Trauma-Informed Practice in the Field:

Recommendations for Human Trafficking Service Providers

October 2021

Kaitie Chakoian, Resham Sethi, and Jessica Santos

Table of Contents

USCRI: The U.S. Committee for Refugees and Immigrants (USCRI), founded in 1911, is a nongovernmental, not-for-profit international organization committed to working on behalf of refugees and immigrants. USCRI has thirteen field offices in the U.S., two regional offices for Central America in El Salvador and Honduras, and one field office in Mexico. USCRI works to resettle refugees with a comprehensive package of services to build self-sufficiency; protects and provides social services to the large number of unaccompanied children who arrive in the U.S.; assists victims of human trafficking; and engages in global advocacy.

The Sanar Institute: The Sanar Institute works globally to address the impacts of traumatic events with a specific focus on all forms of human trafficking and exploitation through both direct service provision and capacity strengthening initiatives. Sanar has worked throughout the United States, East Asia, Latin America, and West Africa as a leader in the provision of customized training and technical assistance. Sanar prioritizes trauma-informed and person-centered approaches for organizations and institutions working with individuals, families, and communities that have experience or are vulnerable to all forms of human trafficking.

Brandeis University: Brandeis University's Institute for Economic and Racial Equity (IERE) within The Heller School for Social Policy and Management advances economic opportunity and equity for individuals and families, particularly households of color and those kept out of the economic mainstream. IERE brings strong experience with community engaged research to the action research arm of Project TRUST.

Introduction

For three years, Brandeis researchers partnered with Project TRUST (Trauma Response to Uplift Survivors of Trafficking), a national training and technical assistance (TTA) program funded by the Department of Justice's Office for Victims of Crime (OVC) that supports agencies as they integrate trauma-informed practices (TIP) into their work (for a full description of methodology, see Appendix A). Our action research partnership was designed to understand how human trafficking providers implement TIP and what successful practice looks like. We also set out to identify the resources and supports providers need to become increasingly trauma-informed. We conducted a national survey of 157 providers and conducted in-depth interviews with 26 providers, identifying barriers that make it challenging to effectively implement TIP. We learned about specific examples of TIP and identified how these practices support survivors as they move forward in their lives (reported here as vignettes). This report is organized around three themes:

- Survivor autonomy
- Representative and culturally responsive organizations
- Coalitions and collaborations

Each theme emerged directly from the survey and/or interviews and reveals findings that directly inform concrete recommendations for providers and organizations that support survivors, training and technical assistance providers, and policymakers. Additionally, early in this action research project, it became clear that providers want to learn from one another what works, how to be successful in TIP implementation, and how to overcome barriers while upholding their professional and organizational missions. These practices, highlighted throughout the report and in Figure 1, were learned from providers supporting human trafficking survivors. Under each theme, a set of vignettes illustrates relevant trauma-informed practices. The vignettes have been developed from the examples that providers shared in interviews. Names and other identifying characteristics have been changed, but the stories come directly from the field.

Deep wisdom exists in the field of providers, wisdom learned from countless hours, days, months, and years working directly with survivors. Ultimately, shifts in the anti-human trafficking policy landscape will be necessary to truly realize the potential of changes made to TIP in the field by service providers. This report is designed to inspire further learning and action over time.

Figure 1: Trauma-Informed Practices from the Field Highlighted in this Report

- Trusting that survivors know how to keep themselves safe
- Engaging in harm reduction
- Framing choices
- Employing survivors as experts
- Hiring a representative workforce
- Identifying cultural reference points
- Partnering with ethnic community-based organizations and other cultural community leaders
- Connecting to national, statewide, and local collaborations for peer support
- Creating comprehensive approaches to addressing labor trafficking that combine case management, education, and outreach to raise awareness
- Engaging in labor trafficking-specific task forces

Human Trafficking Survivors and Providers in the United States

Human trafficking is a serious and widespread problem in the United States and globally. Over the past five years, human trafficking cases have been reported in all 50 states and the District of Columbia as well as all five U.S. inhabited territories.[1] Survivors in the U.S. include U.S.- and foreign-born victims who are trafficked into both legal and illicit work. Foreign national people exploited by traffickers may have entered the country with or without legal documentation, from any region of the world. However, the largest percentage of trafficking victims identified in North America are citizens of the country they are trafficked in.[2] The top three countries of origin of victims who were identified by the federal government or government-funded grantees in the United States between October 2019 and September 2020 were the United States, Mexico, and Honduras.[3] Historically and today, a large majority of victims of labor and sexual exploitation are people of color.[4] The most common ethnicity of individuals whose potential cases were reported to the National Human Trafficking Hotline in 2018 was Latinx, followed by Asian and African American/Black. The majority of these cases involved individuals identifying as female.[5] Whereas adult women and underage girls represent the majority of detected victims of trafficking for sexual exploitation (96%), the detected victims of trafficking for labor exploitation have a much more equitable gender split (55% are adult men or underage boys, 45% are adult women or underage girls) according to a 2021 report of North American-detected trafficking victims by the United Nations.[6] The existing prevalence data

for all forms of human trafficking include significant gaps, due to the clandestine nature of the crime and barriers that survivors face in reporting. It is expected that the numbers here underrepresent certain groups (including male victims of sex trafficking, U.S. victims of labor trafficking, and others).

Survivors are supported by a variety of organizations, individuals, and systems. While some agencies have begun to exclusively serve trafficking survivors since the passage of the Trafficking Victims Protection Act (TVPA) in 2000 (the U.S. federal legislative response to human trafficking), there is a patchwork of non-governmental, faith-based, and social service agencies who provide direct services to trafficking survivors in the United States.[7] These include agencies that serve domestic violence and sexual assault victims, human rights advocates, and refugee resettlement agencies. The services provided by these agencies include legal and immigration support, housing, healthcare, education, and case management, among others. Providers include case managers, nurses, attorneys, program coordinators, and managers. An individual trafficking survivor could come into contact with any of these providers and often interacts with many of them simultaneously in the process of getting their needs met. The federal government has dedicated increasing amounts of funding to these providers: for example, as of December 2020, OVC managed approximately $270 million in anti-trafficking funding, the majority of which was dedicated to service provision, representing approximately 400 awards.

Figure 2: People in the United States who experience human trafficking include:[*]

- children in the child welfare and juvenile justice systems, including foster care
- runaway and homeless youth
- unaccompanied children
- individuals seeking asylum
- American Indians and Alaska Natives, particularly women and girls
- individuals with substance use issues
- migrant laborers, including undocumented workers and participants in visa programs for temporary workers
- foreign national domestic workers in diplomatic households
- persons with limited English proficiency
- persons with disabilities
- LGBTI+ individuals
- victims of intimate partner violence or domestic violence

Trauma and Trauma-Informed Practice

Human trafficking is a form of dehumanization and can produce profound, prolonged, and often repeated trauma. According to the federal Substance Abuse and Mental Health Services Administration (SAMHSA), *"individual trauma results from an event . . . experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual wellbeing."* [8] Trauma experienced by trafficking survivors typically stems from psychological, physical, and emotional abuse; deprivation of basic needs; forced or coerced use of drugs; economic exploitation; and/or threats of deportation.[9, 10, 11, 12, 13, 14] These abuses can lead to long-term anxiety; depression; symptoms of post-traumatic stress disorder; physical symptoms such as headaches, stomach aches, and fatigue; and difficulty forming trusting relationships. [15, 16, 17, 18, 19, 20, 21, 22] Additionally, a history of complex trauma (more than one traumatic event in one's life)[23] is a risk factor for experiencing human trafficking.[24] Many trafficking survivors experience the impacts of trauma listed above as a result of their experiences of trafficking and experiences that predate being trafficked.

People living with trauma, including human trafficking survivors, can lead fulfilling lives. Survivors can experience the positive posttraumatic growth including perceived changes in self, a changed sense of relationship with others, and a changed philosophy of life.[25] Supporting survivors before, during, and after experiences of trafficking can be complex. Moving from the experience of being trafficked to one of fulfillment is often non-linear and rooted in the level of control that a survivor has over their own life. Whereas the experience of trafficking is characterized by unpredictability and a lack of control,[26] individual empowerment and autonomy are the cornerstone of an effective response to interpersonal trauma.[27]

In TIP, staff, systems, and policies account for the impact of trauma on survivors.[28] Figure 3 lists SAMHSA's six principles of a trauma-informed approach for organizations in behavioral health specialty sectors. These can be adapted for other sectors and settings that have the potential to support (or hinder) individuals coping with trauma. TIP is crucial at all points of service delivery to trafficking survivors, from identification through longer-term

> **Figure 3: SAMHSA's Six Key Principles of a Trauma-Informed Approach**
> 1. Safety
> 2. Trustworthiness & Transparency
> 3. Peer Support
> 4. Collaboration & Mutuality
> 5. Empowerment, Voice, & Choice
> 6. Cultural, Historical, and Gender Issues

support. [29, 30, 31, 32, 33, 34, 35] TIP builds autonomy by shifting power through centering survivor choice.[36] Traffickers use force, fraud, or coercion to engage victims in labor or commercial sex work[37] – thereby stripping power from their victims. Because unpredictability and lack of control are foundational to trafficking, [38, 39] empowerment and autonomy are the cornerstones of effective responses by service providers. When survivors of interpersonal violence feel in control of interactions with systems (e.g., law enforcement, courts, and non-profit victim services), they report greater satisfaction, [40, 41, 42] engage in more reporting of abuse,[43] and experience higher rates of overall well-being. [44, 45] Importantly, individual empowerment is only one dimension of effective TIP. A corresponding socio-structural shift in legal, medical, and service systems is necessary for survivors to exercise their autonomy within functional systems. [46, 47, 48, 49]

A core component of this action research project was a national survey, conducted in 2019, to determine the current state of the field of providers engaging in trauma-informed care.[50] The most critical finding from this survey was that while most respondents believed they were well-informed about TIP in general, when asked about individual topics related to TIP for human trafficking survivors, consistently one-third felt they had no knowledge at all about the specifics. It was clear from this survey that providers had a sense of the definition and importance of TIP, but they needed support in implementing TIP with trafficking survivors. Approximately one-third of respondents indicated that they were implementing skills they learned in trainings very little, if at all, in their work with survivors and were looking for resources that offered opportunities for practical application and implementation. Consequently, understanding providers' experiences of TIP implementation is critical to improving service delivery to survivors.

Survivor Autonomy

Key finding: There is a discrepancy between theoretical and written TIP standards and how TIP is implemented in practice, which can compromise survivor autonomy.

