

Human Trafficking in the Midwest

Service Providers' Perspectives on Sex and Labor Trafficking

Report by Corinne Schwarz

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Anti-Slavery and Human Trafficking Initiative (ASHTI)

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Since 2013, the Anti-Slavery and Human Trafficking Initiative (ASHTI) at the University of Kansas has invested in researching vulnerability, exploitation, and trafficking in the Midwest. While anti-human trafficking research and advocacy efforts have grown considerably since the 2000 passage of the US Trafficking Victims Protection Act (TVPA), Midwestern communities and regions remain understudied. Much of the public attention and media focus tend to center on urban centers, coastal hubs, and border states. The Midwest is unique for its geography, with major city centers and small towns often only a few hours apart, and its changing demographics, with growing immigrant communities in more rural regions.

The interdisciplinary research team of ASHTI faculty and graduate students¹ are working to fill the gaps in anti-trafficking research, namely with respect to how trafficking is addressed by service providers, advocates, and policymakers in the Midwest. ASHTI focuses on the “Third P” of anti-human trafficking efforts—protection, prosecution, and **prevention**. Prevention requires anti-trafficking advocates and researchers to “look upstream”² to think about the social factors and structural inequities that perpetuate exploitation, violence, and trafficking.

Trafficking Victims Protection Act (TVPA)

“Human trafficking is the use of force, fraud, or coercion to exploit someone for labor or commercial sex. Under U.S. law, any commercial sexual act performed by someone under the age of 18 is considered sex trafficking. A person's consent to enter into these exchanges does not waive the law or their protection.”

The ASHTI team has been engaged in a range of research initiatives, including interviews with Midwestern service providers who work with vulnerable or trafficked persons³; the development of a human trafficking identification protocol⁴ for the KU Medical Center; and multiple academic projects exploring international trafficking patterns and policy⁵. Members of the ASHTI team regularly teach classes and provide public presentations on domestic and global human trafficking.

This report covers the findings of ASHTI’s two-state survey to gather information from service providers working with vulnerable persons in the Midwest. Based on previous ASHTI interviews, the research team created a survey for a broad range of service providers who worked with vulnerable or trafficked persons. These service providers were selected because of their system-wide perspective on exploitation and vulnerability as well as their in-depth knowledge of individual client cases. This survey asked a range of questions to address:

¹ <http://ipsr.ku.edu/ASHTI/about.html>

² Todres, Jonathan. 2011. “Moving Upstream: The Merits of a Public Health Law Approach to Human Trafficking.” *North Carolina Law Review* 89: 447-506.

³ The ASHTI website includes information about the Kansas City, MO-KS pilot project at <http://ipsr.ku.edu/ASHTI/kansascity.html>. ASHTI’s first published findings from this project were published in a 2015 *Social Inclusion* special issue on trafficking at <http://www.cogitatiopress.com/socialinclusion/article/view/172>.

⁴ <https://cdn2.sph.harvard.edu/wp-content/uploads/sites/13/2016/06/Schwarz1.pdf>

⁵ <http://ipsr.ku.edu/ASHTI/research.html>

- if service providers believe they have encountered human trafficking
- what markers of physical or mental health are used to identify trafficked persons
- which social factors can increase the risk of exploitation or trafficking
- what community resources can protect against the risk of trafficking
- how service providers can access anti-trafficking resources in their communities.

Survey Distribution

The ASHTI survey team worked together to develop, launch, and analyze this survey, which ran from July to September 2016. Researchers identified 3,902 service providers from the medical, legal/law enforcement, non-profit, social service, and foster care sectors in two Midwestern states. The survey was pre-tested with a group of key stakeholders: faculty members of the ASHTI team, educators, government officials, anti-trafficking advocates, and service providers who did not participate in the final survey. These beta testers offered feedback on the survey questions and identified technical errors in the survey-taking process itself.

ASHTI distributed 3,605 surveys online through the Qualtrics platform. These service providers received an email with a link to take the survey, as well as subsequent email reminders. Additionally, 297 paper surveys were distributed via mail to capture the Case Management departments at local hospitals. Our past research with emergency departments in hospitals suggested the importance of including this population in our survey. The lack of online contact information for specific hospital departments led us to distribute this survey via traditional mail.

Out of the 3,902 total service providers who received our survey, 722 (18.5%) responded. 242 (33.5%) of these respondents were located in a rural location, 95 (13.2%) in a suburban location, 143 (19.8%) in an urban location, and 67 (9.3%) in more than one location⁶. Table 1 shows a sector-specific breakdown of our survey distribution results.

Table 1: Respondents by Sector⁷

Sector	Surveys Received	Surveys Distributed	Response Rate
Medical	171	771	22.2%
Legal/Law Enforcement	149	1,073	13.9%
Non-Profit	90	316	28.5%
Social Service	42	142	29.6%
Foster Care	270	1,600	16.9%
Total Across All Sectors	722	3,902	18.5%

⁶ 19 (2.6%) participants identified as rural/suburban, 5 (0.7%) identified as rural/urban, 13 (1.8%) identified as suburban/urban, and 30 (4.2%) identified as rural/suburban/urban.

⁷ Since our survey did not require participants to answer all questions, some participants did not answer all questions. This means that findings for some of the following questions do not add up to 722. This survey was not a measure of human trafficking prevalence. Instead, participants were asked if they had encountered human trafficking, what forms they had seen, and how many survivors they had encountered. Participants were able to indicate if they believed they had encountered a survivor, not if they had verified or legally qualified this individual's experiences. Both those who had and those who had not encountered a trafficked person were encouraged to complete the rest of the survey. Thus, these findings are not to serve as exact, quantifiable numbers of trafficked persons in the region surveyed.

Key Findings

For our survey, we defined human trafficking according to the Trafficking Victims Protection Act (TVPA)⁸, the major federal legislation used to address sex and labor trafficking in the United States. When asked if they believed they had encountered trafficking according to the TVPA definition, 370 (51.2%) service providers said they had, while 336 (46.5%) service providers had not.

Out of the 370 service providers who had encountered trafficking, 210 (56.8%) had experience with adult sex trafficking; 282 (76.2%) had experience with child sex trafficking; and 103 (27.8%) had experience with labor trafficking in their work. Since service providers were asked to select *all* forms of trafficking they had encountered, this indicates that service providers often see multiple forms of trafficking in their work. Organizations that worked with younger client bases—namely, in the foster care sector—saw more child sex trafficking than other forms of trafficking. When asked to identify other forms of trafficking, service providers named a range of specific experiences that are part of sex or labor trafficking—such as debt bondage, domestic servitude, and trafficking of foreign nationals—as well as the criminal acts of drug trafficking and the exploitation of children on the Internet. No one indicated they had encountered organ trafficking in their work, which is considered a form of trafficking under the international UN Palermo Protocol to Prevent, Suppress and Punish Trafficking in Persons⁹.

Service providers were also asked about which “red flags” they were most likely to see among individuals who may be at risk of sex or labor trafficking. Table 2 highlights the top five responses for each form of trafficking.

Table 2: Given your experience, which of the following conditions are you likely to see among individuals who may be at risk of labor/sex trafficking?¹⁰

Rank	Labor Trafficking	Sex Trafficking
1	Mental health concerns	Sexual assault
2	Untreated chronic/acute health issue (ex. diabetes, asthma)	Mental health concerns
3	Sexual assault	Drug or alcohol abuse or overdose
4	Medical issue/illness (ex. flu, fever, infection) and Prior, unsuccessful involvement with social service system(s) (<i>tie</i>)	Chronic runaway
5	Truancy	Untreated sexually transmitted infections (STIs)

⁸ U.S. Department of State. 2000. “Victims of Trafficking and Violence Prevention Act of 2000.” Retrieved from <https://www.state.gov/documents/organization/10492.pdf>

⁹ United Nations. 2000. “Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children.” Retrieved from <http://www.ohchr.org/EN/ProfessionalInterest/Pages/ProtocolTraffickingInPersons.aspx>

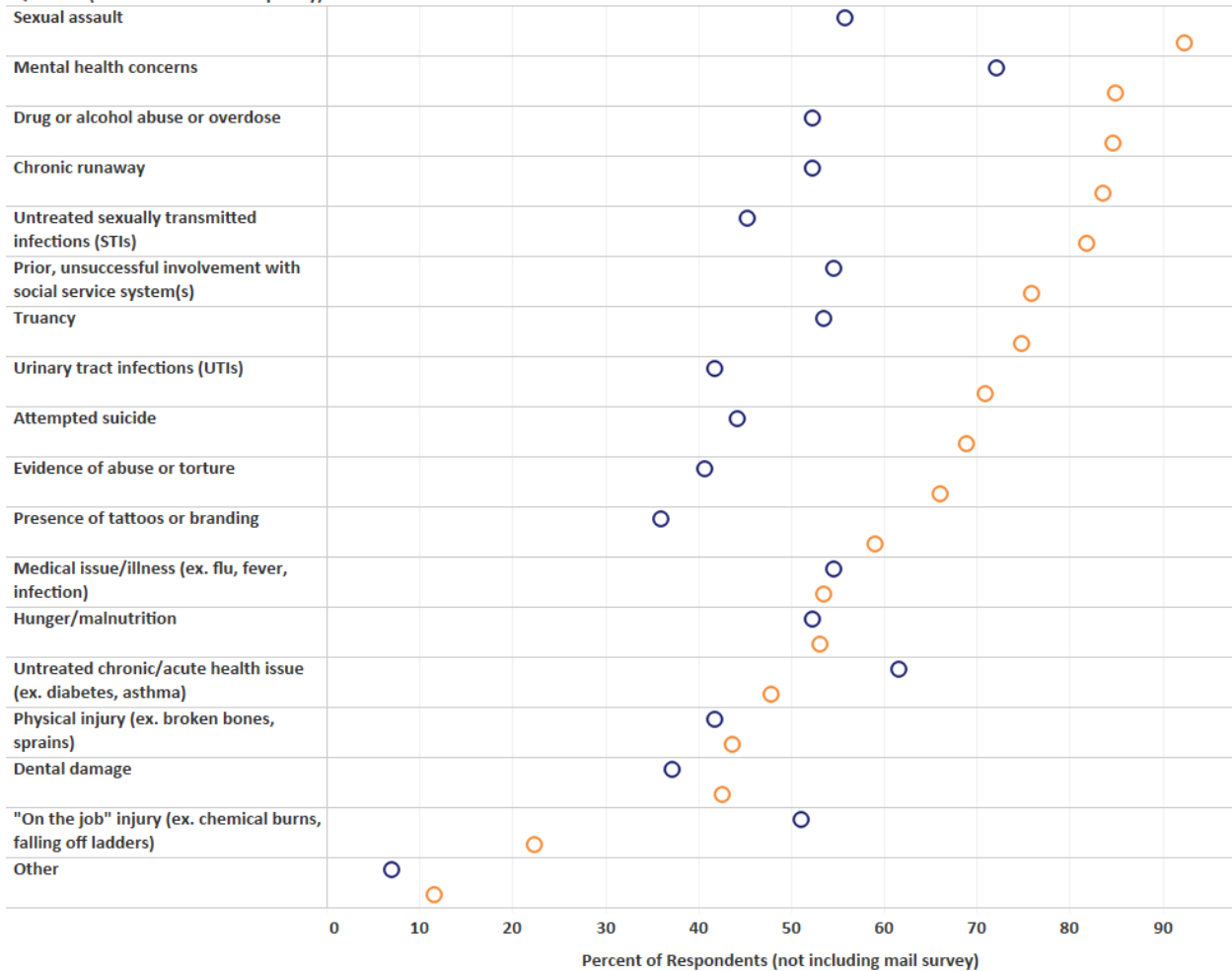
¹⁰ Data in Table 2 from online Qualtrics survey responses only. All other tables include both Qualtrics and mail survey responses.

