THE STATE OF SUPPORT

Identifying Best Practices and Barriers of Human Trafficking Victim Services within the State of Iowa

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SPECIAL THANKS TO SHIRLEE REDING, MOLLY BARRETT, AND CEIN MORAN OF THE RESEARCH, EVALUATION AND BEST PRACTICE STANDARDS COMMITTEE OF THE NETWORK AGAINST HUMAN TRAFFICKING AND SLAVERY

WE WOULD ALSO LIKE TO THANK ALL OF OUR INTERVIEW PARTICIPANTS WHO PROVIDED US WITH THEIR TIME AND WISDOM.

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INTRODUCTION

In the past few years, a number of anti-trafficking laws have been passed in the state of Iowa. For example, SF2311 was signed into law in 2014 in order to increase penalties against traffickers and buyers, but also provide several new protections and supports for survivors of trafficking. Included in these bills has been a concerted effort to develop and fund coordinated victim services throughout the state. In particular, bill SF2191, signed in 2016, established an office within the Department of Public Safety to oversee efforts to combat human trafficking and appropriated $300,000 to fund the office. With this increasing awareness and state recognition of the human trafficking problem, a number of state representatives, non-profits, individual professionals, and private citizens have begun providing victim services (e.g. mental and physical health, housing, and legal support) throughout the state.

Unfortunately, other than a recent report sponsored by the Iowa Attorney General's Office Crime Victim Assistance Division (CVAD) (Lowry et al. 2017), there has not been a coordinated effort to systematically identify all of these victim service providers. Nor has there been an effort to identify what types of services are provided, the relationship between these service providers, their effectiveness, best-practices, or the barriers faced in offering services. Because of this, it is not fully clear what types of victim services are provided, who all provides victim services in the state, and whether these services are effective and grounded on evidence-based practices (Ahn et al., 2013; Aron, Zweig, & Newmark, 2007; Clawson & Dutch, 2008; Doran, 2014; Greenbaum, 2014; Hickle & Roe-Sepowitz, 2014; Jordan, Patel & Rapp, 2013; Macy & Graham, 2012; Menaker & Franklin, 2015; Okech, Morreau, & Benson, 2011; Pascalev, 2016; Reid, 2010; Varma, 2015). This is especially important because the

development of evidence-based practices is still in its infancy for this unique population of survivors. One concern surrounding this bourgeoning field of services is the minimal direction and oversight of appropriate practices and the effectiveness of certain services going untested (Clawson & Dutch, 2008; Doran, 2014; Jordan, Patel, & Rapp, 2013; Okech, Morreau, & Benson, 2011; Reid, 2010). Therefore, this report is an initial effort to gain a deeper knowledge of the individuals, professionals, and organizations providing victim services within the state of Iowa. Furthermore, this exploratory report provides a more detailed understanding of the types of victim services provided, perceived best-practices by victim services providers, problems/barriers facing service providers, strategies for self-care, and areas for improving victim services in the state. Overall, this report hopes to provide service providers and anti-trafficking advocates a better understanding of what techniques, services, and resources their colleagues are providing to clients; as well as greater awareness of the barriers providers face, the populations served and underserved, and the services that remain to be developed in the state.

METHODOLOGY

We wanted to understand how our respondents began working with human trafficking victims and constructed their ideas around best practices. We also wanted to explore how they felt about the state of survivor services in Iowa and what they saw as areas for change and growth. Thus, we conducted semi-structured, in-depth interviews because they could provide the rich data needed to address sensitive issues related to providing support to human trafficking survivors (Berg, 2004). This method provided us with detailed knowledge of how our respondents understand their role in providing victim services, the meanings behind why and how they provide services, and their perception of barriers and future goals associated with providing services.

Our sample of service providers was selected purposively, that is, my research assistant and I interviewed individuals who were visible victim services providers in the state and were located in diverse areas of the state. Respondents were selected based on their representativeness of organizations, agencies, and city and state offices that address human trafficking victims, their job title and responsibilities (e.g. organizational leader, administrator, victim services advocate), and their willingness to participate. A list of organizations and agencies from which potential participants were identified was collected through three methods. First, the lead researcher attended and participated in several quarterly meetings of the Central Iowa Serve Network Against Human Trafficking held in Des Moines, IA. A number of statewide service providers attend these meetings and contact information was shared by those attending the meeting. The lead researcher is also a member of the board of directors for the Iowa Network Against Human Trafficking and Slavery (NHAT). The NHAT is a separate statewide non-profit that maintains

significant relationships with service providers across the state. Being a member of the organization provided the researcher with a list of potential interview participants. Finally, an extensive online-search of providers offering victim-services in the state of Iowa was conducted. Search terms like "Iowa," "human trafficking," "commercial sexual exploitation," "victim services," "legal services," "mental health services," "housing services," and "trauma informed care" were typed in to search engines (e.g. Google.com) and the results were analyzed for potential contact information. These three methods generated a growing list of potential participants who were contacted through phone and/or email and asked to participate in an in-depth interview. Additionally, participants were recruited through references from current participants (i.e. snowball sampling).

Along with these sampling methods, the researchers strategically chose a group of service providers who offered a variety of victim services (e.g. mental and physical health, legal, housing, long-term rehabilitation). We also selected service providers who represented both public (e.g. state representatives) and private (e.g. non-profits) organizations, as well as individuals from different areas of the state to increase regional diversity. The only region that was not represented was the southern portion of Iowa. This was not by chance; as southern Iowa was considered to be an under-resourced area by many of the participants in the study. Through these recruitment methods, twenty-one adult human trafficking victim service providers were interviewed.

Our sample consisted of 20 women and 1 man, reflecting the broader gender imbalance in victim services. Fifteen of our respondents were victim service advocates/providers who worked for private non-profits throughout the state. A majority of the advocates worked with victims who had experienced different types of violence (including domestic abuse, sexual assault and rape, and homicide) along with trafficking. Two interviewees were lawyers who provided legal services to trafficking victims, and another respondent was a S.A.N.E. (sexual assault nurse examiner) nurse who was specially trained to work with

victims of violence, including trafficking victims. We also interviewed two law enforcement representatives (one local and one federal) who have worked trafficking cases in the state of Iowa. Finally, we interviewed a public victim services advocate who worked for the state government.

Interviews on average lasted between 1 and 2 hours. The interview questions (see Appendix A for interview protocol) revolved around: the respondents' background; the motivations behind working in the victim services field; lived-experience of providing services; what services are offered; who is providing services; awareness of and relationship with surrounding service providers; views concerning best-practices; barriers faced providing services; and views concerning future needs and avenues for providing effective victim services. Interviews were recorded and transcribed for analysis.

Once the interviews were transcribed, my research assistant and I engaged in open and focused coding in order to identify themes within the interviews. First, we developed a coding scheme with 28 primary codes or themes pertaining to services, victim service ideologies, organizational structure, coalition building, self-care strategies, barriers to service, long-term goals, and emotional labor. We then engaged in open coding to identify the most prominent themes (those codes that came up in all or in several of the interviews) within the interviews. We then engaged in focused coding to identify quotes that best reflected the themes identified earlier. Our intercoder-agreement score, or how common both the researcher and his assistant coded the same set of text with the same primary and secondary codes, was 54%. We recognize this is not an optimal score, and believe it is mainly due to the large number of codes used during the coding process, and the different levels of research experience held by the two researchers. However, because this research is exploratory we believe the findings are still relevant (Hruschka et al., 2004; Krippendorf, 2004).

FINDINGS

Several themes emerged from our interviews. These themes are explored in more detail below. The first theme examines the types of funding, training, and decision-making structures our participants have experienced. The second theme examines the most common types of services provided by our participants and what motivations and experiences are influencing those services. A third theme identifies what our participants consider best practice when providing services. In the fourth theme, we discuss the emotional labor reported by our participants and their efforts to address this through self-care strategies. A fifth theme identifies the major barriers reported by our participants to providing services to their clients. The last theme of our findings section examines the most common coalition building efforts and long-term goals of the service providers.

THE INFRASTRUCTURE: TRAINING, FUNDING, AND DECISION MAKING

In a recent report commissioned by Iowa Attorney General's Office CVAD, which surveyed potential service providers from across the state, a lack of training about human trafficking victims was identified as one of the most common barriers (Lowry et al. 2017). With that in mind, our participants reported participating in numerous types of training for their current positions. The most common type reported by our participants was training provided in-house by their organization. This training was specific to their organization and position and was required as part of their job. The extensiveness of the in-house training ranged from a few days and weeks to learn paperwork and procedures to as intensive as one advocate, Viola, put it,

Once you're hired, you have to go through a 30-hour training. And then within the first year, you have to get advanced

trained, so it's 30 more hours of training. The 30 hours -- the first level is in house. Everyone is trained to be a trainer. So you go through the 30 hours here. You have to then have supervisory visits once a month for the first year. And you go to 30 more hours of training. So it's two, two-day trainings.

A little more than half of our participants also reported participating in trainings either provided by the state government or required by the state in order for them to be employed in that position. The most common trainings mentioned were the Attorney General's Human Trafficking Train-the-Trainer, Iowa Coalition Against Sexual Assault counselor training, and the Iowa Coalition Against Domestic Violence counselor training. Right under half of our interviewees also reported participating in secondary training opportunities, including attending human trafficking conferences and continuing education opportunities around issues like trauma informed care.

In contrast to the CVAD report (Lowry et al., 2017), for the overwhelming majority of our participants, training was not a concern. To be clear, we are not challenging the report's finding. Instead, we believe our findings might add to our understanding of the issue. While our sample was not as large or diverse as the CVAD report, what their experience might tell us is that the trainings they have received may be a good starting place for those service providers reporting a lack of training as a concern. Many of the trainings that were taken by our participants are offered by the state or regularly offered at state and regional conferences on human trafficking. The current trainings offered through the CVAD and Office of Public Safety are key resources in addressing this issue.

