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Responding to Victims of Human Trafficking in the United States: A Review of Treatment Providers

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RESPONDING TO VICTIMS OF HUMAN TRAFFICKING IN THE UNITED STATES:
A REVIEW OF TREATMENT PROVIDERS

University Honors Program Thesis
University of Nebraska at Omaha

Submitted by

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ABSTRACT OF THESIS:

Scholars have made strides to illuminate the scope and nature of human trafficking, but there have been minimal efforts to inform responses to victims. Importantly, if we do not address the issues that made people vulnerable in the first place, then they could be susceptible to re-victimization in the future. It is vital then that treatment agencies are available and engaging in effective practices to maximize recovery efforts. Thus, the current study examined treatment providers in the United States in two stages to determine how they respond to victims of these crimes. In the first stage, a systematic literature review was completed to assess what treatment modalities have been applied or discussed in the broader academic literature. In the second stage, a subsequent search was conducted to locate providers who implemented treatment interventions to victims of human trafficking. The results indicate that there is only one treatment program specifically created to respond to trafficking victims—My Life My Choice. The remaining modalities identified have been adapted to respond to sex trafficking victims and they tend to focus on trauma-informed approaches. Additionally, there are relatively few treatment providers who explicitly treat trafficking victims ($N = 21$) and most focus on sex trafficking among

females. The treatment modalities vary in their primary goals; however, most involve evidence-based approaches to treatment that have been adapted to this population. The findings produced by this analysis are intended to build on the knowledge surrounding the treatment of human trafficking victims.

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Responding to Victims of Human Trafficking in the United States: A Review of Treatment Providers

Human trafficking is considered to be a global problem. As these crimes continue to grow, it is vital that there are systems in place to respond to these events (Savona & Stefanizzi, 2007, p. 2). For the purpose of this review, “human trafficking” includes both sex trafficking and labor trafficking. Sex trafficking is defined by the federal government in the Victims of Trafficking and Violence Protection Act of 2000 (otherwise known as the Trafficking Victims Protection Act [TVPA]) as “the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act, in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age.” Labor trafficking, as defined by the federal TVPA, is “the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.”

Although human trafficking is broadly defined as sex or labor exploitation, there are different ways in which these offenses can be facilitated. Trafficking is commonly discussed as including situations in which people are kidnapped and sold to be sex slaves, but oftentimes individuals may initially voluntarily go with someone and end up being exploited for the purpose of labor or sex (Human Rights Commission, 2020). For example, in December 2015, police officers surrounded a trailer park in Marion County, Ohio which housed approximately 45 people, some as young as 14 years old. The individuals within the trailers came to the United States—oftentimes illegally—and were forced to work 12-hour shifts for six to seven days a week at an egg farm in the county under threats of violence (Hickey, 2015). Although the

individuals were paid, their money was taken to pay for the rent of the rundown trailers that they were forced to live in, or the money was used to “repay” the smuggling company (Hickey, 2015). The perpetrators were subsequently charged with engaging in forced labor—several individuals have since been convicted (U.S. Attorney’s Office Northern District of Ohio, 2018). In this way, even if the individuals who worked at the egg farm voluntarily crossed into the United States, the exploitive actions of the traffickers were classified as a form of labor trafficking.

In another example, between 2006 and 2008, four individuals lured three foreign females into relationships under the false pretenses that they would get married, would have legitimate jobs, and would be smuggled into the United States (U.S. Attorney’s Office Northern District of Georgia, 2019). Upon the arrival of the three women, however, the defendants used violence, threats, and other forms of manipulation to force the individuals to perform numerous sexual acts around Atlanta and across Georgia more broadly (U.S. Attorney’s Office Northern District of Georgia, 2019). In coordination with Mexican police, officials in the United States eventually charged the four defendants for their crimes, resulting in some convictions for sex trafficking (U.S. Attorney’s Office Northern District of Georgia, 2019). The broader point of these two examples is that human trafficking can look very different depending on the circumstances. A common component, however, is that victims are oftentimes subjected to violence or threats of violence to keep them compliant and under traffickers’ control. Given the harms associated with these types of offenses, scholars and practitioners have dedicated efforts to determine exactly how many people are victims of human trafficking.

Although it is challenging to reliably estimate the prevalence of human trafficking, it is believed to be a pervasive problem (Zimmerman & Kiss, 2017). Experts across the world agree

that human trafficking events are likely not uncommon but can be difficult to quantify for a variety of reasons (Savona & Stefanizzi, 2007). For example, different levels of analysis (e.g. local, national, global) produce inconsistent estimates that can be challenging to integrate. Furthermore, differing definitions of trafficking used by agencies and variations in laws can create uncertainty whether an individual engaging in commercial sex should be arrested as a prostitute or a rescued sex trafficking victim (Savona & Stefanizzi, 2007). Thus, a precise estimate for trafficking is elusive.

