SURVIVORS

Asian Pacific Institute on Gender-Based Violence
Chic Dabby
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A. INTRODUCTION

A core value in the *Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States 2013-2017* is that services be survivor-centered to promote safety, healing, empowerment, and justice. The Strategic Action Plan recognizes that survivors play a key role in elevating our understanding and awareness of human trafficking and its impacts, improving service delivery, and informing public policy.

The Asian Pacific Institute on Gender-Based Violence has been providing technical assistance and training on sex and labor trafficking since 2002. This Technical Assistance Brief¹ focuses on issues

¹ Our first Technical Assistance Brief was published in 2008 and has since then been continually expanded upon and revised to address new trends and issues facing the field. This one includes trauma-informed advocacy and some considerations regarding domestic trafficking.

affecting victims/survivors of sex trafficking who may be adults or minors, foreign nationals or U.S. citizens, and/or trapped by international or domestic trafficking. This TA Brief presupposes some knowledge of the dynamics and structures of international and domestic trafficking of minors and adults. It aims to highlight survivor-centered considerations and practices for advocates addressing domestic violence, sexual assault, and trafficking – issues that the field continues to learn about because we have as our teachers the resilience, resistance, strengths, traumas, and powerful expertise of survivors.

B. DEFINITIONS

Trafficking is a nexus of actions, means and purposes. It is defined as the actions of recruitment, harboring, provision, receipt, transportation and/or obtaining of individuals by using means such as force or threats, coercion, fraud, and/or systems of indebtedness or debt bondage for the purposes of sexual exploitation, forced labor, organ removal, serving as a drug mule, involuntary servitude including servile marriage, or fraudulent adoption.

Domestic Minor Sex Trafficking (DMST) is defined as the commercial sexual abuse and exploitation of minors through buying, trading or selling their sexual services. A commercial sex act refers to anything of value – money, drugs, food, shelter, rent, higher status in a gang – exchanged for sex. Purposes include: street prostitution; escort services; internet-aided prostitution; performing in strip clubs, massage parlors, peep shows; and/or pornography where a minor is sold, rented, or provided something of value to perform sex acts on camera.

Commercial Sexual Exploitation of Children (CSEC) refers to a range of crimes including:

- Recruiting, enticing, harboring, transporting, providing, obtaining, and/or maintaining a minor for the purpose of sexual exploitation,
- Exploiting a minor through prostitution,
- Exploiting a minor through survival sex,
- Using a minor in pornography,
- Exploiting a minor through sex tourism, mail order bride trade, early marriage, and
- Exploiting a minor by having her/him perform in sexual venues.

Human smuggling involves transporting individuals for a fee, typically across borders and is distinct from trafficking (the crime in human smuggling is a border violation). There is no relationship between smuggler and smuggled, beyond transportation; and there is no implied or actual coercion. Individuals escaping war zones, such as European Jews fleeing the Nazis or Afghan families walking from Asia to Europe are examples of using human smugglers. However, the manner and circumstances of entry, including threats of serious harm or physical restraint do not preclude someone who has been smuggled from becoming a victim of trafficking.

C. ANALYSIS: ROOT CAUSES OF TRAFFICKING

Complex push-and-pull factors influence those who are trafficked. Push factors from sending countries can include poverty, economic collapse, gender violence, sociopolitical violence, natural

disasters, family abuse, servitude, forced recruitment of child soldiers in war zones, gang violence, violence from drug cartels, and/or persecution based on religious, political, or social identity. Pull factors in receiving countries include finding work, family reunification, educational opportunities for one's children, ability to pay off family or individual debts, remitting earnings, and/or safety from state actors and/or abusive family members. In the global South, these factors have often driven domestic trafficking and/or the labor and sexual exploitation often associated with the flight from rural poverty to urban centers.

Gender oppression is at the root of sex trafficking expressed in the normalization of violence against women, girls and LGBTQ individuals, the exploitation of female poverty and vulnerability, and the impunity of male demands for commodified sex. Political positions about sex trafficking are cause for heated controversy because they are connected to arguments for abolishing, decriminalizing or legalizing prostitution. We recommend that advocates engaged in anti-trafficking work be informed about these positions.²

Labor trafficking is driven by the demands for cheap, exploitable labor which have increased with globalization. Some analysts view trafficking as the only form of migration available to labor because all other options are restricted or closed. They advocate safe migration as the way to halt trafficking.

Finally, trafficking is a multi-billion dollar industry. Traffickers can be members of the victim's own immediate or extended family, community members, street gangs, cartels that also traffic in guns and drugs, independently owned businesses, and/or third-party labor contractors for agricultural, construction, restaurant, or janitorial work.

