BREAKING BARRIERS: IMPROVING SERVICES FOR LGBTQ HUMAN TRAFFICKING VICTIMS

A Top Ten List for Service Providers and Criminal Justice Professionals



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BREAKING BARRIERS: TOP 10 LIST

BUILD PARTNERSHIPS IN YOUR COMMUNITY

TRAIN STAFF TO CREATE A WELCOMING SPACE

IMPROVE ABILITY TO IDENTIFY HUMAN TRAFFICKING

REVAMP YOUR

REVISIT YOUR PRACTICES ON CONFIDENTIALITY ADAPT YOUR SERVICES TO BE INCLUSIVE

ADJUST YOUR SAFETY PLANNING PROCESS

ALLOW FLEXIBILITY IN TREATMENT OR CASE PLANNING

HOST LGBTQ INCLUSIVE EVENTS AND ACTIVITIES

ADVOCATE FOR THE RIGHTS OF LGBTQ YOUTH

ACKNOWLEDGEMENTS

We would like to acknowledge and thank the various service providers and organizations that shared information and wisdom in the creation of this resource. These organizations demonstrate a continued dedication to providing excellent service to LGBTQ youth who have experienced human trafficking and in doing so, play a crucial role in the fight against human trafficking.

We also thank the many LGBTQ survivors of human trafficking whose stories informed the lessons learned and recommendations provided here. The courage and resiliency they have exemplified in sharing their experiences are critical to ensuring that the comprehensive services victims need to rebuild their lives are available to all youth.

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INTRODUCTION

TODAY, HUMAN TRAFFICKING IS A THRIVING CRIMINAL INDUSTRY, targeting the most at-risk individuals in our communities. Traffickers use force, fraud, or coercion to compel others into commercial sex or to provide labor or services. Frequently targeting individuals who lack strong support networks, those who have histories of abuse, or those who are marginalized from their community, traffickers exploit the vulnerabilities in our communities most at-risk individuals.

Youth who identify as lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ) reportedly face higher rates of discrimination due to their sexual orientation or gender identity.¹ Subsequently, they may be at higher risk of trafficking and exploitation due to this increased marginalization. Studies have shown that LGBTQ youth are overrepresented among runaway and homeless youth (RHY) populations,² as they experience more frequent harassment, family rejection, violence and economic instability.³ LGBTQ youth often report challenges in locating and accessing services. Safe shelter and access to culturally sensitive services are consistent barriers to self-sufficiency for LGBTQ youth who have been trafficked.

Where basic needs of LGBTQ youth go unmet, young people may enter high-risk, poorly regulated employment sectors or provide commercial sex acts in exchange for basic necessities. According to a 2013 report by Covenant House New York, 23 percent of homeless youth interviewed reported that they had traded sex for something of value in order to meet basic needs. Youth most frequently reported exchanging sexual acts for a place to sleep, money for food, drugs, and clothing, and money to support children or younger siblings.⁴

Teens and young adults are in a critical stage of personal development in which they need the support of families and trusted adults, yet LGBTQ youth often have to be more self-reliant while overcoming sustained challenges in achieving self-sufficiency. These youth more frequently find themselves in contact with the juvenile justice and child welfare systems due to conflict with families and support systems about their gender identity or sexual orientation, the lack of strong safety nets, and their misidentification as criminals rather than victims.

As a result, LGBTQ youth may be disproportionately affected by human trafficking. LGBTQ youth are frequently penalized for their minority sexual or gender identification, leading to inappropriate or inadequate service provision. Therefore, LGBTQ youth are less likely to self-identify as victims of trafficking or report exploitation. Further complicating proper identification, many professionals and community members who do want to help frequently lack the training needed to recognize trafficking or how to effectively and compassionately assist these youth.⁵

Frontline anti-trafficking professionals can do better to support LGBTQ youth who have experienced human trafficking. Social service organizations and criminal justice systems are already serving LGBTQ youth, whether or not youth identify as such while in care.⁶ Efforts to end human trafficking are only effective when all victims of human trafficking receive support and assistance, including those who identify as gay or transgender.

While the anti-trafficking field has excelled in providing service to marginalized and vulnerable populations, many trafficked LGBTQ youth still go underserved or unserved. This resource seeks to shine a light on the encouraging practices taking place among anti-trafficking providers in recognizing the needs of LGBTQ youth and supporting them as they do all victims and survivors.

BUILD PARTNERSHIPS IN YOUR COMMUNITY

Effective human trafficking interventions rely on strong community-based collaborations. This

is especially true when responding to trafficking situations involving LGBTQ youth, as these youth may have fewer social supports and have more specialized service needs. Building partnerships with organizations specializing in LGBTQ rights also provides the opportunity for knowledge exchange and strengthening service referrals. In order to ensure local human trafficking responses and practices are equitable and appropriate across service populations, human trafficking task forces should include local LGBTQ providers and LGBTQ survivors in their efforts.

KEY PARTNERS FOR ANTI-TRAFFICKING TASK FORCES

Human trafficking task forces should involve organizations or agencies that reflect the diversity of victims and survivors served. Reach out to organizations with LGBTQ expertise to build partnerships and strengthen referral networks. Some examples of organizations might include:

- Specialized LGBTQ Providers
- Local Gay-Straight Alliances (GSAs)
- Youth Development Organizations
- Universities & Hospitals
- Sex Worker Rights Groups

- Government or Law Enforcement LGBTQ Liaisons
- Local Branches of National LGBTQ Organizations
- Runaway and Homeless Youth Organizations
- Survivor-Led Organizations

CASE STUDY

Tumbleweed serves youth and young adults between the ages of 12 and 25 who have experienced homelessness. Tumbleweed formed the Arizona Partnership to End Domestic Trafficking which created a network within Maricopa and Pima County to improve service delivery, training and education within these communities.

The network is comprised of diverse providers who all bring unique skills and strengths to the table. Through this multidisciplinary approach, the network is able to train new partners, develop strong referral processes, and build community-wide standards of care for trafficking survivors.

In order to effectively meet the needs of trafficked youth and build the capacity of local communities to serve trafficked youth, the Arizona Partnership first sought to understand the experiences of young people who had experienced sex trafficking. Along with the AZ Partnership, Tumbleweed partners with two other homeless organizations, one whose specific population is LGBTQ, to conduct a survey entitled the Youth Experience Survey (YES) to better understand the needs of homeless young adults who have experienced sex trafficking in their lifetime.

The 2014 YES survey found that 25 percent of surveyed, homeless young adults in Arizona had reported a sex trafficking experience. Individuals who identified as LGBTQ were more likely than heterosexual peers to experience trafficking. This survey was instrumental in determining priorities for organizational collaboration and development.

TRAIN STAFF TO CREATE A WELCOMING SPACE

Create an environment in which all youth receive equitable and supportive care by hosting regular training and discussion forums. Educational opportunities should allow staff the opportunity to learn about LGBTQ youth experiences including survivors' perspectives, recognize any internal bias, and strengthen empathetic responses. Successful cultural competency training is ongoing; discussion and support of sexual orientation and gender identity should be ongoing and practiced in day-to-day actions.

WHO SHOULD RECEIVE TRAINING?

Service Providers

- Leadership
- Line Staff
- Security
- Operations

- Clinical StaffShelter Supervisors
- Outreach Staff
- Volunteers

Law Enforcement

- Investigators
- Patrol Officers
- Juvenile Detention PersonnelJuvenile Parole/
- Supervision Officers
- Transport Employees
- Community Liaisons
- Victim Witness Specialists
- School Resource Officers
- Administration

CASE STUDY

"Cultural Competency means centering those in the margins." - Hediana Utarti

Founded in 1988, Asian Women's Shelter (AWS) addresses the needs of survivors of domestic violence and human trafficking, especially those who are immigrants and refugees in 40 languages. Its program, Queer Asian Women and Transgender Support, ensures the organization's competency to serve both LGBTQ adult and youth survivors. AWS is one of the few organizations who work with transgender survivors across the gender spectrum, including male to female (MTF) and female to male (FTM).

Asian Women's Shelter's current capacity originated from the founding mothers' philosophy and commitment to serve survivors who are at the very margins of the community. Internally, AWS integrates LGBTQ concerns into its organizational strategic planning. For example, all staff, volunteers, interns, and language advocates must complete trainings on serving LGBTQ survivors and undergo regular refresher workshops. AWS documentation (crisis line log, intake forms, and exit forms) is LGBTQ inclusive and is continuously being reviewed. Staff who identify as heterosexual are mandated to join the Homophobia Buster team. The team is responsible to unlearn homo/transphobia, address and confront homophobic and transphobic situations that take place in the organization or in the shelter, and provide regular workshops for clients and children on anti-homophobia/ transphobia/heterosexism.

Externally, with the leadership of Asian Women's Shelter's queer identified staff, AWS creates networking opportunities and collaborations with LGBTQ organizations such as Community United Against Violence (CUAV) or Lavender Youth Recreation and Information Center (LYRIC) in San Francisco to create a seamless referral service, to support each other's work and to share resources including applying for grants together.

IMPROVE ABILITY TO IDENTIFY HUMAN TRAFFICKING

The very factors that lead to increased homelessness among LGBTQ youth also increase vulnerability to trafficking schemes and situations. Youth without adequate resources or support networks are more likely to enter into precarious housing situations or engage in survival sex to meet their basic needs. Yet, despite higher rates of victimization, LGBTQ youth face more frequent profiling, receive higher sentences, and are more likely to be prosecuted for consensual sexual activity than their non-LGBTQ peers.⁷ Furthermore, LGBTQ youth are more likely to be criminalized and detained for minor offenses.⁸

Law enforcement must be able to adequately identify elements of trafficking across all demographics and demonstrate cultural competency when working with a potential victim of trafficking. LGBTQ youth who are victims of sex trafficking may not fit a traditional understanding of pimp-controlled or gang-controlled sex trafficking. While some LGBTQ youth report being under the control of a pimp or trafficker, others may be coerced into providing commercial sex or labor for the profit of a house parent or in exchange for basic needs. Furthermore, in sex trafficking situations, a youth's sexual activity may or may not be consistent with their identity. First responders should not make assumptions about a youth's identity or orientation based on the circumstances of their trafficking situation.

CASE STUDY

As part of the development of a coordinated response protocol, The Seattle-King County Sexual Exploitation Response Network regularly brings together service providers, law enforcement, and other partners to receive training.⁹ These trainings help to increase first responders' ability to identify victims of sexual exploitation more accurately and provide more effective services to victims of sexual exploitation. From topics such as demand, legal frameworks for responding to sex trafficking, and understanding queer and trans youth experiences in the commercial sex industry, members of the Network are able to come together to learn about human trafficking among different settings and how to improve engagement with gay and transgender youth. Recognizing the need for service providers and law enforcement to be more culturally competent when working with trafficked youth, the Seattle-King County Sexual Exploitation Response Network collaborates with the Northwest Network of Bisexual, Trans, Lesbian and Gay Survivors of Abuse. The Northwest Network is committed to improving communities' ability to support the self-determination and safety of bisexual, transgender, lesbian and gay survivors of abuse through education, organizing and advocacy. Offering both cultural competency trainings and advocacy for LGBTQ survivors of abuse, the Northwest Network has helped anti-trafficking organizations and professionals respond to the unique needs of a growing LGBTQ youth population in the state of Washington.

REVAMP YOUR INTAKE PROCESS

For many gay or transgender youth, the intake process may cause fear or hesitancy as it frequently necessitates disclosure (or coming out).¹⁰ Therefore it is important to have a clear policy that allows for services and treatment to be based on one's self-identification. Use the intake process to explain that your organization or agency is a welcoming, inclusive environment, that nondiscrimination and respect is expected of everyone in your facility, and how to report concerns or grievances.

SAMPLE INTAKE QUESTIONS

Inclusive intake questions may include questions with open fields for response or simply offer inclusive options with an optional open field.¹¹ Example intake questions:

- What do you prefer to be called?
- What are your preferred pronouns?
- How would you describe your gender identity?
 - O Male
 - O Female
 - O Transgender
 - O Gender Non-Conforming
 - O Gender Queer
 - O Two-Spirit
 - O Other: _____

- How would you describe your sexual orientation?
 - O Asexual
 - O Bisexual
 - O Gay
 - O Lesbian
 - O Heterosexual
 - O Pansexual
 - 0 Other: _____

CASE STUDY

For Polaris's Washington D.C.-based client services office, adjusting its intake process to be more welcoming and inclusive of gender identity and sexual orientation was a process of learning and adjustment over time and with experience. In order to make its intake process more inclusive, Polaris paid close attention to the use of language on gender identity and sexual orientation, reinforced values of respect for all staff and clients to create an open and welcoming atmosphere, and gave clients the opportunity to address topics that might be uncomfortable to address with strangers.

Through conversations with clients and staff, Polaris identified ways to make the intake process more inclusive and empowering

to clients. The new intake materials allow clients an opening to talk about hormone therapy, whether they are transitioning or hope to transition, or other gender identity resource needs. Clients are given a gentle opportunity to discuss topics that are important to case management, without demanding the clients raise the issue on their own.

Recognizing that many survivors of trafficking, LGBTQ survivors included, are people of color, Polaris ensures that staff are well-trained in engaging survivors from diverse backgrounds. Staff are sensitive to language and cultural differences, and skilled in making the intake process an open, flexible conversation rather than simply a form.

REVISIT YOUR PRACTICES ON CONFIDENTIALITY

The youth who come through your door may have differing levels of comfort in disclosing their sexual orientation or gender identity. Some youth may only feel comfortable sharing their sexual orientation or gender identity with one trusted staff member and may not be ready to come out to everyone in their lives. When a young person does share information about their identity or orientation, talk through the confidentiality and case tracking process to determine what feels safe and comfortable to the individual.

Youth who have been trafficked are likely to interact with many different institutions, including prosecutors, police officers, mental health providers, and hospitals, among others. Keep in mind confidentiality when making referrals. While it may be useful to document the youth's preferred pronouns or gender in their record so that other staff are aware and communicate appropriately with the youth, it might prove to be alienating if the youth has not chosen to come out to other providers or adults.

Likewise, youth who have been trafficked may be hesitant to disclose their situation out of fear of retribution from traffickers, fear of judgment by providers or loved ones, or simply out of lack of awareness about trafficking and assistance available to them. Service providers and law enforcement officers who already work with LGBTQ youth are well prepared to build rapport, demonstrate a consistent non-judgmental demeanor, and provide consistent support over time to youth who have experienced human trafficking.

CASE STUDY

The National Human Trafficking Resource Center (NHTRC) hotline, operated by Polaris, is a national confidential hotline for victims and survivors of human trafficking to report tips, seek services, and ask for help. This toll-free hotline is available to answer calls from anywhere in the country, 24 hours a day, seven days a week in more than 200 languages.

The NHTRC strives to make the most appropriate referrals and seeks to identify local organizations who have demonstrated strong cultural competency when working with LGBTQ youth who have experienced trafficking. Referrals to services are made to meet the needs and wishes of the caller. Callers may choose from several options when accessing services through the NHTRC. The NHTRC can connect the caller directly to a referral agency via conference call, reach out to a referral agency on the caller's behalf, or provide contact information for the referral agency so that the caller can reach out directly.

In making these referrals, the NHTRC will not share any identifying information with the referral agency without the caller's consent. It is up to the caller how much information he/she wishes to provide to the NHTRC. Typically, the NHTRC only needs basic demographic information (e.g. age, gender, nationality, language spoken, etc.) in order to ensure that we are matching the caller with the best agency to meet his/her needs. Call Specialists receive extensive training in working with victims and survivors of all demographics and always use the caller's preferred name and gender. Following the caller's preference for what information is shared to referral organizations or law enforcement is an important way to affirm the individual's right to privacy and self-determination.

ADAPT YOUR FACILITIES TO BE INCLUSIVE

The most direct way to demonstrate that your organization is a welcoming place for LGBTQ youth is to hire staff and volunteers who also identify as LGBTQ. Place LGBTQ-friendly signage or visual cues around your building, on your website, and in outreach materials. Housing placements in sex-segregated facilities for LGBTQ youth should be determined in accordance with the youth's self-identified gender identity and made in conjunction with a collaborative safety planning process. Private rooms may be a helpful option, but isolation should not be mandatory.

Residents should be able to use restroom and shower facilities that correspond with their gender identity and offered options for privacy. Finally, transgender youth should have access to safe storage for medications and/or hormone treatments. Some transgender youth have reported engaging in risky employment or commercial sex in exchange for much needed hormone treatments, so care should be taken to identify gender-affirming medical treatment to avoid this risk for exploitation.

HOUSING AND SUPERVISION IN DETENTION

Even practices that are intended to provide additional protections may instead demonstrate intolerance for a youth's sexual orientation or gender identify. While in detention, LGBTQ youth more frequently report stays in isolation that far exceed legal limits for mandatory single room placements.¹² This practice may be intended to offer additional protection, but instead deprive youth of the social interaction needed for adolescent development.¹³ It may also pose an additional safety risk by creating unnecessary division among youth residents, which may contribute to the higher rate of sexual assault experienced by LGBTQ youth.¹⁴

CASE STUDY

Youth in Need has been serving youth in the greater St. Louis, Missouri area since 1974 through over 50 direct service and support programs to children, teens, and families.

Youth in Need has taken steps to ensure that all emergency shelter and transitional living environments are accepting and affirming of LGBTQ youth, from intake to discharge. Intake forms includes gender options of male, female, transgender FTM (female to male), transgender MTF (male to female), transgender, and a write-in option. A youth's preferred pronouns and preferred name are discussed at intake and always used. Youth in Need does not disclose a youth's LGBTQ identity to their peers, but supports youth in being "out" to others if they so desire. For residential placements, youth who identify outside of the male/female binary are asked where they feel most comfortable sleeping, getting ready in the morning, etc. Youth have the option to sleep in bedrooms with their birth sex, identified gender, or in private overflow rooms. All restrooms are gender neutral.

Youth in Need has found that one of the most important aspects of effectively serving LGBTQ youth in residential settings is to not make assumptions. Something as small as letting a youth choose their own deodorant, rather than handing them a "male" or "female" type, can let them know that you respect their identity. These details reinforce to the youth that they are in a safe place and opens doors for them to be open about their situation and needs.

ADJUST YOUR SAFETY PLANNING PROCESS

Safety planning is critical, in both shelters and juvenile detention centers. LGBTQ youth who have been trafficked may have external safety concerns (such as threats from traffickers), necessitating strong safety plans. It is also just as important to conduct internal safety plans. Youth who identify as LGBTQ frequently run from care because of harassment faced in care, and are consequently confronted with higher risk of trafficking because they lack strong supports and resources when they need it most.

External safety planning with LGBTQ victims of human trafficking must be multidimensional and self-directed. Trafficking survivors who identify as LGBTQ frequently face threats from traffickers or others who were involved in the trafficking situation, familial or intimate partner violence, and harassment or violence simply because of their gender identity or sexual orientation.

Internal safety plans lay out contingency actions if a resident experiences discrimination or assault by other residents or staff. Options may include room assignments closer to on-call staff, in quieter areas of the shelter, with trusted roommates, or nearer to the single-use restroom. Staff should approach safety planning in an empowering manner, reinforcing the youth are the experts in their own safety and allowing them to drive their safety planning process.

CASE STUDY

Youth in Need takes a harm-reduction approach to safety planning with youth. Staff use inclusive language in all conversations with youth to discuss relationships (i.e. partner, significant other) and offer culturally specific resources when appropriate.

Safety planning with LGBTQ youth can have many layers and can be difficult for some staff and youth to discuss. For example, Youth in Need has found great success in partnering youth with staff who identify as LGBTQ and are comfortable in discussing topics related to commercial sex. In addition to their understanding about how LGBTQ culture influences perceptions of survival sex, these staff are trained on the nuances of survival sex, sexual exploitation, and human trafficking. Furthermore, they practice meeting youth where they are, rather than using "professional terms and language," which can lead to youth disengagement.

Youth in Need employs a harm reduction model for LGBTQ youth which takes into consideration factors like personal health, personal safety, wellbeing and interpersonal relationships. For example, this might include discussing when or when not to disclose biological sex when a transgender youth is engaging in survival sex. These decisions are made in partnership with the youth and affirm their rights to self-determination.

ALLOW FLEXIBILITY IN TREATMENT OR CASE PLANNING

Like all trafficked youth, LGBTQ youth benefit from comprehensive trauma-informed

wraparound services. However, LGBTQ youth may have specific needs that require specialized referrals. Some transgender youth may be in the process of transitioning,¹⁵ while others may need ongoing medical support. Transgender youth may need additional support and advocacy in changing their gender on their IDs or understanding their rights in employment settings. Offer clothing and hygiene items that fit the youth's gender identity.¹⁶ Trusted community volunteer mentors from the LGBTQ community can be a great way to support LGBTQ youth and help them build social capital.

HIGHLIGHT FOR CRIMINAL JUSTICE SYSTEMS:

Studies repeatedly show that appropriate care in detention is tied to decreased recidivism and success after detention.¹⁷ For youth who identify as LGBTQ during intake and assessments, confirm that the services (e.g. health, mental health, and substance abuse treatment services) are tailored to the youth's gender identity. For transgender youth, denial of continuing hormone treatment and related health services has been shown to worsen youth outcomes and even increase risk of suicidal and/or other self-harming behaviors. In addition, criminal justice systems should provide youth with gender appropriate hygienic and personal care items.

CASE STUDY

In order to effectively build Arizona's capacity to serve trafficked youth, the Arizona Partnership to End Domestic Trafficking first sought to understand the experiences of young people who had experienced sex trafficking. To do this, Tumbleweed and two other local service providers partnered to develop and implement a survey of young adults who had experienced sex trafficking. The 2014 YES survey found that individuals who identified as LGBTQ were more likely than their heterosexual peers to experience trafficking.

The process of conducting this survey helped the Arizona Partnership explore the unique needs of their clients and to improve service delivery and access to resources. One challenge that continued to surface was the feeling of isolation and lacking strong support among LGBTQ clients. To respond to this need, Tumbleweed began hosting a Sex Trafficking Awareness and Recovery Group (STAR). The STAR Group is a weekly group open to all Tumbleweed young adults to educate and bring awareness to trafficking. During the group meetings, facilitators create a safe space for all individuals able to express life experience and obstacles, and are supportive and gender sensitive to clients who are transitioning from one gender to another.

STAR has been able to foster conversations about the obstacles of being labeled, challenges growing up with unsupportive and often violent households and peers, and the unique experiences of transgender individuals who have experienced trafficking.

HOST LGBTQ INCLUSIVE EVENTS AND ACTIVITIES

Organizations and criminal justice institutions that are successful in creating supportive environments for LGBTQ youth have regular interactions with the broader LGBTQ community.

This provides opportunities to build awareness and trust of your services, demonstrate support of the LGBTQ community, build relationships, and increase cultural competency in engaging and communicating effectively with LGBTQ young people. Participation in local LGBTQ events is also a chance for youth to build their social network and sense of community. Events can also be hosted internally, such as discussion groups or artistic events to enhance residents' awareness, respect, and inclusivity in regards to sexual orientation and gender identity and expression.

As you make your organization more inclusive, you have an important opportunity to broadly incorporate the voices and perspectives of LGBTQ survivors of human trafficking. Survivor leaders are in an important position to advise on what actions are empowering and welcoming.

