

ABSTRACT

AWARENESS TRAINING FOR CHILD SOCIAL WORKERS ASSISTING
COMMERCIALY TRAFFICKED FEMALE YOUTH:
A CURRICULUM

By

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Female youth all over the world and in the United States are being trafficked for the use of labor or prostitution. Their experiences entail rapes, violence, abuse, and torture while their traffickers reap extensive monetary compensation. These adolescents often times cross the path of child social workers and go unnoticed or do not receive the appropriate level of care due to the lack of knowledge of their experiences. Therefore, this curriculum will provide awareness training on Commercial Human Trafficking (CHT) for child social workers. The thesis curriculum will offer an introduction to CHT, the trafficking underground system, the abuse and effects experienced by the youth, and the best practices to assist this population. In addition, a cultural component is included.

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COMMERCIALY TRAFFICKED FEMALE YOUTH:
A CURRICULUM

A THESIS

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CHAPTER 1

INTRODUCTION

Purpose of the Curriculum

The program goals are to increase awareness of Commercial Human Trafficking (CHT) among social workers and for the worker to be better equipped to attend to the emotional, mental, physical, and psychological traumas of the female youth population. The first objectives will be for child social workers to have increased knowledge of the prevalence of CHT, trafficking underground system, abuse experienced by the youth, and the effects of the abuse. The second objective is for child social workers to be able identify the youths' physical, emotional, mental, and psychological needs, and be able to provide the appropriate resources for each need/child.

Rationale for the Curriculum

There is a need for child social workers to become familiar with trafficked female youth in the child welfare system. The goal is for the workers to not only identify the youth but to also address their mental, emotional, and psychological needs so they do not fall back into the same trap again. At this time it is not known if child welfare agencies or child social workers have programs or specific protocols to follow when encountering a minor who has been commercially exploited (Kotrla, 2010).

Commercial Human Trafficking

One hundred and fifty years ago, President Abraham Lincoln announced the Emancipation Proclamation on September 22, 1862 (Department of State, 2012) indicating that all slaves in rebellious states should be freed (Chamber, 2013). In 1865, the 13th Amendment of the Constitution was created, which abolished slavery in the United States (Chamber, 2013). However, despite the laws prohibiting bondage, evidence shows that women, men, and children are still being violated in what today is called, Commercial Human Trafficking (CHT; Todres, 2010). Hossain, Zimmerman, Abas, Light, and Watts (2010) define CHT as, recruiting individuals through the use of physical force, intimidation, or by deception in order to exploit and abuse them. CHT is also known as Modern Day Slavery (MDS) and it entails three subsets of bondage in the labor, sex, and other non-specified trades (McClain & Garrity, 2011). Although statistics are difficult to obtain because trafficking is considered an underreported crime, it is estimated that 39.3 million people nationally are being forced into either sex and/or labor exploitation. More than half of those survivors are females (Hossain et al., 2010) with the ages of 12-17 being the most predominant (McClain & Garrity, 2011). The nationality of the females vary but the U.S. Department of Justice reports that the majority of survivors confirmed to being trafficked from 2008–2010 were African American (167), followed by Hispanics (129), Whites (106), unknown (63), other (35), and Asians (26). These statistics slightly change when separating the trafficking subsets. Sixty three percent of labor trafficking cases were Hispanic, 40% African American, 26%

White, and 17% Asian. Whereas for sex trafficking, 62% were African American and 48% were Hispanic (Banks & Kyckelhahn, 2011).

Research indicates that 12.3 million people are being recruited or forced into the labor industry with minimal to no monetary compensation (Hossain et al., 2010). For female youth, this may include forced labor for personal servitude (housekeeping), sweatshops, agricultural, a variety of jobs in hotels and food facilities, nail salons, and/or at massage parlors (Logan, Walker, & Hunt, 2009). More specifically, the U. S. Department of Justice noted in a Special Report, that 11% of the trafficking cases opened between January 2008 through June 2010 were classified as labor trafficking (Banks & Kyckelhahn, 2011). On the other hand, California reported 23% of labor cases and yet, the data demonstrates that this subtype is also under reported and estimated to be 3.5 times as prevalent as sex trafficking (Department of State, 2012).

According to Williamson and Prior (2009), youth sex trafficking is defined as recruiting, obtaining by force, transporting, delivering, or concealing an individual who is 18 years or younger, for the sale/trade of sex attacks. It is projected that 27 million people nationally are being trafficked for the purpose of sexual exploitation (McClain & Garrity, 2011). Narrowing down the problem, state officials have found that 98% of the survivors are females with an average age of 12-14. Likewise, 72% are U.S. citizens and 16% are transported into the United States from foreign countries (California Attorney General Human Trafficking Work Group, 2012). Since the discovery that the majority of juveniles are being targeted right from our own back yard, researchers coined the crime, Domestic Minor Sex Trafficking (DMST). This type of bondage affects many minors

across the United States but the state of California has the highest number of cases reported. For example, the California Attorney General Human Trafficking Work Group (2012) reported that The National Human Trafficking Resource Center (NHTRC) received 19,427 human trafficking calls worldwide. Out of the phone calls received, 1,869 or 10% came from California and 76% of those cases were reported as sexual exploitation. As a result, sex trafficking is a large scale issue that needs to be addressed through all avenues possible in order to save those who are affected.

The females who are pursued and victimized end up enduring a number of traumas and abuse that may lead to severe mental, emotional, and psychological disorders. Williamson and Prior (2009) indicate that the most common forms of violence experienced by female youth are robbery, rape, and physical assault. Oftentimes, teens are left with broken bones, sexually transmitted diseases, and/or concussions. (McClain & Garrity, 2011). They are also tortured by being severely restricted to their basic needs, such as food and freedom. For example, they have no control on when they eat or sleep (Hossain et al., 2010). In turn, the trauma endured causes psychological disorders like Posttraumatic Stress Disorder (PTSD), Anxiety, Depression, Hyper-Vigilance, and/or Bipolar Disorder (Abas et al., 2013; Williamson & Prior, 2009). Lastly, mental and emotional trauma are also experienced. These girls will have a lower self-esteem, self-confidence, and self-worth. They may face shame and guilt: the feeling that they are and did something wrong (Williamson & Prior, 2009).

Due to the severity of violence experienced by the youth and the traumas that are caused after being victimized; it is essential that the teens are met with competent child

social workers who are knowledgeable about the crime itself and their resources necessary to assist the survivors. Currently in California, there are a variety of programs and agencies that deal with issues of child welfare; for this reason, runaways or those facing child abuse have resources that can assist in keeping them safe. On the other hand, according to Kotrla (2010), there are few agencies that are prepared to meet the emotional, psychological, and physical trauma that a CHT child endures. Currently, there are only four agencies in the United States that specialize in providing holistic care for the trafficked youth: Girls Educational and Mentoring Services' Transition to Independent Living (New York City), Standing against Global Exploitation Safe House (San Francisco), Children of the Night (Van Nuys), and Angela's House (Atlanta). This is indicative that most social workers who come across adolescents who have been enslaved do not have the necessary knowledge or training to properly identify, assess, and provide services to them.

The adolescents then do not receive the adequate services and may end up in the streets vulnerable to being victimized. Moreover, the first point of contact that a youth will have, will be with either law enforcement or a state child social worker; therefore, it is imperative that workers are educated on the topic (Walts & French, 2011).

Glossary of Terms

Commercial human trafficking: The recruiting, obtaining by force, transporting, delivering, or concealing an individual for the purpose of illegal exploitation (Hossain et al., 2010, p. 12).

Bait and switch: A technique where females are presented with attractive opportunities as bait, in order to gain their attention and gain trust, to eventually switch the situation and turn them into victims (Williamson & Prior, 2009).

Bottoms: The pimp's main girlfriend that teaches the female youth how to perform sex acts and helps control the victims (Williamson & Prior, 2009).

Connectors/watchers: Individuals (often times gang members) who look to see which youths are out in the community often and late at night without supervision; who then provide that information to recruiters or pimps (Williamson & Prior, 2009).

Domestic minor sex trafficking: Youth 18 and under who originate from the United States and are recruited for CHT (Harris, 2012).

Familial prostitution: The force into prostitution by parent(s) or a family member (Kotrla, 2010).

Finesse pimping: Manipulation of girls where they make their own decision to enter the sex trafficking arena (Williamson & Prior, 2009).

Groomer/recruiters: Males who go out to different communities and entice female youth to go live with them or to become their girlfriends (Williamson & Prior, 2009).

Guerilla pimping: Recruitment of trafficking through the use of force, threat, violence, and intimidation (Williamson & Prior, 2009).

John: Individual who requests and pays for the services rendered by a victim of trafficking (Williamson & Prior, 2009).

Labor trafficking: The recruitment or force into the labor trade with minimal to no monetary compensation, which may include forced labor for personal servitude (housekeeping), sweatshops, agricultural, a variety of jobs in hotels and food facilities, nail salons, and/or massage parlors (Hossain et al., 2010; Logan et al., 2009).

Pimp/trafficker: Individual with the sole purpose of controlling and exploiting others to earn money (Williamson & Prior, 2009).

Sex trafficking: The recruiting, obtaining by force, transporting, delivering, or concealing an individual who is 18 years or younger, for the sale/trade of sex acts (Williamson & Prior, 2009, p. 46).

Stable: The amount/group of girls that a pimp may own and work (Williamson & Prior, 2009).

Wife-in-law: Girls who are partnered together and belong to the same pimp but live in a different location (Williamson & Prior, 2009).

Target Population

The target population for this curriculum will be child social workers who may come into contact with youth who have been commercially trafficked. They will have to possess a bachelor's, master's, or doctorate degree in human services. The second requirement is that they will have to be employed with a state or non-profit agency that comes into daily contact with children in the child welfare system. The training will be provided to those agencies in the Southern California Region.

CHAPTER 2

LITERATURE REVIEW

Introduction

The curriculum was designed based on the need for child welfare social workers to increase their understanding of CHT. Therefore, to first substantiate the need for the curriculum and to identify the deficits/needs in the child welfare system, a number of scholarly journal articles were reviewed to examine how agencies currently address trauma experienced by youth and the mental health services that are provided in response to trauma. Secondly, the curriculum will raise awareness of CHT among workers and they will be better equipped in working with victims of CHT. Therefore, several journal articles and state and government reports were explored relating to the physical and psychological effects of CHT, the survivor experiences and risk factors, practitioner awareness and deficits, DMST, and youth improvements after treatment. As a result, an enriched curriculum will be established based on current literature and the lack there of.

The majority of research conducted on CHT has focused on the operations of the crime, the relevance, and/or the trauma endured by those affected. However, the gap in the literature indicates that studies examining the services rendered to the female youth by organizations and child social workers, need to be administered (Kotrla, 2010). In particular, more research is necessary on concrete interventions that are proven to increase the wellbeing of female youth who have experienced bondage. These gaps also

include how child social workers can connect the survivors to services and social support in their community. Consequently, this program will cover at least one of the gap mentioned and will also serve as motivation for researchers to continue pursuing answers related to CHT.

Similar Curriculums

There have been curricula developed to train child workers, like Building Child Welfare Response to Child Trafficking by the International Organization for Adolescents (2011). The curriculum provides an introduction to child trafficking, a glossary with trafficking terminology, and a section on how to properly identify the victims. The rest of the chapters include different screening tools and measures, case management tools and resources, and an introduction of the legalities of CHT. Lastly, a resource guide is given along with a case study used as an example. A second program was created by the U. S. Department of Health and Human Services (2013) dedicated to guiding states and their staff on addressing adolescent CHT. This report provides a general introduction of child trafficking, a section to help understand the needs of the victims, and how to screen and assess the victims. Furthermore, interventions that can be utilized at intake, how child welfare workers should respond, and resources available for this population is also included. On the other hand, this same department (U. S. Department of Health and Human Services, 2012) created an extensive catalog focusing on federal and state resources for domestic and national victims. This resource list again is intended for social service providers to utilize when encountering a victim. However, the majority of programs focus on the initial identification of a survivor and the crisis response period,

which is the first 48 hours when the victim is identified and taken into protective custody (Walts & French, 2011). It is then that further investigations and trainings need to be conducted on the child welfare organizations and the specific needs (best practices) of the youth along with how the organized crime functions.

The Child Welfare System

The fourth module of this curriculum addresses the service delivery that is provided to survivors/youth by different systems. Therefore, the child welfare system is used as the main model for all child welfare agencies since it has a large amount of workers that come across trafficking survivors. It too has been proven that the first point of contact the adolescents will have is with law enforcement and/or state child social workers (Farrell, McDevitt, & Fahy, 2010). Moreover, an evaluation on how workers respond to trauma faced by the children in the system and how they address mental health is done, since the main area of concern for victims of CHT is their mental health due to the traumas experienced while trafficked (Williamson & Prior, 2009).

Response to Trauma

Kisiel, Fehrenbach, Small, and Lyons (2009) assessed 4,272 children and adolescents between July 2005 and December 2007 in the child welfare system. The team of researchers compared two groups; a group with complex trauma exposure and another group with a single trauma experience. The purpose was to compare the severity of mental health and functioning issues amongst both groups. All participants were evaluated with the Child and Adolescent Needs and Strengths (CANS) assessment tool, which is used to measure the mental health needs and strengths. Results indicated that

children in the complex trauma group showed significantly more mental health needs across all spectrums in the CANS assessment tool and also a higher number of mental health symptoms, like those found in PTSD. Moreover, the children who had exposure to complex trauma demonstrated a broad range of emotional and behavioral needs, higher risk behaviors, and life functioning complications. More specifically, complex trauma children had a greater need in areas of depression, attachment, anger, anxiety, attention/impulsivity, oppositional problems, and affect dysregulation. Lastly, this group had a significantly higher number service referrals compared to the single trauma group.

Greeson et al. (2011) investigated trauma history, including complex trauma exposure, post-traumatic stress, and behavioral and emotional problems of 2,251 foster care youth (ages 0-21). The participants were referred to a National Child Traumatic Stress Network (NCTSN) for treatment. Data of over 56 NCTSN centers across the United States were collected between spring 2004 and fall 2010. Additional information was also obtained from the children's non-offending parents, caretakers, or relatives. Measures that were applied were questions to foster care providers, the Posttraumatic Stress Disorder-Reaction Index (PTSD-RI; to measure posttraumatic stress), the Trauma History Profile (taken from the PTSD-RI to measure trauma history), the Child Behavioral Checklist (CBCL; to examine maladaptive behavioral and emotional problems), and a clinical evaluation. The results for trauma exposure indicated that the top three types of trauma experienced by the population were neglect (68%), traumatic loss/bereavement/separation (63.1%), and impaired caregiver (59.8%). The mental health symptoms derived from the CBCL showed that 36.7% of the sample fell within

clinical range of the internalizing scale, 49.1% within the externalizing scale, 22% within clinical range of posttraumatic stress, and 83% of the population received at least one clinical diagnosis. Furthermore, for the complex trauma, 20.1% of youth reported two types of caregiver interpersonal trauma, 19.2% reported three types, 19.4% reported four types, and 11.7% reported all five types. Lastly, the odds that youth who had experienced complex trauma were 1.6 times higher to have internalizing problems, 1.5 times higher for posttraumatic stress symptoms, and 1.2 higher for having at least one clinical diagnosis; compared to foster youth who did not experience any complex trauma.

Hendricks, Conradi, and Wilson (2011) conducted an assessment to three laboratory sites responsible for training child welfare workers in over 20 states. The purpose of the assessment was to characterize the strengths and barriers related to trauma and the child welfare training provided by each site. Another reason for the study was to make tailored recommendations to the three sites in order to better understand and address the impact of trauma experienced by the families served. The assessment occurred between April 2010 to September 2011 and it used multiple forms of data collection that included The Community Trauma-Informed Assessment (to be completed by front line workers, supervisors, and administrators), on site observations (where interviews with child welfare leaders were performed), and administration of the Trauma System Readiness Tool. A last measure incorporated focus groups with child welfare workers, child welfare supervisors, biological parents, resource partners, youth that had exited the child welfare system, and community mental health providers. The main topics of the focus groups comprised of trauma screening and assessment for children and

the families in the child welfare system. The results demonstrated that the strengths experienced by all three sites were that the child welfare administrators and workers understood how important it is to be trauma informed. Additionally, they communicated their aspiration to learn more about trauma and trauma-informed policies and practices. A second strength was that all three sites had stable community partnerships, especially with those that specialized in trauma and provide mental health treatments. Lastly, all participants viewed family involvement as a high priority in engaging them in services. The results for the barriers indicated that there is a lack of funding to support their programs and improvement plans. In addition, there was inconsistent access to trauma-focused mental health treatments and lack of trauma training for community therapists that serve families in the child welfare system. Another challenge was inconsistent collaboration with mental health providers and the courts. Secondary traumatic stress experienced by child welfare professionals, mental health providers, and resource partners was another difficulty. Finally, the need for additional extensive trauma centered training, guidance, and support to staff was found amongst all sites. The lack of time was cited as being the main problem for the lack of training. Lastly, several recommendations were done for all three participants. The first recommendation was to provide supplemental trauma training for child welfare staff, mental health providers, resource partners, and biological parents in order to help them understand how to alleviate the impact of trauma on the children using trauma-informed practices. Secondly, there was a need to implement a trauma screening tool or practice for each child welfare agency in order to assist with referrals for children and parents. Thirdly to

increase cross-system collaboration with mental health providers, courts, and schools in order to increase availability and accessibility of services. The fourth recommendation was to boost staff support and incorporate interventions that address the secondary traumatic stress that is being experienced by professionals.

Mental Health Services

Raghavan, Inoue, Ettner, Hamilton, and Landsverk (2010) examined the degree in which children in the child welfare system receive mental health services that are consistent with national standards. Data from the National Survey of Child and Adolescent Well-Being was used to analyze 3,802 cases of children in different periods of time. The first time frame was from 1999-2001, followed by 2000-2002, 2001-2002, and then 2002-2004. The measure used to obtain information regarding children's referrals to mental health agencies was done by asking caseworkers in 97 counties throughout the United States, a number of questions. After the data was analyzed, the results confirmed that from 2000-2002 40% of children were screened, 35% were assessed, and 39% were referred for mental health services according to the national standard. From 2001-2002, 31% were screened, 30% were assessed, and 40% were referred to mental health services according to the national level. The last wave of data (2002-2004) showed that 50% were screened, 33% were assessed, and 36% were referred meeting the national level standards. Over all, only 54.6% of the children in the child welfare system were receiving mental health services that were consistent with at least one national standard and less than one tenth received services with all standards being met.