Along with training, we were also interested in how our participants remained operational and able to provide services. The majority of our participants reported receiving public funds to help pay for their operating costs. In fact, in most cases, public funding made up a majority of the financial contributions to our participants' organizations. Meaning that our participants were highly reliant on

local, state, and federal monies and were highly cognizant and impacted by any budget changes made by public officials. While a little under half of our participants reported receiving private funding through donations and grants, only two reported relying solely on private funds. The reliance on public funding was a major concern for many of our participants and will be discussed in further detail later when we discuss barriers to providing services.

Finally, we were interested in what types of operational structures our service providers worked within and how that influenced their decision making on what type of services they provided and how they provided those services. A majority of our participants reported that a team environment was to some degree present in their organization. Collaboration was, if not expected, supported by their colleagues. As Mary, a victim-service provider, put it, during team meetings "everyone has an opportunity to share. Everyone can contribute to the agenda, so anyone, regardless of what their position is within [our organization] can contribute. It's our way to touch base." Efforts to engage in team dynamics included hosting regular team meetings, holding team building exercises outside of work, providing support to those overburdened by workload, and participating in family dinners. Right under half of our respondents either reported a hierarchical aspect to their organization, meaning decisions were either handed down from above or the provider felt their actions were influenced by those in senior positions, or, in contrast, there was little oversight, and the participants felt free to provide services as they wished. As April, a service provider, remarked,

This is really a self-sufficient job. You have to really have your own start up and have your own ideas. The only thing that I want us to have is the same verbiage in the human trafficking program. That's something that's very important to me. I want us to have the same message that we're giving to the community.

PROVIDING SUPPORT: SERVICES PROVIDED AND THE MOTIVATIONS BEHIND THEM

A key goal of this research project was to identify the types of services human trafficking victims had access to in the state of Iowa. We asked our participants not only about what types of services they offered but also how they went about offering those services and what were the motivations shaping their efforts. The recent CVAD report identified numerous types of services providers reported being utilized by human trafficking victims (Lowry et al., 2017). Our qualitative findings compliment this quantitative knowledge by providing more detail as to how these services are administered.

The most common type of service provided by our participants were social services, which included services like victim advocacy, temporary housing, material support (food, clothing, monies), transportation, childcare, job placement, and nonjudgmental support. The following description by advocate Mary exemplifies what is offered,

We provide comprehensive services to survivors of both labor trafficking and sex trafficking; adults and minors; people of all genders, races, and ethnicities; we don't discriminate in any way. We also don't discriminate in terms of their legal status. So, if they're any kind of foreign national that's maybe not even a legal resident in our country, that does not matter. All of our services are free and confidential. They are 24/7, 365 [days a year]…We do provide mobile advocacy, most of our advocacy services are done outside of our office, so we're-we're not a program that has a lot of clients actually coming here.

Similar to the CVAD report (Lowry et al., 2017), victim advocacy was a top priority for most of our interviewees. As Maria put it, "the number one primary service that we provide is the one-on-one counseling, and it's educational. We do a lot of safety planning. We do a lot of community referrals." Arlana, a victim services advocate, put it more simply, "so we can bring to bear all the resources that exist in the

community for people in crisis and bring those services to them rather than require them to go out and find housing, child support, and food and all the things that will help them get back on their feet."

A majority of our participants also reported offering some type of legal support to their clients, including services to address criminal complaints, immigration issues, orders of protection, or an advocate to help guide them through the legal system. While in some cases our participants were lawyers themselves, and thus their primary type of service was legal support, in most cases our providers offered legal support in two ways. First, they provided a court advocate to support and guide their client during interactions with the legal system. Second, they referred clients to lawyers who would provide them pro-bono legal aid. This is how Mary explained their legal advocacy work,

We provide legal advocacy, so we don't provide any type of…we're not attorneys, we don't provide legal services. But, we can accompany survivors to court, help provide that transportation for them if they need it, we can help them provide support for like law enforcement interviews if they want that from us. Help them kind of navigate the legal system in really any way that they need. When it comes to foreign nationals, we can help get them in touch with immigration attorneys and navigate that legal system as well.

If the client does wish to go forward with a case against their exploiter, Maria identifies a number of the services that are offered, "really assessing their safety, safety planning. Making the necessary reports to law enforcement, being there to support [the client] throughout that whole venture up to the point of FBI involvement, trials, tribulations, all of that type of stuff…Speaking with agents, speaking with officers, making them [the client] safe and taking them to shelters." Our interviewees' clients interacted with the criminal justice system in a number of ways. The most common reasons given had to do with clients' previous or ongoing criminal records, interactions with the police and prosecutor to address their abuse and exploitation, or immigration status.

A little over half of our participants also offered some type of physical support, including medical, nutritional, or dental services. In most cases, this was through referrals, since professionals in these fields were not directly employed by our service providers' organizations. In many cases, our interviewees had developed significant relationships with doctors, nurses, dentists, and other medical professionals that they referred their clients to. Our participants mentioned helping their clients sign-up for Medicaid, schedule doctor's appointments, address outstanding medical bills, as well as gain access to their prescribed medicines. This excerpt from our interview with Arlana provides a snapshot as to what trafficking victim's physical needs might be,

We've had girls who haven't been to the dentist in 20 years, we've had girls who need eyeglasses, who can't remember the last time they had eyeglasses. STDs, HIV, burns, cuts, bruises, broken bones, fractures that haven't been treated effectively. Girls who have had multiple abortions inflicted on them with beatings and hangers without the right medical care, so serious reproductive issues. Lots of irritable bowel syndrome from the stress, that they deal with a lot of tummy issues and stuff. We deal with eating disorders, drug addiction, alcohol addiction and abuse. There isn't a medical profile I think that we haven't seen yet.

A little under half of our participants also mentioned providing some type of mental health services to their clients. This ranged from general counseling, to connecting clients with therapists, therapeutic services (e.g. art and equine therapy), as well as drug-abuse clinics. Susan, a victim services advocate, discusses one of the types of services her organization offers,

Most of our [clients] go to therapy once a week. DBT classes. Dialectical Behavioral Therapy. So it's skills before trauma. So like getting healthy coping skills going in them, learning mindfulness…and then we have a trauma specialist and she actually just does basic education on your brain…Like hey, because of what you've been through, this is a response of

your brain. And it doesn't have to stay that way but this is what happens in trauma and this is how the brain heals.

While a majority of our interviewees reported not being able to directly offer certain types of services in-house, with a few exceptions, an overwhelming majority stated that through referrals they felt like they had clear access to a number of services throughout the state. As April, a victim services provider put it, "I can't think of something that somebody would ask us that we would say absolutely not. We try to think out of the box unless it would affect safety for someone. That would be really the only way."

One theme that did come out during our interviews was an unstated focus on sex trafficking victims. Since many of our participants also served sexual assault and domestic violence victims in their current capacity, and many of the regional organizations identified by the state to be in charge of handling sex trafficking cases were also service providers for domestic and sexual assault victims, there was a significant focus on the type of trafficking most closely aligned with those types of violence and abuse. This meant that labor trafficking victims also worked with these providers. The recent CVAD report on human trafficking hinted at this issue when it found that just 32% of the service providers surveyed reported having a dedicated human trafficking specialist (Lowry et al., 2017). Considering the issues surrounding labor trafficking, the types of exploitation, and victims can look quite different from sex trafficking this was a concern. A day laborer being underpaid under the threat of being outed to Immigration, Customs, and Enforcement has a very different set of concerns, compared to a teen being sexually exploited for a place to stay, or a woman and her two children running from an emotionally and physically abusive father. In many instances, our providers are expected to handle cases like these, and to be an expert on each of these issues. This can create issues like a labor trafficking victim having to call a hotline historically associated with domestic violence in order to receive help. Our participants were more than willingly to do

whatever they could to support their clients, but they also recognized these incongruities. This is how advocate Stella articulated the matter at hand,

With victim services, I think often times because much of the victim service happens through domestic violence and sexual assault and victims of homicide and other violent crime programs, if you are a labor trafficking survivor you might not think that you're eligible to go to a DV/SA shelter for example. When in reality that is not the case.

This issue will be further discussed in the Barriers section of this report.

Along with what type of services were provided, we were also interested in the motivations behind the types of services provided. This gave us a sense of how services were provided. A majority of our participants drew on their personal backgrounds, their past experiences and/or life events, to shape the way they provided services. The following excerpt from April's interview articulates the way past experience has shaped the way she advocates

Interviewer: So what motivated you to become a part of this [victim services]?

April: Well, actually I was in a domestic abuse relationship for most of my life. Married to a drug dealer. Served six years in federal prison. Came in contact with a lot of different people. When I came home, I guess after that long, it's one of those times when you make decisions on what you're going to do. And I decided that I wanted to do really great things. Money wasn't important to me. Never is in nonprofit work. So I've just used education and past experiences in all my interactions with people, especially people that are oppressed, to try to do the work I do now.

Interviewer: And when you are doing your work, do you draw on any philosophies or religion or political identities or anything to kind of help guide your work?

April: I would say that what really guides me is that no matter how many times that somebody's had something happen to them or been down, everybody can change. We don't know if it's today or yesterday, [but] they could have something better. So, I move through life giving everyone the benefit of the doubt that they can have greatness and do great things.

Interviewer: And can you tell me a little bit about what's fostered that experience as far as giving people the benefit of the doubt?

April: Probably because I should not be doing what I'm doing right now. I should not be training law enforcement that arrested me. I should not be getting ready to work on my PhD. These things don't normally happen. So, if they can happen for me, they can happen for anyone, especially when we look at addiction and things like that.

These experiences range from their own experiences with abuse and exploitation like in the case of April, to interactions with the legal system and social services, as well as to their general interaction with community members. As Cecilia put it, "[Her motivation] was just something that was instilled into me by my family of giving back to the community, being raised by my grandmother. She is the one that instilled the Latino culture, taught me Spanish, so from the very early onset, I got the importance of being involved with your community and giving back." A little over half of our participants also drew from their academic background, identifying educational philosophies and methods as guides to how they go about providing care. In the following excerpt from our interview with Annalise, she bridges her personal and educational background to guide her work,

So being a migrant, a refugee…to be an advocate, since I was like in high school I was working, volunteering for the women who are in our area, women who are divorced who have been abused, who have a lot of kids, who don't know their rights. I was volunteering to do a lot of the things with them. So that's

what drives me. I was born (laughs), I sometimes say, a social worker, because that's [been] with me, [those] tools, since I was a child. Then growing up, I started going to school and I did a social work degree.

