

A Multidisciplinary Team Adaptation
for the Aftercare of Minor Domestic Sex Trafficking Victims

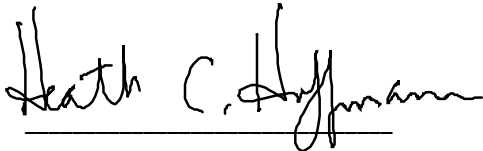
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A handwritten signature in black ink, reading "Heath C. Hoffmann". The signature is written in a cursive style with a horizontal line underneath the name.

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Introduction

The little girl within me lived quiet and hurt and scared. There was nobody to love me, no one to play with, no one to even brush through my matted hair. Only screaming and fear of Daddy and so, I left. I was 13. During the first few days, I met someone who finally showed me some attention. He told me I was beautiful - something no one had ever told me before. He told me he would take care of me. One night, he handed me a bottle of something and made me drink until I was sick all over the floor. I don't like to remember much of that night. When I woke up the next morning, I remember lying on the cold floor, my body aching. I was bleeding from him forcing himself upon me. That next day, he took me out onto the streets and told me what to do. During that time, I saw between 10 and 20 men per day. I was beaten, kicked, burned, and strangled. Most men liked it rough. Once, I was slashed with a razor. Over the next few years, I was in and out of jail on prostitution charges: each time when I got out, there he was to pick me up and take me right back to the track. The first time I became pregnant, he shot me, and I ended up in the hospital. That's when I had my abortion. He put me back out on the streets the day I was released. He gave me drugs to cope with the pain, and I took them to forget the trauma.

This narrative is a compilation of the stories I have heard during my time working within the realm of human trafficking and, as such, represents the deep truths of domestic human sex trafficking, truths that I have heard firsthand, and seen the consequences of. The trauma recounted above and the experiences described are not uncommon, but rather shared by many victims and survivors.

Human trafficking is internationally recognized as the illegal trade of human beings. Whether forced labor or sexual commerce, every thirty seconds, another is victimized by this, our

modern-day slavery. There are currently 20.9 million men, women, and children held captive, more slaves than ever before in human history (The Polaris Project). As the fastest-growing business of organized crime and the third-largest illicit enterprise in the world, human trafficking is infamous for its heinous nature, criminal potential, and the fact that it spans the globe and involves millions of women, men and children from every racial and ethnic background (Walter-Rodriguez and Hill). It vastly undermines human needs of health, safety, and security, positioning it as relevant to discussions of human rights and their violations, concerns of economic exploitation, and the global fight against the drug trade and organized crime (The A21 Campaign). This crime can manifest as modern day indentured servitude, forcing unwilling subjects into international or local labor trafficking. It also encompasses the illegal harboring, or obtaining of persons, thus including instances of kidnapping that lead to debt bondage or peonage. Humans are also internationally trafficked for sexual acts, constituting human sex slavery. Each of these three manifestations involves the use of force, fraud, or coercion, as outlined by the U.S. Congress and the United Nations, for the purpose of subjugation to acts against their will. While each of these very real examples of human trafficking is worthy of further study, this research will focus on human sex trafficking within the United States and the efforts that are currently being undertaken to combat it.

In December of 2000, the United States Congress passed the Victims of Trafficking and Violence Protection Act (TVPA), effectively recognizing human trafficking on a domestic scale, providing a definition of its reaches, and establishing methods to combat the crime. TVPA places specific importance on the illegality of underage minors who are involved in the sex trade, making allowances for their rehabilitation, and the services provided to underage victims. This act outlined a three-pronged approach: the prosecution of traffickers, the protection of victims, and the prevention of further instances of sex trafficking. The TVPA cites the creation of an Interagency Task Force to champion this approach on a federal level.

In the years following the implementation and trickle down of TVPA, a movement on the local level has emerged in the US for greater interdisciplinary cooperation for identifying human trafficking victims and providing them with aftercare, particularly cooperation between law enforcement and medical health personnel. Statistically, legal and medical professionals are more likely to come in contact with both victims and perpetrators, aptly positioning them to make strides towards prosecution, protection, and prevention.

Despite this movement and the efforts made by TVPA, the current lack of coordinated aftercare and trauma counseling are still proving insufficient to deal with this critical problem (Peters). While the alleviation of trafficking necessitates the identification of victims and trafficking rings, rescue of victims, prosecution of traffickers, and prevention programming, it also requires a focus on the victims themselves and it is evident that current solutions are insufficient to effectively manage the experiences and trauma of sex trafficking survivors. Despite the legal approach initiated with the passage of TVPA (2000), a lack of education, awareness, and coordination exists within the members of Interagency Task Forces and interdisciplinary partnerships, which allows human trafficking victims to be labeled and prosecuted as criminals, ignorant of their trauma and exploitation (Peters; Farrell et al.; Kotrla and Wommack; Walter-Rodriguez and Hill).

This research will explore the issue of sex trafficking along with the emotional, social, and psychological consequences of the crime. Section I will provide an overview of sex trafficking education, policies, awareness, and a description of the interdisciplinary approach that exists between medical health personnel and law enforcement officers. It will close with an emphasis on the problems and inconsistencies of current efforts to combat sex trafficking. Following this overview, Section II will compare the issue of sex trafficking of minors to the issue of child sexual abuse, providing a comparison of the victim profiles and exploring the potential benefits of a multidisciplinary team (MDT) adaptation for human trafficking and the types of organizations and personnel that are vital to collaborative, victim-centered aftercare.