Results from our 2019 State-of-the-Field survey[51] showed that providers are committed to providing TIP to trafficking survivors, but that implementation presents a variety of barriers. When asked to define TIP in interviews, providers listed varying components (e.g., recognizing that survivors are more than their trauma, a focus on harm reduction, giving survivors choices), but when they offered examples of TIP in their daily work, they demonstrated a troubling discrepancy specifically in their approaches to safety and autonomy.

In theory and as it is written, TIP centers autonomy. The importance of autonomy is woven throughout SAMHSA's key principles of a trauma-informed approach. It is most pronounced in the principle of empowerment, voice, and choice that emphasizes the need to build upon client strengths, recognize client experiences, and support clients in shared decision-making, goal-setting, and self-advocacy.[52] The legal, medical, psychological, financial, and social service providers who work with trafficking survivors appropriately focus on survivors' safety. This focus, however, sometimes conflicts with survivors' actual experiences of harm and their own definitions of physical and emotional safety. In some cases, providers' actions intended to increase safety can actually create new harm. According to influential expert on interpersonal violence Judith Herman, *"No intervention that takes power away from the survivor can possibly foster [their] recovery, no matter how much it appears to be in [their] best interest."*[53] Trafficking survivors must be trusted and given the tools to make decisions about their own safety. Providers need to believe that survivors have more information about the complexities of their own lives and therefore are best situated to make decisions about the safest options for themselves. Programs should foster survivor autonomy, rather than restrict survivors through policies and practices that limit the choices survivors can make or penalize them for not adhering to strict guidelines. Systems and institutions that survivors are forced to navigate must similarly support and enable autonomy.

Data From the Field: Barriers to Survivor Autonomy in TIP Implementation

Individual providers face real challenges to centering survivor autonomy when they fear for a client's safety. A number of providers shared examples of times they were concerned about a survivor's safety and, rather than helping survivors identify options, found themselves providing advice or even requiring the survivor to take a particular course of action as a response. While providing advice may seem innocuous, centering survivor autonomy requires that survivors be able to make choices (with the help of providers who can share more information and/or explain what next steps might be depending on any given choice), rather than being told what they "should" do or what the best course of action is. This came up in advocates' frustration over survivors returning to their traffickers, survivors not seeking mental health counseling, and adolescent survivors choosing to sleep on the street rather than return home to their parents or a youth shelter where they felt unsafe. Some providers also pointed out other professionals they encountered in their work who stripped autonomy from trafficking survivors in an effort to protect them. One attorney explained that police officers often try to get underage survivors "off the streets"

by putting them in jail overnight, saying, *"Law enforcement will ask, 'Why can't we just book 'em overnight so we know they're safe off the streets?"* The same attorney saw a client involuntarily committed to a psychiatric hospital by the advocate she was working with who did not believe the survivor's story of having been moved through underground tunnels while be trafficked. The story was so horrific the provider did not believe it was true. In addition to individual providers choosing to prioritize their perception of a survivor's safety over that survivor's autonomy, there are professional ethics guidelines that mandate intervention in the face of certain forms of abuse (e.g., abuse of minors or the elderly),[54,55] suicidality, or homicidality. These guidelines override an individual provider's ability to protect survivor autonomy in specific cases.

At the same time, there are broader programmatic and even systems-level barriers to centering autonomy in TIP. One pediatric nurse who works with child sex trafficking survivors pointed out the hypocrisy of service programs demanding that survivors meet programmatic requirements:

"If youth have to be in this program or at this facility in order to get food, clothing, or shelter, if we're saying, 'You have to do this in order to get . . . a basic need,' that's exploitation."

Programmatic goals that force survivors to behave in a certain way greatly limit autonomy and replicate abusive dynamics. Requiring survivors to be clean and sober in order to stay in a shelter, mandating that survivors have no contact with their traffickers, or enforcing rules about survivors enrolling in school or holding a steady job are all well-intentioned program elements that can have the effect of limiting survivor autonomy.

Similarly, providers across all agency types and roles within agencies reported challenges related to funding requirements. Providers repeatedly noted that some government-funded programs limit the length of time for which survivors can receive support. A resettlement program coordinator explained that her funding only allows her to work with clients for 30 days at a time, but supporting survivors' safety and stability in a new country takes much longer. Grant requirements may also require survivors to meet the federal definition of human trafficking in order to receive aid. Providers described turning away or referring out individuals in need of services and/or at imminent risk of becoming trafficked because they did not fit the federal definition or identify as a trafficking survivor. One case manager explained that many times clients, especially labor trafficking survivors,

do not see themselves as experiencing trafficking. They may be experiencing exploitation, but it takes a number of conversations with a provider and a good deal of rapport and relationship-building for the provider to understand that the exploitation is actually trafficking. She stated that *"it is not trauma-informed for someone to have to identify as a victim in order to be enrolled a program that can help them."* While many funders make it possible for providers to work with clients while they learn more about the situation and determine if the client has experienced trafficking, providers describe this as a barrier, perhaps demonstrating a disconnect between the actual funding requirements and staff's understanding and implementation. Additionally, reporting requirements or policies and procedures organizations implement for some funding sources can also prevent providers from being able to establish trusting relationships. For example, one case manager reflected, *"Grant requirements make us ask things of clients I'd never want to ask, like for all the receipts for the food you bought in the past month."* The systems that fund work to support survivors of human trafficking are, in some cases, making it impossible for providers to center survivor autonomy in their TIP.

While centering survivor autonomy in TIP is critical to its implementation, within the current structure of the service provision landscape, it can be a very difficult task. It often does not come naturally to providers to prioritize autonomy over their perception of a survivor's safety. Service provision agencies are structured with requirements (both that individual agencies have developed and those that are dictated by grant funding) that challenge survivor autonomy. A comprehensive understanding of what it means to be trauma-informed recognizes that these practices challenge autonomy and do not fully recognize the needs of trauma survivors.

Trauma-Informed Survivor Autonomy Practices in Action

Providers navigate the discrepancy between written and theoretical standards and real-world implementation in different ways. Interviews with providers who are able to prioritize survivor autonomy within their service delivery revealed the following promising trauma-informed practices:

- Trusting that survivors know how to keep themselves safe
- Engaging in harm reduction
- Framing choices
- Employing survivors as experts

These practices are highlighted below in Vignettes 1 & 2.

Vignette 1: Alice

Alice is an attorney who works for a state legal aid office and specializes in supporting human trafficking survivors. One day, in a meeting with a client whom she had known for a couple of weeks, Alice found herself very concerned for her client's safety. The client, Vy, and her sister, Linda, had been trafficked together. A couple of weeks prior, before Vy sought legal aid, they had fled from their trafficker's home where they had been living. Since then, they had been staying in a shelter. In the meeting, Vy told Alice that she didn't know if she'd be able to attend their next meeting because she and her sister had decided to go back to their trafficker's home. All of their belongings were still there and they felt that they would be safer there than they were at the shelter. They had been threatened by someone else staying at the shelter who found out they were undocumented. Vy also told Alice that Linda had left behind the only photo she had of her daughter, and it was important to her to try to get it back.

Alice could feel fear and worry rising up inside herself at the prospect that the women would be returning to such a dangerous living situation. She wanted to tell them not to go back to their trafficker, that any alternative was better than that, but she also realized that the threat of deportation and homelessness was equally dangerous. At the end of the meeting, before Vy left, Alice provided Vy with the emergency number for a local domestic violence crisis center that has an advocate who specifically works with trafficking survivors. She made sure that Vy could recite it in case Vy lost the card. She also helped Vy brainstorm two stores in the neighborhood where the trafficker lived that they could get to without raising his suspicion and where they felt comfortable asking to use a phone. When Vy left that day, Alice still felt worried, but she reminded herself that no one was better equipped to identify the safest option in the given circumstances than Vy and her sister.

Trusting that survivors know how to keep themselves safe & Engaging in harm reduction

Providers who are able to internalize the belief that survivors know best how to keep themselves safe are most successful at centering survivor autonomy in TIP. Trafficking survivors navigate complex dynamics of physical and emotional safety and violence. They are best suited to know what options present the lowest risks to them in any given situation. In the vignette above, Alice was able to recognize her own fear for Vy and her sister, be aware of her urge to tell them what they should do based on her own perceptions of safety, and then take action in a trauma-informed way that prioritized their autonomy. Alice's

acknowledgment that what she perceived to be the most dangerous situation might not match what Vy and her sister experienced as most dangerous created an opportunity for Vy and her sister to listen to their instincts and take action to increase their safety (from deportation and homelessness), knowing that they had a safe person (Alice) supporting them. Alice made it clear to Vy that she was not disappointing her and that she was a resource who was not going to disappear if they had to make a choice that scared her. Alice also took the opportunity to engage in meaningful harm reduction by helping Vy memorize an emergency phone number and create a safety plan to make an emergency phone call if needed. Having a safety plan in place is one form of harm reduction. Others might include making sure that people experiencing sex trafficking have access to sexual health services (including contraception and protection from sexually transmitted diseases) or that they know where they can access emergency food and shelter. These are meaningful tactics for centering survivor autonomy in TIP.

Vignette 2: Janelle

Janelle is a case manager who works with human trafficking survivors. A week ago, she did an intake with Tina, a 20-year-old woman who had called the hotline looking for resources after getting away from her trafficker. She had been trafficked into providing commercial sex three years ago; since then, her trafficker had controlled every aspect of her life. During the intake, Janelle explained to Tina that her team works with survivors by having them choose their own goals and define their own paths forward. Tina had nodded her head, signifying that she understood and agreed to this.

They met again for their first real case management meeting, designed for Tina to identify a short-term goal she wanted to work toward. Janelle started by laying out some of the goals that other survivors often work toward: finding stable housing, getting a job, or working through a court case. She asked Tina if one of those sounded the most pressing to her or if there was something else more important that Tina wanted to focus on. Tina shared that she felt fine in the shelter she was staying in, but was really worried about how she was going to be able to pay for the things she needed. They agreed to make finding a job her first goal, but when Janelle asked Tina what kinds of jobs she might be interested in, Tina looked at her blankly and gave no response. After a minute, Tina responded, "How should I know? You're the one who's supposed to be helping me figure it all out." Janelle recognized this type of reaction from other clients who were overwhelmed by the idea that they had autonomy over choices that their trafficker had previously made for them.