For other advocates, the qualities of their educational philosophies are used as a guide to strengthen their advocacy and provide new lenses as to how they approach their clients. For example, Jen commented, "I'm basically an empowerment person, strength-based, a little bit of cognitive behavior type therapy. I kind of buy into all that – education and talking it out." In the response below, Patricia also discussed the ideas behind her advocacy work,

So I think advocacy in of itself is something that's like…there's a lot of like ideologies wrapped into that, right? So it's being feminist, but also it's intersectional feminism. It's being mindful. It's like, "who we're showing up for?" … So yeah, I think it's being intersectional feminism, the queer ideology basically. And it's creating more inclusivity and space for people. It's more like shifting [to] what's happening outside, rather than asking people to shift in order for them to better fit [our] services. So that's something that I think is really important and the flexibility and the ability to change. And then it's "nothing about us without us." Those sorts of ideologies are really important to the work that I do.

For Patricia, accounting for ways in which multiple statuses (e.g. race, class, gender, sexuality, immigration status) intersect to shape people's experiences and reproduce different forms of inequality (including human trafficking) was essential to how she provided care. As was the need to include those individuals most affected by her services (the client) into the discussion when making decisions around victim service policies and practices.

BEST PRACTICES? A FIELD IN PROGRESS

During our interviews, one of the critical focuses was on our participant's views on best practices for serving human trafficking survivors. Rather than have a specific question on the matter, we

examined our participants' discussion on the services they provided, motivations behind those services, goals for future services, or when they made statements to the effect that indicated their services were successful. Broadly, what we found was that while there was no set of practices universally being referred to as the best way to treat human trafficking survivors, there were overlaps in some of the ideas and practices promoted by our participants.

In many different ways, our participants advocated for a victim-centered approach, one that prioritizes the victim's choices and safety in an empathetic and non-judgemental way. In fact, the most common practice advocated by our participants was one in which the client led the way as far as what services they utilized. As advocate Stella stated, "I guess for me it's very victim led, so that would be one paradigm and one dynamic I feel like I operate very strongly under as far as not obscuring the voices of the individuals that you are looking to impact." Private victim advocate Vicki explained her victim-led policy by explaining what not to do,

You know, I think there are places who have a hard time being victim centered, [instead] it's "what do I want [to do] right now? Okay, well, I'm supposed to be off at 1 o'clock, I just took a call. I'm going to hurry this up to get out the door." Whereas, the atmosphere here is really what is best for that victim.

The focus is on the client not oneself, and it is what they need that is of top concern. As Vicki went on to say later in the interview,

When somebody calls in, we really base it on they're in the driver's seat. They're the expert in their own lives. Whether we feel as if they should go one route, it doesn't matter. What is their priority? What are they looking for? So based upon what the caller says is their priority, that's kind of what path we go down. So for example, if a human trafficking caller calls in and says his or her story, our next question is really either, I hear you saying that your priority is or asking them to identify what can I help you with tonight, what's your main priority?

Placing the client before their own prerogative was essential to many of our interviewees. Even when they might not have agreed with the choices of their clients, our participants were adamant in supporting their clients' goals. Annalise emphasized this when she stated,

I never tell anybody what decision to take, or sometimes they ask me "what do I do?" I tell them this is not for me. What you do, it's your job, but I can counsel you. I can share some tools or tips with you to be able to deal with your problem, but making decision, that's you, not me.

Along with having the client lead the way, the second most common practice advocated by our interviewees was to be non-judgmental. As advocate Arlana, advised,

You have to focus your care on the patients and their needs at the time. They're not just going to tell you their whole life story and everything that is or has happened to them right when you sit down with them. It takes time. Don't be offended if they don't want to speak to you. Sometimes, depending on their life, they may not be as kind as you would like them to be to you, but don't judge them. Be nonjudgmental. Don't be biased. Listen to what they say and do what you can to help them. People just need to know that these situations sometimes are the only way that they feel that they can survive.

Our participants recognized the complex situations in which trafficked peoples find themselves involved and acknowledged that their clients were aware of the stigma attached to their personal histories. Because of this, our participants were adamant that even a hint of judgement was a quick way to lose a survivor's trust. Coming to their work in a non-judgmental manner and trusting their clients to tell them what they need strengthened our participants' ability to provide victim-led services. This is how advocate Viola made the connection,

I am not the type of person to start telling people how they should be acting or shouldn't be acting, you know. It's just, I really come at it with an open mind. To be nonjudgmental. I

understand people have been through a lot in life and that affects who they are as a person and the decisions that they make from here on out. So our philosophy is that the person that we're serving needs to guide the services. They need to choose what is best for them at the time and we need to support them. We need to tell them about their rights and their options and let them choose because they know their story the best, they know their situation the best. I have not been through what they've been through.

Safety and empowerment were the next two most common areas of focus among our participants. The immediate assessment of their clients' risk of harm was important to our participants. Advocate Jen stressed, "I always go to safety (laughs), that's my first thought when I get a phone call. Are you safe? Are your kids safe? If not, how can we make that happen?" Along with establishing client safety, empowering survivors was emphasized by a number of our interviewees. Maria described what empowerment meant for her,

Our mission is to empower and educate… how do we empower them back, because they've lost in many instances the control, the ability to make their own decisions. So, we believe really going to where that survivor is at that point in time, providing the options, but letting them make their own choices and their decisions being the driver of their own car so to speak. Because they're the ones that know what's best for them in that situation. Many times, the choices have been taken or things have been decided for them.

Safety and empowerment are two critical components to providing trauma-informed care (Blanch, 2012). Additional critical components are trustworthiness and transparency, collaboration and mutuality, voice and choice, peer support, resilience and strengths-based, inclusiveness and shared purpose, as well as cultural, historical, and gender issues (Blanch, 2012). Trauma-informed care not only recognizes how trauma is experienced uniquely by different people but also emphasizes "meeting client needs in a safe, collaborative, and compassionate manner; preventing treatment practices that re-

traumatize people with histories of trauma who are seeking help or receiving services; [and] building on the strengths and resilience of clients in the context of their environments and communities" (SAMSHA, 2014). This approach was specifically mentioned by several of our participants. At the same time, while not directly mentioned, the pillars of trauma-informed care were advocated for by a majority of our participants. Our interviewees stressed being flexible, treating each victim as an individual, and engaging in a holistic approach when providing services. All of which fall under a trauma-informed approach. This can be seen by Susan explaining her approach to her work with sex trafficking survivors,

We've learned to measure success a whole lot differently. We've learned to slow things way down. And we've learned that we are not a restoration factory, but we're a bridge. We're a bridge of where her exploitation is and where her freedom lies. And that freedom for her looks different for every survivor. And so do we have programming and approaches and training and plans in place? Absolutely. But she's an individual person and so we're going to be her bridge. And her freedom is going to look different than the last survivor's freedom. And even if she chooses to go back to the life, we're going to just stand in the belief that her freedom and being with her in those moments was absolutely worth it, because if we based it on her getting married and getting a bachelor's degree and having 2.5 kids and living behind a white picket fence and the soccer mom, I would've quit a long time ago. (laughs)

The one area where there was some tension arose out of competing approaches, the harm reduction model and the sanctuary or rescue model. Marlatt and colleagues (2011, p. 6) define harm reduction as,

More of an 'attitude' than a fixed set of rules or regulations…[which] has given rise to a set of compassionate and pragmatic approaches that…aim to reduce harm stemming from health-related behaviors (e.g., substance use, risky sexual behavior) that are considered to put the affected individuals and/or their communities at risk for negative

consequences…Harm reduction approaches provide a middle way alternative between total abstinence and continued harmful use/behavior and thereby open other pathways for change, while reducing negative consequences for both the affected individual and their communities.

On the other hand, a rescue model or sanctuary model first removes the victim from their current exploitation and then under a rescue model provides aftercare that "must be comprehensive and provided in a trauma-sensitive manner" (Johnson, 2012, p. 371). Somewhat differently, a sanctuary model uses a trauma-informed method "based on the active creation and maintenance of a non-violent, democratic, therapeutic community in which staff and clients are empowered as key decision makers to build socially responsive, emotionally intelligent community that fosters growth and change" (Bloom, 2007, p. 12). All three models have ties to trauma-informed care; however, they go about providing care in very different ways. April spoke to this conflict, advocating for the harm reduction model,

April: I think the rescue model does more harm to survivors and it has the chance for them to absolutely go back to what they know. I think when you don't meet someone where they're at, and they're set up with a million rules and that restructuring process, I just don't see that being any good. I think we need to incorporate what people, their experiences, their lives, and what they want, to make them better, that's what harm reduction does.

Interviewer: Could you just elaborate a little bit for anyone who doesn't know what it is, what's the difference between a harm reduction model and rescue model?

April: Yeah. So a rescue model's going to pull a person out of their environment, they're going to take them somewhere and kind of fix them. They're going to put down rules. It's going to be very structured. Harm reduction is where you do not penalize somebody if they're still committing illegal acts or committing non pro-social things, doing non pro-social things.

So if I came in contact with a survivor of human trafficking and let's say she had a pimp, was being beat every day, we're working together, she finally leaves, she got an apartment. I go over, I'm doing counseling with her, she tells me she had sex with her landlord last week to get the rent paid. I am not going to freak out, kick her out of my program. I'm going to mirror where she's at and say, well, I understand why you'd say that's better than what you were going through before. So it's really just looking at reducing harm and that's harm to the client.