Data collection from child welfare cases was done by Villagrana (2010). She surveyed court reports in order to find characteristics that may predict child referrals to mental health services done by court and child welfare social workers. The study pulled up 185 closed court cases from a large and diverse county in California examining school-aged (5-17 years old) youth whose case had closed between March and December 2004. The Child Welfare Services/Case Management System (the online client management data base that tracks each child's case throughout its duration in the child welfare system) was used to track the court reports done for each child and to note the recommendations completed by the social workers. Since there can be a number of court reports submitted to the court by a social worker, only the detention and jurisdictional/dispositional reports were taken into account. The researcher then used the Garland and Besinger Referral to Services Abstraction form to track the mental health recommendations. After the data collection, the results demonstrated that 42.1% of court social workers and 36.8% of child welfare workers made mental health referrals. A total of 55.7% of the participants were referred to mental health services and 57.9% of the participants utilized the services. Additionally, court social workers made four times (statistically significant) more referrals to mental health services for children experiencing multiple traumas than for children who had experienced neglect. Children who were placed at home with a parent were also four times more likely to obtain mental health referrals compared to those who were placed in foster care. Another finding exhibited that 95% of youth referred to services were twice as likely to attend the services, as opposed to those who did not receive any referrals. Female youth were also

less likely to utilize services compared to males. Lastly, children who experienced sexual abuse were sixteen times more likely to make use of services compared to those who experienced neglect.

Whitted, Delavega, and Lennon-Dearing (2013) examined the social, emotional, and behavioral difficulties of 670 children between the ages of 3-11 in the child welfare and juvenile justice system. All of the participants were living in residential treatment facilities, group homes, foster homes, or receiving in-home services. All data collected was gathered from a large non-profit agency in the United States from 2006 to 2010. The instrument that was used to analyze the data was The Strengths and Difficulties Questionnaire, to screen for the children's emotional health conduct problems, hyperactivity, peer relationship problems, and prosocial behavior. The results of the study revealed that 81.2 % of the youth had a total difficulty score that ranged in the borderline or abnormal section. Additionally, over 90% of participants had scores that placed them in the borderline or abnormal range in at least one subscale of the instrument. However, the most common problem was that 84% of children scored in the borderline or abnormal range of a conduct problem. Moreover, 75% of youth scored in the borderline or abnormal range of hyperactivity, 68% in peer relationship problems, and over 57% on the emotional symptoms subscale. In conclusion, the results designate that this population had significantly higher scores of borderline and abnormality in all subscales of The Strengths and Difficulties Questionnaire, than children in the community.

Love, Koob, and Hill (2008) conducted an experiment to test the benefits of referring children in the foster care system to community mental health providers versus those children in the child welfare system who received standard care. The research team compiled a sample of 46 children ages 6 to 17 (23 in the experimental group and 23 in the control group) from Los Angeles county. The sample was derived from December 2003 to June 2004 and they had to meet specific research criteria in order to participate. The participants were randomly assigned to either the control or experimental group. The control group received standard care that consisted of parenting classes, supervised visitations, and family reunification planning. On the other hand, the experimental group received 6 months of mental health care from community professionals, which consisted of a total of 34 individual therapy sessions. Data was then evaluated using the Beck Anxiety Inventory-Youth Version to measure anxiety experienced by the youth and the Children's Depression Inventory to measure the depression. Other measures included the Rosenberg Self Esteem Scale to measure the self-esteem and the Achenbach Child Behavior Checklist, Externalizing Scale that was to be completed by the caregivers to track problem behaviors. The test results of the study revealed that there is no statistically significant difference between the two groups' anxiety, depression, externalized behaviors, depression, and self-esteem levels. Further outcomes indicated that mental health services provided at the entry of foster care did not impact any changes in depression, self-esteem, and behavior problems between the two groups. Nevertheless, the standard care group was found to become statistically significantly less depressed over time than the experimental group. To conclude, this study found that providing

psychotherapy to foster children upon entering the system did not improve their psychological and behavioral outcomes, when compared to traditional care.

Awareness and Needs of CHT Survivors

Module 3 of this curriculum trains on the abuse that is experienced by survivors of CHT and the effects; thus the literature review will first explore the experiences and risk factors that victims endure while being trafficked. The effects of the abuse will then be investigated in terms of mental trauma experienced (psychological effects) and other physical symptoms. This is not to say that youth do no experiences other effects. For example, they can endure other medical conditions like sexuality transmitted diseases or vaginal tear from forced abortions that are not treated by physicians (Acharya, 2012).

Survivor Experiences and Risk Factors

Williamson and Prior (2009) orchestrated qualitative interviews with 13 female minor participants from the Lucas County Juvenile Justice system in Ohio. The objective of the study was to identify the experiences, well-being, and risk factors of the youth who were formally involved in prostitution. The researchers used purposive sampling and face to face interviews that took place with teens between the ages of 12 and 17. All questions were open ended and the girls were allowed to speak as much as they wished. Each interview was reviewed line by line and then coded using qualitative methods. The codes were then comprised into themes such as, introduction to trafficking. After all the coding was completed, results revealed that recruitment took place in a variety of locations including the victims own homes. Similarly, most subjects were initiated into slavery by a friend or family member. Additionally, the experimenters discovered an

entire organization of how the trafficking system functions. Fourth, the majority of respondents reported some form of parental abuse or neglect prior to being trafficked. For example, 91% of interviewees reported child abuse and 64% stated having one or both parents addicted to drugs and/or alcohol. Further findings direct that the most common forms of abuse while in the pimps trafficking ring are robbery, rape, and physical assault. Lastly, it was discovered that leaving the trafficker was extremely difficult and the adolescents left by either escape or were rescued by law enforcement officers.

Jones, Engstrom, Hilliard, and Sungakawan (2011) coordinated qualitative interviews for four women who had been recruited for trafficking in Thailand and then sold in Japan for sexual exploitation. The authors searched to find how the victims were recruited, the living conditions they were in before recruitment, how they were transported across the border, and what happened to the women when they arrived to Japan. Findings suggested that all women were recruited by the traffickers gaining their trust or that of their family members. All of the bribes used included employment for a better pay and a chance to travel with no money or travel documentation. The living conditions that the women were in were found to have a major impact on the vulnerability of them providing sex work. Other findings specify that the number one factor leading to trafficking was poverty, followed by the idea of a glamorous lifestyle, and a better economic opportunity. Other causes associated included, a dysfunctional family and gender expectations; where the women felt obligated to sacrifice their bodies for their families. The findings of how the females were transported revealed that they

were given false passports, were escorted by a member of the trafficking organization, and then those documents were immediately removed when the desired destination was reached. Once the survivors reached Japan (destination), they were forced to sell their bodies and controlled through a means of debt. For example, they were told that they needed to pay for unwanted plastic surgeries, medical expenses, and daily living costs.

Simkhada (2008) also did a study where she interviewed seven females from Nepal that were trafficked to India, in order to get a better understanding of the context of the trafficking experience. The author examined the methods and means of trafficking, the living conditions in the brothels, and the survival strategies that the girls utilized. A second part of the study focused on interviewing 42 females that had been trafficked to India and returned back home to Nepal. The researcher used purposive and snowballing sampling to conduct the interviews between 2001 and 2003. The research findings proposed that the most common form of drawing the girls into enslavement was through false promises of employment (54.8%). Other forms of persuasion were fraudulent marriage (19%), to travel (14.3%), and were forced (11.9 %). Secondly, most women were recruited by relatives (35.7%), 42.9% by known individuals but not relatives, and 21.4 % by people that were unknown to them. The life in the brothels varied for each girl and the number of girls and women in each brothel also ranged from 5-10 to 150-200. However, in all cases, the females were strictly controlled and subjected to physical and psychological abuse. Another commonality amongst all participants ones in the brothels was that they were controlled through false indebtedness. As for the participants that were free of trafficking and had returned to Nepal; it was found that 73.8 % were rescued

by law enforcement or social workers, 16.7% of woman escaped alone or with the help of a friend and 9.5 % were released by their trafficker.

Acharya (2012) produced a study in Monterrey, Mexico where he explored factors contributing to trafficking and the physical and sexual abuse experienced by the participants. He used a purpose and snowball sample to interview 20 women working in brothels under a pimp or madam between 2007 and 2010. Acharya found that the most predominant factors that contribute to bondage are poverty, lack of employment, gender discrimination, infertility, infidelity, domestic violence, ethnic conflict, and abandonment by family. Moreover, the tactics used by most traffickers to lure survivors were false promises of employment and exotic life styles in Mexico and/or the United States. The second set of conclusions exhibited that most participants experienced a wide assortment of violence at least once a day. The type of violence ranged from being locked inside a room without any food, raped by pimps and clients, and punished by placing chili powder in their eyes and/or vaginas.

Physical and Psychological Effects of CHT

Psychological/Mental Trauma

Mental trauma is faced by females who have been sexually exploited. Abas et al. (2013) examined the risk factors (prior child abuse, unmet basic needs, and post-trafficking social support) associated with Depression, PTSD, and Anxiety for post trafficked women. A purposive sample ($N = 197$) was used and social workers interviewed survivors in the International Organization for Migration. The Structured Clinical Interview for DSM-IV (SCID) was applied for the interviews and the results

denoted that 35.8% of the women had PTSD, 12.5% had Depression without PTSD, and 5.8 % presented with an Anxiety disorder. The study concluded that childhood sexual abuse, unmet basic needs, and post-trafficking social support were independent risk factors for mental disorders.

Hossain et al. (2010) executed a similar study. Two hundred and four girls were interviewed using purposive sampling to determine if post-trafficking mental health symptoms could be explained by the experience of being enslaved and independent of any violent occurrences before trafficking. They also explored if the enslavement had any association to Anxiety, Depression, or PTSD. The researchers used the Brief Symptom Inventory and the Hopkins Symptom Checklist to measure mental health symptoms. In addition, measures to establish the first variable were done by creating questions that address any pre-trafficking trauma. The results revealed that 77% of victims experienced high levels of PTSD, 54.9% Depression, and 48% Anxiety. Among all the participants, 53% were comorbid for all three mental disorders. The second set of data demonstrated that there is no significant correlation with pre-trafficking abuse and with trafficking exposure to trauma.

Physical Symptoms

There have been a number of physical symptoms associated with trafficking experiences and Oram et al. (2012) examined these factors in their research study. They analyzed the prevalence and severity of 15 health symptoms reported by women in a post-trafficking recovery center from December 2007 to December 2008. There were 120 labor and sex trafficking survivors interviewed using the Miller Abuse Physical

Symptoms and Injury Survey and a self-report scale designed to measure the long-term consequences of the violence experienced. The results revealed that 61.7% of the women experienced headaches, 60.9% stomach pain, 44.2% memory problems, 42.5% back pain, 35% loss of appetite, and 35% tooth pain. To conclude, the prevalence of headaches and memory problems were strongly and significantly associated with the duration of the exploitation.

As mentioned in the beginning of the chapter, Module 4 will cover the service delivery systems in order to provide up to date information, an exploration of the current practitioner awareness, and deficits that need to be addressed. In addition, the types of treatments and care have been used with this population and the outcomes will be explored.

Practitioner Awareness and Deficits

Kimberly Kotrla (2010) provides practitioner awareness of DMST by identifying risk factors and discusses that females who run away or have been kicked out of the home by their parents are most at risk of being victimized. Others who are also at risk are homeless youth, foster care youth, and those who have a history of drug abuse. Furthermore, girls who appear to be vulnerable are the ones who are ideal targets for pimps. On the other hand, the first inference for social workers is to become advocates for the minors and to educate law enforcement, and detention centers on treating the adolescents as victims instead of criminals. The subsequent implication is to develop and implement awareness programs at locations where youth congregate, like churches and schools. The last advice for social workers who work with this population is to

familiarize themselves with therapists who are experts in cognitive behavioral therapy, dialectical behavioral therapy, or eye movement desensitization and reprocessing, which are the therapies that have been found to be the most effective among this population.

Baker and Grover (2013) explored five Southern California counties for agencies that respond to victims of human trafficking in order to find out what services they offered. They sampled 14 agencies, which included organizations, nonprofits, taskforce, and/or club like agencies. The researchers utilized a self-report survey consisting of 15 qualitative and quantitative questions. The results indicated that 22% of agencies stated they had a high value for inter-agency collaboration, 29% identified sex trafficking in their mission statement, and 36% identified any type of trafficking. Additionally, 36% mentioned that they serviced survivors of DMST and 14% reported providing services for international or national cases. Thirty-six percent of agencies stated assisting youth affected and 22% reported serving families. Research also revealed that the highest service offered was in the category of “other” with 57%. Forty-three percent of agencies reported providing educational services, followed by employment, group therapy, individual therapy, and supplies. The survey also asked the participants to state their perception of the greatest needs for survivors and it revealed that 6 agencies thought housing was the most important need. Four agencies selected more programs as a need, three agencies stated vocational assistance and homeostatis, and one agency stated spiritual care and public understanding. Overall, the researchers found that 100% of the organizations refer or collaborate with the 44 agencies found in the five different Southern California counties.

Grubb and Bennett (2012) explored the notion that there is a lack of trainings and awareness of human trafficking among local and state law enforcement agencies and human trafficking task force personnel. Therefore, they surveyed 589 participants using a Likert-Scale and close and open ended questions. The questions were designed to collect information regarding the agencies view of human trafficking offenses, the level of awareness, and level of training and experience. Only 99 agencies responded. The results of the perception segment found that only 34.2% of agencies admitted to the importance of human trafficking being a crime and that it could affect their community. Furthermore, 73% of the respondents expressed concern for training in the identification of survivors, elements of the crime, and awareness. The level of awareness sector demonstrated that 29.2% of participants knew the definition of human trafficking, 10.4% were very aware of the definition, and 11.5% had no prior knowledge. Moreover, 26.8% of participants knew the state laws on human trafficking. The level of training and experience showed that 75.5% of agencies had not received any prior human trafficking training, 11.2% did receive training, and 13.3% answered that they did not know. For those agencies that did receive training it was indicated that 10% received it as part of their Academy course, 15% as an annual training, 20% as roll call, 50% as a seminar/conference, 5% as a video or DVD.

A study was done that focused on exploring the experiences of professionals providing mental health services to immigrants, which included victims of human trafficking. Sandhu et al. (2013) conducted 48 semi-structured interviews from 2008 to 2010 with mental health professionals in 16 different European Countries. The

interviews consisted of gathering information regarding the greatest challenges that they experienced when working with the immigrant population. The results indicated that the greatest difficulty was the complications in diagnosing a patient due to the language barriers, cultural experiences, the trauma that has been experienced, and the different belief systems. Secondly, they all had difficulty developing trust with their patients because the victims tend to be distrustful of authorities or are unfamiliar with the services offered. Lastly, they found an increased risk of marginalization because of the lack of economic resources for this population and little social support in a new environment.

Improvements after Treatment/Care

The association of sexual behavior and treatment improvements of institutionalized girls was explored by Nijhof, Scholte, Burk, and Engles (2012). They analyzed the sexual behavior of 174 girls before they were institutionalized and then placed them into three categories: normative sexual behavior, promiscuous behavior, and history of forced prostitution. Furthermore, a subsample of 79 youth was used to measure treatment improvements through the use of questionnaires/surveys. A 113-item Youth Self Report was used to measure behavioral problems, 26-item questionnaire was used for criminal behavior, and a single question was used to document the drug use and binge drinking of the members. Additionally, the Rosenberg Self-Esteem Scale was utilized to document the self-esteem and a 15-item questionnaire to measure coping skills. The results revealed that out of the 174 girls that were sampled, a total of 28.7% showed sexually normative behavior, 28.7% had a history of being sexually trafficked, and 42.5% had normative sexual behavior. Other results indicated that 24.5% of the girls

that had a history of trafficking were born abroad and were also homeless or less likely to live with their parents (12%). The main reasons for the girls being homeless were because of a disrupted family and/or because the pimps tend to isolate and detach the girls from their families. For the treatment improvement; neither subgroup differed in the way they externalize problems, drug use, binge drinking, self-esteem, and coping when they entered an institution. The only difference found was that the normative girls had significantly higher criminal behavior compared to those who had been trafficked.

Alexandra Pierce (2012) conducted a research study that evaluated the impact of a treatment program on survivors of commercial sexual exploitation. Twenty-two girls were interviewed from July 2010 to June 2011 and were surveyed at intake, and 6 months after they completed the treatment program. The interventions consisted of case management, advocacy, education on healthy sexuality, and support groups at the Minnesota Indian Women's Resource Center. The girls were asked to rate the different types of information they had received in the program and they said that the most important material learned was about what do if anybody tried to pressure them into selling their bodies for sexual favors (96%). Another 96% said that it was good to know where to attain help if they were being commercially trafficked. Ninety-one percent rated that they felt better after having another Native youth to speak to about their issues. Eight-six percent said that they learned how to recognize sexual exploitation and 82% said that it also helped to have Native adults there to listen to them without judgment or blame. Additionally, this group of girls said that they felt a major improvement in their confidence level and knowing that they have a right to be safe and to make their own

choices (82%). Seventy-seven percent said that they would now be able to recognize when someone was trying to traffic them and another 77% said that they would be able to avoid sexual situation that were uncomfortable to them. Lastly, participants indicated that the type of support that is mostly needed for them is having a safe place to stay (73%), having support from adult figures that will not blame or judge them (73%), and awareness to other youth informing them that there is help available (73%).

The second module of this curriculum looks at the trafficking underground system and a subcategory is DMST. This division is encompassed in the following literature review and it provides an overview into the underground world of human bondage that occurs within the United States.

DMST

McClain and Garrity (2011) focused upon the functionality of the crime and its popularity. It is stated that pimps typically recruit from large cities where water way systems, freeways, and airports are easily accessible in order to keep the girls moving so that they become less traceable. Moreover, different ethnic backgrounds are sought out because of the continuous demand for new faces and body types. Once the youth are obtained then they may be placed in massage parlors, on the streets, in brothels, or filming pornography. No matter the placement, the demand is always high. Trafficking is considered to be one of the fastest growing organized crimes. The high revenues and low conviction rates help rank the crime third after narcotics and illegal fire arm sales. This type of corruption has become popular across the United States as well because it is highly tolerated, meaning that there are few laws that convict the pimps (those who

traffic women) and Johns (those who purchase the females), and there exists a large sex industry that glamorizes prostitution.

Conclusion

The literature and peer review articles on CHT are limited since this is a subject that has been occurring for hundreds of years but has only emerged into the spot light in the last few years (Hossain et al., 2010). Therefore, more research needs to be conducted not only on the experiences of victims of CHT but the trafficking system and its functionality as well. However, this curriculum will focus on covering a broad overview of how the traffickers work to entice female youth into a system that has proven to be mentally, emotionally, and physically damaging to the victims and communities throughout the United States. It will also cover the experiences that youth face while in the hands of traffickers and the outcomes. In turn, all information provided in the curriculum will be in order to educate/train child social workers on the subject of CHT. The hope will be that the better equipped child social workers are on the subject matter, the better they will be able to address the complex traumas and severe mental disorders that this population is left with. In addition, professionals will also gain a better understanding of how the different child welfare systems function so that there can be an improved collaboration between resource providers. In the end, the curriculum will promote the mental and emotional health of a vulnerable population that is persecuted by a corrupt system that is too large for them to fight on their own. Lastly, it will also educate professionals so that the survivors do not go unnoticed and untreated when entering an organization designed to provide safety and care for them.