Even though labor and sex trafficking are legally defined as separate concerns, sexual assault and mental health concerns are highly identified with both forms of trafficking. This is important to note when thinking about resources for human trafficking broadly. While sex and labor trafficking are unique phenomenon with specific concerns, our survey results show there can be sites for shared prevention and service provision. Programs and services addressing sexual assault and mental health concerns could be two ideal intervention points that could reduce both types of exploitation.

Figure 1 shows the aggregated data for all respondents across all sectors regarding all of the trafficking “red flags,” comparing responses for labor trafficking in blue and sex trafficking in orange.

Which of the following conditions are you likely to see among individuals who may be at risk of labor/sex trafficking?

Question (in order of overall frequency)



■ Labor Trafficking, All Sectors
 ■ Sex Trafficking, All Sectors

Figure 1: Aggregated Frequency of Trafficking “Red Flags”

The graphs in **Appendix 1: Labor Trafficking and Sex Trafficking “Red Flags”** show the differences between the aggregated and sector-specific results for the identified conditions of labor and sex trafficking.

Additionally, service providers were asked to identify which community resources were more likely to limit the risk of any form of exploitation or trafficking. Table 3 highlights the top five responses across all sectors.

Table 3: Given your experience, what community resources are more likely to limit the risk of any form of exploitation or trafficking?

Rank	Community Resource
1	Having strong family ties
2	Accessing education
3	Accessing mental health services
4	Accessing stable/affordable housing
5	Finding gainful employment

As noted in the bar graphs in **Appendix 2: Community Resources**, every sector identified these five community resources as the most likely resources to limit the risk of exploitation. This is an important finding for anti-trafficking advocacy and for the prevention of labor abuse and commercial sexual exploitation. Human trafficking is generally treated as a problem of sex trafficking *or* labor trafficking. Yet, these findings indicate that there may be similar ways to prevent both labor and sex trafficking. If there are similar community resources that could prevent both forms of trafficking—and limit risk generally for those who may be vulnerable to other forms of exploitation—then these intervention points seem like logical sites for increased funding, resources, and specific anti-trafficking programs.

Service providers were asked about which trafficking-specific resources or training they had or could access. Table 4 shows the aggregated responses across all sectors.

Table 4: We are interested in which resources your office or jurisdiction can access to address trafficking. Select all that you or your coworkers can access or have used.

	Yes	No	Don't Know	Didn't Answer
Protocol/Identification Tool	28.5%	32.5%	15.0%	24.0%
Collaboration with Social Service Providers	69.8%	3.6%	2.5%	24.1%
Contact with Local Law Enforcement	50.6%	19.8%	5.4%	24.2%
Calls to National Human Trafficking Hotline	11.6%	55.4%	8.9%	24.1%
Received Educational Programming/Training	52.6%	20.1%	2.9%	24.4%

When asked to identify other resources or trainings they could access, service providers mentioned sector-specific training modules, information from survivor-led organizations, and community partnerships with faith-based organizations, non-profits, immigration services, and international NGOs. Given the responses above, it is clear that education and collaboration are critical resources for service providers engaged in anti-trafficking work. However, identifying survivors—through the use of a protocol or tool—or utilizing national tip lines may be more challenging. If service providers are engaged in networks of collaboration within their communities, then perhaps calling a national hotline may be less relevant for their daily work. Additionally, people may be hesitant to call a hotline because they do not know what services exist on the other line and fear putting their clients at heightened risk. However, this is still an important finding, as protocol implementation and human trafficking tip lines are increasingly present in national anti-trafficking efforts and could be useful for Midwestern service providers.

Findings from Open-Ended Questions

- **Budget cuts for social services directly affect anti-trafficking services.**

Many respondents talked about how cuts to social services have harmed prevention programs and increased vulnerability among their client base. Respondents talked about limited organizational budgets, funding cuts, and unexpanded Medicaid services. Participants indicated that survivors of sex and labor trafficking need to access physical and mental health services, housing assistance, and educational programs in order to move out of vulnerability and exploitation. When funding is broadly cut for these services, trafficked persons are affected as well. As one rural law enforcement officer stated, *“Access to social services, counselors and health facilities is becoming far to [sic] hard to obtain. With state budget cuts, the first thing to be cut is services¹¹.”* Thinking about prevention—specifically the finding that strong family ties can limit the risk of exploitation or trafficking—policymakers should consider how these budget cuts burden families, particularly in the face of poverty. Social services programs offer services that alleviate poverty and support families. Maintaining or even increasing funding to these programs may serve to prevent trafficking.

- **Trafficking-specific resources are needed for both sex *and* labor trafficking.**

Service providers indicated a range of challenges that affect disclosure and developing a rapport with trafficked clients seeking services: a lack of multilingual services or service providers; legal regulations regarding disclosure, like mandatory reporting; fear of retribution from traffickers; and the threat of deportation for undocumented clients. A rural non-profit staffer described these challenges as *“difficult work, and most often the individuals do not see themselves as being at-risk or needing services. Slow and steady rapport-building and education is important.”* Trafficking-specific resources could potentially ameliorate these concerns by providing longer-term services, consistent meetings with the same staff members to foster rapport, and granting clients the space, time, and language to self-define their experiences with trafficking on their own terms.

¹¹ All of the following quotes from the survey were edited for grammar and spelling. Additionally, any identifying information was removed to maintain the confidentiality of our respondents.

- **Human trafficking prevention efforts should include programs to reduce economic vulnerability: job training programs, health services, educational training, and housing security.**

Across all sectors, service providers indicated that poverty is a key factor that fosters vulnerability to exploitation and trafficking. Four of the top five community resources that limit risk—access to education, mental health services, stable/affordable housing, and gainful employment—may also explicitly reduce poverty. As an urban foster care provider explained, *“We talk about co-occurring diagnosis, we should also be considering what is the likelihood of co-occurring financial, mental, and physical issues that intertwine with each other, and what are the underlying solutions? Human trafficking is a huge issue, but it occurs in the wide spectrum of being one of 100s of issues that are the causation of each other. [...] But, are we going to lessen human trafficking if we don't address the why?”* Increasing funding and access to these services is necessary for a multi-issue prevention strategy. Anti-trafficking efforts must acknowledge the need to combat the accumulation of trafficking risk factors.

- **Foster care funding and client services are essential to trafficking prevention efforts.**

Service providers also discussed the need for stable, longer-term foster care placements, as well as specific resources to address mental health concerns and experiences with trauma that many clients in foster care face. According to an urban legal service provider, *“The shortage of foster placements and the screening tool for youth to access psychiatric residential treatment facilities exacerbates the instability children in foster care experience. When children sleep at a different place literally every night for weeks at a time, they are at high risk for running away and being trafficked.”* Additionally, trafficked youth who return to the foster care system have particular needs. A rural foster care provider stated, *“There is a severe shortage of placements for youth who have been trafficked and having foster parents who understand the unique needs of these vulnerable youth.”* Given the importance of foster care programs as a point to prevent exploitation, many survey participants called for increased resources, funding, staffing, and training programs to better assist vulnerable youth within these systems.

- **Human trafficking policy must account for place-based differences in resources.**

When asked how their location in the Midwest made their job different from comparable jobs in other regions, many service providers mentioned the limited access to resources in their communities. A suburban non-profit staffer stated, *“The Midwest is predominantly rural or suburban, making resources for adequate transportation, housing, and jobs more difficult to obtain. [...] There are limited resources and funding available for organizations due to the central location.”* Rural communities in particular face challenges of limited resources, especially trafficking-specific resources. Smaller towns may not have accessible shelter beds, foster care placements, or timely medical services. Urban communities may have more generally accessible and available resources, but the surveyed region has a limited number of trafficking-specific resources, especially with respect to labor trafficking.

- **Rural communities are uniquely positioned to effectively address human trafficking.**

While the disparities in access to resources do limit rural service providers, it is also important to note that rural communities benefit from the informal support structures in smaller communities. Respondents mentioned how tight-knit communities rally around each other in times of need. For example, a rural medical provider said, *“We have the benefit of our small communities as well though. Folks here do care about others, and once they realize that there is an issue or that there are at-risk people among them, there is rarely a lack of individuals to step up to help out.”* Rural communities with stronger social capital—such as these tight-knit networks—could offer suggestions for how to formulate both anti-trafficking policy for identified survivors and preventive policy to buffer against exploitation and vulnerability.

- **Anti-human trafficking outreach must continue to address misperceptions of trafficking—specifically, that “It doesn’t happen here.”**

Many service providers mentioned the challenges of a more pervasive community mindset that trafficking does not happen in the Midwest. Even though these providers felt equipped to identify or work with trafficked persons, they felt that their fellow community members did not see sex or labor trafficking as a problem in their own communities. While part of this is inherent to the phenomenon of human trafficking—making a hidden problem and a hidden population visible—providers addressed this mindset across sectors and regions. A medical service provider who worked in both rural and suburban communities highlighted this issue: *“Our rural setting includes parts of the community with small town mindedness; this can mean being ignorant and naive about these issues, or simply denying that they exist to the extent they do. We believe some also may realize there is a problem but choose to overlook and ignore.”* An urban foster care provider echoed this sentiment, stating, *“In most communities, trafficking, poverty, and any at-risk individuals are swept in places of our city that most people don’t go, or are afraid to go. Almost like the saying, if you can’t see it, it didn’t happen.”* Anti-human trafficking education and outreach should continue to address community members, not just those who work in organizations that encounter vulnerable, exploited, or trafficked persons.

- **Continued cross-sector collaboration is key.**

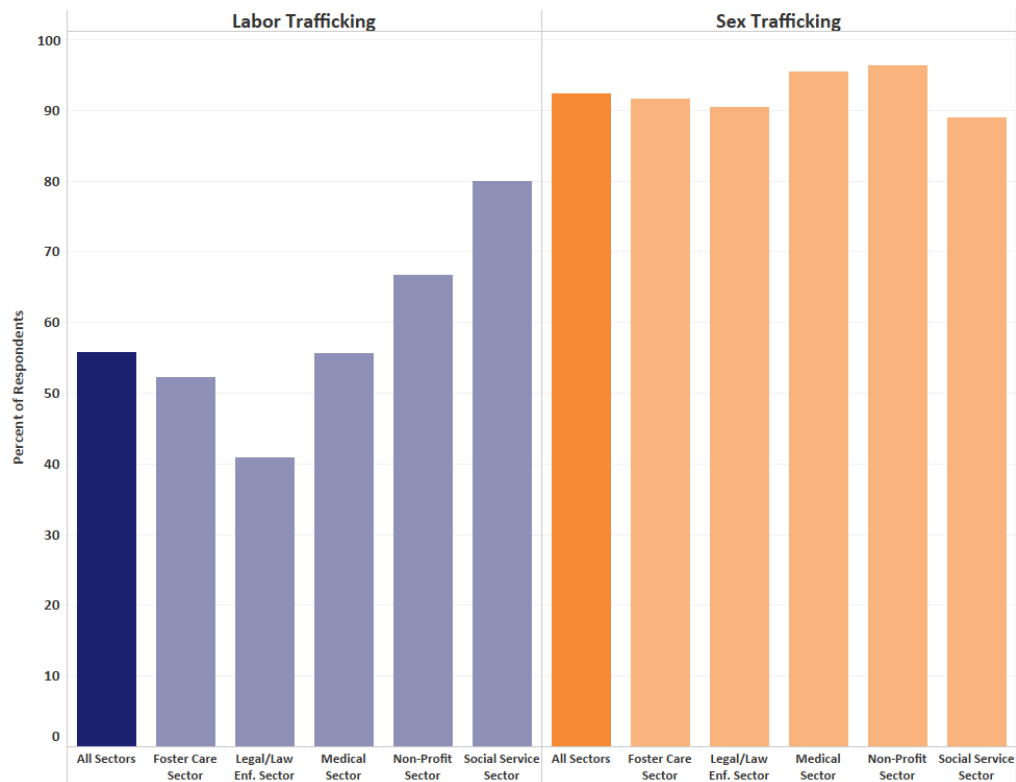
Since trafficked persons encounter service providers across a range of sectors, participants stated that collaboration is important for prevention, identification, and intervention. According to a rural social service provider, *“You have to be creative about how you can utilize informal resources to connect victims and provide supports.”* Formal and informal agreements between organizations and specific providers may provide more holistic services and may help pool limited resources. Service providers indicated a range of collaborative efforts they use to assist trafficked persons, including contacting law enforcement or social services as well as carpooling to take clients to different services. Some Midwestern communities have deep, formal, cross-sector networks, as a foster care provider who worked across one state indicated: *“There is a specialized unit [...], that is a joint venture between law enforcement and child/family services investigating cases of trafficking and exploitation. The [youth services organization] is active in addressing this concern, plus an organized grass-roots non-profit working to support direct service providers that assist this population, as well as a local university with a wealth of knowledge, research, and training on the issue of trafficking”*