D. TRAUMA AND OPPRESSION

The contexts of survivors' lives can include oppression, violence, and conflict; and for many, the impacts of intergenerational trauma arising out of colonization, misogyny, racism, homophobia, and other historical forms of oppression. Complex trauma can also include PTSD, chronic (repetitive, prolonged) trauma, insidious (daily micro-aggressions) trauma, community-generated trauma, system-generated trauma, and/or secondary/vicarious trauma.

While some forms of interpersonal and sociocultural violence may be common to trafficking survivors, not all trafficked individuals are exposed to them. Furthermore, abuses and traumas differ based on the types and purposes of trafficking that survivors have been subjected to. Traumas arising from sexual abuse; repeated rapes by buyers; physical violence by traffickers, pimps, the 'bottom b-----'; or physical deprivation (being under-nourished, cold, disoriented, sleep-deprived) are extensive, and beyond the capacity of this TA Brief to describe in detail. A few examples of emotional complexities are provided here.

² See Amnesty International for a clarification on these positions <https://www.amnesty.org.uk/consultation-draft-policy#.Vb-xlJNVhBc>

- Individuals may come from abusive and oppressive environments and may have experienced gender-based violence over the lifecourse. It may make them angry, resigned, depressed, broken; but they may decide to tolerate the conditions they face, and yet feel strong in the knowledge that they can escape or overcome their victimization.
- Sexual violence and attendant trauma depends on the brutality of the initial rape, the age at which sexual violence started, who else in the family is/has been assaulted, the frequency of assaults/rapes by traffickers, and buyers, and if a trafficked individual is pimped out to individual buyers or to groups of men (e.g., in man camps or farm-worker camps).
- Survivors may have fled abuse, trauma and traumatic bonds with their families.
- Extreme fear for themselves, their children, and/or families in the home country can be the basis of many survivor behaviors. However, not all survivors are fearful and may even feel pressured to say they are in order to explain their compliance with their trafficker's demands.
- Women may have been forced into abortions, carrying a pregnancy to term, having a hysterectomy, or giving up a child for adoption – each causing different types of trauma.
- There may be substance use issues or addictions because traffickers coerce their victims to use drugs or drug them to do the work, or because victims use substances to numb their pain.
- Survivors may be fearful, not relieved, about returning home, because of the attendant shame, scorn and danger from their community and/or family.
- Labels like 'prostitute', 'sex worker', 'child prostitute' or 'sex slave' are stigmatizing terms that affect self-worth and future integration into the community.
- Survivors have complex relationships to their traffickers: they may alternately feel attached, loyal, dependent, excited by the money they earn, hostile, etc.
- Amongst a group of survivors, there is no automatic solidarity – in fact there can be competitiveness, differing degrees of loyalty to the traffickers, sexual jealousy about who is the trafficker's 'favorite' – exacerbated by class and regional differences.
- Victim-blaming is a common source of trauma and trafficked survivors can feel, or be made to feel, responsible for their own victimization, bringing down the trafficker, or causing harm to their own family.
- Negative experiences of help-seeking are traumatic and influence or can even inhibit future attempts to seek or accept help.
- The extent of pre- and post-trafficking traumatic factors such as rupture from parents, siblings and the familiarities of home, or being a victim of child abuse play a role in healing and the resolution of trauma.
- One source of trauma that often gets overlooked is the post-raid, post-arrest or post-intervention impact of lost earnings and/or unpaid debt. The loss of income is a source of trauma because the survivor now has an unpaid debt or quota, elevating danger for the survivor and/or her/his family. Therefore, identifying the impact of lost earnings is a trauma-informed step that can mitigate danger or disruption. For example, when a trafficked woman's earnings, used to buy medications for her chronically ill sister, were disrupted, the advocate's intervention was to locate the sister and engage in health advocacy for her. In international trafficking cases, local members of a trafficking ring can carry out credible threats against a vulnerable family member because of unpaid debt, so it is important to alert family members to potential danger.

E. TRAUMA-INFORMED ADVOCACY

Trauma-informed advocacy is distinct from trauma-specific therapeutic interventions. It includes:

- Having a basic knowledge of trauma and its impact,
- Understanding trauma triggers (victims' and one's own) to minimize re-traumatization,
- Providing information about trauma to victims,
- Helping survivors manage their feelings, feel in control of situations, and give input on program/services,
- Supporting emotional safety for victims and staff, and
- Serving as a bridge to community and system resources and referrals to meet the diverse needs of survivors, including trauma-specific interventions.