CHAPTER 3
CURRICULUM PROJECT DESIGN

Curriculum Design

The curriculum will be designed to provide an overview of CHT. The suggested amount of participants will consist of 20, in order to have a large enough number of workers to facilitate discussion among themselves. Lastly, the number of participants will not surpass 20 so that the conversations can be structured and maintained since it is a sensitive topic. All of the teachings would take place at the agency/organization of employment. It is suggested that the 5 days of training take place in the same location in order to provide consistency to workers and the facilitator.

As a result of the requirement for cultural competency (Module 5), the curriculum being developed will reference the different needs that each culture might require. For example, the Hispanic or Asian population might be in need of immigration services and education regarding their rights in the United States; while the needs of the African American culture might be need more focus on providing social/family support and community acceptance. Another cultural factor that will be addressed is that of the lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth. This population tends to have a disproportionate number of homeless instances and they will often come into contact with child welfare services (McClain & Garrity, 2011). The LGBTQ

community already faces the challenge of being rejected due to their sexual preference and is often times rejected by foster and biological families, causing them to run away. It is estimated that 20-40% of homeless minors identify themselves as LGBTQ and can be targeted in exchange for food, shelter, or money (McClain & Garrity, 2011). Hence, the curriculum will incorporate the specific cultural needs of these populations.

Outline of the Curriculum

The curriculum will be delivered in five modules which will address core factors as follows:

Module 1: The prevalence of commercial human trafficking.–This module will have three sessions that will explain the history of CHT, how prevalent the crime is in the United States and in the state of California. Statistics on the crime will also be provided and information regarding the victims that are more likely to be targeted. Furthermore, an introduction of the two subtypes of CHT, sex and labor trafficking will be provided.

Module 2: Trafficking underground system.–This module is the longest and is made up of four sessions. The first session will give an explanation of the functionality and flow of the crime, as well as all the members that play a role in it. The second session will provide information on how gangs are now becoming a part of the trafficking system. The third session will address the different recruitment tactics that are utilized by the traffickers. The fourth session will deliver the definition of a John and that role in the trafficking system.

Module 3: Abuse experiences and effects.–This segment has three sessions that will provide material on the physical, psychological, and emotional abuse that female

adolescents experience while in a trafficking situation. Additionally, the effects of those types of abuse will be mentioned.

Module 4: Service delivery systems.-The main focus of this module will be on the best practices for service delivery to survivors by professionals. This module will also have three sessions that will provide more detail on how child social workers can better identify psychological, physical, and emotional needs of survivors. Another aspect that will be targeted is the different assessment tools that can be utilized by child workers in order to assist with the identification of needs. Lastly, a list of resources will be provided so that workers can become familiar with service agencies.

Module 5: Cultural competency.-The last module will provide an overview of cultural aspects that need to be accounted for when treating the population affected by CHT. There are three sessions in this section that will touch upon the different ethnicities that are affected, the LGBTQ youth, and on how foster children are also targeted.

How to Use the Curriculum

The learning theory that will be used to teach this curriculum is going to be Andragogy by Malcom Knowles. Nunes and Miranda (2012) describe andragogy as the science of assisting adults absorb new information and collaboration between the student and the teacher, instead of taking a didactic approach. The theory includes six principles of adult learning. The first principle states that adults are internally motivated and self-directed. The second is that they bring life experiences and knowledge to the learning experience. The third and fourth principle is that grown-ups are goal and relevancy oriented. Fifth, adults are practical and sixth, they like to be respected (Queensland

Occupational Therapy Fieldwork Collaborative, n.d.). Therefore, all six principles will be covered when the lessons are delivered to the professionals.

Different learning techniques will be embraced, which will include visual, auditory, and reading/writing (Muraida, 2009). The visual method will be covered as participants observe the trainer. The auditory portion will include the participants listening to what is being taught and discussing the topic through comments or questions. Lastly, both the reading and writing performances will be covered as participants read the material that is being taught in the power point slides along with the handouts that will be provided, and by writing their answers to the pre/post-tests.

Social Work Code of Ethics

The program is consistent with the National Association of Social Work (NASW) Code of Ethics because it covers not only the primary mission of Social Work but the six core values, as well (Service, Social Justice, Dignity and Worth of the Person, Importance of Human Relationships, Integrity, and Competence). The NASW indicates that the main goal of the social work profession is to improve the wellbeing of humans by assisting them to meet their basic needs while paying specific attention to those who are vulnerable, oppressed, and living in poverty (National Association of Social Workers, n.d.). Thus, this curriculum targets a vulnerable population (female youths who are commercially trafficked) and will also pursue the specifications of their basic needs. Furthermore, the core value of Service will be covered by informing child workers how to best provide for this population. Secondly, the program will empower workers to advocate for Social Justice on behalf of these minors. The Dignity and Worth of a Person

will be endorsed by shifting the stigma of the females by demonstrating what they undergo when in the hands of a trafficker. In turn, child workers will be able to give them the respect that these youth deserve. Fourth, Importance of Human Relationships will be addressed by educating professionals on how significant their role is in the recovery of the youth. The fifth and sixth values are Integrity, and Competency. This curriculum is designed to build on the integrity and competency of child workers by providing information on a topic that is new to research (Kotrla, 2010).

Evaluation

The evaluation of the training will consist of a pre and post survey that will be given to the participants at the beginning and end of the training. The test will be a non-standardized survey that will comprise of 7 questions answered in a likert scale format, 6 multiple-choice, and 6 fill in the blank. All questions will be designed to measure the knowledge of each child worker on CHT. Additionally, the post-test will have a small blank section at the end for participants to comment on the satisfaction of the training.

CHAPTER 4
CURRICULUM
Introduction

The goal of this curriculum is to increase the knowledge of CHT among child social workers, with a specific focus on under age females. The workers will receive a general overview of the crime that will include the prevalence of the crime (Module 1). They will also learn how the organized crime functions and the system that is put in place by the people involved in the crime (Module 2). Other subjects will include the type of abuse that is endured by victims while in a bondage situation and the effects that the abuse will have on them (Module 3). Service delivery will be addressed by teaching professionals how to identify the youth's physical, psychological, and emotional needs (Module 4). As part of this module, participants will learn about the different resources available for each specific necessity. Lastly, a cultural overview will be provided so that workers familiarize themselves with the different cultures that are affected by CHT (Module 5).

Each module will be presented by a facilitator who will adopt the Androgogy theory as a method of delivering the material, in order to promote adult learning (Nunes & Miranda, 2012). A total of five modules will be provided with 40 minute sessions for each module. Module one will have three sessions, module two will contain four sessions, and modules three, four, and five will have three sessions each. In addition,

each module will be broken up into a day per module. Therefore, the curriculum will be delivered in a total of five days due to the sensitivity of the topic and the time needed to process such emotionally taxing information.

Group Agenda

Power Points, Agendas, and Worksheets

The curriculum includes power point presentations (Appendix A) that correspond to each session, which is to be taught by the facilitator. Agendas (Appendix B) for the facilitator have also been incorporated to use as a guide during each module. The agendas will provide detailed instructions on how to run the group presentations. Lastly, each module has corresponding worksheets (Appendix C and D) that are to be provided to the participants at the corresponding time (this information will be included in the facilitator agenda). However, it is recommended for the facilitator to review the curriculum and in particular, Chapter 4 before commencing the training.

Check-in Process

Each module will begin with a check-in process. Nonetheless, the initial session will vary slightly because participants will have an opportunity to go around and introduce themselves, and briefly discuss their experiences with CHT. This first introduction should take around 15 minutes and an ice breaker activity (see Appendix C) will follow, which should take no longer than 15 minutes. The check-ins that proceed after the first module will consist of the participants discussing their thoughts and feelings about the material that was previously learned. It will also be an opportunity for

them to ask any questions that they may have thought about while at home or at work. The check-in process for Modules 2-5 should take around 10 minutes each time.

Discussions

Each power point will have questions embedded throughout the presentation, designed to generate participation and discussions among the professionals. Therefore, the facilitator will allow the participants to discuss the topic in question and incorporate other's thoughts and opinions so that everybody has an equal opportunity to express themselves. The facilitator will also need to be flexible enough to stop presenting material if a participant has a question at any point and address that question. Discussion and processing of thoughts and feelings is an important part of this curriculum because the material can be emotionally challenging.

Check-Out Process

The check-out process will be done at the end of each session in order to continue processing the information learned and address any feelings that might have emerged. The facilitator will go around asking the professionals what information resonated with them the most and how they felt about what they learned. Participants will be given 10-15 (depending on the need of the participants) minutes to check-out.

Module 1: Prevalence of Commercial Human Trafficking

Facilitator Overview

In this first module, the facilitator must get to know her/his audience and the types of experiences that they bring with them, in order to be able to draw upon those experiences and facilitate discussion. The facilitator must keep in mind that it is also

his/her duty to answer questions, engage participants in discussion, and contain the dialogues. Moreover, it is recommended for the facilitator to utilize a board or jumbo post-it notes to write down information that the participants might have trouble comprehending or any that needs to be highlighted. If time permits, then the instructor should allow for participants to voice their opinions as often as needed in order for them to digest the information. Lastly, the facilitator must be sensitive to workers' thoughts and feelings by ensuring that she/he is objective, reflective, and sympathetic in her/his responses.

Goals and Objectives

The main goal of this module is to provide awareness of CHT. There are four objectives that will need to be accomplished by the end of the module. The first objective is to introduce CHT to professionals that work with children in the child welfare system (Baker & Grover, 2013). The second objective is to provide participants with a history of CHT (Harris, 2012). Objective three is to introduce one of the main subtypes of CHT; labor trafficking and provide the relevance of this crime in the United States (Harris, 2012). Objective four is to present the most common subtype of CHT; sex trafficking and demonstrate its commonality in the United States (Williamson & Prior, 2009).

Session 1: History of CHT

During the first session, the facilitator must begin with an introduction of who she/he is and their professional experience with CHT. The facilitator will then post the agenda for the day in the first power point presentation (Appendix A) and review it with

the class. The facilitator will then instruct the participants to introduce themselves by stating their name, place of employment, and experience with CHT. Following introductions, the instructor will pass out and review the group rules (Appendix C) by having participants take turns reading each rule. Confidentiality will also need to be covered, which means that the instructor will inform all participants that any information that is discussed while in training needs to be kept confidential by all members. In addition, the facilitator must remind the group members of the instances when confidentiality has to be broken; for example, in any case of abuse, danger to self, and/or danger to others. Lastly, instructor will distribute the pre-survey (Appendix C) and allow around 15 minutes for participants to complete it. It is also important for the instructor to inform the professionals that the material covered can contain information that they might find disturbing and that it is alright for them to walk out if they need a short break to recollect themselves.

The facilitator will then guide the participants in an icebreaker activity (Appendix C) designed to build rapport among all participants. The facilitator will be required to participate in the ice breaker in order for the participants to gain confidence in her/him as well. The ice breaker is called Two Trues and a Lie. Group members will take turns going around and stating two things that are true and one that is a lie about their employment experience. The other professionals will try and guess which is the lie. For example, a group member may say that she has worked with a trafficking survivor from Iran, worked for the U.S. embassy in Brazil, and is currently the program manager for an anti-trafficking agency. All other members will listen diligently and call out which they

think is a lie. After around two minutes, then the group member telling her experience will say which is the lie and explain a little more about the experiences that are true.

After all of the initial activities and introductions have been completed, the facilitator can begin with the power point presentation. However, the instructor must first provide the power point slides (Appendix A) to participants so that they make take notes. The presentation will then begin by covering objective two, which will entail a description on when and how slavery began and how it has continued to this day in age. Objective one will be covered by demonstrating what modern day slavery is today. After the material has been completed, then the facilitator will summarize what was covered, ask for any last minute questions, and then allow participants to take a five minute break.

Session 2: Labor Trafficking

Session two will begin after the five minute break and after the facilitator passes out copies of the next set of power point slides. The instructor will ask participants if they know what labor trafficking is and allow around three people to answer. She/he will then delve into the power point presentation, which will cover objective three- Introduction of Labor Trafficking. In this session, members will learn the definition of labor trafficking and be able to identify an individual who might be forced to work. Furthermore, statistics will be provided on the international, national, and local (California) prevalence of the crime. The last piece of information in this session will include the places were female youths might be forced to work and the different duties that they are forced to do.

The facilitator will continue to encourage participants to ask questions and will summarize the material just covered. She/he will also devote around five minutes and allow participants to process the information. Again, the facilitator will go around the room asking participants what they thought or felt about labor trafficking. Then, she/he will remind individuals what the next topic will be and allow the group to take another five minute break.

Session 3: Sex Trafficking

The last session of the first module will begin by the facilitator asking participants if any more thoughts or questions emerged during the break. After answering presenting questions, the facilitator will pass out the next set of power point slides and continue presenting the remainder of the material. This session will cover objective four– Introduction of Sex Trafficking. Members will learn the definition of sex trafficking and how to identify victims who might be in that type of situation. Statistics will also be provided on the international, national, and local (California) prevalence of the crime. Lastly, this material will include the type of places that youth might be placed to perform sex acts.

In the end, the facilitator will review the material covered and begin the check-out process. In this process, she/he will first go around asking for any thoughts, feelings, and/or questions about sex trafficking. Then, she/he will make sure to take 10-15 minutes to go around and address every single participant and ask how they feel about the information that was presented that day. When the group is done processing their feelings, then the facilitator will give them a brief overview of what Module 2 will

consist of. In the end, the instructor will thank the class for their participation, provide information on where the next class will be held and the time, and dismiss them.

Module 2: The Trafficking Underground System

Facilitator Overview

Module 2 is the longest of all modules; therefore, the facilitator will need to stay on schedule while still allowing enough time for the processing of the participants' feelings. Facilitator will continue to be empathetic with her/his responses toward group members and be able to address some individuals by name in order to continue building rapport. She/he will proceed to engage participants in discussion more freely than the first module. In conclusion, the instructor will use visuals like writing in a dry erase board while delivering the material.

Goals and Objectives

The goal of Module 2 is for participants to understand the flow of the trafficking underground system and get to know the players in it. There are seven objectives that will be covered. The first objective is for participants to learn the trafficking hierarchy, which demonstrates the flow of how trafficking functions (McClain & Garrity, 2011). The second objective is for the employees to be able to name the different people involved in the trafficking hierarchy and to learn their roles (McClain & Garrity, 2011). The third objective is for child workers to comprehend the revenue that the crime brings to criminals involved in the system. The fourth objective is to understand what street gangs have to do with CHT and how they can affect the female youths that are targeted (Harris, 2012). The fifth objective is to recognize the different recruitment tactics that

traffickers might use to entice an adolescent (McClain & Garrity, 2011). The sixth objective is also to understand who in the child's life will be most likely to recruit them into slavery (Williamson & Prior, 2009). The last objective is for child workers to know who Johns are and what their role is in the trafficking system (Jeff, 2013).

Session 1: The Trafficking System

In the initiation of the first session, the facilitator will welcome the participants back and begin the check-in process by introducing her/himself again. She/he will then have all participants say their name. The facilitator will ask group members how they felt when going home last class and if new questions, thoughts, or feelings have emerged. After the check-in process has been completed, the instructor will briefly review the material that was covered last module. Lastly, she/he will also review the agenda for the day, which will include material that will be covered and when the breaks will take place.

The facilitator will distribute the first set of the power point slides (Appendix A), which will cover objectives one, two, and three. To begin, workers will learn about the trafficking hierarchy and what each level in the hierarchy signifies. They will also gain an understanding of the people that make up the hierarchy and the tasks that each member has. The last material covered in this session will be an overview of the revenue that the crime leaves for the players in the underground system. After the facilitator completes coverage of the material, she/he will ask if participants have anything to share before they take a five minute break. The instructor will then answer any questions, summarize the material covered, and quickly introduce the next topic.

Session 2: Gang Involvement

Session 2 will begin promptly five minutes after participants were dismissed for break. The facilitator will welcome participants back and proceed to cover the material. She/he will ask the child workers if they have an idea on what gangs have to do with CHT. She/he will allow three to four participants to respond while passing the power point slides out and before beginning with the power point presentation.

Objective four will be covered in this short session, which will address why gangs are becoming a part of CHT and how it can further affect victims. After this material has been covered, the instructor will inform participants that there will not be a five minute break until after the next session is completed. The facilitator will ask to see if there are any questions, answer those questions, and proceed to Session 3.

Session 3: Recruitment

Session 3 will begin with the distribution of the next set of power point slides. The facilitator will then begin covering the material. This session will address objectives five and six. Included in the presentation, will be the different types of recruitment tactics that are utilized when traffickers are attempting to entice a female youth into bondage. Examples of the different tactics will be given. The facilitator will then conduct a short activity (Activity 1: Role Play, which is found in Appendix C) where she/he will ask for volunteers to act out these recruitment tactics. The facilitator will ask for a total of four volunteers to walk into the front of the room and ask two of them to be the recruiters and two to be the victims. The facilitator will whisper the recruitment tactic to the first set of individuals (one being the victim and the other the recruiter) and they

will then have to role play. The next set of participants will then receive a different recruitment method to act out. The audience will have to guess what tactics the volunteers are acting out. After the activity has been completed, the facilitator will proceed to teach about the potential people in the female's life that might act as recruitment agents. To conclude with the session, the facilitator will ask for any questions, thoughts, feelings, and/or opinions. She/he will then summarize Sessions 2 and 3, inform group members of the last topic, and dismiss the class for a 10 minute break.

Session 4: Johns

The last session of the module will begin with the last distribution of the presentation slides. The facilitator will again check in with participants to see if they have thought about any other questions. Then, the instructor will proceed to cover the remainder of the information, which includes the last objective. This session will provide participants with a definition of the Johns, who they can be, and how they play a role in CHT. This session provides a great opportunity for another activity (Activity 2: The Johns, which is found in Appendix C) where the facilitator asks workers who they think these Johns are and writes down (on a chalk board/jumbo post-it notes) the answers given. After the activity, the facilitator will complete the training, summarize the information learned for the day, and provide an overview of the next module.

At the end of the session, the instructor will begin the check-out process; thus, she/he will go around asking each participant if they would like to share their feelings regarding the material covered. Additionally, she/he will ask how they like the flow of

information and if they have any suggestions on how she/he can be more effective in delivering the material. It is then the facilitator's responsibility to try and incorporate the participants' suggestions into the remainder modules. The facilitator will also thank everybody for their participation, confirm next meeting, and dismiss the group.