Regardless of the structure or scope, cross-sector collaboration must keep trafficking survivors at the center of these efforts—as one suburban medical provider succinctly stated, *“Coalition efforts do make a difference when interagency work is victim-centered.”*

Appendix 1: Labor Trafficking and Sex Trafficking “Red Flags”¹²

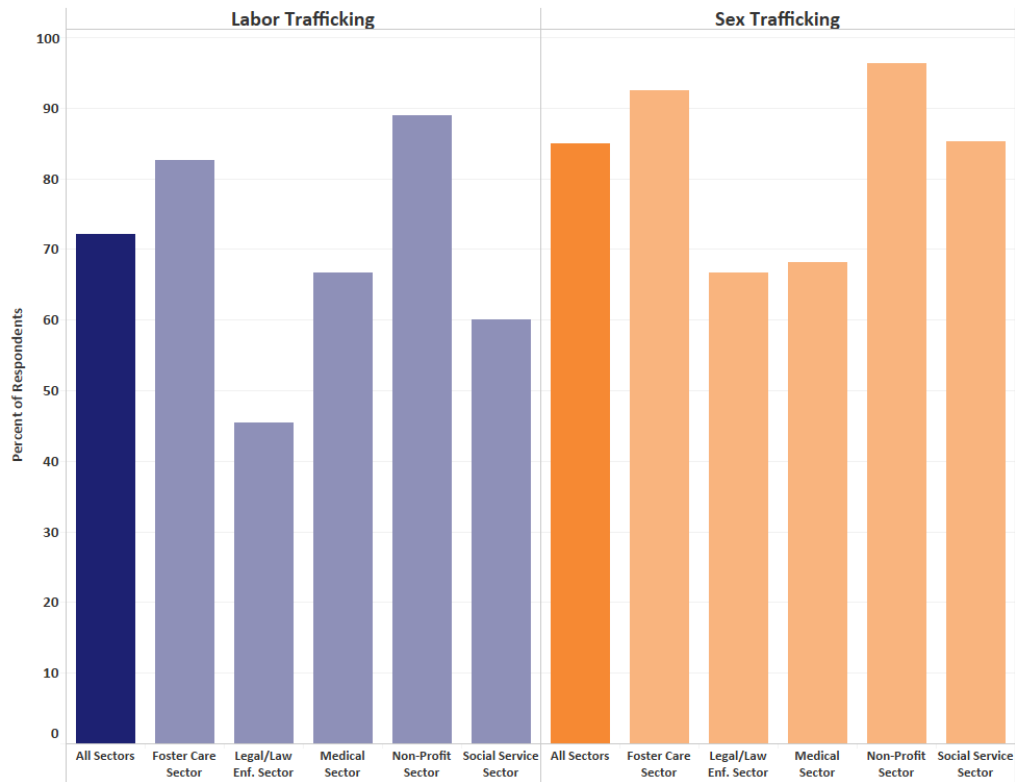
Given your experience, which of the following conditions are you likely to see among individuals who may be at risk of sex (or labor) trafficking?

Sexual assault

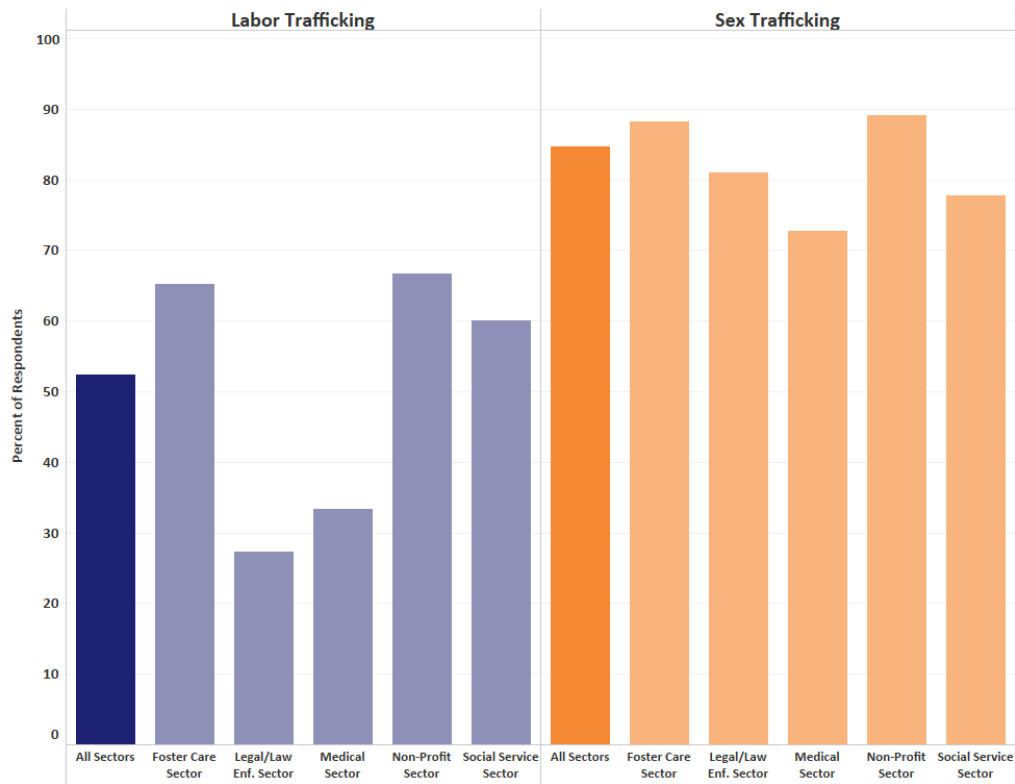


¹² Data in Appendix 1 from online Qualtrics survey responses only. Data in Appendix 2 includes both Qualtrics and mail survey responses.