CASE STUDY

Indian Oaks Academy, a residential treatment organization in rural Illinois, began to see an increase in the number of youth they served who identified as LGBTQ. As part of a comprehensive, organization-wide needs assessment, the organization determined there were relatively few organizations and events within the LGBTQ movement in their community.¹⁸ As a result, their youth reported increased feelings of social isolation.

To advance a sense of community, Indian Oaks Academy began taking field trips to Chicago to attend Pride events and other LGBTQ community events and activities. These trips not only provided an opportunity for youth to build their social capital and their support network, but they also helped to demonstrate to their residents that they were not alone, but in fact part of something bigger.

ADVOCATE FOR THE RIGHTS OF LGBTQ YOUTH

Leaders in the LGBTQ community do not accept the status quo; they keep the discussion alive within social and institutional spheres. There is much more that needs to be done to support and protect runaway and homeless youth, LGBTQ persons, and victims of trafficking. Effective advocacy identifies persistent gaps and offers creative and practical solutions to the most pressing challenges in a particular region while developing strong relationships with community stakeholders.

Youth are your biggest asset in advocacy. Advocacy, civic involvement and project planning are important developmental opportunities for young people. These can be empowering ways for young LGBTQ people to share their life experiences and stories with the actors who are in a position to affect change. Survivor-led voices are fundamental to creating an inclusive, effective response to human trafficking, be it through community awareness, peer education or through advocacy itself.

CASE STUDY

In 2013, the District of Columbia State Advisory Committee to the U.S. Commission on Civil Rights hosted a hearing about LGBTQ youth's experiences with human trafficking. This event allowed youth to share their experiences with the committee and with law enforcement about the challenges they faced on the street and when they sought assistance. Young people shared their concerns about the practices and attitudes they encountered with law enforcement, such as homophobia/ transphobia and harsh detention practices. The youth advocated for safe harbor provisions, which recognize that minors engaged in commercial sex are victims and divert them to appropriate service referrals rather than prosecution.¹⁹ This event gave law enforcement a better idea of what trends of recruitment and control were being used with LGBTQ youth in their district, so they can better identify trafficking. It also helped to build trust and relationships between law enforcement and the LGBTQ youth who experience human trafficking.

THE CHALLENGE

The process of becoming a more inclusive organization will look different for each anti-trafficking organization. We all begin from different starting points: many organizations have been serving this population well for a long time, while this may be a new conversation for others. The process may take time — the important thing is to keep moving forward.

We challenge you to discuss the needs of LGBTQ youth within your organization and determine your areas of strength and weakness. Find new partners and start new collaborations. Make a commitment to improving the areas of most need in the next year. Let your staff and the youth you serve be integral parts of this process. Share your lessons learned with others. We have a long way to go in building a strong, culturally competent antitrafficking movement where *all* youth can live a life free of trafficking and exploitation.

We would love for you to continue this journey with us. This is an ongoing process for us as well. We hope this can spark a discussion within anti-trafficking and LGBTQ circles. If you are interested in sharing your expertise or in learning from others, we urge you to get involved. Please visit us as <u>www.polarisproject.org</u> or email us at <u>advisoryservices@polarisproject.org</u>.

TO GET INVOLVED OR LEARN MORE, VISIT THE FOLLOWING WEBSITES:

- Campus Pride, <u>http://www.campuspride.org/</u>
- Forty to None, <u>http://fortytonone.org/</u>
- GLSEN, <u>http://www.glsen.org/</u>
- Human Rights Campaign, <u>http://www.hrc.org/</u>
- Lambda Legal, <u>http://www.lambdalegal.org/</u>
- National Alliance to End Homelessness, <u>http://www.endhomelessness.org/</u>
- National Human Trafficking Resource Center (NHTRC), <u>http://traffickingresourcecenter.org/</u>

- National Network 4 Youth, <u>https://www.nn4youth.org/</u>
- Northwest Network, <u>http://nwnetwork.org/</u>
- PFLAG, https://community.pflag.org/
- Polaris, <u>http://www.polarisproject.org/</u>
- The Palette Fund, http://www.thepalettefund.org/
- The Williams Institute, <u>http://williamsinstitute.law.ucla.edu/</u>
- The Trevor Project, <u>http://www.thetrevorproject.org/</u>

TERMS & DEFINITIONS

SEXUAL ORIENTATION AND GENDER IDENTITY OR EXPRESSION TERMS:^{20,21}

Gender Identity: An individual's internal sense of being male, female, both or other.

Gender Expression: The way a person represents their gender to others, including mannerisms, appearance, and personal interests.

Transgender: A person whose gender identity or expression differs from gender roles associated with their biological sex at birth.

Cisgender: A person whose gender identity is aligned with the gender roles associated with their biological sex at birth.

Intersex: An umbrella term covering differences in sexual or reproductive anatomy which vary from traditional anatomical definitions of male or female.²²

Two-Spirit: A term within American Indian and Alaskan Native cultures, representing a person whose sense is that their body simultaneously holds a masculine and feminine spirit.²³

Gender Non-Conforming: A term referencing an individual who does not adhere to society's expectations of either masculine or feminine gender expression.

Genderqueer: A person whose gender identity is neither, both, or a combination of male and female genders.

Transition: The process by which a person aligns their physical appearance with their gender identity.

Sexual Orientation: One's emotional, sexual, or relational attraction to others.

Gay: Describes a person who identifies as male and is attracted to other males.

Lesbian: Describes a person who identifies as female and is attracted to other females.

Bisexual: Describes a person who is attracted to both men and women.

Pansexual: Describes a person who is attracted to both people of any gender and who describes their attraction as not limited to typical gender constructs.

OTHER TERMS:

MSM: Men who have sex with men. This sexual activity may or may not align with the individual's sexual orientation. Straight youth may engage in survival sex or commercial sex with individuals of the same gender to meet their basic needs.²⁴

WSW: Women who have sex with women. This sexual activity may or may not align with the individual's sexual orientation. Straight youth may engage in survival sex or commercial sex with individuals of the same gender to meet their basic needs.²⁵

TRAFFICKING TERMS:

Human Trafficking: A crime involving the exploitation of another person for the purposes of compelled labor or a commercial sex act through the use of force, fraud, or coercion.

Labor Trafficking: 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.²⁶

Sex Trafficking: The recruitment, harboring, transportation, provision, or obtaining of a person for a commercial sex act in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age.²⁷

Safe Harbor: Legislation to curb criminal prosecution of minors victims engaged in commercial sex, sometimes including additional protections and services for those victims.²⁸

Survival Sex: Exchanging sex for basic needs, such as housing, food, or clothing.²⁹

TVPA: The Trafficking Victim's Protection Act of 2000. Federal legislation in the U.S. to combat human trafficking and assist victims of human trafficking.³⁰

OTHER TERMS:

Ally: An individual or group who is supportive of the LGBTQ community.

Minor: A person under the age of 18, as defined by U.S. federal law.³¹

Youth: A person who has not yet matured into adulthood. For the purpose of this publication, youth refers to individuals under the age of 25.

BIBLIOGRAPHY

Cray, Andrew, Katie Miller, and Laura E. Durso. *Seeking Shelter: The Experiences and Unmet Needs of LGBT Homeless Youth.* Washington: Center for American Progress, 2013. Accessed May 5, 2015. <u>https://cdn.americanprogress.org/</u> wp-content/uploads/2013/09/LGBTHomelessYouth.pdf.

Dank, Meredith, Jennifer Yahner, Kuniko Madden, Isela Banuelos, Lilly Yu, Andrea Ritchie, Mitchyll Mora, and Brendan Conner. *Surviving the Streets of New York: Experiences of LGBTQ Youth, YMSM, and YWSW Engaged in Survival Sex.* Washington: Urban Institute, 2015. Accessed May 5, 2015. http://www.urban.org/sites/default/files/alfresco/publicationpdfs/2000119-Surviving-the-Streets-of-New-York.pdf.

Durso, Laura E. and Gary J. Gates. *Serving Our Youth: Findings from a National Survey of Services Providers Working with Lesbian, Gay, Bisexual, and Transgender Youth who are Homeless or at Risk of Becoming Homeless.* Los Angeles: The Williams Institute with True Colors Fund and the Palette Fund, 2012. Accessed May 5, 2015. <u>http://fortytonone.org/</u> wp-content/uploads/2012/06/LGBT-Homeless-Youth-Survey-Final-Report-7-11-12.pdf.

Hanssens, Catherine, Aisha C. Moodie-Mills, Andrea Ritchie, Dean Spade, and Urbashi Vaid. *A Roadmap for Change: Federal Policy Recommendations for Addressing the Criminalization of LGBT people and People Living with HIV.* New York: Center for Gender & Sexuality Law at Columbia Law School. Accessed May 5, 2015. <u>https://web.law.colum-</u> bia.edu/sites/default/files/microsites/gender-sexuality/files/ roadmap for change full_report.pdf.

Hunt, Jerome and Aisha Moodie-Mills. *The Unfair Criminalization of Gay and Transgender Youth: An Overview of Experiences of LGBT youth in the Criminal Justice System.* Washington: Center for American Progress, 2015. Accessed May 5, 2015. <u>https://www.americanprogress.org/issues/</u> lgbt/report/2012/06/29/11730/the-unfair-criminalization-of-gay-and-transgender-youth/.

Intersex Society of North America. "What is Intersex." <u>http://www.isna.org/faq/what_is_intersex</u>.

Majd, Katayoon, Jody Marksamer, and Carolyn Reyes. *Hidden Injustice: Lesbian, Gay, Bisexual, and Transgender Youth in Juvenile Courts.* Washington: Autumn Press, 2009. Accessed May 5, 2015. <u>http://www.nclrights.org/wp-content/uploads/2014/06/hidden_injustice.pdf.</u>

National Alliance to End Homelessness. *National Recommended Best Practices for Serving LGBT Homeless Youth*. Washington: National Alliance to End Homelessness, 2009. Accessed May 5, 2015. <u>http://b.3cdn.net/nae-</u>

h/94b8aec63ad75940ab_aqm6bpd92.pdf.

National Association of Social Workers and Lambda Legal. Moving the Margins: Training Curriculum for Child Welfare Services with Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Youth in Out-of-Home Care Washington: National Association of Social Workers, 2009. Accessed May 5, 2015. <u>http://www.socialworkers.org/</u> images/practice/hiv/NASW%20LGBT%20Youth%20moving-the-margins.pdf.

Polaris. "Sex Trafficking of Minors and 'Safe Harbor." http://www.polarisproject.org/what-we-do/policy-advocacy/ assisting-victims/safe-harbor.

Pullin, Zachary. "Two Spirit: The Story of a Movement Unfolds." Native Peoples Magazine. <u>http://www.nativepeoples.com/Native-Peoples/May-June-2014/Two-Spirit-The-Story-of-a-Movement-Unfolds/</u>.

Quintana, Nico Sifra, Josh Rosenthal, and Jeff Krehely. On the Streets: The Federal Response to Gay and Transgender Homeless Youth. Washington: Center for American Progress, 2010. Accessed May 5, 2015. <u>http://cdn.americanprogress.org/wp-content/uploads/issues/2010/06/pdf/lgbtyouthhomelessness.pdf.</u>

Ray, Nicholas. Lesbian, Gay, Bisexual and Transgender Youth: An Epidemic of Homelessness. Washington: National Gay and Lesbian Task Force Policy Institute, 2006. Accessed May 5, 2015. <u>http://asmdc.org/speaker/images/</u> <u>E21-HomelessYouth ExecutiveSummary.pdf</u>.

Seigle, Elizabeth, Nastassia Walsh, and Josh Weber. Core Principles for Reducing Recidivism and Improving Other Outcomes for Youth in the Juvenile Justice System. New York: Council of State Governments Justice Center, 2014. Accessed May 5, 2015. <u>http://csgjusticecenter.org/wp-content/uploads/2014/07/Core-Principles-for-Reducing-Recidivism-and-Improving-Other-Outcomes-for-Youth-in-the-Juvenile-Justice-System.pdf.</u>

U.S. Department of State. "U.S. Laws on Trafficking in Persons." <u>http://www.state.gov/j/tip/laws/.</u>

Valentino, Amanda. LGBTQ Youth in the Juvenile Justice System. LGBTQ Litigator. American Bar Association, 2011. Accessed June 4, 2015. <u>https://apps.americanbar.org/litigation/committees/lgbt/articles/winter2011-valentino-juvenile-justice-system.html</u>.

ENDNOTES

- ¹ Jerome Hunt and Aisha Moodie-Mills, *The Unfair Criminalization of Gay and Transgender Youth: An Overview of Experiences of LGBT youth in the Criminal Justice System* (Washington: Center for American Progress, 2015): <u>https://cdn.americanprogress.org/wp-content/</u> <u>uploads/issues/2012/06/pdf/juvenile_justice.pdf.</u>
- ² Nicholas Ray, Lesbian, Gay, Bisexual and Transgender Youth: An Epidemic of Homelessness (Washington: National Gay and Lesbian Task Force Policy Institute, 2006): <u>http://asmdc.org/speaker/images/E21-HomelessYouth</u> <u>ExecutiveSummary.pdf.</u>
- ³ Nico Sifra Quintana, Josh Rosenthal, and Jeff Krehely, On the Streets: The Federal Response to Gay and Transgender Homeless Youth (Washington: Center for American Progress, 2010): <u>http://cdn.americanprogress.org/wp-content/up-loads/issues/2010/06/pdf/lgbtyouthhomelessness.pdf.</u>
- ⁴ Nicholas Ray, Lesbian, Gay, Bisexual and Transgender Youth.
- ⁵ Andrew Cray, Katie Miller, and Laura E. Durso, Seeking Shelter: The Experiences and Unmet Needs of LGBT Homeless Youth (Washington: Center for American Progress, 2013): <u>https://cdn.americanprogress.org/</u> wp-content/uploads/2013/09/LGBTHomelessYouth.pdf.
- ⁶ Laura E. Durso and Gary J. Gates, Serving Our Youth: Findings from a National Survey of Services Providers Working with Lesbian, Gay, Bisexual, and Transgender Youth who are Homeless or at Risk of Becoming Homeless. (Los Angeles: The Williams Institute with True Colors Fund and the Palette Fund, 2012): <u>http://fortytonone. org/wp-content/uploads/2012/06/LGBT-Homeless-</u> Youth-Survey-Final-Report-7-11-12.pdf
- ⁷ Meredith Dank et al., Surviving the Streets of New York: Experiences of LGBTQ Youth, YMSM, and YWSW Engaged in Survival Sex (Washington: Urban Institute, 2015): <u>http://www.urban.org/sites/default/files/alfresco/publication-pdfs/2000119-Surviving-the-Streets-of-New-York.pdf.</u>
- ⁸ Jerome Hunt and Aisha Moodie-Mills, *The Unfair Criminalization of Gay and Transgender Youth: An Overview of Experiences of LGBT youth in the Criminal Justice System* (Washington: Center for American Progress, 2015): https://cdn.americanprogress.org/wp-content/uploads/ issues/2012/06/pdf/juvenile_justice.pdf.
- ⁹ See Seattle Human Services Division, Commercially Sexually Exploited Children, available at <u>http://www.seattle.</u> <u>gov/humanservices/domesticviolence/prostitutedyouth/</u> <u>training.htm</u>

¹⁰ Twenty one percent of all transgender, two spirit, and gender non-conforming people hold government identification which matches their gender identity. See Catherine Hanssens et al., A Roadmap for Change: Federal Policy Recommendations for Addressing the Criminalization of LGBT people and People Living with HIV. (New York: Center for Gender & Sexuality Law at Columbia Law School): <u>https://web.law.columbia.edu/</u> sites/default/files/microsites/gender-sexuality/files/roadmap_for_change_full_report.pdf

¹¹ See definitions for terms on page 15.

¹² Amanda Valentino, LGBTQ Youth in the Juvenile Justice System, LGBTQ Litigator (American Bar Association, 2011), <u>https://apps.americanbar.org/litigation/committees/ lgbt/articles/winter2011-valentino-juvenile-justice-system.</u> <u>html.</u>

- ¹³ Jerome Hunt and Aisha Moodie-Mills, *The Unfair Criminalization of Gay and Transgender Youth.*
- ¹⁴ Katayoon Majd, Jody Marksamer, and Carolyn Reyes. *Hidden Injustice: Lesbian, Gay, Bisexual, and Transgender Youth in Juvenile Courts.* (Washington: Autumn Press, 2009.): <u>http://www.nclrights.org/wp-content/uploads/2014/06/hidden_injustice.pdf.</u>
- ¹⁵ In this case, transitioning refers to a person's actions to align their physical appearance with their gender identity. See definitions in the appendix for more information.
- ¹⁶ Elizabeth Siegle, Nastassia Walsh, and Josh Weber, *Core Principles for Reducing Recidivism and Improving Other Outcomes for Youth in the Juvenile Justice System* (New York: Council of State Governments Justice Center, 2014): <u>http://csgjusticecenter.org/</u> <u>wp-content/uploads/2014/07/Core-Principles-for-Re-</u> <u>ducing-Recidivism-and-Improving-Other-Out-</u> <u>comes-for-Youth-in-the-Juvenile-Justice-System.pdf</u>.
- ¹⁷ ibid.
- ¹⁸ Karen Robertie and Mary Ann Berg, Under the Rainbow: Making Residential Treatment Safer for LGBTQ Kids and their Families (Indian Oaks Academy): <u>http://www.atsa.</u> <u>com/pdfs/Conf2011/T-32.pdf</u> and at <u>https://www.you-</u> tube.com/watch?v=wXP_fEVRsrw
- ¹⁹ Michael Lavers, D.C. Youth Report being Forced into Prostitution, <u>http://www.washingtonblade.</u> <u>com/2013/09/25/d-c-panel-holds-hearing-trafficing-lgbtyouth/</u>

- ²⁰ National Alliance to End Homelessness, National Recommended Best Practices for Serving LGBT Homeless Youth (Washington: National Alliance to End Homelessness, 2009): <u>http://b.3cdn.net/naeh/94b8aec63ad75940ab</u> aqm6bpd92.pdf.
- ²¹ National Association of Social Workers and Lambda Legal, Moving the Margins: Training Curriculum for Child Welfare Services with Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Youth in Out-of-Home Care (Washington: National Association of Social Workers, 2009): <u>http://</u> www.socialworkers.org/images/practice/hiv/NASW%20 LGBT%20Youth%20moving-the-margins.pdf.
- ²² "What is Intersex", Intersex Society of North America, <u>http://www.isna.org/faq/what_is_intersex</u>.
- ²³ Zachary Pullin (Chippewa Cree), "Two Spirit: The Story of a Movement Unfolds", *Native Peoples Magazine*, <u>http://</u> www.nativepeoples.com/Native-Peoples/May-June-2014/ Two-Spirit-The-Story-of-a-Movement-Unfolds/.

- ²⁴ Meredith Dank et al., *Surviving the Streets of New York*.
- ²⁵ Meredith Dank et al., *Surviving the Streets of New York*.
- ²⁶ Trafficking Victim's Protection Act of 2000. U.S. Code 22 § 7201.
- ²⁷ Ibid.
- ²⁸ Meredith Dank et al., *Surviving the Streets of New York*.
- ²⁹ "Sex Trafficking of Minors and 'Safe Harbor'", Polaris, <u>http://www.polarisproject.org/what-we-do/policy-advoca-cy/assisting-victims/safe-harbor.</u>
- ³⁰ "U.S. Laws on Trafficking in Persons", U.S. Department of State, <u>http://www.state.gov/j/tip/laws/.</u>
- ³¹ Sexual Exploitation and Other Abuse of Children. U.S. Code 18 § 2256.

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Practice Alert | November 2023





Los Angeles Center for Law and Justice

CALIFORNIA U VISA LAW UPDATE

By Alison Kamhi and Michelle Carey

I. What Is a U Visa?

The U visa was created by federal law in 2000 to protect certain noncitizen crime survivors and encourage cooperation with law enforcement. By providing cooperating survivors protection from deportation and a pathway to a green card, the U visa enhances law enforcement's ability to investigate and prosecute crimes and furthers humanitarian interests by protecting survivors of serious crimes.

II. How Does the U Visa Affect Law Enforcement Officials?

The process of applying for a U visa implicates law enforcement officials, in that one of the eligibility requirements is having a certification—provided on Form I-918 Supplement B¹—from a federal, state, or local law enforcement authority certifying the noncitizen crime survivor's helpfulness in the investigation or prosecution of the crime. Law enforcement agencies in California have been responding to requests for U visa certifications for many years; however, until 2016 there was no statewide standard or protocol for certifications. Several bills have passed in the meantime to further streamline the process; most recently, AB 1261 was signed into law in October 2023 and will go into effect on 01/01/2024.

III. What Do California's State U Visa Laws Do?

SB 674 (effective 2016), **AB 917** (effective 2020), **AB 2321** (effective 2021), **AB 2426** (effective 2021), and **AB 1261** (effective 2024) impose several requirements on certifying agencies in California when responding to U visa certification requests.²

The newest amendments are highlighted in green:

1

¹ Form I-918 Supplement B can be found at http://www.uscis.gov/i-918.

² See Cal. Penal Code § 679.10(f)–(n). This law covers certification requirements for T nonimmigrant status and S nonimmigrant status, both of which are beyond the scope of this advisory.

A. Evidence Gathering (AB 918, codified at Cal. P.C. § 679.10(f)):

- 1. The law enforcement agency with whom the survivor filed a police report must provide a copy of the police report within 7 days of the survivor's or their representative's request.³
 - B. Victim Categories (AB 1261, codified at Cal. P.C. §§ 679.10 (o)(1)-(4))
- A certification can be signed for direct victims,⁴ indirect victims, and bystander or witness victims. A direct victim is any person who has suffered direct harm or who is directly and proximately harmed as a result of the criminal activity.
- An indirect victim is a qualifying family member of a direct victim who is incompetent, incapacitated, or deceased, including spouses, unmarried children under the age of 21, and if the direct victim was under the age of 21, parents and siblings under the age of 18.
- A bystander or witness victim is any individual who was not the direct target of a crime, but who nevertheless suffered unusually direct injury as a result of the qualifying crime.
 - C. Victim Helpfulness (SB 674, codified at Cal. P.C. §§ 679.10(g)-(i) and (o)):
- 1. Certifying officials are required to certify victim helpfulness when the crime survivor, their family member, or representative requests a certification; when they were a victim of a qualifying crime (or similar activity), and when they have been helpful, are being helpful, or are likely to be helpful to the detection, investigation, or prosecution of that crime;
- 2. There is a "**rebuttable presumption**" that a survivor meets the helpfulness requirement if there is no evidence that the survivor refused or failed to provide information and assistance reasonably requested by law enforcement;
- 3. If the victim reasonably asserts they were unaware of a request for cooperation, their failure to cooperate does not rebut the presumption of helpfulness.

³ Note that Cal. Fam. Code § 6228 provides an even faster turnaround requirement of 48 hours for police reports requested by survivors of certain criminal activity including domestic violence, sexual assault, staking, human trafficking, or elder abuse.

⁴ Please note that the ILRC often uses the terms "victim" and "survivor" interchangeably. Because a "victim" is typically defined by harm done to them, many advocates choose to instead use the word "survivor" to refer to clients. "Survivors" are defined by their lives *after* the harm, allowing them to reclaim control of their lives and their recovery. While our goal as advocates is to help community members survive and thrive despite harms they have suffered, we sometimes use the term "victim" when referring to a particular aspect of the criminal legal system, penal code, or immigration law; when describing someone recently affected by crime; when talking about the actions of a perpetrator; or when discussing the harm inflicted on those who did not survive.

