

CCHTTF CONFERENCE

Attendee Handbook



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Thank you for being a part of the 12th Annual Cook County Human Trafficking Task Force Conference!

FAQs

Joining Conference Sessions

All conference attendees can access the sessions via Zoom. Attendees will receive emails from Eventbrite directing them to an online portal containing the full conference agenda and links for each session.

What to Expect

When you join a conference session, your video will be disabled and your microphone will be muted automatically. There will be a chat box feature and a Q & A feature that we encourage you to utilize. A moderator will give a brief tutorial explaining these features at the beginning of each session.

Conference Materials

All conference sessions (for which speakers have given permission) will be recorded and made available to conference attendees once the conference ends (along with any other materials i.e., PDFs of presentation slides, relevant handouts, etc.).

Evaluations of Conference Sessions

We value your feedback! Conference attendees will be asked to submit evaluations for each session they attend as well as an evaluation of the conference overall. Links to fill out conference evaluations online will be shared at the end of each session and via the conference website.

Continuing Education Credits – *New Info!*

We are going paperless! Unique codes will be announced at the start and end of each session. Attendees, who are registered to receive CEU credits, will be prompted to fill out an online form to record the codes. The link to the form will be in the chat box of the sessions and displayed as a QR code on the screen. These forms take 20 seconds to complete and must be done at beginning and end of each session in order to receive credit.

Questions?

Contact Task Force Coordinator Anna Pastor at anna.pastor@usc.salvationarmy.org

TUESDAY AUGUST 9TH

Opening the Wayfair Cabinet: An Exploration of Misinformation in Anti-Trafficking | 9:00 - 10:30 am

Erin Albright, JD
New Frameworks

Exaggeration, poor methodologies, and even pure fabrication all haunt the anti-trafficking field. We've all heard the sensational claims about human trafficking, and we've all spent more than our fair share of time gently explaining why certain statistics and claims are exaggerated or untrue. This is a seminar session, aimed at all involved in anti-trafficking work and appropriate for all audiences. It will shed light on the different types of misinformation and how they happen. Attendees will hear about the origins and discrediting of several often used "facts," and learn ways to avoid perpetuating misinformation.

[Zoom Link](#)

When Labor Becomes Trafficking | 11:00 - 12:30 pm

Dolores Ayala, JD *Supervisory Attorney, Employment Team, Immigrant and Workers' Rights Project, Legal Aid Chicago*

Lauren Dana, JD *Supervisory Attorney, Illinois Legal Aid Migrant Project, Immigrant and Workers' Rights Project, Legal Aid Chicago*

Eduardo Cisneros, JD *Staff Attorney, Trafficking Survivors Assistance Project, Immigrant and Workers' Rights Project*

Moderator: Lisa Palumbo *Director, Immigrant and Workers' Rights Project, Legal Aid Chicago*

All too often labor trafficking go unidentified, misunderstood as exploitation or solely wage theft.. Working on interdisciplinary teams, and building out a nuanced understanding of how force, fraud, and coercion force a person to provide labor and other services, can help to ensure that survivors are identified and receive the services they need. Legal Aid Chicago's Immigrant and Workers' Rights team uses an interdisciplinary approach to identify and provide comprehensive services for a variety of survivors: from domestic violence human trafficking (DVHT); to migrant farmworkers; to low-wage workers in various industries. This panel will discuss how survivors are identified and provided with wraparound services using this unique model.

[Zoom Link](#)

Land of Collaboration: Overcoming Common Challenges in a Multidisciplinary Setting | 2:00 - 3:30 pm

Erin Albright, JD
Project Roadmap, ICF

Erin Wirsing, MSW
Project Roadmap, ICF

This breakout session will guide attendees working in multi-disciplinary teams through the Land of Collaboration. There are enemies and distractions, as well as guiding lights in the land. At times, it is hard to follow the right path to success. This session will help grantees working in multi-disciplinary teams learn to navigate formalizing efforts, obtain buy-in, and manage change.

[Zoom Link](#)

WEDNESDAY AUGUST 10TH

Forced Criminality in Labor Trafficking: Illicit Business through the Lens of Forced Labor | 9:00 - 10:30 am

Lou Longhitano, JD
Attorney Advisor, AEquitas

System professionals have come to recognize that forced criminality of persons sold in the illicit sex trade is sex trafficking, but they have been slow to acknowledge that the same control dynamics inflicted upon those with other roles or in other illicit businesses is labor trafficking. This presentation will challenge participants to apply a lens of force, fraud, and coercion to better assess whether workers are culpable voluntary participants or victims of labor trafficking and forced criminality in order to achieve justice

[Zoom Link](#)

Building Cases With Missing and Intimidated Victims | 11:00 - 12:30 pm

Jane Anderson, JD
Attorney Advisor, AEquitas

Jennifer Dolle, JD
Attorney Advisor, AEquitas

Following the arrest of a trafficker or a victim's exit from exploitation, traffickers continue to assert force, fraud, and coercion against survivors. This presentation will provide prosecutors and allied professionals with strategies for minimizing opportunities for intimidation and maximizing offender accountability when victims are intimidated or missing.

[Zoom Link](#)

Combatting Vicarious Trauma: Putting Your Oxygen Mask on First | 2:00 - 3:30 pm

Dr. Becca Johnson
Licensed Psychologist and Author

Those who work with the traumatized at some time or another, will experience Vicarious Trauma - the trauma faced by those who work with trauma victims. Yet, many don't understand or recognize it. Someone said, "Caring for others is noble; caring for yourself is required." Self-Care is essential. Come learn ways to identify, prevent and recover from this 'front lines trauma'.

[Zoom Link](#)

THURSDAY AUGUST 11TH

Serving and Supporting Survivors of Trafficking with Disabilities | 9:00 - 10:30 am

Reyma McCoy Hyten

Former US Department of Health and Human Services Commissioner for the Administration on Disabilities, and Antibigotry Convening Fellow with the Center for Antiracist Research at BU

This presentation will provide a high-level overview on supporting survivors with disabilities in a trauma-informed manner. We will discuss recognizing the wide-spread nature of trauma and its effects, which can, in and of itself, cause disability, understanding the potential avenues for recovery and healing, which may or may not include a person's support team, and being able to identify signs and symptoms of trauma in persons served, particularly those who do not and/or have limited ability to communicate verbally.

[Zoom Link](#)

First things First: Engaging EMS Providers in the Fight Against Human Trafficking | 11:00 - 12:30 pm

Chenel Vanden Berk, BS, JD, RN, SANE-A, SANE-P

SANE Coordinator at Advocate Aurora Condell Medical Center

Cathy Duchow Cross, BSN, MSN, PMHNP, SANE

SANE Coordinator at Aurora Burlington and Aurora Lakeland, WI

This presentation will address the need to include EMS providers in the fight against Human Trafficking by recognizing their strengths, acknowledging the challenges of engaging these particular providers. This presentation will explore trauma informed care, effective communication, screening, safety concerns, documentation and resources (both at the scene and the ED) and offer strategies to foster a new partnership in the healthcare fight against Human Trafficking.

[Zoom Link](#)

CONCURRENT SESSIONS | 2:00 – 3:30 pm

Choose from three sessions targeted at specific provider populations. Sessions are open to all regardless of profession.

See next page for session options

CONCURRENT SESSIONS



Working with Experts to Combat Common Defenses

Jane Anderson, JD & Jennifer Dolle, JD

Attorney Advisors, Aequitas

Expert witnesses testimony can combat common defenses in sex and labor trafficking cases which often rely on myths and misconceptions. This presentation will discuss the identification and qualification of experts, statutory and case law related to the introduction of expert testimony, and the importance of working with experts to prepare for trial, even if their testimony is not introduced.