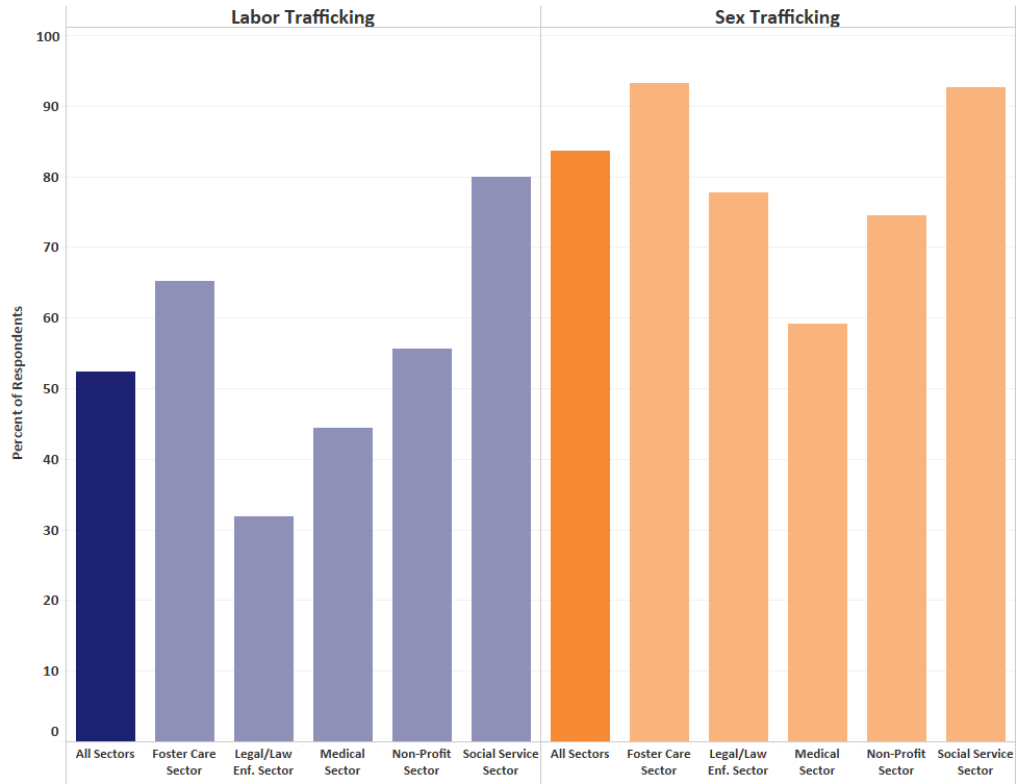
Mental health concerns



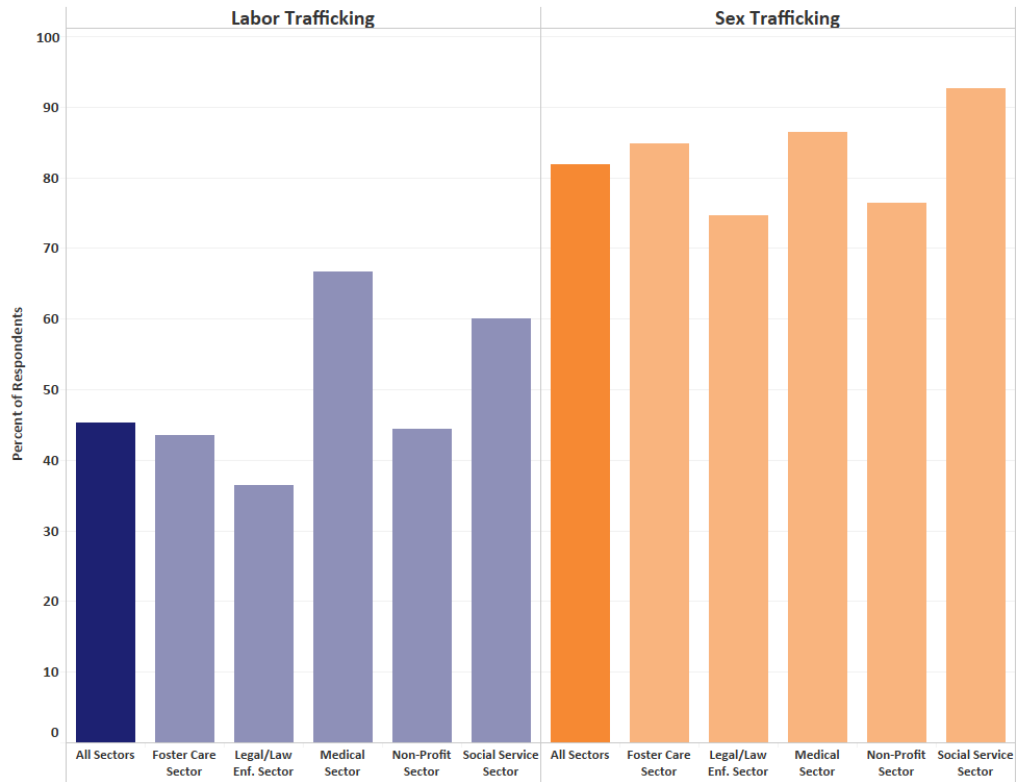
Drug or alcohol abuse or overdose



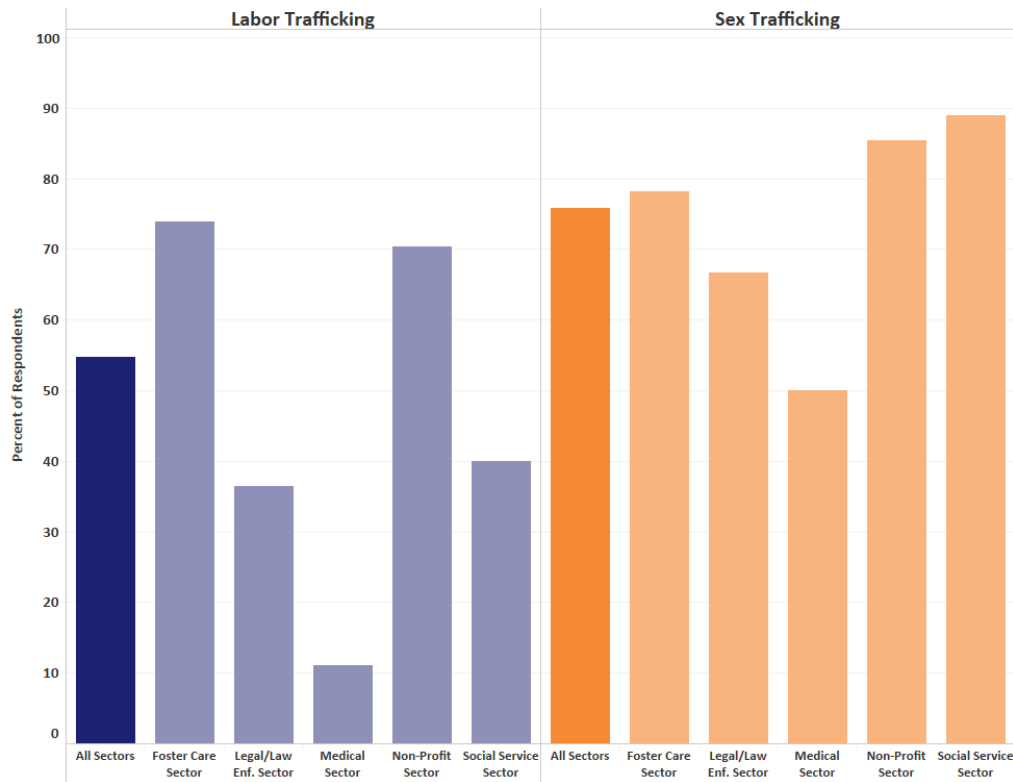
Chronic runaway



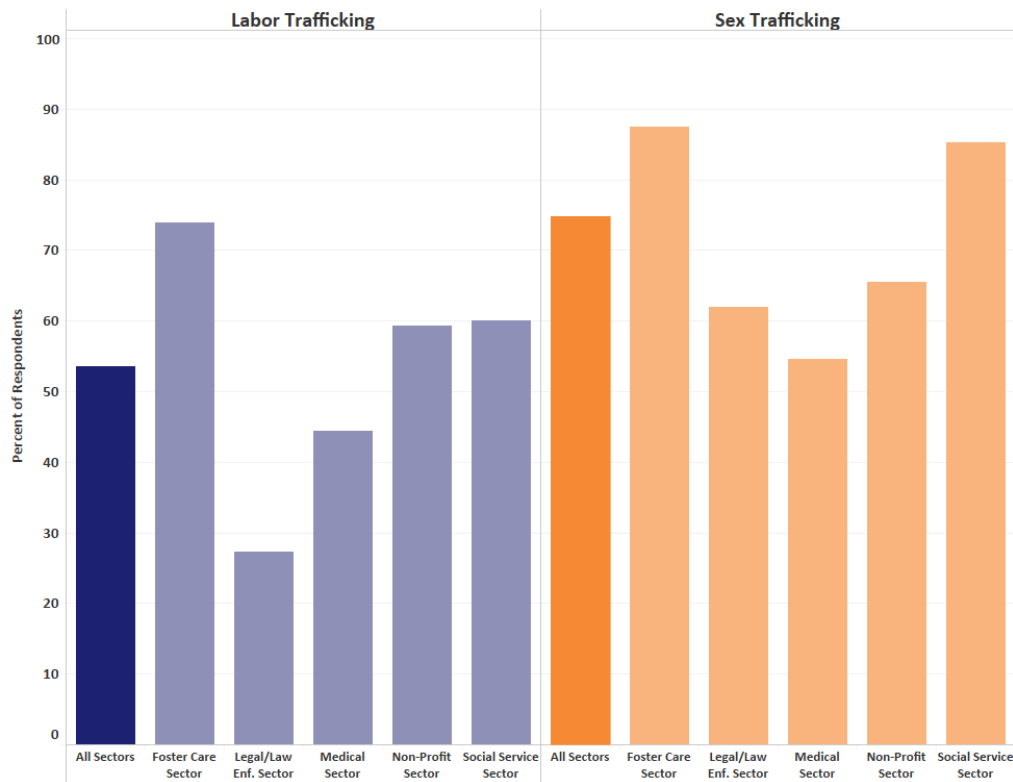
Untreated sexually transmitted infections (STIs)



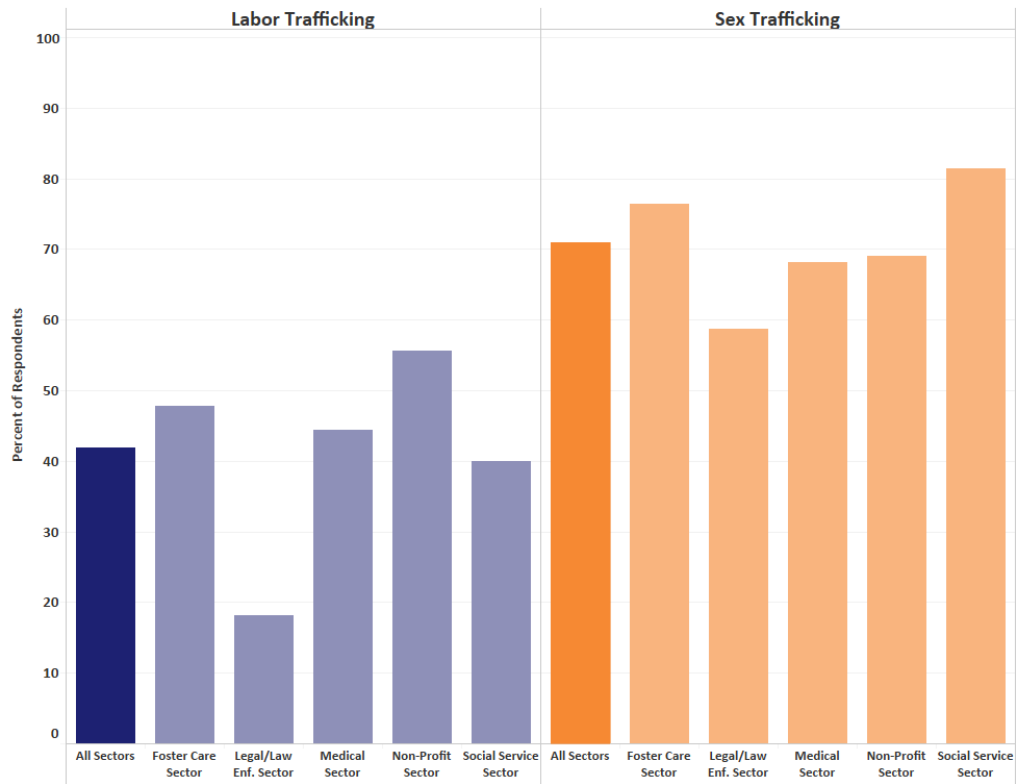
Prior, unsuccessful involvement with social service system(s)



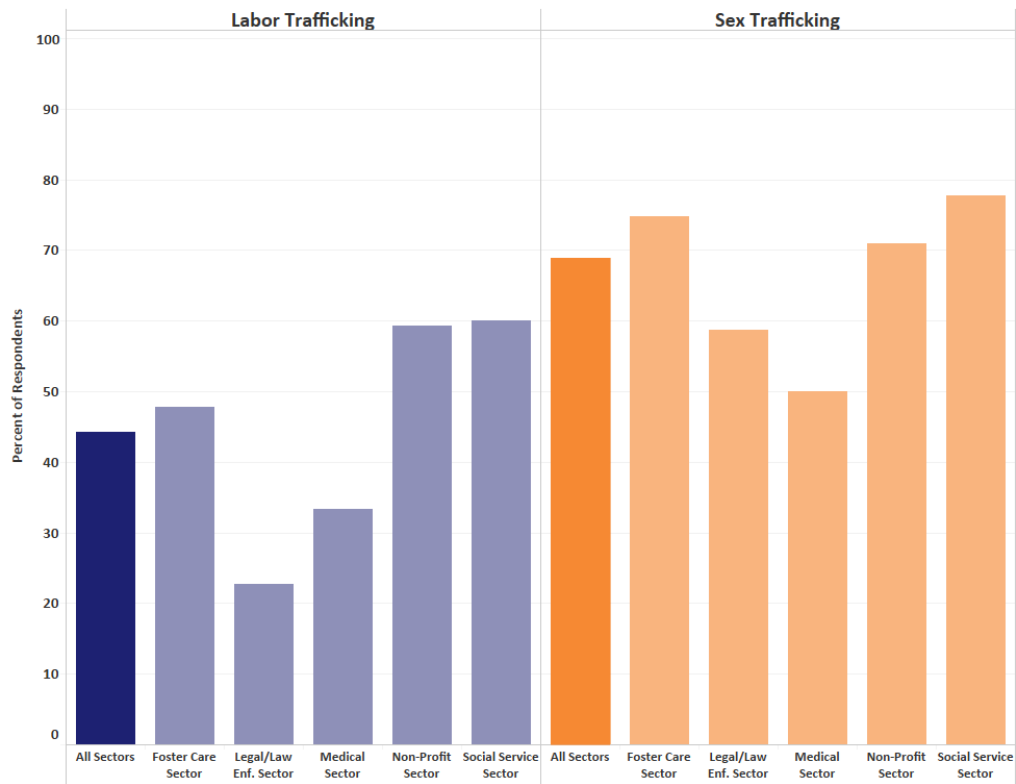
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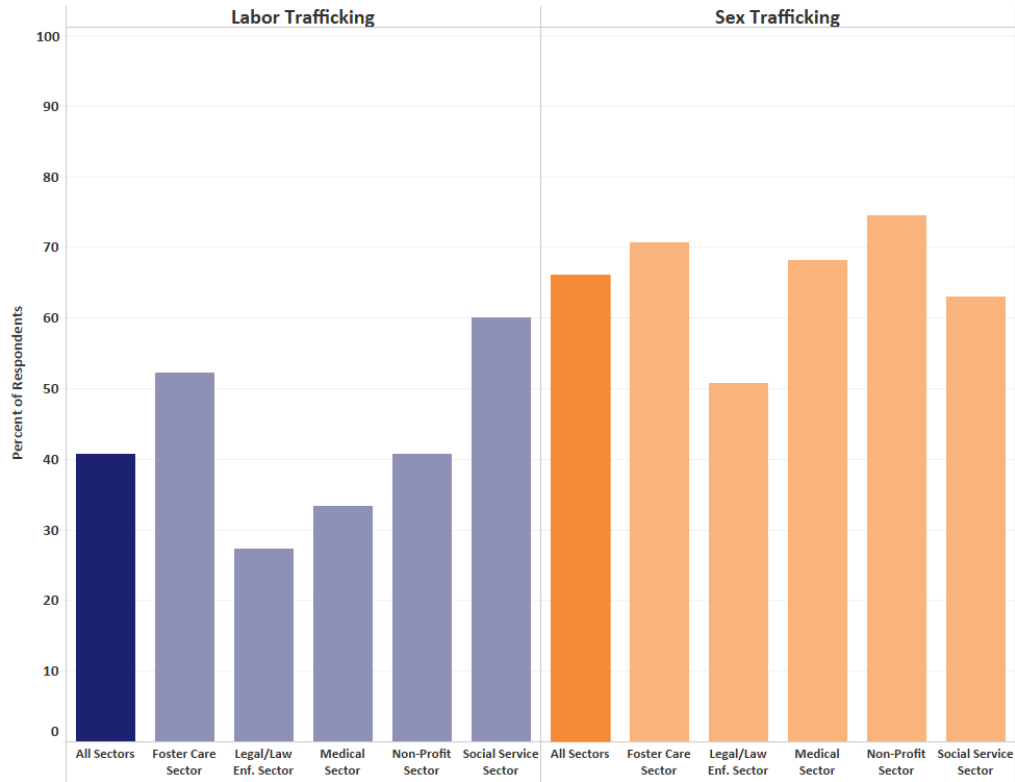
Urinary tract infections (UTIs)



