Aftercare Services for International Sex Trafficking Survivors: Informing U.S. Service and Program Development in an Emerging Practice Area

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This study aims to identify and synthesize services recommended in scientific literature, government reports, and by organizations working with sex trafficking survivors in the United States to develop comprehensive protocols for aftercare services for sex trafficking survivors.
Sex Trafficking

“The recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act, in which the commercial sex act is induced by force, fraud, coercion, or in which the survivors induced to perform such an act has not attained 18 years of age” (U.S. Department of State, 2007)
Introduction

 Persons who are or have been victimized by such horrors are considered *survivors of sex trafficking*

 Persons who have been trafficked into the United States from other countries are considered *international sex trafficking survivors*
Introduction

- Sex trafficking is the fastest growing form of international human trafficking (Hodge, 2008; United Nations, 2002)
- United States is a frequent trafficking destination
- Primarily affects women and children (WHO, 2000)
- Gravely affects the overall health and well-being of survivors (WHO, 2000)
- Men and boys are also at risk, not as high

Survivors of international sex trafficking often come to the attention of human services providers when seeking services for the abuses survived (R.I.P.P.L.E., 2007)

Service providers from all practices settings should be prepared to help survivors
Existing Research

- Research on prevalence of and risk factors for international sex trafficking—globally and into the United States—is incomplete.

- Conservative estimate of annual individuals trafficked into the United States is 14,500 and 17,500 (U.S. Department of State; Clawson, Dutch, Salomon, & Grace, 2009).

- These estimates include persons trafficked for various reasons, not only sex trafficking.
Risk Factors for Sex Trafficking

- **Person-level factors**
  - Young age, unemployment, prior victimization, physical, and mental health problems (Clawson et al., 2009)

- **Social factors**
  - Residency in countries in serious poverty, gender inequality, police and political corruption, high crime, and/or war and conflict (Clawson et al., 2009)
Consequences of Sex Trafficking

- Survivors sustain numerous physical injuries and suffer long-term psychological consequences (Flowers, 2001; Grajic-Veljanoski & Stewart, 2007; Hodge, 2008; Miller, Decker, Silverman, & Raj, 2007; Raymond & Hughes, 2001; WHO, 2000)

- Research purports trafficking perpetrators subject their victims to poor nutrition, dangerous working conditions, and increased exposure to infectious disease (Spear, 2004)

- Sexually transmitted infections (STIs), syphilis, trichomoniasis, gonorrhea, chlamydia, herpes, pubic lice, urinary tract and yeast infections, and HIV/AIDS (Raymond & Hughes, 2001; Grajic-Veljanoski & Stewart, 2007)
Consequences of Sex Trafficking

Mental health
- Depression, anxiety, panic attacks, posttraumatic stress disorder (PTSD), suicidal ideations, and suicide (Flowers, 2001; Raymond & Hughes, 2001)
- One study of women survivors of international sex trafficking, more than 85% reported they continued to experience feelings of sadness and depression several years after liberation (Raymond & Hughes, 2001)

Substance Abuse
- Traffickers may use substances as a method of control which leads survivors to addiction
- Survivors may turn to substances as a coping mechanism (Clawson et al., 2009; Raymond & Hughes, 2001)
- Substance abuse may persist after liberation
Research Aims

- U.S. based human service providers need practice protocols for how to best assist survivors
- Current dearth of research on services for survivors leaves human service providers with little data on this growing population (Clawson et al., 2009; Hodge, 2008)
- Current literature is fragmented and fails to offer comprehensive guidelines for providers
  - Outlines survivors’ needs but does not address practice recommendations
  - Alternatively, if recommendations are provided they focus on a single aspect of aftercare services, such as assessment
- The field needs to advance this practice area and develop service guidelines based on a rigorous review and synthesis of current literature

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Methods

Four strategies used to assemble relevant literature:

1) Conducted a systematic review of computerized journal database
   - Including PubMed, PsychoInfo, Social Work Abstracts, and Google Scholar
   - Keywords: sex trafficking, services, interventions, goals, needs, advocacy, and programs
   - Additional articles were identified through a backward search of the references cited in included articles

   - These two strategies yielded 49 possible articles for review
   - Only three peer-reviewed articles met the broad inclusion criteria
Methods