While few people mentioned the harm reduction model by name in their interviews, many of the practices they advocated for, described earlier, fit this model. Even some of our participants who might be associated with the rescue/sanctuary model, such as those running restoration homes, were not completely aligned with this approach. When discussing areas that her staff and she were working to improve, Arlana stated the following,

I think [we are] always improving on our ability as care providers. I think you have to remind yourself every single day when you walk in and someone's in your face or they're melting down or it's all crazy all day long, that this isn't their fault. And there are days when you want to pull your hair out and you want to scream and you want to kick back and you can't. So that constant reminder that you're dealing with a group of people who are coping. That's a big one. And providing our staff the tools and the skills necessary and the space for trauma informed care, which I think is a space that's growing quickly, but not a ton of resources. There are lots of schools of thought around, you know, the sanctuary model and different models for how you approach this work and deciding if we attach ourselves to an approach, because while there's a lot of research and theory, there's not a lot of practice in them. Or, do we continue to lead with love and compassion and respect and dignity and prayer and see where we get on our own. I look at a lot of models around the United States to try and just lean on best practices. But when you're dealing with…if you really approach this business focused on individuals, rather than a group of people who have a similar

profile, you won't be successful because every single girl is a completely different profile. And even her abuse is different, and the way she internalizes that abuse and that trauma and the shame and the guilt that comes along with it.

While a few of our participants mentioned specific service models they use, most of our participants remained more flexible and open to applying practices from numerous perspectives, thus not fitting any one distinct model. This flexibility was seen as benefit to most of our respondents, yet it was clear that there was significant need and want to develop more comprehensive best practices. This need was also reflected in the CVAD report on human trafficking which found that the most commonly identified need among service providers surveyed was training on effective methods for identifying human trafficking victims and service delivery (Lowry et al., 2017).

EMOTIONAL LABOR AND SELF-CARE STRATEGIES

In their efforts to implement best practices, our participants regularly experienced high-stress situations and could be a witness to horrific stories of abuse and exploitation. Of central concern to this report was how our participants managed their emotions as they provided services and what were their short and long-term strategies for coping with these experiences. Arlie Hochschild (1983) famously coined the concept of "emotional labor," recognizing that many occupations not only require behavioral expectations, but also emotional expectations, what she called feeling rules. In essence, jobs require workers to project or display certain emotions when interacting with others (like clients) even when the individual might not personally feel that way. Many of our participants not only worked with trafficking victims, but also victims of domestic abuse, sexual assault, and homicide. These situations were infused with stress and emotion, yet our participants were required to manage those emotions and, as we learned from the last section, put the client first and foremost.

Almost all of our interviewees mentioned managing stress and/or trauma as part of their job. As advocate Mary put it,

I'm not going to lie to you, it's really stressful work. It's very stressful. I have my days where I've been…you know [I've been] focusing specifically on human trafficking for about six years now, so sometimes I have my days where I think, "I don't know how much longer I can do this." But then I have a really good day and I think, "Okay, I can do it for a little bit longer."

Along with dealing with stress regularly, many of our participants reported experiencing vicarious trauma from their clients. Later in our interview Mary mentioned,

There's a lot of vicarious trauma that we deal with and kind of have to sort through…You know, I'll go through periods where every night for a period of time I'll have really bad dreams or won't sleep well. I'm trying to think of what else. Just periods where you feel down. I'm lucky I have a very supportive spouse, and he picks up on it right away. He knows I can't talk about it, but he'll just say "was it a bad day today?" And I'll just say, "yeah today was a bad day" and he knows what that means. That there was a client and that it was just a really hard one to get through.

Concerns about taking the emotions home with them was a concern for a majority of our participants. Susan highlights how this can work,

When you hear the stories of how they were held at gunpoint and how they got through it and they've said it for the first time and they've never told anybody else because they didn't think they were strong enough to handle it, and then you hear it and you're strong enough to handle it, but you go home and fall apart.

Similar to Susan, Arlana shares her experience working in restoration home on how vicarious trauma can manifest in and outside of work,

Trauma transference is a real thing. And you want so badly – for the first two months, you just don't sleep because you're so

terrified and a lot of our girls don't sleep through the night, and so you're up with them… [later in the interview Arlana expands on trauma transference.] It's different for everybody, I think. And I've talked to a lot of people about it who kind of work in this space and sort of the self-care that goes along with it and you know, you want to take this pain away from these children and you want to absorb – and you absorb it yourself when you live this closely with it. So for me, I was just almost incapable of just getting myself organized during the day and it was during a period of time when I was trying to start taking a little time back for myself… and it just never worked and it was so stressful and you work for two and a half years every single day. The lack of boundaries of my personal life and my [advocate] life, it just became overwhelming. I think I was not as nice as I like to be and I think my patience wore very, very thin and I think that the worst of it was that it showed to my staff. And I can't really be very vulnerable to them and so I needed to really take some time and regroup and be very, very focused on breaking away from it and walking away from it for myself. I forced my staff to do it. I have to find ways to do it for myself. But it's really – it's very different for other people. I think some people get sick, you know, physically sick. And I ended up – I did get sick, which I never get sick.

The emotional and sometimes physical responses created by the type of work our participants engaged in were something they had to manage in order to effectively provide the care they believed their victims deserved. The use of emotional labor was present in Arlana's comments, but were even more vivid in Viola's description of one case where the victim had experienced serious violence and she was trying to provide support at the hospital,

It was a quick, a fast response. I felt like my heart dropped into my stomach or my stomach was, you know, turning. But I had to quickly figure out what my face was saying and like bring it in. I did some mental talk. "It's okay, Viola, we're going to make it through this. This is a new experience but you know how to be an advocate. Just do." It was shocking. I mean, of course I had seen stuff on movies, you know, on television,

stuff like that. But not in person. So it was you just – [you] get that physical punch in the gut, that physical like (gasps) feeling. But you have to keep interacting with that person like they're not shocking you. And if they apologize many times, "I'm so sorry I look a mess" or, you know, "I'm sorry to get you up at 2 a.m. in the morning," you know, I'm just, "nope, this is my job, it is quite all right." Just kind of, "I'm here for you and that's all that matters right now."

Viola was confronted with a highly stressful and horrific scene, and it was her job to regulate her emotions in order to effectively provide services to the individual in need. Yet, showing no vulnerability, being cognizant of your facial expressions, and looking past the trauma that one was hearing about or seeing can create its own harm in individuals. Legal advocate, Gloria, described these effects,

I think one of the big changes is the lack of emotion that you exude when you're working with individuals, which is both a good and a bad thing as far as the clients that I serve. I think that being able to keep your emotions in check is really important and it's really paramount when you're working with people who are having the worst day of their life. It also then bleeds over into your personal relationships. Not so much [with] your children. I don't see it so much in my children, but the lack of desire to go and do things. After 20 years, the continuous exposure to trauma, vicarious trauma, all of that. And there's a lot of research out there about all of those things, so I think it's very true. I think that my range of emotion is very different…And so I think it's kind of a dichotomy in that, yeah, you want to be emotionally connected but at the same time, those emotional connections can be really hard and really trying on you, both personally and professionally.

For some, these emotions, the stress, the trauma can understandably be too much, leading to burn out. Like many professions that deal with victims of violence, burn out is a serious concern. This has led to a growing field of research and practice on self-care strategies, in order to effectively intervene and prevent burn out. While there is a growing set of literature, workshops, and handbooks on effective self-care

strategies, much of it has not addressed those who work with trafficking survivors. There seems to be an unspoken consensus among those who advocate for self-care that the same strategies used by social workers, as well as those who work on issues of domestic violence and sexual assault will translate to those advocates working with trafficking victims. At the same time, one thing that stood out during our interviews was the lack of consensus on what was the most effective self-care strategies. In fact, while an overwhelming majority of our participants described what they felt were effective self-care strategies, a little under half also expressed either uncertainty or in a couple of cases little confidence that their strategies were fully effective. Furthermore, we found very little consensus on what was the best strategy.

To highlight the variability of strategies, below are a few quotes from some of our participants about the types of self-care they engage in,

Mary: At our team meetings and then on our off weeks from team meetings, we have supervision. So, everyone has supervision with their supervisor. We continually, pretty much every week, we check in with one another on self-care, asking "what are you doing on your personal time for self-care?" And then everyone knows here at work that they can take time for self-care if they need it. So, let's say for example [Jane] has an appointment with one of her clients and it's just a really hard one. You know, it's just tough. Then she'll come back to the office and she might say, "Mary do you want to take a ten-minute walk around campus?"…So, it's difficult because the way we are all certified, what's called certified victim counselors, through the states, we are bound by [a] pretty high level of confidentiality…And, so when it comes to talking about specific cases, we can only talk to one another. So, we do that. We take advantage of that, because we can't go home and talk to anybody about it. And, in some cases it's a lot to handle.

Vicki: It's [self-care] part of the atmosphere. So if you look around you, a staff member made like a self-care -- what can, how do we keep you, what are some suggestions for you. But

then also just as an agency, we've partnered with [an organization], which is a counseling kind of insurance thing for all of our employees where each employee gets five free counseling sessions per incident.

Patricia: So one of the things that I'm really all about is it's like self-care and self-care is like a strategy, not as something that's fun to do sometimes. And it's not just manis and pedis or something like that. But it's like an active like lifestyle to live by. And when I became director, I kept that too. It's like, I take my lunches, I do not do working lunches... taking your breaks is something that you should do or something that you should [not] feel guilty about... it's really good practice to seek therapy as an advocate, just from a personal sense of maintaining your own well-being and all of that. But I also know that it is not helpful for some people... I think sometimes it's just a lot of the times we're building agency into everyday activities. So it's like a meeting can be wherever. It's like if we want to meet outside or if we want to meet at a coffee shop or wherever's most comfortable to people, then we can do that. So it's like you build choice into things as much as you can. So it's like you have to do this activity but where we do it, or it's like what's there, if we bring food or something like that.

Viola: So what helps me is talking about it. So I go to our employee assistance program, mental health. I go there. I also have been focusing a lot on spending time with family doing fun things. Not just sitting around nothing. Like doing something, being active, being engage with my kids and my husband and activities. We go kayaking and camping and bicycling and stuff like that. Campfires at our house. I have shut off like the news. I don't follow any things on Facebook or do a whole lot of internet news reading.

