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UNDERSTANDING RISK AND PREVENTION IN MIDWESTERN ANTITRAFFICKING EFFORTS: SERVICE PROVIDERS' PERSPECTIVES

Hannah E. Britton, Ph.D.*

INTRODUCTION

Since the 2000 passage of both the Trafficking Victims Protection Act (TVPA)¹ and the U.N.'s Palermo Protocols,² human trafficking has gained a notable global presence as a human rights concern. Community organizations, nonprofits, scholars, policymakers, and service providers have developed programs to identify and address human trafficking. Despite these efforts, finding reliable methods to document and quantify the instances of human trafficking continues to challenge researchers. Moreover, many believe trafficking is a problem primarily located in urban areas or along national borders.

Drawing from seven years of interviews with service providers who work in this sector, combined with survey results from an additional 722 service providers, this project adds to the growing body of research on human trafficking, specifically in the Midwestern United States. The findings of this study indicate that place and location matter in antitrafficking, especially with regard to availability of and access to resources across urban and rural areas. However, these service providers also identify similar concerns across regions with regards to trafficking warning signs and risk factors—for both sex and labor trafficking—as well as community resources that could prevent trafficking or alleviate vulnerability. These findings point toward the benefit of research that is geographically focused and involves both qualitative and quantitative research.

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1. Victims of Trafficking and Violence Protection Act of 2000, 22 U.S.C. § 7101 (2018).

2. Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Convention Against Transnational Organized Crime, *opened for signature* Nov. 15, 2000, 2237 U.N.T.S. 319.

Additionally, this research has uncovered unexpected groups of community members that may be vital in the identification and prevention of human trafficking. Though there is a growing body of research about the role of medical practitioners, law enforcement, foster care workers, and social workers in the struggle to address trafficking, there are other groups that also have important insight into the risks their communities face. Interviews revealed that firefighters have particular relationships with the communities they serve and may be ideally positioned to address human trafficking, exploitation, and vulnerability because of these relationships.

I. Public Health Approach

This project has been guided by overarching research questions focused on understanding how better to prevent labor and sex trafficking and how to better move upstream to identify the root causes of extreme exploitation. The research is centered in the public health prevention approach of antitrafficking work espoused by Jonathan Todres and embodied in the 2013 Institute of Medicine and the National Research Council's findings in *Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States*.³ The public health approach is also a methodological framework for understanding social and economic precarity, rather than research that only focuses on trafficked survivors after they have exited the system. In the long term, this upstream approach may foster policy recommendations, community intervention models, and predictors of individual vulnerability, with an eye toward preventing trafficking before it occurs.⁴ The public health framework also allows researchers to identify the protective factors that may assist individuals and groups

3. INST. OF MED. & NAT'L RESEARCH COUNCIL, CONFRONTING COMMERCIAL SEXUAL EXPLOITATION AND SEX TRAFFICKING OF MINORS IN THE UNITED STATES (Ellen Wright Clayton et al. eds., 2013); Jonathan Todres, *Assessing Public Health Strategies for Advancing Child Protection: Human Trafficking as a Case Study*, 21 J. L. & POL'Y 93, 94 (2012) [hereinafter Todres, *Assessing Public Health Strategies*]; Jonathan Todres, *Moving Upstream: The Merits of a Public Health Law Approach to Human Trafficking*, 89 N.C. L. REV. 447, 447 (2011) [hereinafter Todres, *Moving Upstream*].

4. Todres, *Assessing Public Health Strategies*, *supra* note 3, at 102–05; Todres, *Moving Upstream*, *supra* note 3, at 453.

in navigating through, or better yet in avoiding, unstable or dangerous environments.

II. Service Providers and Survivor-Leaders

In the attempt to understand these risk and protective factors, the empirical focus of this project has been to work directly with service providers who serve vulnerable populations.⁵ Because the focus of the research has been to identify upstream factors that may push or pull individuals into extreme exploitation, service providers stand at an ideal vantage point from which to understand their individual clients' histories and case files.⁶ They are also well-positioned to identify larger social, political, and structural issues that may contribute to or block exploitation. Because service providers are often tasked with implementing antitrafficking programs, understanding their perspectives and challenges is essential for program efficacy. Service providers in a particular geographic area may also offer a stable standpoint from which to appreciate a population that may be hidden, seasonal, or transient.⁷ Service providers also bring a robust set of expertise to areas that contribute to vulnerability, such as addiction, gender-based violence, housing insecurity, mental illness, disability, and poverty.

5. See generally Jennifer Chappell Deckert et al., *Midwestern Service Provider Narratives of Migrant Experiences: Legibility, Vulnerability, and Exploitation in Human Trafficking*, 18 *ADVANCES SOC. WORK* 887 (2018); Corinne Schwarz et al., *Aligned Across Difference: Structural Injustice, Sex Work, and Human Trafficking*, *FEMINIST FORMATIONS*, Summer 2017, at 1 [hereinafter Schwarz et al., *Aligned Across Difference*]; Corinne Schwarz et al., *Frontline Workers' Perceptions of Human Trafficking: Warning Signs and Risks in the Midwest*, 6 *J. HUM. TRAFFICKING* 61 (2020) [hereinafter Schwarz et al., *Frontline Workers'*]; Corinne Schwarz et al., *The Trafficking Continuum: Service Providers' Perspectives on Vulnerability, Exploitation, and Trafficking*, 34 *AFFILIA* 116 (2019) [hereinafter Schwarz et al., *Trafficking Continuum*]; Corinne Schwarz & Hannah E. Britton, *Queering the Support for Trafficked Persons: LGBTQ Communities and Human Trafficking in the Heartland*, *SOC. INCLUSION*, Feb. 23, 2015, at 63 [hereinafter Schwarz & Britton, *Queering the Support*].

