



## ADDRESSING THE NEEDS OF VICTIMS OF HUMAN TRAFFICKING: CHALLENGES, BARRIERS, AND PROMISING PRACTICES

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### I. STUDY OVERVIEW

This is the fifth in a series of Issue Briefs produced under a contract with the U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Planning and Evaluation (ASPE), to conduct a study of HHS programs serving human trafficking victims. Funded in the fall of 2006, the purpose of this exploratory project is to develop information on how HHS programs are currently addressing the needs of victims of human trafficking, including domestic victims, with a priority focus on domestic youth. This project also reviewed relevant literature, and identified barriers and promising practices for addressing the needs of victims of human trafficking, with a goal of informing current and future program design and improving services to this extremely vulnerable population.

This issue brief focuses on the needs of victims of human trafficking and the services available to meet those needs. Additionally, it discusses challenges and barriers to providing services to victims, international and domestic, adults and minors, and highlights innovative solutions to these challenges and promising practices to overcome barriers. Throughout the brief we make distinctions, where appropriate, between international adult victims, international minor victims, and domestic minor victims. No information was available regarding domestic adult victims as agencies did not report providing services to this population. There also is no current research or literature providing information on serving this population.

### II. UNDERSTANDING THE NEEDS OF VICTIMS OF HUMAN TRAFFICKING

#### Common Needs

When service providers and law enforcement personnel were asked to describe the needs of victims of human trafficking, a common response was, “what don’t they need.” The table on the next page shows the responses given by those service providers participating in the study.<sup>1</sup> The safety needs of victims were identified as the first priority by all of those working with victims. According to law enforcement and providers, screening for safety needs (for both the victims and providers) is part of every assessment they conduct. Safety needs are often met when the next priority need for (safe) emergency housing is addressed. Other emergency needs include food and clothing and, for international victims, translation services to avoid feelings of isolation and to facilitate communication regarding other needs.

Once emergency needs are met, other needs that present themselves in the short- and long-term need to be met. These include housing (transitional and permanent for adults, and foster care or permanent placement for minors), legal assistance (e.g., help in understanding legal rights, legal representation and, for

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<sup>1</sup> A complete listing of the programs participating in the study, along with a detailed description of the methods use to collect information will be available in the final report released Summer 2008.

## Needs of Victims of Human Trafficking

	International		Domestic Minors
	Adults	Minors	
<b>Emergency</b>			
Safety	X	X	X
Housing	X	X	X
Food/clothing	X	X	X
Translation	X	X	
Legal guardianship		X	X
<b>Short-/Long-term</b>			
Transitional housing	X		X
Long-term housing	X		X
Permanency placement		X	
Legal assistance	X	X	X
Advocacy			
Translation	X	X	X
Medical care	X	X	X
Mental health/ counseling	X	X	X
Substance abuse treatment			X*
Transportation	X		X
Life skills	X	X	X
Education	X	X	X
Financial assistance/management	X		X
Job training/employment	X	X	X
Child care	X	X	X
Reunification/repatriation	X	X	X

\*While substance abuse treatment may be a need for international victims, it was only identified as a need for domestic minor victims.

international victims, assistance with filing T-visa applications, and immigration petitions), and advocacy (e.g., assistance retrieving identification documents, completing applications, attending appointments, and navigating the different U.S. systems, including criminal justice, child welfare, immigration, human services, transportation, etc.).

Additionally, service providers and law enforcement note that most victims also need health screening (tuberculosis, sexually transmitted diseases, pregnancy), vaccinations/immunizations, medical

treatment for physical injuries, and dental care. Other service needs include child care (for both adults and minors with children), education (GED assistance, enrollment in school, technical training/certification), life skills training (including assisting some international victims with operation of basic household appliances, using public transportation, using a telephone, mailing a letter, etc.), job training, finding employment, financial management, and where appropriate, family reunification or repatriation.

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In addition to the above service needs, service providers report that all victims of trafficking have some type of mental health need.<sup>2</sup> Specifically, service providers indicated that as a result of the trauma experienced, victims need trauma counseling and for domestic minor victims in particular, they often need anger management, conflict resolution, and family counseling.