Gloria: I think the first thing you have to realize is that you have to do it. You know, everybody thinks, I'll be fine, I'll be fine, but the reality is if you don't have some kind of routine or some kind of plan in place, it's easy to get overcome by all the circumstances taking place. So you have to identify what truly makes you feel better, whether that's being outside or

exercising or a combination thereof, or going to movies or reading books or, you know, I think there's a combo that a lot of people utilize. I think the big number one obstacle is recognizing that you need to do it from the very beginning. And you have to stay with it. It has to be a priority for you…So I still spend a lot of time by myself and I think that's really good. I think that provides me opportunity to kind of control the input so much to my brain and to my emotions. It's a double-edged sword. You know, spending too much time alone can also be bad. But I do a lot of reading. I love to travel.

While there were some commonalities among our participants' descriptions, including holding team/staff retreats, allowing for flexibility with one's schedule, talking to one's co-workers for support and to process the emotions, taking time off, or utilizing counseling or therapy services there were no more than three or four of our participants who advocated for the same strategies. This may be due to self-care guides advocating for individual self-care strategies (Skovholt & Trotter-Mathison, 2011), but there also seemed to be some apprehension around how effective their strategies were in addressing the emotional labor. This manifested itself in two ways. First, when asked about how they engage in self-care, a number of our participants responded with a chuckle before providing their answer. This is how Shonda, a private advocate, responded to our question about self-care,

[I'm] the last person (laughs) that you [should] ask. Something I don't know a lot about [is] self-care, but I normally [take] a mental health day or take a few days of your sick days, but like we also take care of ourselves. We talk about our trauma. We talk about what we see.

The laugh at the beginning seems to indicate that the premise of the question is absurd because the requirements of the job make implementing the suggested strategies quite difficult. Second, several of our respondents mentioned having to take respite time away from the work because of the stress, while others would suggest a number

of self-care strategies yet later make statements that indicated these strategies conflicted with the duties of the job or suggested they were still being disproportionately affected by the trauma. For example, several of our interviewees were on call 24/7 causing them to be, as Gloria put it, "there's always kind of a heightened sense of awareness no matter what's going on. Not hypervigilance but just realizing that your phone is going off all the time." This requirement conflicts with the strategy of having a flexible schedule and being able to take time off. Another example that calls into question the advocates' self-care strategies comes from Viola. During our interview, Viola advocated for numerous self-care strategies. But when asked "what do you think the best-practices for self-care," she responded as follows,

Yeah, I don't know because after 10 years of doing direct service and 11 years just being in victim services in general, I now struggle hearing stories that are violent outside of work. So it's like I can deal with tough stories when I'm at work. But when I'm not at work, I can't deal with them at all. I cry. So I'm dealing with some vicarious trauma or secondary trauma at this point, which I thought I was doing good all these years. But not until the last couple years did I realize -- maybe not even couple years.

Viola's experience was not the most common response when it came to self-care, but her experience illustrated the larger themes that emerged in our interviews. While a majority of our participants provided us with detailed strategies for self-care, at the same time there was not much consistency when it came to best-practices, and for a little under half of our participants there was skepticism as to the strategies effectiveness.

BARRIERS TO PROVIDING EFFECTIVE HUMAN TRAFFICKING SERVICES

Throughout their time serving victims of violence in general and human trafficking victims more specifically, our participants have come across a number of barriers to providing the ideal type of care they

passionately advocate for. While our participants identified numerous issues, there were several key barriers that were mentioned time and again by our interviewees. When we examined our interviews an overwhelming majority of our participants identified legal, geographic, organizational, financial, and client barriers. A little less common (just under half), but still important, our participants also reported issues involving social and cultural marginalization of some clients and immigration as two other areas of concern. Each of these barriers are discussed in length below.

ORGANIZATIONAL BARRIERS

Of all of the barriers mentioned, those barriers that affected our participants' own organizations were the most commonly mentioned. Organizational barriers included everything from conflict within the organization to conflict between organizations. More specifically, the two most common issues identified by our participants were a perceived lack of support from other service organizations and staff burnout. Selena's description of her attempt to interact with other organizations to receive information for her client is a good example of this lack of support,

Getting connected to people that you need to get connected [to] and having people not answer back or just have a delay. It's really understandable from my end, I understand that people are busy and especially with law enforcement, investigators, detectives, they're going to be extremely busy especially in those bigger cities where it's you know there's so much work to do. So that's been a big challenge, getting information, being responded to, and also having my client understand they're busy- busy agency, busy town, and I also know with the law, it's a very slow process. Unfortunately, sometimes it just doesn't work to the best of a survivor.

In addition to a lack of coordination, participants also mentioned partnering organizations having unrealistic standards for clients and a lack of understanding of what their organization does. All of this

created conflict between organizations and a less supportive atmosphere. One issue that arose within this barrier concerned a disconnect between what were termed "mainstream" organizations and "culturally specific" organizations. "Mainstream" organizations were those that served the population at-large, while culturally specific organizations worked primarily with specific populations. During our interview, Maria and Cecilia, advocates at a culturally specific organization, described some of the issues they faced,

Maria: Especially in our community, for our agency, especially with mainstream [organizations], it's always been, I don't wanna say a battle, but it's been a challenge to really connect with them. Because we don't necessarily see that they share the same passion of helping our community and meeting their needs in the most appropriate way…. I think that we see a lot of mainstream agencies saying that [they] have the desire of working with our community; however, they don't have staff that are bilingual. So, it's like, you want to work with our community but your agency itself internally is not fully prepared. Or they do have the advocate that is bilingual, but no type of support or training is offered to that particular isolated advocate, so then we see a lot of challenges within that.

Cecilia: And usually they have a big region to serve and, [it is] not ideal that they are able to be all and do all for that big group of area that they have.

Maria: I think one of the biggest misconceptions by mainstreams is that we are interpreters. I think that's changing from when I've started here, we have to almost prove ourselves that we do the same work that they do only in a culturally specific way. I think we've gotten a lot of calls from what I hear from staff members that were just like "I have a survivor here; can you interpret?" But not that added layer of "let's co-advocate together or what can we do to work together."

Cecilia: I think that [there are] ways of seeing us as competition. I think, you know, we're here to steal your clients because the more numbers we have the more funding we're gonna get, type of approach. When that's not true. I think that there are enough survivors, enough people out in the community that need help and it's not a competition. I think that's been a barrier.

Along with feeling a lack of support and equity among some of their colleagues, some of the participants also reported that mainstream organizations could not work with their clients because of their lack of diversity (e.g. language barriers, awareness of cultural norms) and at times felt like they had to clean up after mainstream organizations were ineffective at working with victims from various cultural, racial, and ethnic backgrounds.

While not as common as the issues between organizations, a number of our participants reported that burn-out among staff was a real issue. Considering the findings from the last section of this report, this will probably not come as a surprise since most of our participants reported experiencing significant levels of emotional stress in their job and engaging in emotional labor. Some respondents reported trouble finding, but especially holding onto qualified applicants to work with survivors, for pay that was typically low and work that guaranteed increased stress on one's life.

CLIENT BARRIERS

The second most common (95%) barrier mentioned by our participants concerned either the survivor's beliefs or behavior. While our interviewees were very understanding and sympathetic to their clients' situation, they also recognized that particular attributes made it more difficult for them to effectively serve their clients' needs. One of the most common issues reported by our participants was their clients' unwillingness to identify as victim. Similarly, the CVAD report found that the reluctance to identify as a victim was the most common barrier reported by those surveyed (Lowry et al., 2017). This is how

advocate Ashley described her clients' reluctance to identify, "we have a hard time getting kids to admit that they've been involved in trafficking, even though it's pretty clear like from information we receive from the police." In many cases, this reluctance to identify led our participants' clients to be less likely to use services or report their experience to law enforcement, and in some cases return to their trafficker. Mary discussed this during her interview,

One of the most difficult for us is that we know because of the trauma bond and the victimization around this [issue] that we always have clients or individuals who may either refuse services or they may be started on services and then they-they leave; go back to their trafficker. We understand why they do that, but that doesn't make it easy. So, those are really difficult cases and all we can say is "you can call us any time. We are always here for you." But, that's really hard.

Like Mary, our participants linked not identifying as a victim with an inability to provide all of the services they offered and putting the individuals more at-risk for being re-victimized later on. Along with not identifying, the second most common client barrier concerned the clients' mental health state and substance abuse. Vicki describes some of the challenges that substance abuse can create,

The biggest challenge is probably the substance abuse or mental health that we run into. You're going through withdrawal. The shelter is going to be concerned about the safety of others. So our concern is, okay, knowing they're using, A) will the shelter accept you, because some shelters don't accept if they're using. B) will you be able to stay, because as you're coming down from meth, are your actions going to put the children at the shelter in danger or have the perception that someone's in danger. So it's really based upon what that shelter advocate perceives it as and what resources that shelter has. You know, with the funding in Iowa, shelters sometimes just have one staff overnight. So what are they equipped to handle? And then also, is it in the best interest of the human trafficking victims who's in the shelter? Are they getting the services that they need?

In a similar vein, Patricia describes how mental health issues create barriers for some of her clients,

It seems like often some part of somebody's identity is compounding the trauma; or is not like it's their fault for having that identity, but it's impacting their ability to receive services. So it's like, particularly for a survivor that also has mental illness, it's like they're treated differently often. Sometimes they've been cut off from hotline services or told only to call at a certain time or something like that. People with dissociative identity disorder are very difficult sometimes for hotline workers to work with. So if somebody's switching on the phone with you and getting angry and stuff like that, which is a normal response anyway to trauma that people have experienced, then most people aren't equipped to work with that.

For our participant's clients, mental health issues created by their victimization as well as those that the survivor was dealing with before being victimized created barriers to receiving the full set of services offered.