Janelle responded by saying,

"There are a lot of valid reasons why this is a difficult process. You've shared with me that you had someone else who made decisions for you, but you've also shared that that isn't what you want for your life. Part of my responsibility is letting you know that I'm not going to be another person who is going to make decisions for you, I'm going to walk alongside you."

Janelle then asked Tina to name a job she'd considered doing in the past. They talked through options, one-by-one, and made a list of pros and cons for each. By the end of the conversation, Tina had decided that she wanted to learn more about getting her GED. She also wanted to work with Janelle more to find a job she could do to earn income right away. Janelle offered Tina the option to meet with Maria, a survivor career coach that her agency had a contract with. Maria was a trafficking survivor herself who now worked as a coach for survivors who were more recently leaving trafficking situations. She had a wealth of knowledge about how to plot a career path as well as the lived experience and could provide support for the sometimes complicated feelings that survivors face when planning their own career goals. Tina agreed to meet with Maria and told Janelle that she felt a little bit overwhelmed with everything they'd talked about, but also hopeful.

Framing choices & Employing survivors as experts

A common experience among providers who work with trafficking survivors is that survivors can express being overwhelmed when faced with choices and autonomy that they have not had while being trafficked. Rather than preempting this overwhelming feeling by creating goals and plans for survivors, which can unintentionally replicate the harmful power dynamics of a survivor's relationship with their trafficker, Janelle was able to prioritize Tina's autonomy while also letting Tina feel that she was not alone in her decision-making process. By providing examples of what other survivors had chosen to work on for their short-term goals, Janelle gave Tina some ideas for a starting point while also leaving space for her to choose another goal entirely. Validating the challenge of practicing her own agency enabled Janelle to name directly that making choices was not easy and it was reasonable for it to feel difficult for Tina. It also let Janelle state very clearly that Tina was not alone in the process and that Janelle was going to be there with her while she practiced the skill. Finally, working through the choices with Janelle in the form of listing pros and cons gave Tina a tool to use for the current goal-setting moment as well as in future decision-making.

Additionally, while providers can be trained to be empathetic, supportive, and understanding, there is a unique kind of knowledge that comes from shared experience. Individuals who have the lived experience of being trafficked, leaving a trafficking situation, and regaining their autonomy are an invaluable resource to other survivors. They can be role models for survivors who do not yet see what is possible for themselves. They also understand the complicated and conflicting emotions that can be present when a survivor is working to break a relationship with their trafficker who may have been very important to them. When Janelle was able to make a connection to Maria for Tina, it represented not only a career coach, but someone who could really *"get it,"* validate Tina's feelings, and provide hope for the future. Maria is valued and employed as an expert at this organization. This is in contrast to some circumstances where survivor leaders can feel exploited for their stories (e.g., if their stories are used in fundraising campaigns) or undervalued by being asked to volunteer their time to help an agency rather than being compensated.

Recommendations for Centering Survivor Autonomy in TIP Implementation

- *Organizations:* **Reexamine existing policies and program requirements related to service delivery for unintentional restrictions to survivor autonomy.**
  While most policies and requirements were instituted for well-intentioned reasons, they can have the unintended impact of limiting the choices survivors have over their own lives. One way to better illuminate these unintended consequences is by including and compensating survivor experts in the review of policies and program requirements. Survivors will know right away which requirements hindered their control over their own lives. Rewriting these policies in ways that make services accessible without strict requirements will promote survivor autonomy and, in turn, improve the implementation of TIP.

- *TTA Providers:* **Develop and provide interactive trainings that can be customized to fit specific needs and populations.**
  Trainings need to go beyond elementary descriptions of trauma and responses to the reality of implementation. Trainings should be interactive and include real case examples as well as role plays where providers can practice implementing TIP in the moment. (For a full list of training topics and formats requested by providers, see Appendix B).

- *Policymakers:* **Reexamine and revise policies that structure program requirements.** This includes, but is not limited to, grant requirements and metrics of success. Including and compensating survivors and frontline service providers in any policy review process will greatly help in bringing to light unintended negative impacts on survivor autonomy. In the same way that survivors know which program requirements hinder the exercise of their own autonomy, similarly they can illuminate barriers to control in their own lives that are created by the policies that structure these requirements. Service providers who have the experience of implementing policy-driven requirements also have valuable insight to offer in this process. Programs and funding opportunities that are found to inhibit survivor autonomy should be revised. Programs and funding opportunities that do not hinder survivor autonomy may require additional education for the providers of those programs to ensure that misunderstandings are not impeding the provision of TIP.

A Representative and Culturally Responsive Workforce for All

Key finding: Effective implementation of TIP requires a representative and culturally responsive workforce.

Although service providers recognize the importance of cultural responsiveness in their work, the composition or effectiveness of the workforce is not typically included as a significant element of trauma-informed care. When asked about cultural responsiveness as part of TIP, many providers responded by talking about the challenges and successes they have had in meeting the needs of survivors who speak languages other than English. Indeed, the state-of-the-field survey indicated that this is an important first step, as 7.7% of respondents indicated that their agency had turned away survivors in 2018 due to an inability to communicate through a language barrier.[56]

However, language access is just one small component of culturally responsive service provision. The SAMHSA framework (in Figure 3, above) includes the need to *"incorporate policies, protocols, and processes that are responsive to the racial, ethnic, and cultural needs of individuals served."*[57] In the field of health care, a federal policy framework and national standard for Culturally and Linguistically Appropriate Services (CLAS) has been established, requiring the provision of effective, equitable, understandable, and respectful

quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.[58] A similar approach is needed in order to ensure that human trafficking survivors are receiving truly culturally responsive support, a key element of a trauma-informed approach,

Our research shows that providers sometimes hold significantly different cultural beliefs and lived experiences than the survivors they work with as they relate to labor rights, child labor, gender roles, expressions of gender, and more. This affects the quality of services and counters the principles of a trauma-informed approach. It can be difficult for foreign-born individuals to see their own experiences reflected in Western definitions of human trafficking. Without a shared understanding of labor and gender dynamics in home countries, the way providers conceptualize human trafficking (especially labor trafficking) often does not translate. Additionally, providers in this study almost exclusively referred to examples of cultural responsiveness in relation to foreign national survivors. There was very little reflection shared on the needs of U.S. citizen survivors with diverse cultural identities and even fewer examples of best practices for working with these populations. This gap is troubling, especially in a context where the majority of potential U.S. trafficking cases reported to the national hotline involved Latinx, Asian, and African American/ Black survivors.[59] Finally, it can also be difficult for providers to recognize trauma when it presents differently in different survivors, whether they be foreign-born or U.S. citizens.

The health, legal, and service systems that human trafficking survivors navigate in the United States have long been modeled around specific white cultural beliefs, such as the need to protect vulnerable white women and for victims to demonstrate individual responsibility to receive services.[60] Frontline social service providers were predominantly white women who were not well-equipped to handle the needs of survivors who deviated from this "ideal" victim:[61, 62, 63] a white woman in need of protection from sexual exploitation.[64] The field, therefore, was structured inequitably for survivors of color and survivors with male, non-binary, and/or non-Western cultural identities,[65, 66, 67, 68] and even many white female survivors. This bias, with its focus on sexual exploitation, also left survivors of labor trafficking, such as domestic workers and migrant farmworkers, underrepresented and underserved.

Today, organizations are increasingly committed to hiring a representative and diverse workforce to create an equitable service system that works for all survivors. However, organizational cultural effectiveness is a long-term process that occurs over time and

requires the development of new policies, data points, staff, and much more.[69, 70] Like TIP, more generally, many organizations have a theoretical commitment to diversifying their staff, yet the implementation of changes to make this a reality has not yet been achieved. There is a gap between recognizing the importance of diversity and the reality of the make-up and inclusivity of organizations.[71, 72, 73] A positive first step is that the field increasingly values the lived experience of survivors and survivors are now working in key frontline or leadership roles in many agencies. Some providers also receive training in culturally responsive service provision and language access. But there is a long way to go to truly provide quality and equitable services to labor trafficking survivors, foreign nationals, non-English speakers, and survivors who are men and boys in addition to white women.

To date, there is no comprehensive framework or model for culturally responsive services for victims of crime, including human trafficking survivors. In order to embrace this tenet of TIP, there is a need to synthesize the existing knowledge across these sectors and adapt and apply it to the needs of trafficking survivors. This will ensure that all survivors have access to the care they need and that care is of a high quality that meets their unique needs in culturally responsive ways.

Data From the Field: Beyond Translation to Understanding

Providers who regularly work with survivors of labor trafficking raised issues that go beyond mechanical language translation and interpretation needs, highlighting the necessity of having staff who truly understand the cultural experiences of survivors with whom they work. A case worker explained,

> *"Sometimes what you might define as labor trafficking can take a long time for the survivor to understand it because we define it in a Western way . . . I'm a service provider and I understand [another] culture . . . I can explain to the survivor that I know the way it is in our culture, but it's different now . . . It has to dawn on them that they're now being exploited, then they can define their experience as labor trafficking".*

In addition to helping survivors understand and define their experiences in a cultural context, having a culturally effective workforce influences the kinds of services that can be supportive to survivors. For example, counselors and advocates who understand the cultural baggage that goes along with seeking help can be essential to promoting an environment where survivor autonomy and empowerment are nourished. A survivor who is continuously referred to a mental health counselor might interpret that referral as insulting or unnecessary and stop seeking support. A culturally responsive advocate who

recognizes this will likely be more successful in truly supporting the needs that a survivor defines for themselves. Relatedly, an immigrant survivor who routinely hears racist and xenophobic rhetoric in the media about immigrants looking for handouts has good reason to be hesitant to ask a social service or government agency for help. Seeing themselves reflected in the staff and leadership of a service agency can go a long way in making resources truly accessible to survivors.

Providers also highlighted the challenge of being taught to recognize trauma through cues that are culturally coded and do not translate from survivors of one cultural background to another. These cues might include not making eye contact or using a certain tone of voice. A provider who works primarily with male survivors of labor trafficking shared that *"there's lots of research being done on trauma in a specific population: young, white females. If it doesn't look like that, if it's expressed in a different way, it might not be recognized as trauma."* Another provider gave an illustrative examples of a young, white, female survivor of sex trafficking who might present herself very confidently, in contrast to an undocumented male labor trafficking survivor who might present as unobtrusive to remain under the radar of immigration authorities. Again, the accessibility of services to diverse populations is heavily dependent on a workforce with shared cultural understandings.