- 4. Indirect victim cooperation includes parents who make their children available to communicate with the certifying entity; and
- 5. The certifying official must fully complete and sign the certification and include specific details about the crime and the survivor's helpfulness;
 - D. Certification Requests (SB 674, AB 917, and AB 2426 codified at Cal. P.C. §§ 679.10(g), (j)-(l):
- California law mandates that agencies process certification requests within 30 days, or within 7 days of the first business day following the day the request was received if the survivor is in removal proceedings or if the survivor asserts their qualifying family member will lose eligibility within 60 days (such as if the victim's noncitizen sibling will turn 18, the victim's noncitizen child will turn 21, or the victim will turn 21).
- 2. California law clarifies that a survivor can request and obtain a certification even if no charges were ever filed, no prosecution or conviction resulted, the investigation is over, or the case is closed;
- 3. A survivor does not have to be present in the United States at the time of submitting the certification request or filing the petition nor have a government-issued identification;
- 4. The certifying official may not refuse to complete a certification or otherwise certify that a survivor has been helpful because of the victim's criminal history, victim's immigration history, victim's gang membership or affiliation, certifier's belief that the U visa will not be approved, extent of the harm suffered, victim's open case with another certifying agency, victim's inability to produce a crime report, victim's cooperation or refusal to
- cooperate in a separate case, completed prosecution or other resolution in the victim's case, or the fact that the time for commencing a criminal action has expired; and
 - 5. Under California law, the certifying official can only withdraw the certification if the survivor refuses to provide information and assistance when reasonably requested.
 - 6. If a certifier does not certify, they must provide a written explanation for the denial, including specific details of any reasonable requests for cooperation and a detailed description of how the victim refused to cooperate.
 - 7. The certifier shall return the completed certification without requiring the victim, their family member, or representative to provide government-issued identification or come in person.

E. Data Collection & Reimbursement (SB codified at Cal. P.C. § 679.10(n)):

1. California law requires all certifying agencies to report to the legislature annually regarding the number of certification requests received, signed, and denied.

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- 2. California law provides for reimbursement of actual costs associated with compliance with them. Under California law, eligible claimants can submit claims for reimbursement to the State Controller's Office in accordance with specific instructions and forms.⁵
 - F. Confidentiality (SB 674, codified at Cal. P.C. § 679.10(m); AB 2321, codified at Cal. Wel. & Inst. Code §§ 781(a)(1)(D)(iii)(II), 786(g)(1)(M)):
- 1. California law prohibits the certifying entity from disclosing the immigration status of the person requesting a certification, except to comply with federal law or legal process, or if authorized by the person requesting the certification.⁶
- 2. Judges and prosecutors may access certain sealed juvenile court records generated in connection with the investigation, prosecution, or adjudication of a qualifying crime to process U certification requests. The law also prohibits such information from being shared with other agencies or individuals except as necessary to certify a U visa case and affirms that under no circumstances can the information be used to impose penalties, detention, or other sanctions on an individual.

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About the Immigrant Legal Resource Center

The Immigrant Legal Resource Center (ILRC) works with immigrants, community organizations, legal professionals, law enforcement, and policy makers to build a democratic society that values diversity and the rights of all people. Through community education programs, legal training and technical assistance, and policy development and advocacy, the ILRC's mission is to protect and defend the fundamental rights of immigrant families and communities.

⁵ See Cal. Gov't Code §§ 17560–61; Office of the State Controller, *State-Mandated Costs Claiming Instructions No. 2019-01, U Visa 918 Form, Victims of Crime: Nonimmigrant Status—Program No. 372, April 29, 2019, Revised Sept. 1, 2020, available at* https://www.sco.ca.gov/Files-ARD-Local/Manuals/la_1920_uvisa372.pdf.

⁶ ILRC's position is that Cal. Penal Code § 679.10(m) does not change existing law with regards to the disclosure or nondisclosure of U visa materials in criminal proceedings. For more information on U visa certifications and discovery, see CEB, California Judges Benchbook: Domestic Violence Cases in Criminal Court (2020).



EXECUTIVE SUMMARY

The Latino Face of Human Trafficking and Exploitation in The United States

Polaris

About this report

In 2017, Polaris released its seminal report, The Typology of Modern Slavery, which for the first time identified and described 25 distinct types of sex and labor trafficking occurring in the United States at that time. The data the report was based upon was gleaned from a decade of operating the U.S. National Human Trafficking Hotline. While data from the Trafficking Hotline cannot be taken as a reflection of prevalence, it can give a good sense of trends and patterns, painting a very clear picture of who is being trafficked and exploited in the United States. In doing so, it gives communities, service providers, educators, law enforcement and others in the anti-trafficking ecosystem a valuable tool to help formulate targeted prevention and intervention strategies.

Among the key takeaways of the original Typology report was that immigrants are extremely vulnerable to both sex and labor trafficking, in part as a direct result of their migration.

> In particular, while anyone can fall prey to traffickers, the data shows that an incredibly high number of people who come to this country from Latin America and the Caribbean are being exploited in this way.¹

The most egregious figures come from the agriculture sector, where 76 percent of the likely victims were immigrants and nearly half of all likely victims - immigrant and not were from Mexico.²

The fact of this should not come as a surprise. Human trafficking does not happen in a vaccuum, but rather is one of the many, tragic results of other societal ills and inequities - oppression, discrimination, poverty, endemic corruption - to name but a few.

Those same factors are the major drivers of immigration. A significant percentage of people who migrate to the United States, legally and otherwise, do so because they are facing danger or economic desperation in their home countries.

Those vulnerabilities come with them across the border, making the threat of being deported an extremely powerful weapon for traffickers.

Nonetheless, the fact that victims and survivors reported to the Trafficking Hotline are so frequently from these specific regions should be a jolting wake-up call. As this country continues to debate and indeed dramatically reshape longstanding immigration and refugee policies and procedures, it is vital that we have full transparency into how such changes affect human trafficking now and in the future.

2 This references statistics of those individuals whose immigration status is known.

¹ The U.S. National Human Trafficking Hotline identified around 31,000 individuals with unknown immigration status. This is about two thirds of the total number of individuals in trafficking situations reported to the Trafficking Hotline from 2015 to 2018.

Hence this project: <u>La cara latina de la trata y la</u> <u>explotación en Estados Unidos - The Latino Face of</u> <u>Human Trafficking and Exploitation in the United States</u>. The data set in this report spans two more years worth of data than were available in the original <u>Typology</u> publication. Additionally, this report deepens the analysis in the original <u>Typology</u> by looking more closely at the nationalities of victims in each type of trafficking.

In doing so, we hope to better understand and isolate the factors that lead to sex and labor trafficking of migrants and refugees from Latin America and the Caribbean, and to share that information with policymakers and others in positions to make change.

Among those changes must be a substantial reexamination and ultimately, overhaul of the current system of temporary work visas provided to overseas workers to fill jobs that U.S. businesses claim they are not able to fill with the workforce already available to them in the United States. As this analysis shows, a substantial number of likely trafficking victims and survivors from Latin America and the Caribbean are not, as stereotypes would have it, here without legal documentation. As detailed in a 2018 Polaris report, immigrants who come to the United States on legal, temporary work visas make up a significant portion of cases learned about through the Trafficking Hotline. Revamping that system could help substantially reduce trafficking of immigrants who play by the rules, provide an invaluable labor force to the U.S. economy, and yet are virtually set up for victimization nonetheless.

About the data

Polaris's data set cannot be seen as a definitive look at the prevalence of human trafficking in the United States. The Trafficking Hotline exists to support victims and survivors. Data collection is secondary. That means that the same information is not collected as a result of every contact and this may skew figures in one direction or another. For example, we only record the visa status of those who were asked about it and chose to answer. In many cases, this information was not requested because it was not relevant to the needs of the person in the situation or the person contacting the Trafficking Hotline, or it was unknown by that person.

Additionally, data must be seen in light of the fact that certain groups are more likely to have received information about the existence of the Trafficking Hotline prior to entering the United States if they came here through official channels. This is particularly relevant in the analysis of migrant victims of labor trafficking because a substantial portion of them arrived in the United States on legal temporary visas and received statutorily required information about trafficking and contacting the Trafficking Hotline.

Finally, it can not be said enough that human trafficking of all types and involving victims of all demographic groups is a still a substantially under-reported crime. What we learn about through the Trafficking Hotline is likely only a miniscule sliver of what is really happening around the country. Also worth noting: Prior to 2015, Polaris tracked individual situations of human trafficking but did not record details about individual people victimized within those situations and so did not include those numbers in the original <u>Typology</u>. Particularly in labor trafficking, where there are frequently more than one victim in each trafficking situation, we felt that this did not represent the full picture of human trafficking as accurately as possible. To improve our data set, in 2015 we began to keep track of individuals, as well as situations or "cases" of human trafficking learned about through the Trafficking Hotline. With the addition of four years of individual victimization data, we believe we now have an even clearer picture of how trafficking operates in the United States and who it impacts the most.

For a more detailed look in Spanish at the typology of human trafficking in the United States affecting immigrant victims and survivors, please see <u>this link</u>. For more information please contact: Rafael Flores - rflores@polarisproject.org

Findings Overview

Polaris analyzed over 51,000 likely cases of human trafficking - inclusive of sex and labor trafficking - and over 12,000 cases of labor exploitation³ learned about through operation of the Trafficking Hotline from December 2007 through December 2018.

From 2015 to 2018, Polaris collected and analyzed information about nearly 48,000 potential victims of sex and labor trafficking. Available evidence suggests that the patterns in the individual victim data for 2015 to 2018 are not unique to this time frame and in fact, would be largely mirrored by victim numbers for the entire data set starting in 2007.

- 3 "Labor trafficking occurs when an employer compels or deceives a worker into providing involuntary labor. The employer often uses violence, threats, manipulation of debt, blackmail, or fraud to compel victims to work. Typically, such work takes place in abusive conditions, such as an unsafe work environment, long hours without breaks, or work without pay. Labor exploitation occurs when employers profit from the illegal treatment of their workers, but do not exert the level of control that characterizes labor trafficking." (http://www.stopvaw.org/labor_trafficking_and_ forced_labor_exploitation_2)
- **4** The Trafficking Hotline exists to support victims and survivors. Data collection is secondary, and information about likely victims' immigration status is not relevant to the provision of services requested. For the purposes of this report immigration status refers to whether likely victims were U.S. citizens, legal permanent resident, or foreign nationals.

Between 2015 and 2018:

• Of the nearly 48,000 likely victims of sex and labor trafficking who were reported to the Trafficking Hotline, information about immigration status was collected for about 36 percent (17,000 likely victims). That means the immigration status of 64 percent is unknown.

• Of the 17,000 likely victims whose immigration status was recorded, approximately 8,800 (52 percent) were not U.S. citizens or legal permanent residents.

• 3,700 individuals from Latin America and the Caribbean were reported to the Trafficking Hotline, comprising 22 percent of all victims about whom immigration status was provided.

• There is an average of 5.4 likely victims per situation of human trafficking in the agriculture industry. This is compared to an average of 1.4 likely victims per situation in all forms of trafficking.

Other key findings:

• 77 percent of immigrant victims from Latin America and the Caribbean were trafficked in labor situations.

• The primary type of trafficking reported to involve Latin American and Caribbean victims was agriculture (35 percent of Latin American and Caribbean victims)

• The vast majority of Latin American and Caribbean victims were from Mexico (58 percent), followed by Guatemala (12 percent) and Honduras (seven percent)

The chart below show the types of sex and labor trafficking in which victims from Latin America and the Caribbean were victimized for the period between 2015 - 2018.



Victims by Type of Trafficking

The chart below shows the countries of origin of identified immigrant victims of labor trafficking and/or labor exploitation between 2015 and 2018.



Countries of origin of likely victims from Latin America and The Caribbean

* Chart only includes countries with more than ten potential victims reported.

Top Five Types of Trafficking Targeting **People from Latin** America

01 Agriculture

Of the 25 types of human trafficking in the United States, agriculture has the dubious distinction of being the industry with the largest number of reported immigrant victims. Over the time period studied, the Trafficking Hotline learned of 2,678 individuals who were likely victims of human trafficking in agriculture or animal husbandry. Of these:

• Over 2,000 people - (76 percent) - were immigrants

• Individuals from Mexico specifically constitute 46 percent of both immigrant and non-immigrant likely victims of this type of trafficking (of those whose immigration status was known).

This figure is greater than the percentage of Mexican natives in the agricultural manual labor workforce overall, which was 57 percent according to published data.

That discrepancy may well be a result of the entrenched cross-border recruitment system in this industry. In many cases, U.S. agricultural producers rely on Mexican recruiters to find their workforce and provide little or no oversight to that process. In such cases it is common for farm owners to pay recruiters or middlemen, rather than the workers directly. Along with the ever-present threats of deportation and confiscation of documents, this system makes migrant farm workers from Mexico extremely vulnerable to trafficking. This vulnerability is present regardless of immigration status as workers who come here legally on temporary H-2A and H-2B work visas are subject to deportation if they leave the employ of the specific sponsoring business.



02 Domestic Work

Diplomatic personnel and employees of certain international organizations are allowed to hire domestic workers from overseas and bring them to the United States on certain kinds of temporary visas. The work involved might include child care, cooking, cleaning and taking care of older adults or other family members. Because these workers virtually always live in their employers' homes, they often are extremely isolated from the outside world. Along with language barriers, this isolation leaves them extremely vulnerable to trafficking since few outsiders are in a position to notice if, for example, if the worker is required to labor 15 hours a day or to sleep in a closet, for example. In this type of labor trafficking, the Hotline managed by Polaris reports at least 228 individuals that had legal status, being the most common ones visas, B-1, J-1, G-5, and A-3. Cases have also been recorded in which employers committed fraud by bringing domestic workers to the United States on visas that are supposed to be used for tourists, fiancés, or students, such as B-2, K-1, and F1. Of the total of 803 foreign nationals identified, 251 were undocumented.

The majority of victims arriving in the United States in this type of trafficking are from Mexico, followed by the Philippines, Guatemala, Honduras, El Salvador, and Colombia. Through the data, Polaris has been able to identify victims from 94 different countries in this trafficking type.



03 Construction

Victims of labor trafficking may be forced to work in the construction industry, usually within small contracting businesses completing tasks such as roofing, carpentry, welding, electrical work, and masonry on both large commercial construction sites as well as in private homes. Employers may misclassify workers as independent contractors, thus limiting their access to worker protections and benefits.

Because of the complicated nature of the labor supply chain and the roles of direct employers, recruiters, contractors, and smugglers, in many cases victims are unable to identify who is responsible for their exploitation. Workers can enter their exploitative situations through formal job offers and misrepresented visa contracts. In some cases, workers may be charged illegal and exorbitant recruitment fees, which may be a method of control to keep workers in abusive situations. Recruitment may also begin through an abusive migration journey or through word-of-mouth referrals. The majority of labor trafficking survivors in construction are men from Mexico and the Northern Triangle (El Salvador, Honduras, and Guatemala), most of whom have H-2B visas or are undocumented. Hotline data also shows that victims are kept in their trafficking situation through threats of deportation and threats to blacklist the worker from future U.S. jobs if he leaves or reports his situation. Survivors have also reported experiencing verbal abuse, harassment, and denial of necessities such as water and safety equipment.



04 Restaurants

The fourth most prevalent type of trafficking identified in Polaris's data set in terms of the number of victims from Latin America and the Caribbean is forced labor in restaurants and food service businesses. Migrants from all over the world arrive in the United States with promises of decent work, but end up hidden in restaurant kitchens and virtually disconnected from the outside world. Traffickers often take advantage of language barriers between workers and employers.

Within this type of trafficking, approximately 26 percent of victims come from Latin America, but it should also be noted that a large number of victims also come from throughout Asia.



05 Escort Services

Escort Services is a broad term used widely in the commercial sex trade, referring to commercial sex acts that primarily occur at a temporary indoor location. The operations are often described as "outcall," where traffickers deliver victims to a buyer's hotel room or residence for "private parties," or as "in-call," where potential buyers cycle in and out of a hotel room where the trafficker has confined the victim for extended stays.

Victims may be tricked into a situation through fraudulent job offers, such as fake modeling contracts. Traffickers may also recruit victims by pretending to have a romantic interest in the victim or falsely promising that they can provide shelter, financial support, or other benefits. Extreme physical and sexual violence, often accompanied by weapons, is common, as is coercion in the form of unmanageable quotas, debts, threats of harm or police involvement, excessive monitoring, gang intimidation, social isolation, and constant surveillance. Traffickers often condition victims to believe they are the only ones who care for them, manipulating an attachment bond that makes the decision to leave the trafficker extremely difficult.



For more information and to view/download the full report in Spanish visit: <u>https://polarisproject.org/resources/</u> <u>the-latino-face-of-human-trafficking-and-exploitation-in-the-united-states/</u>





What are Immigration Challenges for Survivors of Human Trafficking?

> The ideas presented below are from focus groups and interviews with survivor experts

Polaris's National Survivor Study: Updated July 2022

What Survivor Experts Said:

Some survivors may not be aware of their rights and have difficulty obtaining employment and / or receiving services because of their **immigration status**.

"I think that, in my case, as an illegal border crosser, people always say, 'You don't know your rights.' I didn't know, at first, they would tell me, 'If you don't do this, your family is going to suffer.' You don't know what rights migrants have, and you always cling to stay there. You don't look for help because you don't know what kind of help there is."

"A lot of times, we need to wait [for visas to be approved]. I waited almost year and a half to know. I didn't qualify for services. I was in limbo. You are not able to work. I think that that's something that needs to change. If someone files for a type of visa, allow them to work because if you don't work, it's like, 'How long can I survive without breaking the law?' I'm putting myself in more danger."

"What do I do? If I want help, I have to stop working, but I do not want to. I want to continue working. It is good for me, for my mental, physical, and emotional health. I feel that I am working, and because of my work, I can bring food to my family."

"You hear incredible stories; I was amazed. Everybody has their own process to deal with things and overcome them. When you're there and want to work, you can't find a job. You don't have a work permit or a legal status. A lot of companies say, 'You don't have experience.' They don't want to give you the job."



Survivors encounter language barriers when trying to find services and when receiving services or resources. They also experience communication challenges when interacting with translators who are not trauma-informed.

"I think a lot of times, translators are not trauma-informed, they say things that are out of context. That happened to me a lot of times. In the beginning, I was using a translator because I was ashamed of my English, and I had to say, 'No, I'm not saying that.'"

Language barriers also cause **challenges in other areas of a survivor's life** after they leave their trafficking experience.

"For me, it was hard finding a job because of the language barrier, and then we're just exposed to this world that we never knew. It was so hard because, to me, I ended up in a trafficking situation again, kind of. It was labor trafficking because I ended up working in this fast-food restaurant after I got out of my trafficking situation. Which is bad but it's -- I always think, 'Oh, it's not as bad as my trafficker.'"

Confidentiality and legal name changes, particularly after assisting with the prosecution of their traffickers, are important for survivors with T-visas due to threats to their safety.

"I would like our information to be confidential. I would like to have that in all states because I would also benefit from being able to change my name legally. That would make me feel safe."

"I so agree with the name change. I am having a hard time because I have to change my name around the people I live with. Then, because I got trafficked by a diplomat, they always look for me, trying to harm me and stuff, and to change my name is hard."




The **pathway to citizenship should be less burdensome** for survivors of human trafficking who are also immigrants.

"When you have the T visa, you are able to apply for the Green Card after four years. I think that that's a lot of time and that's putting all the weight on our shoulders. I think they have to find another way to open the path for Green Card and citizenship. In a way, to be honest, it feels like coercion. Oh, I'm going to give you this thing [citizenship] in exchange if you help me with this thing [investigation of trafficker]. It's a lot of time. We also need to expand the services and resources that we can access with a T visa, because it's very limited. It's very, very limited."

"I was asked to show more proof [of being trafficked] and I was like, 'What more proof do you want?' I showed police records that I was helping with the investigation of this thing. Literally, they asked me to show more proof. To be honest, I think that it's a policy that needs to change on immigration. Stop seeing applicants as numbers, as files, but that we are human beings, that we really need the resources and services."

"Yes, I would actually even extend that [length of stay] for the illegal survivors. They could stay even, let's say up to a year instead of a few months - a year and know that they're not going to be persecuted in any way."

"I think that the Trafficking Victim Reauthorization Act needs to be more immigrant inclusive because if your [T-Visa] case is not approved, you're just putting yourself at risk of deportation. I think it's under law that you will testify against your trafficker or your exploiter. I think that that can change. We should refine the approach because they are not considering trauma. Even with all the difficulties that we have gone through, a lot of traffickers are part of our communities. It's very hard for us to testify and also, it puts us in great danger."





What is the National Survivor Study?

The National Survivor Study (NSS) is a scientifically rigorous project that puts the lived experiences of survivors at the forefront of the anti-trafficking movement to provide insight into Polaris's strategies, policies, and evaluation frameworks. In full partnership with survivors, the NSS also aims to inform the anti-trafficking movement more broadly by filling key evidence gaps that exist in the field.

Completed Activities	 Held focus group discussions with people traditionally excluded from research on human trafficking e.g., survivors living in rural areas, Native American / Native Alaskan survivors, Black / African American survivors, Latinx / Hispanic survivors, LGBTQ+ survivors, immigrant survivors, male survivors, gender-diverse survivors, and Asian American & Pacific Islander survivors Conducted interviews with other professionals and lived-experience experts from the anti-trafficking field Applied survivor feedback into survey questions Conducted an online survey with survivors across the United States
Current	 Summarize and share key findings from focus
Activities	groups, interviews, and online survey data

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LGBTQIA+ Youth and Experiences of Human Trafficking: A Healing-Centered Approach | 2021





INTRODUCTION

Human trafficking has a considerable impact on the health and human rights of millions of children and adults around the world.¹ The true prevalence of human trafficking in the United States is difficult to estimate. We do know that over 10,000 survivors called the National Trafficking Hotline in 2019, and that hundreds of thousands more are forced or coerced into performing labor, or experience other forms of exploitation every year.^{2,3} Among those most vulnerable to human trafficking are teens and young adults who are lesbian, gay, bisexual transgender, queer, intersex, asexual, and all sexual and gender minorities (LGTBQIA+).⁴ Because of physical, emotional, and sexual abuse in the home, and family rejection related to their sexual orientation and gender identity, a disproportionate number of LGBTQIA+ youth experience homelessness, unstable housing, food insecurity, criminalization, and involvement in the foster care system. Unstable living conditions put these youth at increased risk for human trafficking, particularly engagement in the sex trade.^{5,6,7}

Most health centers likely care for LGBTQIA+ youth who have experiences with human trafficking, even if providers are not fully aware of these patients' situations. According to a 2014 study, 88% of human trafficking victims accessed health care services while they were being trafficked.⁸ Another study found that 93% of young people in the sex trade visited a physician in the past year.⁴ The health care setting represents a crucial opportunity to support youth with experiences of trafficking, as it may be the only opportunity for youth to be alone, separate from trafficker. The purpose of this publication, therefore, is to increase health centers' awareness of and responsiveness to LGBTQIA+ youth experiencing human trafficking. We primarily focus on LGBTQIA+ youth engaged in the sex trade, including forced, coerced, and voluntary sex work and survival sex; however, LGBTQIA+ youth may also experience other forms of labor exploitation. In Part 1 of this publication, we provide a framework for understanding the forces that drive human trafficking among LGBTQIA+ youth. In Part 2, we offer recommendations for providing meaningful, affirming, and non-judgmental care, and for applying a healingcentered approach.