Module 3: Abuse Experienced and its Effects

Facilitator Overview

The facilitator will need to review the power point before beginning the presentation in order to familiarize her/himself with the material since there will be a lot of clinical information covered in this module. Much of the information in Module 3 can also be new to child workers; therefore, the facilitator will need to go at a slower pace to allow enough time for participants to absorb the information. Furthermore, it is highly recommended that the instructor write the clinical terms down on a board and a short definition (using two to three words) after each one. Finally, the facilitator will continue to nurture a supportive environment where discussion and processing of feelings is always incorporated.

Goals and Objectives

The main goal for Module 3 is for child workers to know three main traumas (physical, psychological, and emotional) that are caused by CHT and their effects on survivors. As a result, there will be a total of six objectives that will be addressed. The first objective is that workers will know the different types of physical abuse experienced by survivors while in a bondage situation (Oram et al., 2012). The second objective will be that those same child workers will also have an understanding of the consequences

that the physical abuse has on the youths' body (Acharya, 2012). Objective number three and four is that participants will understand the different types of mental traumas that are caused and the mental disorders resulting from them (Abas et al., 2013). Objective five is that individuals will also learn about the emotional distress in the adolescents' life and objective six will cover the emotional disorders that result (Williamson & Prior, 2009; Hossain et al., 2010).

Session 1: Physical Trauma

The first session will begin with the check-in process where facilitator will ask all participants how they are doing and review the agenda for the day (it will be included in the power point presentation). The next step will be for facilitator to summarize what has been taught so far and she/he can do this by asking the participants what they have learned throughout the series of trainings. In addition, the facilitator will look around and have any new participants briefly introduce themselves. At the end, she/he will distribute the power point slides (Appendix A) so that participants may take notes.

Objectives one and two will be covered in the first session. The first objective is that participants will learn about the different types of corporal injuries that are inflicted on female youth when being slaved. They will also learn who in the trafficking system is permitted or will often be the ones to cause the harm. The second objective will cover different types of medical conditions or long term consequences that these physical injuries will have on the youth and how it will affect the rest of their lives.

After the presentation has been delivered, then the facilitator will ask the participants if they have any questions or have anything to share/add. The facilitator will

summarize the session and introduce the next topic, as well. Then, she/he will dismiss the group for a five minute break.

Session 2: Psychological/Mental Trauma

The facilitator will begin Session 2 by distributing the corresponding power point slides to the group and will start teaching the material. In this session, objectives three and four will be addressed. The first subtopic and objective three will focus on the mental disturbances that are inflicted in youth, and how they are caused. The second subtopic will be on the types of mental disorders that emerge from the cognitive abuse. Once the facilitator is done covering all of the objectives for Session 2, then she/he will ensure that participants have had an opportunity for discussion, by asking them questions related to the material. Once the discussion has been completed, the instructor will inform the workers of the next topic and allow them to take another five minute break.

Session 3: Emotional Trauma

The facilitator will ensure that everybody returns from their break and will distribute the last set of power point slides. She/he will immediately delve into the material, which will cover objectives five and six. In this presentation, objective five will be presented and the participants will learn about the emotional abuse that is inflicted upon victims by their Pimps, Madams, or Johns. Furthermore, a variety of emotional disorders will be spoken of so that workers gain an understanding of what types of symptoms to look out for when encountering youth that have experienced similar situations (objective six).

The check-out process will begin after all the information has been disseminated. The facilitator will first review all three sessions. Then she/he will again go around the room and ask all participants if they have anything that they would like to share with the group. Following, the instructor will inform the group that they are half way done with the training sessions and provide them with a brief summary on what is left to cover. In the end, she/he will confirm the next time meeting and location, thank them for their participation, and dismiss them for the day.

Module 4: Service Delivery Systems

Facilitator Overview

The facilitator will again need to review this module before providing the training because it contains clinical terms and assessments tools that can be new to participants and the facilitator. Additionally, the facilitator might need to state certain material a number of times depending on the participants understanding and it is also highly recommended for the instructor to provide a visual aid (write down) for new terminology. Some of the information in this module might be repeated from the previous module; therefore, the facilitator will need to adjust the pace depending on how well the class grasps the information. The facilitator will continue to engage participants and ensure that she/he is providing plenty of examples of the material so that group members have a clear understanding of what is being taught.

Goals and Objectives

The main goal of the Module 4 is for child social workers to gain knowledge on the most common needs that a survivor might have, to know how to assess for those

needs, and be able to provide appropriate referrals once the survivor is rescued from her trafficker (Ferrell, McDevitt, & Fahy, 2010). There will six objectives that will be covered in this module and the first one will be for social workers to be able to identify physical necessities that a survivor might have (Baker & Grover, 2013). For example, they might have a need for housing because they do not have a place to stay since they are no longer living under the Pimp's roof. The second and third objectives will be for workers to detect the psychological and emotional needs of the youth by learning and being aware of their symptoms (Greeson et al., 2011). The fourth objective is for workers to gain well-rounded knowledge on the distinctive types of assessment tools used, and to evaluate for each (physical, psychological, emotional) need (Kisiel, Fehrenbach, Small, & Lyons, 2009). The fifth and sixth objectives will be for workers to learn the different resources available to this vulnerable population and to learn how to make referrals to these agencies (Baker & Grover, 2013).

Session 1: Identification of Physical, Psychological, and Emotional Needs

The facilitator will begin with the check-in process by welcoming all participants back and informing them of the current session and module. Additionally, that there will only be one more module left to teach; therefore, indicating one more meeting. The facilitator will proceed to post the power point presentation on an overhead projector and display, and review the agenda for the day. Lastly, she/he will distribute the power point slides (Appendix A) so that participants may continue to take notes and also have a visual aid throughout the presentation.

The instructor will begin teaching the material with short activity that will cover objectives one, two, and three of the module. The facilitator will ask participants to first call out some physical needs that they think victims might have. After, she/he will display the power point slides that have the needs listed and then see how many needs the workers were able to come up with on their own. Furthermore, the facilitator will add any needs to the power point that workers mentioned but where not previously on the slides. The facilitator will then review each need in detail. She/he will follow this same (above) procedure for the remainder (psychological and emotional) of the needs. After all material has been completed for the first session, the facilitator will go around asking the child social workers if they have any questions and dismiss them for a five minute break.

Session 2: Assessment Tools

The facilitator will welcome all the participants back in the room after the five minute break has ended. She/he will inform them of the next topic to be covered and also distribute the power point slides that will be discussed. Then, she/he will initiate discussion of objective four. The facilitator will talk about each assessment tool utilized for physical, psychological, and emotional evaluation. Moreover, the facilitator will go into detail on what each assessment tool measures for and how. During this session, it is highly important that the facilitator disclose to participants that the tools are to better assess for symptoms and not to clinically diagnose clients. After all activities have been completed, then the facilitator will ask for any questions and dismiss the group for another five minute break.

Session 3: Resources and Referrals

The last session will begin after the five minute break is over. The facilitator will distribute the last set of power point slides and the list of resources found in Appendix D. The facilitator will then check for any new questions and start covering Session 3. In this session, objectives five and six will be addressed. The workers will learn about the different types of resources that are available to survivors of DMST and for those who have been trafficked internationally. For example, a list of agencies that provide immigration services for international victims. Most resources covered will be those that are near the Southern California region. Furthermore, a brief presentation will be provided on how most of the agencies that work with survivors of CHT have a referral process and how to comply with that process.

In the end, the check-out process will begin. The facilitator will review all three sessions covered for the day and inform group members of the last topics to be taught. She/he will also go around asking participants if they would like to share any thoughts, feelings, and/or opinions on the information provided in all modules. After all participants are done expressing their thoughts, then the facilitator will confirm the next meeting time and location, and dismiss the group.

Module 5: Cultural Competency

Facilitator Overview

For the Module 5, the facilitator will need to try and stay on task in order to allow enough time to cover the three sessions, the post-test, and to wrap up the group.

Additionally, the facilitator needs to be prepared to provide any set of power point slides

for any module, to participants that might have missed a session. She/he will continue to try and engage all participants in discussion and pay special attention to those who might not have shared a lot in the beginning of the training sessions.

Goals and Objectives

The main goal for the last module is to provide workers with cultural competency when working with survivors of CHT. There will be a total of four objectives for this module. The first objective will be that social workers will learn about the prominent ethnicities that are targeted (McClain & Garrity, 2011). The second objective will cover a brief overview of the international cultures that are most likely to be trafficked (Jones, Engstrom, Hilliard, & Sungakawan, 2011; Simkhada, 2008; & Acharya, 2012). The third objective will be for employees to learn how the LGBTQ community is affected by CHT (Kotrla, 2010). The fourth objective is for workers to learn how and why the foster youth are victimized (Love, Walker, Hunt, 2008; Kotrla, 2010).

Session 1: Prominent Cultures/Ethnicities in the United States/California Affected by CHT

The first session will begin with the check-in process; by the facilitator welcoming all participants back to their last day of training. She/he will post the agenda for the day in the projector and review it with the participants. She/he will also pass out the corresponding power point slides for Session 1 (Appendix A).

The facilitator will then start the power point presentation by covering objective one. In this section, the instructor will provide statistics on the ethnicities that are most prominent in DMST. A brief synopsis of the African American, Latino, and Asian cultures will also be included. The second objective will be addressed when discussing

the ethnicities of international victims. Again, statistics and a brief overview of the different cultures for these victims will be reviewed.

The facilitator will ensure to re-cap the information covered in Session 1 and address any questions that participants may have. She/he will also ask employees what they think regarding the information just presented and allow a short processing period of around five minutes. Then, the facilitator can allow the participants to take a five minute break.

Session 2: Lesbian, Gay, Bisexual, Transgender, and Questioning Youth

Once the participants return from the break, the facilitator will dispense the power point slides for Session 2. She/he will immediately begin covering the material (objective three). In this session, social workers will learn about the LGBTQ youths' culture and why they are more likely to be victims of CHT. They will also be provided with statistics on how often this group is targeted. Once all information in the presentation has been delivered, then the facilitator will shortly summarize Session 2 and allow participants to take a last five minute break.

Session 3: Foster Care Culture

Once all participants return from break, then the presenter will pass out the last set of slides and begin with the presentation. In this last session, objective four will be targeted and participants will learn about the distinct culture of the youth who are in foster care. Workers will learn how females in the foster care system can often be victimized more than any other females out in the community. Additionally, statistics on how often foster care youth are engrossed into slavery, will be provided.

Check-Out/Termination

The check-out process will then follow. The facilitator will summarize all material covered throughout all five modules and ask the participants if they have any questions pertaining to all modules. She/he will also ask the social workers what they thought about the delivery of the material and will take notes on any suggestions.

Toward the end, the facilitator will take 15 minutes to go around and ask each individual (preferably by name) for any final thoughts, opinions, and/or feelings about CHT.

Afterwards, the facilitator will thank the group for their attention and participation, and invite them to disseminate the information they have learned to other co-workers. To conclude with the training, the facilitator will pass out the post-survey and notify participants that they are dismissed once the post-test has been completed.

CHAPTER 5
LESSONS LEARNED

Discussion

This curriculum was designed to provide child welfare agencies with a training tool to assist social workers and staff in gaining a better understanding of CHT. The design of the curriculum focuses on the information that is essential for a child welfare social worker to understand the problem and aid the survivors throughout their case plan. In essence, the trainings pull from all areas of research done on CHT and research on the child welfare system is also incorporated in order to better address the targeted population.

The curriculum has many strengths and one of them is that it is comprehensive in looking at a number of perspectives of CHT. One of those angles that is very unique to this curriculum is the trafficking system because most of the research conducted focuses on the survivors of CHT and not on the perpetrators. The curriculums that have been developed tend to only focus on one aspect of CHT and that is the identification of the victims. However, this curriculum moved beyond the front end of slavery. The second strength is that it has a cultural competency that address two very specific populations that are most affected by trafficking. The two populations are the LGBT and foster care youth, and again, research is limited even more so when looking at these specific youth and CHT.

The first limitation of the curriculum is that it is designed for workers who are at the least on a bachelor level with their education. Therefore, support staff or others without appropriate degrees would not be able to fully take advantage of the tools provided, like the assessment resources. A second limitation is that it is gender biased because it only focuses on the female youth that are affected by CHT. Slavery is not gender biased; it affects both males and females. For example, in the case of labor trafficking, those that are mostly affected are males (Banks & Kyckelhahn, 2011).

Social Work Relevance

Contribution to Social Work

The curriculum will contribute to the Social Work profession by bringing the issue of CHT to the forefront of workers who are able to service and advocate for individuals who have been victimized. This development will provide awareness of the prevalence of CHT, knowledge regarding the trafficking ring, service models for female survivors, and prevention of further victimization. Moreover, it will reveal the services that are required in order to provide holistic care for youth, the policies that are necessary to fight the organized crime, and further training implications for child workers and/or professionals that may come across this population. Overall, the program will provide awareness to a topic that has been neglected for countless years and will continue to shift the world view of the youth being survivors instead of criminals.

Social Work Code of Ethics

The program is consistent with the National Association of Social Work (NASW) Code of Ethics because it covers not only the primary mission of Social Work but the six

core values, as well (Service, Social Justice, Dignity and Worth of the Person, Importance of Human Relationships, Integrity, and Competence). The NASW indicates that the main goal of the social work profession is to improve the wellbeing of humans by assisting them to meet their basic needs while paying specific attention to those who are vulnerable, oppressed, and living in poverty (National Association of Social Workers, n.d.). Thus, this curriculum targets a vulnerable population (female youths who are commercially trafficked) and will also pursue the specifications of their basic needs. Furthermore, the core value of Service will be covered by informing child workers how to best provide for this population. Secondly, the program will empower workers to advocate for Social Justice on behalf of these minors. The Dignity and Worth of a Person will be endorsed by shifting the stigma of the females by demonstrating what they undergo when in the hands of a trafficker. In turn, child workers will be able to give them the respect that these youth deserve. Fourth, Importance of Human Relationships will be addressed by educating professionals on how important their role is in the recovery of the youth. The fifth and sixth values are Integrity, and Competency. This curriculum is designed to build on the integrity and competency of child workers by providing information on a topic that is new to research (Kotrla, 2010).

Cross-Cultural Relevance

Because sex trafficking is a world-wide occurrence, victims vary ethnically and are found in various geographic locations across the globe, where it is reported that nearly every country in the world is involved either as a country of origin (where the youth will be recruited from) or destination of transit (where they will be taken to;

Human Trafficking: Facts and Figures, 2012). The continuous demand by Johns, for new faces and bodies denotes that youth will be recruited from different parts of the world (McClain & Garrity, 2011); meaning that social workers need to have a general knowledge of a wide variety of cultures.

Implications for Practice and Policy

Child welfare agencies may use this program to develop a proper protocol/policy in training their workers on CHT. Additionally, this training can be offered for all state child welfare workers and staff, and implemented as part of their Academy courses. This curriculum may also generate government mental health agency programs to address traumas sustained by survivors. Lastly, it may produce policy reform, which can stipulate greater punishments for pimps, Johns, and all of those involved in the trafficking ring.

APPENDICES

APPENDIX A
POWERPOINT SLIDES

Slide 1

Awareness Training for Child
Social Workers Assisting
Commercially Trafficked Female
Youth: A Curriculum

Slide 2

Agenda

- Facilitator Introduction
- Workers' Introduction
 - Name, place of employment, and experience with Commercial Human Trafficking (CHT).
- Review Group Rules
- Review Confidentiality
- Pre-test

Slide 3

**Agenda
(Continued)**

- Ice Breaker – Two Truths and A Lie
- Session 1: History of CHT
- 5 Minute Break
- Session 2: Labor Trafficking
- 5 Minute Break
- Session 3: Sex Trafficking
- Check-out

Slide 4

**Module 1: Prevalence of
Commercial Human Trafficking**

Slide 5

Session 1: History of CHT

Objectives

- To provide an introduction of Commercial Human Trafficking.
- To provide the history of CHT.

Slide 6

Session 1: History of CHT

- Back in the 1800's it was legal to view humans as property and use them for a number of tasks = SLAVERY

Can you name some of the functions slaves served as?

-Domestic Servitude	-Personal Care
- Field Work	-Sexual Acts

Slide 7

History of CHT Cont.

- September 22, 1862- president Abraham Lincoln announced the Emancipation Proclamation, freeing all slaves in the rebellious states.
- 1863- the proclamation was turned into an executive order.
- 1865- the 13th Amendment of the Constitution was created, which abolished slavery in the United States (U.S.).

(Department of State, 2012)

Slide 8

History of CHT Cont.

What happen to slavery after the 13th Amendment was created?

- Slavery continued. Despite the laws prohibiting slavery, evidence shows that women, men, and children are still being violated in what today is called, Modern Day Slavery.
- Research indicates that the U.S. is considered one of the main destinations for human trafficking (also known modern day slavery).

(McClain & Garrity, 2011)

Slide 9

History of CHT Cont.

What is Commercial Human Trafficking (modern day slavery)?

- CHT- the recruitment and transportation of individuals generally done through force, intimidation, or deception; for the purpose of illegal exploitation or abuse.
- There are three subsets of CHT; labor trafficking, sex trafficking, and other non-specified trades.

(Hossain, Zimmerman, Abas, Light, & Watts, 2010; McClain & Garrity, 2011)

Slide 10

History of CHT Cont.

National Statistics

Note: statistics are difficult to obtain because CHT is an unreported crime.

- There has been a dramatic increase of CHT over the last 20 years, which is associated with the strong governmental response to the crime (not necessarily that the crime has increased).
- 39.3 million people are being trafficked annually.

(Hossain, et al., 2010; Farrell, McDevitt, & Fahy, 2010)

Slide 11

History of CHT Cont.

- In 2011, there were 19,427 cases reported from outside and within the U.S., to the National Human Trafficking Resource Center
- In 2007, 16% of the victims reported to have been trafficked came from outside the U.S.
- Between 2002 and 2011, it is estimated that three out of 1,000 people have been forced into bondage.
- It is estimated that there are between 600,000-800,000 victims being trafficked across countries.

(Harris, 2012; Grubb & Bennett, 2012)

Slide 12

History of CHT Cont.

U.S. Statistics

- U.S. is considered a country of destination with about 17,000 victims being brought in annually (not counting those being victimized within the states).
- There are estimates of around 100,000 Domestic (individuals that are born or reside in the U.S.) victims that are being trafficked.
- The coverage/awareness of the CHT has drastically grown; from a handful of articles being covered in the 1990 to around 3,750 stories in 2008.

(Harris, 2012; Grubb & Bennett, 2012; Farrell, McDevitt, & Fahy, 2010; Kotlik, 2010)

Slide 13

History of CHT Cont.