6. Todres, *Assessing Public Health Strategies*, *supra* note 3, at 105; Todres, *Moving Upstream*, *supra* note 3, at 476–77.

7. Sheila Mammen & Yoshie Sano, *Gaining Access to Economically Marginalized Rural Populations: Lessons Learned from Nonprobability Sampling*, 77 *RURAL SOC.* 462, 464 (2012).

Service providers are often the first points of contact for many exploited persons.⁸ Because service providers work with vulnerable populations, they are able to help connect people to community resources. They also may be in a position to identify, end, and prevent extreme exploitation such as labor and sex trafficking. Instead of being focused solely on raising awareness, these service providers are effectively at the forefront of antitrafficking work.⁹

Research-engaging service providers in the antitrafficking field have examined the roles of service providers in prevention efforts, awareness-raising activities, identification of survivors, support of survivors, and arrest and prosecution of traffickers.¹⁰ Research has also explored the range of service providers that directly or indirectly

8. JENNIFER MUSTO, CONTROL AND PROTECT: COLLABORATION, CARCERAL PROTECTION, AND DOMESTIC SEX TRAFFICKING IN THE UNITED STATES 20 (2016); NEIL A. WEINER & NICOLE HALA, VERA INST. OF JUSTICE, MEASURING HUMAN TRAFFICKING: LESSONS FROM NEW YORK CITY iii, viii (2008); David K. Androff, *The Problem of Contemporary Slavery: An International Human Rights Challenge for Social Work*, 54 INT'L SOC. WORK 209, 216 (2010); David R. Hodge, *Assisting Victims of Human Trafficking: Strategies to Facilitate Identification, Exit from Trafficking, and the Restoration of Wellness*, 59 SOC. WORK 111, 114 (2014); Kristin A. Hom & Stephanie J. Woods, *Trauma and Its Aftermath for Commercially Sexually Exploited Women as Told by Front-Line Service Providers*, 34 ISSUES MENTAL HEALTH NURSING 75, 78 (2013); Claire Ross et al., *Human Trafficking and Health: A Cross-Sectional Survey of NHS Professionals' Contact with Victims of Human Trafficking*, 5 BMJ 1, 1 (2015); Schwarz et al., *Trafficking Continuum*, *supra* note 5, at 117.

9. While much of the contemporary research on service providers uses the language of front-line workers, including my own research, I will avoid that language for much of this paper. *See, e.g.*, ANTHROPOLOGY AT THE FRONT LINES OF GENDER-BASED VIOLENCE (Jennifer R. Wies & Hillary J. Haldane eds., 2011); Hom & Woods, *supra* note 8; Schwarz et al., *Frontline Workers'*, *supra* note 5. Historically in the literature, these service providers were often called street-level bureaucrats, yet many of the participants in this study do not identify as bureaucrats, most likely because of the cold, sometimes negative connotations of being a bureaucrat rather than a care provider. *See, e.g.*, MICHAEL LIPSKY, STREET-LEVEL BUREACRACY: DILEMMAS OF THE INDIVIDUAL IN PUBLIC SERVICES (1980). Front-line is a term from war and conflict, specifically meaning that individuals are on the physical front lines of a conflict zone and battlefield. The term is useful in its association with seeing a situation up-close and is applicable in its association with being directly involved with a situation. As this project aligns itself with antiviolence activism and in an attempt to demilitarize the language, I will refer to the research participants in this study as service providers.

10. Hodge, *supra* note 8, at 114–15; Todres, *Assessing Public Health Strategies*, *supra* note 3, at 103, 105.

engage in antitrafficking work, including those in the medical sector,¹¹ those in social services,¹² and those in law enforcement.¹³

In the past decade, there have been an increasing number of empirical studies that involve a direct focus on survivors of trafficking. This project is intended to be in conversation with that research. Throughout the research process, this project has benefited from guidance of survivor–leaders who have provided input on the research methodology and acted as beta testers of the research instruments. This project does not target survivors as the focus of the research for several reasons. First, there are few identified survivors, and many of them are in a process of recovery or are engaged in legal cases against their traffickers. Several of the survivor leaders who have had input on this research project have expressed concerns about retraumatizing survivors by making them the subject of research that is not directly focused on survivors’ recovery. Second, many members of the research team are graduate and undergraduate researchers, and this project is often their first experience with human subjects’ research.

11. See generally HUMAN TRAFFICKING IS A PUBLIC HEALTH ISSUE (Hanni Stoklosa & Makini Chisolm-Straker eds., 2017); Susie B. Baldwin et al., *Identification of Human Trafficking Victims in Health Care Settings*, HEALTH & HUM. RTS., July 2011, at 36; Wendy Macias Konstantopoulos et al., *An International Comparative Public Health Analysis of Sex Trafficking of Women and Girls in Eight Cities: Achieving a More Effective Health Sector Response*, 90 J. URB. HEALTH 1194 (2013); Elizabeth Miller et al., *Migration, Sexual Exploitation, and Women’s Health: A Case Report from a Community Health Center*, 13 VIOLENCE AGAINST WOMEN 486 (2007); Ross, *supra* note 8; Selina Varma et al., *Characteristics of Child Commercial Sexual Exploitation and Sex Trafficking Victims Presenting for Medical Care in the United States*, CHILD ABUSE & NEGLECT, June 2015, at 98; Cathy Zimmerman et al., *Human Trafficking and Health: A Conceptual Model to Inform Policy, Intervention and Research*, 73 SOC. SCI. & MED. 327 (2011). Perhaps the best resource for understanding trafficking within a medical lens is the Health, Education, Advocacy, Linkage (HEAL) Network. See *Literature*, HEAL TRAFFICKING, <https://healtrafficking.org/medical-literature/> [<https://perma.cc/9CFY-9PNC>] (last visited Mar. 10, 2020). The HEAL Network serves as a research network for published empirical research at the intersection of health and trafficking. *Id.*