Section I: The Realities of Domestic Human Sex Trafficking

Definition of Human Trafficking and Domestic Statistics

In the late 1990s and early 2000s, a connection was codified between international human rights declarations, laws combating discrimination against and violations of women's rights, and this increasingly more prominent crime of human trafficking (King). The international scale and the statistical realities of human trafficking were recognized as a prominent global threat, eliciting the Trafficking in Persons Protocol implemented by the the United Nations Office on Drugs and Crime in 2000, along with the UN's Global Initiative to Fight Human Trafficking ("Convention Against Transnational Organized Crime and the Protocols Thereto"; "What is Human Trafficking?"). Also in 2000, the United States Congress passed the Victims of Trafficking and Violence Protection Act (TVPA), effectively defining, legitimizing, and recognizing human trafficking for the first time in the U.S.. The TVPA defines human trafficking as:

a) sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or b) the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery (103).

This law establishes legal provisions for the prosecution of the perpetrators of human trafficking and the protection of its victims.

Despite the gravity of international trafficking both labor and sexual, it is the domestic sex trafficking of minors that I will focus on in this research. Human trafficking in the United States is widely regarded as involving an influx of international children. In a recent study of trafficked minors, 35.2% were found to be of non-domestic origin (Kotrla and Wommack). However, from these statistics, it is clear that the large majority of minor trafficking in the U.S. at 64.8% is comprised of interstate trade and exploitation. It is thus primarily from within, not only from

without, that the U.S. is involved with the trafficking of children, the average entry of whom is globally situated at 13 years of age. As Collins states, “Victims, younger than ever, are just as likely to be the homegrown American girl next door as illegally imported foreigners”. The majority of these children come from abusive homes, situations of abandonment, or other forms of economic and emotional neglect that leave them vulnerable to ill-treatment (Walter-Rodriguez and Hill). TVPA holds that the primary targets of traffickers are girls “who are disproportionately affected by poverty, the lack of access to education, chronic unemployment, discrimination, and the lack of economic opportunities” (102).

In the eyes of a trafficker, each thirteen year old victim is a commodity “renting an organ for ten minutes” (Collins). The trafficking industry generates massive revenues - \$32 billion a year worldwide - and as such, traffickers view their victims as a renewable source of revenue and a product to be owned, packaged and sold (Hopper and Hidalgo; Collins). One victim remembers the strict non-refusal policy of her trafficker, instated to ensure his profitability. She was not permitted to refuse any customer, despite “how frightening, harmful, vile, or degrading—be it videotaping anal rape, beating (her) black-and-blue, or smearing (her) with puke” (Collins, sec. “Dennis Paris”). In one case, she called her trafficker from a prostitution session because she was “ripping and bleeding.” He told her to continue and then took her to her next job immediately following (Collins).

Traffickers use manipulative, coercive, and/or forcible methods to draw their victims into vulnerable situations, and then keep them there. Perpetrators often exploit the emotional vulnerability of potential victims rooted in unhealthy family relationships by taking advantage of a pervasive lack of positive male role models in a victim’s life by promising commitment to youths (Walter-Rodriguez and Hill). This emotional manipulation and abuse constitutes the first stage of trafficking: *Recruitment* (Hopper and Hidalgo). Traffickers claim a *love* and *need* for the victim, creating a sense of dependency and reciprocity. It is only too easy to see that this dependency is exploited, as traffickers often claim that any sex acts are for their future together (Walter-Rodriguez

and Hill). Traffickers refer to this stage as “seasoning” or “grooming”: the process of building trust through courtship. They sense which tactics will be effective to gain the loyalty of their victim (Collins).

In order to police and maintain this human “property”, traffickers engage in the second stage of trafficking known as *Initiation* during which victims become the property of the trafficker and are dissolved of their agency (Hopper and Hidalgo). All forms of identity are taken, including birth certificates, passports, and driver's licenses (Walter-Rodriguez and Hill). According to the U.S. Office of Justice Programs, during this stage, freedom of mobility and activity is also limited, perpetuating the sense of dependency between victim and trafficker. Traffickers take it upon themselves to regulate a victim's food consumption, work and sleeping hours, home conditions, private communication methods, health and self care, among many other forms of individual privacy. Initiation also involves a dissolution of personal resistance, often taking the form of gang rape or extreme acts of physical abuse (Collins; Hopper and Hidalgo). In one report, a trafficker allegedly sliced one victim with a box cutter and then proceeded to stomp her into submission using Timberland boots, a process known as “Timming” (Collins). This type of manipulative dominance is known as ‘gorilla’ pimping and is characterized by outbursts of violence, an integral part of the physical and psychological cycle of exercising power and control over the victim (Collins; Hopper and Hidalgo). It is present most frequently in *Initiation*, and also *Indoctrination*, the third and final stage of trafficking (Hopper and Hidalgo). In the initiation state, drugs are also used by traffickers to control their victims, gaining compliance through either exploitation of an existing drug problem (e.g., facilitating drug dependence by providing the drugs and/or withholding drugs on which one is dependent as a form of punishment), or forcible drug use (Collins; Lederer and Wetzel). One survivor testified that her trafficker withheld heroin from her to *break her down* (Collins). She described the withdrawal symptoms, including lack of movement, cramping,

involuntary shaking and sweating, resistance to touch and lack of bowel control. Despite such illness, her trafficker insisted she work seven days a week, seeing eight to ten men per day (Collins).

The final stage, *Indoctrination*, works to deepen the perpetrator's control over victims. A hierarchy is often established, creating even more incentives for compliance (Hopper and Hidalgo, 2006). Physical impairments, exhaustion, destruction of the victim's sense of autonomy, economic deprivation and dependence, and implicit and explicit threats are also means of indoctrinating victims (Collins; Hopper and Hidalgo). Traffickers also frequently abuse the legal process, instilling a fear of the law in their victims grounded in the illegality of prostitution, leading victims to distrust police officers, the judicial process, investigators (e.g. similar to the Power and Control Wheel).