### **Differences in Needs**

While the needs are relatively similar regardless of whether someone is an international or domestic victim, adult or minor, one point is clear—the magnitude of these needs varies for each victim depending on his or her circumstances.

For example, international victims often express a greater and more urgent need to obtain employment than domestic victims do. This is reportedly the result of their desire to send money back home to support their families.

Additionally, while obtaining identification documents (e.g., passports, birth certificates, driver's licenses) is reported to be an important need for all victims in order to access services, it is especially important for international victims to have some form of identification or legal documentation on hand. One service provider told of an incident where a client was removed from public transportation and placed in detention because the client did not have any identification on his/her person and had not yet received his/her certification letter

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<sup>2</sup> For more information on the mental health needs and services available for victims of human trafficking, see “Treating the hidden wounds: Trauma treatment and mental health recovery for victims of human trafficking” at <http://aspe.hhs.gov/hsp/07/HumanTrafficking/> or <http://www.icfi.com/markets/social-programs/>

indicating he/she was a victim of human trafficking. This experience exacerbated the client's situation and need for ongoing legal assistance.

Legal assistance is one other area where there are differences in degree or type of need between international and domestic victims. While both have legal needs, international victims, often in the U.S. illegally, have more complex legal needs usually related to their immigration status. This includes needing representation at deportation hearings, assistance with applications for T visas and derivative visas, and renewal applications.

While it is not necessarily unique to domestic victims, service providers report that domestic victims often present with serious substance abuse issues. Some providers report that while international victims also need assistance with similar problems, they are less likely to admit they have a problem out of shame, fear of stigma, or denial that their substance abuse constitutes a problem. In some cases, the service providers do not want to indicate this as a need of international victims for fear access to treatment records will be subpoenaed and used against the victim in a legal case (criminal, civil, or immigration).

Regardless of the victim, law enforcement and service providers stress that it is not so much the type of needs that vary by victim, but the duration of services required to address those needs and the level of difficulty obtaining such services.

### **III. SERVICES AVAILABLE FOR VICTIMS OF HUMAN TRAFFICKING**

Prior to the passage of the Trafficking Victims Protection Act of 2000 (TVPA), law enforcement and service providers report struggling to piece together the comprehensive services needed by international victims of human trafficking with scarce resources. Under the TVPA,

HHS was designated as the agency responsible for helping these victims of human trafficking become eligible for benefits and services and funds were allocated for the delivery of such benefits and services. One responsibility of HHS is to certify adult international victims of trafficking who are not U.S. citizens or legal permanent residents (LPRs) once they are identified. This certification allows adult international victims to receive the same benefits and services available to refugees. U. S. citizens or LPRs who find themselves victims of trafficking (i.e., domestic victims) do not need to be certified in order to receive benefits. In the case of citizens, they are already eligible for many benefits and services they might need. And although LPRs face greater benefit restrictions than U.S. citizens, they do not face the same eligibility restrictions as undocumented immigrants, which is usually the status of international adult victims when they are first identified. International minor victims of trafficking (under the age of 18) do not need to be certified but instead receive a letter of eligibility from HHS and are then eligible to apply for a similar range of services as refugees, including the Unaccompanied Refugee Minor (URM) Program.

In order for an international adult victim of

**The Unaccompanied Refugee Minor (URM) Program for International Minor Victims**

International minors who are determined to be victims of human trafficking by law enforcement officials are eligible for the T visa, which allows victims of trafficking to remain in the U.S. and become eligible for work authorization. Additionally, international minor victims without a parent or legal guardian in the U.S. are eligible for services under the Unaccompanied Refugee Minors (URM) program. The URM serves as a legal authority designated to act in place of the child's unavailable parents. Children are placed in foster homes, group homes, or independent living arrangements. Through the URM, children can receive intensive case management, education, health care, mental health counseling, independent living skills training, assistance with family reunification and repatriation, and other services until they turn 18 or such higher age, depending on the foster care rules of each state.

trafficking to receive certification he or she must first be determined to be a victim of a severe form of trafficking as defined by the TVPA and he or she must be willing to comply with all reasonable requests to assist law enforcement in the investigation of the trafficking case (minor victims are exempt from this requirement). Following this determination, the victim must complete a bona fide application for a T visa, receive a T visa, or be granted "continued presence" by federal law enforcement. T visas were established under the TVPA and allow victims of trafficking to become legal temporary residents of the United States. Once a T visa is obtained, a victim may remain in the U.S. for up to three years. At the end of this time period the victim may be eligible for legal permanent residence status.