2) Included relevant documents available via the Internet
   - Google and Yahoo used as primary search engines
   - Yielded 22 potential documents
     - Grant reports and reference guides from National Institute of Justice, U.S. Department of Justice, U.S. Department of State, United Nations Higher Commissioner for Refugees (UNHCR), and think tanks (Urban Institute)
   - Documents vetted by the same inclusion criteria
     - 9 documents met the criteria and were included in the final literature review
Methods

3) Contacted state-level sexual assault coalitions across the United States and U.S.-based human rights organizations

- Requested copies of documents organizations are using in their work with survivors
- Sexual assault coalitions and human rights organizations were identified as most relevant groups
- Provide direct services to survivors or offer guidance and training to other organizations providing such services
- Contact was made by email to 52 sexual assault coalitions and 43 human rights organizations
- Process yielded three additional articles that met the study-inclusion criteria

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Methods

4) Contacted key researchers in the field of sex trafficking who were identified through the other study methods

- Key researchers were asked to nominate publications they considered relevant
- 5 new publications were identified
Final Literature Review

- Included 20 publications
- No time limit was placed on search strategies
- All included documents were published between 2001-2010
- All documents were systematically reviewed by one research team member in a standardized manner
- A standard form was developed to garner relevant information from each document
- Regarded the needs of sex trafficking survivors, recommended services for survivors, and recommended practices for working with survivors

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Results

- Seven of the 20 documents reviewed contained recommendations based on primary data collection. Qualitative interviews with survivors and/or focus groups with advocates, providers, and/or law enforcement personnel (Aron, Zweig, & Newmark, 2006; Caliber, 2007; Coonan, 2004; Raymond & Hughes, 2001; Spangenberg, 2002; The Advocates for Human Rights ([TAHR], 2008)

- Remaining documents based on expert opinion, other literature reviews, and anecdotal information.

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Results

- Revealed survivors’ needs change substantially over time
  - Needs when initially freed differ from when they begin to recover from being trafficked, and then again as independence and reintegration into the community is established (Armstrong, 2008; Clawson et al., 2009)

- Much of the literature suggests the need for safe and secure shelter immediately following emancipation from trafficking (Aron et al., 2006; Caliber, 2007; Clawson & Dutch, 2008a; Coonan, 2004; Florida Coalition Against Domestic Violence [FCADV], 2004; Hodge, 2008; International Organization for Migration, 2009; Spangenberg, 2002; TAHR, 2008; Tzvetkova, 2002; UNHCR, 2008; VSSLS, 2010; Wisconsin Coalition Against Sexual Assault, Wisconsin Coalition Against Domestic Violence [WCASA/WCADV], 2007)

- Secure shelter is described as a short-term need which shifts to a long-term need for permanent housing as survivors work to rebuild their lives

- Thus, research supports the importance of providing a continuum of aftercare services (Table 1)
Table 1. Aftercare Services for International Sex Trafficking Survivors: Critical Findings

- Aftercare service should help international sex trafficking survivors establish their safety, recovery and independence, as well as help survivors’ integrate into the community.

- Human service providers should develop aftercare programs that provide a continuum of services to address the changing needs of survivors.

- Within this service continuum, providers should offer seven core services to address survivors’ needs, including the following services:
  - basic necessities;
  - secure, safe shelter and housing;
  - physical health care;
  - mental health care;
  - legal and immigration advocacy;
  - job and life skills training; and
  - substance abuse services.

- In aftercare service delivery, providers should:
  - begin with a comprehensive needs assessment;
  - continually work to ensure survivors’ safety and confidentiality;
  - use trauma-informed care practices;
  - provide comprehensive case management;
  - speak the survivor’s native language or provide translation services;
  - provide culturally appropriate services; and
  - offer specialized housing.
Table 2. Aftercare Services for International Sex Trafficking Survivors: Practice, Policy and Research Implications

**Practice**
- All health, human service, legal, and law enforcement professions should offer sex trafficking continuing education trainings and add sex trafficking information to education curricula.