Trafficking victims are also subject to psychological manipulation and torture, a key factor in the maintenance of a trafficking situation beyond Indoctrination. TVPA recognized psychological manipulation and fear as a prominent method used by traffickers to not only establish, but actively maintain control, as they frequently warn their victims that escape would elicit physical harm either to them or their loved ones. Such verbal threats and insinuations can produce the same coercive effects on victims as directly inflicting physical harm on them (TVPA). In this way, by maintaining an environment of fear, traffickers perpetuate victimization, even without direct physical violence (Hopper and Hidalgo; TVPA). One survivor recalls her trafficker threatening to "dragoon her little sister into becoming a replacement whore" if she was disobedient (Collins, sec. "Dennis Paris"). In one case, a trafficker zipped a disobedient victim into a duffel bag and left her on a six-lane highway (Collins). Another survivor recounts her trafficker forcing himself on her whenever and however he wanted. "If I tried to refuse," she said, "he would grab my throat and hold me down until he was able to get inside me" (Collins, sec. "Brian Forbes"). Forcible rape such as this is used by traffickers as punishment for behavior, or simply a display of their power and control. The same victim described another instance of her attempted resistance. After trying to escape her trafficker "locked the door, beat her, stripped her, handcuffed her to his bed face down, raped her,

rolled her in a blanket, and prepared to overdose her with heroin” (Collins, sec. “Dennis Paris”). Due to the prevalence of such violence, threats of increased incidents of torture, and vast restrictions on life and freedoms, it is easy to see why many victims, even if escape is physically possible, frequently return to the trafficker due to psychological coercion and fear of continued abuse (Hopper and Hidalgo).

Traffickers also further ingrain an unhealthy dependency into their relationship with the victim by creating a distinct patriarchal structure and environment of risks and rewards (Walter-Rodriguez and Hill). For example, traffickers of more than one victim frequently use one girl as a “bottom” (Collins; Walter-Rodriguez and Hill). This is the term used to refer to a victim, generally the oldest of a particular trafficker, who is used to collect money from other victims, discipline trafficking victims and seduce new recruits (Walter-Rodriguez and Hill). Traffickers also create distrust and disdain among their victims, forcing them to watch instances of rape, and even participate in the event (Hopper and Hidalgo). These instances represent only pieces of the ingrained sadistic and competitive atmosphere, lacking trust and unity, even between victims who share trauma.

Human Sex Trafficking: Physical and Psychological Effects

Subjected and induced by force, fraud, or coercion, human trafficking victims are subject to extreme psychological manipulation and physical exploitation. Thus, the relationship between victim and trafficker is characterized by severe traumatization; trauma that can best be understood as a compilation of the damage done to prisoners of war, torture survivors, cult members and victims of domestic violence (Hopper and Hidalgo).

Similar to prisoners of war, trafficking victims are deprived of sanitary conditions, and basic physiological needs such as food or sleep. Authors Hopper and Hidalgo describe instances where human trafficking victims are forced to sleep on tattered mattresses or even a mat on the floor for

extended periods of time. The authors also describe the way that food is used by the trafficker as a reward for good behavior, or a profitable night. Human trafficking victims are often severely underweight as a result, and frequently develop eating disorders as a consequence of this unhealthy relationship with food (Lederer and Wetzel).

Like torture survivors, they also endure physical and verbal harassment, humiliation and abuse, and are forced to betray or harm others (Hopper and Hidalgo). One victim described being forced to hold down another girl as she was violently gang raped (Hopper and Hidalgo). Another recalls being photographed before the friends of her trafficker - down on all fours and naked except for a dog collar and leash (Collins). Traffickers are known to take “inventory” of their victims - examining them naked and pricing them based on skin color, piercings, tattoos, breast size, and hair color (Collins). This violation of principles and sadism leaves its mark on victims and “Many women who have been coerced into sexual practices that they see as immoral come to view themselves as dirty or spoiled” (Hopper and Hidalgo, 200).

Victims of trafficking are also isolated: their freedoms of movement and of self care restricted, creating a sense of disconnection that parallels the experiences of cult members (Hopper and Hidalgo). Conditions of movement, communication, possessions, etc. are limited and funnelled through the trafficker, only deepening the destructive sense of dependency and a culture of fear (Blakey, et al.). A victim recounts being padlocked into a small holding room along with another girl, windows and doors nailed shut, opened only when the trafficker desired to use the girls for his pleasure (Collins).

Similar to victims of domestic violence, victims of human trafficking are often not bound physically, but made captive not only by physical force, but also by economic, social, psychological, and legal subordination (Hopper and Hidalgo). This subjugation of trafficking victims is further compared to the Power and Control wheel used often in Domestic Violence discourse. In one survey of sex trafficking survivors, over 98 percent reported at least one - average of more than one dozen

- psychological issues during captivity. The victims and survivors expressed rampant feelings of depression, low self-esteem, shame and guilt, flashbacks, nightmares, and anxiety, among other psychological conditions both during and following their trafficking experience (Lederer and Wetzel). Many traffickers also exhibit a lack of predictability or control in their violent outbursts and threats, which has been linked to the development of long-term psychological consequences such as depression, anxiety, and post-traumatic stress disorder (PTSD) in other trauma victims (Hopper and Hidalgo). In the same survey, it was found that neurological health issues were the most persistent and dangerous consequences both during and following instances of trafficking. Authors Hopper and Hidalgo describe these neurological effects writing:

With ongoing exposure to trauma, victims may develop a range of psychobiological abnormalities, including psychophysiological, neuro-hormonal, neuroanatomical, and immunological effects.... Constant triggering of survival responses can lead to chronic states of fear, anxiety, or agitation--even in situations where there is no threat (204).