Finally, two interrelated client issues that were discussed by several of our participants concerned language barriers and those individuals identified as labor trafficking victims. Finding translators was a concern for several of our "mainstream" organizations, but even our participants from culturally specific organizations reported issues with finding translators for some of their clients. Language barriers, were also the fifth most commonly reported barrier among those surveyed in the CVAD report (Lowry et al., 2017). In addition, while the language barrier was not just a concern for those experiencing labor trafficking, it was one of several issues that came up that caused our participants to report a harder time serving these types of trafficking victims. Much of the barriers to serving labor trafficking victims had to do with the structural organization of victim services in the state. As Stella described earlier in this report, much of the victim services system in Iowa has been developed with domestic violence, sexual

assault, and homicide victims in mind. While there might be some overlap in how to address sex trafficking victims, based on these dominant victim service models, those same services are not as applicable for labor trafficking victims. Thus, making service providers less aware of how to treat trafficking victims, but also trafficking victims less aware of the services available to them. Our interview with Mary highlights how this structure gets reproduced within victim services,

We feel we have a lot of individuals that we just haven't done a good job with, and we're going to try harder. Try to do more, and again, one big demographic would be those who are survivors of labor trafficking. I think in general as a state, we have not done a good job, [our organization] included, it has not been a focus. We have focused very heavily as a state on the sex trafficking of women and girls. So, who make up the vast majority of our clients in the state? Sex trafficking survivors who are female. I think there's a reason for that, not necessarily because that's our largest demographic of survivors, but because that's where our focus has been. And, that's why [our organization] is moving forward now and putting a much more heavy - we're still going to put the same emphasis on sex trafficking don't get me wrong - but we are going to put just as much if not more emphasis on labor trafficking. Much more than we have in the past. I think then we are going to see that shift in demographic.

For Mary, the disproportionate focus on sex trafficking has played a significant role in the maintenance of how victim services have catered to certain types of victims more so than others. This is especially the case when it comes to labor trafficking victims, which a number of our participants recognized were an underserved population.

FINANCIAL BARRIERS

Coming in right under organizational and client barriers, financial barriers were identified by a majority (90%) of our respondents. Lack of funding and resources was also identified as the fourth most

common barrier identified by service providers and the third most common barrier identified by law enforcement surveyed in the CVAD report on human trafficking (Lowry et al., 2017). These financial barriers manifested primarily in our participants' concerns about keeping their organizations open and running and in providing services to victims. Primarily, our respondents reported significant concerns about the recent state budget cuts, the difficulties of fundraising, and being understaffed due to the lack of financial resources. Many of our participants had experienced financial cuts to their programs. While these cuts put one of our participants in jeopardy of having to shut down their operations, more commonly they created uncertainty among the organizations, understaffing, and the inability to offer full services. Below, Jen describes the impacts the budget cuts had on her organization,

So they [state government] cut 25%. What it meant to our program is through that basic funding, we won't be able to do any out of state training for the next year so far. Yeah, I'm worried, because it's going to be worse next year I think. And I hate to see us get to this point where we can finally handle everything and then have to cut one of our employees again and go back to that. I mean, we're scrambling now, but we were really scrambling when there was only two (laughs) of us to do everything.

While trying to keep a positive outlook, Jen is quite aware of the direct negative impact budget cuts will have on her ability to serve her clients. Along with the budget cuts, the other financial concern most commonly identified by our participants concerned adequate housing for different types of trafficking victims. This included housing for labor trafficking victims, housing for male victims, housing for youth, short-term housing, transitional housing, and long-term housing. Mary points to some of these concerns in when she remarked,

You know, I always get asked "wouldn't you build a home for survivors?" And, if I could use money to solve our housing crisis I would do it in a heartbeat. [But] I don't think that

putting up a bunch of brick and mortar residential facilities for survivors is the best course of action. While some of them need that, so I think it's important for us to have that as an option, many of our clients need assistance getting into their own place. And, then financial assistance until they can become independent. And, while they live in their own place can be receiving services. They don't necessarily need to be in a residential facility. So we don't always have housing options. We don't have enough emergency options either. So, for minors, having more in terms of emergency shelter that's very temporary. I would say we need funding for that.

The quest for financial stability was ever-present on our participants' minds as was the recognition that resources were strapped, limiting their ability to provide all of the services they wanted to offer.

LEGAL BARRIERS

While not as common as the previous barriers, a majority (86%) of our respondents also mentioned coming up against legal barriers. These barriers primarily involved law enforcement and prosecutors. More accurately, the lack of support by law enforcement to recognize trafficking victims as victims, investigate the victimization, or prosecute the buyers and traffickers. In our interview with Arlana, she points to law enforcement misperceptions as a major challenge,

So we still have a lot of police officers who just don't believe it's [trafficking] happening in their jurisdiction and they take a look at a girl who has maybe been cutting and maybe has an eating disorder and has all these sort of emotional problems and they just tell her to go home and behave her parents and be a good girl. Rather than saying, you know, why is this girl behaving so badly, not asking what's happening to this girl to create these behaviors. So sort of changing the mindset.

Along with not recognizing that trafficking is an issue, our participants also pointed to experiences where even when a victim was identified, law enforcement was reluctant to investigate. Tonya, a legal advocate, mentioned two different cases were this was a concern, "So I have one

[case] right now that we've reported the trafficking to law enforcement, [but] I'm not sure what's going to happen with that because they seem unwilling to call it trafficking." Later in the interview she also reported this experience,

I mean like that T-Visa case that we originally got. It was a labor trafficking case…[and] I would consider it a success because she got her T-Visa, but she made the report to law enforcement. The law enforcement agency said they [were] going to be welcome- or like receptive to the claim. And, I wouldn't say they weren't necessarily receptive, but she went [and] they interviewed her, and then they interviewed the traffickers. And then they basically said that they found the traffickers to be more credible then she was, and then they wouldn't certify the form for her, but we applied anyway.

Tonya was not the only one to describe law enforcements lack of investigating claims of trafficking. Many of our participants saw a lack of commitment by law enforcement to investigate claims as a barrier. Even Nate, a law enforcement officer himself, recognized these barriers. In our interview he not only mentions the reluctance among officers but also another concern that other participants reported, a lack of willingness to prosecute traffickers. Midway through our interview Nate stated,

On the human trafficking front, we definitely have some work [to do] here internally, just to make sure that everybody is up to speed, just with the basic awareness. We've done that training I mentioned to you. But we still have some folks that, especially when it comes to sex trafficking, they look at a woman who is labeled as a prostitute, [and say] "how is that person a victim?"

Later in our interview, he also commented, "I think in Iowa, one of the areas that's really lacking though is awareness for prosecutors and training for prosecutors. I don't know how frequently these types of cases are prosecuted as human trafficking cases in Iowa. I'm guessing it's pretty rare." Since many of the recent policy changes around

human trafficking in the state involve how the criminal justice system addresses the problem, our participants pointed out one of the main faults in the legislation. Just because you have laws on the books, does not mean that they will be enforced. Our interviewees, believed much more work needed to be done within law enforcement in order for the laws to be appropriately applied.

GEOGRAPHICAL BARRIERS

Issues with access to certain communities and the lack of overall resources in certain areas was another barrier mentioned by three-fourths of our participants (76%). Of all the geographical concerns mentioned, the lack of resources in rural areas was the most commonly mentioned. This interchange with Gloria, an advocate who works with law enforcement, highlights some of the common issues facing rural Iowa,

Gloria: the rural areas are a big concern of mine because the resources are so lacking out there. So trying to get them connected with larger areas has always been kind of a thorn in my side trying to get it worked out. That's a real big challenge for me because I know there are victims out there who need assistance and just aren't getting it, whether it's at the federal level or the local level. Or, they may not even know that they're a victim so they need to have resources to maybe make a phone call or at least have education provided to them.

Interviewer: And from your experience, what do you think has been some of those barriers to rural Iowa?

Gloria: Lack of education of law enforcement. Turning a blind eye to what takes place in their community. And the school system not being well-educated enough to provide that information to their students because I think that there's a big gap in the school systems. I think people have got to educate at a much younger level about human trafficking, sexual exploitation and online exploitation of our youth, because if you don't know it by the time you're in fifth or sixth grade, I

guarantee you, you will not be able to make better choices when you're older than that. So unless we start educating at a very young age, the cycle's never going to stop.

Along with a lack of law enforcement support and educational resources, our participants pointed to a lack of transportation as well as social and mental health services. The other way geography became a barrier for our participants was in direct relation to the issue of understaffing mentioned earlier. Many of our participants covered large regions of Iowa, and, in some instances, the entire state. This meant our interviewees felt stretched in their abilities to give the attention needed to all of the areas they covered. Patricia described the predicament she was in, "we serve statewide, but if you have a staff of four people, your capacity is pretty limited, and you can't really serve statewide in any real comprehensive capacity." A lack of resources in rural Iowa has been a well-documented issue for the state (Iowa Department of Public Health, 2011). For our participants, this issue can be extended to include a lack of services to human trafficking victims.

SOCIO-CULTURAL MARGINALIZATION AND IMMIGRATION BARRIERS

While not as consistent across our interviews as the previous barriers, our participants did identify those they served experiencing social and cultural marginalization (52%) and issues surrounding immigration (48%) as barriers to providing services. A number of our participants stated that due to a social status (e.g. race, ethnicity, class, gender, sexuality, immigrant) held by a victim, in certain situations services were harder to come by. In particular, our participants reported that boys and men, transmen and transwomen, and native/indigenous clients faced either a lack of or under-resourced programming for their specific needs; or, in a few cases, being discriminated against by the community and denied services. Arlana, highlighted her concerns around the lack of services for certain victims in the state,

So right now, there are none [referring to services for boys]. About 18% of the victims of this crime are boys and I think the outcomes for boys are very different. A lot of gender and sexual confusion, because perpetrators are only men. And I think boys don't have the same drama outlets that girls have to cope with trauma. And so it becomes anger, violence, drugs, you know, law enforcement interruption. So I think it's a much different job and you know, and I think we will get there. I think there's a huge need for a drop-in center just for services and resources for people who don't need residential services. The LGBTQ community, I think [there are] huge gaps in care for them. And then the immigrant populations, which we do serve, but making sure that we've got access to the resources we need to give them a sense of community in our community, because they're just not English. They're just not Americans. And they shouldn't be forced into, you know, our social norms and our cultural ways, if they want to remain part of their communities, because we have huge immigrant communities in Iowa that can be very supportive.