Trauma-Informed Cultural Responsiveness Practices in Action

Some service provider organizations have developed truly effective practices for working with culturally diverse survivors of human trafficking. This is even more common in organizations that work with labor trafficking survivors. The vignettes below highlight the following important trauma-informed practices:

- Hiring a representative workforce
- Identifying cultural reference points
- Partnering with ethnic community-based organizations and other cultural community leaders

Vignette 3: Tobe

Tobe is a case worker and a Nigerian immigrant. A lot of the work he does involves supporting other African immigrants who are experiencing labor trafficking. He was recently called into a meeting by his colleague who had been working with a client, Ike, to help him find local food pantries he could access. Ike didn't describe himself as a survivor of labor trafficking, just an immigrant trying to make ends meet. However, Tobe's colleague heard some elements of trafficking in the story Ike shared with her. Ike had come to the United States from Nigeria when he was 15 to live with his uncle. He'd immediately started working under the table for a handyman service his uncle connected him with. His paycheck went entirely to his uncle who would provide food and housing for Ike. Ike was now 17 and had had a number of conflicts with his uncle. He'd tried to move out of his uncle's house, but his employer still gave Ike's wages directly to his uncle. When Ike tried to quit working for the handyman service, both his uncle and his employer threatened to call the immigration authorities and tell them that Ike was in the country without documentation. Ike's uncle stopped providing food for Ike to eat and instead told him he would have to find his own, while still keeping 100% of Ike's wages. This was why Ike had found his way to Tobe's colleague looking for food pantries.

When Tobe heard Ike's story, he offered to accompany Ike to a pantry that afternoon. On the way there, they started to talk about life back in Nigeria. Tobe shared that when he was a kid, he would work all summer in the fields and the wages would go to his mom who put food on the table and bought clothes for him to wear to school. Ike shared a similar experience. Tobe then asked about Ike's experience coming to the United States and living with his uncle. Tobe pointed out that while back in Nigeria working all summer and giving wages to the adult caretaker was a common and accepted experience, there were differences between that arrangement and what happened to Ike in the United States. Tobe told Ike that he deserved to be able to open his own bank account, keep the money he earned, and even go to school here. In the conversation, Ike began to see and put words to the nuances between the safe and healthy working arrangement he'd had as a child and the exploitation he experienced by his uncle in the United States.

Hiring a representative workforce & Identifying cultural reference points

Tobe was able to bond with Ike because of their shared cultural roots and lived experience. Another provider may have heard Ike's story, identified elements of labor trafficking, and sat Ike down to explain to him that forced labor without control of his wages was defined as labor trafficking. Tobe, in contrast, started by rooting the conversation in a cultural experience both men shared. In his presentation of that experience, he was able to delineate in a nuanced way the experience of being told to work by a family member and giving those wages away to be used for his care versus being told to work by a different family member who took those wages and no longer provided basic necessities. By starting with an understanding of how those experiences were similar and validating the normalcy of Ike's experience in Nigeria, Tobe enabled Ike to recognize his exploitation in the United States as something separate and worthy of redress.

Similarly, as noted above, many providers are taught to recognize trauma through specific cues. These cues carry cultural meaning. Whereas some survivors might describe their experiences as victimization and seek help and support, others may view such behaviors as weakness. The avoidance of weakness is also steeped in cultural and gendered meanings. When Tobe introduced the discussion of Ike's labor conditions through his own normalized experience as a child growing up in Nigeria, he demonstrated that he saw Ike as an equal with shared experience, not someone who was weaker than him. Without saying it aloud, Tobe was able to break down another cultural barrier by understanding the unspoken dynamics playing out between the two men.

> **Vignette 4: Becca**
> *Becca is a white outreach worker who supports trafficking survivors in and around St. Paul, MN. Her job is to raise awareness of the agency she works for and the services that are available to survivors and people who are currently experiencing trafficking. There is a large population of Somali immigrants in the geographic region where Becca works, but there is only one person of Somali descent working at Becca's agency. Becca recognizes the importance of cultural institutions for gaining the trust of individual members of the Somali community. She has spent the past six months building relationships with local faith leaders. This past Sunday, she was invited to join a social gathering after a local church service. Because her agency supported the time she was investing to build these relationships, she knew she could attend the gathering on Sunday and take comp time later in the week to balance the overtime. At the gathering,*

she shared a meal and talked with the folks in attendance. She handed out her card and told folks where in the church her agency's flyer was posted and about some of the available services. She laughed with the parents as the kids made up a performance to show them. Today, Wednesday, the same leader who had invited Becca to the gathering called her with a community member in his office with him. The community member wanted to remain anonymous, but asked Becca questions about the situation her husband was in and about services their family might be able to access.

Partnering with ethnic community-based organizations and other cultural community leaders

It is impossible for organizations to create a workforce that completely mirrors their community and client population. When providers do not share cultural identities with the survivors they are serving, there are still ways to effectively support and partner with the community. The first step is acknowledging the embedded lived experience and expertise of community leaders that work in ethnic community-based organizations (ECBOs) and other cultural organizations and leaders that support specific groups of people such as immigrant and LGBTQ communities. Relying on partners who are experts in the communities to bridge the gap between provider knowledge and identity and those of survivors is a promising practice. Investing in equitable partnerships with these organizations and leaders is an alternative means to support diverse survivors in culturally responsive ways.

A key element in this process is relationship-building. Becca recognized the importance of relationship-building and the investment of time needed to do it effectively. She also recognized that cultural institutions (e.g., faith communities, childcare community centers, and even labor unions) can be hubs for relationships and also important influencers of whether or not a community will trust an outsider. By genuinely investing in relationship-building through the local faith community, Becca found herself sharing space, a meal, and laughter with the community she wanted to support. This was a tactic for access, but also a way for Becca to learn about the realities of the Somali community in her area. As a result of this relationship building, the faith leader was comfortable helping a community member reach out to Becca when she was in need.

Becca knew that she had the support of her agency in investing time in relationship-building this way. This is critical. When organizations make it possible for individual staff members to invest in relationship-building through flexible compensation, the practice becomes more feasible and sustainable. Beyond supporting Becca's time, over time her

agency may consider developing a formal partnership with the faith leader in recognition of his valuable expertise. Depending on the partner, formal partnerships may include a memorandum of understanding, subcontract, advisory board membership, or other structured relationship that recognizes the valuable contributions of these organizations and leaders and compensates them appropriately.

Recommendations for a Culturally Effective Workforce

- *Organizations:* **Implement cultural responsiveness trainings, partner with local ethnic community-based organizations, and develop a more diverse workforce.** Organizations whose staff do not reflect the cultural identities of those they serve should mandate trainings on cultural responsiveness. Additionally, they should work with TTA providers, diversity, equity, and inclusion specialists, and local leaders of ECBOs to create connections and build trust with communities they serve but do not share cultural identities with. These same partners can support organizations in implementing hiring processes to grow a more diverse workforce. Organizations should create positions and hire for vacant positions in such a way that they bring a diversity of experiences into the organization. Recruiting through community partners to find new staff from the community is one such way. By working to ensure this diversity is represented across the organizational hierarchy and that individuals who share cultural identities with those the organization supports have decision-making power in the way the organization is run, organizations will be much more culturally effective. This step may also include diversifying the Board of Directors or other advisory roles.

- *TTA Providers:* **Synthesize existing knowledge and best practices across sectors and adapt these for the needs of organizations serving trafficking survivors.** This may include the creation of a needs assessment tool that can be shared with and applied to individual organizations striving to create a more culturally responsive workforce, meaningful training on cultural responsiveness that can be adapted to the specific needs of individual organizations and providers, and work with organizations to create hiring processes that can shift the makeup of their workforce. Additionally, cultural responsiveness means serving all survivors well. Training and technical assistance on a range of topics should explicitly address the specific identification signs and needs of labor trafficking survivors, survivors who are foreign nationals, survivors who are men and boys, and other groups that are underrepresented in existing representations of human trafficking survivors.

- *Policymakers:* **Adapt a standard of cultural responsiveness for human trafficking survivors, mandate organizational adherence to it, and include a section on workforce diversity and cultural responsiveness in all funding opportunity announcements (FOAs). Create funding opportunities for TTA providers to support organizations in needs assessments and action plans to improve their cultural responsiveness.**

   Using the CLAS standards[74] as one model, develop a policy framework and standard to evaluate the cultural responsiveness of organizations that support human trafficking survivors. As part of funding requirements to organizations, mandate adherence to the cultural responsiveness standard and include sections where organizations must describe their workforce diversity and cultural responsiveness. Provide funding for TTA providers and organizations to do this critical work to make the organizations that support trafficking survivors truly culturally responsive in order to become more trauma-informed.

Coalitions and Collaborations

Key finding: Individual providers are frequently the only person in their organization supporting trafficking survivors. Providers working specifically with labor trafficking survivors face an additional lack of general resources, research, and expertise as the field prioritizes responding to sex trafficking. Broader coalitions, collaborations, and networks support these providers and improve the experiences of survivors seeking services.

Working to support human trafficking survivors is a complex and psychologically demanding job. Oftentimes, providers are doing this work in the context of a larger organization with a broader mission. In these scenarios, there is typically only one (or very few) provider in the organization engaged in direct service work around trafficking. This can lead to feelings of isolation, burnout, and a lack of support when dealing with what feels like unending and unfathomable crises. This is one cause of high levels of staff turnover. Initial focus groups conducted by Project TRUST found that staff turnover negatively impacts survivor experiences with organizations as it is difficult to form trusting relationships with staff who are continually changing. Additionally, in interviews with providers, it was clear that the most effective way for staff to learn and implement TIP is by gaining experience working directly with survivors. Trainings and certifications do not compare to the expertise gained by actually doing the work. When staff do not have the

support they need, they are less likely to stay in their roles long-term, which negatively impacts relationships with survivors and community partners. Coalitions and networks of trafficking providers, as well as less formal working groups or communities of practice, can offer individual providers the support that their organizations do not have the structure or capacity to deliver.

Additionally, trafficking survivors have complex needs that require support from multiple systems (e.g., immigration, the criminal-legal system, healthcare, social services, financial support, etc.). Passing survivors amongst various organizations can be retraumatizing and defeating, especially if the organizations practice varying levels of TIP. Providers highlighted the challenge of not wanting to give survivors referrals to organizations that have limited knowledge of TIP or with whom they have limited interaction. Coalitions and collaborations represent an opportunity for shared training, networking, and relationship building that can create a more cohesive continuity of care for trafficking survivors.