KEY TERMINOLOGY: HUMAN TRAFFICKING®

Human trafficking: Human trafficking can be thought of as a pattern of behaviors and tactics used by individuals and institutions to gain and maintain power and control over another person or group of people's labor, without consent, for the purpose of commercial benefit and maintaining existing socio-economic hierarchy. This includes forced or coerced labor of all kinds, including forced or coerced commercial sex work. Federal U.S. law considers all sex trade activity by people younger than 18 years to be human trafficking, regardless of whether the young person experiences force, fraud, or coercion from a third party. Young people whose experiences fall under the federal definition of human trafficking may not personally identify as a victim/survivor or may not identify their experience as one of trafficking.

Sex trade: A broad term that refers to economies of exchanging sexual services for money or material goods, including but not limited to providing escort services, sex work, pornography, exotic dancing, massage, internet work, phone sex operators and more. Young people's experiences in the sex trades are diverse and can be voluntary, as a mechanism for survival, or be forced or coerced to participate by a third party.

Survival sex: Engaging in sexual acts in exchange for goods or services to meet one's basic needs to survive. People who engage in survival sex typically do not have the resources or family support to access other forms of employment and income.

Regardless of whether a young person is selling sex to earn money, to survive, or was forced/coerced by a third party, all young people deserve care, selfdetermination, and safety.



KEY TERMINOLOGY: LGBTQIA+ PEOPLE¹⁰

LGBTQIA+: Lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minorities.

Sexual orientation: How a person characterizes their emotional and physical attraction to others.

Gender identity: A person's inner sense of being a girl/woman/female, boy/ man/male, another gender (e.g., bigender, nonbinary), or having no gender (e.g., agender).

Sex assigned at birth: The sex (female or male) assigned to an infant, most often based on the infant's anatomical and other biological characteristics.

Lesbian: A sexual orientation that describes a woman who is primarily emotionally and physically attracted to other women.

Gay: A sexual orientation that describes people who are primarily emotionally and physically attracted to people of the same sex and/or gender as themselves. Commonly describes men who are primarily attracted to men, but can also describe women attracted to women.

Bisexual: A sexual orientation that describes a person who is emotionally and/or physically attracted to people of all genders.

Straight/heterosexual: A sexual orientation that describes women who are primarily emotionally and physically attracted to men, and men who are primarily emotionally and physically attracted to women.

Queer: An umbrella term that describes people who think of their sexual orientation or gender identity as outside of societal norms.

Transgender: An umbrella term used to describe people whose gender identity or gender expression does not align with society's expectations based on the sex they were assigned at birth.

Gender diverse: An umbrella term that describes the community of people who fall outside of the gender binary structure (e.g., nonbinary, genderqueer, gender fluid people).

Cisgender: A term used to describe people whose gender identity aligns with society's expectations based on the sex they were assigned at birth.

EXPERIENCES IN HUMAN TRAFFICKING AND THE SEX TRADE AMONG LGBTQIA+ YOUTH: A FRAMEWORK FOR UNDERSTANDING

LGBTQIA+ YOUTH AND THE SEX TRADE

According to a study conducted in six geographically dispersed U.S. cities with youth in the sex trade, LGTBQIA+ youth (ages 13-24) represented nearly half of all youth in the study (**Table 1**). These youth primarily identified their race/ethnicity as Black/African-American (70%).⁴

LGBTQIA+ youth in the sex trade have very diverse experiences which can vary depending on many factors. Research suggests that among youth in the sex trade:⁴

- Only 15% are forced, coerced, or exploited by a third party, who were often people in their community or networks.
- About 19% relied on a supportive, "mutually beneficial" market facilitator.
- 62% reported trying to leave the sex trade, although 63% reported that they would know how to leave if they ever wanted to do so.⁴

SEXUAL ORIENTATION

Heterosexual/straight	53%
Bisexual	36%
Gay/lesbian	9%
Other sexual orientation	2%

GENDER IDENTITY

Cisgender female	60%
Cisgender male	36%
Transgender female	4%
Transgender male	< 1%

TABLE 1

Sexual orientation and gender identity of youth in the sex trade, based on a national study of youth in six U.S. cities $(n=949)^4$

INTERSECTIONAL AND SYSTEMIC OPPRESSION

Why are LGBTQIA+ youth disproportionately engaged in the sex trade? Multiple intersecting social, structural, and economic forces drive this disparity. The pervasive systemic and individual-level hatred, stigma, and fear of LGBTQIA+ people (i.e., homophobia and transphobia) continue to create unsafe home and school environments for many LGBTQIA+ young people. Surveys of LGBTQIA+ youth show high levels of harassment, bullying, and violence from family, peers, and community members. $^{1\!1\!1\!2}$ LGBTQIA+ youth may be forced out of their homes or may choose to leave an abusive home. Youth who become homeless typically have limited access to other means of providing for their basic needs. Finding employment is challenging for youth who do not have access to clean clothes or an address, may be younger than the legal age of employment, and may not have a high school degree. LGBTQIA+ youth, and especially transgender and gender diverse youth, also face significant discrimination from potential employers. These youth may also experience stigmatizing and discriminatory experiences while accessing public accommodations, public benefits programs, and health care.¹³

In order to survive, many youth experiencing homelessness find they can exchange sex for shelter, food, and other necessities, such as medically necessary gender-affirming hormone therapies, surgeries, and clothing. Some LGBTQIA+ youth experiencing homelessness may also find that being a part of a group of peers engaged in the sex trade and other survival economies is a source of community and social support.^{5,14}



For Black LGTBQIA+ youth and other youth of color, anti-LGBTQIA+ stigma intersects with the negative effects of systemic and individual racism, creating even more vulnerability to homelessness, the sex trade, and other forms of human trafficking.

- Among homeless youth in Atlanta, GA, 88% identified as Black/African American or multi-racial, 6.5% as transgender, and 27.5% as lesbian or gay.¹⁶
- Nationally, about 23% of people experiencing homelessness are Hispanic/Latin/x.¹⁷

The disproportionate burdens of homelessness and sex trafficking among LGTBQIA+ youth of color is also associated with a history of involvement in the child welfare system. Studies have found that:

- LGBTQIA+ youth are about three times more likely than straight youth to be placed in foster care.^{12,16}
- More than 50% of LGBTIQ+ youth have reported feeling safer on the street than in their foster homes.¹² Young people may turn to survival economies like the sex trade to be able to support themselves outside of foster placements.
- Among young people whose experiences meet the federal definition of sex trafficking, 63% have previously been involved in the child welfare system, and are disproportionately LGBTQIA+.¹⁹

The juvenile justice and adult criminal legal systems also disproportionately impact LGBTQIA+ youth, especially Black, Indigenous, and other youth of color.²⁰ In a study of mostly LGBTQIA+ youth of color with involvement in the sex trade in New York City:⁵

- 70% had been arrested, mostly for crimes of survival (vagrancy, petty theft, drug possession, prostitution, etc.).
- Almost 20% reported police contact at least weekly.

Rather than feeling supported by these institutions, many LGBTQIA+ youth report mistreatment and refusals of help.^{5,17,21} Involvement in the child welfare and criminal legal systems can have lifelong negative social and health impacts on young LGBTQIA+ people, and can increase vulnerability to economic insecurity, trauma, and human trafficking.⁵

DOWNSTREAM HEALTH EFFECTS

Youth with experiences in the sex trade and human trafficking often experience health issues associated with homelessness, unprotected sex, inadequate nutrition, physical and emotional abuse, and dangerous working conditions. These youth may also have their access to health care restricted by people who are controlling and exploiting them.²⁰

Common health issues among youth who have been trafficked and/or have experience in the sex trade include: 6,21,22

- Bruises, scars and other signs of physical abuse
- Substance use disorders (as a form of coping and/or control by trafficker)
- Anxiety disorders, post-traumatic stress disorder, and depression
- HIV and sexually transmitted infections
- Rectal and pelvic pain and trauma
- Fatigue, dizziness, and back pain
- Malnutrition and exhaustion

Compared to non-LGBTQIA+ youth, LGBTQIA+ youth have an even greater risk for mental health and substance use disorders because of acute and chronic stress associated with societal stigma against sexual and gender minorities (referred to as minority stress).²³ People who have multiple marginalized identities, such as a Black, Indigenous, and other LGBTQIA+ youth of color, often contend with additional layers of minority stress.²⁴ **Figure 1** illustrates how systemic oppression results in social and economic inequities, which in turn can lead to vulnerability to human trafficking and negative physical and behavioral health outcomes among LGBTQIA+ youth.



FIGURE 1

How systemic oppression leads to human trafficking and negative health outcomes.



HEALING-CENTERED ENGAGEMENT AND CARE: AN OPPORTUNITY FOR HEALTHCARE PROVIDERS

Health centers and health care providers are well-positioned to promote the health and wellbeing of LGTBQIA+ youth with experiences in the sex trade and/or who have been trafficked. While young people may come and go from the sex trade and other underground or survival economies, health centers have the opportunity to offer a stable setting that is a source of long-term support for young people. The health care provider's overall goals when caring for LGBTQIA+ youth and any youth who may be experiencing human trafficking are to:^{25.26}

- Build a trusting relationship, increase connection, and reduce isolation¹
- Affirm and foster the youth's strengths and assets
- Address social determinants of health through community partnerships and systems changes

RE-THINKING THE FOCUS ON IDENTIFICATION, SCREENING, AND DISCLOSURE

To meet the goals of healing-centered engagement and care, health centers may need to reconsider their process for screening and disclosure of human trafficking, particularly among minors. Though important for identifying individual patient needs, such as mental health, screening for highly sensitive topics such as the sex trade and intimate partner violence has limitations, particularly if there is an expectation of disclosure by the patient. There are several reasons why LGBTQIA+ youth may not disclose their experience in the sex trade and human trafficking to health care providers, including:

- Fear of judgement, stigma, or disappointment from their provider
- Concerns that disclosure will increase violence or control from an abusive partner or trafficker
- Fear that the provider will report to the child welfare or criminal justice systems
- Not knowing how the information will be used or protected

Additionally, youth may not view themselves as victims or understand their experience as trafficking, even for youth whose experiences may fall under the federal definition of trafficking. They may not identify a person in their life as their trafficker, or want to focus on traumatic events in their lives. A healingcentered approach, therefore, moves beyond a deficits-based, identificationfocused approach to a strengths-based and support-focused approach.

Health care providers do not need to know everything that has happened to a young person to provide effective care. If young people share their story, they should be doing this because they see the provider as a trusted source of support-disclosure should never be necessary for providing traumasensitive care or access to resources for survivors of trafficking, abuse, and other forms of trauma.

A healing-centered approach, therefore, uses a future-focused question framing:

Instead of: "What happened to you?"

Use this framing: "Where do you want to go and how may I help you get there?"

Using a healing-centered approach enables young people to maintain autonomy over their personal narrative and their health care decisions, while helping them meet their goals and needs. The main points to keep in mind are to:

- Listen to what the patient tells you
- Discuss the limits of confidentiality
- Explain the processes that will occur based on what the patient has disclosed
- Ask for consent before putting information in the medical record or sharing the information with others

The next section describes an evidence-informed promising practice that providers can use to provide resources and support to their young patients without depending on disclosure.

CONFIDENTIALITY, UNIVERSAL EDUCATION + EMPOWERMENT, AND SUPPORT (CUES)

CUES is a healing-centered approach to providing patients with information and support. Originally developed specifically for youth experiencing intimate partner violence, CUES can be easily adapted for youth experiencing human trafficking. CUES does not rely on disclosure in order to provide a patient with information and resources they might need. Through CUES, providers ensure that young patients are aware of available survivor support services and are invited to pass the information on to friends and family members. CUES includes sample scripts that providers can adapt or use verbatim with their patients.

CONFIDENTIALITY

Providers explain the limits around disclosure and confidentiality, which will differ by jurisdiction. For example:

"Your story is your own and I don't want you to feel like you have to share anything to get support. If a young person tells me [insert local legal requirements], then I have to get others involved. If there was ever a time that this situation comes up, I will always make sure you know, and will involve you in this process as much as you would want to be involved."

An important note: When talking with youth, try to avoid using the word "report." Youth may interpret "report" as meaning they did something wrong and that they will get "in trouble."

UNIVERSAL EDUCATION AND EMPOWERMENT

The universal education and empowerment step aims to raise awareness among young patients about (1) what constitutes sexual coercion and exploitation and why this is relevant for their health and wellness, and (2) what resources are available to support them.

The following script invites—but does not require—patients to share their experiences in advance of sharing resources. This topic should be brought up only after establishing a trusting relationship with the patient.

"So many of the young people I take care of have been placed in situations where adults have taken advantage of them or people they are close to have hurt them or made them feel unsafe. If this is part of your experience, I want to make sure you have support should you ever need it." As part of the educational step, providers **hand out safety cards** to patients to start the conversation about relationships and how they affect health. **Futures Without Violence** has cards with LGBTQIA+ and youth-friendly information on healthy versus nonconsensual and abusive relationships, along with local and national resources for survivors of abusive relationships and trafficking.

CUES also suggests sharing an **extra safety card** with each patient, and encouraging the patient to share the card with a friend or family member. For telehealth visits, providers can ask to send patients a link to resources should the patient or a friend need them. Studies show that young people in the sex trade share health information with other young people in their community and networks.^{4,6,18} Sharing cards and links with a focus on how young people can share with others can promote **social support**, **connection**, **and healing** - and increases the chance that young people who may have less access to health care get important support information.

The following scripts are examples of how to introduce this idea to patients:

"I've started giving two of these cards to all of my patients—in case you are ever struggling in a relationship or if you feel like someone is taking advantage of you -- and also so you have the info to help a friend or family member."

"I am sharing this information with all young people because I think it's so important for young people to know how to help each other. This might be relevant for you at some point, and I bet there's someone you could share this with."

"I need your help with getting the information about these super helpful crisis lines to other young people. I want everyone to know that you don't have to even use your name to reach out for help. Would you please do me a favor and put these numbers into your phone to have in case a friend needs this info?"

The Universal Education and Empowerment approach was evaluated in schoolbased health centers in California through a cluster-randomized controlled trial. The study found that compared to the control group, the students who received the Universal Education and Empowerment approach had:

- Increased recognition of what constitutes sexual coercion
- Increased awareness of relationship abuse resources
- Reduced reports of relationship abuse victimization at three months (among those with recent victimization)
- Increased disclosure of history of unhealthy relationship to the provider

SUPPORT

If a youth shares their experiences, it is an incredible gift. Providers can build stronger relationships with their patients when they thank the patient for sharing a challenging experience:

"I am so grateful that you shared that with me. Thank you for trusting me with your story."

It is also important for providers to offer choices to their patients, rather than to steer patients towards a particular outcome:

"I hear you saying that things are complicated. Would you like me to offer some thoughts on what other young people have found helpful? I'm also ok with just listening as well."

"Thank you for sharing this with me, I'm so sorry this is happening. A lot of my patients experience things like this. There are resources that can help. I would be happy to connect you today if that interests you."

CUES Resources

These safety cards from Futures Without Violence may be adapted to be more community specific or reflect local resources. For more information on adapting safety cards for your health center, email health@futureswithoutviolence.org.

- Tools including the safety cards
- <u>Hanging out or hooking up</u> <u>safety card</u> (general adolescent)



CREATING SAFETY DURING THE VISIT

In addition to the steps of CUES, there are other strategies for fostering safety for young patients while they are at the health center:

- Offer supports that address immediate needs: snacks and water, a place to charge or use their cellphone, public transportation vouchers, emergency gift cards.
- After seeing patients alone for part of the visit, invite support people that the patient may have brought with them to be present during an exam and affirm this care and safety strategy.
- Get consent before touching a patient during a physical exam.
- Explain what is going to happen during a physical exam before it happens and verbally walk patients through each step as it happens.
- Allow young people to have their phone with them and look at their phone during the visit; this may be especially important for young people who are being controlled by someone.
- Make a plan or appointment for when they can return to the health center or connect back with the provider, underscoring that someone cares about and is watching out for them.
- Ensure that all staff including the front desk, pharmacy, and behavioral health -- are trained on healing-centered and traumainformed care for young people and are aware of supportive resources in the community.





HARM REDUCTION GUIDELINES FOR MANDATORY REPORTING

Mandatory reporting laws vary by state but generally require health care providers to report to a governmental agency instances of abuse or harm against minors. Types of abuse can include: child abuse, severe neglect, exploitation, child sexual assault, and crime-related injuries from a weapon.

While child welfare systems can provide support to families and youth, involvement with these systems can also increase vulnerability and harm. Consequently, some youth may choose to withhold information from providers. Mandatory reporters can follow these general harm reduction guidelines to ensure that youth with human trafficking experience receive the supports they need. **Know** your state's specific mandatory reporting laws so you can know when a report is mandated or not, and can avoid over-reporting.

Begin your discussion by explaining to youth in plain language about their rights and what instances would require getting child welfare or other agencies involved.

Reassure youth that you will provide access to supportive services even if they do not disclose their experiences.

Consult others on the care team before making a report. Mandatory laws can be complicated, vague, and narrower than expected. Rely on your team when deciding to make a report.

Involve the youth to the extent that they want to be involved if mandatory reporting is required:

"Remember how we talked about situations when a young person is being harmed, and in my role I have to involve child welfare? This is one of those situations. Would you be interested in making the call with me?"

Recognize that mandatory reporting is NOT the primary intervention and may further expose a youth to harm without additional supports. Focus instead on "mandatory supporting." For example:

- What else can you do to ensure that the patient has access to care and support for the harm that they have experienced?
- What can you do to help the patient navigate the child welfare or criminal justice system?
- Does the patient have a caring and consistent adult in their lives who can help them?
- Do you keep a current list of resources and referrals who provide affirming services to LGTBQIA+ youth? Examples of helpful referrals include support and advocacy groups for survivors of human trafficking and intimate partner violence; mental health counselors; substance use disorder treatment providers; safe housing; and LGBTQIA+ specific youth services.

Advocate for opportunities within the health center and the community that enable young people to talk about their experiences and receive support without nonconsensual systems involvement.

Key Resources: <u>Teen Dating Violence Awareness Month Webinar: Not Neutral:</u> <u>The Impact of Mandatory Reporting on Domestic Violence Survivors</u>

HRSA HEALTH CENTER REPORTING OF HUMAN TRAFFICKING

If a patient does disclose human trafficking experience, HRSA health center program grantees should enter the applicable International Classification of Diseases (ICD)-10 codes for human trafficking in the medical record. HRSA also requires health centers to report annually to the <u>Uniform Data</u> <u>System (UDS)</u> the number of visits at which selected ICD-10 codes for human trafficking has been coded, and the number of patients who have had one or more visit where human trafficking has been coded.³¹

What non-disclosure data can your organization collect that reflects the positive impact you are having? For example:

- Number of referrals to agencies that support housing and survivors
- Number of times universal education was offered



HEALTH PROMOTION STRATEGIES

In addition to sharing resources, providers can offer health promotion and harm reduction strategies related to sexual health and behavioral health. A helpful opening statement can be:

"I can imagine how taking care of yourself while all of this is going on could be really difficult. Can I let you know about some ways that can help protect your health?"

REPRODUCTIVE AND SEXUAL HEALTH

Take an inclusive and sensitive sexual health history and explain why this information is relevant for their health care.

- Ask questions to capture diverse sexual behaviors
- Ask open ended questions that do not assume gender of partners or certain kinds of sexual behaviors (e.g., "Who are you having sex with?" "What kinds of sex are you engaging in?")
- Ask questions about body parts used during sexual activities
- Remain open and nonjudgmental
- Offer information about non-detectable forms of birth control (eg. extra doses of Plan B, IUDs with strings removed) as well as PrEP
- Key resource: Taking a Sexual History with Sexual and Gender <u>Minority Individuals</u>

Screen for and treat sexually transmitted infections based on the sexual history.

Key resource: <u>CDC STD guidelines for special populations</u>

Screen for HIV infection, but recognize that people in the sex trade may fear knowing their HIV status, may not be able to consistently engage in HIV care and treatment, and may be more vulnerable to abuse if their status is known.

Offer condoms, lubrication, and sex-positive health information that is not only about safety, but also pleasure.

Encourage pre-exposure prophylaxis (PrEP) to prevent HIV.

Key resources: PrEP learning resources; CDC guidelines on PrEP

For those able to become pregnant, offer multiple doses of levonorgestrel morning-after pill (Plan B); prescribe an IUD (cut strings if needed to hide IUD from abusive partners).

Hand out a safety checklist for sex workers.

MENTAL HEALTH

Affirm LGBTQIA+ youth by acknowledging the role of homophobia, transphobia, racism, and other forms of stigma and discrimination in creating or exacerbating behavioral and physical health disorders.^{28,29}

Key Resources: LGBTQIA+ behavioral health learning resources

Explain how trauma can overwhelm a person's capacity to cope with everyday stressors.

Refer youth to resources that teach coping skills and foster resilience.

 Key resources: Seeking Safety Intervention for Adolescents: a present-focused coping skills intervention that promotes safety from trauma and addiction; <u>Healthy Divas</u> empowerment and health care intervention for transgender women with HIV

SUBSTANCE USE

Encourage patients to use only with a trusted friend.

Explain how to test drugs for contaminants.

Provide information on local syringe exchange programs and substance use disorder treatment options.

Understand substance use among LGBTQIA+ populations.

• Key resource: <u>Mental Health and Substance Use Among Gay,</u> <u>Bisexual, and MSM</u>

Provide information on naloxone and buprenorphine.

Key resource: Addressing Opioid Use Disorder among
 LGBTQ Populations

GENDER-AFFIRMING HEALTH CARE

Provide access to gender-affirming medical interventions through partnerships with other health care agencies or by learning to provide gender-affirming hormone therapy.

• Key resources: <u>Transgender health care learning resources;</u> <u>Transgender Health Project ECHO</u>

Provide access to legal advice specific to transgender and gender diverse populations, such as name and sex marker change on government-issued documents.

Key resource: <u>Transgender legal issues</u>

SYSTEMS CHANGE TO CREATE LASTING

DEVELOP PARTNERSHIPS, NETWORKS, AND PROGRAMS TO MEET BASIC NEEDS

According to young people in the sex trade, their most pressing needs are housing, employment, and food.⁴ Health centers should develop programs and build robust referral systems and partnerships with organizations that provide these types of services for youth, before the need arises. Health centers should also provide patients with navigation and facilitated support to access referrals. Examples of partners include:

- Domestic/sexual violence/human trafficking survivor support organizations
- Food banks and other food access programs; or develop an <u>onsite</u> <u>food pantry</u>
- Organizations that serve youth experiencing housing instability and homelessness
 - Key resources: Supportive Housing and Health Services for LGBTQIA+ Youth Experiencing Homelessness: Promising Practices; True Colors, Inc.; Point Source Youth
- Programming that provides social support and services specifically for LGBTQIA+ youth
 - Program Highlights: <u>Ruth Ellis Center</u>, <u>APICHA Community Health</u> <u>Center</u>, <u>Callen-Lorde HOTT</u> (health outreach to teens)
- Organizations that provide peer support for people in the sex trade
- Substance use harm reduction services
- Tip! Seek out funds to offer transportation vouchers or provide ride services for youth to attend appointments
 - Key resources: Partnership Building Resources



PROMISING PRACTICE: DIRECT CASH ASSISTANCE

In response to the stated needs of young people who are experiencing housing insecurity and who have experiences in the sex trade, programs are exploring ways of providing direct cash assistance. Has your health center experimented with direct cash assistance programming before? Are you partnered with organizations in your area who provide direct cash assistance? Learn more about this promising practice from Point Source Youth.