[Zoom Link](#)



Finding Your Strengths! - A New Approach for Serving CSE / CST Youth

Rebekah Dettmann

Milwaukee Child Advocacy Center- Anti-Trafficking Coordinator

Claudine O'Leary

Independent Consultant and Non-Profit Leader

This presentation will focus on a set of two, evidence informed, strengths-based tools to enhance service providers' response to high risk and trafficked youth. Providers will learn ways to help young people explore and articulate the strength and resiliency factors they possess to achieve their goals.

[Zoom Link](#)



Human Trafficking and Healthcare Engagement: Innovative Approaches for Prevention and Identification

Traci Kurtzer, MD

Northwestern Medicine - Medical Director of Trauma Informed Care & Education for the Department of Obstetrics and Gynecology

Jaclyn Rodriguez, BSN, BS, RN, SANE-A, SANE-P

SANE Coordinator for the Office of the Illinois Attorney General

This workshop will focus on innovative approaches for healthcare professionals to consider for prevention and earlier identification by addressing human trafficking as a public health issue. We will start with a review of some case studies and then focus on three areas for screening and intervention that increase risk for human trafficking: social determinants of health, domestic/family violence, and sexual violence. A facilitated group discussion will follow to address barriers and problem solve in order to incorporate these and other approaches for prevention and identification into our various healthcare settings.

NOTE: A supplemental video will be premier at 1:00 pm

This video presentation is a taped version of the training that was created by the Cook County Human Trafficking Task Force Healthcare subcommittee members. It is a 101 training on human trafficking that also briefly covers professional bias and trauma informed care and intended for new to advanced learners in the healthcare professional workforce. It is available for use for outside institution or group trainings upon request.

[Zoom Link](#)

MEET YOUR SPEAKERS

Erin Albright is an internationally recognized anti-trafficking expert with over a dozen years of experience establishing, guiding, and funding initiatives of all sizes and at every stage of development. A subject matter expert for the International Association of Chiefs of Police, the United Nations Office on Drugs & Crime, the US Commission on Human Rights, and the California Office of Emergency Services, she has also worked globally with countries from Armenia to Uzbekistan. In the United States, her partners and clients range from the Department of Justice and the American Bar Association to 23 state and local task forces. In addition to her work with New Frameworks, she is also co-Director of Project Roadmap, overseeing technical assistance for DOJ funded task forces. A graduate of Mary Washington College, and Boston College Law School, Albright is a member of the Massachusetts Bar.

Dolores Atala joined Legal Aid Chicago in 2019 after 11 years as in-house Employment Counsel in the legal departments of two large corporations, where her job, as she saw it, was to promote positive employee relations by ensuring all employees were treated fairly and the companies lived up to their missions of being equal opportunity employers who valued diversity and treated employees with dignity and respect. She also initiated and led those companies' corporate pro bono programs, in collaboration with the National Immigrant Justice Center, Cabrini Green Legal Aid, Equip for Equality, among others. Her work as a corporate pro bono leader was recognized when she was awarded the 2018 Exelon Outstanding Corporate Counsel Award by the Chicago Bar Foundation. Prior to moving in-house, Dolores spent 11 years as a litigator in two Chicago law firms. Dolores was on the Dean's List, graduated cum laude, and was a member of Phi Beta Kappa at Washington University in St. Louis where she received her B.A. She attended foreign universities as well, including Universidad Complutense de Madrid, Universidad Nacional Autónoma de México, and Università per Stranieri di Perugia. She received her J.D. from DePaul University College of Law, where she was a Dean's Scholar, a member of the DePaul Law Review, and received the John Powers Crowley Award for Excellence in Trial Advocacy. Dolores is fluent in Spanish, is work-proficient in Italian, and speaks (but does not read!) Hebrew.

Lauren Dana is the Supervisory Attorney of the Illinois Migrant Legal Assistance Project (IMLAP) in the Immigrants and Workers' Rights Practice Group, where she represents migrant and seasonal farmworkers. She joined Legal Aid Chicago in 2017 as an Equal Justice America Fellow with the Immigration Project, focused on representing survivors of domestic violence, sexual assault, and human trafficking to address immigration needs. After her fellowship, Lauren became a staff attorney with IMLAP, advocating for farmworkers in matters related to working and living conditions, occupational health and safety, human trafficking, and immigration. In her current role, Lauren supervises the IMLAP team's work providing comprehensive legal services to migrant farmworkers, including federal litigation, administrative advocacy, and statewide community outreach and education. Lauren received her law degree from Northwestern Pritzker School of Law and her undergraduate degree from the University of Iowa.

Eduardo Cisneros has served as a bilingual and bicultural (Spanish/English) Staff Attorney on IWR's Trafficking Survivors Assistance Program (TSAP) for 2 years. Prior to that, he was an Equal Justice Works Crime Victims Justice Corps Fellow in TSAP for 1 year. In TSAP, he has provided holistic, trauma-informed legal services to survivors of human trafficking, serving minor and adult clients. He also currently serves on the Freedom Network USA's Steering Committee. Eduardo received his J.D. from the University of Illinois Chicago School of Law in 2018.

Lisa Palumbo has worked at Legal Aid Chicago for over 30 years. Lisa previously worked on the U.S./Mexico border representing Central American asylum seekers; the United Nations High Commissioner for Refugees in Hong Kong with Vietnamese asylum seekers; and on the U.S. Naval base in Guantanamo where the U.S. Government detained Haitian and Cuban asylum seekers. Lisa is an expert in complex immigration cases, including the immigration consequences of criminal convictions, human trafficking cases, and removal proceedings. She has argued cases in the 7th Circuit Court of Appeals, is fluent in Spanish and work-proficient in French. Lisa was the 2010 recipient of the Jerold Solovy Award and has received awards from the Lawyers Trust Fund and the American Immigration Lawyers'

Association. Lisa is a graduate of the State University of New York at Buffalo School of Law and received her undergraduate degree from McGill University in Montreal, Canada.

Erin Knowles Wirsing, MSW, provides technical assistance to federally funded human trafficking task forces through Project Roadmap at ICF. Since 2006, Erin has managed programs providing direct services to persons experiencing trafficking in Chicago and Central Florida. She was a core team member in the initiation of a pilot multi-disciplinary task force in Chicago, working to ensure persons experiencing trafficking were provided options for exit. Erin is skilled in trauma-informed care and person-centered approaches to services. She is an expert in networking, building collaboration and program development. Erin has a long history of providing training, support and consultation for professionals, families and community groups.

Lou Longhitano is an Attorney Advisor at AEquitas, providing training and technical assistance to prosecutors and allied professionals across the United States and around the world. Lou served for 28 years as a county prosecutor at the Manhattan District Attorney's Office in New York, and at the Cook County State's Attorney's Office in Chicago, where he investigated and prosecuted special-victims cases, organized crime, gang crimes, cold case homicides, and human trafficking. Lou built and supervised the first Human Trafficking Unit in the state of Illinois and was a founding member of the core team of the Cook County Human Trafficking Task Force.

Jane Anderson brings her expertise in prosecuting human trafficking, domestic violence, stalking, and sexual violence to her role as an Attorney Advisor with AEquitas. Jane previously served as a prosecutor in Miami where she tried many of Florida's first state-level human trafficking cases, supervised domestic violence prosecutors, and prosecuted all types of felony cases. As an Attorney Advisor, Jane develops and delivers trainings and provides technical assistance to prosecutors, law enforcement, and allied professionals.