Certified adult victims are eligible to receive federally funded services and benefits similar to refugees. Some of the services that victims of trafficking are eligible for through federally funded programs, such as the Per-Capita Victim Services Contract include housing or shelter assistance, food assistance, income assistance, employment assistance, English language training, health care assistance, and mental health services.

**Per-Capita Victim Services Contract**

The Per-Capita Victim Services contract is designed to centralize services while maintaining a high level of care for victims of human trafficking through "anytime, anywhere" case management. Working in concert with HHS' ongoing Rescue & Restore public awareness campaign, subcontractors are reimbursed for the services actually provided to each human trafficking victim. The contract also streamlines support services in order to help victims gain timely access to shelter, job training, and health care.

For more information, please contact [mrs@uscgb.org](mailto:mrs@uscgb.org)

Prior to becoming certified, a period referred to as pre-certification, victims pursuing

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certification and cooperating with law enforcement can receive limited, often emergency services, which parallel most certification services as a result of funding available from HHS and other federal agencies. Pre-certification services include housing, food/clothing, advocacy, legal assistance, medical/dental care, language services (e.g., interpreters/translators), mental health counseling, education, and job training.

In addition, service providers report seeking other assistance for victims who may decide not to cooperate with law enforcement out of fear of retaliation from the traffickers, or for other reasons. The strategies to assist these victims may include seeking asylum for the victim or filing for a U-Visa<sup>3</sup> and accessing services under the Violence Against Women Act, or for some agencies, tapping into non-federal or unrestricted funding streams to provide ad hoc services (for example, from state or local government programs, foundation-funded programs, etc.).

#### **IV. CHALLENGES AND BARRIERS TO MEETING THE NEEDS OF VICTIMS**

While there seems to be consistency between the needs of trafficking victims and the services for which they are eligible and the programs in place to provide these services, there are many challenges and barriers to getting victims into service.

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<sup>3</sup> A U visa is set aside for victims of crimes, such as domestic violence, rape, assault, abduction, and other violent crimes who have suffered mental or physical abuse because of the crime and who not only have information regarding the activity, but also are willing to assist government officials in the investigation of the criminal activity. U.S. Citizenship and Immigration services can grant up to 10,000 U visas each year authorizing the holder to remain and work legally in the U.S. for up to three years, at which time the victim can apply for a green card.

#### **Lack of Knowledge and Understanding.**

One of the most common and frustrating challenges reported by law enforcement and service providers is the lack of knowledge and understanding regarding human trafficking among service providers, law enforcement, and even victims themselves who often do not believe or understand that they are a victim of crime. As a result, victims often go unidentified and unserved.<sup>4</sup>

Lack of knowledge and understanding of what services are available is a barrier for service providers as well. Many service providers report their own confusion regarding what services their clients are eligible for and can access, which highlights the need for effective case management as identified in a previous Issue Brief.<sup>5</sup>

*“There is a general lack of knowledge and understanding of human trafficking and not enough service providers in the healthcare profession, local Social Security Administration offices, department of motor vehicles, and other key agencies are trained on this issue and know they can serve these clients. We are constantly having to take our clients to appointments because they are turned away when they try on their own.”*

*Service Provider*

**Availability of Services.** Even though victims, international or domestic, may be eligible for services, the availability of those

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<sup>4</sup> For more information on the challenges identifying victims of human trafficking, see “Identifying victims of human trafficking: Inherent challenges and promising strategies from the field” at <http://aspe.hhs.gov/hsp/07/HumanTrafficking/> or <http://www.icfi.com/markets/social-programs/>

<sup>5</sup> For more information on the case management needs of victims of human trafficking, see “Case management and the victim of human trafficking: A critical service for client success” at <http://aspe.hhs.gov/hsp/07/HumanTrafficking/> or <http://www.icfi.com/markets/social-programs/>

needed services is often limited due to long wait lists and associated fees (even if offered on a sliding scale). As one provider indicates, “Free clinics are not always free. You spend a lot of time waiting to be seen and there are often some unexpected charges associated with most services.” According to service providers, this is particularly true for mental health services and substance abuse treatment.