PROVIDE INFORMATION ON RESOURCES FOR SURVIVORS OF HUMAN TRAFFICKING, ABUSE, AND EXPLOITATION

Ensure all youth leave with contact information for support after the visit.

Provide safety cards and develop a palm-sized handout with a list of hotlines

Provide a phone for youth to privately talk with a support line or let them know they can always return to the health center to contact a support line

Display posters on human trafficking and other forms of violence that show images of people of all genders, races, and ethnicities; include contact information for resources and other assistance for patients and providers

- Caring Relationships Healthy You poster
- <u>National Survivor Network Human Trafficking posters</u>

NATIONAL SUPPORT LINES

loveisrespect.org

24/7 support for young people experiencing dating violence Text LOVEIS to 22522

National Trafficking Hotline

24/7 support for people who are being trafficked Text HELP or INFO to 233733 or call 1 (888) 373 7888

Deaf Hotline

24/7 through video phone (855) 812 1001 Email and chat for Deaf, DeafBlind, DeafDisabled survivors

The Network/La Red

24-hour hotline for LGBTQIA+ people experiencing partner abuse 617-742-4911 (voice) 800-832-1901 (Toll-Free)

Crisis Text Line

Text HOME to 741741 for free 24/7 crisis counseling (only English)

Trans LifeLine

Peer support for trans folks 9am - 3am CT: 877 565 8860

The Trevor Project

24/7 support for LGBTQ Youth Text START to 678-678

CREATE A TRUSTING AND WELCOMING ENVIRONMENT FOR LGBTQIA+ YOUTH

Train all staff on LGBTQIA+ health disparities, affirming communication, and addressing bias.

Recruit and retain LGBTQIA+ clinical care and staff, and provide mentorships, professional development, and other training options in LGBTQIA+ health care and adolescent care.

Include sexual orientation, gender identity, and gender expression in nondiscrimination policies and procedures.

Develop policies that allow patients to use the restroom that aligns with their gender identity; offer gender inclusive single occupancy restrooms.

Leave safety cards in waiting areas and restrooms for patients to take on their own terms.

Collect information on patient sexual orientation and gender identity (SOGI) to monitor and address health disparities in LGBTQIA+ patient populations.

Collect and consistently apply information on names and pronouns used by all patients to ensure respectful communication. Recognize that previously provided pronouns may have changed since the last visit.

Add images of same-sex couples and gender diverse people to websites and health educational materials.

Review all forms, promotional materials, and website pages for inclusivity related to relationship status, gender identity, sexual orientation, and anatomy.

• Key resources: Organizational change strategies for creating inclusive health care environments for LGBTQIA+ people

ACTIVELY SUPPORT TRANSFORMATIONAL COMMUNITY CHANGE

Learn more about structural ways to reduce marginalization and vulnerability among LGBTQIA+ youth and youth in the sex trade, and use your health provider expertise to support efforts such as:³⁰

- Decriminalize survival strategies
- Ensure affordable, safe, and inclusive housing
- Support worker and labor rights (e.g., enforcement of labor laws, work hour limits, safety requirements, and health care benefits)



CONCLUSION

The intersection of anti-LGTBQIA+ stigma and structural racism increase vulnerability to homelessness, the sex trade, and human trafficking among LGBTQIA+ youth. To promote the health and wellbeing of these youth, health center providers can start by building trusting relationships and fostering the strengths and assets of these youth. We recommend that providers shift away from the goals of disclosure and reporting of human trafficking towards a more healing-centered approach that focuses on confidentiality, education and empowerment, and support. Positive structural changes to the health center can include forming robust community partnerships with agencies that serve these youth, creating health care environments that affirm LGTBQIA+ youth, and helping to bring about community changes, such as increasing availability of affordable, safe and inclusive housing.

ADDITIONAL GENERAL RESOURCES

<u>The National Health Network on Intimate Partner Violence</u> and Human Trafficking

National LGBTQIA+ Health Education Center

Online toolkit for health centers to prevent and address violence

The Network/La Red



REFERENCES

- Hemmings S, Jakobowitz S, Abas M, Bick D, Howard LM, Stanley N, Zimmerman C, Oram S. Responding to the health needs of survivors of human trafficking: a systematic review. BMC Health Serv Res. 2016 Jul 29;16:320..
- 2. U.S. Department of State. Office to Monitor and Combat Trafficking in Persons. 2020 Trafficking in persons report: United States. https://www.state.gov/reports/2020trafficking-in-persons-report/united-states/
- 3. World Trafficking Review. Human trafficking statistics by state 2021. https:// worldpopulationreview.com/state-rankings/human-trafficking-statistics-by-state
- 4. Swaner R, Labriola M, Rempel M, Walker A, Spadafore J. Youth involvement in the sex trade: A national study. Center for Court Innovation; 2016.
- 5. Dank M, Yahner J, Madden K, et al. Surviving the streets of New York: Experiences of LGBTQ youth, YMSM, and YWSW engaged in survival sex. Urban Institute; 2015.
- Morton MH, Dworksy A, Samuels GM. Missed opportunities: Youth homelessness in America. National Estimates. Chicago: Chapin Hall at the University of Chicago; 2017.
- Brown TNT, Romero AP, Gates GJ. Food insecurity and SNAP participation in the LGBT community. UCLA School of Law Williams Institute; 2016.
- Lederer LJ, Wetzel CA, The health consequences of sex trafficking and their implications for identifying victims in healthcare facilities. Annals of Health Law, 2014:23(1)61-91.
- 9. Lutnick, A. Domestic minor sex trafficking: Beyond victims and villains. New York: Columbia University Press; 2016.
- National LGBTQIA+ Health Education center. LGBTQIA+ Glossary of Terms for Health Care Teams. https://www.lgbtqiahealtheducation.org/publication/lgbtqia-glossary-ofterms-for-health-care-teams/
- 11. Katz-Wise SL, Rosario M, Tsappis M. Lesbian, gay, bisexual, and transgender youth and family acceptance. Pediatr Clin North Am. 2016;63(6):1011-1025.
- Friedman MS, Marshal MP, Guadamuz TE, et al. A meta-analysis of disparities in childhood sexual abuse, parental physical abuse, and peer victimization among sexual minority and sexual nonminority individuals. Am J Public Health. 2011;101(8):1481–1494.
- Keuroghlian AS, Shtasel D, Bassuk EL. Out on the street: a public health and policy agenda for lesbian, gay, bisexual, and transgender youth who are homeless. Am J Orthopsychiatry. 2014;84(1):66-72.
- 14. Fraser B, Pierse N, Chisholm E, Cook H. LGBTIQ+ homelessness: A review of the literature. Int J Environ Res Public Health. 2019 Jul 26;16(15):2677.
- Page M. Forgotten Youth: Homeless LGBT youth of color and the Runaway and Homeless Youth Act. Northwest. J. Law Soc. Policy. 2017;12:17-45.
- Wright ER, LaBoy A, Tsukerman K, et al. The prevalence and correlates of labor and sex trafficking in a community sample of youth experiencing homelessness in metro-Atlanta. Social Sciences. 2021; 10(2):32.
- 17. The U.S. Department of Housing and Urban Development. The 2020 Annual Homeless Assessment Report to Congress; January 2021.
- Baams L, Wilson BDM, Russell ST. LGBTQ youth in unstable housing and foster care. Pediatrics. 2019;143(3):e20174211.
- Wolfe DS, Greeson JKP, Wasch S, & Treglia D. Human trafficking prevalence and child welfare risk factors among homeless youth: A multi-city study. Philadelphia: University of Pennsylvania, Field Center for Children's Policy, Practice & Research. 2018

- Wilson BDM, Jordan SP, Meyer IH, Flores AR, Stemple L, Herman JL. Disproportionality and disparities among sexual minority youth in custody. J Youth Adolesc. 2017;46(7):1547-1561.
- 21. Young Women's Empowerment Project. Girls do what they have to do to survive: Illuminating methods used by girls in the sex trade and street economy to fight back and heal; 2011. https://ywepchicago.files.wordpress.com/2011/06/girls-do-what-theyhave-to-do-to-survive-a-study-of-resilience-and-resistance.pdf.
- 22. Zimmerman C, Kiss L. Human trafficking and exploitation: A global health concern. 2017; PLOS Medicine 14(11): e1002437.
- 23. Oram S, et al. Prevalence and risk of violence and the physical, mental, and sexual health problems associated with human trafficking: systematic review. PLoS Med. 2012;9(5):e1001224.
- Greenbaum J, Bodrick N; COMMITTEE ON CHILD ABUSE AND NEGLECT; SECTION ON INTERNATIONAL CHILD HEALTH. Global human trafficking and child victimization. Pediatrics. 2017;140(6):e20173138.
- Hatzenbuehler ML, Pachankis JE. Stigma and minority stress as social determinants of health among lesbian, gay, bisexual, and transgender youth: Research evidence and clinical implications. Pediatr Clin North Am. 2016;63(6):985-997.
- Balsam KF, Molina Y, Beadnell B, Simoni J, Walters K. Measuring multiple minority stress: The LGBT People of Color Microaggressions Scale. Cultur Divers Ethnic Minor Psychol. 2011;17(2):163-174.
- Ginwright, S. The future of healing: shifting from trauma informed care to healing centered engagement. The International Institute for Restorative Practices (IIRP) Graduate School; 2018. https://www.iirp.edu/images/conf_downloads/OAQIEm_The_ Future_of_Healing__Shifting_From_Trauma_Informed_Care_to_Healing_Centered_ Engagement_Ginwright_2018.pdf
- Miller, E. Healing centered engagement fostering connections rather than forcing disclosures. In Ginsburg, ed: Reaching Teens: Strength-Based, Trauma-Sensitive, Resilience-Building Communication Strategies Rooted in Positive Youth Development, 2nd Edition. American Academy of Pediatrics; 2020.
- 29. Miller E, Goldstein S, McCauley HL, et al. A school health center intervention for abusive adolescent relationships: a cluster RCT. Pediatrics. 2015;135(1):76-85.
- Chisolm-Straker, Sze J, Einbod J, White J, Stolosa H. A supportive adult may be the difference in homeless youth not being trafficked. Children and Youth Services Review. 2018;91:115-120.
- Health Resources and Services Administration Bureau of Primary Health Care. Uniform Data System Reporting Requirements for 2021 Health Center Data. https://bphc.hrsa. gov/sites/default/files/bphc/datareporting/pdf/2021-uds-manual.pdf.
- Pachankis JE, McConocha EM, Clark KA, et al. A transdiagnostic minority stress intervention for gender diverse sexual minority women's depression, anxiety, and unhealthy alcohol use: A randomized controlled trial. J Consult Clin Psychol. 2020;88(7):613-630.
- Pachankis JE, Hatzenbuehler ML, Rendina HJ, Safren SA, Parsons JT. LGB-affirmative cognitive-behavioral therapy for young adult gay and bisexual men: A randomized controlled trial of a transdiagnostic minority stress approach. J Consult Clin Psychol. 2015;83(5):875-889.
- 34. Greenbaum J, Stoklosa H, Murphy L. The public health impact of coronavirus disease on human trafficking. Front Public Health. 2020 29;8:561184.

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Sex Trafficking and LGBTQ Youth

Every year, children and young adults are compelled into sex trafficking in the United States. While trafficking affects all demographics, traffickers frequently target individuals who lack strong support networks, are facing financial strains, have experienced violence in the past, or who are marginalized by society. Without adequate community support, youth who identify as lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ) may be at particular risk for sex trafficking. Service providers who work with LGBTQ youth may be in a position to identify, support, and assist LGBTQ youth who have been trafficked.

WHAT IS SEX TRAFFICKING?

Sex trafficking is a form of modern slavery that exists throughout the United States and around the world. Sex traffickers use violence, threats, lies, debt bondage, and other forms of coercion to compel individuals to engage in commercial sex acts against their will. Under U.S. federal law, any minor under the age of 18 years induced into commercial sex is a victim of sex trafficking—regardless of whether or not the trafficker used force, fraud, or coercion.¹

The situations that sex trafficking victims face vary dramatically. Some victims become romantically involved with someone who then forces or manipulates them into prostitution. Others are lured in with false promises of a job, such as modeling or dancing. Some are forced to sell sex by family members, while other are kicked out by their families, placing them in precarious financial situations in which they must trade sex to survive. Victims of sex trafficking may be involved in a trafficking situation for a few days or may remain in the same trafficking situation for years.

HOW DOES SEX TRAFFICKING AFFECT HOMELESS YOUTH?

Too many LGBTQ youth still face significant challenges during adolescence and early adulthood, fighting discrimination, misconceptions, and abuse by peers, family members, and others in their communities.

Up to 40% of homeless youth identify as LGBTQ. Of these:

- **46%** ran away because of family rejection²
- **7.4x** more likely to experience acts of sexual violence than their heterosexual peers³

3-7x more likely to engage in survival sex to meet basic needs,⁴ such as shelter, food, drugs, and toiletries⁵

SAFE HARBOR LAWS

Safe harbor laws are designed to protect minors who are exploited for commercial sex. Safe harbor laws have two main components: legal protection and provision of services.⁶

As of 2015, 34 states had safe harbor laws on the books. These state laws varied greatly, offering immunity, affirmative defense, or pretrial diversion to minors engaged in commercial sex.⁷

Safe harbor also allows a pathway into specialized services, including medical and mental health treatment, housing, education assistance, job training, and legal services.

HOW ARE LGBTO YOUTH MORE VULNERABLE?

LGBTQ youth face higher rates of discrimination, violence, and economic instability than their non-LGBTQ peers.⁸ When faced with fewer resources, employment opportunities, or social supports, LGBTQ youth who are away from home must find ways to meet their basic needs and may therefore enter the street economy, engaging in commercial sex to meet these needs.

Others may then seek to exploit these vulnerabilities in order to compel youth into commercial sex. Traffickers may seek to meet the youth's needs as a way to build rapport and dependency. They may offer a sense of family, protection, or love to build a sense of relationship and loyalty. This bond may complicate the youth's understanding of their situation and prevent them from speaking out against their trafficker.

It is difficult for many individuals who have been trafficked to reach out for assistance, but this is especially true for individuals who fear that they will be mistreated or not believed because of their gender identity or sexual orientation. Studies have found that LGBTQ youth are overrepresented in detention for prostitution-related offenses and report higher levels of police misconduct than their straight peers.⁹

Furthermore, gay and transgender youth may not have access to anti-trafficking services because they are unaware of services in their area, the community lacks resources (e.g. bed space, funding), or they are concerned that providers are not LGBTQ friendly.

LGBTQ youth service programs may be in a unique position to support at-risk youth, identify youth who have experienced trafficking, connect them to needed services, and advocate on their behalf.

HOW DO I KNOW IF A YOUTH HAS EXPERIENCED SEX TRAFFICKING?

It may not be readily apparent that a youth has been trafficked, and every survivor's experience is unique. The red flags listed here signify common features associated with youth who have been trafficked. If you find that several of these red flags are present for a youth with whom you are working, we recommend you engage them in an honest, safe, and non-judgmental dialogue about their potential involvement in commercial sex.

RED FLAGS FOR SEX TRAFFICKING

- Is under the age of 18 and engaged in commercial sex, regardless of force, fraud, or coercion
- Feels they must provide commercial sex in exchange for food, housing, hormones, or other necessities
- Photos of the youth have been placed online for advertising purposes
- Movement or communications are monitored
- Is hesitant to answer questions; scripted responses
- Has been threatened with harm to self or loved ones, arrest, or deportation

- Demonstrates mental health concerns like PTSD, anxiety, self-destructive behavior, or depression
- Suffers from untreated medical concerns, particularly in relation to sexual or reproductive health
- Shows signs of physical or sexual abuse, neglect, malnourishment, or poor hygiene
- Has a debt they cannot pay off
- Earnings are confiscated or held by others
- Frequently moves or travels to new cities with new acquaintances
WHAT SHOULD I DO IF ONE OF MY YOUTH HAS BEEN TRAFFICKED?

It can be difficult for victims of trafficking to disclose their situation and reach out for help. Many victims do not identify as victims of trafficking, fear the repercussions of reporting their situation, or simply do not know that help is available. It is important to continue to build trust and rapport, while giving them the tools to stay safe. Survivors may need specialized anti-trafficking services, such as criminal justice advocacy, assistance vacating prior convictions, or trauma-informed mental health services.

If you believe you are working with a young person who may be a victim of trafficking, you can reach out to the National Human Trafficking Resource Center (NHTRC) for advice and referrals to local antitrafficking services. The NHTRC is a national hotline serving survivors of human trafficking and the broader anti-trafficking community. The toll-free hotline is available to answer calls from anywhere in the country, 24/7, in over 200 languages.

The NHTRC and the Polaris BeFree Textline are confidential, non-judgmental places to seek assistance. Call 888-373-7888 or text 233733 to talk to a specially trained Hotline Advocate to get help, connect to local services, or get more information about human trafficking. For more information about these helplines, visit <u>polarisproject.org/get-assistance</u>.

National Human Trafficking Resource Center Hotline

Call 1-888-373-7888

Polaris BeFree Textline Text HELP to BeFree (233733)

HOW CAN LGBTQ ORGANIZATIONS GET INVOLVED IN ANTI-TRAFFICKING EFFORTS?

- **1** Join your local human trafficking task force or coalition. A strong anti-trafficking response requires the expertise and skills of all professions. You have an important role to play in supporting LGBTQ youth in your community.
- **2 Partner with local service providers and law enforcement on training efforts.** Peer-topeer training not only provides an opportunity to build trust and relationships, but sharing expertise on LGBTQ cultural competency and human trafficking results in a stronger response network when youth do come forward.
- **3** Engage your youth on issues of trafficking and exploitation. Provide youth with safety planning tips, resources about trafficking, and information on how to get help for themselves or others in abusive or exploitative situations.

Tips for Anti-Trafficking Professionals When Working with Survivor Leaders

Written by: Catie Hart, Celia Roberts, Genèvieve T. Tiangco, Kae Kae Baybie, Monica Anderson, Ummra Hang, alix lutnick, Minh Dang



• Survivor leaders want to collaborate with you.

We will explore with you whether it is a good fit. If we say we can't collaborate, please do not take it personally and don't stop asking survivor leaders to collaborate.

- Check-in with the survivor leader about their boundaries and needs for the working relationship. Before an event, confirm whether they want to tell their story and discuss their boundaries for the working relationship. Ask if the consultant wants to work closely with another survivor professional on your team. If this is not available, make it clear and find other ways to support the leader.
- Be mindful of your body language and non-verbal communications. Pay attention to how you might be communicating judgment. If you feel judgments come up, take a breath or step outside. Be aware that when your shock or discomfort is noticeable to the survivor leader, they may feel responsible for tending to your feelings.

• Provide a stipend.

This includes monetary payment, room and board, and travel expenses.

- Check-in with the survivor leader in private before you share any personal information about them. Ask them, "How would you like me to introduce you?"
- Try not to focus on the individual-level details of sex and trauma. It is helpful for people to understand brainwashing and coercion aspects of human trafficking, as opposed to focusing on the details. You may be curious about someone's experience but do not assume you can ask about it.
- Be mindful of the diversity of experiences.

Survivors may be in different stages of change and how people make sense of their experiences will vary and change over time. For some people their reflections will change positively and negatively. Some may even have felt empowered by some of the things that occurred during their trafficking experience. Others, not so much. Remember that many survivors feel there is no end date to healing.

- Survivors are the experts about their experience. Survivor consultants are your peers and professional equals. Please be mindful of trying to define or analyze their experience for them.
- When someone shares personal information, do not respond with "I'm so sorry." Say "Thank you so much for sharing" or something more positive and uplifting such as, "You have shown a lot of strength and courage."
- Survivors are human and do not have all the answers.
- Know the intention of your question and do not move too quickly. Avoid asking questions that are irrelevant to your collaboration. Pay attention to the pace of the questions, so that it does not feel like an interrogation. Give people enough time to think and answer your questions.
- We all have things to teach each other. Collaborate with organizations that have expertise in areas you do not. Remember that your academic background and our lived experiences makes working together more effective.
- Respect confidentiality.

Inform survivor leaders if there are additional people who will have access to their personal information. Discuss what you will do with their information and their work, after your collaboration is over. Make sure to let the leader know about data protection guidelines, media presence, and potential use of photos.





Toolkit for Building Survivor-Informed Organizations

Trauma-informed resources and survivor-informed practices to support and collaborate with survivors of human trafficking as professionals

February 2018

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EXECUTIVE SUMMARY

"A survivor-informed practice acknowledges the unique perspectives of survivors with relevant expertise based on knowledge of their trafficking experiences and challenges they have faced in their efforts to regain and rebuild their lives. A survivor-informed practice includes meaningful input from a diverse community of survivors at all stages of a program or project, including development, implementation and evaluation." –- (Human Trafficking Leadership Academy, 2017)¹

Survivor engagement allows organizations to better serve clients, craft programs, identify challenges and opportunities, and achieve agency missions and mandates. As a primary stakeholder in the antitrafficking field, survivor leaders offer invaluable insight and expertise. Anti-trafficking efforts can only be successful with comprehensive inclusion of diverse professionals, including survivor leaders. It offers insight into the anti-trafficking field that, through application, adaptation and validation, will contribute to the development of evidence-based practices.

This Toolkit is a collection of new and existing resources that build organizational capacity to collaborate with and support staff, volunteers, and consultants who identify as survivor leaders. It is appropriate for use by anti-trafficking organizations, coalitions, task forces, volunteer programs, and other organizations who wish to improve collaboration with those impacted by human trafficking.

Many successful leaders did not have formal education when they began their careers. Survivor leaders often use their knowledge and lived experience to improve program performance, and many gain success through professional experience and/or supplementary education as their careers evolve. This Toolkit helps organizations create opportunities for survivors to be recognized as subject matter experts, opening doors where no other entry point may otherwise exist. For individuals seeking to escape trafficking, the presence of someone who has similar lived experiences often outweighs degrees or formal education.

The National Human Trafficking Training and Technical Assistance Center (NHTTAC) developed this Toolkit with the support of the U.S. Department of Health and Human Services Office on Trafficking in Persons. Through a team that includes survivor leaders and other anti-trafficking leaders, this Toolkit provides guidance, tools, and resources to build organizational capacity on professionally engaging survivors of human trafficking in the development, delivery, and evaluation of programming.