Jennifer Dolle is an Attorney Advisor at AEquitas with a focus on human trafficking. Prior to joining AEquitas, Jenn was an Assistant District Attorney at the Manhattan District Attorney's Office. During her 11-year career, she prosecuted violent felonies including human trafficking, kidnapping, sexual assault, robbery, weapons possession, drug conspiracies, and intimate partner crimes. Jenn was a co-founder of the Human Trafficking Response Unit at the Manhattan DA's Office and served as its first-ever Deputy Chief.

Dr. Johnson, a licensed psychologist for over 30 years, has served as trainer, counselor, consulting psychologist and clinical, program and aftercare director for numerous anti-trafficking and child abuse organizations. Becca provides support, training and consultation on trauma, vicarious trauma and recovery. Dr. Johnson has provided trauma recovery workshops for over 100 non-profit organizations for victims of sex trafficking in the USA and in over 25 countries. Dr. Becca co-authored *Leaving The Life – Embracing Freedom from Exploitation* with survivor-leader Jessa Dillow Crisp, a book focused on helping victims "get out and stay out of The Life" and to help advocates better understand the heart and mind of victims.

Reyma McCoy Hyten, the first Black woman to ever serve as the US Department of Health and Human Services Commissioner for the Administration on Disabilities, is now devoting her full time and attention to supporting the creation of just and verdant communities for all in the US- and beyond. She was an Antiracism Convening Fellow with the Center for Antiracist Research at Boston University and is a past recipient of a 2019 AT&T Humanity of Connection award. Additionally, her 2018 run for office was endorsed by the Working Families Party. Her work has been featured in *Vice*, *TIME*, *The Guardian*, and *USA Today*. After a twenty year career as a helping professional, her vocation has shifted from serving marginalized people to addressing, through her signature approach to identifying and confronting the root causes of oppression, how systems create marginalization in the first place.

Chenel Vanden Berk is a nationally certified sexual assault nurse examiner (SANE) and the SANE Coordinator for Advocate Aurora Condell Medical Center Emergency Dept, in Libertyville. As a SANE, she strives to find ways to use healthcare as a means to help Human Trafficking survivors. She is currently a participant in the Advocate Aurora Systemwide Human Trafficking Committee, leading the EMS subgroup and Co-Chair of the Lake County State's Attorney's Medical Subcommittee, and serves on a number of multi-disciplinary committees including the Lake

County State's Attorney's Human Trafficking Council. She earned her Bachelor of Science from Georgetown University, DC and her Juris Doctor from Loyola University School of Law, Chicago.

Cathy Duchow-Cross works as a Board-Certified Family Nurse Practitioner, a Psychiatric Mental Health Nurse (PMHNP) and Forensic Nurse Examiner and SANE Coordinator for two Wisconsin hospitals, Aurora Burlington, and Aurora Lakeland. She started her career as a volunteer firefighter EMT and brings her multiple perspectives to her work with community partners, including a variety of trainings that seek to bring awareness to Human Trafficking to a number of interrelated disciplines that spans the Illinois- Wisconsin Human Trafficking Corridor. She serves on the Advocate Aurora Systemwide Human Trafficking Committee. Cathy received her BSN from Chamberlain College, and her MSN with a Family Nurse practitioner focused at Alverno College. She is currently the Vice President of Join the Movement, a non-profit organization to combat human trafficking and coercive behaviors.

Rebekah Dettmann currently works at the Milwaukee Child Advocacy Center where she has served as the Region 3 Anti-Human Trafficking Coordinator (Milwaukee County) through the WI DCF Regional Hub initiative since its start in 2018. In this role she has had the opportunity to facilitate over 150 multidisciplinary team case staffings specifically addressing the unique needs of high risk and trafficked youth. Rebekah received her MSW at the University of Wisconsin – Madison in 2014 and is a graduate of the Title IV-E Public Child Welfare Training Program.

Claudine O'Leary is an independent consultant and non-profit leader, educating communities on how to effectively respond to youth and adults with life experience in the sex trade, as well as leading dynamic, youth-centered groups for teens with life experience in the sex trades and the streets. She has a BA from Northeastern Illinois University in Critical Pedagogy through the University Without Walls program. She draws on her life experience as a teen who experienced commercial sexual exploitation and many years of youth advocacy to inform her work.

Jaclyn Rodriguez is the SANE Coordinator for the Office of the Illinois Attorney General. She earned a Bachelor of Science in Biomedical Engineering degree from the University of Illinois Urbana-Champaign and a Bachelor of Science in Nursing degree from Loyola University Chicago. She has been practicing as a Registered Nurse in Emergency Rooms throughout the Chicagoland area since 2003. She became a SANE in 2005 and Nationally Certified SANE-A in 2006. Since becoming SANE Coordinator in 2015, she has provided education to over 15,000 healthcare providers, law enforcement, advocates and others on topics related to sexual assault, human trafficking, non-fatal strangulation and forensic nursing. As part of the Attorney General's Office, she has participated in writing key pieces of legislation that are shaping the care of sexual assault victims throughout the state, including legislation for law enforcement, hospitals and health care professionals. She created a one-day Foundation training to ensure that anyone coming into contact with a sexual assault patient knows what they can do to improve the experience for the patient and begin to understand the complexity of working with a victim of violence. She is an active member of the International Association of Forensic Nurses and the Academy of Forensic Nurses, participating on multiple committees. She sets high standards for herself and those wanting to practice as SANEs and hopes to continue to inspire others into the practice of forensic nursing.

Dr Kurtzer graduated from OBGYN residency in Chicago in 1997. Over the 15 years of solo OBGYN practice she became very aware of the role of interpersonal violence in her patients' lives and health issues. She became involved in work focused on domestic violence and sexual violence awareness and prevention early in her career and also providing the specialized gynecologic care needed for patients with a trauma history. Since her transition to Northwestern Medicine in 2015, and as the Medical Director of Trauma Informed Care and Education for the Department of Obstetrics and Gynecology, she dedicates her clinical work at the Center for Sexual Medicine and Menopause to the post- sexual assault recovery and trauma informed gynecology care of patients. She trains other health care professionals on the neurobiology of trauma and how to provide trauma informed, survivor centered care. She is a co-founder of the Trauma Informed Workgroup and an active member of the Quality-Equity Committee for Northwestern Medicine and a member of the Trauma Informed Hospital Collaborative for Chicago. She is a founding member and current Co-Chair of the Healthcare Subcommittee of the Cook County Human Trafficking Taskforce and is the President of the American Medical Women's Association - Physicians Against the Trafficking of Humans (AMWA-PATH).

Human Trafficking 101: Foundational Factsheets



NOTE:

The Cook County Human Trafficking Task Force encourages you to use the following foundational factsheets as a starting point to better understand your own role in addressing human trafficking. The material presented during the conference will build on what's found here. This section will touch on eight core consideration areas. Each topic is broken down into: The Basics, Terminology, Do's & Don'ts, and Additional Resources.

Victim Identification

THE BASICS

HUMAN TRAFFICKING IN THE UNITED STATES (2020)*



Victims and Survivors Identified

High Indicators

4,691

Moderate Indicators

12,325

Calls From Victims & Survivors

13,594



HUMAN TRAFFICKING IN ILLINOIS*

Since 2007, the National Human Trafficking Hotline received 7,554 calls, texts, emails, online chats and web forms pertaining to Illinois. 1,996 of which has resulted in cases.

Illinois ranked 10th in the nation for the highest number of reported cases in 2020.