Philosophically, a trauma-informed lens means asking “What has happened to you?” and not “What’s wrong with you?” Because responding to trafficking survivors requires multi-disciplinary, cross-systems collaborations, applying the basics of trauma-informed care strengthens survivor-centered collaboration and intervention. However, for survivors with complex trauma, counseling, therapy and other trauma-related interventions are needed and advocates can help manage the transition to trauma-specific services in a trauma-informed way.

In the trafficking context, because victimization can be (a) pimp-controlled (b) family-controlled (c) intimate partner-controlled (d) gang-controlled and/or (e) crime syndicate-controlled,³ differentiating between the type of controller informs advocates’ understanding of the sources of trauma. For example, crime syndicate-controlled trafficking may pose greater physical dangers and threats to a victim and their family than intimate partner-controlled trafficking. Similarly, identifying the purposes of trafficking e.g., sex, labor, organ harvesting, etc., allows advocates to tailor trauma-informed care and identify the need for trauma-specific counseling/interventions.

F. ENDANGERMENT AND CONFIDENTIALITY

Survivors face different levels of endangerment depending on whether they are victims of international and domestic trafficking and who their controllers are. Advocates may also face danger, particularly those from culturally-specific agencies with close ties to their community. Continual changes in technology radically impact the capacity of legislation and law enforcement to limit exploitation; and the way traffickers find, move, and control victims and protect themselves from being identified or caught.

Considerations | Endangerment and Confidentiality

- Endangerment increases based on the complexity and extent of the case, the size of the debt owed, and the stage of the investigation.

³ Some survivors and advocates add trans-controlled trafficking to this list – referring to transwomen controllers of mostly gay, transgender, transitioning (and some straight) individuals.

- Endangerment levels depend on the traffickers: whether they are isolated individuals or part of a larger ring, if someone low or high on the hierarchy has been arrested, if they exercise their threats here or in the victim's home country, and if they are well-known in the local community.
- Confidentiality is crucial to safety in serving all survivors, but endangerment levels can be higher for trafficked individuals, particularly if they are high earners for the traffickers.
- If the trafficker's lawyers are representing the trafficker's victims, the whereabouts of jailed or released trafficked victims is known to the traffickers, posing increased dangers to victims.
- A victim protection program is not suitable for minors or survivors of international trafficking because it is premised on living independently: expecting participants to blend into a new place, operate a bank account, go to work, speak, read and understand English, etc.
- The issue of victims' names is complicated by the fact that foreign nationals are generally brought to the U.S. on false names so their documents reflect those names and other fraudulent data (e.g., date of birth). Hence, because the false and true names are only known the traffickers, using either can endanger victims.
- In DMST/CSEC, endangerment levels depend on who the trafficker/controller is: generally gang-controlled and crime syndicate-controlled trafficking can be more violent and threatening to minor survivors who are 'in the life' or trying to leave.
- Digital abuse and tracking is so ubiquitous it increases the exposure to danger for survivors and advocates; and can be used to gain confidential information.

Recommendations | Endangerment and Confidentiality

1. Assess each victim's level of endangerment to determine the safest location: What ability do survivors have to function in daily life, thus blend in, away from the attention of their community? And, how much of a threat is a survivor's own community? Is the danger greater if a group of survivors all stay together in the same location?
2. Assess levels of endangerment based on who the traffickers are and what resources and networks they have. Learn who might be looking for the survivors and where; who is implicated in the trafficking enterprise or in buying sex; and their status in the community.
3. Ensure that all individuals having contact with survivors understand safety and confidentiality issues, particularly interpreters.
4. Establish the names that will be used on all identity documents including Employment Authorization Document (EAD), leases, telephone and utilities, schools, etc., noting that both the true and false names are known to the traffickers and can be used to track down victims. Fraudulent names should not be used on newly issued documents.
5. Ensure that all parties involved know about confidentiality protections required under the Violence Against Women Act, state and local regulations that apply to adult and minor victims, and those applying to Runaway Homeless Youth programs.
6. Establish tech safety protocols for survivors and advocates that are realistic. Survivors should know the risks of (a) geo-tagging during the investigation, rehousing, and litigation phases; (b) contacting or being contacted by family, friends, other survivors who are still in the life, traffickers, 'johns'/buyers; and (c) maintaining a social media presence.