12. See generally MUSTO, *supra* note 8; Androff, *supra* note 8; Deckert et al., *supra* note 5; Hodge, *supra* note 8; Alicia W. Peters, “*Things that Involve Sex Are Just Different*”: *US Anti-Trafficking Law and Policy on the Books, in Their Minds, and in Action*, 86 ANTHROPOLOGICAL Q. 221 (2013).

13. See generally AMY FARRELL ET AL., UNDERSTANDING AND IMPROVING LAW ENFORCEMENT RESPONSES TO HUMAN TRAFFICKING (2008); MUSTO, *supra* note 8; Amy Farrell, *Environmental and Institutional Influences on Police Agency Responses to Human Trafficking*, 17 POLICE Q. 3 (2014); Amy Farrell et al., *New Laws but Few Cases: Understanding the Challenges to the Investigation and Prosecution of Human Trafficking Cases*, 61 CRIME L. & SOC. CHANGE 139 (2013); Amy Farrell & Rebecca Pfeffer, *Policing Human Trafficking: Cultural Blinders and Organizational Barriers*, 653 ANNALS AM. ACAD. POL. & SOC. SCI. 46 (2014); Peters, *supra* note 12.

The research project introduces them to working with vulnerable populations and sensitive topics, accessing hidden populations, developing a model of research ethics, and designing participant and researcher safety.¹⁴ Although they may be qualified to conduct research with survivors of violence following this training, this project is often their first exposure to researching traumatic topics. This training has been an important first step in their research expertise because several service providers have disclosed their past experience as trafficking survivors during the course of our interviews. The research team also has taken steps to assess and address the secondary trauma that some of the researchers experience due to the topics and cases discussed in the interviews. This is an important long-term skill for creating a sustainable and healthy research process.

III. Methods

This research project includes information from a 2016 two-state survey of—and seven years of interviews with—service providers in the Midwest who serve vulnerable populations.¹⁵ Key stakeholders and survivor leaders agreed to pilot test and review our methods and research plan. Both groups have provided key guidance about possible groups of participants and about our survey instrument and methodology.

In both the interview-based research and the survey research, the research team developed an original dataset of possible participants. The team conducted an organizational scan of groups, organizations, and service providers in a two-state region that worked with vulnerable or at-risk populations. Though not all organizations identified as antitrafficking organizations, groups were included if they worked with populations that may be vulnerable to exploitation. The interview

14. The research team has developed several training components that include resources, discussion, and readings about how to work with sensitive topics, how to protect survivors of violence, and how to reach hidden populations. Courses involving the ASHTI field model involve extensive discussions of research ethics, including how to develop safety plans for both researchers and participants. We also explore techniques and care plans for the researchers themselves, as they may experience secondary trauma or be affected by the nature of the research to explore or re-experience their own histories of abuse or trauma.

15. See sources cited *supra* note 5.

team began by interviewing members of thirty-six organizations in a major metropolitan city bisected by a state boundary. The interviews then moved in geographic waves away from that city and covered a two-state area. Subsequently, different years of the study have focused on one or more specific sectors, such as educators, religious leaders, medical providers, legal or judicial enforcement, immigrant rights groups, and—most recently—firefighters.

The 2016 survey research draws from the expanded dataset of organizations in a two-state region serving vulnerable populations. The survey instrument was informed by the existing interview research. Team members developed the database of survey participants by conducting online searches of organizations that work with vulnerable populations and by compiling their contact information by sectors. Additionally, the team assembled information from existing lists of nonprofits and community organizations from state governments, universities, and religious organizations. The broad sectors of the survey included medical, law enforcement, nonprofit, social services, and foster care sectors.¹⁶ Of the survey respondents, 33.5% self-reported as working in rural areas, 13.2% in suburban areas, 19.8% in urban areas, and 9.3% in more than one area.¹⁷

Much of the survey research used in the antitrafficking scholarship relies on the unsystematic distribution of a survey link through listservs or existing antitrafficking networks. In contrast, each participant in this survey received a unique link to avoid duplication of participants and to ascertain a valid response rate for the survey as well as for each sector.¹⁸ All personally identifying information was

16. See CORINNE SCHWARZ, HUMAN TRAFFICKING IN THE MIDWEST: SERVICE PROVIDERS' PERSPECTIVES ON SEX AND LABOR TRAFFICKING (2017), https://kuscholarworks.ku.edu/bitstream/handle/1808/23853/ASHTI_ServiceProviderPerspectives_2017.pdf?sequence=1&isAllowed=y [<https://perma.cc/3JXS-BSN8>] for a comprehensive list of the sectors and representative organizations.

17. SCHWARZ, *supra* note 16, at 2.

18. A few specific organizations contacted the team to have a unique link for their organization, so that they could distribute the survey internally rather than divulging their staff email lists. Schwarz et al., *Frontline Workers'*, *supra* note 5, at 64–65. In order to maintain the confidentiality of the survey, the supervisors had no ability to see if their staff had participated in the survey. *Id.* They provided us with the total number of employees that received the survey, so we were able to verify the response rate. *Id.*

removed before the analysis of the survey results. The survey was delivered to 3,605 service providers in the two-state region.¹⁹ A total of 722 service providers responded to the survey in the medical, legal, nonprofit, educational, and social services fields.²⁰

The findings below offer a conversation between the interview research and the survey results. The combination of the qualitative and quantitative analysis is useful for a regional understanding of risk factors, warning signs, and preventative measures.