Survivors of human trafficking have also testified to experiencing horrific physical abuse similar to instances reported by prisoners of war, torture survivors, cult members and victims of domestic violence (Hopper and Hidalgo; Lederer and Wetzel;). Examples of the physical abuse includes being threatened with a weapon, shot, strangled, burned, kicked, punched, stabbed, raped, and penetrated with a foreign object (Lederer and Wetzel). One survivor recounts "I had to tell people I fell off stage because I had so many bruises on my ribs face and legs....I have a permanent twitch in my eye from him hitting me in my face so much" (Collins). In another case, a trafficker plucked out a victim's fingernails one by one until she was unconscious due to the pain (Collins). Yet another survivor, victimized at the age of 13, tells stories of being beaten with water, belts and chains throughout her years of trafficking (Collins). The most recent Law Enforcement Bulletin published by the Federal Bureau of Investigation cites injuries, brands, scarring, and malnourishment all as potential indicators and physical consequences of human trafficking

(Walter-Rodriguez and Hill). In a study conducted by the Beazley Institute of Health Law and Policy, over ninety percent of surveyed trafficking survivors reported being the victim of at least one form of physical abuse. More so, due to the frequency of physical abuse reported by sex trafficking survivors, the authors conclude that such violence during trafficking situations is the standard, not the extreme (Lederer and Wetzel).

Under such physical and psychological chronic stress and threat, natural or biological mechanisms of defense, detection and survival are no longer effective (Hopper and Hidalgo). Rather, under such strenuous circumstances, a trauma victim's capacity for resistance is reduced and deregulated, only heightening the effects of coercive trafficker strategies (Hopper and Hidalgo). Combined, such physical and psychological trauma leads victims to "lose a sense of themselves as people and their ability to trust others, as their natural survival responses slowly break down, leaving them physically, emotionally, and spiritually shattered" (Hopper and Hidalgo, 200). Exposed to such a compilation of injuries - mental, emotional, and physical - victims find themselves in the psychological chains of a depressive state of learned helplessness and immobility.

Current Responses and an Interdisciplinary Approach to Victims' Recovery

Given the psychological and physical health consequences of human sex trafficking, it is clear that strong rehabilitation efforts for the victims, holding traffickers accountable through the criminal justice system, and strategies that prevent girls and women from being lured in by sex traffickers in the first place need to be established. The Victims of Trafficking and Violence Protection Act outlines a three-pronged approach to combatting human trafficking: prosecution, protection, prevention.

TVPA notably calls for the creation of a federal Interagency Task Force to Monitor and Combat human trafficking to uphold this approach, including representatives from a variety of governmental agencies (Secretary of State, Administrator of the United States Agency for International Development, the Attorney General, the Secretary of Labor, the Secretary of Health

and Human Services, the Director of Central Intelligence, etc). One product of this task force is the publication of an annual Trafficking in Persons (TIP) Report that serves to monitor and aid governments and nonprofits in their adherence to human rights standards and trafficking prevention laws.

Following the passage of TVPA, and mirroring its championing of an interagency task force, an interdisciplinary approach to combatting the problem has developed between medical health personnel and law enforcement officials in many areas that are characterized by a high rate of reported trafficking, as their cooperation is recognized as key in the fight against human sex trafficking. The vast majority of trafficking victims come in contact with a healthcare provider while being trafficked and thus, due to their status as “first responders”, these providers have a unique opportunity for intervention in the situations of trafficking victims (Lederer and Wetzel). As such, medical personnel must be aware of the signs of trafficking, and have in place strategic and evidence-based protocols for training, identifying, and treating sex trafficking victims. Lederer and Wetzel suggest:

State legislators should draft and pass laws that require healthcare providers to undergo training on trafficking generally, including the basic warning signs and indicators for victim identification, techniques for communicating effectively with possible victims to assess their situations and determine victim status, and appropriate actions to take when a victim is identified (84).

The Human Trafficking Task Force E-Guide produced by the U.S. Office of Justice Programs, in partnership with the Office for Crime Victims and the Bureau of Justice Assistance, advocates for a more victim-centered approach in regards to human trafficking, stressing that all personnel involved in identification and prosecution of sex trafficking cases must advocate for the victim first and foremost. The U.S. Office of Justice Programs recommends as part of the Guide a victim-centered approach, as such an approach plays a “critical role in supporting victims' rights, dignity,

autonomy, and self-determination, regardless of whether they choose to report or cooperate with law enforcement. For victims who do chose to work with law enforcement, employing a victim-centered approach to criminal investigations is fundamental to a successful criminal case” (Blakey et al., sec. “Understanding Human Trafficking: Victim Centered Approach”). The U.S. Office of Justice Programs provides a detailed list of the needs of human trafficking victims, noting emotional needs (family reunification, cultural support, and religious assistance, etc.) social needs (dependent assistance, housing, food, ESL classes, transportation, etc.), as well as needs associated with personal security, criminal justice navigation, and legal representation.

Pivotaly, a specific importance is placed on the role of Victim Service Providers as capable of establishing emotional connections to not only victims, but also within at-risk communities (Blakey et al.). These Providers, the U.S. Office of Justice Programs says, offer specialized service skills, social resources, cultural competence, and a trauma-informed perspective, all key to a trauma-centered approach to human sex trafficking aftercare, which strives to note the prevalence of trauma among victims, recognize the effects of it, and respond by putting this awareness into practice.