**The data above does not represent the full scope of human trafficking. A lack of awareness, stigma, and a lack of knowledge around resources and rights can lead to significant underreporting.*

IDENTIFYING VICTIMS (RED FLAGS)

Evidence of being controlled (rarely alone), intentionally isolated from friends/family	Persistent fear, depression, anxiety, submissive behavior
Hyper vigilant or paranoid behavior	Unaccounted for time, vagueness or unfamiliarity concerning whereabouts, and/or defensiveness in response to questions or concern
Loss of sense of time and space	Lives with co-workers and/or employer with no privacy
No passport or other identifying documentation (or in the possession of someone else)	Visible signs of abuse such as unexplained bruises (in various stages of healing), black eyes, cuts or marks.
Not speaking on own behalf and/or no English speaking	Untreated illnesses and infections or occupational health or work-related injuries
Evidence of inability to move or leave job or take time off	Signs of physical abuse or substance abuse
Unpaid for work or compensated very little	A history of abuse (emotional, sexual or physical) can be a major risk factor and warning sign
Not in control of their own money	Works "off the books" in a low-paying job
Evidence of a debt they are working to pay back	Evidence of controlling or dominating relationships, including repeated phone calls and/or excessive concern about displeasing a partner
Unexplained shopping trips, possession of expensive clothing, jewelry or a cell phone they could not otherwise afford	Use of lingo or slang from 'the life' among peers, or referring to a boyfriend as 'Daddy'
Personal information – such as age, name and/or date of birth may change with each telling of their story, or information might be contradictory	A tattoo they are reluctant to explain

TERMINOLOGY

The term “victim” has legal implications and affords a person particular rights within the criminal justice process. Government and law enforcement agencies often use the term “victim” as part of their official duties. “Survivor” is a term used by many in the services field to recognize the strength it takes to continue on a journey toward healing in the aftermath of a traumatic experience.

Remember to mirror the survivor’s language. Labeling the person can cause the survivor to disengage if they don’t view themselves in the same way. For example, “trafficker”, “pimp”, or “employer” should be replaced with boyfriend, aunt, etc, based on what the survivor is using to describe them.

Sex Trafficking Glossary of Terms:

(sometimes used by survivors to describe their situation)

The Life or The Game	The commercial sex industry
The Bottom/Bottom Bitch	The person who is appointed by the trafficker to manage, recruit and supervise other victims
Quota	The amount a victim must earn for their trafficker each night
Daddy	Term a trafficker might require their victims to call the trafficker
Family/Folks	Term used to describe the environment created by the trafficker and an attempt to recreate the family structure many victims lack
Stable	A group of victims under pimp control
Track/Stroll/Blade	A street location for commercial sex
Wife-in-Law	Another person who works for the same pimp

Dates/Johns/Tricks	Buyers of commercial sex
Twelve (12)	Police Officer(s)
Trappin'	Having sex with many people
Hit a stain	To contact someone to have sex for money
Finesse	Someone who is a sweet talker and will give a person anything they want to catch their attention or keep them interested
Breaking	Breaking someone down through control and force so they are subservient and lose their will to fight back
Enforcers/Gorilla Pimp	Someone who teaches victims a lesson by beatings or showing them the consequences if someone doesn't follow the rules

**This list is not exhaustive. One of these indicators on its own may not mean someone is trafficked, but a combination of indicators may amount to a situation of human trafficking.*

DO'S AND DON'TS

DO	DON'T
Put all judgments/presumptions aside.	Do not lecture or try to persuade someone to leave if they are not ready.
When assessing for trafficking, mirror the language they use when describing the situation.	Do not just read through a list of screening questions without first engaging in conversation and building rapport.
Tell a survivor that their rights were violated, that they did not deserve this, that you believe them, and that it is not their fault	Do not make promises you can't keep, including that of safety.
Remember that trust is earned through actions.	Do not put a label on someone, including that of 'victim'.
Avoid victim blaming and never impose the responsibility on the survivor to prevent the situation from happening to others.	Do not try to remove someone from a dangerous situation on your own or bring them to your home or place of employment. This can be dangerous for yourself and for the survivor, should the trafficker become aware of your location.

RESOURCES

- Human Trafficking Fact Sheet:
https://www.acf.hhs.gov/sites/default/files/documents/otip/fact_sheet_human_trafficking_fy18.pdf
- Vera Institute Screening Tool:
<https://www.vera.org/downloads/publications/human-trafficking-identification-tool-and-user-guidelines.pdf>

Trauma and the Trauma-Informed Approach

TERMINOLOGY

Trauma: Individual trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. (www.samhsa.gov)

Trauma-Informed Care: The adoption of principles and practices that promote a culture of safety, empowerment, and healing. Based on what we know about the prevalence and impact of trauma, it is necessary to ensure widespread adoption of trauma-informed care. Trauma-informed care: Realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist re-traumatization (www.samhsa.gov).

THE IMPACT OF TRAUMA

- A traumatic experience usually includes the following components:
 - Overwhelming experience(s) beyond one's normal ability to cope
 - Involves a pernicious threat(s) to one's physical and/or mental well-being
 - Results in extreme vulnerability or a complete loss of control
 - Leaves one feeling chronically helpless and fearful
 - Profoundly disrupts relationships and one's basic belief systems
- Put simply, trauma—especially when it involves repeated exposure and happens early in life—changes the brain and alters its various components. Some key changes:
 - An overactive amygdala means that, even if we don't know it, our brain is more sensitive to clues in our environment that could be dangerous. This happens before the level of "thought" —we smell, touch, see, etc. something and our system goes on high alert.
 - Normally, the hippocampus would work in conjunction with the amygdala to help our mind and body distinguish between a "real" threat and a perceived one. However, because cortisol (released in response to acute stress) damages/inhibits the hippocampus and impedes a normal memory-making process, a traumatized hippocampus has trouble assessing threats accurately.

- The result: trauma responses are inappropriately triggered by non-threatening environmental cues. It's like the wires are crossed in the part of our brain that accesses memories, so they fire at the wrong time.
 - Example: A person who was sexually assaulted in a parking lot panics every time they pass a parking lot.
- Function of prefrontal cortex is to regulate emotional responses triggered by the amygdala, specifically negative responses like fear. More specifically, it:
 - Evaluates threats (calms us down if we detect a false alarm)
 - Controls the intensity of our emotions (so we are neither inappropriately under-emotionally aroused nor inappropriately over-emotionally aroused)
 - Helps us to plan and control impulsive, 'knee-jerk' reactions
 - Helps us to become mentally attuned to others and to empathize with them
 - Provides us with a moral awareness and ethical framework
 - Provides us with insight into the workings of our own minds
 - Helps us behave rationally
 - Helps us to think logically
 - Helps us maintain a healthy balance between hyperarousal (too much arousal) and hypoarousal (too little arousal).
- Result of trauma on prefrontal cortex: fear, anxiety, and extreme stress responses occur even when faced with stimuli that are not, or only vaguely, connected to experiences from the past as there is a decreased ability to "naturally" regulate (i.e. do the functions listed above).