IV. Findings

A. *Trafficking Is Also a Midwestern Phenomena*

Though much of the earlier scholarship focused on trafficking as an international phenomena located at the coasts or borders, this research situates itself in a small but growing literature on trafficking in the Midwestern U.S.²¹ The interview research provides further evidence that service providers from across the Midwestern region have encountered a wide range of trafficking situations, including commercial sexual exploitation of children; adult sex trafficking through fraud, force, or coercion; and extreme labor exploitation.²²

19. SCHWARZ, *supra* note 16, at 2. There were some unique challenges in the medical field. Hospitals do not consistently list contact information for the individual departments. In an effort to understand how local hospitals in the two states fit into the antitrafficking work, the research team mailed 297 paper surveys to the Case Management departments across the two-state region. *Id.*

20. *Id.*

21. *See generally* ERIN C. HEIL & ANDREA J. NICHOLS, HUMAN TRAFFICKING IN THE MIDWEST (2015); JEREMY M. WILSON & ERIN DALTON, HUMAN TRAFFICKING IN OHIO (2007); Jennifer Cole & Ginny Sprang, *Sex Trafficking of Minors in Metropolitan, Micropolitan, and Rural Communities*, CHILD ABUSE & NEGLECT, Feb. 2015, at 113; Tori Moser, *Trafficking in Rural Nebraska*, NEB. MED., Spring 2015, at 7; Jessica Ozalp, *Halting Modern Slavery in the Midwest: The Potential of Wisconsin Act 116 to Improve the State and Federal Response to Human Trafficking*, 2009 WIS. L. REV. 1391 (2009); Shireen S. Rajaram & Sriyani Tidball, *Survivors' Voices—Complex Needs of Sex Trafficking Survivors in the Midwest*, 44 BEHAV. MED. 189 (2018); Celia Williamson & Michael Prior, *Domestic Minor Sex Trafficking: A Network of Underground Players in the Midwest*, 2 J. CHILD & ADOLESCENT TRAUMA 46 (2009); Jeremy M. Wilson & Erin Dalton, *Human Trafficking in the Heartland: Variation in Law Enforcement Awareness and Response*, 24 J. CONTEMP. CRIM. JUST. 296 (2008).

22. Deckert et al., *supra* note 5, at 887–910; Schwarz et al., *Aligned Across Difference*, *supra* note 5, at 9; Schwarz et al., *Trafficking Continuum*, *supra* note 5, at 117; Schwarz & Britton, *Queering the Support*, *supra* note 5, at 68.

These trafficking situations included documented cases of labor and sex trafficking—some of which went to prosecution—as well as cases that were identified by service providers but not reported (by request of the survivors).

Additionally, in many situations the interviews themselves became moments of recognition of what trafficking is. Because the interview research targeted a wide range of organizations that serve vulnerable populations, many service providers did not see their organization as serving trafficked persons. During the course of the interviews and the discussion of the definition of trafficking, many providers began to recognize that the abuse and exploitation many of their clients had experienced did, in fact, meet the legal definition of human trafficking.²³

To expand the understanding of trafficking in the region, the team designed and conducted a two-state survey to reach a larger number of service providers. The survey began by prompting participants with the definition of human trafficking found in the TVPA.²⁴ The beta testers of the survey universally suggested we begin the survey with this shared definition of trafficking. Of the survey participants, 51% indicated they had encountered trafficking by this definition, and 46.5% indicated they had not.²⁵ The survey broadly yet importantly found that trafficking does happen across the Midwest in both rural and urban settings and is not isolated along the coasts or border states.

The survey then took these two groups through different paths. For the participants who had encountered trafficking, the research team was interested in what types of trafficking they had seen: 56.8% had encountered adult sex trafficking, 76.2% had encountered child sex trafficking, and only 27.8% had encountered labor trafficking.²⁶ Many of the participants indicated they had worked with survivors of more than one of these types of trafficking. The survey also allowed participants to indicate if they had encountered other forms of trafficking in an open-ended question without any prompts. No one

23. Deckert et al., *supra* note 5, at 898–99.

24. Victims of Trafficking and Violence Protection Act of 2000, 22 U.S.C. § 7101 (2018).

25. SCHWARZ, *supra* note 16, at 2.

26. *Id.* at 3.

self-reported they had encountered organ trafficking, which was also true for the interview research. The other responses included a range of exploitative practices that could be grouped under sex or labor trafficking, including the exploitation of immigrants, drug trafficking, and internet child pornography or other forms of exploitative online grooming.