Trauma-Informed Advocacy & Collaboration | Endangerment and Confidentiality

1. *Help survivors manage feelings:* Trafficked women and girls develop attachments and trust towards their traffickers and may try to connect with them – explore the implications of this.
2. *Create emotional safety:* Keeping trafficked victims away from their ethnic community can protect them from being found, intimidated, blamed for exposing traffickers, and shamed. But, it can also provide connection, familiarity, and meaning.
3. *Support safety for all survivors & staff:* CBOs should review their agency's safety and confidentiality protocols to ensure the safety of staff and of other residents/clients; and to understand how these protocols might be impacted or harder to enforce because of multi-system collaborations.
4. *Support safety for all survivors & staff:* Have contingency safety plans and work with collaborative partners such as law enforcement to implement them.
5. *Support safety for all survivors & staff:* Inter-agency collaboration is critical to avoiding misunderstandings and breaks in confidentiality. Some agencies, such as refugee programs, may not typically deal with individuals facing dangerous situations in the U.S., so explicit safety planning is necessary.
6. *Support emotional safety for staff:* CBOs should work with staff to help manage trauma arising from any danger and threats to advocates and/or their family members.

G. POINTS OF CONTACT

(1) RAIDS

Considerations | Raids

Raids are generally conducted by law enforcement on businesses suspected of engaging in practices that may be in violation of laws and/or local ordinances or codes - including the use of trafficked individuals. Given that raids rely on the element of surprise and are often followed by swift actions the following considerations are relevant:

- Identifying victims may be difficult because: (a) Most are coached to lie and may not tell the truth, (b) Some are former victims who have become middle management and/or traffickers, or (c) Some have met all their trafficker's conditions and may have willingly returned to sex work, but not as victims.
- Raids are traumatic events for trafficked victims because they realize they may face potential jail time, be unable to work and pay off their debt or make their quota, lose their housing, and/or fear that their families could be threatened by traffickers.
- Problems can arise trying to house a large group of victims at short notice and/or inadvertently co-locating them with (unidentified) traffickers.

Recommendations | Raids

1. Law enforcement and advocates should establish protocols for coordinated responses before, during, and after a raid to meet victim needs and separate out traffickers.
2. Identify community-based-organizations (CBOs) with advocates trained to address the needs of potential victims – be they minors, or have Limited English Proficiency.

3. Arrange to have interpreters for police interviews and bilingual advocates for victim services.
4. Identify and train emergency and transitional housing providers on sheltering trafficked adults and minors.

Trauma-Informed Advocacy & Collaboration | Raids

1. *Provide emotional safety:* For example, make appropriate clothing available for women and girls (they will often be in scanty clothing) swept up in a raid.
2. *Understand the sources of trauma:* Unpaid debt, separation from pimp, danger.
3. *Identify trauma triggers:* Speaking to police, being in confined spaces, being transported to unknown destinations, negative experiences with and mistrust of law enforcement (especially for foreign nationals from countries with repressive, misogynistic police forces).
4. *Minimize re-traumatization:* Collaborate with advocates from culturally-specific CBOs whose community connections and language skills may help identify if traffickers are mingled in the group of victims.

G. POINTS OF CONTACT

(2) ARREST

Considerations | Arrest

- Trafficked individuals typically get arrested so it takes training, time and astute questioning for police officers to determine that they are victims, not criminals.
- There may be other victims in the community and public statements can have the effect of encouraging them to seek help or to flee.
- Arrest(s) will tip off traffickers who might try to remove remaining victims from the area, or threaten them anew if they go to the police.
- When law enforcement conducts sting operations (e.g., by placing fictitious ads) to prevent DMST/CSEC, their goal is to identify and arrest buyers ('johns'), but minors may be present, or may have cooperated.
- Minors may be mixed in with other adult victims, but will interact with different systems (which they may have been in before), such as child welfare, or Runaway Homeless Youth programs.

Recommendations | Arrest

1. Build relationships with law enforcement and provide training to ensure that arrested individuals are treated as victims, not criminals.
2. Assist in identifying victims; it may be necessary to advocate for them to be recognized as such by law enforcement, or other government agencies.
3. Trafficked victims should not be considered criminals based on the illegal nature of their work (e.g. selling sex) or on their undocumented immigration status.
4. Collaboration between law enforcement and advocates can help establish age-appropriate, culturally-sensitive questions and demeanor – especially when asking about sexual victimization.
5. Community-based advocates should be present, if possible, to provide resources to and support for victims.

6. For victims with limited English proficiency, questioning should be conducted by bilingual law enforcement officers or with the use of trained interpreters; bilingual advocates should not play this role.
7. If a service agency is going to encourage unidentified victims or witnesses to come forward, response strategies should be coordinated with the police department to ensure their safety and confidentiality.
8. Establish criteria by which to separate traffickers or their managers from victims.
9. Allow for discretionary referral to juvenile justice (rather than adult criminal justice system) for all minor sex and labor trafficking cases.