Despite difficulties in establishing a formal count of trafficking events, many actions have been undertaken in an effort to combat this problem. In particular, there have been various ways of responding to these events, including legislative updates, research funding, specialty courts, shelters, and treatment services (Farrell, McDevitt, & Fahy, 2010; Kulig & Butler, 2019; Reid & Jones, 2011; Williams, 2017). Scholars have made efforts to illuminate our understanding of trafficking in each of these areas to provide insights into what policies and practices are most effective for addressing trafficking. However, there have been minimal studies on the collective treatment options for victims of trafficking; the comprehensive review that does exist only focuses on treatment options for juveniles (Farrell et al., 2019). Yet, these assessments are important given that these individuals tend to have complex needs (Gibbs et al., 2015). And importantly, if we do not address the issues that made people vulnerable in the first place, then they could be susceptible to re-victimization in the future (Salami et al., 2018). It is vital then that treatment agencies are available and engaging in effective practices so that victims are equipped with the resources needed to respond to their unique needs.

In this context, the current study seeks to review treatment options used with trafficking victims, outline current providers in the United States that explicitly address trafficking victims'

needs, and organize the current state of the literature on the effectiveness of these responses. The forthcoming sections will be divided into three parts. First, I will explain the responses to trafficking victims, including the role of legislation, research, and specialty courts. Although these responses are not always directly related to treatment decisions, they have contributed to the broader understanding and agenda of treatment options for victims. Second, I will outline the goals of the current study and the methodology used to inform the findings. Third, I will review my findings and the key implications for policy agendas and future research.

Responding to Victims

To respond effectively to the prevalence and gravity of human trafficking, society has responded in many ways. Over the past few decades, strides have been made in areas of research, legislation, and courts in attempt to aid trafficking victims. Each of these areas will be discussed in more detail below while highlighting their contributions to treatment for trafficking victims more broadly.

Legislation

As previously noted, the first federal anti-trafficking bill—commonly known as the Trafficking Victims Protection Act (TVPA)—was passed in 2000 (Victims of Trafficking and Violence Protection Act of 2000). This legislation aimed to combat trafficking, especially among women and children, and labeled sex and labor trafficking as severe forms of modern slavery. In particular, the legislation sought to increase protections for victims, prosecutions for offenders, and prevention efforts within the community.

Since its initial enactment in 2000, the TVPA has been reauthorized nine times: in 2003, 2005, 2008 2013, 2017, 2018, and 2019.¹ (Polaris Project 2019; U.S. Department of State, 2020).

¹The most recent reauthorizations to the TVPA were passed in four separate bills in December 2018 and early January 2019 (Polaris Project, 2019).

These reauthorizations are at the forefront of trafficking legislation at the federal level.

Reauthorizations are enacted so that the terms and conditions listed within the original act may be continued, edited, and/or reallocated as needed (United States Senate, 2018). Legislative highlights within each of these reauthorizations are noted below:

1. **Trafficking Victims Protection Reauthorization Act of 2003:** Advocated for the U.S. Department of State programs outside of the continental United States to work with other programs in order to provide services to trafficking victims
2. **Trafficking Victims Protection Reauthorization Act of 2005:** Furthered the United States' international efforts to combat human trafficking by providing extraterritorial jurisdiction when dealing with trafficking offenses that occurred overseas
3. **William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008:** Established the Trafficking in Persons (TIP) Office and the President's Task Force to Monitor and Combat Trafficking in Persons in an effort to coordinate anti-trafficking efforts
4. **Trafficking Victims Protection Reauthorization Act of 2013:** Allowed the Secretary of State to suspend or revoke the passport of registered sex offenders or individuals convicted of sex offenses; authorized the Secretary of State to support populations vulnerable to trafficking; focused on removing the market surrounding sex and labor trafficking
5. **Justice for Victims of Human Trafficking Act of 2015:** Established the Domestic Trafficking Victims' Fund to support victim programming
6. **Trafficking Victims Protection Reauthorization Act of 2017:** Altered the minimum criteria regarding anti-trafficking efforts and created a watch-list for countries that fail to meet such standards
7. **Trafficking Victims Protection Act of 2017:** Allocated grants to numerous federal programs (e.g. training school resource officers to identify signs of human trafficking amongst students) tasked with combatting human trafficking
8. **Abolish Human Trafficking Act of 2017:** Strengthened programs intended to benefit survivors of human trafficking and provided increased resources for law enforcement agencies to fight traffickers
9. **Frederick Douglass Trafficking Victims Prevention and Protection Reauthorization Act of 2018:** Allowed for the U.S. Department of Health and Human Services to distribute grants and fund programs to combat trafficking

Each of these federal legislative updates have been made in an effort to further the goals of protection, prosecution, and prevention noted earlier—with the addition of facilitating

partnerships as well. Of course, there have been a variety of state laws that have also been passed to address trafficking at the local level (Meshelemiah, 2019). The federal legislation, however, has provided a guiding framework for states to adapt that has been critical for anti-trafficking efforts nationally.