B. Risk Factors for Trafficking

The multi-year, multi-sector interview research with service providers allowed for open-ended responses about what providers see as risk factors for trafficking.²⁷ The interview data revealed four consistent categories of risk factors that providers in the Midwest have seen in their work. First, almost every interview in the project involved a discussion of *economic insecurity*. Economic insecurity can encompass a wide range of presentations, and most providers talk about economic insecurity in terms of poverty and unemployment. Second, *housing insecurity* is one of the most consistent factors discussed by service providers in the interview research. They often have concrete examples of particular cases, as well as a larger understanding of how housing insecurity manifests in their communities—from homelessness to runaways, movement within the foster care systems, and survival sex traded for shelter. *Education* is consistently mentioned in the open-ended responses, with some particularly interesting nuances. Although access to quality education is clearly an important factor for long-term economic security, the service providers in this study talked more about the educational experience as a whole or the educational environment. They believed that if individuals had positive educational experiences or had mentors and role models in their schools, those individuals would be at a lower risk of exploitation in the future. One high school counselor put it simply: if students were in band, they were not trafficked. She further explained that when students were involved in sports, the arts, or cocurricular activities, they were networked with peers and advisors

27. Deckert et al., *supra* note 5, at 892; Schwarz et al., *Trafficking Continuum*, *supra* note 5, at 119.

who were able to support and mentor them. These were the types of people who would be likely to pursue educational opportunities at a later stage of life as a means of avoiding or exiting exploitation. Interviewees regularly brought up *migration* as a risk factor. Interviewees discussed several ways migration could increase an individual's risk of being trafficked, including undocumented status, little to no knowledge of English, isolation, and sexual abuse during their migration to the U.S.²⁸

The survey also asked all participants a series of questions about what they believed to be risk factors for trafficking. The team designed these questions to determine if certain structural conditions might predispose someone for exploitation or if some conditions indicate a general precarity in their environment. The team developed this list primarily from the previous interview research material and then introduced a few additional variables from the literature. Table 1 lists the survey responses, and it is grouped by whether participants had encountered labor trafficking, sex trafficking, or no trafficking. The top six factors for each group are highlighted within the table.

28. Deckert et al., *supra* note 5, at 894; Schwarz et al., *Trafficking Continuum*, *supra* note 5, at 122.

Table 1. Risk Factors for Future Exploitation and Trafficking²⁹

	Encountered Labor Trafficking	Encountered Sex Trafficking	Encountered No Trafficking
Poverty	83%	81%	82%
Housing instability/homelessness	84%	88%	88%
Family instability/dysfunction	84%	91%	87%
Controlling presence	76%	84%	82%
Addiction	69%	87%	88%
Physical disability	36%	34%	40%
Cognitive disability	58%	56%	63%
Racial discrimination	59%	42%	45%
LGBTQ status	38%	48%	49%
Undocumented status	86%	62%	69%
English language limitations	80%	57%	64%
Teen pregnancy	49%	56%	60%
Dropping out of school	67%	78%	75%
Running away from home	70%	91%	83%
Having sex at a young age	64%	78%	75%
History of abuse	76%	91%	84%
History of financial abuse/control	76%	70%	72%
Lack of social support networks	85%	80%	83%

29. Schwarz et al., *Frontline Workers*, *supra* note 5, at 78.

There are noticeable differences among the survey participants about the risk factors for future exploitation. This may indicate that participants' prior encounters with trafficking survivors could be shaping their perspectives. Service providers who had encountered labor trafficking were much more likely to rank English language limitations and undocumented status high on the list of possible risk factors. Conversely, service providers who had encountered sex trafficking were more likely to rank running away from home, history of abuse, addiction, and a controlling presence high on the list of risk factors.

Two factors were consistently high across all providers: housing instability/homelessness and family instability/dysfunction. This consistency across the participants is a clear sign that these are essential, basic needs that need to be addressed by support programs and services. Interestingly, all three groups of providers believed that the presence of physical disabilities is the *least* likely risk factor. Our interview research had strikingly similar findings. Providers often indicated that cognitive disabilities could be exploited by predators in a variety of ways, but no providers mentioned that physical disabilities had been used in this way.

C. Warning Signs of Trafficking

The survey asked all participants a series of questions about what they believed to be risk factors for trafficking. This included participants who had seen labor trafficking, sex trafficking, or no trafficking. Participants were given several possible risk factors that the research team developed based on the scholarly literature on trafficking as well as the prior interview research by the team. One question specifically asked for warning signs of any form of human trafficking, specifically something that could serve as a red flag that exploitation had occurred or might be occurring. Table 2 lists the responses organized by groups—specifically if the participants had encountered labor trafficking, sex trafficking, or no trafficking. The top six factors for each group are highlighted within the table.

Table 2. Warning Signs of Trafficking³⁰

	Encountered Labor Trafficking	Encountered Sex Trafficking	Encountered No Trafficking
Physical injuries	49%	49%	53%
Medical issues/injuries	62%	59%	55%
Untreated chronic health issues	70%	55%	52%
“On the job” injuries	59%	28%	34%
Hunger/malnutrition	57%	58%	70%
Untreated STIs	55%	85%	78%
Sexual assault	64%	94%	81%
Urinary tract infections	55%	80%	69%
Evidence of abuse/torture	47%	71%	74%
Dental damage	48%	51%	60%
Drug/Alcohol abuse or overdose	62%	89%	78%
Attempted suicide	54%	76%	73%
Chronic runaway	64%	89%	80%
Truancy	68%	82%	73%
Prior unsuccessful social service involvement	65%	81%	66%
Mental health concern	79%	88%	80%
Presence of branding/tattoos	45%	67%	61%

Several important factors emerged from this data. Three factors ranked in the top six for all service providers, regardless of what their prior experience with trafficking had been: sexual assault, chronic runaway, and mental health concerns. These three factors are

30. *Id.*

important intervention points for identifying and preventing extreme exploitation.

It also seems likely that the service providers have been influenced by the type of trafficking they have encountered. Those who had encountered labor trafficking also ranked untreated, chronic health issues and prior, unsuccessful social service involvement as important warning signs. Those who had encountered sex trafficking included untreated STIs and drug/alcohol abuse or overdose as important warning signs. Conversely, those providers who had encountered labor trafficking indicated that the presence of branding/tattoos was not an important warning sign. Those who had encountered sex trafficking indicated that “on the job” injuries were not an important warning sign.