**Policy**
- Policy attention is needed to determine how best to fund aftercare services.
- Policy attention is needed to help support and disseminate trauma-informed services for sex trafficking survivors.
- Sex trafficking survivors can only access key immigration remedies if they participate in the investigation and prosecution of traffickers. Policy attention is needed to address the needs of survivors who are unable to assist legal authorities because of risks to survivors’ and their families’ well-being.

**Research**
- We urge researchers and service providers concerned with sex trafficking to partner in program evaluation of aftercare services.
- We call on researchers and providers to work together to develop a research agenda concerned with the prevention of global sex trafficking.
Survivors’ Immediate Needs at Emancipation from Sex Trafficking

a) Immediate safety
b) Emergency shelter
c) Basic necessities
d) Language interpretation
e) Emergency medical care
f) Crisis legal advocacy
Trauma Recovery and Life Stabilizing Services Needed

a) Physical health
b) Mental health
c) Substance abuse
d) Safety
e) Transitional housing
f) Immigration
g) Legal issues
h) Language needs (interpretation and translation)

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Recovery Phase Needs

- Independence established and long-term services required
  a) Life skills
  b) Language skills
  c) Education and job training
  d) Permanent housing and decision to remain in the U.S.
  e) Family reunification
  f) Repatriation
Service Delivery Practices
Recommendations

1. Begin service delivery with a comprehensive needs assessment
2. Ensure survivors’ safety and confidentiality
3. Engage in trauma-informed care
4. Provide comprehensive case management for survivors to coordinate health, human, and legal services
Considerations for Effective Service Provision

1. Speaking the survivor’s native language
2. Providing culturally appropriate services
3. Offering special housing appropriate for survivors’ security
Recommended Aftercare Service Delivery Practice

- **Comprehensive needs assessment**
  - Most survivors are liberated by law enforcement
  - Law enforcement then likely to refer to service providers
  - Domestic violence, faith-based, immigration, human rights, and sexual assault organizations (FCADV, 2004; R.I.P.P.L.E., 2007)

- First step in service provision to conduct a comprehensive, sensitive needs assessment (Armstrong, 2008; Aron et al., 2006; Caliber, 2007; Clawson et al., 2009; FCADV, 2004; R.I.P.P.L.E., 2007; Spangenberg, 2002; UNHCR, 2008)
  - Should identify as having been liberated from (or currently involved in) sex trafficking (FCADV, 2004; Spangenberg, 2002)
  - Provider conducting assessment should initiate services for the survivor
  - If survivor is under 18, the provide should conduct the assessment interview in a developmentally appropriate manner (Armstrong, 2008)
Recommended Aftercare Service Delivery Practice

Ensure safety and confidentiality

- Safety and shelter are imperative because traffickers pose a threat even after trafficking situation is abandoned (Armstrong, 2008; Aron et al., 2006; Caliber, 2007; R.I.P.P.L.E., 2007; Spangenber, 2002)

- Secured housing is found to assure safety (Clawson & Dutch, 2008a; Clawson et al., 2009)

- Protecting survivors’ confidentiality is paramount to ensure safety (Aron et al., 2006; Caliber, 2007; International Organization for Migration, 2009; R.I.P.P.L.E., 2007; UNHCR, 2008; VSSLS, 2010)

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Ensure safety and confidentiality (cont’d)

- Suggested for service providers to clearly explain U.S. confidentiality and information disclosure practices (Armstrong, 2008; IOM, 2009; R.I.P.P.L.E., 2007)
- Survivors must understand when providers need to share information to coordinate the best services possible
- Survivors must understand when providers should limit disclosure to protect confidentiality and safety (Clawson & Dutch, 2008b)
- Contacting a legal representative when a client is identified as a survivor is emphasized
- If survivor is under 18 secure legal guardianship to ensure the child’s well-being is encouraged (Armstrong, 2008)
Recommended Aftercare Service Delivery Practice

Comprehensive case management

Coordinated case management is found to ensure access to compressive services (Armstrong, 2008; Caliber, 2007; Clawson & Dutch, 2008b; Clawson et al., 2009; Coonen, 2004; FCADV, 2004; Hodge, 2008; IOM, 2009; R.I.P.P.L.E., 2007; TAHR, 2008; Tzvetkova, 2002; UNHCR, 2008; VSSLS, 2010; WCASA/ WCADV, 2007)