Current Problems and Inconsistencies

The messages that educate the public on the realities of trafficking relay a very skewed narrative of the dangers. Images circulate involving thin women chained or caged, gagged or cowering in the corner, conveying the notion that slavery only exists in the form of physical bondage. Movie franchises such as *Taken* film franchise relay a dramatization of kidnapping and trafficking, perpetuating the idea that victims are desperate for rescue and will be compliant with attempts to save them. News reports about the prevalence of sex trafficking in the East creates distance from the issues, making the claim “never in America” believable. However, from trafficking statistics, survivor narratives, and trafficker testimonies, it is clear that the Hollywood portrayals

do not relay the realities of the majority of human trafficking situations, especially in the United States. Due to the sensationalization of the issue, limited exposure to its realities, and the relatively recent emergence of a relevant discourse and legal framework, a dangerous lack of education permeates American society, most notably among those who encounter victims on the front lines of their trauma. It is only with a knowledge of the prospective ages of victims, the health risks, educational effects, physical red flags, emotional trauma, etc. that human trafficking can adequately be combatted.

When passed in 2000, TVPA held that existing legislation in the US was “inadequate to deter trafficking and bring traffickers to justice” and that “adequate services and facilities did not exist to meet victims' needs regarding health care, housing, education, and legal assistance” (14; 18). The Act goes on to argue that a strong deterrence of trafficking and justice for perpetrators will only come with a recognition of the gravity of the crime which it attempts to offer, along with appropriate prescribed punishments, attention given to the prosecution of traffickers, and increased protection, rather than criminalization of those who fall victim.

However, in a recent study of underage victims of sex trafficking conducted by Kotrla and Wommack, it was noted that “the number of minors rescued out of sex trafficking in the U.S. is miniscule compared to the estimates of those who are currently being exploited in some form of commercial sex” (11). Additionally, the National Law Enforcement Human Trafficking Survey reported that more than 75% of law enforcement officers perceive human trafficking as rare or non-existent in their local communities. These statistics, combined with a statistically overwhelming belief that victims were complicit with their own victimization, the complication of trafficking’s involvement with immigration, and the classification of prostitutes as offenders, all contribute to the reluctance among law enforcement to intervene in human trafficking (Farrell, et al.). Such reluctance indicates that even after TVPA, there remains a dangerous lack of victim identification and intervention rates in the U.S. In 2011, when Kotrla and Wommack conducted

their study, victims under the age of 18 had been identified in twenty seven U.S. states, only further quantifying the presence of domestic trafficking. To prevent those being surely victimized in the remaining twenty three states, the authors concluded that the ability of law enforcement to recognize potential victims is becoming increasingly more vital. According to the FBI, due to a lack of law enforcement education, both state and local officers may encounter sex trafficking and fail to recognize it, as they “deal with homeless and runaway juveniles; criminal gang activity; crimes involving immigrant children who have no guardians; domestic violence calls; and investigations at truck stops, motels, massage parlors, spas, and strip clubs” (Walter-Rodriguez and Hill, sec. “Investigation of Human Sex Trafficking: Strategies”). An increase of education to adequately combat such prolific criminalization and victimization is encouraged as currently, the vast majority of those involved are unable to identify the victim in common trafficking situations, nor are they able to understand the bounds of the issue and its definition (Walter-Rodriguez and Hill). This failure to recognize trafficking in part reflects the larger cultural assumption that trafficking always involves chains and physical bondage, ignoring the reality of the vast emotional enslavement and psychological trauma that victims endure. To help combat this, state and nationwide legislation has been proposed supporting public awareness campaigns and training requirements for groups who come in contact with victims, such as social workers, health care professionals, educators, non-profit workers, and law enforcement (Kotrla and Wommack).

A prominent researcher of human trafficking and critical perspectives on sexuality, Dr. Alicia Peters, takes the critique of the current problems with the fight against trafficking even further than a lack of education, and argues that it is a lack of communication that plagues anti-trafficking work. She argues that TVPA did a lot of work to further the dialogue and solution to the problem, addressing the complexity of anti-trafficking work and introducing interdisciplinary roles and responsibilities, yet it also resulted in a lack of consensus and unification among the various agencies and professionals responsible for taking action. In Peter’s view, TVPA assigned separate

roles to each area of problem solving (law and criminal justice, immigration, medical health personnel, and social services) which encourages each sector to prioritize their part, not actively recognizing or supporting the work of the other, and in essence, creating a competitive and uncooperative atmosphere surrounding the victim. Peters writes:

With criminal justice authorities' and NGOs' different but overlapping goals (prosecution versus service delivery) and criteria for identifying trafficking (criminal versus victim definitions), their goals were often at odds. When these oppositions and overlaps in meaning and motivation led to complicated applications of the law in practice, it affected victims (156).

In the fifteen years following the implementation of TVPA, this divide between meaning and motivation held by NGOs' and criminal justice authorities has become a problem (Peters). The varying organizational infrastructure, personalities and knowledge of officers (e.g., police interviewing strategies), and disconnected educational trainings has led to a lack of true interdisciplinary cooperation or understanding of the possibilities of cross-departmental solutions (Peters). TVPA encouraged the formation of trafficking task forces to provide services to victims, investigate and prosecute instances of trafficking and, according to the National Law Enforcement Human Trafficking Survey, being part of a task force changes the perception among law enforcement regarding the prevalence of human trafficking by a factor of four (Blakey, et al.; Farrell et al.) However, on the ground, a lack of communication and cooperation between the members of such task forces and also with the community agencies and social services remains an impediment to successful prosecution, protection, and prevention.