Trauma-Informed Advocacy & Collaboration | Arrest

1. *Help survivors regain a sense of control:* Provide nonjudgmental and accurate information using language that minor or foreign national victims can understand about procedures, the choices they have, the impact of their decisions on next steps, etc.
2. *Help manage feelings:* Offer respect and compassion to allay mistrust and fears and establish rapport in culturally-sensitive ways with adults and minors.
3. *Identify trauma triggers and sources:* For example, previous arrests, interrogations (instead of interviews), being abruptly cut off from earnings/future income, etc., to assess impact, including danger, to trafficked individuals and/or their family.
4. *Support emotional safety for survivors & staff:* Systems can collaborate with multilingual advocates in culturally-specific CBOs for their expertise to: (a) help identify interpreters not connected to traffickers, or for languages of lesser diffusion serve as an observer about interpretation inconsistencies; (b) provide culturally specific interview tips, e.g., learning survivors' real names can establish rapport because names on false documents or given by pimps can be trauma triggers; or (c) using age and culturally appropriate language when interviewing about sexual assault.

G. POINTS OF CONTACT

(3) CUSTODY AND RELEASE

Considerations | Custody and Release

- Once law enforcement and other agencies establish they are dealing with trafficking victims, not criminals, they may release them, but into whose 'custody' or care?

- Arrested adults can be held at an Immigration and Customs Enforcement (ICE)⁴ detention center or jail, and minors may be held in ICE juvenile detention, Juvenile Hall, foster home placement assigned by Child Protective Services, placed with relatives (if there are any), or inadvertently placed with fictitious relatives (traffickers posing as relatives). These agencies will all have different procedures for processing individual victims.
- This can be a dangerous period with increased threats to victims of being (a) moved quickly to another area so they are cut off from helpers (b) abandoned (c) passed on to another trafficker or pimp, and/or (d) coerced into silence.
- Unaccompanied US-citizen and foreign-national minors will have different procedures that apply to them.
- Traffickers may post bond for the release of victims in custody.
- In DMST/CSEC cases, system responses can involve child welfare, Runaway Homeless Youth (RHY) programs and shelters, juvenile justice, and agencies like National Center for Missing and Exploited Children.
- Domestic violence shelters/services operate on the principle of voluntary services, so they cannot force a survivor to stay and/or use their services.
- At this point of contact, some survivors may have become homeless or already were homeless; those living in their cars or couch-surfing may have lost access even to those minimal ‘resources’.

Recommendations | Custody and Release

1. Determine if trafficked victims are being held in custody and if so, where.
2. Find a safe space for victims to be transported to, released, and housed.
3. Stay in close contact with Child Protective Services if minors are released to them for placement in a foster home. If a minor lacks English proficiency, it is important that the foster care provider speaks the minor victim’s language – but exercise due caution to establish if the foster family might be connected to the traffickers, or if the family could be tracked down and possibly endangered.
4. Investigate thoroughly before a victim’s release to a relative or family member because they could be the traffickers posing as grandparents, parents, aunts/uncles of minors; or as the husband, brother/sister, etc., of adults. The victim may claim them as family members, international documents and even their names may ‘prove’ this, but this may be the ‘relationship’ they were trafficked in on.
5. Information about release and the new location must be kept confidential so the traffickers cannot find individuals they victimized.

⁴ Department of Homeland Security (DHS) handles immigration matters in the following departments: Customs and Border Protection (CBP) which secures and facilitates operations at U.S. ports of entry; Immigration and Customs Enforcement (ICE) which handles investigations and enforcement; and U.S. Citizenship and Immigration Services (USCIS) which processes immigrant visa and naturalization petitions and asylum and refugee applications, administers immigration services and benefits, adjudicates asylum claims and petitions for non-immigrant temporary workers, and grants LPR and citizenship status.

6. Flight risk must be discussed with law enforcement and ICE agents so they can evaluate risk, identify appropriate strategies, establish who is responsible for ensuring victims do not flee, and what the ramifications are if they do.
7. Tracking software on digital devices provided by traffickers must be disabled.

Trauma-Informed Advocacy & Collaboration | Custody and Release

1. *Understand trauma triggers:* For DMST/CSEC survivors, being released into RHY shelters may be trauma triggers because they may have been there before, or had negative help-seeking experiences, or even been recruited.
2. *Basic knowledge of trauma:* Inter-agency trauma-informed collaboration with youth-serving programs including juvenile justice, adult-serving programs, and LGBTQ-serving programs should be established in areas where there is a high volume of domestic minor trafficking.
3. *Minimize re-traumatization:* Housing programs and/or foster parents sheltering or serving minor victims should be trained about the traumatic impacts of DMST/CSEC on youth and sex and labor trafficking on adults so they can provide a trauma-informed environment.
4. *Provide information about trauma:* Survivors may experience a sense of loss when separated from other survivors or even from ‘managers’ who were complicit in their exploitation because of the group bonds that develop over time.
5. *Help survivors feel in control of a situation:* Survivors may seem to be making impulsive decisions, may decline or refuse services - asking only to be returned to their home town, or may be hostile. Help them process these emotions and issues.
6. *Help survivors manage feelings:* Depression and hopelessness may be heightened at this stage as survivors confront a sense of loss and deal with the impact of what has happened to them.