Why do you think the United States is a main destination?

- Easy access to freeways/water ways/airports (easy and rapid movement so that victims do not establish roots and bonds).
- Economic wealth (people willing to pay for slavery).
- Poor Social Conditions (poverty and broken families).

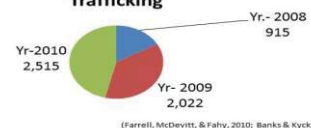
(Harris, 2012)

Slide 14

History of CHT Cont.

- Below is a chart of the CHT incidents that were recorded by the U.S. Department of Justice between January 2008 and June 2010:

Incidents of Commercial Human Trafficking



Year	Number of Incidents
Yr.-2008	915
Yr- 2009	2,022
Yr-2010	2,515

(Farrell, McDevitt, & Fahy, 2010; Banks & Kyselkahn, 2011; Harris, 2012)

Slide 15

History of CHT Cont.

Statistics in California

What are your thoughts regarding the incidents of CHT in California; are the numbers higher or lower?

- California's Regional task forces have identified around 1,300 victims of CHT within 2010-2012.

Note: California has 9 regional task forces made up of law enforcement and local, state, and federal prosecutors. These task forces are in Oakland, Fresno, Los Angeles, San Francisco, Westminster, Riverside, Sacramento, San Diego, and San Jose.

(Harris, 2012)

Slide 16

History of CHT Cont.

- In 2011, the National Human Trafficking Resource Center received 19,427 human trafficking calls from within and outside of the U.S., and 1,869 or 10% came from the state of California alone.

Any thoughts on why California's number are so high?

(Harris, 2012)

Slide 17

History of CHT Cont.

Legislative Efforts to Combat CHT

2000

- Victims of Trafficking and Violence Prevention Act of 2000 (TVPA 2000)- The law provided a definition for human trafficking and heightened offenses. The law was later reauthorized in 2003, 2005, and in 2008. Added, were resources to law enforcement to investigate trafficking crimes. Furthermore, the law increased protection and services to survivors of CHT, toughen criminal laws, and promoted awareness of the problem.

(Farrell, McDevitt, & Fahy, 2010)

Slide 18

History of CHT Cont.

California Efforts to Combat CHT

2007

- A national day of human trafficking awareness is initiated, on January 11th of every year.

2008

- Assembly Bill 499- Authorizes a pilot project to develop a program to address the needs of minors who have been sexually exploited and arrested by law enforcement.
- Assembly Bill 2810- Compels law enforcement to identify victims of CHT and allows these victims to have their personal information to be kept confidential.

(Harris, 2012)

Slide 19

History of CHT Cont.

2010

- Assembly Bill 1844- Specifies that any person involved in the trafficking of minors (under 18 years of age) for sexual acts shall be punished by paying a fine that shall not pass \$100,000, which will go to the Victim-Witness Assistance Fund.
- Senate Bill 677- Authorized the removal of property if it is used to facilitate any acts of human trafficking.

(Harris, 2012)

Slide 20

History of CHT Cont.

2011

- Assembly Bill 12- Specifies that a person seeking sexual services from a minor shall pay an additional fine that is not to pass \$25,000.
- Assembly Bill 764- Allows any taxpayer to donate part of their tax return to the Child Victim of Human Trafficking Fund.

(Harris, 2012)

Slide 21

History of CHT Cont.

2012

- Assembly Bill 1899- Provides students that have been survivors of CHT, an exemption from the nonresident tuition. Eligibility to apply for financial aid in the California State Universities and California Community Colleges, is also offered.
- Assembly Bill 1956- Allows removal of tattoos for individuals between ages 14-25, who were tattooed due to trafficking and/or prostitution.
- Assembly Bill 2040- Permits a ward of the court or a person who has been convicted for prostitution to have their records sealed or expunged.
- Senate Bill 1193- Consents to post human trafficking resources in sites where trafficking is most common.

(Harris, 2012)

Slide 22

Questions?

5 Minute Break

Slide 23

Session 2: Labor Trafficking

Objective

- To provide an introduction to one of the subtypes of CHT, labor trafficking.
- To provide the relevance of the crime.

Slide 24

Session 2: Labor Trafficking

- Labor Trafficking- The recruitment or force into the labor trade with minimal to no monetary compensation.
What are be the typical jobs that victims are forced to do?
 - personal servitude (housekeeping)
 - a variety of jobs in hotels
 - food facilities -nail salons
 - massage parlors -sweatshops
 - agricultural -nannies -beggars

(Hossain et al., 2010; Logan, Walker, & Hunt, 2009; Watts, French, & Moore, 2011)

Slide 25

Labor Trafficking Cont.

Statistics

- Research indicates that 12.3 million people are being recruited or forced into the labor industry with minimal to no monetary compensation.
- The United States (U.S.) Department of Justice noted in a Special Report, that 11% of the trafficking cases opened between January 2008 through June 2010 were classified as labor trafficking.

(Hossain et al., 2010; Banks & Kyckelhahn, 2011)

Slide 26

Labor Trafficking Cont.

- It is estimated that 78% of victims world wide are forced into labor.
- California reported 23% of labor cases and yet, the data demonstrates that this subtype is also under reported and estimated to be 3.5 times as prevalent as sex trafficking.

(Department of State, 2012; Harris, 2012)

Slide 27

Labor Trafficking Cont.

Who are the Victims?

- 64% of victims receiving trafficking services in the U.S. come from foreign Countries and 28% are domestic.
- Labor Trafficking victims can be girls, women, men, and boys.
- A number of task forces in the U.S. identified labor trafficking victims, from 2008 to 2010, as 63% being Hispanic and 17% being Asian.

(Harris, 2012; Walts, French, Moore, & Ashal, 2011; Banks, & Kyckelhahn, 2011)

Slide 28

Labor Trafficking Cont.

- They tend to be vulnerable and isolated from friends and family.
- However, they do not need to be literally isolated; they can be attending church, school, and so forth.
- They tend to be economically deprived (lack of employment) and facing social inequality.

(Walts, French, Moore, & Ashal, 2011; Simkhada, 2008)

Slide 29

Labor Trafficking Cont.

- They have families to support, which can consist of their parents, siblings, children of their own, and/or spouse.
- They or their family may need medical attention and they do not have the financial means to seek treatment.
- They may have family problem like drug addiction, abuse at home, and/or parental death that may drive them away from family and into labor trafficking.

(Simkhada, 2008; Jones, Engstrom, Hilliard, & Sungakawan, 2011)

Slide 30

Labor Trafficking Cont.

- Political Problems in their country of origin or they may live in war zones.
- Victims can also be ambitious for a lavish lifestyle (that is often promised by the trafficker) or may want to travel outside of their country of origin.
- Overall, the most common theme for the victims of labor trafficking is vulnerability.

(Jayagupta, 2009; Harris, 2012)

Slide 31

Labor Trafficking Cont.

Case Examples Provided by Walts, Moore, and Ashai (2011, pg. 36)

United States v. Mubang, 8:03-cr-00539 (D. Maryland). Defendant brought an 11 year old Cameroonian national to her home in Maryland and subjected her to involuntary servitude. The victim was isolated from family and friends and required to cook, clean, and act as a 24-hour nanny for defendant's children over the course of a two-year period. The victim was not permitted to go to school, nor was she allowed to become friends with other children her age. Defendant verbally abused victim and beat her with fists, a broom handle, a cable, and a high-heeled shoe. The defendant was sentenced to 17 ½ years of imprisonment.

Slide 32

Labor Trafficking Cont.

Can you identify how the victim was controlled and persuaded to do all that was asked of her?

- Isolated from family and friends
- Not allowed to go to school
- Not allowed to have friends
- Verbal abuse
- Physical abuse

Slide 33

Labor Trafficking Cont.

Case Examples Provided by Walts, Moore,
and Ashai (2011, pg. 37)

...defendant illegally obtained visas for Peruvian aliens seeking to come into the United States (New York) then charged the aliens a smuggling fee ranging from \$6,000 to \$13,000. Defendants compelled more than 69 Peruvian illegal aliens, including 13 children under the age of 18, to perform work by confiscating their passports and threatening to turn them over to authorities. Defendants kept most of the victims' paychecks and left them with only \$50 or less per week on which to live and support their families. On April 6, 2006, defendant Zavala was sentenced to 15 years in prison.

Slide 34

Labor Trafficking Cont.

Can you identify how the victims were controlled and persuaded to do all that was asked of them?

- Confiscating passports
- Threat of deportation
- Control of their finance (removal of wages)

Slide 35

Questions?

5 Minute Break

Slide 36

Session 3: Sex Trafficking

Objective

- Give an introduction to the second subtype of CHT, sex trafficking.
- To present the prevalence of the crime.

Slide 37

Session 3: Sex Trafficking

- Sex Trafficking- The recruiting, obtaining by force, transporting, delivering, or concealing an individual who is 18 years or younger, for the sale/trade of sex acts.
- Domestic Minor Sex Trafficking- Youth 18 and under who originate from the United States and are recruited for commercial human trafficking.

(Williamson & Prior, 2009; Harris, 2012)

Slide 38

Sex Trafficking Cont.

What places are victims of sex trafficking typically forced to work in?

- Brothels
- Street Prostitution
- Massage Parlors
- Strip clubs
- Internet sites
- Truck stops

(Williamson & Prior, 2009; Harris, 2012)

Slide 39

Sex Trafficking Cont.

Statistics

- It is projected that 27 million people nationally are being trafficked for the purpose of sexual exploitation.
- California has the highest number of cases reported.
 - The National Human Trafficking Resource Center (NHTRC) received 19,427 human trafficking calls worldwide in 2011. Out of the phone calls received, 1,869 or 10% came from California and 76% of those cases were reported as sexual exploitation.

(McClain & Garrity, 2011; Harris, 2012)

Slide 40

Sex Trafficking Cont.

Additional Information

- Sex trafficking is an industry that continues to grow at rapid rates.
- Child pornography in the United States is one of the largest industries in the world. Therefore, making sex trafficking of minors a highly solicited crime.

(Hodge, 2008)

Slide 41

Sex Trafficking Cont.

Who are the victims?

- 98% of the survivors are females with an average age of 12-14.
- 11 % of victims are under 14 years of age.
- 72% are U.S. citizens and 16% are transported into the U.S. from foreign countries.
- It is estimated that 293,000 minors in the United States are at risk of becoming victims to this trade.

(McClain & Garrity, 2011; California Attorney General Human Trafficking Work Group, 2012; Weitzer, 2012)

Slide 42

Sex Trafficking Cont.

- The female minors vary ethnically because of the high demand for new faces and body types. However, in California, it is found that African American, White, and Latino girls are the prominent culture.
- The socioeconomic background of the victims vary as well.

(Hodge, 2008; Harris, 2012; McClain & Garrity, 2011)

Slide 43

Sex Trafficking Cont.

What are some of the most common aspects that pimps look for when recruiting a victim?

- Poverty
- Drug addicts
- Mental illness
- History of child sexual abuse
- Family dysfunction
- Criminal History
- Isolation
- School failures
- Runaways

(McClain & Garrity, 2011; Williamson & Prior, 2009)

Slide 44

Sex Trafficking Cont.

Why?

-It makes youth economically and emotionally vulnerable.

Slide 45

Sex Trafficking Cont.

- They tend to be almost invisible to society and law enforcement because they are brain washed to protect their pimps and are also constantly moved around to different cities, states, and countries.

(McClain & Garrity, 2011)

Slide 46

Sex Trafficking Cont.

Case Example Provided by Williamson and Prior (2009, pg. 52).

We were starving...we had no money, no lights, no gas. One box heater for the whole family. He didn't want to waste drug money on Christmas presents or birthday presents. He took our toys away when I was 8. He sold them and bought drugs. I started prostituting at age 11.

Slide 47

Sex Trafficking Cont.

Any thoughts or feeling on the case example?

Slide 48

Sex Trafficking Cont.

**Case Example Provided by Williamson and Prior
(2009, pg. 51)**

I was walking down the street having fun, just recently got out of here [detention] in January. And all of the sudden this black Yukon rides up. He tried to talk to me, at first, but I told him how old I was and then he rolled up around the corner and jumped out the car and just started hitting on me for no reason... [He] started beating me and just for no reason and he told me I was going to be his ho. And just started basically abusing on me and threatening me...He took me to the car and told me that I was going to make his money or he was going to kill my little brother and sisters and my mom. He said I've been watching you.

Slide 49

Sex Trafficking Cont.

**Can you guess what vulnerability the pimp saw
in the young survivor?**

-Troubled youth who just got out of
juvenile hall.

**Any thoughts and feeling regarding this last
case example?**

Slide 50

Sex Trafficking Cont.

**"I freed a thousand slaves. I could have freed a
thousand more if only they knew they were
slaves"**

~Harriet Tubman (1822-1913)~

Slide 51

Check-Out

Slide 52

Agenda

- Brief introductions
- Thoughts regarding last sessions.
- Session 1: Trafficking System
- 5 Minute break
- Session 2: Gang Involvement
- Session 3: Recruitment
- Activity 1

Slide 53

Agenda Cont.

- 10 Minute break
- Session 4: Johns
- Activity 2
- Check-out

Slide 54

Module 2: Trafficking Underground System

Slide 55

Session 1: Trafficking System

Objectives

- To learn the trafficking hierarchy.
- To learn about the players (individuals) that make up the trafficking system.
- To learn the roles of the players in the trafficking system.
- To learn about the revenue that the crime gives the players.

Slide 56

Session 1: Trafficking System

NOTE: The majority of the information provided in the following four sessions pertain the sex trafficking.

What is the Trafficking System?

-A form of organized crime that sells minors to perform sexual favors (or labor) for monetary compensation.

Slide 57

Trafficking System Con.

Who are the Players in the System?

- *Pimps/traffickers*: Individual with the sole purpose of controlling and exploiting others to earn money (can be a male or female).

Who do you think these individuals are?

1. Family Members.
2. Intimate Partners
3. Friends/acquaintances
4. Strangers

(Williamson & Prior, 2009; Harris, 2012)

Slide 58

Trafficking System Cont.

- The pimp can also be called “Daddy” to protect his identity.
- Female pimps will often be called, “Madams” and they tend to run the brothels or massage parlors.

(Williamson & Prior, 2009)

Slide 59

Trafficking System Cont.

Case Example from Harris, K.D. (2012, pg. 22)

For more than a year, a Sacramento man recruited teenage girls to work as prostitutes by promising them drugs, money, and a family-like environment. The man, along with his wife, used websites to advertise the victims and controlled them through physical force and threats of violence. The man was arrested in August 2011 when police responded to a motel near San Francisco airport and found him with a 19-year-old and two 16-year-olds.

Slide 60

Trafficking System Cont.

Other Players in the Trafficking System

- *Bottoms*: The pimp's main girlfriend (can be a boyfriend) that teaches the female youth how to perform sex acts and helps control the victims.

NOTE: In the previous example, the pimp's wife is considered the, "Bottom".

(Williamson & Ploer, 2009)

Slide 61

Trafficking System Cont.

- *Groomers/Recruiters*: Males who go out to different communities and entice female youth to go live with them or to become their girlfriends.
- *Connectors/watchers*: Individuals (often times gang members) who look to see which youths are out in the community often and late at night without supervision; who then provide that information to recruiters or pimps.

(Williamson & Prior, 2009)

Slide 62

Trafficking System Cont.

Additional Terms

- *Wife-in-laws*: Girls who are partnered together and belong to the same pimp but live in a different location.
- *Stable*: The amount/group of girls that a pimp may own and work.


(Williamson & Prior, 2009)

Slide 63

Trafficking System Cont.

The Trafficking Hierarchy

- A system that is designed for no or little interruption from law enforcement, social services, or communities.



(Williamson & Prior, 2009)

Slide 64

Trafficking System Cont.

Additional Information

- Once a trafficker has a girl in his hands and gains her trust then he will start to break her down by submitting her to beatings, gang rapes, branding, tattooing, deprivation of food, threats, and confinement.
- For labor trafficking: the traffickers put the victims through similar situations and remove any legal paperwork, like passports.
- Traffickers will also completely remove the victims identity by giving her a new name and moving her to a new state.

(Harris, 2012)

Slide 65

Trafficking System Cont.

- Females are continually moved around to major cities like Sacramento, Los Angeles, San Diego, and Las Vegas to keep the girls disoriented and to provide new faces to buyers.
- Pimps will often advertise these females online using key words such as, "new in town" or "in for the weekend", which indicates that they are under age.
- Females who are no longer useful to the pimps will then be discarded and they (youth), more likely than not, will end up prostituting on their own account.

(Harris, 2012; Hodge, 2008)

Slide 66

Trafficking System Cont.

Revenue

- It is one of the most profitable crimes with revenues of \$7 to 10 billion worldwide, making it the third largest form of organized crime after narcotics and firearm sales.
- It is the fastest growing crime due to the high profits, low convictions, and short time of incarceration for perpetrators.

(McClain & Gerrity, 2011)

Slide 67

Trafficking System Cont.

Examples

- A teenage female was forced to meet a quota of \$500.00 per night and had to work 7 days per week. Therefore, the pimp was earning over \$600,000 per year from only one girl.
- Example from a pimp's advertisement on Backpage.com:
"I filed my hustle so you can make \$1,000 a day. So how much did you make today? \$680? That means you owe me \$340 because my time is money."
(Harris, 2012, pg. 23)

Slide 68

Questions and/or Thoughts?

5 Minute Break

Slide 69

Session 2: Gang Involvement

What do street gangs have to do with commercial human trafficking?

Slide 70

Session 2: Gang Involvement

Objectives

- To gain a general understanding about gang involvement in CHT.
- To gain a general understanding on how gangs are targeting the victims.

Slide 71

Gang Involvement Cont.

- Gangs are getting involved into CHT because of the high profits... \$\$\$\$\$!
- The money that is earned is used to fund their operations, like purchasing drugs or weapons.
- Gang members can act as pimps, recruiters, or groomers.
- Members have joined CHT because it is less likely that they will be caught by law enforcement for trafficking than selling illegal drugs or weapons.

(Harris, 2012)

Slide 72

Gang Involvement Cont.

- Rival gangs like the Bloods and Sureños have even set aside their conflicts to work closely together and create a bigger CHT organization.
- Other street gangs that have turned to CHT and are now working together are the Mara Salvatrucha (a.k.a. MS-13) and Somali.
- These street gangs have also joined forces with the Mexican drug cartels since they control the smuggling routes from Mexico into the U.S.

(Harris, 2012)

Slide 73

Gang Involvement Cont.

How are the drug cartels able to assist different gangs?

- By smuggling the victims through the same tunnels that they transport drugs through.
- Therefore, the cartels provide the victims and the gang members will then exploit them into servitude.