Along with a lack of services specific to certain populations, in a couple of cases our advocates did experience a denial of services based on a client's status. Stella gave an example of this that she recently faced,

So I actually had a survivor who called and this individual was transgender, and was looking for safe shelter. They had been followed by their trafficker, to several locations, several shelters. And, so, they were looking for another shelter to go to where their trafficker wouldn't have been able to find them at that point in time... she, told me that she had been to some victim services agencies where she had been mis-gendered and that she was very uncomfortable with that. And then there were some faith-based organizations that would not serve her because she was transgender. they were not able to take her in. So, there was that difficulty, and I understood that difficulty. So, we kind of talked a little bit about what services and what shelters particularly might be able to take her given that there is that restraint some.

While Stella eventually found a shelter for the client, the discrimination experienced by the trafficking client was a concern that created barriers to providing adequate service.

Along with the lack of and denial of services and poor treatment experienced by some of the victims our participants served, issues surrounding immigration were also a concern for a number of our clients. Due to the current anti-immigrant climate at both the state and national level, some of our participants reported that victims (both documented and undocumented) were fearful of disclosing their abuse, obtaining services, or reporting to the police, out of fear of being targeted by the government. This was especially the case for those participants whose main clientele were immigrants, non-native speakers, or racial or ethnic minorities. During our interview with legal advocate Tonya, she spoke of how she was having to operate in the current anti-immigrant climate,

I mean the best strategy these days in [the] Iowa legislature is to pretend that we're not here, because any attention that immigrants [get] usually is negative attention these days. So, that's a very pessimistic view of our legislature, but I mean last session they took up a couple of really anti-immigrant bills. The way that that plays out for you trafficking victims [that are] immigrant is that they see that law, [and think] "I can't contact law enforcement. Law enforcement is not safe." I mean, it's hard for me to think of something that our legislature in Iowa would pass realistically that would be helpful at this point to. So, them not doing anything is like the biggest success."

For Tonya, the anti-immigrant bills and politics occurring within the state legislature has led her to try and remain invisible as to not draw attention to their services. Yet this is problematic, considering a major goal of any advocate organization is to make the community aware of their services in hopes that victims will come forward. Tonya also points out how the political climate has also caused her clients to be less likely to report their exploitation. This was an issue some of our other participants also experienced. During their interview, advocates

Amy and Shonda spoke about how fear around immigration has shaped both them and their clients' behaviors,

Shonda: Like, we all come together with someone who was brought here as a fiancé or like someone brought them here, and they [the trafficker] took all the things that they [the victim] have, and now they don't have any documents…They don't have their own country's passport, because that has been taken when they arrived here. So how are we going to deal with that? And, how would the authority believe the people, are they credible? And now it's getting worse. In 2017, the country's not great for a lot of immigrants. For all the immigrants, but [especially] undocumented ones. So it's very risky.

Amy: Yeah.

Shonda: Now we don't even trust that much with the law enforcement.

Amy: People are scared.

Shonda: Yeah.

Amy: People are scared. We trust them, but yeah, people who are undocumented, they're scared.

Shonda: So when they reach out to you to help them, you will be frustrated. "Am I putting them in danger? How are we going to do this?" So we have lawyers who are our friends who we work with, and we seek advice, we talk to them.

The fear and anxiety created by the current anti-immigrant sentiment emanating not only from the state capital but also the federal government, has become a barrier for some of our participants' abilities to provide adequate services. Clients are unwilling to utilize services or report the crimes they are experiencing in fear that they will be identified and targeted for deportation whether they are documented or not. Similarly, our participants were concerned that

providing certain services could also put their clients in danger of deportation and were hesitant to trust law enforcement who are a critical component in addressing the issue of human trafficking. This added to the under-reported nature of the crime.

In spite of all the barriers mentioned above, our interviewees were resolved to continue their work to the best of their abilities. Yet, they were quite aware of the challenges they faced when serving trafficking victims. In the last section of this report, we will provide several recommendations as to how some of these issues might be addressed.

COALITION BUILDING, LONG-TERM GOALS, AND ASPIRATIONS

In their efforts to serve victims of human trafficking and overcome the barriers they faced, our participants engaged in a number of strategies to build coalitions thus creating a larger web of support. This finding was also evident in the CVAD report, which found that many of the service providers surveyed reported both referring and receiving referrals for human trafficking victims (Lowry et al., 2017). Many strategies were discussed on how to develop new partnerships and then maintain those partnerships overtime. When examining our interviews, trends became apparent as to how our participants went about this coalition building. The most common way our interviewees reported making new connections was through direct outreach to other services, community organizations, and institutions who might come in contact with human trafficking victims. Cecilia described her team's efforts like this,

I mean they just walk down the street and they say [this is our organization.] They've gotten into the grocery stores where our office is located right across from, the court house, and then real close are some business owners, so they've been able to really integrate into the community.

Along with making connections to community partners, our participants put up brochures, sent out numerous emails, cold-called

other service providers, went to church services as well as other community events in the region. During these interactions, our participants employed a number of methods for making those connections. Patricia suggests,

I think sometimes it's good to talk to people without an agenda. So I think sometimes it's this major thing, especially when you're a new advocate, to just say, "well, I'm going to go relationship build with people and that means I'm going to say hi, tell them about our services and drop off brochures and then not connect with them again." And that doesn't really help…That's not an actual effective way to recall people. So it is relationship building. Outreach is relationship building. And it's continuous. And it's reciprocal. And it's kind of like finding commonality together and finding something to connect with. I think also being respectful of people's time but also mindful about how to actually effectively do that, and that's not just dropping off brochures. Because I know even from like a standpoint of referring, people are much more likely to actually dial a phone and connect with an advocate if they know them by name…So it's like if I was doing a warm referral or something like that, I would be giving somebody a business card, not a brochure.

In addition to building personal relationships, other participants utilized formal agreements. For example, Susan described one of her strategies, "we just created memorandums of agreement and just went to him [potential support service] and told him what we were thinking and would they be willing to serve" their clients. Consistent direct outreach was critical for our participants and it also created a positive perception in the minds of those they were working with. Nate, the law enforcement officer, explained the importance between outreach and positive perceptions when describing his own efforts,

You have to make a conscious effort on a daily basis to build positive relationships in your community. I hear a lot of police agencies across the country. They'll talk about their community policing efforts, but then I hear about, you know, we have hot dog grill outs or we have a bicycle patrol, and those are all

great things. But that's not really community policing in my opinion. I think you have to, on a daily basis, look for every opportunity that you can to build relationships, whether that's with a big group or just one person. And you know, I go back to the [motto] "service with passion and compassion." If we're passionate in what we do and compassionate to people every day, we're going to be successful and that's going to build relationships and so we can start talking about some of these tough issues…It's easy for police departments to become very reactive, because most police departments are very busy. And so we have to make a daily effort to be proactive in looking for opportunities to interact with folks in non-enforcement settings…And it can't just be the police chief or the shift commander. You have to get your cops and your support staff and your dispatchers all involved with building positive relationships every day.

For Nate, those positive relationships payed off in his ability to develop a connection with social services as well as community organizations working to address human trafficking.

The other major strategy for developing new contacts was through trainings and community presentations many of our participants offered throughout the year. These events not only educated people about their services, but more importantly, in many cases, it was after the event when someone would come and chat with them about their services. Many of our respondents reported meeting new service providers, potential volunteers, and even some human trafficking victims during these events.

At the same time as our participants were constantly looking to partner with other organizations and services, they were working to maintain the relationships they had already built. Our interviewees consistently said that "showing up" was critical to maintaining their partnerships. This is how Gloria put it,

Number one, you have to attend the meetings. You have to go and show up. And sometimes you kind of hear the same thing

time and time again. But you also have to be willing to put yourself out there and say, I've heard this before, what can we do to move this forward or I have this idea, how can we implement this new kind of information or this new process. So you have to be a little bit of a risk taker to jump in the middle of it. You have to know what you're talking about because if you don't, you'll get eaten alive. And not because people are mean but because they want you to bring something to the table that's going to benefit everybody that's already there.

Participating, even when at times the events can feel repetitive, shows to others that you are committed to the issue. Along with physically being present at coalitions meetings and human trafficking events, our participants also said that one of the main ways they keep partnerships is through co-advocating together. For our participants, this built trust among one another. Tonya explained it this way when referring to one organization she has a strong relationship with, "I think that things go really well for us with them because I feel like we have a relationship of trust and we know their advocates. They know us. We can contact them; they can contact us about clients." Co-advocacy was a way for our participants to not only provide greater services to victims of human trafficking, it also had the bonus effect of building trusted relationships between providers. Rather than seeing these organizations as competition, which can always be a concern when numbers of clients served is connected to funding, our participants recognized the benefits to co-advocating.

While developing and maintaining coalitions was a long-term goal for all of our participants, they also identified a number of other goals and aspirations during our interviews. It should not come as a surprise that many of these goals were to address the barriers that we identified earlier. This included developing outreach and programing for underserved populations, including, youth in general, boys and men, labor trafficking victims, documented and undocumented immigrants, and those who were LGBTQI identified. Some of our participants also wanted to grow the ranks of their volunteer force, gain more training

for their staff around the issue of human trafficking, and find or develop further housing options for victims throughout the state. Most of our participants were also working to develop more sustainable funding streams, so as not to have to rely so much on the dwindling state support. More broadly, the two largest cultural/political goals a majority of our participants were passionate about included more equal treatment for marginalized populations by service providers, law enforcement, and politicians, and greater educational awareness about trafficking within the state of Iowa, especially among youth. April, mirrored many of our participants when discussing her long-term goals,

So what it looks like for me is just education for providers and the general public, so we can come into contact with more survivors. Just a way to get volunteers engaged, the community engaged, to have more facts, to understand human trafficking more, so we can reduce all the stigma.

Education was critical for a number of our participants since many of them argued prevention was the long-term solution to the problem of human trafficking.

RECOMMENDATIONS

In light of the findings above, and the number of barriers and strategies identified by our participants, below we provided recommendations that might address some of these issues. To be clear, some of these recommendations are directed toward service providers themselves and others are directed at the larger anti-human trafficking community, in order for them to best support those individuals on the front lines of the issue.