Legislation is important for treatment as it has helped to further our understanding of trafficking victims' needs. Some of the funds allocated by the aforementioned acts and reauthorizations have supported federal-based victim service provisions as well as research studies to establish the most beneficial treatment plans for said victims (Laboratory to Combat Human Trafficking, 2017). This research is vital to ensure that policies and interventions function effectively. As a result of this, treatment plans and centers are able to implement services based on evidence-based practices to facilitate the recovery and reintegration of victims.

Research

Due to their complex trauma histories and uniqueness as a sub-group of survivors, victims of human trafficking are not well understood (Gibbs et al., 2015). To gain a better understanding of human trafficking events, research has flourished over the past decade. These studies have varied in purpose, from legislative reviews (Williams, 2017), to favorable therapy approaches (Salami et al., 2018), to programming ideas (Cavett, 2018). Still, a majority of research on human trafficking is based on surveys and interviews that focus on the victims of these crimes to identify risk factors and vulnerabilities (Johnson, 2012). The ultimate goal of assessing victims' characteristics and experiences is to increase prevention efforts across the nation (Salami et al., 2018; Williams, 2017).

Although it is beyond the scope of this paper to synthesize all research on victims of human trafficking, some trends can be gleaned. First, human trafficking seems to

disproportionately affect individuals who have vulnerabilities that can be exploited. For example, Cavett (2018) conducted a meta-analysis and subsequently created a list of factors which mark someone as a vulnerable target for traffickers; they found that risk factors include housing status, familial abuse and neglect, poverty, behavior problems, substance abuse, and teen-relationship violence. Second, victims have particular demographic profiles. Commonly, victims of sex trafficking tend to be young females who are U.S. citizens or foreign nationals (Bureau of Justice Statistics, 2011; International Labour Organization, 2017). Specific to labor trafficking, common demographics include being male or female, Hispanic, and a foreign national (Bureau of Justice Statistics, 2011). Third, victims of human trafficking can suffer substantial harms. Victims can experience a wide array of repercussions including: psychological/emotional trauma, physical injury, economic instability, and education impairment (Banovic & Bjelajac, 2012).

Given the prior research on *who* is at risk of becoming a victim, there have been efforts to establish treatment responses to facilitate recovery. Of course, responding to victims can be complex. For example, Clawson & Grace (n.d.) identified different segments throughout victims' therapy during which they are at a heightened flight risk, which included the intake period and certain, exceptionally challenging points in their therapy or treatment process (Clawson & Grace, n.d.). Importantly, these issues can be exacerbated for individuals who suffer serious or multiple adverse outcomes from being trafficked—effectively inhibiting any treatment to facilitate recovery.

In response to concerns about providing adequate treatment, many scholars agree that it would be beneficial to create specific treatment programs for victims of human trafficking (Salami et al., 2018). Currently, there is only one training program intended specifically for trafficking victims—My Life My Choice (My Life My Choice, 2020). My Life My Choice uses

a survivor-based approach to treatment in an effort to empower victims and aid them in a successful reintegration into society (My Life My Choice, 2020). While considered to be a promising intervention, My Life My Choice is only used by a few treatment centers; consequently, the widespread need for trafficking treatment remains (My Life My Choice, 2019). Thus, researchers have begun to study the potential positives of applying other trauma-specific treatment programs to this sub-group (Salami et al., 2018). Specifically, posttraumatic stress disorder (PTSD) and other trauma-focused treatment approaches have been adapted to manage the symptoms experienced by human trafficking victims (Salami et al., 2018). Considering that many trafficking victims experience physical and emotional violence, a trauma-informed approach makes sense in this context. Other trauma-centered treatment plans include trauma-focused cognitive behavioral therapy (TF-CBT), dialectical behavioral therapy (DBT), and eye movement desensitization and reprocessing (EMDR) (Johnson, 2012; Grohol, 2019; EMDR Institute, 2020). Still, and as previously noted, there has not been a systematic review of the treatment modalities or their effectiveness for treating victims of human trafficking. A more detailed overview of existing treatment options and their purpose will be discussed in the results section.

Overall, vast improvements have been made in an effort to successfully combat human trafficking. As the number of identified trafficking victims continue to rise, however, it is clear that more research is necessary to respond in an effective manner (Cavett, 2018; Savona & Stefanizzi, 2007). Although specific high-risk victim characteristics have been identified and certain treatment responses have been created in response to these events, it remains abundantly clear that more research is needed to establish what responses work and why. As scholars continue to study these events, the realization that victims can require extensive services and

resources to recover from their victimization has produced the heightened demand for new, well-developed treatment plans.