While accessing basic medical services (physicals, gynecological exams, screenings, etc.) is not reported as a problem for most service providers (with the exception of some providers in rural communities), accessing specialized medical treatment was problematic. Specifically, specialized care for acute, long-term needs, such as diabetes, cancer, and other illnesses, including prescriptions that are part of the treatment, were often cost prohibitive and in some cases, exhaust program resources.

*“As a service provider, I find it confusing trying to figure out what services are available for which clients [international or domestic]. Most of my time is spent making calls or running around to agencies. We [service providers] need a road map that helps explain not only what services our clients are eligible for but how we go about accessing these services. What documentation does my client need? What paperwork do they need to fill out? What would make my client ineligible for services? I can barely navigate through all of these systems myself, so how can we expect our clients to take this on?”*

*Service Provider*

Similarly, while most service providers are able to find basic dental care for their clients (although sometimes there are long waiting periods), more serious and costly dental procedures, such as root canals and extractions, are difficult to obtain.

Housing is another service that law enforcement and service providers report is limited. While finding emergency shelter

for women and girls is not usually a problem, finding the same placements for men and boys is difficult. Transitional and permanent housing is scarce for everyone but in particular for domestic minors with felony convictions and victims with mental health or substance abuse issues.<sup>6</sup>

*“There just isn’t affordable housing in our community for anyone. We often end up placing groups of victims together in apartments or houses. Sometimes this works but sometimes the only areas where they can afford housing are high crime areas. We’ve actually had clients become the victims of other crimes (burglary) because they could only afford to live in unsafe neighborhoods.”*

*Service Provider*

Finally, the availability of services in general for domestic victims is viewed as problematic by some service providers. As one provider states, “If you just look at what domestic victims are eligible for on paper, it looks promising. However, trying to access those services is another story.” Several examples include referrals to child welfare agencies by service providers and law enforcement only to find out that the agencies would not see the domestic victims because the abuse did not occur at the “hands of a parent or legal guardian.” In these cases, providers and law enforcement report minors falling through the cracks of the mainstream system and not receiving services. In some cases, minors were handed back to their abusers and “turned back out on the streets.”

**Appropriateness of Services.** Service providers talk not only of the need for more culturally appropriate services, but also for

<sup>6</sup> For more information on the housing needs of domestic minor victims, see “Finding a path to recovery: Residential facilities for minor victims of domestic sex trafficking” at <http://aspe.hhs.gov/hsp/07/HumanTrafficking/> or <http://www.icfi.com/markets/social-programs/>

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gender appropriate services. Finding such services can be challenging, particularly in rural communities. Additionally, service providers stress the importance of understanding what is meant by culturally appropriate services. For instance, just having someone from the same culture who speaks the same language does not translate into culturally appropriate services according to service providers. Speaking the same language as clients can help facilitate service provision but that is just one piece of one's culture. Service providers gave examples of victims of sex trafficking who were not comfortable talking about their experiences with someone from their same culture out of the associated shame and stigma. Other examples given by service providers were related to the gender and culture of the victim. For example, in some cultures, it is not appropriate for a female to visit a male doctor. Recognizing these challenges and the implications for providing appropriate services to clients is seen as critical by providers themselves.

The appropriateness of services also extends to examining the culture of the environment in which the service is offered. For example, service providers note that providing services to victims who are living in shelters can be difficult and some environments can result in "revictimization." In particular, providers share examples of sex trafficking clients being placed in domestic violence shelters and then facing humiliation and isolation. For international sex trafficking victims, the isolation is usually attributed by service providers to language barriers and cultural differences. But for domestic victims of sex trafficking, the humiliation and isolation, according to service providers and some victims, is attributed to perceptions that domestic victims are "prostitutes," or willing participants, rather than victims of abuse and crimes. These misperceptions reflect again, a general lack of understanding and

knowledge of the issue, not only among service providers but in the general public.