While providers who work with all populations of trafficking survivors noted the lack of support within their organizations, providers who specialize in working with survivors of labor trafficking confront another layer of barriers to adequate support. There is significantly less awareness of labor trafficking than of sex trafficking within the general public. Within the field, resources (funding, trainings, peer groups for survivors), research on prevalence and identification signs, and expertise are disproportionately oriented toward sex trafficking. The dynamics of labor trafficking are, in many ways, distinctly different from those of sex trafficking. Providers working with labor trafficking survivors are often doing so with limited knowledge of best practices, identification signs, and evidence-based theories of change. Networks, task forces, and communities of practice geared specifically toward the needs of labor trafficking survivors can provide peer support for providers as well as become hubs to generate shared knowledge, establish shared practices, and create the necessary infrastructure to effectively support these survivors in trauma-informed ways.

Data From the Field: The Promise of Coalitions and Collaborations
In interviews with providers, one of the greatest challenges faced by staff working to support trafficking survivors was that they themselves had very little support within their organizations. Most providers are the only person (or one of two) within their organization who work directly with human trafficking survivors. They cited issues such as not being able to brainstorm solutions to particularly challenging situations, carrying a burden of

vicarious trauma, and coworkers *"just not getting it."* In contrast, an advocate engaged in her state's anti-trafficking network described the peer support she receives from the network. She explained that while her organization, which primarily supports domestic violence survivors, does not have the capacity to fully support her, she has built a strong community with the other advocates in her statewide network. They meet regularly to *"breathe, check-in, troubleshoot, and co-advocate."* Many of these coalitions also bring together providers from different sectors to collectively address issues facing trafficking survivors. One provider highlighted the potential clash between the perspective of service providers and law enforcement, noting that regular multidisciplinary meetings allow everyone to *"get out any grievances and remind each other why we're doing what we're doing and how to work best together."* In this way, the statewide networks put the systems that survivors are interacting with on the same page with one another, simplifying the processes that survivors navigate.

As noted above, providers supporting labor trafficking survivors described feeling unsupported not just by their organizations but by the field in general. In interviews, they highlighted the disparity between resources for labor and sex trafficking survivors. One provider explained,

"Sex sells. It's more exciting to hear about sex trafficking. The media can glamorize it. If you're busting a labor trafficker, you're probably busting . . . the biggest funding source for a small community. Communities are broken over labor trafficking. Communities can be outraged over sex trafficking."

These providers noted that a core component of moving toward parity for all trafficking survivors is raising awareness of labor trafficking in general and teaching identification skills specifically to those who are most likely to interact with labor trafficking survivors. A case manager noted that the networks needed to identify and support sex trafficking survivors are different than those needed for labor trafficking survivors. For example, healthcare providers and law enforcement officers may be on the front line in identifying sex trafficking survivors, but labor union leaders and Fair Labor Standards Act (FLSA) investigators may be much more likely to identify instances of labor trafficking. If the key players were all aware of the warning signs and common tactics for seeking help, more labor trafficking survivors could be identified and provided appropriate trauma-informed support and resources. If survivors of labor trafficking are not identified, it is impossible to support them in trauma-informed ways.

Trauma-Informed Collaboration Practices in Action

Providers are resourceful, not only for the survivors they support, but also in finding their own support. In Vignettes 5 & 6 (below), the following trauma-informed practices are demonstrated:

- Connecting to national, statewide, and local collaborations for peer support
- Creating comprehensive approaches to addressing labor trafficking that combine case management, education, and outreach to raise awareness
- Engaging in labor trafficking-specific collaborations, networks, and task forces

Vignette 5: Linz

Linz is an attorney who works at a large refugee resettlement organization in Indiana. She works on a legal aid team that supports refugees and immigrants with the variety of interactions they have with the U.S. criminal-legal and immigration system. While her team consists of nine attorneys, Linz is the only one who works specifically with trafficking survivors. This morning she met with a client who shared a really difficult story with her. As she walked out of the office to take a lunch break, Linz was feeling a lot of worry and concern for her client and feeling at a total loss about how to support him. She'd worked with trafficking survivors for 12 years now. She knew that there were a lot of things that her supervisor and team could provide support with, but when it came to the specific dynamics related to labor trafficking, she often had trouble getting them to understand the intricacies. It could be more exhausting trying to explain the situation and not getting any useful ideas from her team than just trying to figure it out herself.

She arrived at her car, and before driving to pick up something to eat, she checked her phone. She had a text from Michelle, an attorney in Florida she'd gotten to know when they were both members of a national AmeriCorps program that mobilized fellows and law students across the country to deliver civil legal assistance and enforce the rights of crime victims. Almost 10 years later, Linz, Michelle, and four other friends who had been in the Corps together still kept in touch, with texts nearly every week and virtual happy hours every couple of months. They were friends, but also helped one another work through complicated cases, find helpful resources, and think about challenges in new ways.

Michelle's text was just a quick check-in that read "Happy Tuesday – hoping your week is off to a good start, don't forget any day is a good day for Ben & Jerry's!" Linz felt some

of the tension in her chest release. She quickly texted Michelle back, "Actually just had a tough meeting. Any chance we can chat later today and I can run a hypothetical by you?" Michelle replied almost instantaneously with a half hour block when she could connect. Linz could feel what was weighing on her lighten slightly.

Connecting to national, statewide, and local collaborations for peer support

A trauma-informed approach calls not only for recognition of trauma in survivors who seek services, but also of the trauma providers confront at work every day. A trauma-informed approach recognizes that many times providers in this field are survivors of trauma themselves. Providers need support in the work they do. That support can take the form of practical brainstorming around the challenging circumstances of the cases they work on or of emotional support to process and carry the weight of the trauma they absorb. Both forms are critical. National programs, like the one Linz participated in, are one way of building networks of support for providers. When Michelle texted Linz to check in, the text had the effect of helping Linz know that she was not alone in the work and giving her a space to brainstorm solutions.

Providers point to a variety of networks, both formal and informal, that serve the same purpose as Michelle's text to Linz. National programs that coordinate training of cohorts provide high quality training on TIP for trafficking survivors, build familiarity with national resources, and teach their members the importance of and the necessary skills for learning about their local resources. A national network can be a strong resource because many trafficking survivors frequently cross regional and state boundaries, and providers making referrals and warm hand-offs outside of their geographical region can make a big difference. Additionally, as a relatively small number of providers work specifically with trafficking survivors in any one sector (e.g., legal, medical, etc.), a national network brings together a critical mass of providers to support one another. State and local networks have a similar impact at a more local level by bringing together key players from across varied disciplines (e.g., law enforcement, prosecution, healthcare, service providers, etc.) to share training and professional networks. These networks support the providers who engage in them and also create connections that survivors benefit from. A warm referral to a case manager that an attorney like Linz makes for a survivor can result in fewer hurdles to overcome than if that survivor were to approach the case manager without a referral. These warm hand-offs only happen because providers are able to connect and get to know one another through networks, coalitions, and task forces.

Vignette 6: Julian

Julian has been working as a case manager at an organization that is primarily focused on providing workforce training and immigration services. Julian's role is specifically to address issues related to labor trafficking. While he's been conducting case management for the past five years, Julian just accepted a promotion to expand the scope of how his organization addresses labor trafficking. He will be building out a team to increase both the identification and support of labor trafficking survivors through a combination of direct service and educational outreach. Over the course of the next three years, Julian will be developing trainings for law enforcement, union employees, Fair Labor Standards Act (FLSA) investigators, and other key players to help them identify labor trafficking in their work. Julian's team will also be directing an outreach campaign to raise awareness of labor trafficking for the general public. Finally, the team will be establishing a local task force of cross-sector leaders to address the needs of labor trafficking survivors. The task force is to be modeled on a similar group that exists in the state for sex trafficking survivors, but with members from sectors that are directly involved with labor: service providers, the commerce bureau, the Department of Industry, local union leaders, and others. These new projects are in addition to continuing to provide direct service and case management to survivors—a service that is expected to be in increased demand as identification and outreach increase. Julian is excited. His experience over the past five years has taught him that there are many people who are exploited through labor trafficking but don't understand the crime they are experiencing. He feels optimistic that this new comprehensive approach to addressing it will both raise awareness and put effective measures in place to get people the resources and support they need.

Creating comprehensive approaches to addressing labor trafficking that combine case management, education, and outreach to raise awareness & Engaging in labor trafficking-specific collaborations, networks, and task forces

Trauma-informed care is incomplete if not all forms of trauma are recognized and not all populations that experience trauma are identified. A key step toward the recognition of labor trafficking survivors is raising awareness of what labor trafficking is and how to identify people experiencing it. Education and outreach are important tools for both identification and prevention in many forms of interpersonal violence. Investing staff time (and finding funding that supports it) specifically in these outward-facing activities can make existing services more accessible to those who need them. Julian's new promotion

will allow him to devote time to outreach and awareness-building. Now, Julian will be able to do the important work of broadening the reach of his organization's work, helping the public and relevant officials better understand labor trafficking, and supporting more survivors. Importantly, because the promotion represents an expansion of Julian's team, he will still have dedicated case workers to support the ongoing and crisis needs of individual survivors while he and others work on broader awareness-raising. These efforts go hand-in-hand, as increased identification of labor trafficking survivors and increased awareness of his organization as a resource will lead to an increased demand for direct services and support.

One component of Julian's new role is to establish a local task force of cross-sector leaders. As described above, coalitions and task forces have the potential to offer support to providers, simplify and improve the experiences of survivors navigating a variety of systems, and generate useful tools for the field in general. Julian recognizes the vital potential of this type of collaboration while also acknowledging the importance of specificity around the participants needed in a task force to address labor trafficking. Julian will be identifying and coordinating leaders of labor-related industries. These are the people who are most likely to identify labor trafficking and who are most likely to have the power and influence to address it. In order for survivors and providers of labor trafficking to reap the benefit of collaborations and coalitions, they need to be structured specifically to address issues related to labor trafficking: labor laws, the needs of foreign nationals, gendered dynamics relevant to men and boys, and other labor specific issues. Stakeholders shared that it is not enough to include labor trafficking in existing networks. To be effective, the networks must be designed specifically with the goal of responding to labor trafficking. Julian's new position gives him just this opportunity.

Recommendations for Engaging Coalitions & Collaborations

- *Organizations:* **Join or form coalitions with other service providing organizations supporting human trafficking survivors.**
  This is especially recommended for organizations whose missions are broader than supporting trafficking survivors, in which there may be only 1-2 staff members working with this population, or organizations that support survivors of labor trafficking. These coalitions can provide networks of support to staff, increasing retention rates. Coalitions should be structured to coordinate practice, training, and resource-sharing within the network.