DO'S AND DON'TS

DO:

- Build rapport and listen to stories over time
- Acknowledge losses- find a creative way to grieve them
- Address trauma responses through grounding and mindfulness exercises
- Build on strengths and likes
- Work on a future orientation- beyond abuse experience
- Build self-protection skills
- Give back as much power and autonomy as possible
- Restore choice and uplift the power of 'no'
- Review agency policies and procedures to identify and remove any that are potentially unsafe and harmful to trafficking survivors with histories of trauma
- Provide education and training of staff on the impact of trauma
- Provide access to trauma-specific treatment services

DON'T:

- Do not ask someone to share the details of their trauma story if they do not want to or if it is not necessary
- Do not ignore triggers or brush trauma responses aside
- Do not mimic the power and control tactics of traffickers with your programming
- Do not ask people to share their "story" in individual or group settings, including in situations that benefit your agency in marketing or fundraising

RESOURCES

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach: This manual introduces a concept of trauma and offers a framework for becoming a trauma-informed organization, system, or service sector. View the manual here:

<https://store.samhsa.gov/system/files/sma14-4884.pdf>

OVC TTAC offers a module on Trauma-Informed Care through Victim Assistance Training (VAT) Online. Module lessons include: definitions, how to develop trauma-informed programs, and more. Access them here: <https://www.ovcttac.gov/taskforceguide/eguide/4-supporting-victims/41-using-a-trauma-informed-approach/>

Project REACH also created a useful guide on Utilizing Trauma-Informed Approaches to Human Trafficking Related Work to facilitate an understanding of complex trauma reactions and to integrate awareness into direct service of survivors of human trafficking. Access the guide here: http://www.traumacenter.org/clients/projectreach/H-O%20Trauma-Informed%20Case%20Study_final.pdf

Engagement & Service Provision

THE BASICS

Prior to offering supportive services to survivors of human trafficking, it is crucial to understand the role that your organization can play. Here are some useful steps in developing your program for individuals who have experienced human trafficking:

- Conduct assessments of community needs and of the services already available, including populations not served by other resources (i.e. services are only available for US citizens/lawful permanent residents, specific gender identities, etc.).
- Determine the goal of your program (i.e. awareness, outreach, emergency assistance, housing, etc.).
- Consult with other agencies to determine what has already been done.
- Conduct an honest assessment of your program capacity, skills, and knowledge. Find training that will help develop staff capacity to do this work in a trauma-informed and professional manner.
- Know your resources – do not offer services that cannot be provided.
- Develop relationships with resources you will access prior to a crisis or immediate need; no one service or program can provide everything to everyone. Make sure you have a plan when referrals need to be made.
- Have an action plan (and a safety plan) in place if someone is interested in receiving services, and continuously check in to reevaluate the plan.
- Responding to human trafficking is about meeting people where they are. This is NOT the time to 'rescue' people if they are not ready; if someone needs a safe extraction from a dangerous situation involving their trafficker engage with appropriate law enforcement. When people are ready, if you have done your part to establish a relationship and rapport, they will reach out to you to engage in change action. Do not project your definition of safety onto someone else.
- Be realistic. Set boundaries. Recognize your role in the larger picture.
- Have measurable outcomes and honest assessments of programming.
- Collaboration is key to addressing human trafficking. It is not just about knowing what resources exist; it is about having a relationship with a variety of resources and services and maintaining those relationships.
- Most importantly, services should be trauma-informed, from program design to policies to direct engagement with participants.

TERMINOLOGY

Trauma-Informed Care: *Realizes* the widespread impact of trauma and understands potential paths for recovery; *recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system; *responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively *resist* re-traumatization (www.samhsa.gov).

Vicarious Trauma: Is the emotional residue of exposure that individuals have from working with people as they share their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured. (American Counseling Association)

Rescue Mentality: Potentially dangerous belief that it is another individual's responsibility to remove someone from a dangerous situation (i.e. bust down the doors and pull them away from the trafficker). Whether encountering false empowerment, trauma bonding, a real emotional attachment, or a fear of the trafficker, operating from a client centered approach will be a safer, more effective manner of addressing the issue.

Client-Centered Approach: Recognizing that people are experts in their own lives, participants drive the services received, beginning with setting the pace for meetings and paperwork, through setting goals, and determining goals they wish to achieve, as well as that which they do not.

DO'S AND DON'TS

DO:

- Meet people where they are, not expecting or requiring change overnight.
- Provide trauma-informed care throughout program design and implementation.
- Respect self-determination.
- Create safety plans for individuals who are not ready to leave their exploitative situation.
- Mirror language used by the individual.
- Provide appropriate resources.
- Be non-judgmental and cognizant of non-verbal cues.
- Spend time building trust, developing rapport and maintaining it.

DON'T:

- Do not make promises you cannot keep.
- Do not attempt to 'rescue' someone from a trafficking situation.
- Do not label anyone (victim, survivor, trafficker, pimp, etc.)
- Do not pressure anyone to cooperate with an investigation or speak with law enforcement.
- Do not act as a gatekeeper or mimic the power and control tactics of traffickers with your programming.
- Do not ask people to share their "story" in individual or group settings

RESOURCES

Cook County Human Trafficking Task Force: If you are interested in participating in ongoing dialogue, becoming more involved in the anti-trafficking community in Chicagoland, would like to join the Victim Services Subcommittee of the task force as a service provider by signing on to the task force's Supportive Services Standards, or would like to receive technical assistance in

developing your program or coalition, please contact the task force at www.cookcountytaskforce.org.

Coordinated Service Referral Network: If you are interested in being a part of a membership-based network of trained service providers committed to finding and providing services to human trafficking survivors in Cook County and the surrounding Collar Counties, please contact Shaina Fuller at shaina.fuller@usc.salvationarmy.org.

National Human Trafficking Hotline: If you are interested in a national directory of social and legal resources for people who have experienced human trafficking, visit <https://humantraffickinghotline.org> or call 888.373.7888

Human Trafficking & LGBTQ Communities

THE BASICS

- LGBTQ individuals compose 5% of the general population, but around 20% of the homeless population and 40% of homeless youth.
- 6 in 10 youth who are homeless also engaged in survival sex due to housing instability, which greatly exacerbates the risk for trafficking.
- A recent study of homeless youth at Covenant House sites around the US and Canada determined that nearly one in five were identified as victims of trafficking.
 - 91% had been approached by someone who was offering an opportunity for income that was too good to be true.
 - More than 14% had been trafficked for sex, 8% for other forced labor, and 3% for both.
- Over half youth engaging in survival sex identify as cis-men/boys and transwomen.
- One in five LGBTQ youth are victims of domestic violence, and more than half experience familial rejection. An overwhelming majority of those engaged in survival sex had prior child welfare involvement.
- LGBTQ people experience unemployment at twice the rate of the general population, with rates for people of color up to four times higher. Ninety percent report experiencing harassment or mistreatment on the job or took action to avoid. Sixteen percent have been compelled to engage in underground employment for income and 11% turned to sex work.
- Although much of the available research focuses on LGBTQ youth, the rejection, discrimination, and lack of safety that make LGBTQ youth vulnerable to trafficking affects LGBTQ people of all ages, and disproportionately impacts TGNC people and LGBTQ people of color.

TERMINOLOGY

Not all definitions and labels mean the same to all people. Use the preferred terminology of the person with whom you are interacting. This list represents common meanings of these terms, but is not exhaustive or universal.

Sex - The assignment and classification of people as male, female, or intersex, and based upon social conceptions of biological/physiological characteristics, usually assigned at birth.

Gender - Socially constructed roles attributed to people, traditionally based upon assigned sex.

Gender Identity –The internal conviction that is male/female (or both, or neither) and the behavioral expression of that conviction. This may differ from social norms and/or stereotypes of the sex they were assigned at birth.

Gender Expression – How one presents one's gender – clothes, mannerisms, personal interests, appearance.

Sexual Identity- A person's physical/emotional/romantic attraction to people of a specific gender or multiple genders. Can change over time. Common terms: Lesbian, Gay, Bisexual, Queer, Asexual, Straight, Questioning

(Y)MSM/(Y)WSW - (young) men who have sex with men/(young) women who have sex with women. Note that this denotes behavior, not identity.

Transgender (adj.)- denoting or relating to a person whose gender self-identity *does not* conform to that typically associated with the sex to which they were assigned at birth.

