

# Chapter 13

## Supporting Human Trafficking Survivor Resiliency through Comprehensive Case Management

Lauren Pesso

**Abstract** Human trafficking, often referred to as modern-day slavery, entails the exploitation of a person for commercial sex or labor through methods that include force, fraud or coercion. Many of those human trafficking survivors who are identified have experienced significant physical, sexual, emotional, social or economic abuse at the hands of their traffickers. Professionals who work with those most vulnerable to trafficking—including refugees and internally displaced persons (IDPs), migrant workers, runaway and homeless youth, and survivors of intimate partner violence and child abuse—must be prepared to assist. Drawing on recent literature and case examples from a social service and advocacy organization that has served survivors of both sex and labor trafficking for over a decade, this chapter reviews common psychosocial needs of human trafficking survivors, factors that foster survivor resiliency, and policy and practice implications for working with this population.

**Keywords** Human trafficking · Modern-day slavery · Case management · Trauma

### 13.1 Introduction

A Latin American migrant worker in the United States is forced to pay off an ever-increasing debt to his employers and is threatened with physical harm, arrest and deportation if he speaks out. After the devastating earthquake in Haiti, a young Haitian woman is invited to live in the U.S. with family members, but once she arrives she is forced to perform housework and care for the family's children without compensation. A teenage U.S. citizen develops a romantic relationship with an older man who eventually persuades her to have sex with strangers for money. A South Asian woman working in the home of a diplomat is made to work 16-hour days for little to no pay. A group of women from Western Europe respond to an Internet advertisement seeking au pairs; when they arrive in the U.S., their passports are taken and they are forbidden from leaving the families they are assigned to.

---

L. Pesso (✉)  
My Sisters' Place, New York, USA  
e-mail: lpesso@mspny.org

Each of these scenarios is an example of human trafficking, often referred to as modern-day slavery. Refugees, internally displaced persons (IDPs), migrant workers and others among society's most vulnerable groups are among those at greatest risk for being trafficked. Though the specifics of each survivor's story will be different, many will experience trauma- and/or displacement-related stressors either before, during or upon exiting the trafficking situation, and most can benefit from some level of assistance in meeting their physical, psychosocial and other critical needs. As awareness of human trafficking increases, dedicated funding and programs have been established to help identify and assist survivors, and it is becoming more likely that those professionals (herein referred to as "service providers") who serve individuals at risk for human trafficking will at some point encounter a victim.<sup>1</sup> Yet many trafficking victims remain "hidden in plain sight"—either undetected or underserved—because service providers do not know what to look for, or because those services that are offered are not appropriately tailored to the survivor's rights and needs. Drawing on the author's experience working with trafficking survivors at My Sisters' Place, a New York-based domestic violence and human trafficking services agency, this chapter will discuss how comprehensive case management services that recognize trauma and displacement as common elements of a survivor's experience can help to enhance and support survivor resilience and wellbeing.

## 13.2 What is Human Trafficking?

While hardly a new phenomenon, human trafficking has garnered increasing attention in recent years due to advances in anti-trafficking legislation and advocacy efforts, and several definitions have been adopted globally. One of the most comprehensive definitions can be found in the United Nations *Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children* (also referred to as the "Palermo Protocol"), which defines human trafficking as:

... the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation (UN General Assembly 2000, Article 3, paragraph (a)).

The Trafficking Victims Protection Act (TVPA), Federal legislation passed by U.S. Congress in 2000, goes further to delineate two forms of human trafficking: *sex trafficking*, "in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age," and *labor trafficking*, which involves the "recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery." At the crux of these and most other definitions

---

<sup>1</sup> The terms survivor and victim will be used interchangeably throughout this chapter.

of human trafficking is the confluence of three factors: (1) *the act* (i.e., the recruitment, transportation, transfer, harboring or receipt of a person); (2) *the means* (e.g., causing or threatening serious harm, physical restraint, debt bondage, abuse of the legal process, withholding documents, etc.); and, (3) *the purpose* (i.e., exploiting a person for commercial sex or labor) (UNHCR 2008).

Estimates of the prevalence of human trafficking vary widely, and accurate figures at the global, national and local levels have been difficult to obtain. This is likely due to a number of factors, including that the phenomenon remains largely underground, and that methodological and definitional problems exist for the field (for instance, some researchers and demographers focus only on those trafficked for sexual exploitation, while others focus only on those trafficked across national borders) (Yakushko 2009). Different reports have suggested figures from 2.45 million (Belser et al. 2005) to 27 million victims of trafficking worldwide (U.S. Department of State 2007), though many agree that human trafficking appears to be on the rise globally (Yakushko 2009).