Nearly all documents recommended that coordinated networks of providers should be available to survivors through referral or by administration through one central organization (Aron et al., 2006; Caliber, 2007; Clawson et al., 2009; Hodge, 2008; IOM, 2009)

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Comprehensive case management (cont’d)

- One case manager should serve as liaison between the survivor and various providers (Aron et al., 2006; Caliber, 2007; Clawson & Dutch, 2008b; Clawson, Salomon, & Grace, 2008)

- Case management should also offer ongoing emotional support (Clawson & Dutch, 2008b)

- Case manager should ideally begin working with survivor at the time of requested immediate services and continue until long-term needs are met and independence established (Clawson & Dutch, 2008b)

- Survivors’ needs for case management are considerable, time intensive, and lengthy

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Recommended Aftercare Service Delivery Practice

- Practice trauma-informed care
  - Comprise a relatively new but promising development for the care of violence survivors (Aron et al., 2006; Caliber, 2007; Clawson et al., 2009, 2008; IOM, 2009; R.I.P.P.L.E., 2007; Spangenberg, 2002; UNHCR, 2008; VSSLS, 2010)
  - Holds that systems and practices should be adapted to account for survivors experiences of violent victimization, and such adaptations will facilitate survivors’ engagement in services
  - Emerged in the context of mental health and substance abuse treatment
  - Have implications and utility for other service areas
  - Have not been evaluated with sex trafficked survivors, but have promising potential

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Providers designing trauma-informed services for sex trafficked victims should ensure that they:

a) Give priority to survivor’s physical and emotional safety
b) Concurrently address co-occurring problems
c) Use an empowerment philosophy to guide service delivery
d) Maximize survivors’ choice and control of services
e) Emphasize survivors’ resilience
f) Minimize the potential of the survivor experiencing additional trauma

(Elliott et al., 2005; Harris & Fallot, 2001).
Trauma-informed services for sex trafficked survivors

- Service recommendations were consistent with a trauma-informed perspective
- Providers should continually work to build trust and rapport with survivors because of the complete violation of their trust while being trafficked (Armstrong, 2008; Aron et al., 2006; Caliber, 2007; IOM, 2009; R.I.P.P.L.E., 2007; Spangenberg, 2002; UNHCR, 2008)
- Providers must be sensitive to survivors’ feelings of fear and embarrassment, use sensitive language to help the survivor regain trust for others

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Trauma-informed services for sex trafficked survivors

- Survivors should never be coerced or forced to discuss details of any abuse of trafficking (Armstrong, 2008; Clawson et al., 2008; IOM, 2009; R.I.P.P.L.E., 2007; UNHCR, 2008)

- Immediately following liberation survivors may not be ready to discuss long-term goals (Armstrong, 2008; Aron et al., 2006; Caliber, 2007)

- Instead focus on security, basic needs, and building a trusting relationship between provider and survivor
Recommended Aftercare Service Delivery Practice

Speak the survivor’s native language

- Providing non-English speaking survivors with qualified interpreters is important (Aron et al., 2006; Caliber, 2007; Clawson & Dutch, 2008a; Clawson et al., 2009; FCADV, 2004; IOM, 2009; R.I.P.P.L.E., 2007; TAHR, 2008; UNHCR, 2008; VSSLS, 2010)

- Especially crucial immediately following liberation from trafficking as survivors are beginning to navigate the system

- Interpreter role should never be filled by individuals accompanying the survivor because the person may criminally involved in the trafficking situation

- Only qualified interpreters who are sensitive to the needs of survivors should be employed (Armstrong, 2008; TAHR, 2008; VSSLS, 2010)

- Potential that survivor will not be literate in their native language (Armstrong, 2008; Clawson et al., 2009)
Recommended Aftercare Service Delivery Practice

- Provide culturally appropriate services
  - Providers should consult survivors about preferences regarding food and clothing, maintaining awareness that even basic needs must be culturally appropriate (Armstrong, 2008; Aron et al., Caliber, 2007)

- Service providers should recognize cultural differences when offering physical and mental health services
  - Suggested to query survivors of their preferences (Caliber, 2007; TAHR, 2008)
Recommended Aftercare Service Delivery Practice