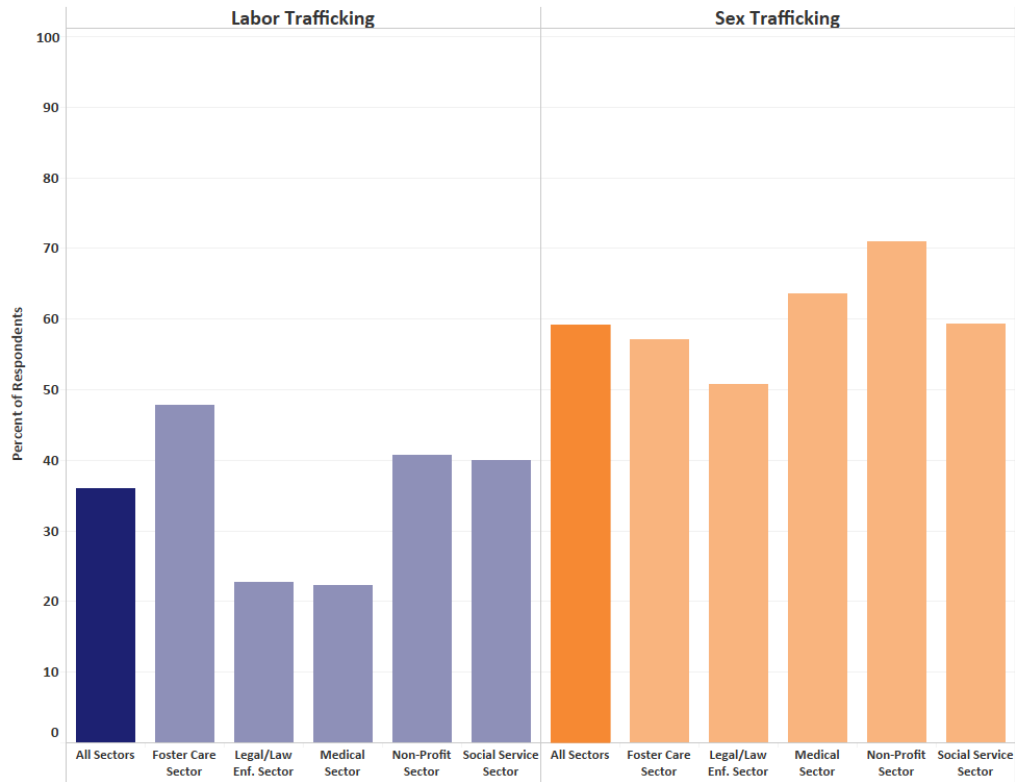
Attempted suicide



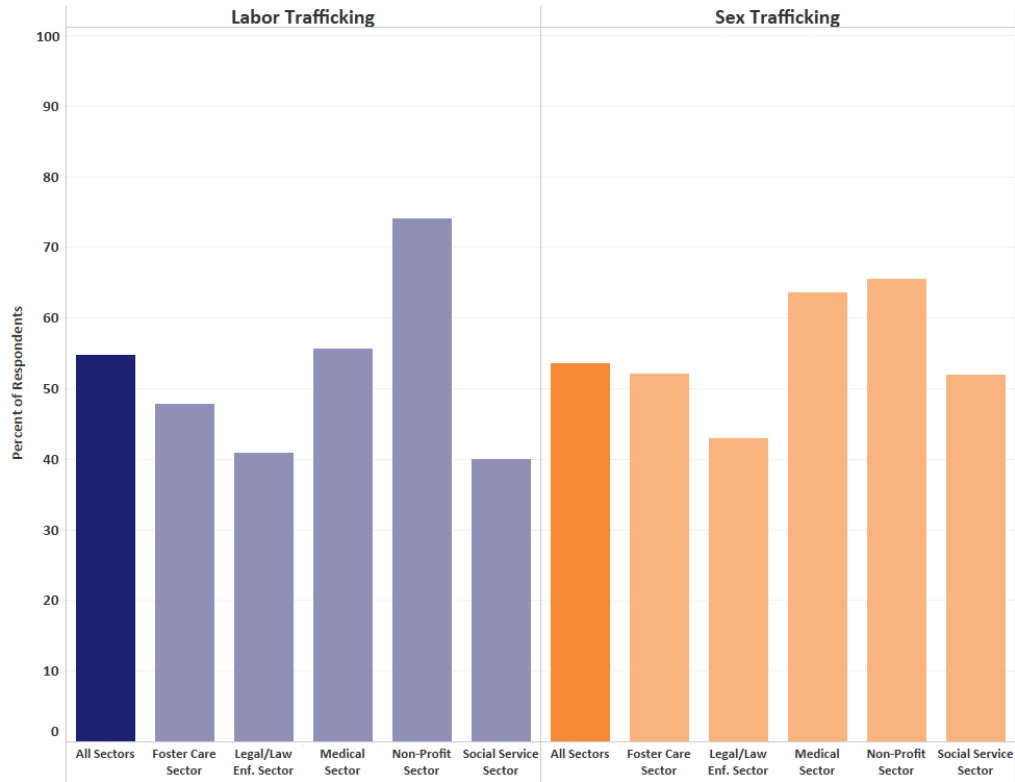
Evidence of abuse or torture



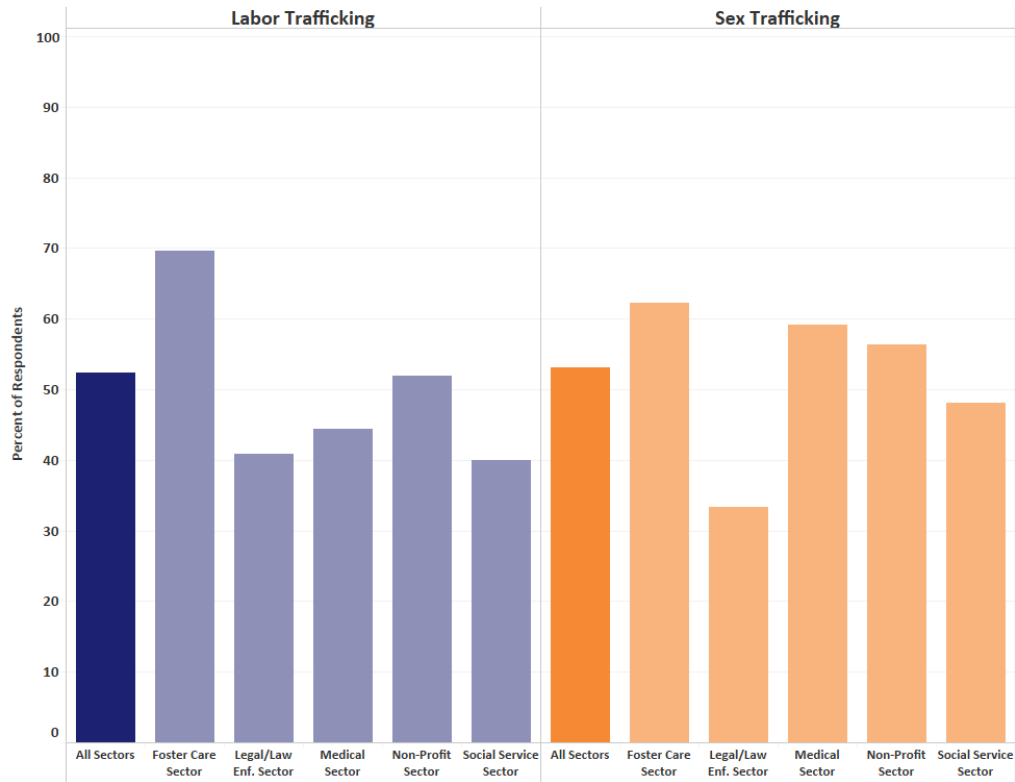
Presence of tattoos or branding



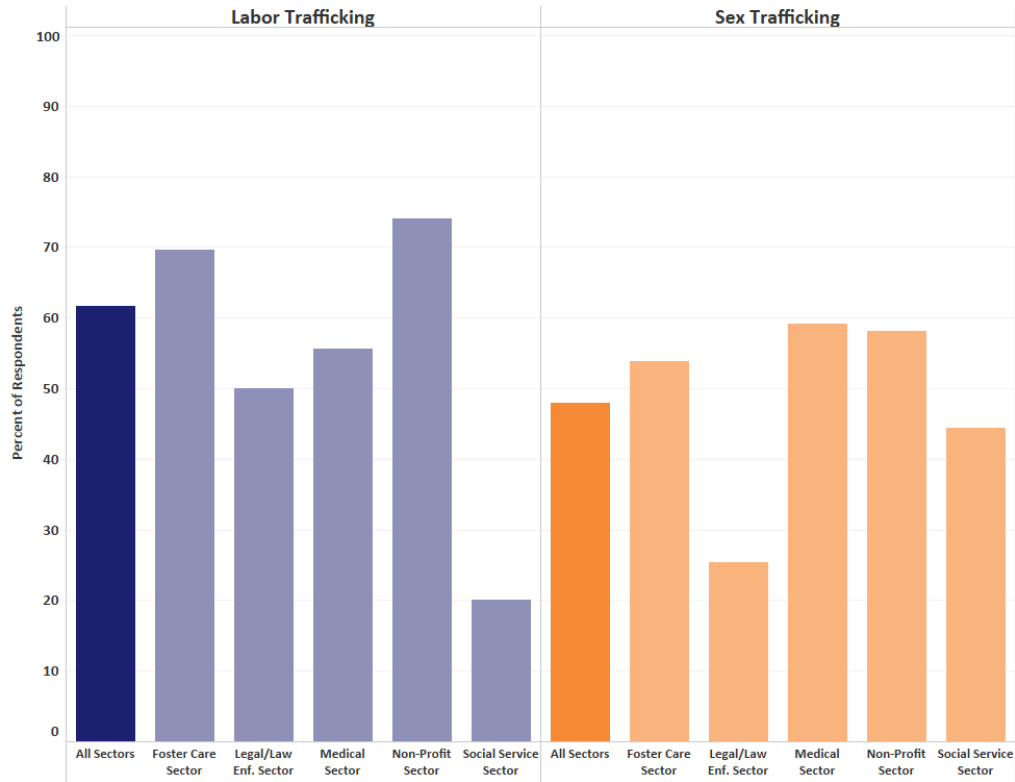
Medical issue/illness (ex. flu, fever, infection)