Among the major forms of human trafficking seen throughout the world include forced labor of adults or children, sex trafficking of adults or children, bonded labor, debt bondage among migrant workers, involuntary domestic servitude, and child soldiers (U.S. Department of State 2011). Although the term “trafficking” suggests cross-border movement, such movement is not a requirement for human trafficking. Indeed, a number of the cases that the author has worked on involved survivors who were trafficked within their own countries, cities or neighborhoods. Though transportation or migration across national borders are often present in trafficking cases, an act constitutes human trafficking simply if someone forces, defrauds or coerces another person into commercial sex and/or labor.

### 13.3 Who Are the Victims of Human Trafficking?

While precise global figures have been difficult to obtain, data from known, reported cases suggest that trafficking victims represent a wide spectrum of society. Identified victims have come from all over the world, from both wealthy and poor countries. They are male, female and transgender, children and adults, representing a range of socioeconomic backgrounds. Yet while anyone *can* become a victim of human trafficking, some populations are at higher risk due to factors that make them more vulnerable to exploitation. Women, for instance, have represented the overwhelming number of reported victims of both sex and labor trafficking (Goodman 2011). Other vulnerable populations include refugees and IDPs; immigrants and migrant workers; victims of intimate partner, sexual and child abuse; runaway and homeless youth; victims of political violence; the chronically unemployed or underemployed; and those displaced or affected by conflict and disasters. Similarly, though any industry can employ trafficked persons, certain industries are more commonly associated with trafficking given their underground nature and/or propensity to attract society’s most vulnerable. These include prostitution, pornography, erotic massage, exotic dancing,

domestic servitude, sweatshops and factories, hospitality services (e.g., restaurants, bars, hotels), hair and nail salons, construction and landscaping, agriculture, and peddling/begging (Polaris Project 2010; Project REACH 2005).

### **13.4 Why Address Human Trafficking in the Context of Refugee Mental Health?**

Just as socioeconomic and political factors force refugees into migration, factors including globalization, poverty, abuse, restrictive gender norms, and limited viable economic opportunities serve to “push” men, women and children to leave their homes in search of prospects elsewhere. Some of these individuals fall prey to traffickers and are subjected to relocation, violence, persecution, torture and separation from social supports in ways similar to refugees. Among those trafficking victims who are able to escape a trafficking situation, many encounter difficulties returning to their country or home of origin, due to factors such as shame, or fear of retribution by their traffickers. For this reason, the United Nations High Commissioner on Refugees (UNHCR) has acknowledged a “responsibility to ensure that individuals who have been trafficked and who have a well-founded fear of persecution if returned to their country of origin are recognized as refugees and afforded international protection” (UNHCR 2008, pp. 11–12). In the United States, for example, undocumented trafficking victims who were trafficked across international borders and who agree to cooperate with law enforcement in an investigation of the trafficking case may be eligible for the same benefits as refugees.

Moreover, just as refugees and migrants are often subjected to human rights abuses either prior to or during the migration and asylum-seeking processes (OHCHR 1993), human rights considerations are relevant to understanding trafficking survivors’ experiences before, during and after they have been trafficked. Regardless of the form that human trafficking takes, global factors including race, class, gender, sexuality, nationality, disability, culture and age leave certain individuals in a society more susceptible to poverty, abuse, disadvantage and discrimination, and as such play a role in determining who may be most vulnerable to traffickers. Once in a trafficking situation, victims may be subjected to a range of human rights violations including slavery; torture; forced labor; cruel, inhuman and degrading treatment; and denial of the rights to self-determination, freedom of movement, and just and favorable work conditions. Those trafficking survivors who manage to escape a trafficking situation may also be denied human rights as a result of the treatment they receive once they leave. Consider, for example, a law enforcement official who seeks to restrict a survivor’s movement in support of a criminal investigation, or a service provider who denies a survivor the right to choose whether, when or how to receive particular services. The rich body of knowledge in support of the rights of refugees can be adapted when working with human trafficking survivors.