**Access to Services.** The two greatest barriers to accessing services for international victims include language barriers and transportation. Service providers indicate that the availability of information and access to providers that speak English, Spanish, and in some communities Korean, is not difficult. It is their clients that speak other languages that have difficulty accessing services.

Additionally, transportation is a problem. In large cities, teaching clients how to use the transportation system can be overwhelming and very time consuming. Service providers report clients missing appointments because they were afraid to use public transportation. In smaller communities, there is often limited or no public transportation, also making it difficult for clients to get to appointments.

*"There is no cookie-cutter approach to working with this population. Males, females, adults, children, sex trafficking, or labor trafficking. You just don't know how long you will be working with them. Just when you think they are moving forward, something happens with their case or with their family or they see something in the news that triggers the trauma experience and sets them back sometimes months in their progress. A lot of times it is one step forward and two or three steps back. You just have to be prepared for setbacks."*

*Service Provider*

**Length of Services.** Another challenge identified by service providers and victims themselves is the length or duration of the services available to victims. Service providers note that the timeline to self-sufficiency varies by client. Some clients may come in, get certified right away and be ready to work, especially among many labor trafficking victims. Other victims, however, may remain pre-certified for a longer period of time and even after becoming certified,

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they may not be ready to work or move forward with their lives. According to service providers, individual timelines are difficult to predict. However, with close monitoring and anticipation of set-backs (e.g., depositions, appearances at trial, intense counseling sessions, reunification, etc.), providers are able to adjust services to meet the changing needs of clients.

For domestic minors, shelter stays are often limited to 15-, 30- or 90-days and do not allow providers enough time to establish relationships with victims or provide adequate services to meet their longer-term needs. Transitional housing for domestic minors and domestic victims is often limited, and when available victims often find it difficult to follow the rules/restrictions of the facilities (e.g., no drug/alcohol use, required employment).

*“When working with a domestic victim, I just need more time. I can’t stabilize a client with an extensive trauma history within 90 days or transition them to permanent housing within 18-months. Many of my clients struggle to get clean, get an education (or GED), learn life skills, obtain employable skills, and get employed. This is especially true if they have not begun to work on trauma recovery and this can take years.”*

*Service Provider*

**Lack of Coordination of Services.** For the most part, service providers acknowledge improved coordination of services for clients over the past several years. However, they see the need for a single point of contact within each agency working with victims and a central case manager to ensure communication and coordination of services.

This appears to be especially true in the case of minor victims. According to service providers and law enforcement, when working with minor victims, in particular

international minor victims, there are often numerous individuals involved in a case, making coordination and communication difficult. In some cases, providers and law enforcement report not knowing who to contact on behalf of the minor or who could make decisions on behalf of the minor. There were cases of information not getting transferred from one agency to the next, sometimes resulting in minors not getting the services they needed. As one provider states, “When the process for [international] minor victims works, it works well. But when it doesn’t, it fails miserably.” There is agreement among providers and law enforcement alike that there needs to be more information and communication regarding how international minor victims are served. Most providers report positive experiences with the URM programs but communications from these programs, as well as the availability and location of services are seen as limited.

## **V. INNOVATIONS AND PROMISING PRACTICES TO SERVING VICTIMS**

To address the many challenges and barriers to providing services to victims of human trafficking, many service providers have developed innovative strategies and promising practices for their agencies and their clients.

**Collaboration.** The importance of collaboration in meeting the needs of victims of human trafficking cannot be overstated. Law enforcement and service providers stress the importance of working together to meet the diverse and complex needs of this population. The establishment of coalitions and task forces, such as the ORR-funded Rescue and Restore coalitions, is viewed as one strategy that has resulted in the increased availability of services for all victims.



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*“We have partnered with Goodwill and other similar organizations to obtain vouchers for our clients. They are able to use these to shop for necessities. It provides them with what they need as well as gives them some level of independence.”*

*Service Provider*

Several service providers report establishing formal memoranda of understanding (MOUs) with domestic violence shelters to ensure not only placement of their clients but placement in a facility with a staff trained on human trafficking and sensitive to the needs of victims. These MOUs are also important because some domestic violence shelters will not (or cannot) accept victims if they are not victims of domestic violence, defined as involving a boyfriend or spouse. But with MOUs, exceptions to this definition have been made with some agencies. Service providers also report success in reaching out to domestic violence shelters that traditionally serve battered immigrant women.