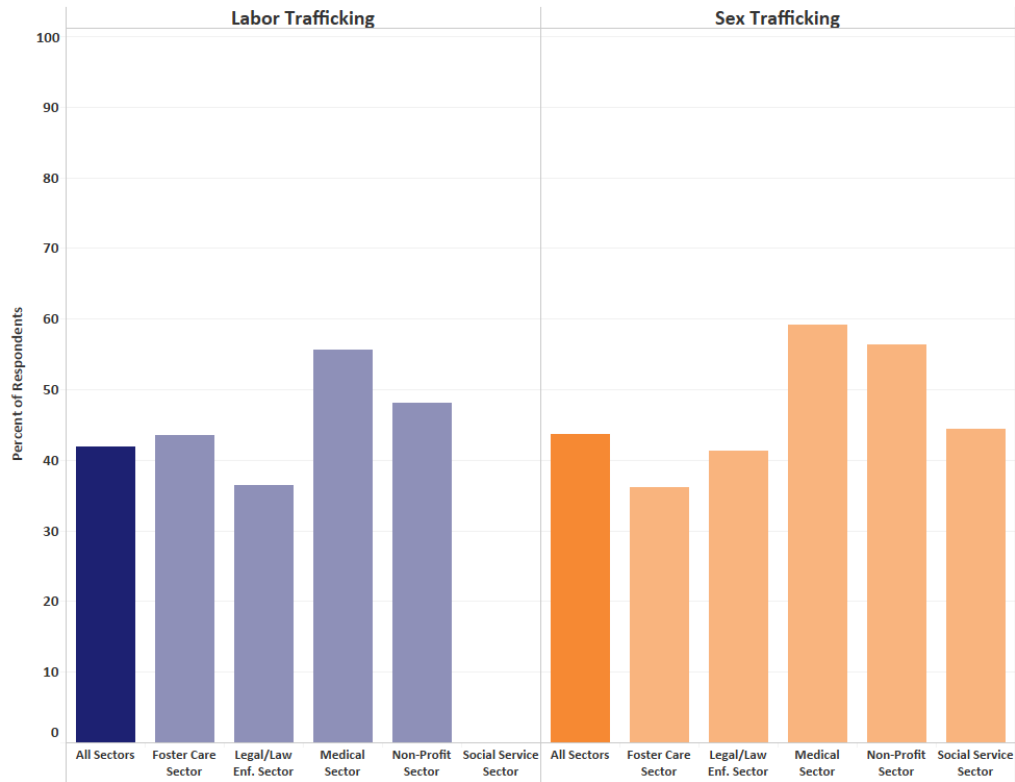
Hunger/malnutrition



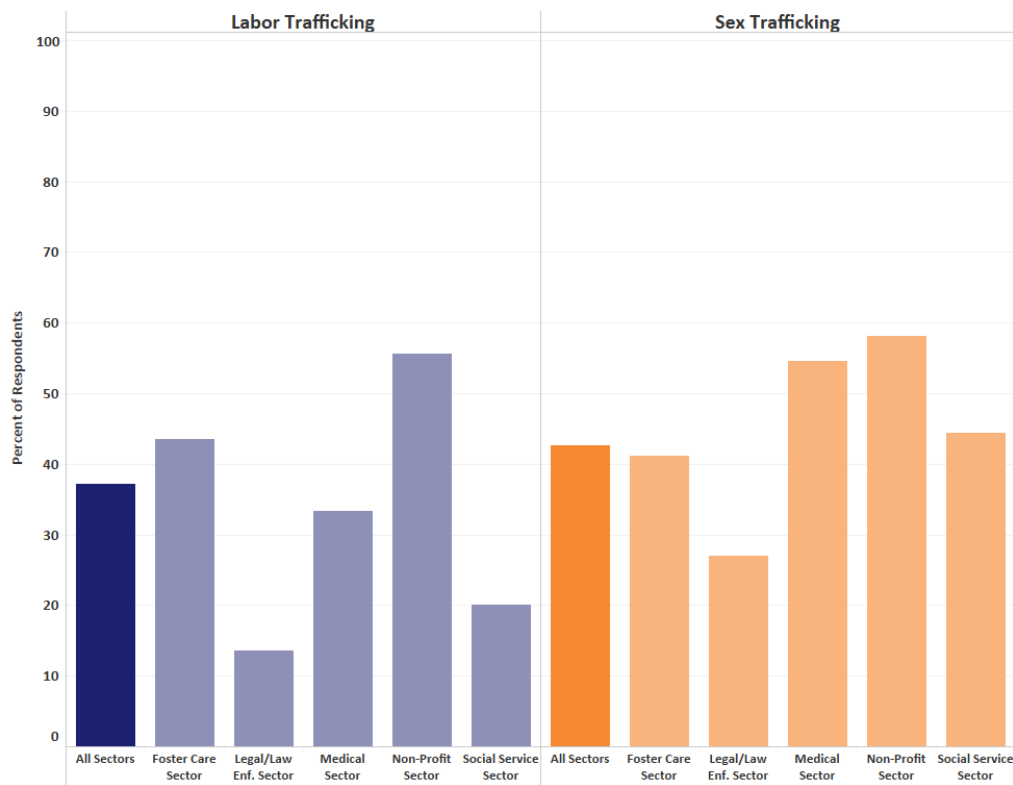
Untreated chronic/acute health issue (ex. diabetes, asthma)



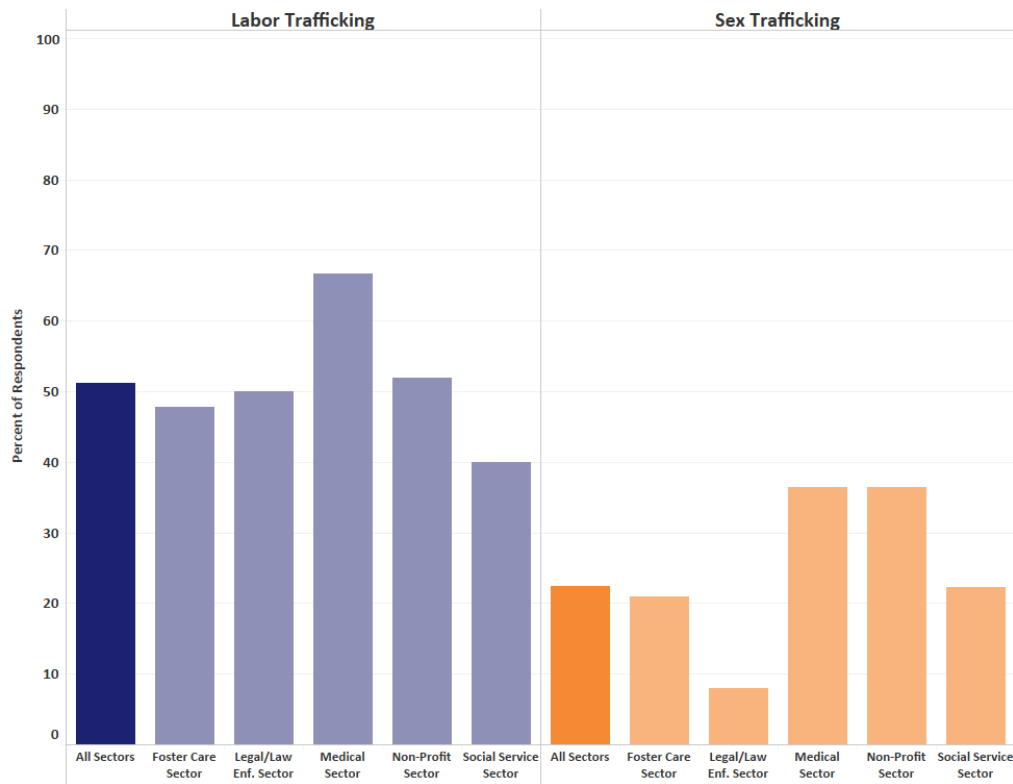
Physical injury (ex. broken bones, sprains)



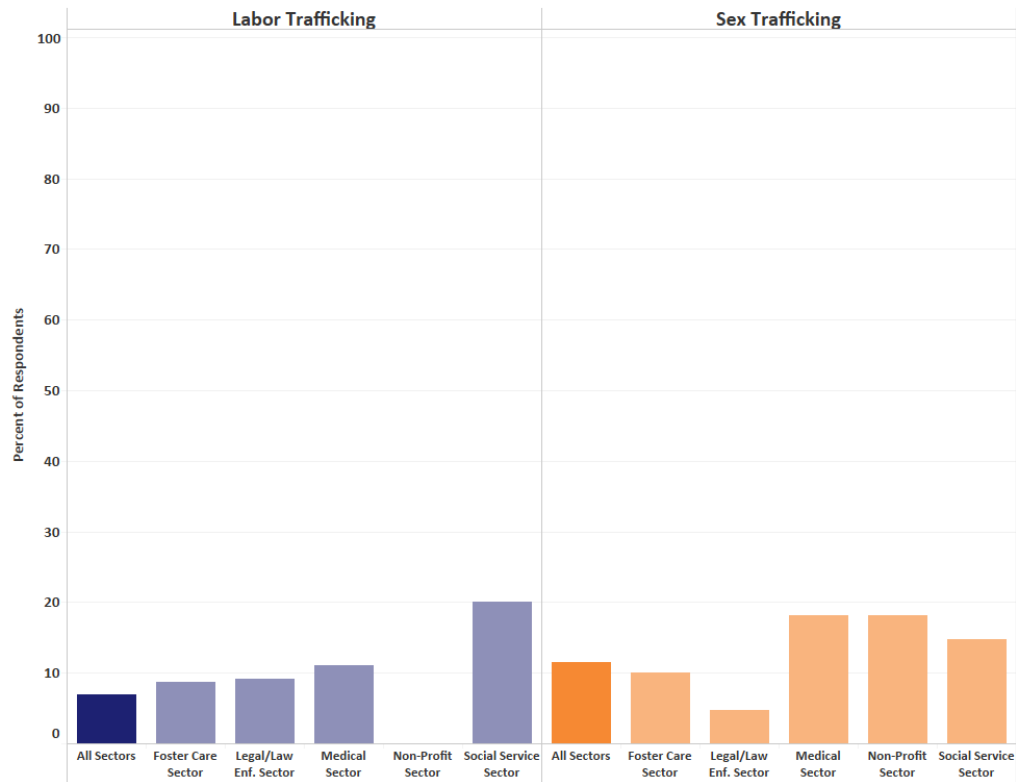
Dental damage



"On the job" injury (ex. chemical burns, falling off ladders)



Other



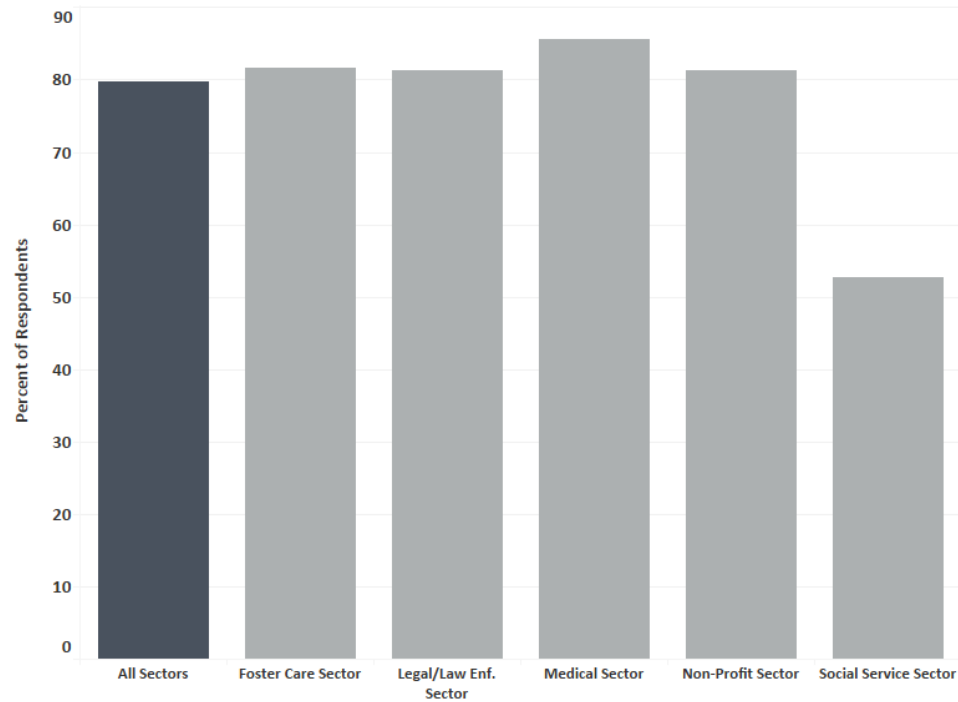
Sample Responses to "Other":