Specialty Courts

Another way in which society has responded to victims is through specialty trafficking courts (Kulig & Butler, 2019). Although victims require support and resources to facilitate recovery, not all victims are originally identified as such. It is not uncommon for a victim of sex trafficking to be labeled as an offender for actions they were engaging in during their exploitation (e.g., prostitution, substance use) and consequently prosecuted for such crimes (Williams, 2017). Thus, specialty courts have been created to ensure that victims—who might originally be identified and arrested as offenders—receive treatment-oriented responses that take their exploitation into account when addressing their criminal offenses (Kulig & Butler, 2019). In some cases, the aforementioned legislative updates also provide certain levels of immunity to protect the victims who have been exploited from entering the justice system, even if they committed a crime (Teigen, 2018).

Although courts can have different protocols, the overarching goal of any trafficking court is to identify and divert trafficking victims out of the traditional justice system, deliver trauma-informed responses, and address underlying causes of vulnerability to prevent future victimization (Office of Justice Programs, n.d.). Overall, there have been 38 trafficking courts identified across the United States between 2009 and 2018 (Kulig & Butler, 2019). However, these courts predominantly focus on sex trafficking cases only. For example, Houston's Survivors Acquiring Freedom and Empowerment (SAFE) Court gives those aged 17 to 25 charged with prostitution to have their criminal records cleared if they complete a yearlong program (Wolf, 2016). In another example, New York State's Human Trafficking Intervention

Courts emphasize treatment for individuals engaging in commercial sex related to trauma, abuse, and drug addiction, rather than solely focusing on jail time and fines (Center for Court Innovation, 2018). Finally, Miami-Dade's G.R.A.C.E. Court focuses on the needs of children who have been sexually exploited (Eleventh Judicial Circuit of Florida, 2016).

Overall, trafficking courts have been developed to support a treatment response for victims. As victims experience a great deal of physical and psychological harm, such treatment responses are instrumental in allowing victims to properly process the harm they have encountered and to reduce their vulnerability of revictimization. Trafficking courts encourage a treatment response throughout a variety of methods. For example, victims that are also identified as offenders are mandated to receive treatment services as part of their interaction with the court. While no standard protocol exists for which services they must participate in, the focus is generally on trauma-informed care. As a result, this creates another mechanism in place that is meant to assist victims using treatment protocols, even if it originally brings them into the justice system as offenders.

Current Study

In this context, treatment for victims of human trafficking has served as an important cornerstone across legislation, research studies, and specialty courts. Given the harms associated with these offenses, it is perhaps not surprising that treatment has been an important consideration for practitioners and scholars alike. Still, there has not been a systematic review of treatment services for victims to identify best practices when working with this population. Thus, the current analysis seeks to illuminate details on how organizations treat victims and their complex needs to aid recovery and decrease vulnerability to subsequent adverse events. Due to the exploratory nature of this study, the broader goal is to organize knowledge on treatment

options and providers within the United States that could inform future initiatives. The current project seeks to address five research questions:

1. What types of treatment are used to respond to trafficking victims in the extant literature more broadly?
2. How many providers in the United States explicitly treat trafficking victims?
3. What populations do these treatment programs serve?
4. What types of treatment modalities do these programs use?
5. What is the effectiveness of the treatment programs that are implemented?

Methodology

In light of the current research questions, the study was carried out in two stages. In the first stage, Google Scholar was searched to identify existing academic literature on treatment modalities for victims of human trafficking. Searches were conducted between January and February 2020 using key words to identify academic literature on the treatment of trafficking victims. Key terms searched included a combination of: [“human trafficking,” “sex trafficking,” or “labor trafficking”] and [“treatment,” “therapy,” “My Life My Choice,” “intervention,” “shelter,” “treatment center,” “cognitive-behavioral therapy,” or “rehabilitation”]. An identical process was repeated using Academic Search Complete to further identify existing academic literature relating to treatment modalities not originally identified through Google Scholar. Studies were included in the current study if they specified treatment modalities linked to sex, labor, or human trafficking victims. Out of the 45 sources identified, 21 were ultimately retained for analyses. The 24 sources that were excluded failed to focus on human trafficking victims and/or dealt with identifying victims rather than treating them. For sources that were included, information was coded on the following details: (1) identified treatment types, (2) descriptions

on the implementation of the treatment, and (3) rationales for why this program would be effective.

In the second stage, Google, Google Scholar, and Academic Search Complete were searched in March 2020 to locate providers who provided treatment interventions to victims of human trafficking. Searches were conducted using the aforementioned key words along with each individual state name in an effort to identify programs that specifically address the needs of trafficking victims (e.g., Nebraska sex trafficking treatment center). Due to the large volume of potential programs that could treat trafficking victims in addition to individuals with other needs (e.g., intimate partner violence), only programs explicitly devoted to the treatment of trafficking victims were included in this study. Given the goal of this review to identify treatment programs that have been developed explicitly for trafficking victims, it is important to assess those programs developed with this objective and not where existing programs may just be adapted. In other words, this project sought to clearly assess only those programs where trafficking victims were a central focus of the program. A total of 21 programs met these criteria and were included in the review. Three programs were initially included but were later removed as they were not explicitly devoted to human trafficking victims and/or did not publish a valid treatment plan (see Appendix).