Finally, the specific mental health and psychosocial needs of trafficking survivors often resemble those of refugees. Though there are some key differences that will

be discussed later in the chapter, like many refugees, many trafficking survivors experience physical, sexual or emotional violence as a result of being trafficked, and many also experience displacement either as a result of being trafficked, or once they are “rescued” from a trafficking situation (an example of the latter includes victims who, connected to a city or country only through their trafficker, are rescued by law enforcement and sent alone to a shelter in another area). These experiences are often traumatic events in the lives of refugees and trafficking survivors alike—experiences which Herman (1997) suggests serve to “overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning” (p. 33). Help regaining these elements in survivors’ lives can be among the most valuable assistance that service providers can offer. As the field of psychosocial support for trafficking survivors remains in the early stages of development, service providers can learn much from the existing body of knowledge on helping refugees and migrants reestablish control, connection and meaning in their lives.

### 13.5 How Are Human Trafficking Survivors Identified?

Service providers may encounter a human trafficking survivor in a number of ways. In developed country settings such as the United States, survivors are often identified by local or federal law enforcement officials, who may conduct a formal raid of the worksite where labor or sex trafficking is believed to be taking place (e.g., a factory, farm, brothel or nightclub), or may encounter trafficking victims while investigating other crimes, such as domestic violence, sexual assault, narcotics, gambling, pornography, prostitution, labor or immigration-related offenses. If a law enforcement official who encounters potential victims is not sensitized and trained to identify human trafficking, these victims often become ensnared in the criminal justice system—arrested, for instance, on prostitution-related crimes, or placed in deportation proceedings. If the law enforcement official *has been* properly trained, and if appropriate services are available, that official may refer the identified survivor to a service provider to assist with social, psychological, medical, legal or other services.

Human trafficking survivors might also refer or present themselves for services directly—they may have escaped a trafficking situation on their own, or have been assisted by another service provider, friend, neighbor or “good Samaritan” who refers them to services. Once the staff at My Sisters’ Place were trained on the dynamics of human trafficking, for instance, they began to identify survivors of sex and labor trafficking among the domestic violence clients with whom they worked (even if the clients themselves did not identify as such). For example, a domestic violence agency in a nearby county referred Isabel,<sup>2</sup> an immigrant woman in her 20s who had recently left an abusive husband, to My Sisters’ Place for domestic violence

---

<sup>2</sup> All names and certain details have been changed throughout this chapter to protect the confidentiality of survivors.

**Table 13.1** Red flags and possible indicators of human trafficking. (Adapted from Polaris Project (2009))

Few or no personal possessions	Excessive or inappropriate security features at home or workplace
No control of financial records or identification documents	Works excessively long/unusual hours
Limited knowledge about whereabouts	Unpaid, underpaid or paid only through tips
Loss of sense of time	Multiple residences within a brief period
Numerous inconsistencies in story	Signs of trauma, fatigue, physical restraint, injuries or abuse
Controlled/restricted communication	Excessive fearfulness of law enforcement
Limited/restricted freedom to leave working or living conditions	Non-cooperativeness
Recruited through false promises concerning the nature and conditions of work	Minor engaged in commercial sex and/or sexual situations beyond age-specific norms

services, including emergency shelter. However, knowing what to look for, during an early assessment staff identified certain red flags that suggested there was more to her story (see Table 13.1 for a list of Red Flags and Possible Indicators of Human Trafficking). Isabel’s American citizen husband, whom she had married legally in her home country, had brought her to the U.S. under false pretenses. Once she arrived, he hid her passport, refused to give her keys to their apartment, forced her to perform household chores, and eventually compelled her to have sex with strangers at a club while he received gifts in return. Identifying that she was a victim of trafficking not only gave Isabel a new way of understanding what had happened to her, but also granted her access to certain financial benefits and legal remedies she would otherwise not have been eligible for.

### 13.6 The Trafficking Experience: Mental Health and Psychosocial Implications

Though the experience of being trafficked is different for each survivor, violence, isolation, threats, intimidation and fear are often present, and the emotional effects can be significant and persistent. Some traffickers employ overt physical or sexual abuse against their victims, including physical beatings, forced sex, or deprivation of food, sleep or medical care. Other traffickers use tactics that exert power and control through non-physical methods, including psychological, emotional or economic abuse. Examples that the author has encountered include clients who have endured extreme denigration; denial of contact with family, friends or other social supports; withholding of money, identification and financial documents; and threats of physical harm, arrest and deportation. Regardless of the tactics a trafficker uses, shame, humiliation and self-blame are common victim reactions.