(Harris, 2012)

Slide 74

Gang Involvement Cont.

Example

From 2007 to 2011, more than 75 tunnels were discovered and were used by the Mexican cartel to smuggle in victims. The tunnels were highly sophisticated and lead mainly to California and Arizona. One of the tunnels was more than 600 yards in length, had electric rail carts, electricity, wooden floors, and steady walls.

(Harris, 2012)

Slide 75

Gang Involvement Cont.

Statistics

- In 2012, immigration agents and Customs Enforcement's Homeland Security Investigations worked with federal, state, and local agents. They arrested 637 individuals involved in gang activity and a total of 168 gangs were identified out of those members. More than 40% of the gangs were affiliated with human trafficking.

(Harris, 2012)

Slide 76

Gang Involvement Cont.

Case Example Provided by Harris (2012, pg. 25).

In 2011, a major sex trafficking ring was shut down in San Diego when 38 members of the Oceanside Crips Enterprises were arrested for pimping and prostituting women and girls. Charges were also filed against the owners of the motel in Oceanside who, according to the indictment, set aside rooms apart from the rest of their legitimate customers where girls and women were housed, charged the gang members/pimps a higher rate for rooms where "dates" or "tricks" took place, and warned the gang members of inquiries by law enforcement.

Slide 77

Gang Involvement Cont.

Can you identify your local gangs in your community or the community that you serve?

How are those gangs affecting your clients?

Slide 78

Questions or Thoughts?

There will be no break at this time.

Slide 79

Session 3: Recruitment

Objectives

- To be able to recognize the different recruitment tactics used by the traffickers.
- To have knowledge on who in the child's life will be most likely to recruit her into slavery.

Slide 80

Session 3: Recruitment

What does recruitment mean?

- The gathering of females in order to be able to enslave them and use them for financial profit.

Slide 81

Recruitment

Types of Recruitment

- *Familial Prostitution*: The force into prostitution by parent(s) or a family member.
 - To fund the family members drug habit or it can be that mother was prostituted by her husband/boyfriend and it becomes the family business (generational).
 - Most victims are recruited through familial prostitution.

(Kotrla, 2010; Williamson & Prior, 2009)

Slide 82

Recruitment Cont.

- *Finesse Pimping*: Manipulation of girls where they make their own decision to enter the sex trafficking arena.
 - Often times, the pimps will first become the victims boyfriend and buy her all that she wants, to lure her in. Some of the finesse tactics are taking a girl to get her nails done, buying her a high end purse, or simply by talking sweet to her.

(Williamson & Prior, 2009)

Slide 83

Recruitment Cont.

- *Guerilla Pimping*: Recruitment of trafficking through the use of force, threat, violence, and intimidation
 - This type of recruitment is more common when girls are being recruited from other countries but it can occur in the U.S.

(Williamson & Prior, 2009)

Slide 84

Recruitment Cont.

- *Bait and Switch*: A technique where females are presented with attractive opportunities as bait, in order to gain their attention and gain trust, to eventually switch the situation and turn them into victims.
 - See 2nd case example.

(Williamson & Prior, 2009)

Slide 85

Recruitment Cont.

Activity 1: Role Play

- I need 4 volunteers
- You will guess the recruitment tactics the volunteers are acting out.

Slide 86

Recruitment Cont.

Where do you think recruitment occurs?

- On the streets (walking home after school).
- A friends house - Outside of Juvenile Hall
- At home - Outside group homes
- Malls.
- Corner stores.

(Williamson & Prior, 2009, Harris, 2012)

Slide 87

Recruitment Cont.

Case Example of Finesse Pimping Provided by
Williamson & Prior (2009, pg. 50)

She took me to her friend's house and I stayed there, and I was only 13 years old. I stayed with her one friend for a couple weeks... she went and she took me and my friend out on dates and my other friend and my friend's little sister, and we did it, and then she just took us to the store and buy some hygiene products and stuff like that.

Slide 88

Recruitment Cont.

What makes this last example a finesse tactic?

- Buying victim items after she was persuaded to perform sexual favors.
- Using softer language.
- Being nice.

Slide 89

Recruitment Cont.

Case Example Provided by Williamson and Prior
(2009, pg. 50)

We went over the guy's house that ran the escorting and the modeling thing, and he told me everything about the escort thing and how it was gonna go and stuff, and I'm asking him, what about the modeling? He said that he just doing escort right now, but when he get his money up, he was gonna get right to modeling.

Slide 90

Recruitment Cont.

Can you point out how the pimp "baited" the victim and then "switched" his approach?

Slide 91

Questions, Thoughts, or Feelings?

10 Minute Break

Slide 92

Session 4: Johns

Objective

- To know who the johns are.
- To understand the johns' role.

Slide 93

Session 4: Johns

What is a John?

- *John*: Individual who requests and pays for the services rendered by a victim of trafficking.

Activity 2: Who are these Johns?

Please come up to the front and write down who you think the people are that will buy sex and/or victims for labor exploitation.

(Williamson & Pisor, 2009)

Slide 94

Johns Cont.

Who are these Johns?

- Lawyers
- Doctors
- Husbands
- Young and old
- Construction Workers
- Sales men
- Mechanics
- CEOs

(Jeff, 2013)

Slide 95

Johns Cont.

- The Johns can be anybody from any socio economic status or any ethnicity, and they are mostly male.
- It is found that Johns can be miss-informed, unaware, or simply don't care that it is illegal to purchase services from a minor.
- There is a misconception that a lot of the Johns are pedophiles but they do not meet the clinical diagnosis of being a pedophile, instead these individuals tend to periodically and impulsively seek child prostitution.

(Jeff, 2013; Hall, 2011)

Slide 96

Johns Cont.

- Additionally, these individuals can be agricultural growers, restaurant and hotel owners, construction supervisors, and factory owners (mostly pertains to labor trafficking).
- The demand for sex or labor exploitation is high; therefore, the traffickers have an incentive to continue hunting victims.
- It is estimated that for every John that is arrested for soliciting sex, at least 50 females are arrested for prostitution.

(Hamis, 2012; Jeff, 2013)

Slide 97

Johns Cont.

- The state of California is one that has a higher crime punishment for Johns. The purchasing of sex is considered a felony and the buyer can be sentenced to 3 - 6 years in prison (refer to Session 1 of Module 1 for further conviction information).
- To see the problem in a broader/national sense; it was found that arrests in East Asia for child sexual abuse consisted of 27% Americans, 16% Germans, 13% British, and 13% Australian.

(Holt, 2013; Hall, 2011.)

Slide 98

Johns Cont.

- U.S. citizens have been documented to being arrested for having sex with a minor in the following countries:
 - Philippines
 - Thailand
 - Mexico
 - Guatemala
 - Russia
 - Romania
 - Cambodia
 - Costa Rica
 - Honduras
 - Kenya
 - Vietnam

(Hall, 2011)

Slide 99

Johns Cont.

What do you think these countries have in common?

Slide 100

Johns Cont.

- After the johns are arrested and convicted, they are then required to register as sex offenders (Megan's Law).

Does their crime stop there?

- No, they will go to third world countries to prey on those vulnerable children there.

(Hall, 2011)

Slide 101

Johns Cont.

Example from Alter, C. (2014)

- Law enforcement across the U.S. conducted a National Johns Arrest sting. The sting took place from July 17 to August 3 and the following are the findings:
 - 500 men seeking sex were arrested.
 - A federal border patrol agent was among those who were arrested and the man was in full uniform at the time of soliciting.
 - Another man had his infant child in the back seat of his car while trying to pick up on a prostitute.

Slide 102

Johns Cont.

Another Example

- Out of 151 arrests done in the Phoenix vicinity, 91 men were trying to buy sex from the website Backpage.com.
 - 53 % of the individuals were married.
 - 47 % were college graduates.
 - 13 juveniles survivors were saved.

Slide 103

Check-Out

Slide 104

Agenda

- New Introductions
- What have you learned so far (From Modules 1 and 2)
- Session 1: Physical Trauma
- 5 Minute break
- Session 2: Psychological/Mental Trauma
- 5 Minute break
- Session 3: Emotional Trauma
- Check-out

Slide 105

Module 3: The Abuse Experienced
and it's Effects

Slide 106

Session 1: Physical Trauma

Objective

- To gain an understanding of the different types of physical abuse experienced by survivors.
- To gain an understanding of the consequences that the physical abuse has on the survivors.

Slide 107

Session 1: Physical Trauma

What type of physical trauma's do victims of trafficking undergo?

- Physical and Sexual Abuse:
 - Severe beatings
 - Physical constraint
 - Confinement
 - Lack of food
 - Forced abortions
 - Body exhaustion
 - Lack of medical attention

Slide 108

Physical Trauma Cont.

- Gang raps
- Vaginal tears
- Sexually Transmitted Diseases (STDs)
- Branding
- Forced Tattooing
- Robbery
- Force of drug and/or alcohol use

(*Guidance to States and Services..., 2012)

Slide 109

Physical Trauma Cont.

- The environment that the youth live and work in directly affects their physical health. The following are common work conditions for both sex and labor trafficking:
 - Over crowdedness
 - Poor ventilation
 - Lack of sanitation
 - Long working hours
 - No safety training
 - No protective equipment
 - Inadequate nutrition

(Oram, Ostrovski, Gorroag, Matineanu, Gorroag, Triguib, & Albat, 2012)

Slide 110

Physical Trauma Cont.

Can you name work places where victims may experience the above conditions?

Hint: It was discussed in the first Module

- Sweatshops
- Massage Parlors
- Brothels
- Strip clubs

Slide 111

Physical Trauma Cont.

Potential Outcomes of Physical Abuse

- Injury and pain
- Neurological Drawbacks
- Gastrointestinal Issues
- Dermatological Problems
- Cardiovascular Difficulties
- Musculoskeletal Complications
- Cognitive Setbacks
- Sensory Problems

(Oram, et. al, 2012)

Slide 112

Physical Trauma Cont.

Most Common Symptoms Experienced by
Victims of Sex and Labor Trafficking

- Head aches	- Vision Issues
- Stomach pain	- Urinary Problems
- Back pain	- Fatigue
- Loss of appetite	- Infections
- Tooth pain	- Exposure to HIV

(Oram, et. al, 2012)

Slide 113

Physical Trauma Cont.

Symptoms Continued

- Infertility	- Rectal Trauma
- Diabetes	- Cancer
- Tuberculosis	- Scabies

(Oram, et. al, 2012; McClain & Garrity, 2011; Baker & Grover, 2013)

Slide 114

Physical Trauma Cont.

- Women who have been trafficked for sex report a higher prevalence of head aches than those who have been used for labor.
- Back pain is more common among females who experience labor trafficking.
- Gynecological setbacks are more common with victims of sex trafficking, as well as weight loss.
- Vision problems are more likely on individuals who have been trafficked for labor purposes.

(Oram, et. al, 2012)

Slide 115

Physical Trauma Cont.

Case Example Provided by Department of State
(2012, pg. 24)

Shewaye, an Ethiopian woman, was forced to work as a nanny under abusive conditions and no pay... At the hands of her employer, Shewaye suffered severe abuse, including burns from scalding hot water poured over her head and body, and was never allowed medical treatment for festering wounds...

Slide 116

Thoughts, Feelings, or Questions?

5 Minute Break

Slide 117

Session 2: Psychological/Mental
Trauma

Objectives

- To understand the different types of mental traumas experienced by survivors.
- To understand the different disorders caused by the traumas.

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Session 2: Psychological/Mental
Trauma

- All of the psychological traumas experienced by survivors are caused by the brutal and inhumane conditions that they are forced to live (Review Session 1: Physical Trauma for examples).
- Additionally, a significant amount of survivors have experienced neglect, abuse, and trauma at home (before entering CHT); therefore, increasing the likelihood of developing a mental disorder.

(Hossain, Zimmerman, Abasi, Light, & Watts, 2010)

Slide 119

Psychological/Mental Trauma Cont.

Most Common Types of Mental Disorders that Result from the Trauma Experienced when being Trafficked

- Post Traumatic Stress Disorder (PTSD)- When the individual re-experiences a traumatic event and at the same time, undergoes signs of arousal. This individual will also try and avoid any stimuli that is associated with the traumatic event that she/he experienced.

(Abas, Ostrowschi, Prince, Gorceag, Triguib, & Oram, 2013)

Slide 120

Psychological/Mental Trauma Cont.

- Anxiety- The individual experiences excessive worrying and apprehensive outcomes.

Can you name some symptoms that survivors might feel when experiencing anxiety?

- Restlessness
- Lack of sleep
- Muscle Tension
- Fatigue
- Lack of concentration

(Abas, et al., 2013)

Slide 121

Psychological/Mental Trauma Cont.

- Depression- Feelings of deep sadness that are accompanied by lack of motivation to go on with daily activity.

What are some symptoms of depression?

- Excessive or lack of sleep - Loss of appetite
- Anhedonia - Weight loss
- Excessive periods of sadness

(Abas, et al., 2013)

Slide 122

Psychological/Mental Trauma Cont.

- Survivors will also experience comorbidity, which is more than one mental disorders.
 - For example, PTSD and depression.
- It is also common for survivors not to meet the official diagnosis of a mental disorder but experience a number of symptoms associated with the disorders just mentioned.

(Abas, et al., 2013)

Slide 123

Psychological/Mental Trauma Cont.

- Sexual violence during bondage tends to be associated with symptoms of PTSD.
- Physical violence during trafficking is associated with symptoms of anxiety.
- Limited freedom is positively associated with symptoms of anxiety, during trafficking.

(Hossain, et al., 2010)

Slide 124

Psychological/Mental Trauma Cont.

- Research has demonstrated that the mental health problems will vary with the duration, type, and time since exploitation.
- Females who spend 6 months or more in the trafficking system are twice as likely to experience anxiety and depression, compared to those who have spent less time.

(Abas, et al., 2013; Oram, et al, 2012)

Slide 125

Psychological/Mental Trauma Cont.

Example

- Hossain, Zimmerman, Abas, Light, and Watts (2010) conducted a study where they evaluated a total of 204 girls and women survivors of CHT. The study was conducted in 7 different Countries and they found that out of those 204 survivors, 54.9% had symptoms of depression, 98% experienced anxiety, 77% PTSD, and 91% a co-morbid of all three disorders.

Slide 126

Psychological/Mental Trauma Cont.

Case Example of Another Traumatic Event Experienced by a Minor

So basically they just kept pressuring me like, "mom, you gonna do this the easy way or the hard way?"... They violated me in every way possible. And I just remember trying to hold back the tears and how much pain I was in and how they laughed and thought it was funny... Like I remember everything that happened, but at that moment I was not there. Like you leave your body...that [rape] lasted about a good three or four hours. And when they were done with me, they threw more dope in my face and left me in the room.

(Williamson & Pricc, 2009, pg. 56)

Slide 127

How do you feel about the last case
example?

5 Minute Break

Slide 128

Session 3: Emotional Trauma

Objectives

- To learn about the emotional distress in the adolescents life.
- To learn how the distress affects the youth.

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Session 3: Emotional Trauma

- The emotional trauma that is experienced by survivors stems from all of the physical and sexual violence that is caused by the players in the trafficking system and the johns.
 - For example: gang rapes, branding, severe beatings.
- See Session 1: Physical Trauma, for a more extensive list.

(*Guidance to States and Services..., 2012)

Slide 130

Emotional Trauma Cont.

Note: Some of the material may overlap with Session 2: Psychological/Mental Trauma.

What do you think are some of the emotional symptoms that survivors will experience?

- Hopelessness and despair, which can often times lead to suicide ideation.
 - For example: Suicide rates with children who have experienced this type of complex trauma, tend to be higher compared to children who are in the Child Welfare System for general abuse or neglect.

(*Guidance to States and Services..., 2012)

Slide 131

Emotional Trauma Cont.

- Lack of or incapability of trust, which will affect the victims relationships. The victim will most likely have difficulty forming a bond and establishing close relationships.
- Change in self perspective or in how she feels about herself. This often is accompanied by feelings of shame or guilt. The victim will often feel it's her fault that she was enslaved.

(*Guidance to States and Services...7, 2012)

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Emotional Trauma Cont.

- Change in the way the youth may view the perpetrator. It is not uncommon for the victim to establish a traumatic bond with her trafficker, which makes her extremely protective of him.
- Nightmares where they relive the abuse.
- Low self-esteem.
- Loss of self confidence and assertiveness.

(*Guidance to States and Services...7, 2012; Rafferty, 2008)

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Emotional Trauma Cont.

- Loss of personal goals
- Social and emotional withdrawal, where the teens have a hard time interacting with others and mainstreaming back into society.

Any other symptoms that you can think of that result from emotional trauma?

(Rafferty, 2008)

Slide 134

Emotional Trauma Cont.

The Effects of the Emotional Trauma and CHT in General, can Lead to the following:

- Self destructive behaviors that can include cutting oneself or acting up/misbehaving with others.
- Antisocial behaviors that can lead the youth into the Juvenile Justice System.
- Sexualized behavior and often times, youth will return to prostitution after being rescued.

(“Guidance to States and Services...”, 2012; Rafferty, 2008)

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Emotional Trauma Cont.

- Research demonstrates that youth will mimic the same aggressive and hostile behaviors that they experienced.
- They also have difficulty relating or identifying with peers, which leads to further isolation.

(Rafferty, 2008)

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Emotional Trauma Cont.

What are some other areas of a child's life that can be affected by CHT?

- Education- the outcomes of being trafficked can include the following:
 - Developmental Delays
 - Language difficulty
 - Cognitive inabilities
 - Memory Deficits
 - Grade retention

(Rafferty, 2008)

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Check-Out

Slide 138

Agenda

- Welcome
- This is the second to last day of training.
- Session 1 : Identification of Physical, Psychological, and Emotional Needs.
- 5 Minute Break
- Session 2: Assessment Tools
- 5 Minute Break
- Session 3: Resources and Referrals
- Check-Out

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Module 4: Service Delivery Systems

Slide 140

Session 1: Identification of Physical,
Psychological, and Emotional Needs

Objectives

- To be able to identify the physical needs of survivors.
- To be able to address the psychological and emotional needs of survivors.

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Session 1: Identification of Physical, Psychological, and Emotional Needs.

Physical Needs

Can you think of some basic needs that youth might be in need of once they are rescued?

- Housing/shelter- the number one need indicated by youth.
- Job Skills or Vocational Assistance- Providing new skills so that they do not return to prostitution.

(Baker & Groer, 2013)

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Identification of Needs Cont.

- Immigration/Legal services- Help undocumented youth obtain residency so that they can better establish a life in the U.S.
 - For Example: A survivor might be eligible to for government services under the programs Unaccompanied Refugee Minor, a National Human Trafficking Victim Assistance, a T-visa, or a U-visa.
- Financial Training- Assisting the youth in opening up a bank account and teaching them how to manage their finances.