V. Where to Target Prevention Programs

The 2016 survey results in conversation with the seven years of interview research points to some remarkably consistent and robust lessons for the prevention of human trafficking. The interview research and the survey research consistently found that a basket of economic insecurities and housing insecurities can predispose people to vulnerability and possible exploitation. As such, it is clear that organizations, taskforces, and political leaders who espouse antitrafficking rhetoric and beliefs must begin to take the issues of poverty, homelessness, and economic security seriously. Rather than waiting for exploitation to occur, significant resources should be focused on structural measures to improve the security of individuals before they are driven into precarious situations. Efforts to reduce poverty, unemployment, and housing insecurity will help prevent a range of social problems, not just trafficking.

A key factor found in both the interview research and the survey research is that there are certain health-related factors that may create a vulnerability to exploitation or that may be a warning sign that trafficking is occurring. Research identified three key areas as potential sites for prevention work: mental health services, substance abuse services, and reproductive- or sexual-wellness services. Antitrafficking efforts should focus on adding resources to these

critical sites with an eye toward building a strong prevention framework.

Another powerful message found when combining the interview research and the survey data is that antitrafficking efforts need to focus specifically on sexual assault. Service providers in both the interview and in the survey research consistently discussed sexual assault as a warning sign and a risk factor for both labor and sex trafficking. This bears repeating. Sexual assault can increase someone's vulnerability to future exploitation. Sexual assault can serve as a warning sign that someone has been or is currently being trafficked. Sexual assault is an indicator for and is often a co-occurring condition of *sex* trafficking. Sexual assault is an indicator for and is often a co-occurring condition of *labor* trafficking. Though previous scholarship has examined the role of sexual assault in sex trafficking, the interview research for this project documents that sexual assault may be just as prevalent among labor trafficking survivors. This project gives further evidence to growing documentation that migrants face sexual violence on their migration journey into the U.S., as well as to the fact that labor trafficking may also involve sexual assault—most of which goes unreported.³¹

It is also striking that this research is geographically located in the Midwestern United States. Much of the U.S. has experienced a shrinking of federal programs to assist with basic social services. The midwestern states in this project have had their own self-imposed, austere budget cuts that have harmed, and in some cases almost destroyed, the very social services that may prevent trafficking and other forms of extreme exploitation. As many political leaders rally around ending human trafficking and call for the “rescue” of individual survivors, they are simultaneously cutting the very programs that could have protected against a wide range of abuse and exploitation.

31. Miller et al., *supra* note 11, at 487–88.

VI. *Engaging New Sectors in Antitrafficking Efforts*

In 2018–2019, a research team conducted interviews with a new category of community leaders and service providers: firefighters. Adam Smith, a research assistant with a family background in the sector, suggested we focus on firefighters as a new sector for interviews. In discussions about service providers and their work with vulnerable populations, Smith described how fire stations have been designated as safe places for decades for a range of issues. Many fire stations, libraries, and community organizations across the U.S. have been designated as “Safe Places” for youth in need of assistance.³² Depending on state laws, many fire stations have also been designated as “Safe Havens”³³ where someone may surrender an unharmed newborn child without facing charges for child abandonment. Finally, some fire stations have also been designated “Safe Stations”³⁴ for people needing assistance connecting to heroin or opioid rehabilitation services. Though these designations are often also in place at police stations, people may go to fire stations rather than police stations when they are hesitant about going to the police for fear of arrest or deportation.

Initial research with firefighters in the Midwest revealed that they could be important points of contact for vulnerable populations. Graduate student researchers Kelsey Carls, Jonathan Huffman, Adam Smith, and Rachel Trusty conducted a series of group interviews with firefighters in the Midwest. Many vulnerable populations see firefighters as providing assistance rather than reporting crime. During a group interview with several firefighters in a major urban setting, one

32. *What Is Safe Place?*, SAFE PLACE, <https://www.nationalsafeplace.org/what-is-safe-place> [https://perma.cc/6P3Y-QJRK] (last visited Mar. 11, 2020).

33. *About Us*, NAT'L SAFE HAVEN ALLIANCE, <https://www.nationalsafehavenalliance.org/about-us/> [https://perma.cc/8WD3-JAAF] (last visited Mar. 11, 2020); *see, e.g., Safe Haven*, DEP'T CHILD. & FAM. SERVICES, <http://www.dcf.louisiana.gov/page/safe-haven> [https://perma.cc/8WSH-DN86] (last visited Mar. 11, 2020); *Safe Haven for Babies*, S.C. DEP'T SOC. SERVICES, <https://dss.sc.gov/prevention/safe-haven-for-babies/> [https://perma.cc/5ZBR-RM6T] (last visited Mar. 11, 2020); *Safe Haven for Newborns Program*, CITY & COUNTY S.F. FIRE DEP'T, <https://sf-fire.org/safe-haven-newborns-program> [https://perma.cc/Q8BS-6THG] (last visited Mar. 11, 2020).