Upon the identification of a program or site, supplemental searches were completed to identify any protocols, treatment plans, or other relevant details of each program, including any evaluations on the effectiveness of the intervention at the program. In addition, a basic Google search was conducted in an effort to locate program websites. Once located, these sites were examined to identify information specific to each treatment center. Program details were then coded using the following indicators: (1) program location, (2) year created, (3) population

served (i.e., females or males), (4) ages served (i.e., juveniles or adults), (5) type of trafficking (i.e., sex or labor trafficking), (6) referral process, (7) treatment modality used, (8) mission statement of the program, and (9) evaluations of each program's effectiveness (as applicable).

Findings

The findings are presented in two parts: (1) the results from the literature search on treatment modalities and (2) the findings from the search for treatment providers in the United States.

Literature Review on Treatment Modalities

Table 1 describes the six most commonly used human trafficking treatment modalities identified in the literature search: (1) Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), (2) Cognitive Processing Therapy (CPT), (3) Prolonged Exposure Therapy (PET), (4) Dialectical Behavioral Therapy (DBT), (5) Eye Movement Desensitization Therapy (EMDR), and (6) My Life My Choice. A brief description of each program and an overview of how and why it is expected to be an effective intervention for trafficking victims is presented in Table 1. Effectiveness was assessed differently among the various programs, with majority of programs examining a reduction of adverse symptoms or an increase in positive symptoms.

Overall, these programs tend to adhere to already-established modalities that have been adapted for human trafficking victims, with the exception of My Life My Choice. Most of the acknowledged treatment modalities aim to change thoughts that can influence behaviors. For example, TF-CBT looks to alter how individuals think about themselves and their situation(s) (Dell et al., 2017). Similarly, CPT aims to restructure personal feelings of hopelessness (Salami et al., 2018). This theme of recognizing and altering cognitions and behaviors can consistently be seen across the other three modalities (e.g., PET, DBT, and EMDR). My Life My Choice is

unique because it uses a holistic approach to provide the victims not only with treatment, but it links them with survivors to provide them with support systems and to push them to eventually become a leader in the program (Rothman et al., 2019).

Overview of Treatment Providers

The current study identified 21 human trafficking treatment centers across the United States. Table 2 provides an overview of each identified center, including the treatment center's program name, its founding year, population(s) served, and how referrals to the program are made. Additional details are reviewed below.

Program Location

The treatment providers were located across eleven states, including: Alabama, Arkansas, California, Colorado, Florida, Georgia, Illinois, Kansas, Massachusetts, New York, Texas, and Washington, DC (see Table 2). Some states developed more treatment centers than others. For example, California had the greatest number of centers ($n = 4$). Other states housing multiple centers include Georgia ($n = 3$), Florida ($n = 3$), Alabama ($n = 2$), and New York ($n = 2$).

Year Created

The human trafficking treatment center with the earliest founding year is Children of the Night, located in Los Angeles, California, which was created in 1979 (see Table 2). Other treatment facilities were created in 1992 ($n = 1$), 1998 ($n = 1$), 2000 ($n = 1$), 2001 ($n = 2$), 2002 ($n = 2$), 2004 ($n = 1$), 2007 ($n = 2$), 2008 ($n = 2$), 2009 ($n = 1$), 2010 ($n = 1$), 2011 ($n = 1$), 2012 ($n = 1$), 2014 ($n = 2$), 2015 ($n = 1$), and 2018 ($n = 1$). In another way, there were three programs created in the 1990s or earlier, 11 in the early 2000s, and seven programs in the 2010s. Although there have been few identified centers created within the last several years, this trend seems to indicate a steady increase of specialized centers over the past decade.

Population Served

The breakdown of treatment center populations is outlined in Table 2. There were eight programs that served juveniles only, four that served adults only, and nine that served a combination of adults and juveniles. All 21 programs treated females, with seven of the programs also treating males. Almost all of the programs focused on treating sex trafficking victims (n = 20). The only exception was Hope Haven (Summerdale, Alabama), which treats both sex and labor trafficking victims.

Referrals

Different programs implement different referral styles—or ways in which treatment centers learn of victims that require treatment—as described in Table 2. The two most common forms seen are phone numbers (n = 13) followed by online forms (n = 6). Other referral types include drop-in centers (n = 3), government flags (n = 2), service providers (n = 1), and email (n = 1).

Treatment Modalities

Table 3 provides an overview of the treatment modality used by each program. Although not all programs explicitly used the formal treatment names of modalities identified in the initial literature review, the description of their services tend to fit within these broader categories. Some programs use a mixture of treatments or draw on each modality to form their own protocols. Similarly, some programs, in part of their treatment plan, use a modality that is not completely backed by science; therefore, they were not included as a general modality in Table 1. In this way, Table 3 presents the names of treatment modalities used by the providers identified, but the discussion below is generally able to classify them within these broader treatment responses.