The physical and emotional abuses suffered at the hands of traffickers are often accompanied or exacerbated by additional stressors either during or following escape from a trafficking situation. For instance, fear of retaliation by the trafficker against the survivor or the survivor’s family members may be present and well founded,

and may prevent victims from reporting the crime or seeking assistance. And in some countries, including the United States, trafficking survivors may be required to cooperate with law enforcement in an investigation of their trafficker(s) in order to receive legal protection and government services, a requirement that can be frightening, stressful and confusing. For example, Maria was a trafficking victim identified by law enforcement following a raid of a brothel that was implicated in an international trafficking ring, and was referred to My Sisters' Place for shelter and other services. Maria had a child who was being taken care of by her parents in her home country, and the traffickers knew where they lived. Federal law enforcement was pressuring Maria to cooperate in an investigation of the trafficking ring, but she was terrified for the welfare of her child and parents, and ultimately decided to return to her home country, despite the potential risk to her own life, rather than cooperate and put her family at risk.

Survivors whose trafficking involved international transit may also experience displacement-related stressors similar to those experienced by refugees, including loss of social support, limited ability to communicate in the dominant language, loss of previously valued social roles, inability to work or support themselves due to lack of employment authorization, uncertainty about their socioeconomic or immigration status, difficulty accessing educational, economic and other essential resources, and difficulty managing unfamiliar and complex social and legal systems (Miller and Rasco 2004; Project REACH 2005). For instance, a South Asian labor trafficking victim with whom the author met never discussed emotional or physical abuses suffered during his trafficking experience in the restaurant industry, but he was consistently distraught over his difficulty paying rent, maintaining steady employment, and sending remittances back home, which his family expected of him, and which he felt was his duty as a father, husband and son.

The response of any individual survivor to the experience of being trafficked, and the corresponding extent of their psychosocial needs and symptoms, will depend on their individual circumstances and experiences prior to, during and following the trafficking incident(s). This includes the survivor's particular socio-biological characteristics; existing coping mechanisms; prior history of trauma, abuse or mental illness; history of family, community or national-level violence; length of time spent in the trafficking situation and relationship to the trafficker; appraisal of violence experienced (e.g., threat to life, level of self-blame); type of work he/she was required to perform; perception of his/her rights and legal status; level of social, cultural or familial isolation; and perceived or actual response of society (be it friends, acquaintances, law enforcement officials or service providers) to the disclosure of the trafficking situation (Callender and Dartnall 2011; Clawson et al. 2008).

Despite what we know anecdotally about the experience of being trafficked, formal studies on the mental health and psychosocial needs of human trafficking survivors (and on evidence-based interventions to meet these needs) remain limited (Williamson et al. 2010). To date, much of the existing literature has focused on survivors' experiences of trauma, and specifically on levels of Post-Traumatic Stress Disorder (PTSD), a diagnostic category characterized by a host of biopsychosocial

symptoms including intrusive memories, nightmares, flashbacks, anxiety, fear, insomnia, hyper-alertness, sadness, hopelessness, emotional instability and reactivity, shame, guilt, self-blame or self doubt, feeling withdrawn or isolated, difficulty trusting others, identification or attachment with one's abuser/trafficker, difficulties with boundaries, poor self-care or self-harm, and somatic symptoms such as headaches, stomach aches or muscle tension. Trafficking survivors may also be susceptible to anxiety, mood, dissociative, and substance-related disorders (Clawson et al. 2008; Project REACH 2005; Williamson et al. 2010).

Though not all survivors of human trafficking will become traumatized (and fewer still will meet the formal criteria for PTSD or other mental health disorders), many that the author has encountered have exhibited some post-traumatic symptoms, and these responses to trauma are often accompanied by other critical needs, including healthcare, housing, legal and social, among others. Service providers who encounter human trafficking survivors must therefore be prepared to recognize these needs and symptoms, and to adjust the care, assistance and/or referrals provided accordingly.