G. POINTS OF CONTACT

(4) LEGAL REPRESENTATION AND INVESTIGATION PROCESS

Considerations | Legal Representation & Investigation Process

- Victims will have to deal with multiple legal matters involving immigration law, criminal prosecution, access to benefits and services, juvenile law and/or civil litigation.
- Form G-285 needs to be filed immediately by lawyer known to the victim services agency because the trafficker’s lawyers will try to do so in order to represent the trafficker’s interests.
- Knowing where victims are held becomes crucial to a prompt filing of G-28.
- Victims can be eligible for immigration-related remedies including obtaining parole status or applying for a T-visa, U-visa, asylum, or Special Immigrant Juvenile Status (SIJS).
- Victims can be questioned by federal agencies such as the US Attorney’s Office, Immigration and Customs Enforcement (ICE), Federal Bureau of Investigation (FBI), Office of Refugee

⁵ Notice of Entry of Appearance as Attorney or Accredited Representative: filed to USCIS to indicate eligibility to act on behalf of an applicant, petitioner, or respondent in an immigration case <https://www.uscis.gov/g-28>

Resettlement (ORR), Federal Victim Witness, and others; agencies that domestic violence and sexual assault programs do not typically have experience dealing with.

- Determine if minor witnesses need a Guardian Ad Litem (GAL).
- Consider that a prosecutor may decide against using a trafficked victim's testimony because s/he is not considered a reliable witness, there may be factual discrepancies, or because the testimony is inconsistent with that of other witnesses.
- Question all claimed familial relationships: In international trafficking, these claims are common ruses to bring individuals into the country. In DMST/CSEC, survivors may refer to and/or regard their pimp as 'Daddy' or their boyfriend.
- Legal interpreters and translators will be needed throughout all processes for LEP survivors.

Recommendations | Legal Representation & Investigation Process

1. Coordinated case management is crucial given the involvement of myriad attorneys and social service providers. All victim advocates of *all* the trafficked individuals in a group need to plan and assist with case management and coordination.
2. In coordination with the case's attorneys, explain to the witnesses the process of questioning and testifying, who the players are, which offices they represent, what their roles are in the investigation and prosecution of the case, who can and cannot be present with the victim, who sits where in the courtroom.
3. Determine who has responsibilities for producing victim(s) for questioning or testifying, providing and paying for interpreters, ensuring that attorneys are present during questioning, deciding where they will be interviewed and how they will be transported.
4. Provide support for particularly grueling days of questioning, but do not inquire what was discussed – if an advocate becomes privy to information not protected by attorney-client privilege, s/he could be called as a witness.
5. Obtain certified interpreters for all processes: each party needs their own. Ensure that the court/legal counsel will provide proceedings and parties' interpreters (bi-lingual advocates should not provide legal interpretation).
6. Supporting and preparing victims of trafficking to participate in the legal process can strengthen the criminal case against their abusers, making survivors feel empowered that their voices have been heard and justice has been served.

Trauma-Informed Advocacy & Collaboration | Legal Representation & Investigation Process

1. *Understand basics of trauma:* Systems and procedures will be frightening, making victims seem 'uncooperative.' Victims may not be cooperative for multiple reasons – their immediate goal may not necessarily be to see the perpetrator prosecuted, but rather to obtain protections and services; and because they fear retribution from their trafficker.
2. *Provide information about trauma* to survivors that can be caused by recounting stories and details repeatedly; facing traffickers' lawyers; feeling humiliated by information in medical, mental, health, other service systems' files.
3. *Provide information on trauma triggers:* Explain how being challenged on inconsistencies during investigation can trigger memories of trafficker and/or feeling stupid or worthless.
4. *Minimize re-traumatization* by preparing survivors and discussing coping strategies.

5. *Help survivors manage their feelings:* Hearing or giving evidence in court or in a deposition can be traumatic, particularly if survivors feel they are betraying someone or another witness is betraying/implicating them.