RECOMMENDATION 1

Based on our interviews, while our participants do advocate a victim-centered approach to providing services, there was still no universally accepted method, treatment plan, strategy, or model for providing victim services. While many of our participants would point out that each survivor's experience is unique and thus services should be tailored to best meet their needs, we still feel there is a need for developing best-practices around delivery of services. Primarily for three reasons: 1) To provide those who are entering into the field greater knowledge of how best to work with survivors while remaining an effective and long-term advocate. 2) To rule out any practices that could be harmful to survivors or to the practitioners themselves. 3) To develop wider trusted network of service providers. As we have learned, having qualified referrals for a diverse set of services are essential tools for service providers. An effective way to help expedite those referrals, build a trusted network, and have confidence in sending one's client to support services is to have standard best practices. Thus advocates can gain greater assurance that the level of care they are providing is continuous.

RECOMMENDATION 2

Through our interviews it also became clear that there were two underlying assumptions within the current victim services offered in Iowa. First, since many of our advocates held several roles and worked with multiple victims of violence (e.g. domestic violence, sexual assault…), there was an implicit assumption that those skills working with one type of victim of violence would transfer to working with human trafficking survivors. Second, since most of the services provided by our participants centered around sex trafficking victims, there was very little emphasis on or distinction made for providing services to labor trafficking victims. A deficiency a number of our participants recognized. We feel this is a clear gap that needs to be addressed. In the short term, both advocates and service providers need to generate an awareness campaign. This campaign would inform those individuals, who are at risk of or actively being exploited for labor, of services available to labor trafficking victims that are typically associated with other forms of violence (e.g. domestic violence shelters). A more long-term plan would be to develop services specific for labor trafficking victims. As we have noted earlier, while there might be some similarities, the experiences of labor trafficking victims can be very different from sex trafficking victims, let alone victims of other forms of exploitation and violence. These differences must be recognized and accounted for in any type of services provided. For the most part, labor trafficking has been ignored when it comes to services in the state of Iowa. An unfortunate truth a number of our participants recognized. There needs to be equal emphasis and support directed towards labor trafficking victims as there has been for sex trafficking victims. Future anti-trafficking projects and services should directly address labor trafficking. Relying on services and models developed for domestic violence, sexual assault, and sex trafficking victims is not sufficient in the long run.

RECOMMENDATION 3

Along with the current services catering mostly to sex trafficking victims, there is also an implicit focus on women and girl victims of trafficking. This, unfortunately, causes men, boys, and transgender people to fall through the cracks (or worse, be blocked) when it comes to service (Dennis, 2008). Attention needs to be paid to these groups as they are just as likely to be in need of service. Programing and services tailored to these populations needs to be created and administered by current providers, and any new projects or services being developed in the state must account for these groups, otherwise they would be insufficient from the beginning.

RECOMMENDATION 4

Since networks and referrals are essential to supporting human trafficking victims, a systematic identification of all organizations, individuals within those organizations, and independent individuals who are willing to work with trafficking victims needs to be devised and implemented. While there are attempts at this currently, they are incomplete. This would work best in an interactive map format, so that anyone who comes into contact with a trafficking victim could quickly search the state for the nearest services. This, of course, would be an ongoing project that would be regularly updated as more resources became available.

RECOMMENDATION 5

During our interviews, it became clear there was some conflict between culturally specific service providers and "mainstream" organizations who serve all populations. While many of our respondents said steps were being taken to mend these divisions, and the growing coalitions being developed across the state are good signs that this issue is being addressed, we would like to encourage the idea that all service providers been seen as equally important and supportive of each other's efforts. In order to provide the detailed

services required for trafficking victims, networks need to be strong and supportive. While funding concerns can create artificial competition between providers over who gets to "count" a client, it is important to realize everyone involved have many of the same goals in mind.

RECOMMENDATION 6

Our final recommendation is mostly directed toward anti-trafficking advocates (such as the NAHT) since it concerns politics, lobbying, and legislation. Because a number of our participants and providers in general work for or receive public sector funding, their ability to politically advocate for themselves is hindered. Thus it is the responsibility of organizations like NHAT to advocate on their behalf. One of the most fascinating things about the anti-trafficking movement is that it brings together people from all walks of life who hold diverse political and ideological beliefs. While this can be a strength for the movement, it can also create barriers to addressing some of the root causes of trafficking and how to effectively support victims of trafficking and those at risk. This is because issues of immigration, taxation, poverty, sexuality, race, and gender are central to human trafficking. We feel that if advocates do not account for these issues in their work then their successes will be short lived. A few brief examples should shed light on this concern. For example, while we believe that most trafficked persons in Iowa are native to the United States, some are immigrants (both documented and undocumented). A number of participants noted the growing anti-immigrant sentiment in the country and state of Iowa was a clear barrier to providing services to victims. Our participants reported that individuals are afraid to come forward about their exploitation (or someone close them) due to the fear that they might be arrested and/or deported. Since an ongoing objective for many anti-trafficking advocates is to create a seamless process for identifying trafficking victims and finding them help, any barriers to this goal should be advocated against. For instance, when Iowa 4th district representative Steve King makes racist

and anti-immigrant statements on social media, trafficking victims are less likely to come forward since they may view Iowa and its political representatives as unsupportive of their well-being (Nozicka, 2017). Additionally, when state representatives pass a bill like Senate File 481, better known as the "sanctuary" city ban, which is seen by many as an anti-immigrant piece of legislation (Pfannenstiel, 2018). Legislation like this causes immigrant trafficking victims to be less likely to seek out services due to concerns of being discriminated against, arrested, or deported. In light of this, we recommend that anti-trafficking advocates bring up these concerns and publicly challenge legislation and political statements that make it harder for victims to find the support they need. Relatedly, many of our respondents pointed out that they relied on Medicaid to provide their clients with health services. The recent privatization of Medicaid has led to serious problems for both providers and recipients (Russell, 2017). Thus anti-trafficking advocates should publicly support finding a solution to the problem. One other example pertains to state funding of social services. Many of our participants reported serious concern over their ability to fund their services. Therefore, any legislation that might reduce state funds would be a clear problem for providing effective services. With the recent tax cut legislation projected to reduce state revenues by hundreds of millions of dollars, the already tight budgets of our service providers could quickly become underfunded or defunded altogether (Russell, 2018). Thus it is a duty of anti-trafficking advocates to highlight these (un)intended consequences of tax legislation. Like all social problems, human trafficking involves contentious issues on which people hold diverse views. However, if the goal of anti-trafficking advocates is to reduce trafficking and provide comprehensive services to survivors, it is their obligation to put ideologies aside and advocate for what is in the best interest of service providers and their clients.

CONCLUSION

The findings and subsequent recommendations of this exploratory study identifies that those individuals working with human trafficking survivors are highly dedicated and eager to become more effective service providers. From our interviews, we have learned that victim service providers in the state of Iowa are expected to work with multiple types violent crime victims with, at times, very little financial or emotional support. Yet, they are continuing to develop new ways of collaboration in order to share resources and responsibilities of serving survivors. The overall goal of this report was to provide further knowledge to service providers as well as other interested parties in the state what services exist for human trafficking victims, how are those services provided, what barriers are occurring that are denying access to certain services, and how are those services implemented. Furthermore, this report highlights how providers are negotiating the stress related to their field of work and developing best practices to treat those individuals who have been trafficked. From our findings, we conclude that while Iowa is in the process of developing a greater awareness and social response to human trafficking, those on the front lines are just beginning to fully grapple with this complex issue and develop effective practices to serve survivors in the way they feel they should be offered.

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APPENDIX A

INTERVIEW GUIDE
OVERVIEW

- To start off, please introduce yourself, and talk to me about your background. How did you get to the position you are in today? (Probe: education, networks, goals)
- Can you tell me about what drew you to the organization/occupation/field you are working with today? (Probe: beliefs/ideology, goals, plan)
- More specifically, can you tell me a little bit about what led you to work with trafficking victims? (Probe: What sort of philosophies, religious beliefs, and/or guiding principles do you draw upon? family values, religion, educational, feminist ideology?)
- Describe for me a typical day at work. Tell me about your day-to-day tasks. (Probe: Do you have times where everyone coordinates with one another? What does that look like?)
- Let's talk about your colleagues. What are your relationships like (Probe: formal, casual, personal, friendship)? Talk to me about the work atmosphere. How do you take on a task? (Probe: hierarchical, communal, conflicts?)
- I'm interested, can you tell about where your funding comes from? (Probe: Whether or not that includes payment from government agencies. Do they charge for their services? Covered by insurance? Are organizations able to fund without charging for services? Are they a 501c3? How much do they receive through donations versus government grants?)
- What type of training and/or qualifications are required for your staff? What about for your volunteers? (Probe: If there is training, what does that look like?)

COALITIONS

- Talk to me about your relationships with some of the other organizations that are working with you on this issue? (Probe: specific relationships, examples of working well together, conflicts/miscommunication.)
- Can you talk to me about how you have developed your networks with others in the field? (Probe: Do you have any suggestions for recruiting staff/volunteering/sponsors?)
- Do you see yourself joining or merging with another organization? (Probe: Do you have a 3 to 5-year strategic plan? What is your plan for maintaining sustainability?)

SERVICES PROVIDED

- Let's talk a little about your organization. What services/assistance do you currently provide? Who is your primary clientele? (Probe: has this changed at all? Do you plan to broaden your services? Are you an inpatient provider or do you provide services as needed? Are there services that you will not provide? If so, do you refer your clients to someone specific?)
- Tell me about your referral process. From whom do you get your referrals? Can you walk me through that process? (Probe: How do you find your clients?)
- Can you take me through the process of when a client gets to you?
- What are some of the obstacles you have faced in providing services?

GOALS AND STRATEGIES FOR CHANGE

- Talk to me about your goals. How are you going about addressing them?
- Tell me about some of the successes you have had so far. (Probe: important factors/strategies that allowed those successes to occur)
- What are some areas that you are working on to improve? (Probe: difficulties, roadblocks, setbacks)

- Can you tell me about something(s) you're doing right now that you are excited about?
- What do you think lawmakers should be doing about this issue? (Probe: How could they make your job easier?)
- Let me ask you this, if you had unlimited funding, what would you focus on?
- Finally, what's the question you wished I had asked you in this interview?