Once a trafficking survivor has been identified or referred for services, assessment is the first step in ascertaining their immediate and longer-term needs (Siniscalchi and Jacob 2010). Assessment will be an ongoing and iterative process that should engage the survivor in identifying their own needs, recognizing that many factors, including a survivor's post-traumatic symptoms, limited familiarity with local systems and limited English language capacity may make initial engagement more difficult. In the author's experience, the immediate needs of most survivors include some level of concrete assistance, including access to emergency shelter or housing; food, clothing and toiletries; interpretation or translation services; legal assistance and advocacy (particularly if they are undocumented); medical and/or dental care to address urgent issues that may have been neglected while in the trafficking situation; and transportation assistance to get to legal, medical and other necessary appointments. Given the safety issues inherent in most trafficking situations, assistance developing and implementing a safety plan is also critical. Safety plans are used to assess a survivor's current level of risk, identify actual and potential safety concerns, and develop concrete options for avoiding or reducing the threat of harm and responding if safety is compromised (NHTRC 2011). In addition, if a survivor is involved with law enforcement (e.g., they escaped the trafficking situation through law enforcement assistance, or have chosen to report the crime to the authorities), the survivor may require immediate and ongoing advocacy to help them understand the roles of various law enforcement agencies involved, and ensure that their rights are being upheld. Some survivors will choose not to collaborate with law enforcement, for many reasons that may include fear, mistrust, or a desire to simply move on with their lives. This decision should be respected, though it may limit a survivor's options for assistance. In the U.S., for instance, undocumented trafficking survivors may be eligible for trafficking-specific visas and work authorization if and only if they cooperate in an investigation. However, many survivors that the author has encountered *have* articulated a desire for "justice"—for some, this means seeing their trafficker arrested or put away in jail, while for others it means gaining access to legal immigration status or work authorization. Another important role that service

providers can play both initially and as services progress is to assist survivors in articulating what “justice” means in their particular context, and to advocate for their attaining a sense of justice when possible and appropriate.

In addition to receiving help in meeting their immediate material, safety and justice needs, many survivors that the author has encountered have benefited from some form of supportive counseling to help them process what they have experienced. Depending on the particular level of distress or symptoms, formal mental health services (such as psychotherapy, psychopharmacology, cognitive behavioral therapy or other evidence-based practices) may also be beneficial.<sup>3</sup> However, in the author’s experience, few survivors have opted to engage consistently with formal mental health services, even when services at a trauma-focused mental healthcare program were offered. There may be a variety of reasons for this. Depending on the range of mental health services available in a given location, it may be difficult to identify appropriate professionals who can provide culturally-competent services in the survivor’s own language, which may make it difficult, if not impossible, for a client to remain engaged. Even if appropriate services are available, some survivors will be uncomfortable or unfamiliar with Western mental health practices, particularly if they experience shame around issues of mental illness. And, because many identified survivors will be working with at least one service provider (e.g., a social worker, case manager, attorney, etc.) before they are referred for mental health services, they may be uncomfortable being asked to share their story with yet another professional. For this reason, recognizing that disempowerment, disconnection from others and displacement-related stressors may be at the core of many survivors’ distress (Herman 1997), trauma-informed case management services, described in detail below, can be an effective tool in supporting survivors’ psychosocial wellbeing when formal mental health interventions are either not available, not appropriate or not desired by the survivor.

### **13.7 Meeting the Psychosocial and Other Service Needs of Human Trafficking Survivors**

The National Association of Case Management defines *case management* as “a professional practice in which [a] service recipient is a partner, to the greatest extent possible, in assessing needs, defining desired outcomes, obtaining services, treatments, and supports, and in preventing and managing crisis” (NACM 2012). A service provider serving in a case management role helps his or her client identify and coordinate a range of service needs, often among multiple agencies or partners. Though some trafficking survivors will be able to manage their needs on their own, many survivors that the author has encountered benefit greatly from the coordination and assistance that a case manager provides, particularly if the survivor’s concrete needs are made more complex by their history of trauma, violence, discrimination

---

<sup>3</sup> For further discussion of mental health interventions for this population, see Williamson et al. (2010) and Yakushko (2009).

and/or displacement; lack of familiarity with local legal or social structures; mistrust of authority; and/or limited English language capacity.

A *human rights-based approach* to providing case management services for trafficking survivors recognizes the underlying structural and human rights concerns affecting a survivor's predicament, and supports the realization of their rights by promoting survivor empowerment and active participation in service delivery, addressing issues of discrimination, and holding service providers accountable (IHRN 2008). Moreover, case management services are considered *trauma-informed* when the service provider understands the role that violence and victimization has played in the life of the client/survivor, and delivers services in a way that supports survivor dignity, self-determination and resilience (Clawson et al. 2008; Finkelstein 2011; Project REACH 2005). An individual need not disclose a history of human rights abuses or trauma in order to receive rights-based, trauma-informed case management services (Finkelstein 2011). In fact, victims are generally better served by service providers who focus on addressing the victims' current needs rather than on conducting fact-finding investigations into the circumstances surrounding the trafficking, a service more appropriately left to attorneys (Siniscalchi and Jacob 2010). By recognizing the *possibility* of traumatic events that may have impacted the life of the survivor, while addressing the survivor's needs as he or she defines them, a service provider can do much to bolster or re-establish a survivor's sense of safety, autonomy, trust and control. Whereas *trauma-specific* services are typically provided by specialty mental health providers, any helping professional who is trained to understand how trauma, victimization and human rights violations may have impacted an individual's current needs can effectively provide trauma-informed, human rights-based care and services.