In several communities across the country, collaboration among local law enforcement, juvenile and family court judges, child protection services, and youth shelters and programs has proven to be a promising and necessary practice for identifying and meeting the needs of domestic minor victims of sex trafficking.

**Consistent Case Managers.** Given the complexity of victims’ needs and the comprehensiveness of the services provided, service providers, law enforcement, and victims report that having a consistent case manager all the way from identification to case closure is a promising practice.<sup>7</sup> While not possible in all cases due to staff turnover

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<sup>7</sup> For more information on the case management needs of victims of human trafficking, see “Case management and the victim of human trafficking: A critical service for client success” at <http://aspe.hhs.gov/hsp/07/HumanTrafficking/> or <http://www.icfi.com/markets/social-programs/>

and the lack of funding for case managers for domestic victims, having this consistency benefits the victim, service providers, and law enforcement (including prosecutors). A central case manager with knowledge of all aspects of the victim’s situation can ultimately save time and resources.

*“Victims need to be assigned a case manager from point of identification throughout the criminal justice process. This person does not need to be a victim witness coordinator from law enforcement (although they could) but the person needs to be consistent.”*

*Law Enforcement*

**Mobile Services.** In some communities, home visits that provide medical and mental health care, and basic case management, is an innovation helping to meet the needs of victims. This approach is especially valued by agencies serving clients in large geographically dispersed areas, as well as rural areas. In both of these cases, clients can find it difficult to get to their appointments. Some service providers mention using in-home visits as a way to introduce clients to services; it is almost a trial period before transitioning them to in-office treatment.

Additionally, linking clients to existing mobile health clinics is a common practice for many agencies, including shelters working with domestic victims.

**Use of Pro Bono Services.** Several agencies report using pro bono services, particularly for legal services. This often involves providing training to attorneys on the issue of human trafficking and providing access in order to interview clients. While this results in a larger pool of affordable and appropriate service providers for clients, it does require significant training and monitoring according to providers. One example of where this approach has worked

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well is Project Liberty, highlighted in the box below.

**Project Liberty**

In Atlanta, Tapestri, Inc., a non-profit organization dedicated to ending violence and oppression in refugee and immigrant communities, and using culturally competent and appropriate methods, has established Project Liberty. This is a program where a pool of immigration attorneys (public and private) receive annual training from Tapestri on human trafficking as part of their professional development. In exchange, the attorneys provide pro-bono services to Tapestri's trafficking clients. Tapestri has recently replicated this model with psychologists to provide mental health services for its clients.

For more information on this model, please call 404.299.2185 or email Tapestri at [tapestri.org](mailto:tapestri.org).

**Volunteer Programs.** Some agencies establish programs where their clients can do volunteer work. Because many victims are unable to do regular work until they receive their work authorizations, service providers need to find ways to use this "waiting period" to help engage their clients in the community and workplaces, when appropriate. Several providers have in place volunteer programs where clients gain valuable on-the-job training that can then result in quick placement in a job with the same or similar agencies.

## VI. SUMMARY

The needs of victims of human trafficking, whether international or domestic, can be characterized as complex, requiring comprehensive services and treatment that span a continuum of care from emergency to short-term to longer-term assistance. Providing these services can take months or years; the timeline for serving each victim is different and often unpredictable. The challenges associated with accessing timely

and appropriate services for victims are ongoing. But through collaboration among agencies, including non-governmental organizations, shelter providers, health care providers, law enforcement and others in communities across the country, and through innovative strategies and promising practices, there are more services available today for victims of human trafficking than at any time in the past. And while there remains room for improvement, particularly regarding adult domestic victims, the services available to victims of human trafficking appear to be better tailored to their needs than they have been in the past.

*The issue briefs in this series and the final study report can be downloaded from the following Web sites:*

<http://aspe.hhs.gov/hsp/07/HumanTrafficking/>

<http://www.icfi.com/markets/social-programs/>