Many of the programs use responses that closely align with TF-CBT (n = 12) practices. Other centers implemented My Life My Choice (n = 2), CPT (n = 1), PET (n = 1), EMDR (n = 1), and DBT (n = 1) treatments. Three of the programs were classified as “Other Treatment” because they do not fall into the classification of these broader responses. Instead, the programs highlighted that spiritual practices and teachings were used to treat victims of trafficking.

Treatment Missions

Each treatment has a unique mission statement which aims to convey their program’s overall goal(s). The vast majority of the missions include a goal to bring awareness to the general public regarding signs of human trafficking and ways to intervene and help the victims (n = 14). These missions also demonstrate the specific program’s drive to use survivor-based treatment to allow victims to regain their independence (n = 8).

Evaluations on Program Effectiveness

Only nine of the programs had an evaluation component that could be identified (see Table 3). Additionally, two of these programs (Selah Freedom in Sarasota, Florida; My Life My Choice in Boston, Massachusetts) were evaluated together and the findings were combined, resulting in a total of eight unique evaluation reports. Each of these studies are reviewed below to highlight the different ways in which evaluations are defined and conducted.

First, Children of the Night (2020) primarily evaluated their program in terms of academic achievement, maintaining that they have placed hundreds of sex trafficking victims from the United States into college. Beyond this, Children of the Night (2020) claims that 70% of these college graduates have gone on to lead successful adult lives, pursuing a number of different career paths.

Second, the Resiliency Interventions for Sexual Exploitation (RISE) primarily evaluated success by examining participants' scores on CoVitality, in comparison to their peers (Santa Barbara County, 2018). CoVitality scores are based upon a combination of the program members' belief in themselves, belief in others, emotional competence, and engaged living. Through their evaluation, the RISE program found that compared to their peers, RISE participants scored higher in overall CoVitality scores.

Third, Citrus Helping Adolescents Negatively impacted by Commercial Exploitation (CHANCE) program evaluated their participants' success by looking into their behavior during and after their time in the program (Farrell et al., 2019). Risk behaviors amongst the program participants, such as running away and intentional misbehavior, have were significantly reduced (Farrell et al., 2019).

Fourth, as aforementioned, the programs Selah Freedom and My Life My Choice utilize the same treatment modality. As a result, the evaluations of these two programs have been combined into the same report. For these programs, effectiveness was determined by reports of victimization, coping skills, social support, and drug use (Rothman et al., 2019). Both Selah Freedom and My Life My Choice programs reported that, following training completion, youths were three times less likely to report revictimization. Beyond this, youths reported an increase in their coping skills and social support, as well as a decrease in self-reported drug use (Rothman et al., 2019).

Fifth and Sixth, the Wellspring Living's (2020) program was evaluated based upon the participants' trauma symptoms succeeding program completion for two separate residential programs serving juveniles and adults. Amongst both the juveniles and adults, 80% of participants committed to completing the program. Additionally, Wellspring Living (2020)

reported that within their juvenile program, 100% of participants reported a decrease in trauma symptoms and 85% achieved measurable stability. Among Wellspring Living's adult participants, 95% remained substance free post program and 90% reported improvement in physical and emotional safety, stabilization and resiliency.

Seventh, Veronica's Voice (2015) evaluated effectiveness by the number of participants that completed the program. The agency reports that 68 women have successfully completed their program since its inception.

Eighth, Girls Educational & Mentoring Services (GEMS) (2018) primarily evaluated their effectiveness in terms of academic achievement. Approximately 54% of their participants enrolled in college, 46% are pursuing a GED, and 73% are enrolled in high school (n = 122).

In sum, the above-mentioned programs exhibit great diversity in how they evaluate program success through program completion, educational attainment, and improved socioemotional development. Nonetheless, each of these programs demonstrate some preliminary support for effective treatment results, ultimately aiding victims of human trafficking in a variety of ways. Throughout these various evaluation methods and their accompanying reports, individual successes and the many ways in which their treatment benefits the survivors are showcased. Still, the programs themselves are not able to clearly indicate whether their treatment protocols are effective at protecting victims from future adverse events (e.g., victimization, trafficking).