- Language barrier/Unable to communicate
- History of trauma or childhood maltreatment
- No support system/Little or no family support
- Domestic violence
- Disfigurement
- Homelessness
- Moves around a lot
- Poor hygiene
- In a "relationship"/Unaware they are victims

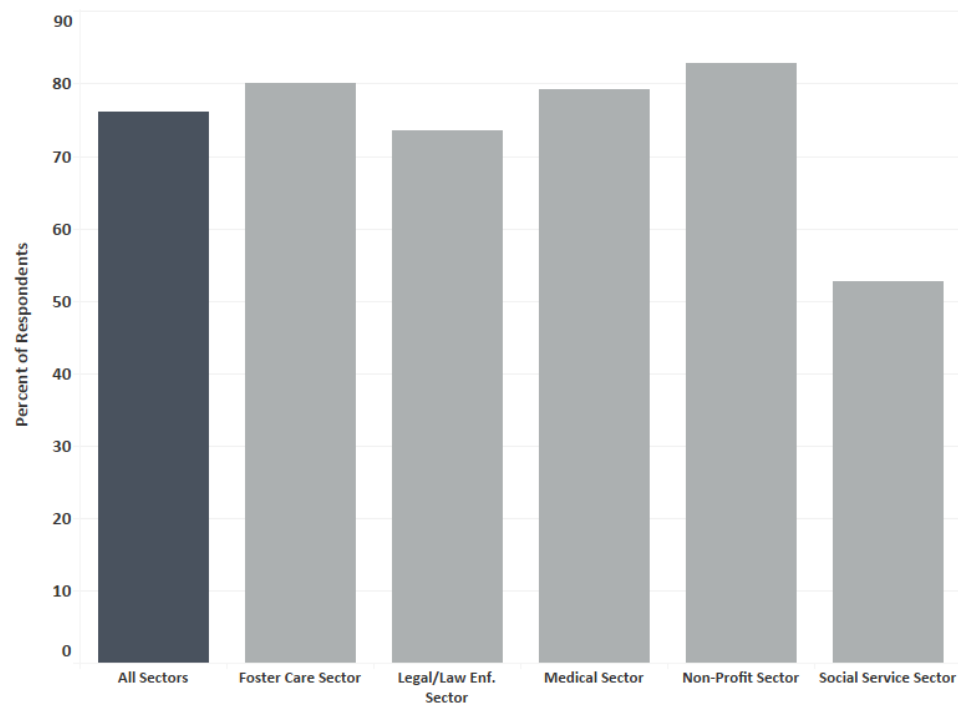
Appendix 2: Community Resources that Limit Risk

Given your experience, what community resources are more likely to limit the risk of any form of exploitation or trafficking?