- Provide specialized shelter for survivors

Some literature revealed that survivors preferred shelter arrangements separate from housing provided for survivors of domestic and partner violence and for homeless persons (Armstrong, 2008; Aron et al., 2006; Caliber, 2007; TAHR, 2008)

- Cultural barriers, language barriers, undocumented immigration status of sex trafficking survivors, and sexually violent nature of the trauma make sheltering this population separately preferred

- Survivors shelter should be combined with other forms of trafficking such as labor because of the shared experiences of these populations (Aron et al., 2006; Caliber, 2007)
Recommended Aftercare Service Delivery Practice

- Sheltering trafficking survivors of different genders separately is recommended (Armstrong, 2008)
- Survivors benefit from ordered schedules and structured activities (Armstrong, 2008)
- Due to sleep potential sleep deprivation while being trafficked, it is recommended for shelters to have rooms for survivors to sleep and rest undisturbed (Armstrong, 2008)
Recommended Aftercare Service Delivery Practice

- Sheltering recommendations for trafficked children
  - Should provide developmentally appropriate shelter for children
  - Comprehensive developmentally appropriate shelter for child survivors of sex trafficking were not found in the authors review
  - Though one document recommended ensuring child survivors have space in the shelter for free play (Armstrong, 2008)
Recommended Aftercare Services

- **Basic Necessities**
  - Survivors’ escape often occurs as an urgent exit, which precludes taking any belongs.
  - Survivors should initially be offered basic necessities such as food, clothing, shoes, and toiletries (soap, feminine, and hygiene products) (Armstrong, 2008; Aron et al., 2006; Caliber, 2007). Clawson and colleagues (2009)
  - Until basic needs are met, survivors may struggle to secure safety, addressing their legal needs, or recovering from the trauma of their experiences (Clawson and colleagues, 2009)
Recommended Aftercare Services

- Secure, safe shelter, and housing
  - Seen as an immediate and long-term need
  - Qualitative interviews with survivors demonstrated that immediately following emancipation survivors considered shelter as their main and most important need (Aron et al., 2006; Caliber, 2007; Coonen, 2004)
  - Ensures removal from trafficking and protects survivor from potential retributions of a trafficker
  - After initial crisis period access to transitional and then permanent, independent housing aids survivor recovery and develops autonomy (Aron et al., 2006; Caliber, 2007)
  - Important milestone for survivor
  - Greater independence is seen to reduce the likelihood that re-trafficking will occur
  - Establishment of housing is an indicator that the survivor is re-integrating into the community

- A primary goal of aftercare services (Armstrong, 2008)
Recommended Aftercare Services

**Physical care**

- Some documents discussed the need for health care because of violence-related physical injuries survivors incur (Armstrong, 2008; IOM, 2009; Raymond & Hughes, 2001)

- Health concerns range from broken bones to vaginal tearing
  
  - Should be addressed as quickly as possible (Raymond and Hughes, 2001)

- Survivors should receive appropriate immunizations for the purposes of disease prevention health care (Armstrong, 2008)

- Providing access to immediate and acute physical health care should be a goal of all providers working with survivors

- Important service components include dental, hearing, and eyesight (Armstrong, 2008; Aron et al., 2006; Caliber, 2007; Raymond & Hughes, 2001).
Recommended Aftercare Services

- Long-term physical health needs should be addressed through the case manager’s facilitation of affordable and comprehensive health care.
- Survivors’ chronic illnesses (high blood pressure, diabetes) are often neglected during captivity.
- Crucial to address ongoing treatment as it is critical to survivors’ health and well-being (Armstrong, 2008; Aron et al., 2006; Caliber, 2007; TAHR, 2008).
- Never subject survivors to unwanted or unwelcomed medical investigations, procedures, or testing (Armstrong, 2008; TAHR, 2008).
- Should not mandate HIV testing.
Recommended Aftercare Services

Mental health care

- Literature clearly suggested mental health and counseling services for survivors (Armstrong, 2008; Aron et al., 2006; Caliber, 2007; Coonen, 2004; FCADV, 2004; IOM, 2009; Raymond & Hughes, 2001; TAHR, 2008; Tzvetkova, 2002; UNHCR, 2008; VSSLS, 2010)