### **13.8 Trauma-Informed Case Management in Practice: Case Example**

My Sisters' Place has provided trauma-informed case management and supportive counseling services to survivors of sex and labor trafficking for over a decade. The organization offers a range of services to survivors directly, including emergency shelter, immigration and family legal assistance, supportive counseling and advocacy, coordination with law enforcement (if desired by the survivor), and concrete assistance including food, clothing, transportation and translation/interpretation. For other survivor needs, such as mental health services, medical and dental care, and education and job training, My Sisters' Place works closely with a network of partner organizations, many of which participate in a local Anti-Trafficking Task Force that coordinates services in the region. The case description that follows provides an example of how trauma-informed, human rights-based case management services were deployed to assist one survivor move towards safety, stability and recovery:

Twenty-year-old Grace came from a small town in Latin America. She had no history of serious trauma or abuse, but her family was poor, with limited resources to

help her. Grace managed to graduate from high school, but then found that she had few opportunities for employment or advanced education. When a wealthy, older acquaintance of her family's who lived in the United States suggested she come for a visit, Grace and her family were excited about the possible opportunities this might present. The acquaintance said that she would pay for Grace's ticket, help her get a visa, offer her a place to stay until she could find one of her own, and help her enroll in school. Grace excitedly arrived on a valid visa, but soon found that the situation was not what she had expected. Her host restricted Grace's movements, refusing to let her leave the home without permission, and compelling her to perform housework and to watch the host's child for no pay. Eventually, she forced Grace to perform similar tasks for her friends, also with no compensation. She became physically and verbally abusive, and numerous times denied Grace access to medical care when she was sick. When Grace ultimately overstayed her visa, her host threatened Grace with deportation and arrest should she leave or report the situation to the police. Fearful and ashamed, Grace told no one about what was happening to her.

Grace spent nearly a year living this way, until a member of a church that Grace had attended briefly suspected something and helped her escape. Unlike many trafficking survivors that My Sisters' Place works with who need emergency shelter upon leaving the trafficking situation, Grace's connections found her a safe place to live in a new neighborhood, helped her with her rent, and connected her to an organization that provided free legal assistance. Through this organization, Grace began meeting with an immigration attorney who was able to identify elements of labor trafficking in Grace's story. As she became comfortable with her attorney, Grace began to share many intimate and difficult details of her trafficking experience, as well as challenges she was experiencing now that she was free from the trafficker. Based on non-legal needs that Grace had shared with her attorney, she was referred to My Sisters' Place for additional case management services. However, she was initially hesitant to discuss her situation with someone new.

The principles of trauma-informed, human rights-based case management were applied to help address Grace's concerns. First, although it was standard practice at My Sisters' Place to conduct an in-person consultation with a new client, her case manager recognized that fear, shame and other factors might be at play, adapting the standard practice to allow this first meeting to be held over the phone, with Grace's attorney on the line, and Grace using a pseudonym. On the call, the case manager described the services that My Sisters' Place could offer, discussed the strict confidentiality policy upheld by the organization, and provided an opportunity for Grace to share any concerns about meeting with a new service provider. The decision about whether to pursue further contact was Grace's alone, and the case manager did not seek specific details of her case. Following this initial contact, Grace soon called back to say she felt comfortable sharing her real name with the case manager, and would like to schedule an in-person meeting. Grace later reported that being allowed to pursue assistance at her own pace, and not being pushed to share more than she was comfortable with, ultimately helped her make the decision to engage further.

Initial case management sessions with Grace focused primarily on meeting her immediate and concrete needs. As an undocumented victim of human trafficking,

Grace was eligible for trafficking-specific benefits through a federal assistance program. The case manager helped Grace understand her eligibility, and supported her in making her own informed decisions about how to spend the funds she was entitled to. For Grace, this meant purchasing food, clothing, toiletries and pre-paid telephone cards to call her family, with whom she had been denied contact while living with her trafficker. Because she had also been denied medical attention, the case manager connected Grace with a local health center where she could access subsidized medical care to treat a number of ongoing and persistent conditions.