Gender Non Conforming (adj.) - 1) An umbrella term that includes all people whose gender varies from the traditional norm; or 2) to describe a subset of individuals who are born anatomically female or male, but feel their gender identity is neither female nor male.

Cisgender (adj.)- denoting or relating to a person whose gender self-identity conforms to that typically associated with the sex to which they were assigned at birth.

Survival Sex- The trading of sex acts by an adult to meet the basic needs of survival (i.e. food, shelter, etc.) without the overt force, fraud, or coercion of a trafficker, but under conditions that restrict choice.

DO'S AND DON'TS

DO:

- Ask for, respect, and use chosen name and pronouns.
- Allow for survivors to identify their gender themselves without the restriction or limits of a traditional binary system.
- Reiterate that someone's identity is not justification or excuse for violence.
- Be aware that social services or engaging with law enforcement may not be the right or safest option for individuals.
- Empower an individual to make informed decisions, and respect their agency and choices, especially about interaction with social services and law enforcement. They are the only one who knows what the safest/right option is.
- Recognize the trauma that can occur as a result of belonging to a marginalized group.

DON'T:

- Do not assume that behavior equates to identity and allow people to self-identify however they choose.
- Do not ask questions about someone's genitals, sex life, or other body-related questions.
- Do not trivialize or generalize their experience or identities.
- Do not perpetuate stereotypes based upon identity.

RESOURCES

- Dank, M. et al., *Surviving the Streets of New York: Experiences of LGBTQ Youth, YMSM, and YWSW Engaged in Survival Sex* (2015), Urban Institute
- Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011.
- Murphy, L (2017). *Labor and Sex Trafficking Among Homeless Youth: A Ten City Study*.
- Schaffer, L et al., *Experiences of Youth in the Sex Trade in Chicago: Issues in Youth Poverty and Homelessness* (2016), Center for Court Innovation
- Trans Student Educational Resources - <http://www.transstudent.org/>
- Center on Halsted Anti-Violence Project - LGBTQ Violence Resource Line: 773.871.CARE (2273) or avp@centeronhalsted.org
- Howard Brown IN POWER Sexual Harm Response Project: 773-388-1600 ext 7927
- National Immigrant Justice Center LGBT Immigrant Rights Initiative
- Call (773) 672-6551 on Wednesdays and Fridays between 10:00 a.m. – 12:00 p.m. or email lgbtimmigrants@heartlandalliance.org.

Human Trafficking and Immigrant Communities

THE BASICS

According to the National Human Trafficking Hotline, the top risk factor for human trafficking was recent migration or relocation (based on data pulled from 23,078 survivor records).¹ Individuals who have recently arrived in the US as immigrants, refugees, and asylum seekers can have a number of vulnerabilities that may be targeted by traffickers.

A primary recruitment tactic for labor trafficking is a job offer or an advertisement for work that appears to be a safe and beneficial opportunity but turns out to be exploitative in nature. Those immigrating to the US for work may arrive to find that they will not receive the pay or number of hours they were promised.

The concepts of 'smuggling' and 'human trafficking' are often incorrectly conflated. It is important to understand that smuggling involves the voluntary movement of a person or persons across a border while human trafficking involves the involuntary exploitation of a person or persons for forced labor or engagement in commercial sex. However, smuggling can be a gateway to trafficking. After crossing a border, a person may owe a debt to the smuggler, which can lead to exploitation, trafficking, or debt bondage.

Debt bondage occurs when an individual is forced to work to repay a debt. After offering a job, a trafficker may charge thousands of dollars for a work visa, travel arrangements, and the provision of any training. Once the worker arrives in the U.S., they are tricked and coerced into working to pay off their debt, which often grows as their trafficker adds interest and charges for provision of essential needs (housing, food, etc.). The increasing debt becomes the primary form of control used by the trafficker.

A common misconception is that all foreign-born survivors of human trafficking are undocumented. In fact, most foreign-born survivors in the U.S. possess a valid visa when they enter the country, such as a visa for tourist, student, au pair, or temporary work purposes. Even with a valid visa, however, immigration status is often tenuous, as many visa categories are time-limited and tied to the sponsoring employer or family member. Traffickers exploit these limitations; common tactics of control are to take someone's passport, threaten not to renew a visa, lie about having renewed a visa, and generally making their victims believe they could be deported if they complain.

For foreign-born survivors of human trafficking, the threat of deportation is one of the most powerful forms of control that a trafficker uses against them. Traffickers may threaten to call immigration or otherwise get their victims deported. Fear of deportation goes hand-in-hand with a distrust of authorities which can keep folks from seeking help. This is especially true in times when immigration enforcement is heightened.

TERMINOLOGY

United States Citizenship and Immigration Services (USCIS) is the government agency responsible for adjudicating affirmative immigration petitions, including the T visa, and is part of the Department of Homeland Security.

VTTC Benefits are state-funded public benefits for foreign-born Victims of Trafficking, Torture or Other Serious Crimes who have filed, *or are preparing to file*, an application for a T Visa, U Visa, or asylum. VTTC Benefits include cash, food and medical care assistance through the Illinois Department of Human Services.

Please note that this is not an exhaustive list of legal remedies for foreign-born survivors.

The following visa categories offer a pathway to Lawful Permanent Residency and Citizenship.

Refugees are individuals who have been forced to leave their country of origin to seek safety elsewhere as a result of violence, war or conflict, and persecution.

Asylum-seekers are individuals who have fled their country of origin and are seeking sanctuary in another country but have not yet received refugee status.

T Nonimmigrant Visas provide 4 years of immigration status to foreign-born victims of human trafficking who have cooperated with reasonable requests from law enforcement in the investigation or prosecution of the crime. There is an annual cap of 5,000 visas, and adjudication by USCIS takes approximately 1-2 years.

U Nonimmigrant Visas provide 4 years of immigration status to foreign-born victims of 28 qualifying crimes who are helpful in law enforcement's investigation or prosecution of the crime. There is an annual cap of 10,000 visas. Current adjudication by USCIS takes approximately 5 years for Deferred Action (the U Visa Waitlist) and another 4-5 years to obtain U Visa status.

VAWA Self-Petition is an immigration remedy for victims of battery or extreme cruelty that has been perpetrated by a U.S. Citizen or Lawful Permanent Resident spouse, parent, or child.

For the following categories, workers' visas are tied to their sponsoring employer, meaning if they lose or quit their job, they also lose immigration status. The programs below do not offer any pathway to Lawful Permanent Residency or citizenship:

H-2A Nonimmigrant Agricultural Worker Visa Program enables U.S. agricultural employers to recruit and hire temporary, nonimmigrant workers to perform seasonal agricultural work. There is no cap on H-2A visas.

H-2B Nonimmigrant Worker Visa Program enables U.S. employers to recruit and hire temporary, nonimmigrant workers to perform seasonal, non-agricultural work, for example in the landscaping, construction, or carnival industry. There is an annual cap of 66,000 H-2B visas.

J-1 Visas are temporary visas for individuals to participate in work and study-based exchange visitor programs. Workers on J-1 visas are temporarily authorized to work as camp counselors, au

pairs, and interns in a variety of industries, for example the restaurant/food service, hospitality and recreational industries.

The following programs provide temporary immigration remedies:

Continued Presence (CP) is a temporary immigration status provided to individuals identified by law enforcement as victims of human trafficking to remain in the U.S. during the ongoing investigation and/or prosecution. Only law enforcement may request CP, and they are encouraged to do so for every identified victim who lacks immigration status and may be a potential witness [See DHS Blue Campaign Continued Presence Pamphlet]

DACA or Deferred Action for Childhood Arrivals, is a program created by a 2012 policy that protects youth brought to the U.S. as children from deportation. DACA is a temporary immigration benefit and does not provide an opportunity to eventually receive permanent resident status or citizenship.