G. POINT OF CONTACTS

(5) DOMESTIC VIOLENCE PROGRAMS AND/OR SHELTERS

Considerations | Domestic Violence Shelters

- Services for trafficked women and girls typically involve several agencies; a combination of system-based and community-based advocates in culturally-specific and traditional domestic violence programs. This is especially so if victims need to be separated from each other for investigation phase.
- Detailed case information may be, and may remain, unknown to the shelter staff and to other advocates.
- Even in culturally- and linguistically-specific shelters, foreign national victims recruited from remote regions, can experience a sense of cultural isolation.
- Trafficked residents who are material witnesses in trials or investigations are not able to fully participate in shelter programs and services because heightened danger and/or the nature of the investigation preclude leaving the shelter for program activities (for teens and children that may mean not attending school).
- Trafficked victims instructed by attorneys not to discuss their case with others, find that their non-disclosure sets them in a difficult position with other residents. This and other exceptions can generate tense dynamics between residents.
- Similarly, these differences can generate staff conflicts.

Recommendations | Domestic Violence Shelters

1. A clearly designated case manager should be assigned by the lead agency for systematic coordination and communication within the team of advocates and agencies, client's lawyers, and governmental agencies. (Sometimes there is clearly a "lead" agency, but as a case becomes more complex, this role can become unrealistic.)
2. Decide how to handle the fact that other collaborative partners might need to know the agency/shelter's location - particularly interpreters, bi-lingual advocates and government agents involved in the investigation or in the transportation of residents.
3. Determine which services and program activities can be provided. For example, getting proper identification documents; haircuts and clothes that make survivors less identifiable by their traffickers; basic daily life skills training (which may differ for international and domestic victims); ESL/English as a Second Language learning; and/or individual counseling for trauma.
4. Develop procedures for handling exceptions to shelter rules such as length of stay, making international phone calls to families in the home country, housing minors without a related adult, and giving consent for a minor's medical care.
5. Establish a safety and legal response protocol if traffickers locate the shelter, threaten victims and other residents, and/or serve subpoenas.

Trauma-Informed Advocacy & Collaboration | Domestic Violence Shelters

1. *Minimize re-traumatization triggers* due to being in an environment with other survivors; i.e., where movements are curtailed and (shelter) rules are enforced.
2. *Build emotional safety*: Victims will feel isolated in domestic violence shelters, may not identify with domestic violence survivors and feel judged by them, or mistrust other trafficked women housed with them.
3. *Understand trauma* caused when boundaries between victim and perpetrator are blurred e.g., trafficked youth may be forced, or even consent, to use violence to recruit other shelter residents for their pimp.
4. *Assist survivors to identify and understand types of trauma* that can be affecting them, their trauma triggers, and strategies they have used for coping with trauma.
5. *Support emotional safety*: For DMST survivors (who are not victims of family-controlled trafficking), educate family members about sexual exploitation so they can be supportive instead of victim-blaming.
6. *Help survivors feel in control*: Life skills learning opportunities, such as cooking, managing a job and workplace expectations, making decisions, etc., can reduce the trauma of functioning in new, unfamiliar environments and even be healing.

G. POINTS OF CONTACT

(6) HEALTH AND MENTAL HEALTH SYSTEMS

Health and Mental Health Problems

Labor and sex trafficking survivors may suffer from some of the following acute/chronic untreated symptoms or health problems: (a) Hunger, dehydration, malnutrition, food insecurity; (b) Exhaustion from working long hours; (c) Sleep deprivation from living on the streets or constantly being transported; (d) Homelessness; (e) Rape and/or child sexual assault by buyers, pimps and traffickers; (f) Gynecological problems; (g) Dental problems; (h) Depression, anxiety, isolation, suicidal ideation, cutting; (i) Exaggerated startle response; (j) Substance use; (k) Burns and infections resulting from branding irons used by pimps to ‘tattoo’; (l) Urinary Tract Infections (UTI) due to sexual abuse or lack of toilets for agricultural/industrial workers; (m) Skin rashes from pesticide exposure; (n) Diseases uncommon in the U.S. e.g., Multi Drug Resistant (MDR) or extra pulmonary tuberculosis; (o) Damage caused by organ removal performed in unhygienic conditions or with little or no post-operative care; (p) Drug poisoning, rectal injuries (for drug mule victims); and (q) Injuries – multiple, repeated, from attacks by buyers, pimps and/or others in pimp’s ‘stable’, employers, gang members. Other mental health issues are described in Section C: *Trauma and Oppression*.