Section II: A Victim Profile of Child Sexual Abuse and the MultiDisciplinary Team Approach

Child Sexual Abuse: Physical and Psychological Effects (and similarities to minor human trafficking victims)

Human trafficking victims have been compared to prisoners of war, torture survivors, cult members and victims of domestic violence because these groups each share the common experience of extreme psychological and physical trauma (Hopper and Hidalgo). However, previous research has not yet explored the extent to which sex trafficking victims are similar to another population that arguably shares similar experiences: survivors of child sexual abuse. Both share sexual trauma and are the the subject of heinous violence, as well as being members of the same age category. Thus, it would seem pertinent to engage in a comparison of child sexual abuse victims and victims of human trafficking.

The similarities between victims of sex trafficking and child sexual abuse begins with how each is defined in Federal statutes. As clarified in the above sections, the TVPA defines human trafficking as the unlawful exploitation of a person for sexual or work-related services induced by force, fraud or coercion. Similarly, the Child Abuse Prevention and Treatment Act (CAPTA) defines “sexual abuse” as:

the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; The rape, and in cases of caretaker or interfamilial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children (111).

The juxtaposition of these two definitions clearly shows similarities in the use of coercive influence, fraudulent motivations, and forceful actions. This type of exploitive behavior is intensified by the fact that both human sex trafficking and child sexual abuse target minor populations characterized

by extreme vulnerability. In both instances, a patriarchal figure or a person in a position of power abuses a weaker party using physical or psychological manipulation. The experiences of these two populations further converge due to both crimes resulting in sexual abuse. A range of offenses exist within this wide category of “sex offender”, including prostitution, rape, indecent exposure, and other forms of sexual assault.

The U.S. Department of Health and Human Services defines child sexual abuse or maltreatment within the parameters of four recognized forms: physical, sexual, neglect, psychological, all of which are noted equally in studies of human trafficking. The consequences for both victim populations include physical injuries, brain development issues, sexually transmitted diseases and infections, disrupted intellectual and cognitive development, emotional, psychological, and behavioral issues, including low self-esteem, attention disorders, poor peer relations, PTSD, tendency for self-harm, substance abuse, violent behavior, and even death (Goldman, et al.; Hopper and Hidalgo; Lederer and Wetzel). Many of these consequences from human trafficking were described before, and are mirrored in cases of child sexual abuse.

Regarding psychological trauma, victims of child neglect are deprived of adequate medical attention, resources such as food, shelter, sleep, and education, a deprivation of physiological needs that is mirrored in the cases of human trafficking victims (Goldman, et al.; Hopper and Hidalgo). Psychological maltreatment of children consists of the terrorizing, isolation, and exploitation of children (Goldman, et al.). So too are human sex trafficking victims emotionally exploited, as they are involved in situations of extreme dependency, isolated from the outside world and terrorized through threats of violence (Hopper and Hidalgo). In both cases, an extreme cycle of power and control is evident, leaving the victim no choice but to resort to a state of unhealthy dependency and learned helplessness (Hopper and Hidalgo). Both human sex trafficking and child sexual abuse have also been found to result in detrimental neurological consequences later in life. Depression, self-esteem issues, self-harm, identity issues, isolation, behavioral issues, PTSD, substance abuse and

many other conditions are quite common (Goldman, et al.; Hopper and Hidalgo; Lederer and Wetzel). Such heinous acts of sexual abuse and traumatization result in vast, and often, life-long consequences for the children who are victimized as a result of both crimes (Goldman, et al.)

Both populations are also victimized by extreme instances of violent sexual abuse (including rape), along with other types of physical abuse. Survivors of human trafficking have reported physical abuse including being threatened with a weapon, shot, strangled, burned, kicked, punched, stabbed, raped, and penetrated with a foreign object (Lederer and Wetzel). Similarly, the physical abuse of children includes punching, beating, kicking, stabbing, choking, and burning. Additionally, the sexual abuse of children is defined to encompass any form of penetration, indecent exposure, prostitution, or pornography, reinforcing the similarities between victims of child sexual abuse and victims of human trafficking (Goldman, et al.).

MDT Response to Abuse

The issue of child sexual abuse is fought by a community and with national rigor of resistance. Mandated reporting, Darkness to Light, The National Center for Missing and Exploited Children, Child Sexual Advocacy Centers, People Against Rape - the list could go on and on. Each of these organizations and movements signify the general public's commitment to putting a stop to child sexual abuse.

During the early 1980s and through the later 1990s, such a collective resistance to child sexual abuse (CSA) was recognized as necessary and a Multidisciplinary Team (MDT) approach was recognized by the Department of Justice as an effective method for managing the trauma accrued by a minor from abuse. Within the area of child sexual abuse aftercare, MDTs are defined by Ells as a group of professionals who work together in a coordinated and collaborative manner to ensure an effective response to reports of child abuse and neglect... and promote well-coordinated child abuse investigations that benefit from the input and attention of different

parties to ensure a successful conclusion to the investigation and to minimize additional trauma to the child victim (2).

Members of such teams represent government agencies and private social, medical, and educational practitioners responsible and involved with the investigation, prosecution, and treatment of child victims of sexual abuse (Ells).