DO'S AND DON'TS

Do

- Refer foreign-born victims of human trafficking to qualified immigration attorneys who specialize in this area of law.
- Understand that foreign-born survivors of human trafficking often experience trauma prior to, during, and after migration. Often the trafficking experience will not be the first experience of trauma.
- Make it possible for folks to indicate indigenous backgrounds they identify with and/or indigenous languages they speak as a part of the intake process.

Don't

- Refer to undocumented folks as 'illegal' or 'aliens'.
- Contact law enforcement without the express permission of the individual you are working with.
- Give immigration advice unless you are a qualified legal professional.
- Assume that all experiences of immigration and migration are the same.

RESOURCES

Legal Service Providers

Legal Aid Society of Metropolitan Family Services.....312-986-4105

Legal Aid Chicago.....312-341-1070

National Immigrant Justice Center.....312-660-1370

Social Service Providers

Salvation Army STOP-IT Program.....877-606-3158 (Hotline)

Heartland Alliance Freedom from Trafficking Program.....312-662-6185

Awareness, Messaging & Training

THE BASICS

Unfortunately, human trafficking is frequently misrepresented or sensationalized in the media. Communities often perceive human trafficking as taking place in far-away lands, perpetrated by complete strangers who kidnap young girls through brute force to compel them to engage in commercial sex. Often, this messaging is reinforced by imagery of chains, ropes, and locked doors. While this scenario may take place on rare occasions, it is not common. In reality, human trafficking is a far more nuanced crime that often involves invisible chains, such as threats of harm, deception and psychological coercion to compel individuals into many types of forced labor or commercial sex. The overrepresentation in the media of sensational narratives can do significant harm by causing very real instances of human trafficking to be overlooked. Responsible public awareness, messaging and training are crucial to further the general public knowledge about both sex and labor trafficking, to address stereotypes, debunk common myths and misperceptions, and to resist re-exploitation of survivor experiences.

The Cook County Human Trafficking Task Force has developed training, messaging and outreach standards in order to address some of these concerns. As such, all messaging and outreach materials employ a strengths based perspective, seek to include the many diverse populations that are impacted by sex and labor trafficking, and aid in preventing further exploitation or victim-blaming. Photos, videos and audio are only used with permission and when survivor input is integrated into the process of material creation.

When conducted responsibly, training and public awareness are an important way to enhance professional and community capacity to identify and respond to human trafficking. A wide variety of stakeholders, including community centers, churches, hospitals, clinics, schools, nonprofit organizations serving people experiencing homelessness, youth, people experiencing domestic violence and sexual assault, immigrant populations, and workers' rights centers can be better trained to be able to recognize human trafficking within their own settings.

TERMINOLOGY

Training: The process of imparting tangible knowledge about human trafficking to *professionals* so they can take that knowledge back to their place of work to better identify and respond to the issue in their daily practice.

Public Awareness: The goal of awareness is often to change cultural understanding and sensitivity to a topic or subject matter. In this instance, it is often to change public perception of human trafficking, what it is, and who can be victimized.

DO'S AND DON'TS

DO:

- Use statistics responsibly in your trainings. Some commonly used statistics to describe human trafficking do not have sound methodology, are not rigorous in their approach, or are from questionable sources. Human trafficking is an underreported crime, but if statistics seem inflated, DO NOT use them. Instead, reference the National Human Trafficking Hotline numbers and be a critical consumer of all research you utilize.
- Make sure your training addresses all types of human trafficking. If your expertise is in a specific type of human trafficking, reference the other types in your foundational definition before moving into your area of focus.
- Be mindful of exploitation and your use of survivor stories– even in the context of awareness.

DON'T:

- The privacy and confidentiality of survivors is of utmost importance. Do not reveal survivors' identities, real names, or identifying details that could put their privacy and safety in jeopardy in trainings, or at events.
- Do not use imagery that is sensationalized, that perpetuates stereotypes, or that is simply there to add shock value. This is simply re-exploitative and does not add value to the training or event.
- Do not tokenize survivors or ask them to speak at a training or event if they are not ready to do so. The Cook County Human Trafficking Task Force utilizes survivor speaker standards that stress the importance of how much time a survivor has had to be able to move forward from a trafficking experience, that ensures that they are able to advocate for what parts of their story they tell, if any, that they have systems in place to process through any triggering circumstances or reactions, and that they have the right to refuse to answer any question posed to them, among others.

RESOURCES

The Office for Victims of Crime – Training and Technical Assistance Center

OVC TTAC offers live interactive, facilitated training sessions and conferences, which are recorded and transcribed for unlimited access. These can be useful to continue to develop your skills as a trainer on a variety of topics or to refer trainees to for access to more information. Access a diverse range of online webinars on human trafficking, complete with full transcripts, at <https://www.ovcttac.gov/views/TrainingMaterials/dspWebinars.cfm>.

The National Human Trafficking Training and Technical Assistance Center

The National Human Trafficking Training and Technical Assistance Center (NHTTAC) delivers training and technical assistance (T/TA) to inform and enhance the public health response to

human trafficking. Email NHTTAC at info@nhttac.org or call 844-648-8822 for more information or to speak with a NHTTAC specialist.

The National Human Trafficking Hotline

The National Human Trafficking Hotline maintains one of the most extensive data sets on the issue of human trafficking in the United States. The statistics contained on this website are based on aggregated information learned through signals -- phone calls, emails, and online tip reports - - received by the Hotline. The data do not define the totality of human trafficking or of a trafficking network in any given area, but do give a better picture of what has been identified across the country. Access the hotline data by state at www.humantraffickinghotline.org.

Cultural Considerations

THE BASICS

There is no single profile that defines a trafficking victim. Victims of labor and/or sex trafficking are a diverse group with a variety of backgrounds—including sex, gender identity and expression, race and ethnicity, socio-economic status, education level, religion, language, spiritual traditions, physical and cognitive ability, immigration status, and sexual orientation, to name a few.

Cultural competence refers to the process by which individuals and systems respond respectfully and effectively to people of all backgrounds and diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each.¹ Concurrently, cultural competence requires the use of an intersectional approach to practice, examining forms of oppression, discrimination, and domination. It requires professionals to acknowledge their own position of power and to practice cultural humility.²

The National Association of Social Workers (NASW) notes that, “Cultural competence is not just a statement of quality practice. Cultural competence also requires advocacy and activism. It is essential to disrupt the societal processes that marginalize populations.”³

To achieve cultural competence is an ongoing process that requires professionals to treat individuals as experts in their own lives and to seek to understand the context of their experiences. In practice, a true trauma-informed, culturally competent approach places a survivor’s priorities and narrative at the center of anti-trafficking work.

TERMINOLOGY

Cultural Competence & Cultural Humility

Cultural competence is a process; not an achievable goal. The American Psychological Association (APA) notes that “competency involves more than gaining factual knowledge — it also includes our ongoing attitudes toward both our clients and ourselves.” Cultural humility is a framework for making sense of and evolving this process-oriented approach to competency. The APA outlines three factors of cultural humility:

1. A lifelong commitment to self-evaluation and self-critique;
2. A desire to fix power imbalances; and
3. An aspiration to learn from and develop partnerships with others.

Intersectionality

¹ Fong, R., & Furuto, S. (Eds.). (2001). *Culturally competent practice: Skills, interventions, and evaluations*. Needham Heights, MA: Pearson.

² Tervalon, M., & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, 9(2), 117–125.