- *TTA Providers:* **Create communities of practice to promote peer support and shared learning.**
  TTA providers are uniquely positioned to help coordinate across the multitude of organizations and providers they support. A community of practice is a space where providers can gather (in person and/or virtually) to raise challenges they are facing in their work, brainstorm solutions, and share resources. A community of practice focused on implementing specific elements of TIP for trafficking survivors could highlight best practices, collect examples of challenges providers face in implementing TIP, create a safe space for providers to ask questions, facilitate a discussion about new approaches to challenges, and practice engaging new approaches through role plays.

- *Policymakers:* **Establish and fund local, state, and national coalitions and collaborations that are specific to labor trafficking.**
  This could be done through the creation of new collaboration models, through the inclusion of requirements for communities of practice in grant funding for national TTA providers, or through the adaptation and expansion of existing models. Like the one described in Vignette 6, grants that make new positions requiring a combination of comprehensive case management and education, outreach, and task force creation, are a powerful model of policymakers' potential impact. Providing the relatively small amount of funding needed to coordinate and support a coalition could lead to an outsized impact compared to the level of necessary investment.

Conclusion

This action research project revealed that human trafficking providers have an overall understanding of the importance of TIP but implementation presents a variety of challenges. Three key findings detail a way forward:

(1) There is a discrepancy between theoretical TIP standards and how TIP is implemented, which can compromise survivor autonomy.

(2) Effective implementation of TIP requires a diverse and culturally responsive workforce.

(3) Providers are often the only person in their organization supporting trafficking survivors. Providers working specifically with labor trafficking survivors face an additional lack of general resources, research, and expertise as the field prioritizes responding to sex trafficking. Broader coalitions, collaborations, and networks support these providers and improve the experiences of survivors seeking services.

In this report, we present recommendations for providers and organizations, TTA providers, and policymakers to improve the implementation of TIP that supports human trafficking survivors (see Table 1 below).

Table 1: Recommendations to Improve Trauma-Informed Practice

	Recommendations for Providers and Organizations	Recommendations for TTA	Recommendations for Policymakers
Survivor Autonomy	Re-examine policies and program requirements related to service delivery for unintentional restrictions to survivor autonomy. Include and compensate survivor leaders who serve as advisors or consultants.	Develop and provide interactive trainings that can be customized to fit specific needs and populations.	Re-examine and revise policies that structure program requirements. If policies and funding streams do not currently inhibit the prioritization of survivor autonomy, consider additional education to providers to ensure misunderstandings are not impeding the provision of TIP. Include and compensate survivor leaders and frontline service providers in this process.
A Representative and Culturally Responsive Workplace for All	Implement cultural responsiveness trainings for staff. Partner with local ethnic community-based organizations. Develop a more diverse workforce.	Synthesize existing knowledge and best practices across sectors and adapt these for the needs of trafficking survivors.	Adapt a standard of cultural responsiveness for human-trafficking survivors and mandate organizational adherence to it. Include a section on workforce diversity and cultural responsiveness in all funding opportunity announcements (FOAs). Create funding opportunities for TTA providers to support organizations in needs assessments and action plans to improve their cultural responsiveness.
Coalitions & Collaborations	Join or form coalitions with other service providing organizations that support human trafficking providers.	Create communities of practice to promote peer support and shared learning.	Establish and fund local, state, and national coalitions and collaborations that are specific to labor trafficking.

Providers experience conflict or confusion when survivors make choices that challenge their instincts around safety and when survivors' lived experiences stretch the boundaries of their cultural understanding or professional training. While the instinct to protect human trafficking survivors is understandable, prioritizing perceived safety over survivor autonomy can be harmful and disempowering. Locking survivors up in police stations or psychiatric facilities steals their autonomy, strips them of access to resources, and retraumatizes them. In less extreme examples, well-meaning providers sometimes believe they are offering trauma-informed services, but in reality they are restricting survivors' autonomy, misjudging key interactions and cues, or preventing survivors from receiving services by creating requirements and barriers. This inadvertently counteracts the very purpose of TIP by replicating experiences of disempowerment, fear or anxiety, and dehumanization. In contrast, when providers recognize and trust that survivors have inherent knowledge of safety and skills to navigate their complex environment within their own cultural context and when services are provided with low or no barriers, they enhance autonomy.[75]

TIP requires culturally responsive practices. Providers sometimes hold significantly different cultural beliefs and lived experiences compared to the survivors they seek to support. This can lead to a disconnect between survivors and those they seek help from, as well as a lack of access to quality services for foreign-born survivors, survivors who are men and boys, and survivors of labor trafficking. Investing in the creation of a culturally diverse workforce and partnerships with organizations and leaders who have shared identities with survivors are key strategies for ensuring that trauma-informed resources are available to all human trafficking survivors.

In this work, providers need support. Many organizations do not have the internal structure and capacity to provide the necessary breadth and depth of support for their staff. Coalitions and collaborations offer an external network of peer support to providers. At the same time, these networks foster better communication and partnerships that ease the navigational processes that survivors undergo to get their needs met. The resources offered through collaborative networks are especially important in the case of providers who support survivors of labor trafficking, who often find that the resources, research, and support available to trafficking survivors in general is disproportionately allocated toward the needs of sex trafficking survivors. Creating and engaging in coalitions specific to the needs of labor trafficking survivors ensures that all survivors can receive the trauma-informed care and support they need.

As the field evolves to improve the implementation of TIP in different settings and with a range of survivor populations, we recommend centering autonomy as a core value. Ultimately, this is what survivors seek as they build safe, fulfilling lives for themselves. We also acknowledge the complexities inherent in TIP and strongly recommend creating communities of practice and coalitions to support providers as they refine and shape the future of TIP. It is vital that the provider workforce become increasingly diverse and culturally responsive over time as well, integrating survivors into the workforce for maximum impact. The recommendations outlined in this report lay the groundwork for the implementation of truly trauma-informed practice in the work of supporting survivors of human trafficking.

Appendix A: Action Research Methodology

Evaluation Approach: Action Research and Developmental Evaluation

The Institute for Economical and Racial Equity (IERE), formerly the Institute on Assets and Social Policy, utilized action research combined with a developmental evaluation approach for this project. Action research is an approach to learning and action that combines the methodological expertise of a facilitator together with the expertise of practitioners working to solve problems and implement innovations in a specific local context.[76] Action research levels out hierarchical relationships traditional to the research enterprise and values the unique positional knowledge and contributions of all members of a research team. Furthermore,

> *"Not only do research participants acquire the individual capacity to engage in systematic research that they can apply to other issues in other contexts, but they also build a supportive network of collaborative relationships that provides them with an ongoing resource . . . Links established in one project may provide access to information and support that build the power of people in many different ways."* [77]

IERE worked closely with the national USCRI Human Trafficking Program staff and other key partners to investigate questions and test ideas most relevant to the local context.

Developmental evaluation

> *"is grounded in systems thinking and supports innovation by collecting and analyzing real-time data in ways that lead to informed and ongoing decision making as part of the design, development, and implementation process."*[78]

This action research project was structured to provide USCRI and its network of partners with real-time data and findings that captured different facets of innovation and implementation to inform and improve their ongoing work.

Project Overview

In the first year of Project TRUST, USCRI established a Survivor Advisory Board, conducted focus groups with survivors, hosted monthly webinars and community calls, and created a toolkit for trauma-informed community sponsored outreach. In this first stage of the action research evaluation, IERE conducted a national survey of 157 providers who support human trafficking survivors. A full report of survey findings can be found [here](#). The main findings from year one were (1) providers understand the importance and effectiveness of trauma-informed practice but need more support in its implementation

and (2) organizations in the Project TRUST network expressed hypothetical interest in available TTA but did not participate at high levels. Two recommendations were therefore made to the Project TRUST team at the end of year one: (1) invest in relationship building with partners within the Project TRUST network to better understand both the strengths and needs of individual organizations and (2) facilitate shared learning between organizations where different agencies can learn from one another what has worked and what common barriers exist.

In years two and three, Project TRUST initiated a partnership with the Sanar Institute to focus on meeting the needs of providers around the implementation of TIP. In 2020, the Sanar Institute and Project TRUST began responding to requests for TTA. Between September 2020 and August 2021, Project TRUST, in collaboration with the Sanar Institute, hosted eight webinars, four community calls, and seven peer calls on topics related to the implementation of trauma-informed practice with trafficking survivors. (For a full list of topics, see Appendix C). IERE facilitated a collaborative process between USCRI, Sanar, and IERE to identify research questions for the ongoing action research evaluation. The research questions explored in this phase of the evaluation were:

- Who is implementing trauma-informed care well? How are they doing it?
- Who is struggling to implement trauma-informed care well, and what barriers are they facing?
- Is it true that organizations that implement trauma-informed care well are doing so through a comprehensive, multi-level organizational commitment? If so, what does that look like in practice?

To answer these questions, IERE launched an interview study to learn more about providers' experiences working with trafficking survivors, best practices in implementing TIP with this population, and barriers that they face. Thirty-two interviews were conducted with 26 providers in years two and three of the project. See Table 2 (below) for a breakdown of the characteristics of providers who participated in the interview study.

Findings in this report are derived from the entirety of IERE's three-year action research evaluation of Project TRUST.

Table 2: Provider Interview Sample Grid

Regions		Agency Type		Client Base	
Mid-Atlantic	5	Child-Focused Services	1	Domestic-Born	18
Midwest	9	Domestic Violence	1	Foreign-Born	23
Northeast	4	Faith-Based Services	2	Labor Trafficking	21
South West	2	Immigrant and Refugee Services	7	Sex Trafficking	25
Southeast	3	Law Enforcement	1		
West	3	Legal Services	3		
		Sexual Assault	3		
		Human Trafficking	8		

Appendix B: Requested Training Topics and Formats

Based on 32 interviews with 26 providers conducted between August and December 2020, the following training needs were identified.