Table 1. Example Human Trafficking Treatment Modalities

Treatment Type	Description	Rationale of Effectiveness
1. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	An intervention based on learning and cognitive theories, strives to reduce negative emotional and behavioral responses and correct unhealthy beliefs and attributions; it combines trauma-sensitive interventions with cognitive behavioral therapy ²	<ul style="list-style-type: none"> • Overall reduction in shame¹ • Improves PTSD symptoms, decreases depression, anxiety, externalizing behaviors, sexualized behaviors, feelings of shame, and mistrust²
2. Cognitive Processing Therapy (CPT)	Involves the use of cognitive restructuring techniques to change maladaptive hopelessness in regards to one's self and the world ³	<ul style="list-style-type: none"> • Changing maladaptive perceptions about one's self and the world leads to changes in general activity level, and reduced apathy and anhedonia for various activities³ • Habituation becomes a natural consequence of restructuring negative cognitions as individuals experience reduced fear as they approach various activities³
3. Prolonged Exposure Therapy (PET)	Mitigates distress caused by trauma via habituation. Habituation describes exposure to internal and external stimuli that remind them of their trauma ³	<ul style="list-style-type: none"> • Cognitive changes occur as feared, but benign stimuli are encountered and new information is successfully incorporated into cognitive schemas that disconfirm our prior beliefs³
4. Dialectical Behavioral Therapy (DBT)	Uses mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness to re-set the patient's arousal levels and to balance their mood swings ⁴	<ul style="list-style-type: none"> • Aims to rid the client's black and white thinking by teaching them to hold two perspectives at once: acceptance and change⁵
5. Eye Movement Desensitization and Reprocessing (EMDR)	Type of psychotherapy which allows for one to access and process their traumatic memories and other adverse life experience and to bring them to an adaptive resolution ⁶	<ul style="list-style-type: none"> • Relieves affective distress, reformulates negative beliefs and reduces physiological arousal⁶
6. My Life My Choice	Provides victims with safety and stability, builds critical life skills, connects with additional support systems and moves from victim to survivor to leader ⁷	<ul style="list-style-type: none"> • Increases coping skills and social support⁷ • Provides long-term and consistent emotional support to youth⁸

Note: Findings for My Life My Choice involved a combination of programs.

¹Dell et al. (2017); ²Johnson (2012); ³Salami, Gordon, Coverdale, & Nguyen (2018); ⁴Grohol (2019); ⁵Miller, Rathus, & Linehan (2007); ⁶EMDR Institute (2020); ⁷My Life My Choice (2019); ⁸Rothman et al. (2019).

Table 2. Human Trafficking Centers in the United States (N = 21)

Program Name	Location	Year Created	Population Served	Ages Served	Type	Referral
1. Well House	Odenville, AL	2011	Females	Juv./Adults	ST	Phone
2. Hope Haven	Summerdale, AL	2014	Males/Females	Juv./Adults	ST/LT	Hotline/phone
3. The Centers for Youth and Families—Human Trafficking Treatment Center	Little Rock, AR	2018	Males/Females	Juv./Adults	ST	Phone
4. Children of the Night	Los Angeles, CA	1979	Males/Females	Juveniles	ST	Hotline, drop-in center
5. Motivating, Inspiring, Supporting & Serving Sexually Exploited Youth (MISSEY)	Oakland, CA	2007	Females	Juv./Adults	ST	Online
6. Standing Against Global Exploitation (SAGE) Safe House ^a	San Francisco, CA	1992	Females	Juv./Adults	ST	Drop-in, phone
7. Resiliency Interventions for Sexual Exploitation (RISE)	Santa Barbara, CA	2015	Females	Juv./Adults	ST	Hotline, flagged by government workers
8. The Haven Program	Cañon City, CO	2004	Males/Females	Juveniles	ST	Online
9. Citrus Helping Adolescents Negatively impacted by Commercial Exploitation (CHANCE) Program	Hialeah, FL	2014	Males/Females	Juveniles	ST	Phone
10. Project Girls Owning their Lives and Dreams (GOLD)	Miami, FL	2007	Females	Juveniles	ST	Drop-in center
11. Selah Freedom	Sarasota, FL	2010	Females	Adults	ST	Phone
12. Wellspring Living—Girls Residential Program	Atlanta, GA	2001	Females	Juveniles	ST	Phone
13. Wellspring Living—Women's Residential Program	Atlanta, GA	2001	Females	Adults	ST	Phone
14. Angela's House	Rural Georgia	2002	Females	Juveniles	ST	Flagged as “at-risk,” phone
15. The Dream Catcher Foundation	Chicago, IL	2008	Females	Juv./Adults	ST	Email, phone
16. Veronica's Voice—Magdalene KC Home	Kansas City, KS	2000	Females	Adults	ST	Online
17. My Life My Choice	Boston, MA	2002	Females, Males	Juveniles	ST	Online, Phone
18. Girls Educational & Mentoring Services (GEMS)	New York, NY	1998	Females	Juv./Adults	ST	Online
19. Restore NYC	New York, NY	2009	Females	Adults	ST	Online
20. Arrow's Freedom Place	Road Spring, TX	2012	Females	Juveniles	ST	Phone
21. Courtney's House	Washington DC	2008	Males/Females	Juv./Adults	ST	Service providers

Note: ST = Sex Trafficking (includes descriptions of commercially sexually exploited individuals); LT = Labor Trafficking. ^aNo longer in operation

Table 3. Treatment Modalities, Mission Statements, and Evaluation Highlights of Human Trafficking Centers