(Baker & Groer, 2013; "Guidance to States and Services...", 2012)

Slide 143

Identification of Needs Cont.

- Education- being able to get caught up to their educational age and level or assisting them obtain their General Education Degree.
- Medical care- They need to get caught up with all of their vaccines and treated for any medical conditions that may have been left untreated.

(Baker & Grover, 2013)

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Identification of Needs Cont.

- Basic living skills- We have to remember that survivors have been isolated from the world; therefore, they might need to learn how to ride the bus or make appointments.
- Dental Care- Victims might have never seen a dentist.

(Baker & Grover, 2013)

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Identification of Needs Cont.

Psychological and Emotional Needs

NOTE: Providers should look for evidence based practices when treating survivors of trafficking.

Can you identify what psychological or emotional needs survivors might have?

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Identification of Needs Cont.

- Individual Therapy
 - Multisystem Therapy (MST)- This therapy is used to treat behavioral problems, mental health, social functioning, relationships, and alcohol and drug use. It is mainly used to treat emotional disorders, PTSD, and behavioral problems in minors.
 - Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)- This form of therapy also focuses on social functioning and relationships.

(“Guidance to States and Services...”, 2012)

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Identification of Needs Cont.

-The Adolescent Community Reinforcement Approach (A-CRA)- An approach that has been used with runaway, homeless youth, and at risk-youth. The main focus is on substance abuse and co-occurring disorders like depression and anxiety. Additionally, it targets education and employment (social stability).

(¹Guidance to States and Services..., 2012)

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Identification of Needs Cont.

- In-Home Services- Care providers with an array of case management services to youth.
- Group Support- Having the survivors attend groups where there are other victims of CHT.
- Family Therapy- If the survivor has family or friends that want to be a part of the healing process.

(¹Guidance to States and Services..., 2012)

Slide 149

Identification of Needs Cont.

Can you identify any other needs that survivors might have?

- Spiritual care
- Social understanding without judgment
- Empowerment classes
- Sexual education

(“Guidance to States and Services...”, 2012; Kisiel, C., Fehrenbach, Small, & Lyons, 2009)

Slide 150

Questions?

5 Minute Break

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Session2: Assessment Tools

Objectives

- To gain well-rounded knowledge on the distinctive types of assessment tools used with survivors of CHT.
- To learn what assessment tools are utilized for what needs.

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Assessment Tools

Why is it important to learn about assessment/screening tools?

- Because it helps workers identify survivors of CHT.
- Because it aids workers gain a big picture of what their experiences have been.
- Because it will assist workers to identify individual needs.
- It also aids workers in tracking the youth's recovery progress.

(“Guidance to States and Services...”, 2012)

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Assessment Tools Cont.

When should assessment tools be used?

- At intake- This is when the survivor is first identified and this can help create a better case plan for the teen.
- In the middle of the case plan or at key periods- This will help workers see if the interventions are working or if any adjustments need to be done.
- At the end of treatment- This will help determine if the interventions used were successful or if additional services are needed.

(“Guidance to States and Services...”, 2012)

Slide 154

Assessment Tools Cont.

What to Assess for Without Screening Tools to Identify Youth as a Survivor of CHT

- Any signs of physical, mental, or emotional abuse.
- The youth is not able to speak for herself.
- The youth is resistant in speaking with authority figures, specially alone.
- Teen has large amounts of cash.

(“Guidance to States and Services...”, 2012; Walls, French, Moore, & Ashai, 2011)

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Assessment Tools Cont.

- The teen works long hours and receives little to no compensation.
- The youth is always accompanied by a boyfriend or male who might appear controlling.
- The adolescent demonstrates loyalty to that male figure/boyfriend and speaks positively of him.

(“Guidance to states and Services...”, 2012; Walks, French, Moore, & Ashai, 2011)

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Assessment Tools Cont.

- The teen appears nervous, guilty, tense, or humiliated.
- The youth demonstrates over sexualized behavior.
- The adolescent has difficulty identifying herself as a victim.
- The youth is not enrolled in school or has large gaps of absences.

(“Guidance to States and Services...”, 2012; Walks, French, Moore, & Ashai, 2011)

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Assessment Tools Cont.

- The youth lives where she works or lives in a confined area.
- Does not have an Identification card or immigration documents.
- Has hotel keys.
- Lies about her age or has a fraudulent identification card.

(Waltz, French, Moore, & Ashai, 2011)

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Assessment Tools Cont.

Important Points to Consider When Using Assessment Tools

- It is important that workers use screening tools that are valid and reliable on measuring trauma in children and youth. Additionally, workers should utilize tools that measure physical, social and emotional needs.
- Screening tools should not be used to clinically diagnose a survivor if the child social worker (CSW) does not have the adequate credentials to do so.

("Guidance to States and Services...", 2012)

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Assessment Tools

Assessment Tools for CHT

- Rapid Screening Tool (RST) for Child Trafficking- A tool that is used initially to determine if trafficking exists. The tool determines if the child meets the definition of trafficking. This tool is generally not be used alone.

(Waltz, French, Moore, & Ashai, 2011)

Slide 160

Assessment Tools Cont.

- Comprehensive Screening and Safety Tool (CSST) for Child Trafficking- This tool measures the gravity, nature, and range of the crime. Furthermore, it evaluates the youth's safety and aids the CSW in create a case plan for the survivor. The tool is comprised of the following three sections:
 1. Basic Information (Name, address, phone number) about the service providers and the survivor.

(Waltz, French, Moore, & Ashai, 2011)

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Assessment Tools Cont.

2. The Child Trafficking Indicator Questionnaire- It provides questions that will determine the severity and range of the trafficking.

3. The Child Trafficking Safety Assessment Form- This is for the CSW to assist in determining the safety of the child and for creating a case plan.

(Waltz, French, Moore, & Ashai, 2011)

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Assessment Tools Cont.

- Both assessment tools have been created by the Center for the Human Rights for Children, Loyola University Chicago & International Organization for Adolescents (IOF) and can be obtained through the following website with proper permission:

http://www.luc.edu/chrc/pdfs/Building_Child_Welfare_Response_to_Child_Trafficking.pdf

(Waltz, French, Moore, & Ashai, 2011)

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Assessment Tools Cont.

Can you name other assessment tools that measure trauma?

Note: Workers must have a bachelor's degree and specific training on these tools before they can administer them.

- Child and Adolescent Needs and Strengths (CANS)- assess weather the youth has experienced any trauma and it's impact on daily function.

(Conradi, Wherry, & Kisiel, 2011)

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Assessment Tools Cont.

- Child Welfare Trauma Referral Tool (CWT)- This tool presents worker with questions regarding the youth's history and assess whether the youth's reactions pertain to direct/current trauma or if it had existed prior to the traumatic situation. The tool will guide the worker in determining whether a mental health referral is needed.
- Trauma Symptom Checklist for Children (TSCC)- This tool assess for symptoms of post traumatic stress.

(Conradi, Wherry, & Kisiel, 2011)

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Assessment Tools Cont.

Other Assessment Tools that are Worth Learning About

- UCLA Posttraumatic Stress Disorder-Reaction Index (PTSD-RI)
- Beck Anxiety Inventory-Youth Version
- Children's Depression Inventory
- Rosenberg Self-Esteem Scale
- Achenbach Child Behavior Checklist, Externalizing Scale

(Conrad, Wherry, & Kistiel, 2011; Love, Koob, & Hill, 2008)

Slide 166

Questions?

5 Minute Break

Slide 167

Session 3: Resources and Referrals

Objectives

- To learn about the different types of resources available to survivors of CHT.
- To gain a general understanding regarding the referral process for service providers.

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Resources and Referrals Cont.

Resources in Orange County

Agency Name	Contact Information	Programs Offered
Orange County Human Trafficking Task Force (made up from Community Services Program, Anaheim Police Department, Westminster Police Department, and the Salvation Army)	1(714) 548-3704 www.ochumantrafficking.org	Shelters, food and clothing, medical care, legal aid, counseling, language interpreter, life skills, schooling, and job skills.
Legal Aid Society	2101 N. Tustin Ave Santa Ana, CA 92705 1(714) 571-5200 or 1(800) 834-5001	Legal Assistance
Orange County Social Services Agency – Welfare Department	http://ssa.ocgov.com/calffresh/calworks/	Monetary assistance, food, and medical care

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Resources and Referral Cont.

Catholic Worker	316 Cypress Ave. Santa Ana, CA 92701 1(714) 835-6304 www.catholicworker.org/communities/	Shelter/housing
Women Helping Women	1800 McFadden Ave. Suite 1A Santa Ana, CA. 92705 1(949) 631-2333 ext. 304 www.whw.org	Professional Clothing
Family Resource Centers	12 Different Locations www.factoc.org/family-resource-centers	Mental Health – Counseling
The Coalition of Orange County Community Clinics	17701 Cowan, Suite 220 Irvine, CA. 92614 1(949) 486-0458 www.forhealthyoc.org	Medical Care – women wellness, dental, and optometry

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Resources and Referrals Cont.

Resources in Los Angeles County

Agency Name	Location	Programs Offered
Gems Uncovered	1140 East Pacific Coast Hwy., Long Beach CA 90806 1(562) 275-1698 www.GemsUncovered.org	Street-outreach support and prayer, general education classes, dance classes, art therapy, mentoring, counseling, and community awareness.
Saving Innocence	PO Box 91037 Los Angeles, CA 90093 1(310) 962- 0884 www.savinginnocence.org	My Life My Choice Workshops- 10 week programs for prevention of human trafficking

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Resources and Referrals Cont.

Children of the Night	14550 Sylvan St. Van Nuys, CA. 91411 1(818) 908-4474 www.childrenofthenight.org	Shelters, schooling, life skills, ongoing case management, resources to survivors, and job skills.
Los Angeles County	www.dpas.co.la.ca.us	Monetary assistance, food, and medical care.
Catholic Worker	652 Britania St. Los Angeles, CA. 90033 1(213) 267-8789 www.catholicworker.org/communities/	Shelter/housing
Dress for Success	2100 South Hill St. Los Angeles, CA. 9007 1(323) 461-1021 www.dressforsuccess.org (Location in San Diego as well)	Professional Clothing

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Resources and Referrals Cont.

Community Clinic Association of Los Angeles	700 S. Flower St. Suite 3150 Los Angeles, CA. 90017 1(213) 201-6500 www.ccahs.org	Medical Care – women wellness, dental, and optometry
CASTLA	5042 Wilshire Blvd., #556 Los Angeles, CA. 90016 1(213) 365-1906 www.castla.org/homepage	Shelter, legal aid, and social support.
Salvation Army Anti-Trafficking Program	www.salvationarmyusa.org	Housing and job training
Little Tokyo Service Center	231 E. Third St. Suite G-106 Los Angeles, CA. 90013 1(213) 473-3030 www.ltscc.org	Housing

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Resources and Referrals Cont.

Other Resources

- National Resource Center for Human Trafficking
1(888)373-7888
NHTRC@PolarisProject.org
- HHS Services Grants
U.S. Committee for Refugees and Immigrants 1(800)
307-4712
traffickingvictims@uscridc.org
- Office for Victims of Crime
www.ojp.usdoj.gov/grants/traffickingmatrix.html

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Resources and Referrals Cont.

- Good Will – Job Training
www.goodwill.org/goodwill-for-you/jobs-and-careers/
- California Crime Victim Compensation
www.vcgcb.ca.gov
- The Web Resource for Combating Human Trafficking
www.humantrafficking.org/countries/united_states_of_america/ngos

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Resources and Referrals

Referrals

- Referrals are needed so that the servicing agencies continue to receive funding for their programs.
- So that the agencies can assess if and how they can assist the survivor.
- Referrals typically require general information about the survivor and the referring party.

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Session 3:

- Referrals for service providers are available through the National Human Trafficking Resource Center.

1 (888) 373-7888

SMS: 233733 (Text "HELP" or "INFO")

Hours: 24 hours, 7 days a week

Languages: English, Spanish

Website: traffickingresourcecenter.org

("Guidance to States and Services...", 2012)

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Check-Out

Slide 178

Agenda

- Welcome to the last day of training
- Session:1 Prominent Cultural/Ethnicities in the United States Affected by CHT
- 5 Minute Break
- Session 2: Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Youth
- 5 Minute Break
- Session 3: Foster Care Culture
- Check-out
- Post-Test/Survey

Slide 179

Module 5: Cultural Competency

Slide 180

Session 1: Prominent Cultural/Ethnicities in the United States/California Affected by CHT

Objectives

- The CSW will learn about the prominent ethnicities that are affected by CHT.
- The CSW will learn about the prominent international cultures targeted by CHT.

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Session 1: Prominent Cultures Cont.

- CHT is a world-wide occurrence, victims vary ethnically and are found in various geographic locations across the globe, where it is reported that nearly every country in the world is involved either as a country of origin (where the youth will be recruited from) or destination of transit (where they will be taken to).
- The continuous demand by johns, for new faces and bodies denotes that youth will be recruited from different parts of the world.

(“Human Trafficking: Facts and Figures,” 2012; McClain & Gerrity, 2011)

Slide 182

Prominent Cultures Cont.

Do you think ethnicity is an important factor when selling the female youth?

- Youth are advertised in a very stereo typical way. For example, if the female is African American then the trafficker will advertise her as “Brown Sugar” or “Pocahontas” if they are Native American.

(Harris, 2012)

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Prominent Cultures Cont.

- Statistics collected on CHT cases between 2008 and 2010 indicate the following:
 - 63% of labor trafficking survivors are Hispanic.
 - 17% of labor trafficking youth are Asian.
 - 40% of sex trafficking survivors are African American.
 - 26% of sex trafficking teens are White.

(Banks & Kyskelhahn, 2011)

Slide 184

Prominent Cultures Cont.

- 83% of the survivors were U.S. citizens.
- 67% of the survivors were undocumented.
- 28% of the survivors were legal residents.
- Children are victimized from all over the world and then brought to the U.S. Therefore, a wide range of cultural competency is essential.

(Banks & Kyskelhahn, 2011)

Slide 185

Prominent Cultures Cont.

How do you think social workers can be prepared to meet the cultural needs of the survivors?

- Make sure to take the time to learn about the individual's personal culture by getting to know them and asking them.
- Do not stereo-type and make assumptions.
 - For example: If the teen is Mexican, don't assume that she has a big family to provide social support.

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Prominent Cultures Cont.

- Make an attempt to learn about the survivors culture ahead of time.
- Learn about the resources that might be helpful to the survivor ahead of time.
 - For example: Have the immigration paperwork handy if the survivor is undocumented.
- Connect survivors with resource agencies that are familiar with their culture.
 - For example: Vietnamese Communities or Cambodian Families.

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Questions?

5 Minute Break

Slide 188

Session 2: LGBTQ Youth

Objective

- CSW will learn how the LGBTQ community is affected.

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Session 2: LGBTQ Youth Cont.

- LGBTQ youth in CHT is often overlooked and under reported.
- Due to the stigma associated with both being LGBTQ and a victims of CHT, this is a crime that is even more hidden than the those survivors that are heterosexual.
- There has not been a lot of research done with LGBTQ youth and CHT; therefore, the information on this population is extremely limited.

(Martinez & Kelle, 2013)

Slide 190

LGBTQ Youth Cont.

Why is it important to learn about this population?

- It is important to understand what the population undergoes in order to be able to better address their needs.
- The LGBTQ community already faces the challenge of being rejected due to their sexual preference and they are often times rejected by foster and biological families, causing them to run away.

(McClain & Garry, 2011)

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LGBTQ Youth Cont.

- The majority of victims that are recruited into CHT are males.
 - Males are less likely to report their victimization due to the societal barriers and society still hides the fact that males can experience extreme violence.
- These victims are targeted into CHT in exchange for food, shelter, or money.

(McClain & Garrity, 2011; Martinez & Kelle, 2013)

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LGBTQ Youth Cont.

- It is estimated that 20-40% of homeless minors identify themselves as LGBTQ.
- Out of the above percentages 58.7% of the homeless LGBTQ teens, are recruited into CHT.

What do you think are some of the challenges that this population faces?

(McClain & Garrity, 2011; Martinez & Kelle, 2013)

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LGBTQ Youth Cont.

Challenges

- Physical Trauma from torture.
- Mental abuse = anxiety, depression, PTSD, and or substance abuse.
- Domestic violence.
- Violent sex acts.
- STDs

(Martinez & Kalle, 2013)

Slide 194

LGBTQ Youth Cont.

- HIV
 - Due to the violent sex acts that the teens are forced to do, it makes it easier for the virus to enter the body.
 - This includes new strands of the virus that are resistant to current treatment.
- In general, society's lack of education on this population increases their vulnerability to victimization.

(Martinez & Kalle, 2013)

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LGBTQ Youth Cont.

Are you aware of resources that specifically address the LGBTQ youth?

Agency Name	Contact Information	Programs Offered
The Center OC	1605 N. Spurgeon St. Santa Ana, CA 92701 1(714) 953-LGBT (5428) www.lgbtcenteroc.org	Social support and education
OC ACCEPT	2035 E. Ball Road, Suite 100C Anaheim, CA, 92843 1(714) 517-6100 www.ocalifornia.com/ocaccept	Individual and family counseling, resource center, social support, education

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LGBTQ Youth Cont.

Agency Name	Contact Information	Programs Offered
Los Angeles LGBT Center	1625 N. Schrader Blvd Los Angeles, CA, 90028 1(323) 993-7400 http://www.lgbtcenters.org/centers/california/12/la-gay-and-lesbian-center.aspx	Resource Center
LA Youth	http://www.layouth.com/resources-for-lgbtq-teens/	Mental Health, Legal assistance, and social support

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Thought or Questions?

5 Minute Break

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Session 3: Foster Care Culture

Objective

- CSW will learn how and why the foster youth are victimized.

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Session 3: Foster Care Culture

- Due to the existing vulnerability that foster children are in, they are at higher risks of being recruited for CHT.
- It is estimated that 1,256,600 children between 2005 and 2006 experienced some form of maltreatment. This indicates that 1 child out of every 58 in the U.S. is affected.
- 408,425 children were in foster care in the year 2010.

(Greeson, Ake III, Howard, Briggs, Ko, Pynoos, Kisiel, Gerrity, Fairbank, Layne, & Steinberg, 2011)

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Foster Care Culture Cont.

Trauma Experienced

- There are often times severe trauma like sexual abuse.
- Multiple traumas. A social worker may go into a home and remove a child for general neglect and then find out that they child is also being physically abused.

(Greeson, & et. al,2011)

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Foster Care Culture Cont.

- The traumas are then exacerbated by the removal process and then the placement in foster care.
- The youth often times already enter the child welfare system with a mental health diagnosis.
- The youth that have experienced complex trauma are 1.5 times more likely of having PTSD.