Furthermore, health and mental health providers, untrained in screening for trafficking, may misdiagnose presenting problems. For example: (a) Malnutrition may be diagnosed as an eating disorder, instead of food insecurity; (b) Drug poisoning may be diagnosed as substance abuse, when in fact it results from being used as a drug mule; (c) Multiple pregnancies, multiple abortions, HIV/AIDS, STIs and STDs may be diagnosed as ignorance of safe sex or high risk behavior rather than reproductive coercion and sexual assault; (d) Repeated Depo Provera use may be seen as a

convenience/choice to avoid having a monthly period, rather than considering if the patient is a prostituted teen/young adult coerced to avoid periods in order to keep earning for a pimp; or (e) Untreated work injuries or diseases rarely seen in U.S. may be seen as patient negligence or lack of access because of being uninsured, when in fact being controlled by traffickers is a barrier to accessing healthcare.

Considerations | Health and Mental Health Systems

- Medical information and patient's rights are complicated in any language and may not be well understood by adult or minor victims.
- Medical or psychological tests and evaluations may be ordered by a federal prosecutor's office and other governmental investigating agencies to establish sexual abuse, psychological harm, and/or pregnancy. Do reports and results belong to the medical patient or to the government agency that required them? What about the medical records of a victim who is a minor, particularly an unaccompanied minor?
- The confidentiality of reports raises several questions. How will the confidentiality of medical and psychological records and results obtained for the investigation be protected? Will the traffickers' lawyers have access to them? How and when will the medical patient's consent be sought to release any part of the records? What about particularly sensitive information such as a person's HIV status?
- Consenting to treatment is another thorny area. Are traumatized adults, unfamiliar with the language and practices in the U.S., able to give informed consent and sign releases of information? If they withhold consent, can examinations still be required?
- Are treatment decisions confidential? Furthermore, if a victim of sex trafficking is pregnant, what are the implications of her decision to either continue or terminate pregnancy?
- Who signs medical consent forms for minors who are unaccompanied, victimized by immediate family members, runaways, or otherwise lacking a guardian? Who makes treatment decisions for minors?

Recommendations | Health and Mental Health Systems

1. For victims with limited English proficiency, health and mental health service providers must have interpreters trained in medical interpretation present for all medical, counseling, and administrative procedures (such as filling out forms). Bilingual advocates should not offer to provide interpretation for medical or mental health services.
2. Ensure survivors get accurate information that is conveyed clearly and understood by them about medical/mental health procedures, tests, treatments, and the limits to confidentiality.
3. Establish who will accompany individuals, especially minors, to medical appointments; what their roles will be; and what the limits to their responsibilities will be. This is particularly important as advocates from culturally-specific domestic violence programs often provide medical accompaniment to adult survivors.
4. Establish how the costs of medical services, counseling, certified interpreters at counseling sessions, etc., will be covered for victims and/or their minor children.
5. Clarify whether medical/counseling reports will be used in legal proceedings and therefore be made available to opposing counsel.

6. Assess the impact of future barriers that may arise if immigrant victims become a public charge (i.e., use public benefits provided by the government).
7. Identify gender-sensitive, trauma-informed substance use programs; provide training to their staff on dynamics of trafficking.

Trauma-Informed Advocacy & Collaboration | Health and Mental Health Systems

1. Health and mental health professionals should be trained in identifying, interviewing, examining, and treating trafficked patients and utilizing a trauma-informed approach.
2. Advocates can apply trauma-informed approaches to facilitate survivors' use of trauma-specific therapies and interventions, without fear of stigmatization.
3. Identify and utilize doctors/counselors who work with victims of torture or war, specialize in Post Traumatic Stress Disorder (PTSD), are experienced in working with interpreters present, and willing, if required, to testify as expert witnesses.
4. By understanding cultural prohibitions about disclosing sexual violence, advocates and providers can help survivors cope with shame.
5. Normalize traumatic reactions to victimization. For example, explaining that 'freeze' is more common than 'fight or flight' helps survivors understand the context of their reactions and/or their help-seeking behaviors and to be able to explain or describe their situation to others.
6. In terms of building/maintaining rapport, knowing the language and vocabulary of 'being in the life' can inform advocates' about the survival strategies trafficked individuals use and potential trauma-triggers (e.g., terms like 'rescue and restore').
8. Understand and provide for a survivor's priorities for medical treatment: e.g., removal of inked tattoos or 'tattoos' done by burning skin with a branding iron, because these are daily traumatic reminders of a pimp's control over a victim's body.
7. Be mindful of stereotyping survivors – many do not identify with disempowering images of being in chains, or cowering in a corner.
8. Understanding the push and pull factors that influence survivors is trauma-informed care: e.g., the effects of poverty and its impact on the decisions survivors make cannot be minimized, or used to blame them, or question why they stay in a situation.

For Training, Technical Assistance & Resources from the Asian Pacific Institute on Gender-Based Violence:

Visit www.api-gbv.org or [Webpage on Trafficking](#)

Contact info@api-gbv.org



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