How to Use This Toolkit

In Chapter 1, you have the opportunity to assess your organization's level of being survivor-informed with strategies and tips on how to further assess your capacity. Chapters 2–8 provide an opportunity to go a little deeper in assessing your organization's readiness to collaborate with survivor leaders in

¹ The Human Trafficking Leadership Academy is funded by the Office on Trafficking in Persons (OTIP) and the Office on Women's Health (OWH) at the U.S. Department of Health and Human Services (HHS) through the National Human Trafficking Training and Technical Assistance Center (NHTTAC). Six survivor leaders and six non-government service providers work collaboratively to provide recommendations to a project question proposed by OTIP and OWH. In 2017, fellows collaborated to identify how OTIP grantees can improve services using trauma-informed principles and survivor-informed practices. For more information, visit https://www.acf.hhs.gov/otip/resource/htla.

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specific areas. Each chapter provides strategies, tips, and resources, including case examples, of how to meaningfully collaborate with survivor leaders as staff, consultants, or volunteers.

GUIDING PRINCIPLES

Guiding principles create an overarching framework for thoughtful engagement of survivor leaders as staff, volunteers, and consultants. These principles are essential in successfully collaborating with individuals who have been impacted by human trafficking and are relevant for all staff, volunteers, consultants, and organizations participating in anti-trafficking work to create a person-centered environment. This Toolkit discusses ways to practically apply these principles in transforming into a survivor-informed organization.

Empowerment-Based Engagement: Fosters strengths, respects autonomy, builds leadership and skills, and increases inclusive and solutions-focused practices (Substance Abuse and Mental Health Services Administration, 2014).



Ethical Engagement: Identifies ethical codes and frameworks, implements ethical principles in organizational decision making and practices, and ensures ethical accountability (Office of Minority Health, 2014).

Terminology: Survivor Leaders

NHTTAC strives to use language that reflects how those who have experienced human trafficking describe their experiences recognizing that terminology may evolve. While some individuals who have been trafficked choose to embrace the title "survivor," others do not. Moreover, organizations will collaborate with professionals who do not share that they have experienced trafficking. Disclosing such information should always remain in the control of the person who experienced trafficking. It is important to recognize individuals' full life experiences, skill sets, and professional goals—and not focus solely on the trafficking that occurred. For the purposes of this Toolkit, the term, "survivor leader" is used to describe an individual who has experienced human trafficking and is making an empowered choice to engage in anti-trafficking and/or other allied fields. However, do not assume that someone who identifies as a survivor leader should be referred to as such in a professional setting or that identification as a survivor leader makes it acceptable to inquire about someone's past experience with human trafficking.

CHAPTER 1. GETTING STARTED: ORGANIZATIONAL ASSESSMENT

Understanding the degree to which your organization is survivor-informed is a critical first step. You can assess your organization by eliciting feedback from staff, consultants, and clients through surveys, focus groups, or exit interviews. Regularly assess across the entire organization, including mission, vision, and culture; approach to program development, implementation, and evaluation; outreach and awareness-raising activities; fundraising strategies; and human resource and staffing development. The Human Trafficking Leadership Academy developed the Survivor-Informed Practice Self-Guided Assessment Tool (below and Appendix A) in 2017 to self-assess your organization.

Survivor-Informed Practice Assessment (Human Trafficking Leadership Academy, 2017)

Instructions: For each line, circle one answer (0, 1, or 2), indicating the degree to which the practice is adhered to (never, occasionally, or always). Section scores identify areas of strength and weakness; total score indicates the degree to which a program or project is survivor-informed. Meaningful input		Occasionally	Always
	Never	1	
Program/project provides employment opportunities for survivors.	0	1	2
Survivors serve in leadership positions for the program/project (management, advisory board, etc.).	0	I	2
In the absence of survivor staff, survivor consultants are hired to provide input.	0	1	2
If direct survivor input is unavailable, survivor-developed guidance and resources are utilized.	0	1	2
From a diverse community of survivors			
Survivor input represents both sex and labor trafficking perspectives.	0	1	2
Survivor input represents both domestic and foreign-national perspectives.	0	1	2
Survivor input represents other diverse survivor perspectives (adults, minors, LGBTQ survivors, etc.).	0	1	2
Project/program incorporates promising practices from other survivor-informed fields (domestic violence, etc.).	0	1	2
A strengths-based process is in place for determining appropriate areas and levels of survivor engagement.	0	1	2
At all stages of a program or project			
Survivor expertise is accessed in the development of initial program/project design.	0	1	2
Survivor input is incorporated into development of policies and procedures.	0	1	2
Survivor input is incorporated into the creation of program/project materials.	0	1	2
Survivor expertise is accessed throughout program/project implementation.	0	1	2
Survivor expertise is accessed in evaluation of program/project.	0	1	2
A process is established and utilized for obtaining feedback from survivor participants.	0	1	2
TOTAL SCORE:		_out c	f 30

Practical Strategies and Tips

There are many other ways to solicit input from your staff, volunteers, consultants, partners, clients, funders and other key stakeholders on how your organization is doing:

- Implement an annual anonymous survey to check on how the organization is doing, ways it could improve, and areas of achievement, with a focus on the guiding principles.
- Conduct frequent self-assessments. Solicit ongoing feedback as new policies and procedures are incorporated into the guiding principles.
- Use anonymous surveys and group discussion to meet diverse communication preferences.
- Ask key stakeholders in the field to provide feedback—this provides invaluable information on programs, practices, and mission alignment. In addition, conduct an annual survey with guiding principles application for partners, survivor leaders, and other stakeholders.
- Make sure organizational boards have access to evaluation outcomes and assist in making changes as it pertains to the governance of the agency.
- Partner with a firm that specializes in organizational evaluation and change management. If your budget does not support the costs, see if this could be an in-kind donation. It is important for organizations to participate in self-assessments, but it can also be helpful to have an external organization-led evaluation to ensure objectivity.
- Work with survivor leader consultants to assess for areas to improve survivor-informed practices

Promising practices for Survivor Engagement (Human Trafficking Leadership Academy, 2017)

- Continuously and appropriately access survivor expertise at all appropriate stages throughout program development, implementation, and evaluation.
- Incorporate diverse human trafficking survivor perspectives (sex and labor trafficking survivors, adult and minor survivors, LGBTQ survivors, and foreign-national and domestic survivors), and integrate promising practices among other parallel movements, including domestic violence, sexual assault, and labor exploitation, when appropriate.
- A strengths-based approach should be used to determine appropriate places and levels of engagement for survivors within an organization or project. Such an approach should consider:
 - Survivors' expertise and strengths
 - Survivors' length of time out of their trafficking situation
 - Training on trauma-informed, victimcentered, and survivor-informed practices
 - Effective management of survivors' triggers
 - Organizational or project need
 - Organizational capacity to appropriately support survivors

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Resources

Survivor-Informed Practices

- Human Trafficking Leadership Academy | Survivor-Informed Practice: Definition, Best Practices, and Recommendations
- <u>Trauma Informed Oregon | Assessing Physical Environmental Components</u>
- <u>Georgetown University | Cultural Inclusivity Assessment Resources</u>
- <u>Georgetown University | Family Organizational Assessment Tool</u>
- <u>Georgetown University | A Guide for Using the Cultural and Linguistic Competence Policy</u>
 <u>Assessment Instrument</u>
- THRIVE Guide to Trauma-Informed Organizational Development

CHAPTER 2. MISSION, VISION, AND LEADERSHIP

Mission and vision are often the leading forces of an organization, task force, coalition, or other antitrafficking organization. Incorporating a survivor-informed approach must start at the top of an organization and reflect thoughtful application across the organization. The executive management and board members are charged with ensuring that the mission and vision of your organization is actualized. Assess your organization by answering the following questions:

Assessment: Mission, Vision, and Leadership

Instructions: For each line, circle one answer indicating the degree to which your organization applies the approach (0=never, 1=occasionally, or 2=always).		Occasionally	Always
Leadership is provided with training and professional development that pertains to the guiding principles.	0	1	2
Leadership, including board members, assists in building a framework reflective of the guiding principles at all levels of the organization.	0	1	2
Leadership comprises diverse members, including survivor leaders.	0	1	2
Aspects of the guiding principles are reflected within your mission and vision.	0	1	2
Guiding principle are included within formal values.	0	1	2
Finances are allocated to support survivor-informed input across all levels of the organization.	0	1	2
Decisions are made with inclusive and diverse voices.	0	1	2
Section Score:		out	of 14

Practical Strategies and Tips

What now? How did you do? Based on the assessment results above, consider the following strategies to improve your results.

• Provide a diverse scope of leadership opportunities within an organization that also match the skills and interests of survivor leaders.

Beware of Tokenism: a superficial practice to create the appearance of social inclusivity and diversity; includes members of minority or underrepresented groups, including survivor leaders, as a symbolic gesture to avoid criticism (Bender, 2014)

- Ensure that survivor leaders are empowered to make informed choices and are given real opportunities to build professional skills such as marketing, accounting, graphic design, human resources, peer-topeer programs, mentoring, or volunteer positions.
- Make leadership and professional development opportunities available outside the anti-trafficking field so that survivor leaders are able to make real choices about their career path that is not limited by narrow choices offered within an agency.
- Provide leadership with annual or biannual training and professional development that pertains to the guiding principles. Educate participants on your guiding principles, and provide practical examples of how the agency is or can utilize these to guide their work. Ensure that your

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organization's board knows the importance of these principles and will assist leadership in building a reflective framework at other levels of the organization.

- Comprise leadership with diverse members, including survivor leaders. Expand board membership to increase diverse participation of survivor leaders and community stakeholders, and consider advisory committees for boards that include survivor leadership. Avoid tokenism: Do not assume one member represents all members of an underrepresented group. There may also be board members who chose not to disclose that they have experienced trafficking.
- Reflect aspects of the guiding principles in mission and vision. Get creative in how this is applied to the existing mission. Host an organizational discussion with the board on how these guiding principles will help the organization to better achieve the existing mission.

Sanar's Mission: The Sanar Wellness Institute provides transformational healing services for survivors of gender-based violence and their communities. **Sanar's Vision:** All survivors of gender-based violence have access to therapeutic wellness services that foster resiliency, inspire hope, and support survivors in meeting their own definition of success (Sanar, n.d.).

- Include the guiding principles in formal values. Let your values set the tone for how work is conducted at all levels of an organization. If your organization has defined values, include additional language to areas where the guiding principles can be applied.
- Allocate finances to actualize a survivor-informed organization. Discuss with leadership how current funds or resources can be used to support survivor leader's professional involvement across your organization.
- Develop a specific fundraising approach to support the financial costs to collaborate with survivor leaders to inform and transform your organization.

Designate a portion of your annual budget (suggested 2–3 percent) for implementation of your survivor-informed plan, including consultant fees. (Human Trafficking Leadership Academy Cohort 2017).

PROMISING PRACTICES | POLICIES AND PROCEDURES APPLICATION

Janet is the vice president of an advocacy organization. After conducting an agency assessment, she realized that 45 percent of her staff, including board members, were unaware of how the agency's mission and vision related to their guiding principles and 60 percent of staff were unsure of how to practically apply the guiding principles to their work. Janet collaborated with staff to develop an annual training for board members and staff that provides concrete examples of how their organization applies the guiding principles. During team meetings and case reviews, she encouraged discussion on how services could be improved to better apply the guiding principles.

One year later, Janet completed a second assessment, in which she found that since implementing these strategies, 87 percent of staff felt strongly that they knew how to apply the guiding principles to their work. Janet continues to solicit feedback from leadership and staff about how to strengthen the agency's ability to use the guiding principles.

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Resources

Leadership Development

- Office for Victims of Crime (OVC) Professional Development Scholarship Program
- Saber Passport to Freedom | Survivor Leader Educational Scholarship
- Sun Gate Leadership Scholarship
- Girls Educational and Leadership Institute
- Human Trafficking Leadership Academy
- <u>National Survivor Network</u>
- <u>Rebecca Bender Initiative Elevate Academy</u>
- Survivors for Solutions
- Survivor Leader Network of San Diego
- Wichita State University Center for Combatting Human Trafficking's Pathway to Prosperity
 Program

CHAPTER 3. ORGANIZATIONAL CULTURE

Like individuals, organizations also have a shared set of values and beliefs that influence how members of the organization think and act. Cultural norms can become so ingrained in the daily routine that organizations may be unaware of its existence. Understanding your organization's culture is a key step in becoming a survivor-informed organization. Formal dress codes, the ability to telecommute, expectations around self-care, or how individuals socialize in the workplace are all part of the organizational culture. With planning, your organization can create an intentional, survivor-informed work environment. Assess your organization by answering the following questions:

Assessment: Organizational Culture

Instructions: For each line, circle one answer indicating the degree to which your organization applies the approach (0=never, 1=occasionally, or 2=always).		Occasionally	Always
Routine discussions on the policies associated with the guiding principles are standard.	0	1	2
Organizational practices promote sharing and collaboration.	0	1	2
Staff and leadership actively provide spaces for continued team building.	0	1	2
Wellness is promoted as an organizational practice.	0	1	2
Organization members are encouraged to be creative and share innovative solutions.	0	1	2
The work environment promotes connection and collaboration.	0	1	2
Leadership values feedback and the opportunity to grow.	0	1	2
Team debriefs are conducted at the end of challenging work days.	0	1	2
Section Score:		_out o	f 16

Practical Strategies and Tips

What now? How did you do? Based on the assessment results above, consider the following strategies to improve your results.

Promote Collaboration Across the Organization

- Hold an organizational discussion on the policies associated with the guiding principles on practical daily implementation, and create a list of shared examples.
- Promote the sharing of thoughts and ideas where individuals feel more creative and connected to the work. Host an open meeting for all team members or employees to offer suggestions on creative ideas.
- Create opportunities for getting to know each other outside of the office. This practice builds comradery and strengthens trust among teams.
- Encourage your team to be creative and share innovative solutions. Develop a way to acknowledge and reward creativity and innovation across the organization.
- Encourage employees to interact throughout the day and collaborate on projects—this creates a more supportive and effective work environment. Make team collaboration part of the performance review process for staff.

• Encourage staff, consultants, and volunteers to recognize and acknowledge their own biases, prejudices, privileges, and oppressions and receive training on how to mitigate these in their work on behalf of the organization.

Strengthen Feedback

- Take time to meet with team members to discuss areas that are working well and where there is room for growth. These conversations can be utilized in organizational strategic planning, growth management, and even during the creation of annual budgets. This provides opportunities for a participatory work culture.
- Partner with companies that offer professional development to support survivor leaders and other staff and volunteers in building their skillset. Many of these activities could be listed as in-kind services on an organizational budget.
- Seek out feedback from survivor leaders and integrate into organizational plans, policies, and programs.

Encourage Self-Care.

- Reach out to your board, community, and local businesses to provide pro bono services to your team on wellness and self-care.
- Consider providing an hour a week for staff and volunteers to engage in their own self-care activities.
- Offer a self-care practice to show that organizations prioritize employee wellness, and make sure that leadership models this behavior. Offer yoga, dancing, or other activities once a month.
- Incorporate wellness benefits such as paid staff breaks, mental health leave, and other practices that allow individuals to engage in self-care.
- Establish a regular process to debrief at the end of challenging days to reduce trauma triggers and promote a culture where trauma responses are understood and destigmatized. Remember, anyone can experience trauma, and it is important to check in with all staff. Do not single out only those staff who identify as survivor leaders.

PROMISING PRACTICES | ORGANIZATIONAL CULTURE

Anastacia has been working at Organization X for 5 years. At the agency, Anastacia provides case management for young survivors of domestic violence, sexual assault, and human trafficking. Anastacia chooses to disclose to her supervisor that she experienced human trafficking 5 years ago. Her supervisor is the only staff member with whom she has disclosed this information, and her supervisor worked with Anastacia to identify ways in which she wanted to build out her professional identity. Anastasia shared that while this was an important experience that led her to this work, it was not one that she wanted to include in her professional identity. The organizational culture of respect and confidentiality created an environment that allowed Anastasia to explore her own professional identity and engage in long-term reflection in a safe and nonexploitive manner.

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Resources

Organizational Culture

- <u>SAMHSA | Cultural Competence</u>
- <u>GEMS | From Victim to Survivor, From Survivor to Leader: The Importance of Programming and</u> <u>Opportunities for Commercially Sexually Exploited and Trafficked Young Women and Girls</u>
- <u>Rebecca Bender Initiative | Speaking Topics</u>
- The Sanctuary Model | Trauma-Informed Means Changing Organizational Culture
- <u>Center for Health Care Strategies, Inc. | Webinar Series: Implementing Trauma-Informed Care Into</u> Organizational Culture and Practice
- <u>Transformational Leadership and Organizational Change: How Do Leaders Approach Trauma-Informed Organizational Change...Twice?</u>
- <u>Trauma-Informed Organizational Toolkit for Homeless Services</u>

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CHAPTER 4. ORGANIZATIONAL POLICIES AND PROCEDURES

Your organization's policies and procedures provide a unique opportunity to operationalize a survivorinformed approach. Policies and procedures are guidelines and practices adopted by an organization to ensure it functions effectively in reaching its goals. Policies and procedures can focus on a variety of topics and often include things such as benefits, dress code, vacation time, absenteeism, recruitment and hiring strategies, staff development and more. Assess your organization by answering the following questions:

Assessment: Policies and Procedures

Instructions: For each line, circle one answer indicating the degree to which your organization applies the approach (0=never, 1=occasionally, or 2=always).		Occasionally	Always
Policies are clear, transparent, and easy to access for all employees and volunteers.	0	1	2
Policies and procedures on conflict resolution are clearly defined.	0	1	2
Policies outline ethical codes and guidance that ensure confidentiality for staff, consultants, and volunteers who disclose trauma.	0	1	2
Policies provide guidance on culturally sensitive and empowering language.	0	1	2
Policies are routinely reviewed, discussed, and open for feedback.	0	1	2
An Employee Assistance Program (EAP) or similar employee wellness programs are established and staff, consultants, and volunteers are encouraged to develop self-care plans and access assistance, if needed.	0	1	2
Policies and procedures celebrate and encourage diversity.	0	1	2
Safety measures and procedures are defined and accessible to all staff, volunteers, and consultants,	0	1	2
Section Score:		_out o	of 16

Practical Strategies and Tips

What now? How did you do? Based on the assessment results above, consider the following strategies to improve your results.

Policies should be clear, transparent, and easy to access for all employees and volunteers. On a regular basis, solicit feedback from survivor leaders on how current policies are working. Respond quickly to feedback—this demonstrates that organizations are listening and value survivor leaders. Be sure to regularly monitor and assess the impact of primary and secondary trauma and uses it to inform organizational practices, policies and procedures.

Ethical Guidelines

- Information on resolving conflict using a trauma-informed framework.
- A clear, scenario-based training on potential ethical conflicts that may arise in the workplace. All individuals aligned with the organization, leadership, board members, staff, consultants and volunteers take the training annually.

NATIONAL HUMAN TRAFFICKING TRAINING AND TECHNICAL

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- Ethical codes that normalize the disclosure of trauma and ensure confidentiality. Each individual should remain in control of how, when, and why their personal story is shared.
- Guidance on using culturally sensitive and empowering language. Be mindful that individuals are not referred to as "survivors" unless the individual chooses to self-identify in that manner. Individuals should remain in control of the language they choose to define their experience.

Human Resource Guidelines

- Well-defined safety measures that ensure a safe environment, and encourage individual autonomy.
- Financial compensation policies that ensure fair market compensation for any time or work intended to benefit the organization.
- Guidelines that eliminate risk of dual relationship (e.g., supervisor and client). Dual relationships should be understood and avoided at all levels of the organization (see Chapter 6 for additional information on what to consider when/if a client applies to work with the organization as a staff member, consultant, or volunteer).
- Some funding sources may place specific requirements on the qualifications or background of individuals working on a program that they fund. Assess any constraints that may impact hiring decisions for staff or consultants that have a criminal history as a result of their trafficking, and identify a clear policy and be transparent about it and provide the basis for it.

Self-Care Guidelines

- Information on self-care and wellness strategies. An Employee Assistance Program (EAP) provides a range of employee support. For organizations that do not have the funding for this service, create internal wellness programs or reach out to partners for pro bono support.
- Guidelines on optional debriefing for all staff, volunteers, and consultants who participate in speaking engagements. Remember, anyone can be impacted by traumatic stimuli, and triggers look different for everyone. Never assume a survivor leader will want to debrief, but do have procedures in place that make this option accessible, confidential, and nonstigmatizing.
- Guidelines for creating a physical environment that utilizes sensory-based resources to reduce trauma-related symptoms.

PROMISING PRACTICES | POLICIES AND PROCEDURES

Christopher is a consultant at an anti-trafficking agency hired as a survivor leader who will engage in trafficking training, including speaking engagements and mentoring groups. The organizational policies outline that staff have the autonomy to choose who they disclose to within and outside of the agency. Christopher's supervisor explained to him that he may accept or decline participation in any activities for any reason. Before confirming a speaking engagement, Christopher's supervisor provides him with the event details, including topic, audience, event space layout, and whether or not the media will attend. They also ask him how he would like to be introduced at the event.

In accordance with organizational procedures, staff continuously check with Christopher and receive his permission for his preferred title in business cards, social media, training materials, and other promotional items. Event planners and staff know his preferences for disclosure and are trained to utilize empowering language that fosters respect and appreciation.

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Policies and Procedures

- <u>American Bar Association | Model Rules of Professional Conduct</u>
- <u>American Medical Association | Code of Ethics</u>
- <u>American Nurses Association | Human Trafficking</u>
- American Psychological Association | Ethical Principles of Psychologists and Codes of Conduct
- OVC TTAC | Ethics in Victim Services
- Office of Personnel and Management | Federal Employee Assistance Programs
- Justice Research Center (JRI) Project Reach
- <u>National Association of Social Workers | Code of Ethics</u>
- OVC TTAC | Using a Trauma-Informed Approach
- <u>Resologic's Guide to Trauma Informed Mediation</u>
- Sanctuary Model
- <u>SAMHSA Concepts of Trauma and Guidance for a Trauma-Informed Approach</u>
- U.S. Department of Health and Human Services CLAS Standards
- The Sanctuary Model | Vicarious Trauma

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CHAPTER 5. HUMAN RESOURCE DEVELOPMENT

The recruitment, hiring, onboarding, and training processes may be the first interaction someone will have with your organization. This provides opportunity to incorporate a survivor-informed approach within job postings, volunteer programs or consultancy positions through ongoing training and professional development. Organizations that work with volunteers and consultants should create formalized programs with selection, onboarding, training, and advancement procedures. This should include volunteer position descriptions and matching of consultants or volunteers with appropriate skill sets. Assess your organization by answering the following questions:

Assessment: Human Resource Development

Instructions: For each line, circle one answer indicating the degree to which your organization applies the approach (0=never, 1=occasionally, or 2=always).		Occasiona	Always
Job postings, including volunteer and consultant positions, explicitly state the organization's commitment to the guiding principles.	0	1	2
Job postings invite and encourage survivor leaders and individuals of culturally diverse backgrounds to apply.	0	1	2
Job postings do not specifically ask survivor leaders to disclose trauma history.	0	1	2
Policies address how your organization can support survivor leaders who are qualified for the position but who have a criminal history because of a trafficking experience.	0	1	2
Positions are available for survivor leaders who do not require public speaking or disclosing their trauma history.	0	1	2
Staff, volunteers, and consultants receive appropriate training on trauma, trauma reactions, and trauma-informed responses during the onboarding process and on an annual basis.	0	1	2
Staff, volunteers, and consultants are trained on safety and crisis protocols.	0	1	2
Staff, volunteers, and consultants receive appropriate training on linguistic and cultural diversity during onboarding and on an annual basis.	0	1	2
Section Score:		out o	f 16

Practical Strategies and Tips

How did you do? Based on the assessment results above, consider some of the following strategies to improve your results. Talk with your leadership team, human resources department, and/or legal team about ways to implement these strategies across staff, volunteers, and consultants.