- Needs for immediate and long-term mental health care were supported by qualitative interviews with survivors (Aron et al., 2006; Caliber, 2007; Coonen, 2004; Raymond & Hughes, 2001; Tzvetkova, 2002)

- 85% of survivors report some form of depression and many reported suicidal ideations (Raymond & Hughes, 2001)

- Cognitive behavioral therapies are recommended to survivors (Clawson, et al., 2008, 2009)

- Providers are suggested to provide trauma-informed mental health services to address emotional and mental health needs (VSSLS, 2010)

- Cognitive behavioral therapies can be delivered consistently with trauma-informed services to ameliorate both PTSD and depression (Clawson et al, 2008, 2009)
Recommended Aftercare Services

Legal and immigration advocacy

Survivors should be offered both legal and immigration services or be provided with such services (Armstrong, 2008; Clawson & Dutch, 2008a; Clawson et al., 2009; Coonen, 2004; FCADV, 2004; Hodge, 2008; Raymond & Hughes, 2001; TAHR, 2008; Tzvetkova, 2002; VSSLS, 2010; WCASA/WCADV, 2007)

The Trafficking Survivor Protection Act stipulates that survivors of human trafficking have the option to apply for a T-Visa to address their immigration needs

- Legal and immigration counsel and advocacy to gain access to government support to be certified for eligibility for the Visa is necessary (Aron et al., 2006; Caliber, 2007; Clawson & Dutch, 2008a; Clawson et al., 2009; Hodge, 2008; TAHR, 2008)

Trafficking Survivor Protection Act (2000)

- Allows survivors of severe sex trafficking who participate in the investigation and prosecution of their traffickers to qualify for permanent residency visas (T-Visa) and public benefits
- Survivors over the age of 18 must first be legally “certified” as refugees by the Department of Health and Human Services (HHS) (Aron et al., 2006; Caliber, 2007)
Recommended Aftercare Services

- **Legal and immigration advocacy**
  - Access to government-funded services affords survivors long-term support to recover from physical, emotional, and financial abuse to establish independence
  
  - Persons 18 years of age and are required by the Trafficking Survivors Protections Act to help with law enforcement investigations and criminal prosecution of trafficking (Spangenberg, 2002; TAHR, 2008)
  
  - Minor survivors may be eligible for the Unaccompanied Refugee Minor Program
  
  - Legal advocacy is needed to ensure survivors are treated as sufferers of human rights violations and not as criminals (Armstrong, 2008; Coonen, 2004; Raymond & Hughes, 2001; TAHR, 2008; Tzvetkova, 2002)
  
  - Survivors may need help with repatriation and family reunifications (Armstrong, 2008; Clawson et al., 2009)

- Although a risk, providers must help survivors determine if their family is able to welcome and protect them (Armstrong, 2008)
Recommended Aftercare Services

- **Life skills and job training**
  - Important for survivor’s financial independence and personal care (Armstrong, 2008; Aron et al., 2006; Caliber, 2007; Clawson & Dutch, 2008a; Tzvetkova, 2002; VSSLS, 2010)

- Many survivors send money home to their families
- Some families depend on this income

- One document recommended helping survivors enroll in General Education Development Test (GED) courses to access employment support services (VSSLS, 2010)
Recommended Aftercare Services

Life skills and job training

Coonan (2004) discussed the underuse of job training supports for survivors and explained simply making training available was not sufficient for uptake.

Providers must be qualified to link survivors to job training (Aron et al., 2006; Caliber, 2007).

Life skills training needed for survivors include learning English, literacy skills in English and in native language, and how to function in everyday life here in the United States (transportation, manage finances, etc) (Armstrong, 2008; Aron et al., 2006; Caliber, 2007; Clawson et al., 2009; VSSLS, 2010).

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Recommended Aftercare Services

- **Substance abuse services**
  - Most documents highlighted the possibility of high rates of substance abuse among survivors
  - Services should be offered to survivors (Clawson & Dutch, 2008a; IOM, 2009; Raymond & Hughes, 2001; TAHR, 2008; VSSLS, 2010; WCASA/WCADV, 2007)
  - This service may be underused by survivors (Aron et al., 2006; Caliber, 2007; Clawson & Dutch, 2008a) due to shame about trafficking experiences, fear of discrimination, and shame about substance abuse problems (Clawson and Dutch, 2008a)
  - More research is needed to better understand survivors’ reluctance to engage in such services and how trauma-informed practices and cultural sensitivity may be used to improve service uptake

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Summary of Findings

Main finding from research shows the importance of providing a continuum of aftercare services to address the change needs of international sex trafficking survivors.