³ <https://www.socialworkers.org/LinkClick.aspx?fileticket=PonPTDEBrn4%3D&portalid=0>

Legal scholar and civil rights advocate, Kimberlé Crenshaw, coined the term 'intersectionality' in 1989. Originally used to describe the specific type of oppression experienced by black women, Crenshaw defines it as "a metaphor for understanding the ways that multiple forms of inequality or disadvantage sometimes compound themselves".⁴

In a 2017 interview, Crenshaw expounded more on the concept: "Intersectionality is a lens through which you can see where power comes and collides, where it interlocks and intersects. It's not simply that there's a race problem, a gender problem here, and a class or LGBTQ problem there. Many times that framework erases what happens to people who are subject to all of these things."⁵

The Oxford Dictionary definition describes intersectionality as, "the interconnected nature of social categorizations such as race, class, and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage."

This theoretical framework acknowledges people's overlapping identities and experiences in order to understand the complexity of prejudices they face. Without an intersectional lens, events and movements that aim to address injustice towards one group may end up perpetuating systems of inequities towards other groups.⁶

DO'S AND DON'TS

DO:

- Treat the person as a whole and embrace all of the different identities they may encompass.
- Be honest with yourself and explore any biases and assumptions you may have about groups of individuals, understanding how that can impact your role in assisting them.
- Refer to colleagues if personal biases complicate your ability to provide effective service.
- Be open to hearing challenges that individuals face regardless of your own ideas of those experiences.
- Ask questions and be open to hearing answers you may not expect.
- Take time in your personal life to explore different cultures/sub-cultures and world-views.
- If there is a language barrier, make sure that you have a third party interpreter present.
- Acknowledge a survivor's fears about coming forward to authorities. Recognize when a survivor may fear the risk of deportation or distrust authorities because of negative experiences with law enforcement in their community (i.e. instances of racial profiling, police shootings and police brutality). Be prepared to explain that they have rights as a victim of a crime and connect them to legal counsel if they are interested.

⁴ <https://www.youtube.com/watch?v=ViDtnfQ9FHc>

⁵ <https://www.law.columbia.edu/news/archive/kimberle-crenshaw-intersectionality-more-two-decades-later#:~:text=Crenshaw%3A%20Intersectionality%20is%20a%20lens.class%20or%20LGBTQ%20problem%20there.>

⁶ <https://www.ywboston.org/2017/03/what-is-intersectionality-and-what-does-it-have-to-do-with-me/>

DON'T:

- Do not lead efforts of activism or advocacy for groups to which you do not belong. Allow members of those groups to lead and help support them.
- Do not assume all experiences and ideas are shared by members of a group. Do not make one person the spokesperson for all.
- Do not rely on outside sources to get information about groups. Try to get information from members themselves.
- Do not assume someone identifies with a community/group unless they tell you.
- Do not let family members or other individuals connected to the survivor translate for you.
- Do not give legal advice if you are not a trained legal professional. Connect them to legal services instead.

RESOURCES

- [Asian Pacific Institute on Gender-Based Violence – Culturally Specific Community and Systems Engagement](#)
- [NASW Standards & Indicators for Cultural Competence](#)
- [National Center for Cultural Competence at Georgetown University](#)
- [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)
- [Implicit Bias Test](#)
- [The National Resource Center for Reaching Victims – Impact of COVID-19 on Underserved Victims of Crime](#)

Collaboration with Multidisciplinary Partners

THE BASICS

- *Best practices* for serving survivors of human trafficking require us to set aside our egos and work together as a Multi-Disciplinary Team (MDT) to serve the best interests of survivors, who may present with a myriad of needs and concerns, which can require engagement with different systems (social, legal, safety, housing, medical, educational, employment, etc.) Our team should have expertise and resources in these areas to meet those needs. A MDT can take the shape of a formal *task force* or a *coalition* of agencies based upon survivor needs and resources in your community.
 - To meet these needs, a successful team should include or engage a wide array of government and non-governmental services, investigative, and regulatory/admin agencies including but not limited to: child advocacy centers, juvenile and adult probation, child welfare, health and human services, legal providers, hospitals, runaway and homeless youth providers, domestic violence providers, and sexual assault advocates, substance abuse treatment, local/state/federal law enforcement, Department of Labor, Homeland Security Investigations, IRS, Department of State, workers' rights centers.
- Team Building is not best done in a *time of crisis*.
 - *Partnership* requires trust, and trust is *earned*. It is crucial to develop relationships with other partners and to determine everyone's role (by agency or individual) before a time of crisis arises.
 - *2:00 am* in an emergency room, or a police station, or at a truck-stop, or a corn-field, or a motel... when everyone is tired and busy... is not the best time to start getting to know each other or to build trust, and *it does not instill confidence in the survivor* when the people that are supposed to help them don't know each other.
- Different individuals/agencies are better equipped to serve different roles, based on their skill-sets, training, experience, resources, and institutional capacities/limitations. Survivors are better served if we embrace our differences and work collaboratively within our lanes, and employ the right "tools" to address each concern.
 - *Partnership* should be built on mutual respect for each other, our different roles, and relative expertise in our individual disciplines.
 - *A breakdown in respect* undermines the efficacy of the team and the support for the survivor.
 - Failure to respect each other's different roles and lanes can also *compromise* victim safety.

TERMINOLOGY

- MDT or Multi-Disciplinary Team: A group composed of members with varied but complimentary experience, qualifications, and skills that contribute to the achievement of the organization's objectives.
- The most important thing to remember about terminology is to remember that if we are truly part of a MDT, we come from *different disciplines*, each with *varied terminology*. We need to respect our differences, and communicate with each other about how to *adapt* our terminology when working with survivors or partners who use words differently.
- The most obvious example is the use of "victim" and "survivor" sometimes used interchangeably. Both terms have value in our joint mission to serve those subjected to trafficking. Victim-centered and trauma informed professionals recognize that *"survivor" is a term of empowerment and respect* for the strength necessary to endure trauma and move forward. However, the term *"victim" affords a person particular status and rights in the criminal justice system, under the Trafficking Victims' Protection Act (TVPA), state and federal law, and the Victim's Bill of Rights*. This is also true in other governmental systems including immigration. The term "victim" may be used not in disrespect, but rather to respect (and protect) the rights of that individual.

DO'S AND DON'TS

DO:

- Build your MDT with an eye toward the many needs survivors may have and present.
- Choose partners committed to a *victim centered & trauma informed* approach and respect for restoring *individual autonomy & empowerment* to persons from whom that has been taken.
- *Respect* the fact that your partners have *different roles* and goals within the overall scope of the team mission, and that you might not always agree on a specific course of action.
- *Get to know your partners*. Show up for meetings. Talk with people you don't know. *Informal settings* (trainings, coffee, happy hours, car rides, etc.) are more conducive to building personal connections and trust.
- Make partner referrals as a *warm hand-off*, introducing the person with whom you are working to the referral source. Referrals are far more successful when introduced by someone they already trust.

DON'T:

- Do not try to be everything to everyone. You are a player within the *team*.
- Do not assume that *"Rescue Missions"* are the only way to serve.
 - The natural instinct (for law enforcement & civilians alike) is to want to *"save"* victims, but...
 - Survivors should be granted personal *autonomy*. If they are an adult, even law enforcement can't force someone to be *"saved"*.

- Extracting someone who is not ready to leave may not accomplish your goals and your intervention could have serious consequences for them with their trafficker.
- Recovery operations can be dangerous to survivors and all involved. They should be left to trained law enforcement.
- Do not wait until you need something to start mapping available resources.
- Do not force a survivor to disclose before they are ready.

RESOURCES

An example/model of Task Force Structure, Mission, Vision, and Protocols can be found at the CCHTF Website: <https://www.cookcountytaskforce.org/about-us.html>