- Create job postings that invite and encourage survivor leaders and individuals of culturally and linguistically diverse backgrounds to apply. For example, include an additional sentence that says, "Survivor leaders are encouraged to apply."
- Include language skills (verbal and sign) as part of required or preferred qualifications, when appropriate to the job.
- Advertise positions in places relevant to diverse communities to avoid limiting a candidate pool.
- When including educational qualifications, as appropriate, provide an option that education may be replaced by a particular amount of experience. For example, a master's degree in social work required may be met by a bachelor's degree in a related area and 3 years of professional experience.
- Be transparent about your organization's requirements for positions that require a background check.
- Develop positions that do not require public speaking or sharing personal history.

Interview Questions

- Assess a candidate's skillset by asking questions relevant to the job duties. For example, for a grant writing position, ask for a sample grant narrative as part of the application process.
- Ask questions in all interviews about self-care, including what they would be looking for from your organization. Examples can include, "What do you do for self-care," and "What can your supervisor or team do to support your selfcare?"

Caution!

Do not ask if someone is a survivor whether they are applying for a position or already working with your organization as staff, consultant, or volunteer. If they choose to self-identify, do not ask for their trafficking story. Individuals should not be required to disclose details of trauma to qualify for positions. This can be re-traumatizing and result in further exploitation.

- Use questions that incorporate the application of guiding principles. For example, "When developing a volunteer program, what are some ways you would conduct recruitment and onboarding to develop a diverse group of volunteers?"
- Share information about your organization's mission, vision and values as it relates to the guiding principles and expectations for staff, volunteers and consultants in helping the organization apply the principles

Background Checks

- Policies and practices should address how your organization can support survivor leaders who are qualified for the position but who have a criminal history because of a trafficking experience.
- Know what criminal history your organization and funders can and cannot work around. Be transparent about these limitations, including explaining why they exist.
- Before asking applicants to complete a background check, discuss the extent that background check screens for criminal history. Explain that the organization recognizes and supports survivor applicants who have a criminal history as a direct result of victimization.
- Listen to survivors who disclose that they have a criminal record related to their trafficking experience, and discuss your process to navigate potential barriers.

Onboarding

- When someone identifies themselves as a survivor leader, ask how they prefer to be identified. Do not assume that those who have experienced trafficking will want to use the term "survivor" or that they will want their experience with trafficking shared with colleagues.
- Provide training and paperwork that includes clear guidance on policies, procedures, and resources. Make sure there is plenty of time to ask questions.
- Create a buddy program for the first 3 months, where all new hires or volunteers are paired with a peer who can help answer questions and provide support in integrating into the organization.
- Include training on trauma, trauma responses, and trauma-informed practices, including selfcare and wellness to all new staff, board members, and volunteers—regardless of their position.
- Develop a consultant orientation that introduces consultant(s) to your organization, including its mission, values, goals, policies, and ethical expectations of consultants. Include information on your organization's approach to be survivor informed, including self-care and trauma-informed practices, and ways that you promote cultural and linguistic diversity with your consultants.

Development of Staff, Consultants, and Volunteers

- Offer ongoing training on cultural relevancy and sensitivity and trauma, trauma responses, and trauma-informed practices.
- Match your team with professional training opportunities that complement their role or desired area of professional growth.
- Encourage individuals to obtain additional training, certifications, or other professional development opportunities that will support their broader career goals. Provide incentives, either financial or in kind. For example, if financial resources are limited, provide recognition for individuals who go above and beyond their current job duties to build their skills.
- Staff, volunteers, and consultants are encouraged to debrief, as needed, after engaging in professional activities. This can be done through a variety of ways, including development of informal or formal peer-to-peer support or formal employee assistance programs.
- Engage staff, volunteers, and consultants in the creation of performance measurements that incorporate guiding values.

Advancement

- Provide clear and measurable qualifications required to advance within the organization.
- Give annual raises to staff who meet their performance objectives each year, and/or build in room for growth in each position. If your budget does not allot for annual raises, give other types of compensation, such as bonus time off or flexible work schedules.
- Encourage survivor leaders to identify their strengths and opportunities for advancement that do not rely on sharing their personal history of human trafficking.
- Conduct annual performance reviews of both staff and supervisors that include questions that assess the application of the guiding principles.

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CHAPTER 6. MOVING FROM PROGRAM PARTICIPANT TO AGENCY REPRESENTATIVE

Within the anti-trafficking field, if your organization provides services to individuals who have been trafficked, some of your clients may want to become involved in the anti-trafficking field. Understanding how to support your clients in achieving their aspirations, while maintaining clearly delineated and defined professional policies and procedures to support survivors who transition from client to employee, consultant, or volunteer, is important in being a survivor-informed organization.

With existing clients, supportive services should always take precedence over any transition to a professional role, including consultant and volunteer positions. Unless internal leadership development programs are in place, transitioning a program participant to an agency representative can present ethical violations that should be discussed with human resources. Assess your organization by answering the following questions:

Assessment: Moving from Program Participant to Agency Representative

Instructions: For each line, circle one answer indicating the degree to which your organization applies the approach (0=never, 1=occasionally, or 2=always).	Never	Occasionally	2 Always
Policies and procedures establish clear boundaries to avoid dual relationships for staff, consultants, and volunteers in need of agency services.	0	1	2
Policies and processes are in place to assess a client's readiness to transition to an employee.	0	1	2
Confidentiality continues to be maintained with all information learned during service provision.	0	1	2
Fair compensation is provided for any professional role; volunteer positions are not offered as an alternative to compensation.	0	1	2
Partnerships with agencies that specialize in leadership development are established.	0	1	2
Clients asked to participate in activities that benefit your organization are ensured that their engagement will not impact their access to service provision.	0	1	2
Supportive services for current clients take precedence over any transition process to a professional role.	0	1	2
To avoid dual relationships, current clients interested in professional development are provided with leadership resources through other agencies.	0	1	2
Survivor leaders are consistently engaged in discussions about their professional goals.	0	1	2
Policies encourage self-care strategies and offer resources to all staff, consultants, and volunteers.	0	1	2
Section Score:		_out c	of 20

Practical Strategies and Tips

How did you do? Based on the assessment results above, consider some of the following strategies to improve your results. Talk with your leadership team and human resources department about how to effectively support survivors transitioning from clients to agency representatives.

Ethical Considerations

- Establish policies and procedures on assessing readiness and appropriateness of clients to transition to staff positions. Policies and procedures should ensure that those who are transitioning from client to agency representative are doing so in a way that is not exploitive.
- Anticipate and develop clear guidance to avoid dual relationships. Dual relationships occurs when a professional holds more than one relationship role with a client, survivor leader, volunteer, or staff member. This often occurs when one person is in a position of power (e.g., supervisor and client, manager and staff, organization and survivor leader consultant).
- Empower clients as survivor leaders. Cases where survivor leaders have recently exited trafficking situations, have open legal or civil cases, or are experiencing high levels of trauma-related symptoms should all be taken into account when building policies to assess readiness and needs. Ask survivor leaders who have active cases if a professional opportunity, such as a media interview, could impact their hearing. Do not limit professional engagement to public facing opportunities.

Be mindful of power dynamics!

If a case manager working with a survivor as a program participant asks their client to participate in a speaking engagement, it is a violation of ethics. Not only is this a dual relationship, in a role of helping professional and employer, there are also clear power dynamics in this relationship that might make it difficult to say no.

- Consider working with partner agencies for employment or consultant options specific to survivor leadership to avoid dual relationships with your organizations clients.
- Never share details of a survivor leader's trafficking case or experience without their explicit informed consent. Organizations that have provided services to survivor leaders as a part of exiting a trafficking situation must continue to maintain strict confidentiality.

Professional Considerations

- Provide fair, market-reflective compensation to survivor leaders who transition into any professional role. This includes a survivor leader who mentors, advises, or consults with an organization in any form. Volunteer positions should not be offered as an alternative to compensation for survivors seeking compensated work.
- Offer professional opportunities that do not solely revolve around publicly speaking about trafficking or disclosing of personal stories.
- Provide survivor leaders with choices in the kind of leadership they want to develop. Partner with leadership programs both inside and outside the anti-trafficking field. Equally important is proper research and vetting for all referral partners.
- Elicit feedback on interests and goals as people grow professionally—their goals may frequently change—and strive to honor these interests.

PROMISING PRACTICES | PARTICIPANT TO AGENCY REPRESENTATIVE

Jade, a survivor of trafficking, learned of a job opening on an anti-trafficking coalition from which she previously received support as a client. The position was for a volunteer coordinator and encouraged survivors to apply. Jade was relieved to see they accepted applications regardless of criminal history. Jade felt comfortable applying because the position outlined the coalition's commitment to social justice, empowerment, and inclusion of survivors in their work. The human resources department reviewed their policies about employing past clients as staff. Because it had been 5 years since Jade was a client, they offered her an interview.

During the interview, Jade was asked about her experience with training volunteers and was not required to disclose her trauma history. Jade left the meeting feeling valued, respected, and acknowledged. Jade was offered the position and met with human resources to receive her initial training on policies, operations, and safety procedures. As she began her role, she received ongoing professional development on trauma-informed work practices, leadership development, and on the coalition's crisis protocols. Jade was able to grow as a professional and felt that the agency was investing in her career.

Resources

Ethical Considerations

For additional resources and information, see Chapter 4: Organizational Policies and Procedures

- American Bar Association | Model Rules of Professional Conduct
- <u>American Nurses Association | Code of Ethics</u>
- <u>American Psychological Association | Ethical Principles of Psychologists and Codes of</u> <u>Conduct</u>
- National Association of Social Workers | Code of Ethics
- <u>GEMS | From Victim to Survivor, From Survivor to Leader: The Importance of Programming</u> and Opportunities for Commercially Sexually Exploited and Trafficked Young Women & Girls
- Peer Support Toolkit

Leadership Development

For additional resources and information, see Chapter 2: Mission, Vision, and Leadership

- Girls Educational and Leadership Institute
- Human Trafficking Leadership Academy
- <u>Rebecca Bender Initiative Elevate Academy</u>
- Wichita State University Center for Combatting Human Trafficking's Pathway to Prosperity
 Program

CHAPTER 7. TRAUMA-INFORMED SUPERVISION

Supervision provides an ongoing opportunity for support, professional development, and accountability across the organization. While staff are most frequently in contact with the supervisor of a project or program, this also applies to your work with volunteers and consultants. Assess your organization by answering the following questions:

Assessment: Supervision

Instructions: For each line, circle one answer indicating the degree to which your organization applies the approach (0=never, 1=occasionally, or 2=always).		Occasionally	Always
Supervisors receive training in trauma-informed management and supervision skills.	0	1	2
Supervision include a discussion of self-care and wellness, creating space for staff to identify their personal self-care goals.	0	1	2
Supervisors model self-care and encourage its practice within an organization.	0	1	2
Staff contribute equally to supervision agenda, discussion, and workplan.	0	1	2
Supervisors receive training on how to supervise a culturally and linguistically diverse staff, consultants, and volunteers.	0	1	2
Supervision asks questions that will assist the team in identifying its strengths and opportunities for growth.	0	1	2
Supervisors provide confidential space for staff to process their experiences, how they felt, and what emotions were elicited.	0	1	2
Performance improvement plans and disciplinary actions are addressed appropriately and in a confidential manner.	0	1	2
Section Score:		_out o	of 16

Practical Strategies and Tips

How did you do? Based on the assessment results above, consider some of the following strategies to improve your results.

- Ensure supervisors have the necessary tools and training to support their teams. Provide ongoing trauma-informed management and supervision training that reiterates the culture of the organization's supervision structure.
- Move beyond task management and include reflection between the supervisor and supervisee that fosters and builds on strengths of the individual while identifying growth areas.
- Encourage supervisors to model self-care. Include discussions on self-care and wellness, creating space for each staff to identify their personal self-care goals.
- Encourage and ensure survivor leaders are empowered to decide if, when, where, and how they want to disclose their personal experiences.
- Ensure staff contribute equally to the agenda, discussion, and workplan. Survivor leaders' opinions and experiences are encouraged and incorporated.
- Encourage staff to assess professional opportunities for possible trauma triggers and encouraged to discuss these with their supervisor or human resources.

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- Encourage clear communication from staff, consultants, and volunteers that respects boundaries and limitations of each individual.
- Consider hosting supervision outside of your office and in a space that feels neutral.
- Do not wait until annual reviews for feedback from your team. Allow for feedback during supervisions and team meetings to make improvement and growth an ongoing positive part of the organizational culture.
- Proactively check in on staff, consultants, and volunteers about how they are feeling about their workload, especially when responsibilities change.
- Train supervisors on how to normalize trauma responses and support their staff, consultants, or volunteers in a confidential and individualized manner.
- Encourage supervisors to identify their own personal biases, prejudices, privileges, and oppressions and receive training on how to mitigate these in their supervision of staff, consultants, or volunteers.
- Expose new staff to as many facets of the organization as possible during their orientation.
- Encourage peer-to-peer exchanges among staff, consultants, and volunteers. Some may benefit from shadowing other members of your team to improve understanding of their work, their role, the roles of others, and opportunities for collaboration.
- Address growth areas and disciplinary actions confidentially. Avoid overuse of disciplinary
 actions for slight infractions—this can be interpreted as a tool for control by instilling fear in
 employees.
- Use individualized growth plans for areas where staff can improve their performance.

PROMISING PRACTICES | TRAUMA-INFORMED SUPERVISION

Morgan exited a trafficking situation 6 years ago and has a passion to help others who have been exploited. Currently, he is a case manager for adolescents. Morgan's supervisor, Tasha, received management training that included trauma-informed supervision practices. Tasha and Morgan meet in a confidential space for weekly supervisions to discuss an agenda they develop together. Tasha encourages Morgan to engage in self-care and routinely solicits feedback regarding Morgan's experience of supervision.

Because Tasha creates a welcoming atmosphere, Morgan feels comfortable disclosing that he has been having nightmares about his trafficker. He thinks it's important to discuss this since he has had difficulty sleeping and arrived late three times this week. Tasha thanks Morgan for sharing what was impacting his work performance. They discuss strategies for self-care, and Tasha provides a list of counseling referrals and self-care resources that can accommodate his needs. Their conversation remains confidential.

Resources

Trauma-Informed Supervision

- Trauma Informed Oregon: Attunement and Self-Assessment in Supervision
- Supervision for Trauma-Informed Practice
- Reflective Supervision as Trauma Informed Care: One Agency's Experience

Toolkit

CHAPTER 8. MARKETING, TRAINING, AND FUNDRAISING

Media and presentations can be thwarted by sensational stories and graphic or exaggerated images used for shock value. Sharing graphic stories may grab the audience's attention, but highlighting salacious details to shock your audience perpetuates myths and misconceptions about victims of human trafficking that can be damaging to survivor leaders. Assess your organization by answering the following questions:

Assessment: Marketing, Training, and Fundraising

Instructions: For each line, circle one answer indicating the degree to which your organization applies the approach (0=never, 1=occasionally, or 2=always).			Always
Survivor leaders are not pressured to share their trauma story.	0 Never	1	2
Survivor leaders have control of when, how, and why they share personal details about their story.	0	1	2
Survivor leaders are offered diverse opportunities to participate in marketing, training, and fundraising that do not involve public speaking.	0	1	2
Survivor stories are shared only with their explicit knowledge and informed consent.	0	1	2
Full disclosure of event details are provided to survivor leaders before they consent to participate. Survivor leaders are encouraged to reflect on the permanency of video recordings and photography before they consent to participate in an event.	0	1	2
Marketing, training, and fundraising reflect accurate and diverse stories of survivor leaders, including in branding and across all public facing materials and training. Stereotypes and misconceptions are dispelled.	0	1	2
Survivor leaders are fairly compensated for participating in any organizational activities.	0	1	2
Minors are not asked to share their personal history of exploitation publicly.	0	1	2
Training, fundraising, and media are not focused on recounting traumatic events from trafficking situations. Stories are not overgeneralized or sensationalized.	0	1	2
Survivor leaders are offered relevant skill training before engaging in events.	0	1	2
The organization has a clear policy on the process in which clients may engage in outreach, awareness raising, or fundraising opportunities. The opportunity clearly provides the client with leadership development, compensation, and/or other agreed upon benefits to their own personal journey.	0	1	2
Survivor leaders are encouraged to assess and mitigate safety risks with support from the organization.	0	1	2
Resources for support and self-care are provided as needed.	0	1	2
Section Score:		out of	f 26

Practical Strategies and Tips

- Survivor leaders should always remain in control of the when, how, and why of sharing personal details about their story.
- Be mindful of power dynamics. If a case manager working with a survivor as a program participant asks their client to participate in a speaking engagement, it is a violation of ethics. Not only is this a dual relationship, in a role of helping professional and employer, there are also clear power dynamics in this relationship that might make it difficult to say no.

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- Consider additional ways survivor leaders can participate in organizational marketing, training, and fundraising efforts that do not include public speaking or sharing any aspect of their personal trauma history. Make an effort to match this with their skill set and personal career goals. For example, if someone enjoys writing, they can support the creation of an awareness blog or media campaign or edit a training curriculum.
- Offer relevant skill training for survivor leader staff and volunteers. Relevant training for the role can also include training on office-related computer programs such as Excel, Publisher, Outlook, and other office related work.
- Offer diverse opportunities for professional engagement and include training, researching laws and policy, peer mentoring, leading support groups, communication manager, blogging, newsletters, and social media editorial calendars.

Compensation

- Include a budget for engaging with survivor leaders as consultants.
- Conduct research on payment and benefits for comparable positions across the United States, and ensure fair compensation for anyone who perform any work that benefits the organization.
- Develop a contract that outlines the scope of work, hours, and compensation.
- If a survivor leader is accepting a role solely due to financial necessity, work with them to identify other means of employment to avoid exploiting their situation for the benefit of an organization.

Marketing

- Apply guiding principles to evaluate requests for survivor leader story sharing, and ensure the principles take precedence over marketing, training, and fundraising needs.
- Move away from trauma history-focused training, fundraising, and media. Expand the trafficking narrative beyond that of victimization to empower communities and individuals with a focus on resiliency, strength, and healing.
- Avoid sensationalized stories and images such as dark, shadowy alleys; women and children with little clothing; individuals with tied, bound, or chained hands; gagged or taped mouths; and inaccurate representations of communities. Instead, consider images that depict resiliency, diversity, and strength through animations, drawings, or photos of locations.
- Hire a survivor leader consultant or consult with survivor leader networks and other advisory councils if you are unsure if materials are misleading.
- Reflect accurate and diverse stories in marketing, branding, and communication. Be mindful of perpetuating any cultural stereotypes. Some cultures and ethnicities are often attributed to certain types of trafficking. For example, labor trafficking does not always involve migrant farmworkers from Central America, and child trafficking does not always occur to children from Southeast Asia. Organizations have the power to change public perception with more culturally sensitive and responsive narratives of trafficking.
- Assess outreach and marketing opportunities and materials to avoid stigmatizing certain communities or cultures.
- Ensure cultural diversity of perspectives and cultures. Do not ask individuals from a specific group to speak for an entire group (e.g., all survivor leaders, tribal members, or other minority or underserved communities).

Toolkit

Informed Consent and Confidentiality

- Ensure confidentiality and disclosure preferences of the survivor leaders are discussed early on and revisited as necessary.
- Do not pressure survivors to share their trauma story. Survivor leaders should be encouraged to share their expertise without focusing on their trauma story.
- Do not share survivor stories without explicit knowledge and informed consent.
- Consult with survivor leaders to provide informed consent each time they choose to share their story.
- Ensure full disclosure and informed consent for all requests by providing a clear understanding of exactly what an engagement entails. This includes:
 - Audience information, including background (general public, law enforcement, etc.) and the anticipated amount
 - Duration of time
 - Video recordings, photography, and media presence
 - Compensation
 - Question-and-answer format
 - Responsibilities such as facilitation or training
- Never assume that a survivor leader who agreed to one engagement will agree to another. Each engagement is separate and distinct.
- Support survivor leaders in assessing and mitigating safety risks associated with speaking events, media engagements, or other projects so they can make an informed choice. Remember, it is important to provide information for survivor leaders to make informed choices and that these choices are made by the individual, not the agency.
- For safety and confidentiality, the survivor leader's preference for use of their name, likeness, and story should be honored and protected. The choice of having their information published belongs to the survivor leader and should always be discussed prior to the event.

Media, Photography, and Video Recordings

- Process the long-term impacts of media interviews and public speaking with survivor leaders who are new to the field. Help them think about the long-term nature of online media that may result in people recognizing them in public places as a survivor of human trafficking or the impacts it might have if they do not choose to participate in future anti-trafficking activities.
- If a survivor leader's story is recorded but the individual does not give consent for ongoing use
 of organizational activities, it is a violation of confidentiality and informed consent to use it in
 other settings. Audio and video recordings should never be used as a way to avoid continued
 compensation for survivor leaders in organizations but can be a helpful tool for survivor leaders
 who might want to share parts of their story with anonymity.

Self-Care

- Recognize that survivor leaders are diverse in experience levels, preferences, and needs.
- Be ready to provide resources and supportive services to survivor leaders when appropriate.
- Discuss with survivor leaders what would be helpful for them.

 Do not force anyone to use resources offered. One survivor leader might welcome access to supportive services if they experience a trauma response, while a seasoned speaker might prefer to use their own established self-care strategy.

PROMISING PRACTICES | MARKETING, TRAINING AND FUNDRAISING

Tracy asks Organization X to refer her for any speaking engagements. Knowing Tracy has minimal experience in public speaking, Organization X sends Tracy to a training that helps her refine her skills. A month later, Tracy agrees to speak to a college campus with an experienced co-presenter from Organization X. Organization X prepares her by discussing in detail the purpose of the training, the target audience, the number of participants, the timeframe, and other logistics. They even prepare Tracy for the types of questions that may be asked. Organization X offers to help Tracy practice her presentation, and they encourage her to bring a support person to the event. They encourage Tracy to only share what she feels comfortable sharing about her trafficking experience.

The presentation goes well. Tracy debriefs with her support person and Organization X. Organization X encourages Tracy to continue talking to her support system about this experience, and provides her with some information on self-care strategies that have worked for other colleagues.

Resource

U.S. Department of State Media Best Practices

CONCLUSION

This Toolkit is a part of a movement to improve survivor leader engagement in broad anti-trafficking efforts. In working with diverse stakeholders and partners to develop the guiding principles proposed in this Toolkit, two things became clear. First, it is not enough for these practices to be selectively applied for individuals who outwardly identify as survivor leaders. They must be woven into the fabric of how organizations engage with all staff, volunteers, consultants, and other professionals in person-centered environments. In essence, successful survivor leader engagement will only be possible when agencies are able to build thoughtful, empowering, trauma-sensitive, ethical, and culturally relevant practices for everyone, including individuals who experienced human trafficking.