34. *See e.g., Safe Stations*, CITY ANNAPOLIS, <https://www.annapolis.gov/1196/Safe-Stations> [https://perma.cc/D4QG-29GQ] (last visited Mar. 11, 2020).

firefighter described a situation when someone came to the station vulnerable and frightened:

A couple years ago, we had a lady show up saying she was being beaten by her significant other. And she came here, we fed her. She was hungry. She hadn't eaten in days. She was seeking somewhere to go because the guy was looking for her. We got ahold of the dispatcher, and the dispatcher gives us a number to a shelter, and we sent her there. Uh . . . we did the right thing. Obviously, we called uptown, called the dispatcher, "Hey, this is what we got going." You can't just take the initiative to do that shit on your own, because there might be trouble down the road. We did the right thing, I think. She was hungry, and you can tell when somebody needs your help . . . But this lady, you could see it in her face, you know. Just like, the child abuse cases we run. I could tell you some of those right off the bat that, that'll be seared in my mind for the rest of my life. It will live there forever, because you can't forget that, especially as a new guy. I was maybe two, three years on, and we show up at this house. And I noticed that every time the uncle would come in the room, the little girl would, she would pee herself. And the mom said, "Oh, you know, don't worry about her. You know, she's making up stories about this guy abusing her." The mom didn't even believe the little girl. Which, why would you not believe a kid? You know, a kid tells you something like that, you believe it! But that's just us, because we have common sense . . . You know? So. That kind of call . . . makes you think, I guess.³⁵

Even if the firefighters do eventually call the police, their reputations as helpers may provide enough of a safe space to be the point of entry

35. Interview by Rachel Trusty & Adam Smith with a Group of Firefighters, in a Midwestern City (Apr. 20, 2019) (on file with author). This passage and the information in the remainder of this part comes from interviews with firefighters conducted in 2018–2019 by Hannah E. Britton and her research team. The interviewees' names are withheld for confidentiality and ethical reasons.

for people who are in need of assistance. One particular station estimated that they worked approximately 50%–60% of their calls with the police, depending on who is closer and what kind of call it was. They also indicated that they needed to follow protocol. If a situation was deemed unstable, they would wait for the police to secure the area: “We don’t just go cowboy. Even though some guys do . . . you’re not supposed to because you never know, you know?”³⁶

The firefighters interviewed often did not see themselves as having enough time with calls to assess or intervene in a crisis situation. They describe themselves as “short-term providers of care” or “immediate crisis intervention.” They were equally hesitant to see themselves as having enough knowledge of the community to be able to identify trafficking. However, the interviews revealed how well-positioned they actually are to intervene.

In two different group interviews, the firefighters talked about how short their time with calls were: “We get ‘em for [twenty] minutes, [thirty] minutes,” and another group said they have about fifteen minutes with someone. Given how fast many urgent care and emergency department doctors have to move through patients, it is possible firefighters have even more time to assess and identify possible exploitation.

Moreover, firefighters also have a notably long relationship with their communities at large. One described how he would sometimes see the same woman beaten by her boyfriend for years, long before the police became involved. One group of firefighters worked a tent camp populated by homeless members of the community that—one of the firefighters realized—did not want to be in a shelter: “You want to party, wanna do drugs or drink, they can’t let you do that in the shelter, so you gotta take your chances outside.”³⁷ In another group interview with firefighters at a different station, they discussed one woman in a precarious situation:

36. *Id.*

37. *Id.*

She doesn't have a pimp or anything like that . . . She sleeps in the park or under the bridge, and then does, you know, prostitutes, and goes and just repeats that cycle. And you see her walking up and down all day, you know, every day . . . but she's just, you know, hers, . . . her problem is . . . probably mental illness is a big part of it, drugs and alcohol.³⁸

This firefighter could even identify her possible co-occurring conditions, including mental illness, substance abuse, and homelessness. They also were aware of commercial sexual exploitation housed in local massage parlors, and they had seen local meth labs in their neighborhood. They recognized the precarity experienced in the homeless camps. When asked to describe any other vulnerable populations they served, they indicated youth, homeless individuals, and drug addicts.

The interviews revealed that although firefighters may be “bounced around at the beginning,” they often then settle into a station for several years. Firefighters were able to provide extensive information about the areas they serve, including the ethnic composition, the socioeconomic makeup, the age demographics, the housing types and densities, and the precariousness of different groups. In one station's group interview, the firefighters indicated that they were not primarily called for fire emergencies, stating “we don't run a lot of fire here,” but rather worked medical or emergency calls. Though stations may not have ongoing training for the various “safe places” initiatives, they all indicated they knew what to do in those cases. One firefighter said the following:

Well, we know the basic stuff, you know. We know immediately if she asks us, or if he or she asks us, ‘Is this a safe place,’ then we radio in the dispatcher. The station is out

38. Interview by Kelsey Carls & Jonathan Huffman with a Group of Firefighters, in a Midwestern City (Apr. 20, 2019) (on file with author).

of service until whoever gets here. We call the cavalry. Yeah, but I've never had to use it.³⁹

The groups of firefighters interviewed had not received any formal training on human trafficking. Some had a very clear definition of what it entails: "Anybody who is being exploited and not being paid for whatever services they are rendering." Other firefighters defined trafficking primarily in terms of sex trafficking and, more specifically, conflated prostitution with trafficking. They all indicated that if they suspected something or felt that someone needed further attention, they would "be punting it mostly to the mental health, the hospital social worker," or a physician on staff.