Training Format

- Specific scenarios and examples
- Role plays
- Less time spent on definitions and repetition
- Information sharing between organizations
- Hearing from survivor experts
- Thoughtful, trauma-informed training (specifically, demonstrate trauma-informed approaches in the ways that the training itself is structured)
- Infrastructure for standardized "onboarding training" that can be accessible to new hires from many different organizations
- Connection with like-minded people (informal connections, brainstorming, and best practice-sharing)
- Ongoing opportunities for content and for connection and support

The following were mentioned as problems with existing trainings to address/avoid:
- White women training service providers of color

- Trainers who do not have frontline experience providing trauma-informed care to trafficking survivors

Training Content

- Complex models of what implementation really looks like
- Explanation of harm reduction and how it feels when a survivor makes a choice that feels unsafe/unproductive to providers (i.e., how to support a survivor while promoting agency and without judgment)
- Examples of how relationships with survivors have been harmed by not engaging in harm reduction (i.e., what not to do)
- More resources around labor trafficking (e.g., how trauma presents differently best practices in identifying and supporting labor trafficking survivors
- Situating work in the context of historical, cultural traumas
- Identification and understanding of the possible meanings behind traumatic behaviors and how not to take them personally
- Materials that can be brought back to the organization (e.g., screening tools and model policies)
- An overview of the immigration process as it is applicable to trafficking survivors
- Practice applying general best practices to specific populations
- Details on the physical impact of trauma on the brain*
- Help for providers to become aware of their own biases*
- Best practices in building rapport with survivors*
- Guidance on how to avoid triggering survivors (what not to do)*
- Grounding techniques*
- Tools for building empathy*

*Needs marked with an asterisk were only mentioned by a single interviewee.

Appendix C: Community Call and Webinar Topics in the First Three Years of Project TRUST

Community Call Topics

- Trauma-Informed Manner to Support Survivors and Foster Client Autonomy*
- Creating Trauma-Informed Partnerships & Trauma-Informed Considerations in the Courtroom*
- Supporting LGBTQIA+ Trafficking Survivors Around the Holidays*
- State of the Field 2019: Trauma-Informed Response
- Project TRUST Outreach Toolkit
- Case Scenarios: How to Build Rapport with Clients Remotely
- Safety Planning for Emotional Responses

Webinar Topics

- Gathering Feedback on Desires, Needs, and Providing Basics of Trauma-Informed Care*
- Trauma and Trafficking Introduction *
- "Ask the Expert" Trauma-Informed Care
- Exploring Intersectionality in Human Trafficking and Domestic Violence through a Complex Trauma Lens
- Cross-Cultural Conversation: Trauma-Informed Care in the Field of Human Trafficking and Domestic Violence
- Providing Trauma-Conscious and Person-Centered Direct Services in a Virtual Setting
- Understanding and Mitigating Trauma Responses
- Trauma-Informed Crisis Response
- Trauma-Informed Response Case Management for Foreign National Children and Youth
- Trauma-Informed Engagement in Legal Settings

*Community Calls and Webinars marked with an asterisk were hosted prior to 2020, which is also when the Sanar Institute joined Project TRUST.

References

1. United States Department of State Publication Office to Monitor and Combat Trafficking in Persons (2020). Trafficking in Persons Report. Retrieved from https://www.state.gov/wp-content/uploads/2020/06/2020-TIP-Report-Complete-062420-FINAL.pdf

2. Trafficking in Persons Report, 20th Edition (p. 570). (2020). United States Department of State Publication Office to Monitor and Combat Trafficking in Persons.

3. United States Department of State Publication Office to Monitor and Combat Trafficking in Persons (2021). Trafficking in Persons Report. Retrieved from https://www.hsdl.org/?abstract&did=855864

4. Jamaal Bell, 2011, Race And Human Trafficking In The U.S.: Unclear But Undeniable, http://kirwaninstitute.osu.edu/race-and-human-trafficking-in-the-u-s-unclear-but-undeniable/

5. U.S. National Human Trafficking Hotline Statistics . (2018). Retrieved from Polaris : https://polarisproject.org/wp-content/uploads/2019/09/Polaris_National_Hotline_2018_Statistics_Fact_Sheet.pdf

6. Trafficking in Persons Report, 20th Edition (p. 570). (2020). United States Department of State Publication Office to Monitor and Combat Trafficking in Persons.

7. Clawson, H. J., Small, K. M., Go, E. S., & Myles, B. W. (2003). Needs Assessment for Service Providers and Trafficking Victims (No. 202469; p. 75). National Institute of Justice.

8. SAMHSA. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (HHS Publication (SMA) 14-4884; p. 27). Substance Abuse and Mental Health Services Administration.

9. Baldwin, S. B., Fehrenbacher, A. E., & Eisenman, D. P. (2015). Psychological Coercion in Human Trafficking: An Application of Biderman's Framework. Qualitative Health Research, 25(9), 1171–1181. https://doi.org/10.1177/1049732314557087

10. Burke, M. C. (2019). Human Trafficking in the 21st Century: An Overview for Healthcare Providers. In Working with the Human Trafficking Survivor: What Counselors, Psychologists, Social Workers and Medical Professionals Need to Know (pp. 1–16). Taylor & Francis Group. http://ebookcentral.proquest.com/lib/brandeis-ebooks/detail.action?docID=5741710

11. Hossain, M., Zimmerman, C., Abas, M., Light, M., & Watts, C. (2010). The Relationship of Trauma to Mental Disorders Among Trafficked and Sexually Exploited Girls and Women. American Journal of Public Health, 100(12), 2442–2449.

12. Ravi, A., Pfeiffer, M. R., Rosner, Z., & Shea, J. A. (2017). Trafficking and Trauma: Insight and Advice for the Healthcare System From Sex-trafficked Women Incarcerated on Rikers Island. Medical Care, 55(12), 6.

13. Turner-Moss, E., Zimmerman, C., Howard, L. M., & Oram, S. (2014). Labour Exploitation and Health: A Case Series of Men and Women Seeking Post-Trafficking Services. Journal of Immigrant and Minority Health, 16(3), 473–480. http://dx.doi.org/10.1007/s10903-013-9832-6

14. Mehlman-Orozco, K. (2020). Projected heroes and self-perceived manipulators: Understanding the duplicitous identities of human traffickers. Trends in Organized Crime, 23(2), 95–114. https://doi.org/10.1007/s12117-017-9325-4

15. Hopper, E. K. (2017). Trauma-Informed Psychological Assessment of Human Trafficking Survivors. Women & Therapy, 40(1–2), 12–30. https://doi.org/10.1080/02703149.2016.1205905

16. Hopper, E. K., & Gonzalez, L. D. (2018). A Comparison of Psychological Symptoms in Survivors of Sex and Labor Trafficking. Behavioral Medicine, 44(3), 177–188. https://doi.org/10.1080/08964289.2018.1432551

17. Hossain, M., Zimmerman, C., Abas, M., Light, M., & Watts, C. (2010). The Relationship of Trauma to Mental Disorders Among Trafficked and Sexually Exploited Girls and Women. American Journal of Public Health, 100(12), 2442–2449.

18. Lugris, V. M., Burke, M. C., & Flahery, L. R. (2019). The Adult Trafficking Survivor and Post-Traummatic Stress Disorder. In Working with the Human Trafficking Survivor: What Counselors, Psychologists, Social Workers and Medical Professionals Need to Know (pp. 35–47). Taylor & Francis Group. http://ebookcentral.proquest.com/lib/brandeis-ebooks/detail.action?docID=5741710

19. Oram, S., Stöckl, H., Busza, J., Howard, L. M., & Zimmerman, C. (2012). Prevalence and Risk of Violence and the Physical, Mental, and Sexual Health Problems Associated with Human Trafficking: Systematic Review. PLoS Medicine, 9(5), 1–13. https://doi.org/10.1371/journal.pmed.1001224

20. Ottisova, L., Hemmings, S., Howard, L. M., Zimmerman, C., & Oram, S. (2016). Prevalence and risk of violence and the mental, physical and sexual health problems associated with human trafficking: An updated

systematic review. Epidemiology and Psychiatric Sciences, 25(4), 317–341.

21. Ravi, A., Pfeiffer, M. R., Rosner, Z., & Shea, J. A. (2017). Trafficking and Trauma: Insight and Advice for the Healthcare System From Sex-trafficked Women Incarcerated on Rikers Island. Medical Care, 55(12), 6.

22. Turner-Moss, E., Zimmerman, C., Howard, L. M., & Oram, S. (2014). Labour Exploitation and Health: A Case Series of Men and Women Seeking Post-Trafficking Services. Journal of Immigrant and Minority Health, 16(3), 473–480. http://dx.doi.org/10.1007/s10903-013-9832-6

23. Cook, A, Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M, & van der Kolk, B. (2005). Complex trauma in children and adolescents. Psychiatric Annuls, 35, 390-398

24. Keisel, K (2021). Introduction: Contextualizing human trafficking through a complex trauma framework. In M. Chisholm-Straker & K.Chon (Eds.), The historical roots of human trafficking (pp.231-255). Springer Nature Switzerland AG. https://doi.org/10.1007/978-3-030-70675-3_13

25. Tedeschi, R. G., & Calhoun, L. G. (1996). The Posttraumatic Growth Inventory: Measuring the Positive Legacy of Trauma. Journal of Traumatic Stress, 9(3), 455–471. https://doi.org/10.1002/jts.2490090305

26. Hossain M, Zimmerman C, Abas M, Light M, Watts C. The relationship of trauma to mental disorders among trafficked and sexually exploited girls and women. Am J Public Health. 2010;100(12):2442-2449

27. Herman, J. (1992). Trauma and recovery. Basic Books.

28. SAMHSA. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (HHS Publication (SMA) 14-4884; p. 27). Substance Abuse and Mental Health Services Administration.

29. Heffernan, K., & Blythe, B. (2014). Evidence-Based Practice: Developing a Trauma-Informed Lens to Case Management for Victims of Human Trafficking. Global Social Welfare, 1(4), 169–177. https://doi.org/10.1007/s40609-014-0007-8

30. Hemmings, S., Jakobowitz, S., Abas, M., Bick, D., Howard, L. M., Stanley, N., Zimmerman, C., & Oram, S. (2016). Responding to the health needs of survivors of human trafficking: A systematic review. BMC Health Services Research, 16(1). https://doi.org/10.1186/s12913-016-1538-8

31. Hopper, E. K. (2017). Trauma-Informed Psychological Assessment of Human Trafficking Survivors. Women & Therapy, 40(1–2), 12–30. https://doi.org/10.1080/02703149.2016.1205905

32. Johnson, B. C. (2012). Aftercare for Survivors of Human Trafficking. Social Work and Christianity; Botsford, 39(4), 370–389.

33. Rajaram, S. S., & Tidball, S. (2018). Survivors' Voices—Complex Needs of Sex Trafficking Survivors in the Midwest. Behavioral Medicine, 44(3), 189–198. https://doi.org/10.1080/08964289.2017.1399101

34. Ravi, A., Pfeiffer, M. R., Rosner, Z., & Shea, J. A. (2017). Trafficking and Trauma: Insight and Advice for the Healthcare System From Sex-trafficked Women Incarcerated on Rikers Island. Medical Care, 55(12), 6.