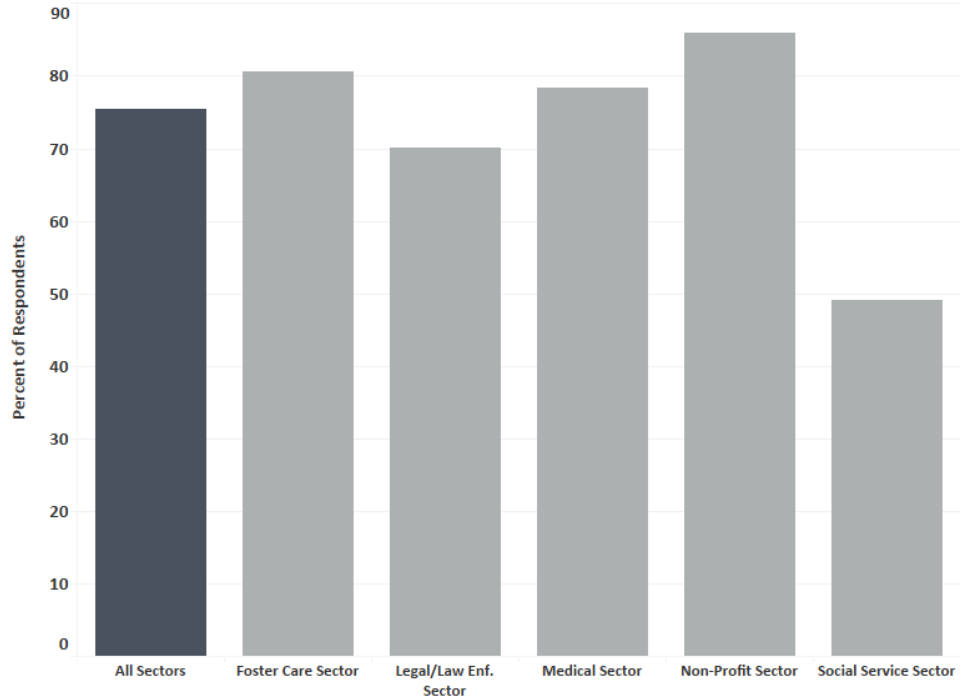
Having strong family ties



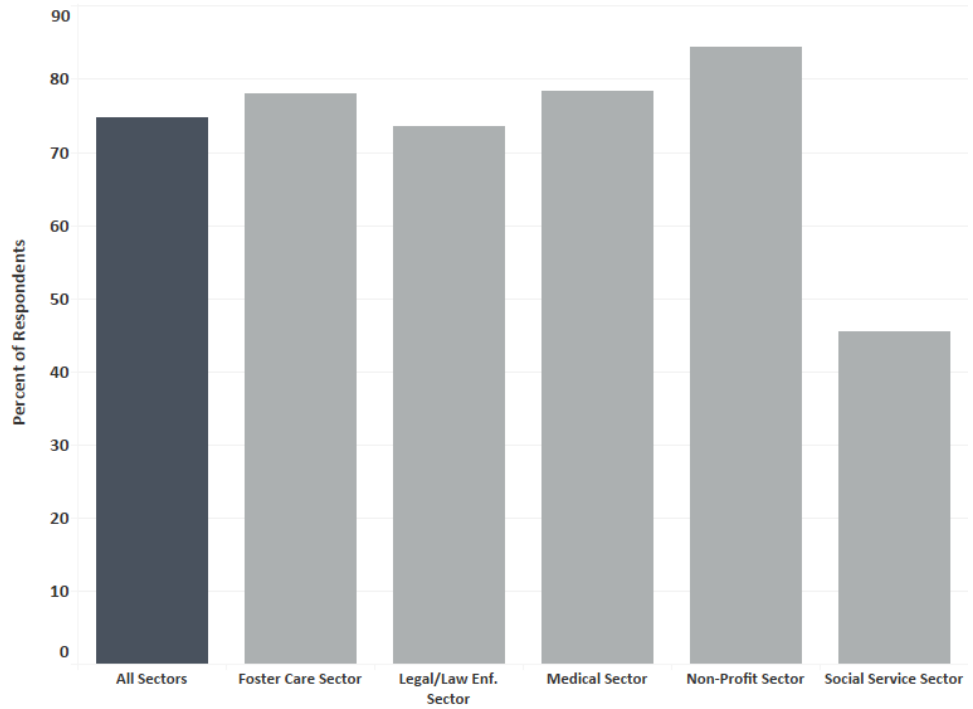
Accessing education



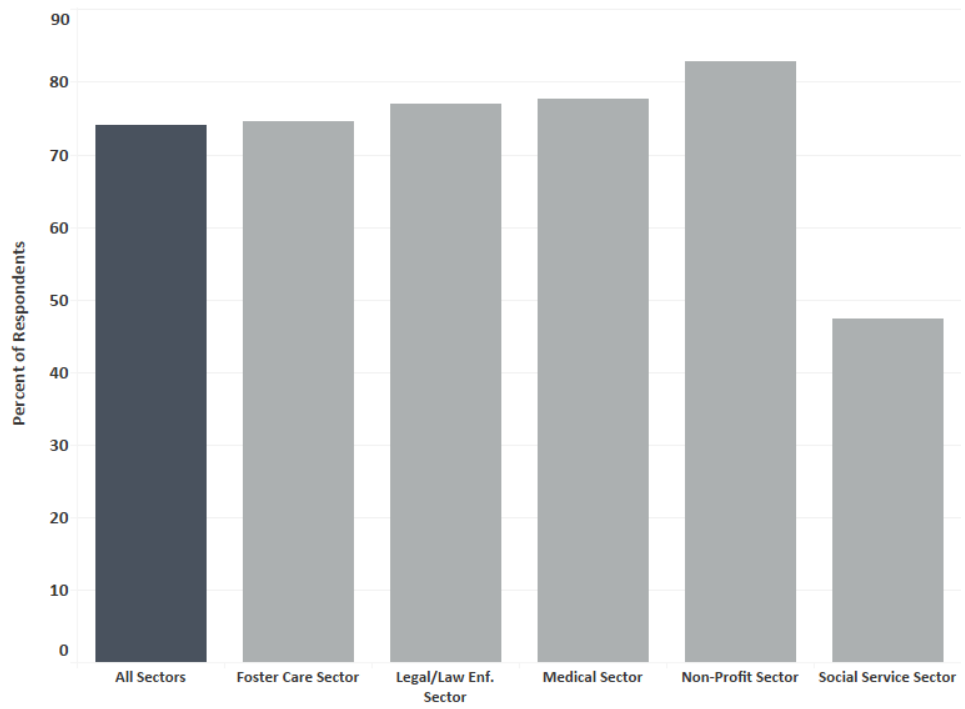
Accessing mental health services



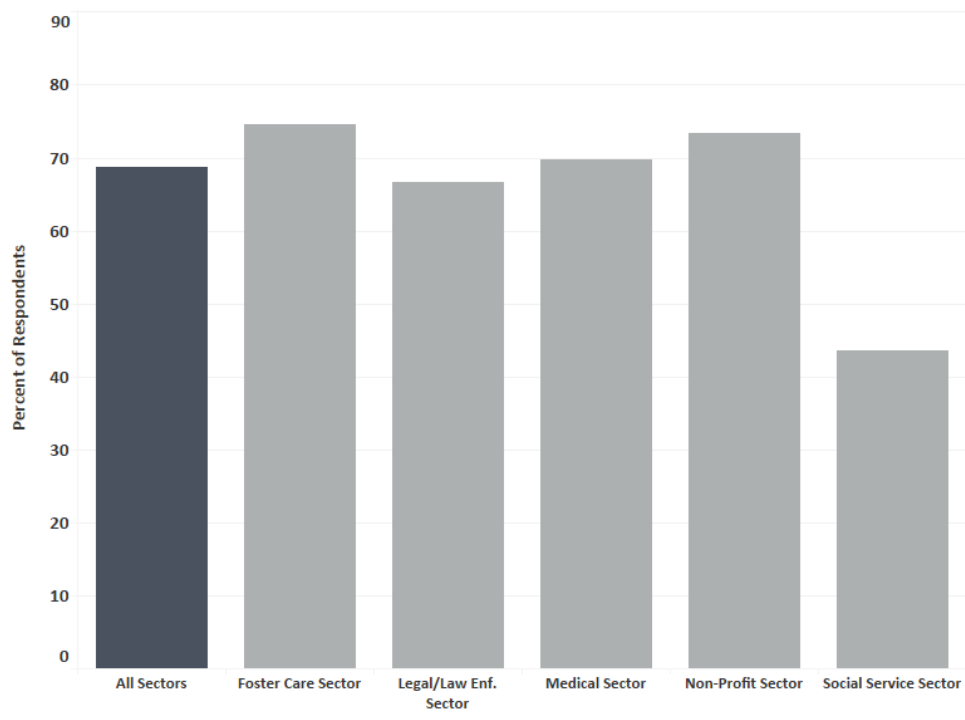
Accessing stable/affordable housing



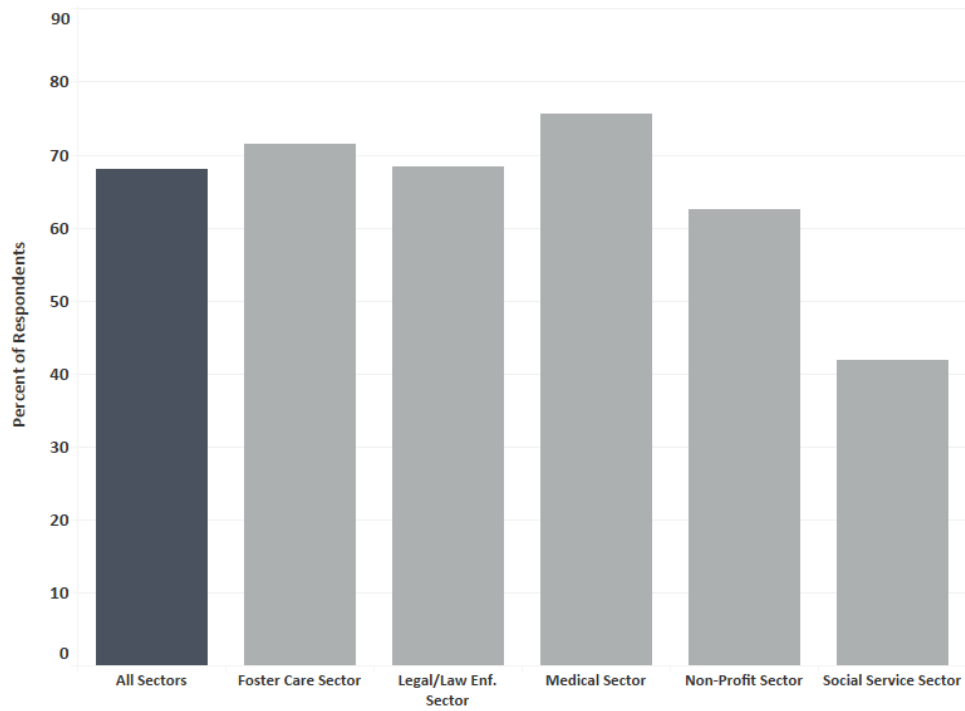
Finding gainful employment



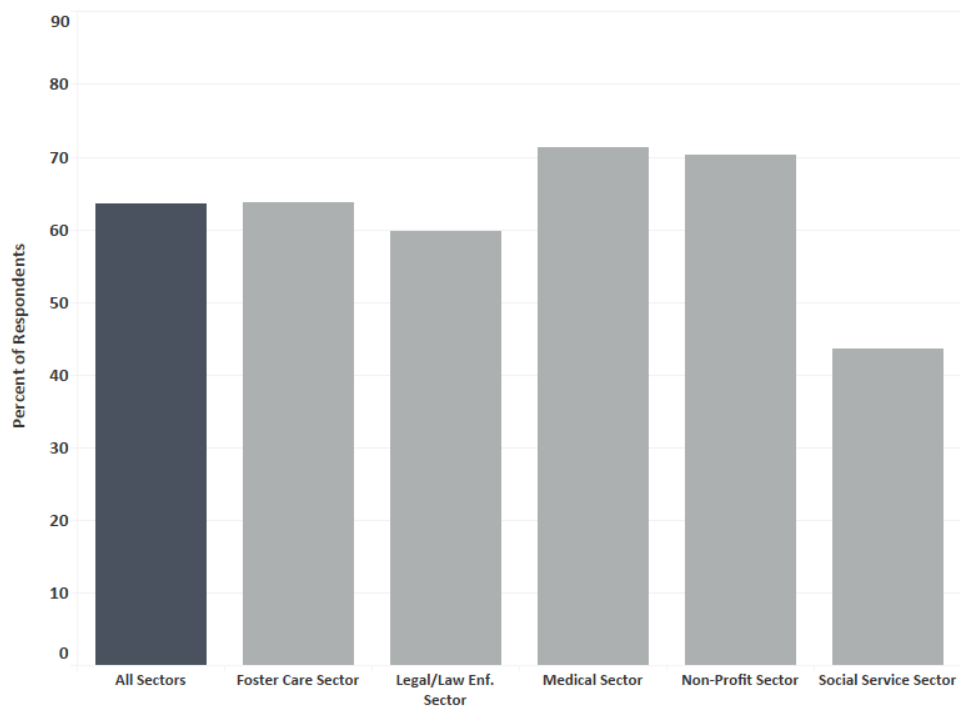
Participating in clubs, organizations, or mentorship groups



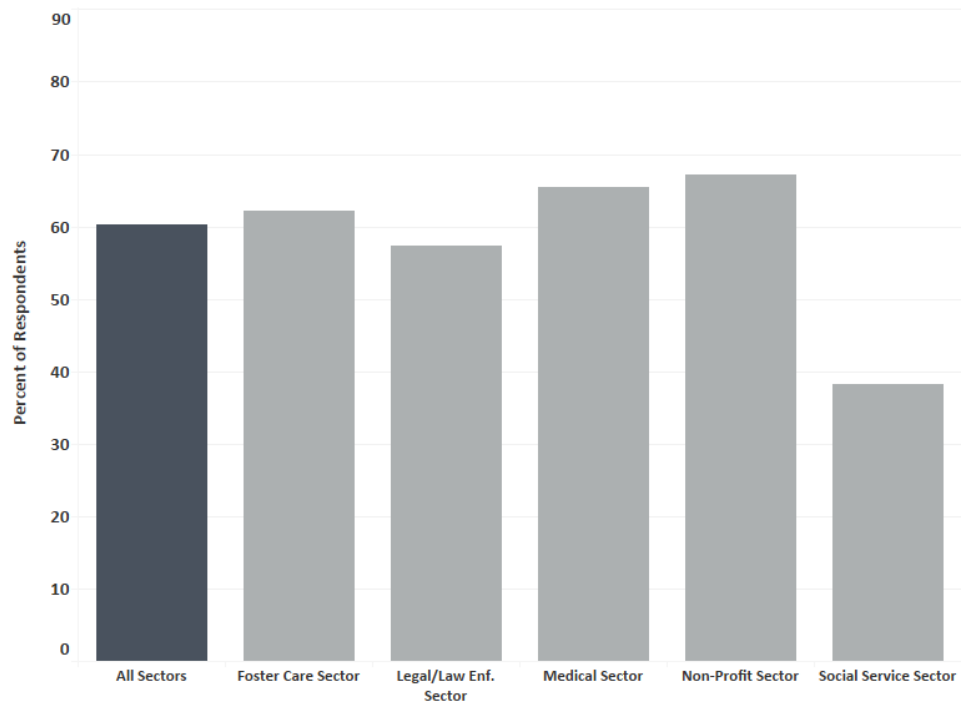
Participating in a faith community



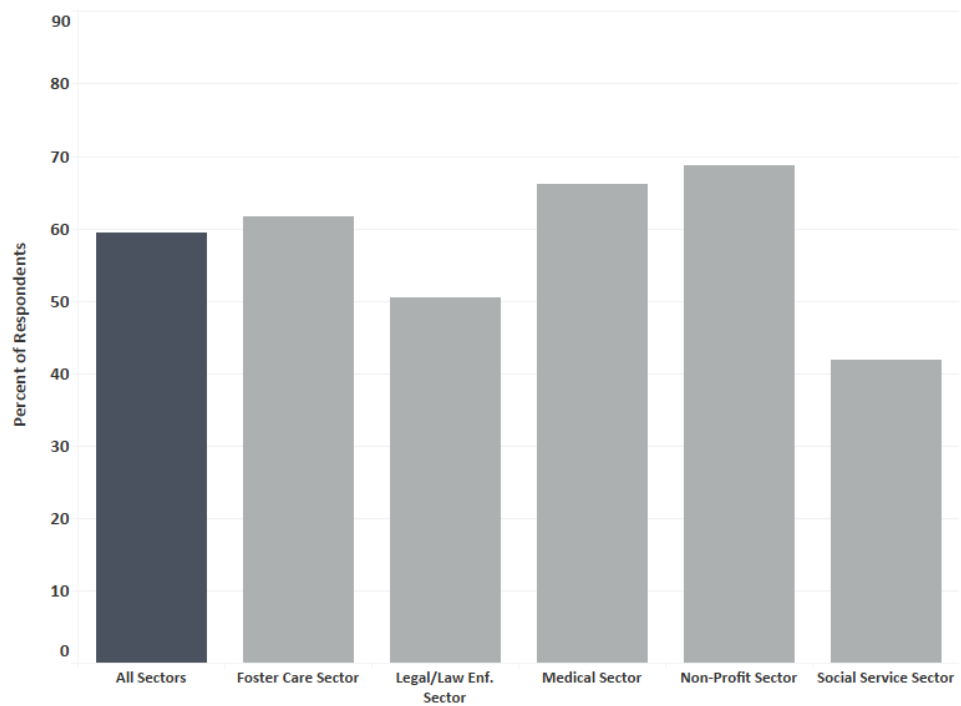
Accessing path to legal immigration



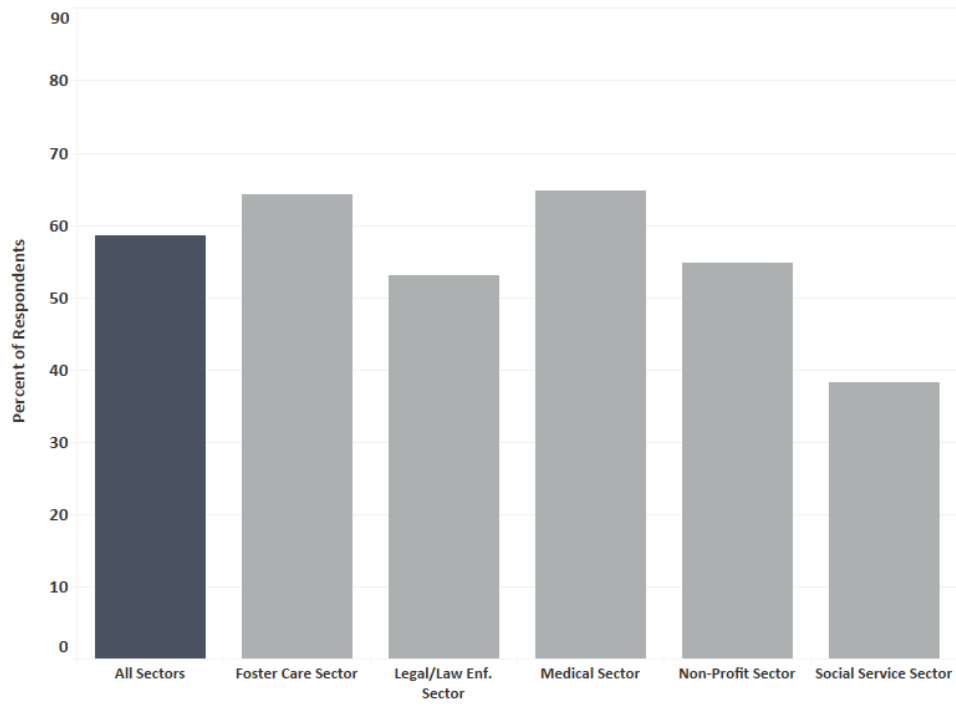
Accessing physical health services



Accessing health insurance



Participating in a cultural community



Accessing government assistance programs (ex. SNAP, TANF)