Services should address:
- Immediate and crisis needs
- Ongoing needs
- Long-term needs
Seven Core Service Areas

1) Basic necessities
2) Secure, safe shelter, and housing
3) Physical health care
4) Mental health care
5) Legal and immigration advocacy
6) Job and life skills training
7) Substance abuse services

- Services remain useful for addressing immediate, ongoing and long-term needs
Aftercare Service Delivery Framework

- Begin with a comprehensive needs assessment
- Continually work to ensure survivors’ safety and confidentiality
- Use trauma-informed care practices
- Provide comprehensive case management to coordinate all needed health, human, and legal services
- Speak the survivor’s native language or provide translation services
- Provide culturally appropriate services
- Offer specialized housing
Figure 1. Framework for a continuum of aftercare services to address international sex trafficking survivors’ changing needs.

COMPREHENSIVE AND COORDINATED CASE MANAGEMENT

Immediate Needs
- Crisis Safety Services
- Crisis Shelter Services
- Basic Necessities
- Language Services
- Emergency Medical Care
- Crisis Legal Advocacy

Continual Focus on: (1) Safety and (2) Trauma-Informed Service Delivery

Ongoing Needs
- Physical Health Care
- Mental Health Care
- Substance Abuse Services
- Safety Services
- Transitional Housing
- Immigration Advocacy
- Legal Advocacy
- Language Services

Long-Terms Needs
- Life Skills Training
- Language Skills
- Job Skills Training
- Long-term Housing
Challenges for Service Provision

1) Survivor identification
   - Most human, health, legal, and law enforcement professionals are untrained and uniformed about sex trafficking
   - Victims frequently seen by these professionals without being identified or offered help
   - It is recommended that all health, human services, legal, and law enforcement professions require sex trafficking during continuing education trainings

2) Limited availability of services
   - Recommended aftercare services framework requires high levels of intense services
   - Existing funding is unlikely to meet the needs of the growing number of international sex trafficking survivors
   - Unanswered questions as to how survivors will access needed trauma-informed services
Challenges for Service Provision

3) How best to serve different groups of survivors
   o Risks of survivors participating in traffickers legal investigations are unknown
   o Not all survivors will or should agree to participate in proceedings against traffickers (TAHR, 2008)
   o Will result in a population of survivors in need of public benefits, but who will not be eligible
   o Not all services are applicable to all populations
   o Survivors will require varying services relative to their individual situation

4) How to tailor aftercare services to survivors who are parents
   o Dearth in literature addressing needs of survivors are also parents
   o Specialized needs required for this population
   o Greater attention to this group of survivors by advocates, service providers, policy makers, and researchers is recommended
Limitations

Research cannot be considered complete
Potential for undiscovered relevant documents to be included is probable
May have missed or misunderstood information
More investigation is warranted to better define core services for aftercare service delivery
Some reviewed documents described services that were not universally recommended by all of the literature
24-hour response telephone lines, 24-hour drop-in centers, peer support services (TAHR, 2008; VSSLS, 2010)
Proposed framework cannot be considered a promising practice with empirical testing
Partnership to evaluate existing service programs is also highly encouraged

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Research on Sex Trafficking Prevention

Researchers and providers are encouraged to work together to develop a research agenda concerned with the prevention of international sex trafficking.

Dearth of research in global sex trafficking is a serious problem given the grave consequences.

The aftercare service framework is purported to help minimize the human toll and the economic costs of international sex trafficking.
More Research and Practice Attention Needed

- Documents in this study frequently cite, reference, and build from one another
- Suggests few advocates, providers, and policy makers are documenting their practices and programs
- It is suggested for increased collaboration with researchers to document and evaluate existing work
- When programs are undocumented and unevaluated the possibility of learning from these experiences is lost
- Problems of international sex trafficking may only be successfully addressed through interdisciplinary practitioners, policy makers, and scholars
References

Articles and documents proceeded by an asterisk (*) are included in the literature review.