As Grace's initial needs began to be met through this case manager-client relationship, she started to share more details about her trafficking experience and about how that experience was affecting her current wellbeing. Fear of encountering her trafficker and unfamiliarity with her new neighborhood made going out and meeting people difficult, and despite reconnecting by telephone with family and some friends, she had told no one other than her attorney, case manager and one church member about what she had been through. Grace was also ambivalent about reporting the crime to law enforcement. Although she had come to understand that she was a victim of a serious crime (though she had never heard the term "human trafficking" until her attorney first mentioned it to her), she was terrified of seeing her trafficker in court, and worried about possible repercussions for the trafficker's child, whom she had cared for and felt close to, should the trafficker be arrested and jailed. Grace reported feeling depressed about being so disconnected, and shared that she was having stomach aches and difficulty sleeping, but was unsure how to address these issues.

To help Grace address her fears and regain a sense of safety, she and her case manager developed a safety plan, outlining routes she could take so as to avoid seeing the trafficker, and identifying people she could call in the unlikely event that they did run into each other (including her landlord and a fellow church member). Although Grace's undocumented status meant she was not eligible to attend most school or work programs, the case manager connected Grace with a local self-sufficiency program that focused on health and wellbeing, helping Grace become more comfortable leaving her home and meeting people in her community. Grace also shared that she experienced pleasure from attending church, listening to music, writing in her journal, and dreaming about one day starting an organization that would help disadvantaged youth. Her case manager encouraged these pursuits as a way of bolstering Grace's existing coping mechanisms, while also suggesting that Grace might benefit from meeting with a therapist at a local trauma center to address some of the symptoms she was experiencing. Grace said she was not interested in meeting with another counselor, but she and her case manager agreed to revisit the option of mental health services down the road.

After several months of working together, Grace reported to the case manager that she had begun to tell a few select friends about what had happened to her, and she was surprised to find that her friends were supportive, non-blaming, and encouraging of her to report the crime. She said that because of this support, along with the activities in which she was engaged in her community, she was starting to feel less helpless and alone. Although she still suffered from stomach aches for

which her doctor could find no physical cause, her sleep has improved, and she was now considering coming forward as a victim of trafficking to the authorities. Though taking this step scared her, particularly because she was undocumented, Grace had finally stopped blaming herself for what had happened to her, and she wanted to prevent others from falling prey to her trafficker in the future. She also understood that collaborating with law enforcement could eventually lead to legal immigration status and work authorization in the U.S.,<sup>4</sup> and Grace was eager to start the life she had hoped for. Once she made this decision, Grace's case manager was able to help facilitate meetings with appropriate law enforcement and provide emotional support before, during and following these encounters, working closely with her attorney who helped Grace understand her rights throughout the process.

Though the final outcome for Grace remains undetermined—as with many trafficking cases, the criminal justice and immigration processes can take years to unfold, and a survivor's psychosocial and other needs will likely transform many times along the way—comprehensive case management services tailored to Grace's individual needs are helping her regain a sense of safety, trust, control and mastery that will be necessary to move beyond the fear, shame and isolation of her trafficking experience.

### 13.9 Conclusions and Implications for Practice

Escape or rescue from a trafficking situation is often just the first step in a survivor's recovery process. Most survivors of human trafficking face some level of physical, psychosocial and cultural needs *after* they leave. As the case example above aims to show, comprehensive case management services can be effective not only in supporting a survivors' immediate and longer-term service needs, but can help bolster resiliency, facilitate self-determination and empowerment, and assist in accessing justice, all of which are crucial for healing. Service providers of any professional background who may encounter a trafficking survivor should be trained to understand the dynamics of human trafficking, trauma and displacement. Though not a replacement for trauma-specific mental health services, a service provider who shows that they understand a survivor's needs in the context of these factors, that they will work to uphold a survivor's rights, and are willing to help meet the survivor's needs on their own terms can do much to support a survivor's psychosocial wellbeing when formal mental health services are not available, not desired, or not sufficient to meet a survivors' varied and complex needs.

---

<sup>4</sup> Since the passage of the Trafficking Victims Protection Act in 2000, immigrant victims of human trafficking in the United States may legalize their immigration status through a number of channels.