(Greeson, & et. al, 2011)

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Foster Care Culture Cont.

What types of abuse/trauma do the children in foster care experience?

- Neglect
- Emotional Abuse
- Sexual Abuse
- School Violence
- Traumatic Loss, bereavement, and or separation
- Domestic Violence
- Physical Abuse
- Sexual Assault
- Community Violence

(Greeson, & et. al, 2011)

Slide 203

Foster Care Culture Cont.

What dysfunctions do children in the child welfare system face?

- Chronic Behavioral Problems
- Emotional Problems
- Medical Issues
- Mental health conditions
 - 70% of the youth in the child welfare agency have a mental diagnosis.
 - 79% have a comorbid diagnosis.

[Whitted, Delavega, & Lennon-Dearing, 2013]

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Foster Care Culture Cont.

- Lack of understand how their actions impact others.
- Inability to anticipate consequences
- Delinquent behavior
 - This is twice a high for foster children compared to youth out in the community.
- Learning Disabilities

[Whitted, Delavega, & Lennon-Dearing, 2013]

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Foster Care Culture Cont.

Services Provided by the Child Welfare System

- The general focus of the child welfare agencies (CWA) are on the child's behavioral and emotional well being, which typically does not address all of the psychological symptoms.
- What tends to be ignored by CWA is the history of trauma exposure, trauma-specific reactions, and the functioning difficulties associated with the trauma.

(Greeson, et. al.2011)

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Foster Care Culture Cont.

- The CWA only generally assess for trauma at intake and fails to do so through out the life of the child's life in foster care. Therefore, they are not able to see if the symptoms are alleviated.
- Once the child workers create a case plan, it is often followed through with out any revisions.
- Therefore, social workers should be aware of not only the culture of a foster child but the limitations of their own agency.

(Greeson, et. al. 2011; Villagrana, 2010)

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THANK YOU ALL FOR YOUR
PARTICIPATION!

Check-Out

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APPENDIX B
CURRICULUM AGENDAS

Module 1: Prevalence of Commercial Human Trafficking (CHT)

Session 1: History of CHT

Check-in

1. Facilitator will welcome all participants and introduce her/himself by stating his name and experience with CHT.
2. Facilitator will have the power point set up prior to the session so that she/he can be ready to post and review the agenda for the day.
3. Ask all participants to introduce themselves by stating their name, place of employment, and experience with CHT.
4. Distribute the group rules found in Appendix C and ask for volunteers to read the rules.
5. Cover confidentiality by informing participants that all information discussed during training will need to be kept confidential with the exception of any case of abuse, danger to self, or danger to others.
6. Administer pre-survey.
7. Conduct the Ice Breaker (Two Truths and a Lie) found in Appendix C.

Presentation

Note: All power point presentations will incorporate questions designed to stimulate discussion.

1. Give disclaimer to class that some of the material can be disturbing and it is ok to take a short break to recollect oneself.
2. Pass out power point slides to workers.
3. Begin power point presentation.
4. Summarize material covered and ask for any questions.
5. Give class five minute break.

Session 2: Labor Trafficking

Presentation

1. Distribute power point slides for Session 2.
2. Begin power point presentation.
3. Summarize material covered and ask if there are any questions, comments, or concerns.
4. Inform participants of the next topic (sex trafficking).
5. Give class a five minute break.

Session 3: Sex Trafficking

Presentation

1. Check to see if any new questions emerged during break.
2. Pass out last set of power point slides.
3. Begin power point presentation.
4. Summarize the material.

Check-out

1. Ask for any questions.
2. Go around and address every single individual to see if they would like to share their feelings on the material.
3. Provide a brief overview of Module 2 (The Trafficking Underground System).
4. Give information (place, time, and date) of the next meeting.
5. Thank and dismiss the participants.

Materials Needed

1. Computer.
2. Overhead Projector.
3. 20 sets of power point slides printed for all three sessions in the first module.
4. Chalk board (chalk), dry-erase board (dry-erase markers), or jumbo post-it notes (markers).
5. Power point presentation.
6. Group Rules.
7. Agendas for corresponding sessions.
8. Pre-survey

Module 2: Trafficking Underground System

Session 1: Trafficking System

Check-in

1. Welcome all participants back.
2. Facilitator will introduce her/himself again by stating her/his name.
3. Have participants briefly introduce themselves by only stating their name.
4. Ask group members how they felt at home/work and if new thoughts had emerged since last session.
5. Post and review the agenda for the day.

Presentation

Note: All power point presentations will incorporate questions designed to stimulate discussion.

1. Summarize material covered in Module 1.
2. Distribute power point slides for Session 1.
3. Begin power point presentation.
4. Summarize material in Session 1.
5. Ask for any questions.
6. Allow participants to take a five minute break.

Session 2: Gang Involvement

Presentation

1. Begin power point presentation.
2. Summarize presentation.
3. Ask for any questions.
4. Inform group members that there will not be a break until after Session 3.

Session 3: Recruitment

Presentation

1. Distribute power point slides.
2. Begin power point presentation.
3. Begin Activity 1 (Role Play) found in appendix C, after all recruitment tactics have been presented.
4. Complete the remainder of the power point presentation.
5. Summarize the session.
6. Ask for any thoughts, questions, feelings, and/or opinions.

7. Allow participants to take a 10 minute break.

Session 4: Johns

Presentation

1. Distribute last set of power point slides for the Module 2.
2. Check to see if there are any other questions.
3. Begin Activity 2 (The Johns) found in Appendix C.
4. Begin the power point presentation.
5. Summarize Session 4.

Check-out

1. Facilitator will go around and ask each individual if they would like to share any feelings regarding the material.
2. Ask participants if they like the flow of information and if they have suggestions on how it can be delivered more effectively.
3. Confirm next meeting.
4. Thank participants and dismiss them.

Materials Needed

1. Computer.
2. Overhead Projector.
3. 20 sets of power point slides printed for all four sessions.
4. Chalk board (chalk), dry-erase board (dry-erase markers), or jumbo post-it notes (markers).
5. Power point presentation.
6. Activities 1 and 2.
7. Agendas for corresponding sessions.

Module 3: Abuse Experienced and its Effects

Session 1: Physical Trauma

Note: Facilitator should review Module 3 presentations before training.

Check-in

1. Facilitator will ask participants how they are doing.
2. Review the agenda for the day.
3. Summarize all modules (one and two) taught thus far by asking participants what they have learned.
4. Facilitator will have any new participants introduce themselves.

Presentation

Note: All power point presentations will incorporate questions designed to stimulate discussion.

1. Distribute power point slides.
2. Deliver presentation.
3. Summarize material.
4. Ask for any questions.
5. Dismiss group for a five minute break.

Session 2: Psychological/Mental Trauma

Presentation

1. Distribute power point slides.
2. Deliver presentation.
3. Summarize material and inform group of next topic (emotional trauma).
4. Ask for any questions.
5. Dismiss group for a five minute break

Session 3: Emotional Trauma

Presentation

1. Distribute power point slides.
2. Deliver presentation.
3. Summarize material.
4. Ask for any questions.

Check-out

1. Summarize all three sessions.

2. Ask all participants if there is anything that they would like to share.
3. Inform the group that they are halfway done with the training.
4. Give them an overview of what is left to cover (Service Delivery and Cultural Competency).
5. Confirm next time meeting.
6. Thank them for their participation and dismiss them.

Materials Needed

1. Computer.
2. Overhead Projector.
3. 20 sets of power point slides printed for all three sessions.
4. Chalk board (chalk), dry-erase board (dry-erase markers), or jumbo post-it notes (markers).
5. Power point presentation.
6. Agendas for corresponding sessions.

Module 4: Service Delivery Systems

Session 1: Identification of Physical, Psychological, and Emotional Needs

Note: Facilitator should review Module 4 presentations before training.

Check-in

1. Welcome all participants back and inform them that there is one more day of training left after this one.
2. Display and review agenda for the day.

Presentation

Note: All power point presentations will incorporate questions designed to stimulate discussion.

1. Distribute power point slides.
2. Deliver the power point presentation.
3. Ask for any questions.
4. Allow a five minute break.

Session 2: Assessment Tools

Presentation

1. Inform them of the topic.
2. Deliver the power point slides.
3. Disclose that the assessment tools would be used to better assess for symptoms and not to clinically diagnose anybody.
4. Ask for any questions.
5. Allow a five minute break.

Session 3: Resource and Referrals

Presentation

1. Distribute power point slides and resources found in Appendix D.
2. Ask for any new questions.
3. Proceed to deliver power point presentation for Session 3.

Check-out

1. Summarize all three sessions.
2. Ask all participants if there is anything that they would like to share.

3. Inform them of the last topic (Cultural Competency).
4. Confirm next time meeting.
5. Thank them for their participation and dismiss them.

Materials Needed

1. Computer.
2. Overhead Projector.
3. 20 sets of power point slides printed for all three sessions.
4. Chalk board (chalk), dry-erase board (dry-erase markers), or jumbo post-it notes (markers).
5. Power point presentation.
6. Agendas for corresponding sessions.
7. Recourse list (Appendix D).

Module 5: Cultural Competency

Session 1: Prominent Cultural/Ethnicities in the United States/California Affected by

CHT.

Check-in

1. Welcome all participants back.
2. Display and review agenda for the day.

Presentation

Note: All power point presentations will incorporate questions designed to stimulate discussion.

1. Distribute power point slides.
2. Deliver the power point presentation.
3. Ask for any questions.
4. Conduct a short processing period of around five minutes.
5. Allow a five minute break.

Session 2: Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth

Presentation

1. Distribute power point slides.
2. Deliver the power point presentation.
3. Summarize Session 1 and 2.
4. Allow a five minute break.

Session 3: Foster Care Culture

Presentation

1. Distribute power point slides.
2. Deliver the power point presentation.
3. Ask for any questions.

Check-out

1. Summarize material for all five modules.
2. Ask participants for any questions pertaining to any module.
3. Ask for feedback regarding the delivery of the material.

4. Provide any set of power point slides (from all five modules) to participants who might have missed a session.
5. Take around 15 minutes to ask participants for any final thoughts, opinions, and/or feelings.
6. Thank the group for their participation and invite them to disseminate information learned to other co-workers.
7. Distribute post-survey and inform participants that they may leave after they are done.

Materials Needed

1. Computer.
2. Overhead Projector.
3. 2 sets of power point slides printed for all 5 modules.
4. Chalk board (chalk), dry-erase board (dry-erase markers), or jumbo post-it notes (markers).
5. Power point presentation.
6. Agendas for corresponding sessions.
7. Post-survey.

APPENDIX C
HANDOUTS AND WORKSHEETS

Assessment of Child Social Workers' Knowledge on Commercial Human Trafficking (CHT)

Non-Standardized Pre and Post Survey

Part I

Please take a moment to complete the following survey by circling a number (0-4) that best describes your experience at the current time. The following indicates the value of each number:

0 = Does not apply or do not agree

1 = Applies to a small degree or agree to a small degree

3 = Applies most of the time or agree most of the time

4 = Applies all the time or strongly agree

- | | | | | | |
|--|---|---|---|---|---|
| 1. I work with a population that consists of female minors. | 0 | 1 | 2 | 3 | 4 |
| 2. I have worked with CHT survivors. | 0 | 1 | 2 | 3 | 4 |
| 3. The agency that I work for track of services provided to survivors of CHT. | 0 | 1 | 2 | 3 | 4 |
| 4. Victims of minor sex trafficking are easily identifiable. | 0 | 1 | 2 | 3 | 4 |
| 5. Survivors of CHT are recruited internationally and from the U.S. | 0 | 1 | 2 | 3 | 4 |
| 6. I am aware that sex trafficking victims do not initially accept help. | 0 | 1 | 2 | 3 | 4 |
| 7. Law enforcement agencies should be the only ones to deal with victims of sex trafficking. | 0 | 1 | 2 | 3 | 4 |

Part II

Please circle the most suitable answer.

1. I am aware of at least 3 resources for minor sex or labor trafficking victims.

- a) True
 - b) False
2. There are immigration laws that provide permanent residency for CHT survivors.
- a) True
 - b) False
3. Doctors and lawyers have been found to be Johns.
- a) True
 - b) False
4. Rival gangs are working together (teaming up) to recruit female youth for CHT.
- a) True
 - b) False
5. What is the average age of a female minor when she is recruited in slavery?
- a) 5
 - b) 8-12
 - c) 13-15
 - d) 16 +
6. Survivors experience _____ trauma after they have been victimized.
- a) Psychological
 - b) Physical
 - c) Emotional
 - d) All of the above

Please fill in the blank.

7. A physical effect after a forced abortion can be _____ .
8. Severe mental abuse/trauma can cause _____ (psychological disorder).
9. The Beck Depression Inventory is used to measure _____ in victims of CHT.
10. The three most prominent ethnicities to be affected by Domestic Minor Sex Trafficking are _____, _____, and _____.
11. A Bottom in the trafficking hierarchy is?

12. Finesse Pimping is?

Part III

Please provide your comments regarding your satisfaction of the training and any recommendations.

Group Rules

1. Take part in the group discussion or activity.
2. Be respectful to others by not talking over them.
3. Respect others thoughts, opinions, and comments.
4. Maintain confidentiality.
5. Speak directly to the person you are referring too (if in the same room).
6. One person speaks at a time.
7. Make sure to silence your phones and electronic devices.
8. Please exit quietly if leaving the room.

Two Truths and a Lie-Ice Breaker

Each group members will take turns going around and stating two things that are true and one that is a lie about their employment experience without stating which is which. The other professionals will try and guess which one is the lie by calling it out, and briefly explaining why they think it's a lie. For example, a group member may say that she has worked with a trafficking survivor from Iran, worked for the U.S. embassy in Brazil, and is currently the program manager for an anti-trafficking agency. All other members will listen diligently and call out which they think is a lie. After around two minutes, then the group member telling her experience will say which one is the lie and explain a little more about the experiences that are true. The above will be completed until all participants have taken a turn to tell their two truths and a lie. Additionally, the order of the participants can be done in a Round Robbin fashion or they can simply volunteer to go next.

Activity 1: Role Play

The facilitator will call for volunteers to act out the recruitment trafficking tactics (Bait and Switch, Finesse Pimping, and Guerrilla Pimping). The facilitator will ask for a total of four volunteers to walk into the front of the room and ask two of them to be the recruiters and two to be the victims. The facilitator will whisper different recruitment tactic to both sets of volunteers (one being the victim and the other the recruiter) and they will then have to role play a scene using the given tactics. However, the facilitator must allow them around two minutes before the volunteers' role play, to come up with a scene. The audience will then have to guess what tactics the volunteers are acting out.

Activity 2: The Johns

The facilitator will ask group members who they think Johns might be. Then the facilitator will allow participants to call out the answers. The facilitator can then either write down what the participants are calling out or allow the participants to write down their own answers on a jumbo post-it note or on a chalk board. The facilitator and participants will attempt to create a long list and then the facilitator will review each answer with the class.

APPENDIX D
RESOURCE LIST

Orange County Resources

<u>Agency Name</u>	<u>Contact Information</u>	<u>Programs Offered</u>
Orange County Human Trafficking Task Force (made up from Community Services Program, Anaheim Police Department, Westminster Police Department, and the Salvation Army)	1(714) 548-3704 www.ochumantrafficking.org	Shelters, food and clothing, medical care, legal aid, counseling, language interpreter, life skills, schooling, and job skills.
Legal Aid Society	2101 N. Tustin Ave Santa Ana, CA. 92705 1(714) 571-5200 or 1(800) 834-5001	Legal Assistance
Orange County Social Services Agency – Welfare Department	http://ssa.ocgov.com/calfresh/calworks/	Monetary assistance, food, and medical care
Catholic Worker	316 Cypress Ave. Santa Ana, CA 92701 1(714) 835-6304 www.catholicworker.org/communities/	Shelter/housing
Women Helping Women	1800 McFadden Ave. Suite 1A Santa Ana, CA. 92705 1(949) 631-2333 ext. 304 www.whw.org	Professional Clothing
Family Resource Centers	12 Different Locations www.factoc.org/family-resource-centers	Mental Health – Counseling
The Coalition of Orange County Community Clinics	17701 Cowan, Suite 220 Irvine, CA. 92614 1(949) 486-0458 www.forhealthyoc.org	Medical Care – women wellness, dental, and optometry

Los Angeles County Resources

<u>Agency Name</u>	<u>Location</u>	<u>Programs Offered</u>
Gems Uncovered	1140 East Pacific Coast Hwy., Long Beach CA 90806 1(562) 275-1698 www.GemsUncovered.org	Street-outreach support and prayer, general education classes, dance classes, art therapy, mentoring, counseling, and community awareness.
Saving Innocence	PO Box 93037 Los Angeles, CA 90093 1(310) 962- 0884 www.savinginnocence.org	My Life My Choice Workshops- 10 week programs for prevention of human trafficking
Children of the Night	14530 Sylvan St. Van Nuys, CA. 91411 1(818) 908-4474 www.childrenofthenight.org	Shelters, schooling, life skills, ongoing case management, resources to survivors, and job skills.
Los Angeles County	www.dpss.co.la.ca.us	Monetary assistance, food, and medical care.
Catholic Worker	632 Britannia St. Los Angeles, CA. 90033 1(323) 267-8789 www.catholicworker.org/communities/	Shelter/housing
Dress for Success	2100 South Hill St. Los Angeles, CA. 9007 1(323) 461-1021 www.dressforsuccess.org (Location in San Diego as well)	Professional Clothing
Community Clinic Association of Los Angeles	700 S. Flower St. Suite 3150 Los Angeles, CA. 90017 1(213) 201-6500 www.ccalac.org	Medical Care – women wellness, dental, and optometry
CAST L.A.	5042 Wilshire Blvd., #586 Los Angeles, CA. 90036 1(213) 365-1906 www.castla.org/homepage	Shelter, legal aid, and social support.
Salvation Army Anti-	www.salvationarmyusa.org	Housing and job

Trafficking Program		training
Little Tokyo Service Center	231 E. Third St. Suite G-106 Los Angeles, CA. 90013 1(213) 473-3030 www.ltsc.org	Housing

Other Resources

- National Resource Center for Human Trafficking
1(888)373-7888
NHTRC@PolarisProject.org
- HHS Services Grants
U.S. Committee for Refugees and Immigrants 1(800) 307-4712
traffickingvictims@uscridc.org
- Office for Victims of Crime
www.ojp.usdoj.gov/grants/traffickingmatrix.html
- Good Will – Job Training
www.goodwill.org/goodwill-for-you/jobs-and-careers/
- California Crime Victim Compensation
www.vcgcb.ca.gov
- The Web Resource for Combating Human Trafficking
www.humantrafficking.org/countries/united_states_of_america/ngos

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