Prior to MDT's, children were repeatedly interviewed, forced to retell and relive their trauma over and over again to doctors, police, lawyers, therapists, investigators, judges, and others. Still, too this oversharing rarely resulted in practical and needs-based care following the case proceedings. However, with the instigation of MDT, a child is interviewed once by a trained interviewer, knowledgeable in trauma-informed care methods, non-triggering questions and behavior, and safe-zone protocol. Based on the results of the interview, the MDT team, including medical health personnel, law enforcement, mental health workers, prosecution attorneys, Child Protective Services, and victim advocates, jointly form a plan to help the child. A wide range of services are offered, prior to, during, and following any investigation or legal proceedings. This innovative approach combined members from various agencies and departments responsible for the protection of children and united them in a collaborative effort to respond to child sex abuse cases. An effective team is comprised of officials to combat both sides of the issue: to meet the needs of the abused child and to ensure proper prosecution and future community protection. Through the comprehensive work and the resulting success of the MDT Approach, child sexual abuse reporting, healing and prosecution have improved drastically, as can be seen through reports by the National Children's Alliance, the lead advocate of this method.

Such teams were deemed necessary due to the lack of resources available to victims of child sexual abuse, and the increase in case numbers. The MDT approach offered heightened investigative function and efficiency, and made way for an increase in prosecution rates for sexual offenders (Ells). MDT's allow for a greater range of viewpoints to be heard, from law enforcement,

Child Protective Services, medical and psychiatric personnel, and community partners (Bracewell). Prior to the proliferation of the MDT approach, child sexual abuse victims were experienced secondary trauma due to excess interviewing, which is virtually eliminated in the MDT model as relevant constituencies coordinate their efforts and decrease victims' exposure and vulnerability by reliving their abuse over-and-over(Ells). MDTs also create a space for more resources to be used effectively, resulting in fewer cases being overlooked and falling through the cracks (Bracewell). One study found that in a jurisdiction where a MDT created a close working relationship between law enforcement and Child Protective Services, three out of four cases were referred for criminal prosecution, and nearly 95 percent of those cases resulted in convictions (Ells). However, there is little, if any, research on the non-criminal justice outcomes (e.g., improvement of child and family psycho-social functioning) of MDTs in child sex abuse cases (Herbert and Bromfield). This is a major shortcoming that future research will need to resolve.

MDT Applications for Human Trafficking

Given the similarities in experiences among the victimized populations of human trafficking and child sexual abuse, the clear clinical success of the MDT approach to child sexual abuse, as well as its wide adaptation and "gold standard" status, I argue for the implementation of the MDT approach for the management of domestic human trafficking cases of minors. The groundwork for this connection has been previously suggested, and independently argued by. Megan Helton suggests MDT should be adapted for human trafficking cases. She outlines the roles and responsibilities of each member of the team, particularly health care providers and law enforcement officers. Like others before her, Helton argues that the gravity of the crime necessitates more urgent methods of identification and prosecution, methods which TVPA outlined, but did not assist with in a practical way. The current system is a reactive one, addressing the issue once it is found, but not actively seeking out the crime. "TVPA," Helton writes, "did nothing to assist

in the identification of human trafficking victims. Nothing can be done until victims of human trafficking have been identified. The very nature of human trafficking as a crime thrives on isolation and abuse of the victims” (442). This isolated nature of the enterprise is a barrier to law enforcement intervention as they attempt to identify the victims. Helton states, “without a collaborative effort between law enforcement and social service providers, such as health care providers, who have a greater incidence of contact with human trafficking victims, numerous victims will go undetected” (450). She argues that the solution to an increase in victim identification lies within a collaboration between social service agencies such as health care providers and law enforcement.

Helton further outlines the specific educational standards which must be met to achieve the goal and effectively establish a collaborative task force. These standards include “efficient health care training to identify and investigate potential victims of human trafficking, a human trafficking resource officer on call for health care locations, notice to the law enforcement officials assigned to the joint task force, and a safety plan implemented to keep the victim and other victims safe who are still under the trafficker’s control” (454). This proposed collaborative task force would involve several human trafficking resource officers, skilled health care providers, and local human trafficking law enforcement task force members. Helton defines a human trafficking resource officer, modeled off of child abuse social workers, as someone “with health care training who is also extensively trained in the problems regarding human trafficking, solutions used to combat the problem, law enforcement strategies used to investigate human trafficking cases, and the legal process surrounding prosecution and conviction of human traffickers” (457). This officer would primarily serve as a communication and collaboration liaison between the trauma victim, health care providers, and the law enforcement task force members. Helton outlines the responsibilities of the members in Table 1 below (458).

Table 1: Primary Decisions and Responsibilities During Investigation Stage

Human Trafficking Resource Officer	Law Enforcement	HTRO and Law Enforcement
<ul style="list-style-type: none"> ● Is the victim safe? ● If not, what measures are necessary to ensure their safety? ● Is the patient a human trafficking victim? ● Will the victim return to that situation? ● Are there continuing medical services that the victim must receive? 	<ul style="list-style-type: none"> ● Did a crime occur? ● Who is the offender? ● Is there evidence to arrest the alleged offender? ● Has all the physical evidence been obtained and preserved? ● Have witnesses been interviewed? 	<ul style="list-style-type: none"> ● Are there any other victims? ● Should the victim be relocated to a safe environment? ● Have the other personnel on the human trafficking task force been deployed to the location of the crime? ● Has an investigation begun to determine the extent of the human trafficking crime in this case? ● Develop a safe plan for the victim

It is clear from the division of responsibility that Helton prescribes that this system revolves mainly around the initial stages of the investigation:

first identify the patient as a human trafficking victim, and then conduct a plan to get that victim to safety, while simultaneously launching an investigation into the human trafficking operation to possibly rescue more victims, arrest the offender, and prosecute the crime (459).