## References

- Belser, P., de Cock, M., & Mehran, F. (2005). *ILO minimum estimate of forced labour in the world*. Geneva: International Labour Organization.
- Callender, T., & Dartnall, L. (2011). Briefing paper: Mental health responses for victims of sexual violence and rape in resource-poor settings. Sexual violence research initiative. <http://www.svri.org/MentalHealthResponses.pdf>. Accessed 3 July 2012.
- Clawson, H. J., Salomon, A., & Grace, L. G. (2008). *Treating the hidden wounds: Trauma treatment and mental health recovery for victims of human trafficking*. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.
- Finkelstein, N. (2011). Overview of Trauma & Trauma-Informed care. Presentation at the SAMHSA pre-conference training session, 73rd annual meeting of the college on problems of drug dependence, Hollywood, FL. [http://conferences.jbsinternational.com/cpdd2011/pdf/Finkelstein\\_Overview\\_of\\_Trauma\\_and\\_Trauma-Informed\\_Care.pdf](http://conferences.jbsinternational.com/cpdd2011/pdf/Finkelstein_Overview_of_Trauma_and_Trauma-Informed_Care.pdf). Accessed 3 July 2012.
- Goodman, J. L. (2011). What we know about human trafficking: Research and resources. In J. L. Goodman & D. A. Leidholdt (Eds.), *Lawyers manual on human trafficking: Pursuing justice for victims* (pp. 1–25). New York: Supreme Court of the State of New York, Appellate Division, First Department and New York State Judicial Committee on Women in the Courts.
- Herman, J. (1997). *Trauma and recovery*. New York: Basic Books.
- ibid. (2009). *Potential trafficking indicators*. Washington, DC: Polaris Project.
- International Human Rights Network (IHRN). (2008). Human Rights Based Approaches and EU Development Policies. [http://www.ihrnetwork.org/hr-based-approaches\\_180.htm](http://www.ihrnetwork.org/hr-based-approaches_180.htm). Accessed 3 July 2012.
- Miller, K. E., & Rasco, L. M. (2004). An ecological framework for addressing the mental health of refugee communities. In K. E. Miller & L. M. Rasco (Eds.), *The mental health of refugees: Ecological approaches to healing and adaptation* (pp. 1–64). Mahwah: Lawrence Erlbaum Associates. Publishers.
- National Association of Case Management (NACM). (2012). NACM definition of case management & service coordination. [http://www.yournacm.com/membership/what\\_cm\\_sc.html](http://www.yournacm.com/membership/what_cm_sc.html). Accessed 3 July 2012.
- National Human Trafficking Resource Center (NHTRC). (2011). *Safety planning and prevention*. Washington, DC: Polaris Project.
- Office of the High Commissioner for Human Rights (OHCHR). (1993). Fact sheet no.20, refugees and human rights. <http://www.ohchr.org/EN/PublicationsResources/Pages/FactSheets.aspx>. Accessed 3 July 2012.
- Polaris Project (2010). Identifying victims of human trafficking. Washington, DC: Polaris Project. <https://na4.salesforce.com/sfc/p/300000006E4SU9hCMUCg57NBhRw4.OiMQE27h4I> = . Accessed 3 July 2012.
- Project REACH (2005). *Psychological Trauma and Human Trafficking*. Brookline: Project REACH.
- Siniscalchi, A. R., & Jacob, B. (2010). An effective model of case management collaboration for victims of human trafficking. *Journal of global social work practice*, 3(1). <http://www.globalsocialwork.org/vol3no1/Siniscalchi.html>. Accessed 3 July 2012.
- Trafficking Victims Protection Act of 2000, Div. A of Pub. L. No. 106-386, § 108, as amended.
- UN General Assembly. (2000). Protocol to prevent, suppress and punish trafficking in persons, especially women and children, supplementing the United Nations convention against transnational organized crime. <http://www.unhcr.org/refworld/docid/4720706c0.html>. Accessed 3 July 2012.
- UN High Commissioner for Refugees (UNHCR). (2008). Refugee protection and human trafficking. Selected legal reference materials. <http://www.unhcr.org/refworld/docid/498705862.html>. Accessed 3 July 2012.
- U.S. Department of State. (2007). 2007 Trafficking in persons report. <http://www.state.gov/g/tip/rls/tiprpt/2007/>. Accessed 3 July 2012.

- U.S. Department of State. (2011). 2011 Trafficking in persons report. <http://www.state.gov/g/tip/rls/tiprpt/2011/>. Accessed 3 July 2012.
- Williamson, E., Dutch, N. M., & Clawson, H. J. (2010). *Evidence-based mental health treatment for victims of human trafficking*. Washington, DC: HHS, Office of the Assistant Secretary for Planning and Evaluation.
- Yakushko, O. (2009). Human trafficking: A review for mental health professionals. *International Journal of Advanced Counseling*, *31*, 158–167.