Second, it is essential that organizations allow each individual to lead their own personal and professional journey. This means individuals, not organizations, decide how, when, and where to share their experiences with human trafficking. It challenges the field to get more creative about the language it uses, the types of roles and engagement that are designed, and the ways in which survivors are engaged as leaders. As a part of this, we must cast aside assumptions about survivors, which can be harmful and lead to the isolation, disqualification, or tokenism of individuals who have experienced human trafficking in organizational engagement.

This Toolkit will continue to grow with the feedback, perspectives, and inclusion of diverse stakeholders. With collective commitment from diverse organizations and institutions to integrate meaningful changes, there is a substantive opportunity to improve the way in which all stakeholders of the anti-trafficking field, including survivor leaders, are engaged with dignity, respect, and value for their expertise to create a world free of exploitation.

To request training and technical assistance to build your team's capacity in applying these principles, or if you have resources or information that you would like to see included in this Toolkit, email <u>info@nhttac.org.</u>

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GLOSSARY

Anxiety	A mental health response that frequently occurs after an individual experiences psychological trauma. Anxiety impacts the nervous system and causes uncomfortable body sensations such as hypervigilance and heart palpitations. A high rate of anxiety has been reported among survivors of human trafficking due to heightened stress hormones in the body, which are released in response to compromised safety and abuse. Anxiety can also be triggered during trainings, presentations, and other stressful work situations for individuals with a history of trauma (American Psychiatric Association, 2013).
Autonomy	The ability to be free from external control or influence. Survivors of trafficking have often lost the freedom to make decisions or exert control over their own life while exploited. Gaining back control and self-determination is central to healing and to creating a life of one's choosing (<i>Sanar</i> Wellness Institute, 2017b).
Burnout	A phenomenon experienced by professionals or community members when they are frequently exposed to traumatic situations. Burnout is increased by the severity of the trauma such as working with individuals who have been impacted by human trafficking, training on trauma-related content, and working environments that do not promote self-care or trauma-informed practices. Burnout can impact executive function, mental health, physical health, and the ability to continue providing effective support. Individuals experiencing burnout may report feeling tired, have difficulty sleeping, or even use substances for self-medication to relieve burnout symptoms (<i>Sanar</i> Wellness Institute, 2017b).
Commercially sexually exploited child or youth	A child or youth who is exploited in the commercial sex industry for the financial benefit of another person. Because minors exploited in the commercial sex industry do not have the ability to consent to a sex act, the elements of force, fraud, and/or coercion are not necessary. Therefore, youth ages 18 and younger engaging in the commercial sex industry rise to the level of human trafficking. This can include vulnerable youth and children engaging in survival sex (Office of Juvenile Justice and Delinquency Prevention, 2014).
Community-led	Includes a participatory process where community stakeholders identify and define locally owned goals. Community members are leaders and active participants in change efforts (Movement for Community-Led Development, 2017).
Compassion fatigue	A form of burnout that impacts staff, volunteers, mentors, and other professionals' ability to feel empathy toward individuals who have experienced human trafficking or other forms of trauma. For example, a professional can become desensitized to the severity of hearing trauma stories due to how often they are exposed to severe trauma. Compassion fatigue is different than setting health self-care boundaries because it manifests often in feelings of resentment, minimizing, and disconnection. Compassion fatigue may also impact one's personal life and impair the ability to feel empathy toward family or friends (Baird & Kracen, 2006).

Complex trauma	The lived experience of multiple traumatic events over one's lifetime (e.g., a human trafficking situation, ongoing physical or sexual abuse, or intimate partner violence) (<i>Sanar</i> Wellness Institute, 2017a).
Conflict of interest	An ethical conflict that can arise in diverse professional practices and includes exploitation for individual or organizational gain, dual relationships, and solicitation of a client for testimony for personal or organizational gain (National Association of Social Workers, 2008).
Culture	Customary beliefs, social forms, and material traits of a racial, religious, or social group; also includes the characteristic features of everyday existence shared by people in a place or time (Office of Minority Health, 2014).
Cultural competency	Ability to interact respectfully and effectively with individuals from different cultural backgrounds and practices (Substance Abuse and Mental Health Services Administration, 2016).
Cultural norms	Behavioral standards that a culture follows, which dictate how individuals within the culture interact with one another (World Health Organization, 2009).
Cultural sensitivity	Knowledge and respect for the morals, behaviors, and beliefs of other cultures, which can include race, ethnicity, sexual orientation, gender roles, and religion. Acknowledges that no one person can be completely competent in culture but takes cultural differences into account when providing competence and specialized care to meet an individual's needs (World Health Organization, 2009). Cultural sensitivity also includes an understanding of how exploitation occurs in various cultures to avoid triggering, minimizing, or inadvertently blaming survivors (Author).
Dissociation	A mental health condition with symptoms that create a feeling of disconnection from an individual's body and mind. Symptoms include short-term memory loss, difficulty in concentration, and forgetfulness. A person who has dissociated often has a sense that they lost track of time. Dissociation can be triggered as a part of the individual's stress response in the workplace during trainings, speaking engagements, or other trauma triggers in settings like supervision (American Psychiatric Association, 2013).
Dual relationship	Occurs when a professional holds more than one relationship role with a client, survivor leader, volunteer, or staff member. This often occurs when one person is in a position of power (e.g., supervisor and client, manager and staff, organization and survivor leader consultant). This presents unequal power dynamics in relationships that result in ethical conflicts and potential exploitation and re-traumatization (National Association of Social Workers, 2008).

Empathy	Awareness and sensitivity to another individual's experience based on the ability to understand the pain or challenges they are experiencing. This is different from sympathy, in that empathy is based on the human connection to access the feelings of pain and discomfort from their experience and apply it to someone else. Empathy does not mean that one can understand exactly what another is feeling but acknowledges the human connection of many of these feelings (Author).
Employee Assistance Program (EAP)	A voluntary program offered and operated by employers to assist employees with mental health, well-being, and other personal challenges. EAPs offer services in a confidential manner and can include counseling, assessments, and referrals for alternative services. These services help employees work through various situations that may adversely affect job performance, health, and personal well-being (United States Office of Personnel Management, 2008). EAPs can provide advanced planning for situations like organizational changes, legal considerations, emergency planning, and responses to unique traumatic events. For more information, please visit <u>https://www.opm.gov/policy-data-oversight/worklife/reference- materials/eapguide.pdf</u>
Evidence-based practices	Measures supported through scientific and rigorous research. Evidence-based practices include a measurement of reliability and validity and have a statistical significant casual impact on expected positive outcomes. These practices have also undergone multiple research studies to ensure that the outcomes are clinically significant. Evidence-based practices are strongly recommended in all programs and organizations (Substance Abuse and Mental Health Services Administration, 2017).
Gender-responsive	Awareness surrounding the different needs for various genders and responding in appropriate ways to fit the needs of each gender and gender expression. Gender responsiveness also includes awareness of the added vulnerabilities for individuals who are female identified or on the LGBTQI spectrum (Author).
Human stress response	A reaction during a stressful situation that can include the basic human instinct of fight, flight, or freeze. The human stress response is triggered during situations of trauma, including human trafficking. Stress responses can also be triggered in the workplace after watching a particularly graphic video, telling a trauma history story, or even through the tone in which an individual is addressed by a colleague, supervisor, or client (<i>Sanar</i> Wellness Institute, 2017a).
Human trafficking	The Trafficking Victims Protection Act of 2000 (TVPA) as amended (22 U.S.C. § 7102) defines "severe forms of trafficking in persons" as: Sex trafficking: the recruitment, harboring, transportation, provision, obtaining, patronizing, orsoliciting of a person for the purpose of a commercial sex act, in which the commercial sex act isinduced by force, fraud, or coercion, or in which the person induced to perform such act has notattained 18 years of age; (and) Labor trafficking: the recruitment, harboring, transportation, provision, or obtaining of a personfor labor or services, through the use of force, fraud, or coercion for the purpose of subjectionto involuntary servitude, peonage, debt bondage, or slavery (OTIP, 2017).

Informed consent	Involves the full disclosure of any risks of benefits to an individual as a part of consenting to any service, relationship, or engagement. Informed consent includes providing this information in language that is accessible to the individual (American Psychological Association, 2016).
LGBTQI	An acronym referencing the spectrum of various sexual orientations and gender expressions. The acronym stands for lesbian, gay, bisexual, transgender, queer/questioning, and intersex. Sexuality and gender expression can often be expressed along the spectrum, and individuals with similar sexual orientation may identify with different labels (Author).
Mindfulness	Focused attention on sensory experiences such as breathing, eating, walking, meditation, and felt body sensations. It is focused awareness that is deliberate and intentional. It also includes the observation of one's own thoughts and feelings, without judging them or identifying with them, recognizing them as passing thoughts or feelings, like passing images projected onto a blank screen. Mindfulness is an important tool in creating trauma-informed workplaces and trainings, and it is a wonderful self-care tool (<i>Sanar</i> Wellness Institute, 2017b).
Neuroplasticity	The brain's ability to heal from traumatic experiences. Studies in neuroplasticity show that the neuro networks in the brain can be healed and reconnected with the right trauma recovery modalities. Individuals who actively experience trauma symptoms can often benefit from trauma-specific therapy and evidence-based modalities to overcome past trauma (Van der Kolk, 2015). This is an important part of readiness for survivor-identified or individuals who have been trafficked working in the anti-trafficking field.
Organizational culture	Shared missions, values, beliefs, and norms that influence and define how groups of individuals working in an organizational environment think, act, and behave. Organizational culture can trigger trauma for individuals in certain situations where trauma-informed practices are not followed (Author).
Parasympathetic nervous system	A bodily system that slows down the heart rate, calms the muscles in the body, and helps with digestion and wound healing. Activities such as yoga and meditation engage the parasympathetic nervous system. The sympathetic nervous system governs the basic human instinct of fight, flight, or freeze, and the parasympathetic nervous system engages the "rest and digest" functions of the body (putting the body into a state of "coherence") and engages the body's natural healing response (Author).
Person-centered	Practices that give the client control to select services that are appropriate to them, including the amount, duration, and scope of services, as well as choice of providers (Substance Abuse and Mental Health Services Administration, 2016).

Posttraumatic stress disorder (PTSD)	A mental health condition that often occurs after a traumatic experience. PTSD symptoms include vivid flashbacks, repetitive thoughts or images of the traumatic event, or sensory triggers that re-create the felt experience of the traumatic incident. Individuals experiencing PTSD often benefit from trauma-informed services such as psychotherapy, mindfulness, trauma-sensitive yoga, expressive arts therapy, and other sensory-based modalities that assist in symptom reduction (Substance Abuse and Mental Health Services Administration, 2015).
Primary trauma	First-hand trauma, that is, trauma that happened to a person (<i>Sanar</i> Wellness Institute, 2017b).
Privacy and confidentiality	Involves more than withholding personal information. This also includes not asking for unnecessary information from an individual that is either not relevant or could result in any form of harm. This includes not asking for information on trauma history of an individual when it is irrelevant to provide services or carry out a role (American Psychological Association, 2016).
Promising practices	Programs or modalities that have shown positive results but have not undergone the rigorous evaluation of evidence-based practices. These practices are emerging and/or newly utilized practices with survivors of human trafficking that have shown initial positive outcomes (Author).
Re-traumatization	The feeling, sensations, and symptoms of being traumatized due to a reminder of an individual's trauma history. Re-traumatization can happen when individuals are asked to share their story or are in public arenas where they may experience shame or embarrassment about their trauma. It can also occur in the workplace when individuals have experiences that mirror their abuse, power dynamics, or relationships from past trauma and/or their trafficking situation (<i>Sanar</i> Wellness Institute, 2017b).
Secondary trauma	Exposure to trauma through a secondary source, for example, a hotline operator or case manager hears graphic details of a trafficking situation from a client (<i>Sanar</i> Wellness Institute, 2017b).
Secondary traumatic stress	A situation that occurs when an individual is exposed to traumatic situations in their job responsibilities or are exposed to traumatic content that triggers responses to trauma and stress. Secondary traumatic stress presents with the same symptoms as PTSD and may include nightmares, intrusive thoughts, hypervigilance, and many other severe symptoms (Baird & Kracen, 2006).
Self-care	The practice of incorporating personal care routines and tools into daily life. Methods include regular exercise, healthy daily habits, emotional support, and activities for stress relief such as yoga, expressive arts or creative expression, and other holistic treatments such as massage therapy. Self-care is a critical part of trauma-informed work cultures and prevents burnout, secondary traumatic stress, and vicarious trauma (<i>Sanar</i> Wellness Institute, 2017b).

Sensationalism	The use of shocking stories, images, or accounts focused on increasing public attention without the consideration of accuracy, impact, or the further negative perception and stereotypes it may cause (Bender, 2014).
Sensory-based modalities	Methods that incorporate the five senses: smell, touch, hearing, taste, and sight. Examples of these modalities include aromatherapy for the sense of smell, the use of stress balls in a therapeutic session for the sense of touch, playing the piano for the sense of hearing, or using visual art in an expressive arts therapy session for the sense of sight. (<i>Sanar</i> Wellness Institute, 2017a).
Sensory-based resources	Resources that incorporate the five senses: smell, touch, hearing, taste, and sight (e.g., aromatherapy, stress balls, music, and art). Incorporating sensory-based grounding tools in the workplace creates a trauma-informed environment (<i>Sanar</i> Wellness Institute, 2017a).
Sensory memory	During stressful or traumatic situations, the brain encodes memory through the senses. Memory is not stored as a linear timeline perspective but is based on the five senses of smell, taste, sight, hearing, and touch (Van der Kolk, 2015).
Sexual exploitation	The use of force, fraud, or coercion to manipulate an individual to engage in sex acts that do not always include a commercial element. This can include sexual abuse, pornography, and other forms of sexual violence (U.S. Department of State, Office to Combat and Monitor Trafficking in Persons, 2017).
Simple trauma	The lived experience of a single traumatic event such as a car accident, sexual assault, or divorce (<i>Sanar</i> Wellness Institute, 2017b).
Solutions-focused	An apporach to identify strengths of individuals and apply a goal-focused orientation to problem solving. These strengths and problem-solving skills are highlighted and used to overcome challenges that may arise (Author).
Survivor (of human trafficking)	Someone who has survived the trauma of being a victim of human trafficking. It has been seen by many as an empowering term in the social services field to promote strength and resiliency for the individual who has experienced trauma. However, identification as a survivor is a choice, and each person with a trauma history has the right to choose how they self-identify. Do not assume that someone who has experienced human trafficking identifies as a survivor or should be referred to as such in a professional setting (Author).
Survivor leader	An individual who has survived human trafficking and is making an empowered choice to engage in anti-trafficking and/or other allied fields. Survivor leadership is a choice made by some individuals that should not confine or limit the types of engagement to just that of their experience as a survivor. Do not assume that someone who identifies as a survivor leader should be referred to as such in a professional setting or that identification as a survivor leader makes it acceptable to inquire about someone's past experience with human trafficking and/or trauma (Author).

Survivor-centered approach	A human rights-based approach that holds the survivor's needs as paramount in service and program delivery. The approach ensures survivors are treated with respect and avoids exposure to adverse effects such as victim blaming. Program delivery is predicated on providing survivors with up-to-date comprehensive information that allows a survivor to make an informed decision in choosing his or her own course of action. A survivor's privacy and confidentiality is protected, and services are delivered in a nondiscriminatory manner (Author).
Strengths-based	Refers to services that focus on the resiliency and strengths of individuals and seeks to draw out and highlight capabilities—as opposed to deficits. This term is often used in the social services field as an internal organizational cultural element (Author).
Sympathetic nervous system	A bodily system responsible for the arousal response such as the fight, flight, or freeze response experienced in a traumatic situation. This nervous system is easier and faster to engage than the parasympathetic system. The nervous system is like a huge electric wiring network that connects the brain to every single part of the body (Author).
Tokenism	A superficial practice to create the impression or appearance of social inclusivity and diversity; includes members of minority or underrepresented groups, including survivor leaders and individuals who have been trafficked, as a symbolic gesture to avoid criticism (Bender, 2014).
Trauma-informed	A methodology or approach of an organization in how it operates, provides services to clients, and is reflective at all levels of an agency. Trauma-informed practices include mindfulness of comprehensive factors that may impact individuals who have experienced trauma or come in contact with trauma. It also incorporates a strong understanding of how trauma affects the brain, including PTSD and other common responses to trauma (Substance Abuse and Mental Health Services Administration, 2015).
Trauma-related symptoms	Physical, emotional, and psychological manifestations that include anxiety, depression, dissociation, suicidality, hypervigilance, and a diverse range of other symptomology. These symptoms can be a direct correlation to the trauma experience and can impact executive functioning such as concentration and memory. Some individuals who experience trauma may have existing mental health conditions exasperated by the trauma they endured (<i>Sanar</i> Wellness Institute, 2017a).
Trauma response	A reaction triggered when exposed to a highly stressful situation; can include the basic human instinct of fight, flight, or freeze. Trauma responses can also be triggered in the workplace after exposure to trauma-related stimuli (Van der Kolk, 2015).
Trauma-sensitive	To respond mindfully, with care, to the physical, emotional, and psychological trauma that may impact individuals who have experienced human trafficking. Responses to each individual are unique and cater to each person's specific experience (Author).

Traumatic stress	Stress induced during a traumatic event, often resulting in symptoms of anxiety, depression, and hypervigilance (Baird & Kracen, 2006).
Vicarious trauma	A response that can occur when a helping professional or community member internalizes the trauma experienced by an individual they are helping as if it is their own. The helper may start to have similar trauma symptoms, experience disturbing thoughts, and feel hypervigilant (<i>Sanar</i> Wellness Institute, 2017b).

References

- American Psychological Association. (2016). *Ethical principles of psychologists and code of conduct.* Washington, DC: American Psychological Association.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th Ed.).* Washington, DC: American Psychiatric Association.
- Baird, C., & Kracen, A. C. (2006). Vicarious traumatization and secondary traumatic stress: A research synthesis. *Counselling Psychology Quarterly*, *19*(2), 181–188.
- Bender, R. (2014). Sensationalism, re-traumatization, and tokenism. In *Elevate: Mentoring Toolkit*. The Rebecca Bender Initiative, Elevate Academy. Retrieved from http://www.rebeccabender.org/elevate
- Human Trafficking Leadership Academy Cohort 2017 (2017). Survivor-informed practice: Definition, best practices, and recommendations from the Human Trafficking Leadership Academy, 2017. National Human Trafficking Training and Technical Assistance Center. Retrieved from https://www.acf.hhs.gov/otip/resource/htlasipractice.
- Movement for Community-Led Development. (2017). *Defining community-led development.* Retrieved from https://communityleddev.org/definition/
- National Association of Social Workers. (2008). Code of ethics of the National Association of Social Workers. Washington, DC: NASW Press.
- Office of Juvenile Justice and Delinquency Prevention. (2014). *Commercial sexual exploitation of children/sex trafficking*. Retrieved from https://www.ojjdp.gov/mpg/litreviews/CSECSexTrafficking.pdf
- Office of Minority Health. (2014). *National culturally and linguistically appropriate service standards*. U.S. Department of Health and Human Services. Retrieved from https://www.thinkculturalhealth.hhs.gov/clas
- Sanar Wellness Institute. (n.d.) Sanar's mission and vision. Retrieved from http://www.sanarinstitute.org/new-page-3/.
- Sanar Wellness Institute. (2017a). Trauma and the brain. Newark, NJ: Sanar Wellness Institute.
- Sanar Wellness Institute. (2017b). *Trauma-informed services provision Toolkit.* Newark, NJ: Sanar Wellness Institute.
- Substance Abuse and Mental Health Services Administration. (2014). *Guiding principles of traumainformed care*. Retrieved from https://www.samhsa.gov/samhsaNewsLetter/Volume_22_Number_2/trauma_tip/guiding_principl es.html

- Substance Abuse and Mental Health Services Administration. (2015). *Trauma-informed approach and trauma-specific interventions*. Retrieved from https://www.samhsa.gov/nctic/traumainterventions
- Substance Abuse and Mental Health Services Administration. (2016). Cultural competence. Retrieved from https://www.samhsa.gov/capt/applying-strategic-prevention/cultural-competence
- Substance Abuse and Mental Health Services Administration. (2017). *National registry of evidence*based programs and practices. Retrieved from https://www.samhsa.gov/nrepp
- United States Office of Personnel Management. (2008). *Federal employee assistance programs.* Retrieved from <u>https://www.opm.gov/policy-data-oversight/worklife/reference-materials/eapguide.pdf</u>

United States Department of Health and Human Services, Administration for Children and Families, Office on Trafficking in Persons. (2017). *Look Beneath the Surface Fact Sheet.* Washington D.C. Retrieved from https://www.acf.hhs.gov/sites/default/files/otip/fact_sheet_human_trafficking_fy18.pdf

Van der Kolk, B. (2015). The body keeps the score. New York, NY: Penguin Books.

World Health Organization. (2009). *Changing cultural and social norms that support violence.* Geneva: WHO Press.

APPENDIX A

Toolkit

Survivor-Informed Practice

This document was developed by fellows of the 2017 Human Trafficking Leadership Academy (HTLA) organized through the National Human Trafficking Training and Technical Assistance Center (NHTTAC) and Coro Northern California. A team of six non-government service providers and six survivor leaders worked together to develop recommendations on how to enhance service provision to survivors of human trafficking or those at risk of human trafficking using trauma-informed practices and survivor-informed principles. The fellowship is funded by the Office on Trafficking in Persons (OTIP) and the Office on Women's Health (OWH) at the U.S. Department of Health and Human Services (HHS). The recommendations and content of this document are those of the authors and do not necessarily represent the views of OTIP, OWH, or HHS.

A survivor-informed practice includes meaningful input from a diverse community of survivors at all stages of a program or project, including development, implementation, and evaluation. The following tool has been developed to assist organizations in (1) assessing the degree to which their project or programming is survivor informed and (2) in identifying areas for improvement. Three areas for assessing survivor-informed practice are included.

Instructions: For each line, circle one answer, indicating the degree to which the practice is adhered to (never-0, occasionally-1, or always-2). Section scores identify areas of strength and weakness; total score indicates the degree to which a program or project is survivor informed.		Occasionally	Always
Meaningful input	Never	õ	Alv
Program/project provides employment opportunities for survivors.		1	2
Survivors serve in leadership positions for the program/project (management, advisory board, etc.).	0	1	2
In the absence of survivor staff, survivor consultants are hired to provide input.		1	2
If direct survivor input is unavailable, survivor-developed guidance and resources are utilized.	0	1	2
Section Score:		out of 8	
From a diverse community of survivors			
Survivor input represents both sex and labor trafficking perspectives.	0	1	2
Survivor input represents both domestic and foreign-national perspectives.		1	2
Survivor input represents other diverse survivor perspectives (adults, minors, LGBTQ survivors, etc.).	0	1	2
Project/program incorporates best practices from other survivor-informed fields (domestic violence, etc.).	0	1	2
A strengths-based process is in place for determining appropriate areas and levels of survivor engagement.		1	2
Section Score:		out of 10	
At all stages of a program or project			
Survivor expertise is accessed in the development of initial program/project design.		1	2
Survivor input is incorporated into development of policies and procedures.		1	2
Survivor input is incorporated into the creation of program/project materials.		1	2
Survivor expertise is accessed throughout program/project implementation.		1	2
Survivor expertise is accessed in evaluation of program/project.		1	2
A process is established and utilized for obtaining feedback from survivor participants.			2
Section Score:		out of 12	
TOTAL SCORE:		out of 30	