What the firefighters were clear on was that, in most cases, they stayed focused on their defined role: "We don't give them the third degree . . . it's uncomfortable for them. It is uncomfortable for us. You know, we're not the ones that would be solving that crime."⁴⁰ Another firefighter in another station echoed this sentiment that they were not in a position to initiate conversations or identification protocols with the people they were helping: "I mean it's hard. Like, if we were on a call downtown, and I might expect it, it's hard for me to be like 'Hey, Mam, are you being human trafficked?' . . . They are not going to know what I am talking about."⁴¹

The firefighters in the group interviews indicated they could see tangible value in having training in trafficking, even though they saw themselves as short-term providers of care. This was especially true for repeat calls:

You see, kind of, [it] ends up being kind of a revolving door with most of them. And, so, if it was more unified as far as us seeing what the hospital is doing, then—I don't know if it would really help, but it seems like what you are kind of talking about, kind of continuity of care, between everybody,

39. *Id.*

40. Interview by Rachel Trusty & Adam Smith with a Group of Firefighters, *supra* note 35.

41. Interview by Kelsey Carls & Jonathan Huffman with a Group of Firefighters, *supra* note 38.

it kind of goes one way . . . it goes from us to the next to the next. It doesn't really come back around to us. So that part, I think that would be helpful, on a lot of it. So maybe help us understand maybe, not that we make the decision of their care.⁴²

They often do not know what was provided to the clients at the hospital or shelter, and so they do not have a larger view of the cases. If they were to be engaged in antitrafficking work, coordinating with or serving on a taskforce or multisectoral response team would be helpful in gaining this comprehensive understanding of the cases.

VII. Next Steps in Empirical Research

Using a public health framework, this research has been able to map structural factors of inequality and vulnerability, conduct an organizational scan of groups working with the vulnerable populations, and interview service providers to develop a composite model of risk factors that may lead to exploitation.⁴³ What the research provides is an understanding of how trafficking may occur in less obvious areas, such as rural areas or the Midwestern U.S., as well as what service providers need to provide more effective services with an eye toward prevention.

Through the specific focus on service providers, the research has uncovered another important new area of research. The research assistants in this project have pushed the definition of who is a service provider in important ways with each successive wave of interviews. Reimagining sectors of community leaders as unexpected service providers indicates that antitrafficking researchers may need to think about prevention not only with new methods but also with new groups. There are many groups and community leaders who interact with

42. Interview by Rachel Trusty & Adam Smith with a Group of Firefighters, *supra* note 35.

43. Todres, *Assessing Public Health Strategies*, *supra* note 3; Todres, *Moving Upstream*, *supra* note 3.

vulnerable populations, yet they often do not receive the training that other service providers do.

The antitrafficking movement continues to expand and envelope new sectors over time, including, for example, groups like Truckers Against Trafficking,⁴⁴ and businesses, such as the hospitality sector.⁴⁵ Yet, there are several potential unintended consequences of opening new avenues of research.

One concern is that bringing these community leaders into antitrafficking work may be harmful to the people they serve. Vulnerable groups may be drawn to firefighters because they are not inherently part of the law enforcement, immigration, or judicial systems. They are seen as points of contact that provide care, safety, shelter, and sanctuary. This strategic point of contact takes on special significance in a political landscape marked by deportations, arrests, and prosecutions. Providing these sectors with the prototypical antitrafficking training may lead to increased identification of trafficking, but it could also lead to more arrests and deportations. This could distance some populations from the very support services and

44. Truckers Against Trafficking (TAT) is an interesting example of an industry trying to move away from being seen as consumers of domestic sex trafficking to instead becoming partners in the antitrafficking movement. *About*, TRUCKERS AGAINST TRAFFICKING, <https://truckersagainstrafficking.org/> [<https://perma.cc/YH6A-FEBK>] (last visited Mar. 11, 2020). The organization boasts that there are now 845,115 trained truckers, and they have documented that over 2,496 calls have been made to hotlines to report a possible trafficking situation, identifying over 1,230 victims. *Id.* It is interesting that TAT has focused on domestic sex trafficking, while they also could be particularly well-positioned to identify and report labor trafficking. *See Labor Trafficking*, TRUCKERS AGAINST TRAFFICKING, <https://truckersagainstrafficking.org/labor-trafficking/> [<https://perma.cc/YH6A-FEBK>] (last visited Mar. 11, 2020). They have a long list of corporate partnerships, including gas companies, retail business, and shipping companies—such as Bridgestone, Walmart, UPS, FedEx, Saia, Inc., Schneider, Amazon, and Ryder. *About*, TRUCKERS AGAINST TRAFFICKING, *supra*. They have a national ranking system for states based on the level of training and certification each state requires, and they have online materials for corporate as well as independent drivers. *Id.*

45. The hospitality sector is increasingly the focus of many antitrafficking programs and training. The idea behind these programs is that hotels or other businesses serving people may unwittingly be sites of trafficking—either as venues for commercial sexual exploitation or labor trafficking—such as the Giant Labor Solutions case. *Eight Uzbekistan Nationals Among 12 Charged with Racketeering, Human Trafficking & Immigration Violations in Scheme to Employ Illegal Aliens in 14 States*, U.S. DEP'T JUST. (Updated Sept. 15, 2014), <https://www.justice.gov/opa/pr/eight-uzbekistan-nationals-among-12-charged-racketeering-human-trafficking-immigration> [<https://perma.cc/X7EZ-8XC5>].

organizations they need. Such isolation may drive individuals and groups into riskier, more precarious arrangements.

Research involving these unexpected service providers may need to focus on how to increase identification of trafficking or extreme exploitation while at the same time preserving these sectors as sanctuaries for support and care. Thoughtful, intentional research could focus on developing geographically-focused, community-specific identification tools and trauma care flowcharts. Such flowcharts should include multiple options for support, including community services outside the carceral framework. Working with domestic violence shelters that are not mandatory reporters has been an effective channel for survivor support in many communities.⁴⁶ Prevention efforts in similarly situated communities should be identified that help survivors connect to support and to basic needs in order to exit or prevent exploitation.

46. Corinne Schwarz et al., *Human Trafficking Identification and Service Provision in the Medical and Social Service Sectors*, 18 HEALTH & HUM. RTS. J. 181, 187 (2016).