From Helton's argument, and the critiques of other scholars, it is fair to conclude that the current approach to domestic trafficking is fragmented and reactionary. Currently, trafficking investigations are largely driven by untrained police officers who intervene when they happen to notice a potential trafficking case, NGO's and community agencies who minister to those they can

find, and medical health personnel who treat those who happen to walk in the door. The current legal approach to human trafficking focuses on the legal prosecution of traffickers and the prevention of further criminal activity. However, the absence of education, awareness, and coordination is insufficient to effectively combat trafficking enterprises and assist trafficking victims once discovered. Many of the authors analysed above argue that this absence remains an impediment to successful prosecution, protection, and prevention, and allows human trafficking victims to be labeled and prosecuted as criminals (Helton; Farrell et al.; Kotrla and Wommack; Peters; Walter-Rodriguez and Hill). Helton proposes a solution to these impediments, arguing for increased collaboration between law enforcement officers, task force members, health care providers, and social services in the form of an MDT adaptation.

However, the proposal to combat the fragmentation and inefficiency cannot stop with successful identification of victims and traffickers, rescue and prosecution, and prevention programming. While the alleviation of trafficking necessitates these things, successful prevention and healing also requires a focus on the physical and psychological traumatization of victims, the exposure and valuing of their narratives, along with the importance of their rehabilitation and health. In this way, the three-pronged approach of prosecution, protection, and prevention falls short by focusing its efforts solely on the elements of the crime, and not the lived experiences of the victims.

I propose an extension of Helton's MDT adaptation for domestic human trafficking that would fill this gap in the approach by placing more of the focus on victim rehabilitation. The MDT model for domestic human trafficking should not only a focus on the initial stages of investigation, but also on trauma-informed aftercare for victims of human trafficking. This extension would fully replicate the MDT model currently applied to child sexual abuse cases, including victim advocacy, Child Protective Services, therapeutic care, and social services, all to aid the victim in successful social and psychological rehabilitation following rescue.

Conclusion

Despite the efforts of TVPA, many scholars have identified the shortcomings of the legislation, and proposed solutions borrowing from other successful trauma aftercare models. However, even these solutions still are lacking. Proposals attempting to combat the fragmentation and inefficiency stops with the successful identification of victims and traffickers, rescue and prosecution, and prevention programming. The MDT application for human trafficking is not moved past the investigation state, leaving everything beyond merely an afterthought. Victim psychological recovery, sociological reintegration, PTSD, and personal narrative are still absent from the discourse: their voices are still absent from the solution to the crime inflicted upon them. I argue for an extension of the MDT application, creating a true victim-centered and trauma-focused approach.

As discussed above, a huge barrier to the effectiveness of current anti-trafficking efforts is a lack of education, awareness and training among law enforcement. As a next step, I propose extensive, trauma-focused training for personnel likely to encounter victims of domestic human trafficking. This includes law enforcement, medical health personnel, therapists, social workers, Transportation Security Administration personnel, hotel administrators, and teachers. This training would lay the groundwork for the instigation of a knowledgeable and unified MDT capable of accurately identifying, assessing, managing, and caring for victims of human trafficking as well as enhancing the resulting legal cases.

In addition, current legislation fails to place the victim at the center of human trafficking initiatives. In his 2007 proposal in the *Boston Law Review*, Jayashri Srikantiah argues that by relying on iconic conceptions of victimhood for domestic trafficking legislation, many of the nuances of the struggle and crime of human trafficking are lost and many victims excluded. He proposes that federal agencies must first expand their understanding of victim violations and experiences to better engage with the realities of trafficking. Secondly, Srikantiah argues for the creation a

centralized process managed by knowledgeable, experienced, and capable personnel. These amendment to the current legislation, he argues, are better suited to combat the difficult and multifaceted task of victim identification and rehabilitation. Srikantiah's proposal compliments mine by calling importance to a more victim-centered approach.

It is important to recognize the limited spectrum of this research on victims who are minors, as the International Labour Organization estimates that out of the 20.9 million slaves worldwide, only 26 percent of them are under the age of 18. Further limitations come from this research's domestic focus, which can in no way capture the full extent or picture of those nearly 5.5 million children. Despite these limitations, an in-depth analysis of the mistreatment of those under eighteen years of age is valid, as they are the most vulnerable, the most victimized, and the population addressed most by TVPA.

While my research largely focuses on a model that helps victims after they have been identified, much needs to be done to identify victims to begin with. A friend recently came to me asking for advice based on an incident that happened while she was at work. A man came into the retail store where she is a cashier, dragging with him a young girl, who looked to be of Asian descent. She spoke no English. She made no eye contact with him. As they shopped, he made her hold up underwear for him, and was physically aggressive with her multiple times. After a few minutes, the man and young girl left, without purchasing anything. "What should I have done?" my friend asked me. "I wanted to do something," she said, "but I didn't know what to do." My mind raced, trying to piece together a helpful response, but truly, there was *nothing that she could have done*. There are no local human trafficking non-profit organization, as one recently relocated to another state. The local domestic violence shelters are not equipped or even suitable for trafficking victims. The local police are not trained, and would only try to interrogate this girl despite the language barrier, forcing them to rely on her potential trafficker for information. Or perhaps they might even arrest her believing that she is an illegal immigrant. I told my friend next time to call the

national trafficking hotline, knowing in my gut that they would only refer her to the police, who would probably victimize the young girl in the store. What do you say to someone who wants to help, who wants to join the fight, and who has potentially identified a victim? That's the goal, is it not? Community awareness, engagement, victim identification, rescue, prevention? I long for a day when I can confidently refer my friend to a capable and knowledgeable local resource, so that this young girl could be rescued. But, as it stands now, who knows where this girl is, where she came from, what types of things she is enduring, and where her life will lead her. While policy is being formed, and until best practices are established, she and millions of young women like her will slip through our fingers.

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