35. Steiner, J. J., Kynn, J., Stylianou, A. M., & Postmus, J. L. (2018). Providing services to trafficking survivors: Understanding practices across the globe. Journal of Evidence-Informed Social Work, 15(2), 150–169. https://doi.org/10.1080/23761407.2017.1423527

36. Hopper, E. K. (2017). Trauma-Informed Psychological Assessment of Human Trafficking Survivors. Women & Therapy, 40(1–2), 12–30. https://doi.org/10.1080/02703149.2016.1205905

37. Human Trafficking. (2015, October 6). The United States Department of Justice. https://www.justice.gov/humantrafficking

38. Baldwin, S. B., Fehrenbacher, A. E., & Eisenman, D. P. (2015). Psychological Coercion in Human Trafficking: An Application of Biderman's Framework. Qualitative Health Research, 25(9), 1171–1181. https://doi.org/10.1177/1049732314557087

39. Heffernan, K., & Blythe, B. (2014). Evidence-Based Practice: Developing a Trauma-Informed Lens to Case Management for Victims of Human Trafficking. Global Social Welfare, 1(4), 169–177. https://doi.org/10.1007/s40609-014-0007-8

40. Cattaneo, L. B. (2010). The Role of Socioeconomic Status in Interactions with Police Among a National Sample of Women Experiencing Intimate Partner Violence. American Journal of Community Psychology; Macon, 45(3–4), 247–258. http://dx.doi.org.resources.library.brandeis.edu/10.1007/s10464-010-9297-x

41. Cattaneo, L. B., & Goodman, L. A. (2015). What is empowerment anyway? A model for domestic violence practice, research, and evaluation. Psychology of Violence, 5(1), 84–94. https://doi.org/10.1037/a0035137

42. Zweig, J. M., & Burt, M. R. (2007). Predicting Women's Perceptions of Domestic Violence and Sexual Assault Agency Helpfulness: What Matters to Program Clients? Violence Against Women, 13(11), 1149–1178. https://doi.org/10.1177/1077801207307799

43. Hotaling, G. T., & Buzawa, E. S. (2003). Forgoing Criminal Justice Assistance: The Non-Reporting of New Incidents of Abuse in a Court Sample of Domestic Violence Victims: (300602003-001) [Data set]. American Psychological Association. https://doi.org/10.1037/e300602003-001

44. Cattaneo, L. B., & Goodman, L. A. (2010). Through the Lens of Therapeutic Jurisprudence: The Relationship Between Empowerment in the Court System and Well-Being for Intimate Partner Violence Victims. Journal of Interpersonal Violence, 25(3), 481–502. https://doi.org/10.1177/0886260509334282

45. Perez, S., Johnson, D. M., & Wright, C. V. (2012). The Attenuating Effect of Empowerment on IPV-Related PTSD Symptoms in Battered Women Living in Domestic Violence Shelters. Violence Against Women, 18(1), 102–117. https://doi.org/10.1177/1077801212437348

46. Anderson, J. (1996). Empowering patients: Issues and strategies. Social Science & Medicine, 43(5), 697–705. https://doi.org/10.1016/0277-9536(96)00153-0

47. Koggel, C. M. (2020). Feminist Relational Theory: The Significance of Oppression and Structures of Power: A Commentary on "Nondomination and the Limits of Relational Autonomy" by Danielle M. Wenner. IJFAB: International Journal of Feminist Approaches to Bioethics, 13(2), 49–55. https://doi.org/10.3138/ijfab.13.2.06

48. Masterson, S., & Owen, S. (2006). Mental health service user's social and individual empowerment: Using theories of power to elucidate far-reaching strategies. Journal of Mental Health, 15(1), 19–34. https://doi.org/10.1080/09638230500512714

49. Townsend, E. (1998). Challenging the Routine Organization of Power. In Good Intentions OverRuled: A Critique of Empowerment in the Routine Organization of Mental Health Services (pp. 152–182). University of Toronto Press. http://ebookcentral.proquest.com/lib/brandeis-ebooks/detail.action?docID=4671561

50. Santos, J., Chakoian-Lifvergren, K., & Sethi, R. (2020). Trauma-Informed Care for Survivors of Human Trafficking: A State of the Field in 2019 (p. 19). Institute on Assets in Social Policy, Brandeis University.

51. Santos, J., Chakoian-Lifvergren, K., & Sethi, R. (2020). Trauma-Informed Care for Survivors of Human Trafficking: A State of the Field in 2019 (p. 19). Institute on Assets in Social Policy, Brandeis University.

52. SAMHSA. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (HHS Publication (SMA) 14-4884; p. 27). Substance Abuse and Mental Health Services Administration.

53. Herman, J. (1992). Trauma and recovery. Basic Books.

54. Administration for Community Living. (n.d.). Reporting Abuse. National Center on Elder Abuse. Retrieved August 2, 2021, from https://ncea.acl.gov/Suspect-Abuse/Reporting-Abuse.aspx

55. Child Welfare Information Gateway. (2019). Mandatory reporters of child abuse and neglect. U.S. Department of Health and Human Services, Children's Bureau. https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/manda/

56. Santos, J., Chakoian-Lifvergren, K., & Sethi, R. (2020). Trauma-Informed Care for Survivors of Human Trafficking: A State of the Field in 2019 (p. 19). Institute on Assets in Social Policy, Brandeis University.

57. SAMHSA. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (HHS Publication (SMA) 14-4884; p. 27). Substance Abuse and Mental Health Services Administration.

58. U.S. Department of Health and Human Services, Office of Mental Health. (2018). National CLAS Standards. Minority Health. https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53

59. U.S. National Human Trafficking Hotline Statistics . (2018). Retrieved from Polaris : https://polarisproject.org/wp-content/uploads/2019/09/Polaris_National_Hotline_2018_Statistics_Fact_Sheet.pdf

60. Cummins, E. R., & Blum, L. M. (2015). "SUITS TO SELF-SUFFICIENCY": Dress for Success and Neoliberal Maternalism. Gender and Society, 29(5), 623–646.

61. Christie, N. (1986). The ideal victim. In From crime policy to victim policy: Reorienting the justice system (pp. 17–30). Palgrave Macmillan.

62. Jobe, A. (2020). Telling the Right Story at the Right Time: Women Seeking Asylum with Stories of Trafficking into the Sex Industry. Sociology, 54(5), 936–952. https://doi.org/10.1177/0038038520932019

63. Wilson, M., & O'Brien, E. (2016). Constructing the ideal victim in the United States of America's annual trafficking in persons reports. Crime, Law and Social Change, 65(1), 29–45. https://doi.org/10.1007/s10611-015-9600-8

64. Gross, A. (2015). The Mann Act and Crossing State Lines: Maybe You Should Have Known Notes. Cardozo Law Review, 37(6), 2239–2278.

65. Boukli, A., & Renz, F. (2019). Deconstructing the lesbian, gay, bisexual, transgender victim of sex traffick-

ing: Harm, exceptionality and religion–sexuality tensions. International Review of Victimology, 25(1), 71–90. https://doi.org/10.1177/0269758018772670

66. de Vries, I., Nickerson, C., Farrell, A., Wittmer-Wolfe, D. E., & Bouché, V. (2019). Anti-immigration sentiment and public opinion on human trafficking. Crime, Law and Social Change, 72(1), 125–143. https://doi.org/10.1007/s10611-019-09838-5

67. Fehrenbacher, A. E., Musto, J., Hoefinger, H., Mai, N., Macioti, P. G., Giametta, C., & Bennachie, C. (2020). Transgender people and human trafficking: Intersectional exclusion of transgender migrants and people of color from anti-trafficking protection in the United States. Journal of Human Trafficking, 6(2), 182–194.

68. Keisel, K (2021). Introduction: Contextualizing human trafficking through a complex trauma framework. In M. Chisholm-Straker & K.Chon (Eds.), The historical roots of human trafficking (pp.231-255). Springer Nature Switzerland AG. https://doi.org/10.1007/978-3-030-70675-3_13

69. Doupe Gaiser, M., Nsiah-Jefferson, L., Santos, J., Venner, S., Boguslaw, J., & Tellez, T. (2015). Culturally Effective Healthcare Organizations: A Framework for Success (p. 11). Institute on Assets and Social Policy, The Heller School for Social Policy and Management, Brandeis University. https://heller.brandeis.edu/iere/pdfs/jobs/culturally-effective.pdf

70. Santos, J., Venner, S., Boguslaw, J., Tarahija, S., & McCracken, K. (2016). Becoming a Culturally Effective Organization: A Case Study of the Manchester Community Health Center (p. 12). Institute on Assets and Social Policy, The Heller School for Social Policy and Management, Brandeis University.

71. III, S. S., Pinder, D., & Chui, M. (2021, July 14). Closing the Job Mobility Gap Between Black and White Americans. Harvard Business Review. https://hbr.org/2021/07/closing-the-job-mobility-gap-between-black-and-white-americans

72. Perry-Smith, J. (2021, August 30). You've Built a Racially Diverse Team. But Have You Built an Inclusive Culture? Harvard Business Review. https://hbr.org/2021/08/youve-built-a-racially-diverse-team-but-have-you-built-an-inclusive-culture

73. Reflecting on Leadership Diversity in Today's Nonprofit Sector. (2019, September 5). The Center for Effective Philanthropy. https://cep.org/reflecting-on-leadership-diversity-in-todays-nonprofit-sector/

74. U.S. Department of Health and Human Services, Office of Mental Health. (2018). National CLAS Standards. Minority Health. https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53

75. Cattaneo, L. B., Stylianou, A. M., Hargrove, S., Goodman, L. A., Gebhard, K. T., & Curby, T. W. (2020). Survivor-Centered Practice and Survivor Empowerment: Evidence From A Research–Practitioner Partnership. Violence Against Women, 1077801220935196. https://doi.org/10.1177/1077801220935196

76. Adapted from OVC Fact Sheet: Action Research: https://www.ovc.gov/pdftxt/Action-Research-Fact-Sheet-508.pdf

77. Stringer, E. T. (2007). Action research (3rd ed.. p.21).

78. Patton, M. 2010. Developmental Evaluation: Applying Complexity Concepts to Enhance Innovation and Use.

* United States Department of State Publication Office to Monitor and Combat Trafficking in Persons (2021). Trafficking in Persons Report. Retrieved from https://www.hsdl.org/?abstract&did=855864