Program Name	Treatment Modality	Program Mission	Highlights
1. Well House	Trauma Center	Use religion and religious practices to provide the survivor with opportunities	—
2. Hope Haven	Spiritual and emotional counseling	Meet the physical, emotional, and spiritual needs of each survivor	—
3. The Centers for Youth and Families—Human Trafficking Treatment Center	TF-CBT	Provide specialized prevention, intervention and treatment services that promote emotional and social wellness for children and families	—
4. Children of the Night	Case management and education	Intervenes and aims to stop the distribution of child pornography and prostitution	• Placed hundreds of America’s child sex trafficking victims in college ¹
5. Motivating, Inspiring, Supporting & Serving Sexually Exploited Youth (MISSEY)	Survivor-and-trauma-informed care	Provide support, services, and work to initiate a systemic change within the world of commercial sexual exploitation amongst youth	—
6. Standing Against Global Exploitation (SAGE) Safe House	Group and individual counseling	Improve victims’ lives via trauma recovery services, substance abuse treatment, vocational training, housing assistance, and legal advocacy	—
7. Resiliency Interventions for Sexual Exploitation (RISE)	Gender-specific, trauma-focused services	Support and empower the victims and broadcast a message of positivity to victims outside of the program that there is hope	• RISE girls score higher in overall CoVitality (e.g., belief in self, belief in others, emotional competence, and engaged living) compared to peers ²
8. The Haven Program	TF-CBT; DBT	Provide a safe house and a residential treatment center which provide comprehensive therapy services.	—
9. Citrus Helping Adolescents Negatively impacted by Commercial Exploitation (CHANCE) Program	Trauma- and culture-informed approach	Provides prospective foster parents with required trainings for licensing, and additional trainings for specialized therapeutic foster care for CSEC victims	• Risk behavior such as running away and intentional misbehavior have been shown to significantly reduce ⁷
10. Project Girls Owning their Lives and Dreams (GOLD)	TF-CBT	Use a strengths-based, survivor-advised approach in delivering health, social, and legal services along with mental health support and education	—
11. Selah Freedom	My Life My Choice	End sex trafficking and bring freedom to the exploited through four strong programs: Advocacy & Awareness, Prevention, Outreach and Residential.	<ul style="list-style-type: none"> • Following completion of training, youth were 3 times less likely to report revictimization³ • Coping skills and social support increased³ • Self-reported drug use decreased³
12. Wellspring Living—Girl’s Residential Program	Trauma-informed care	Provide trauma-informed care in an effort to restore physical, emotional, and spiritual well-being	<ul style="list-style-type: none"> • 100% of participants report decrease in trauma symptoms⁴ • 80% of participants commit to completing the program⁴ • 85% of participants achieve measurable stability⁴

Table 3. Treatment Modalities, Mission Statements, and Evaluation Highlights of Human Trafficking Centers

Program Name	Treatment Modality	Program Mission	Highlights
13. Wellspring Living— Women's Residential Program	Trauma-informed care	Provide trauma-informed care in an effort to restore physical, emotional, and spiritual well-being	<ul style="list-style-type: none"> • 80% of participants commit to completing program⁴ • 95% of participants remain substance free⁴ • 90% of participants report improvement in physical and emotional safety, stabilization and resiliency⁴
14. Angela's House	Counseling and employment training	Use community-based services to address all angles of victimization	—
15. The Dream Catcher Foundation	Psychological care	Survivor founded, driven, and focused to fight for the end of human trafficking in Chicago	—
16. Veronica's Voice— Magdalene KC Home	Housing, life skills and job training	End the existing demands and desires which allow sex trafficking to occur	<ul style="list-style-type: none"> • 68 women successfully completed program⁵
17. My Life My Choice	My Life My Choice	Holistic, survivor-led, evidence-based treatment to empower victims and promote community prevention of trafficking	<ul style="list-style-type: none"> • Following completion of training, youth were 3 times less likely to report revictimization³ • Coping skills and social support increased³ • Self-reported drug use decreased³
18. Girls Educational & Mentoring Services (GEMS)	Gender-responsive, trauma-informed, developmentally grounded, strength- based care	Empower victims to exit the trade, rehabilitate, and meet their fullest potential as an individual	<ul style="list-style-type: none"> • 54% enrolled in college, 46% pursuing a GED, 73% enrolled in high school (n = 122)⁶
19. Restore NYC	Trauma-and culture- informed approach	Offer a path to freedom for child victims	—
20. Arrow's Freedom Place	Individualized, comprehensive treatment plans	Offer a path to freedom for child victims	—
21. Courtney's House	Survivor-focused, trauma-informed holistic approach to treatment	Protect children victims from being sexually exploited	—

Notes: TF-CBT = trauma-focused cognitive behavioral therapy; DBT = dialectical behavior therapy.

¹Children of the Night (2020); ²Santa Barbara County (2018); ³Rothman et al. (2019); ⁴Wellspring Living (2020); ⁵Veronica's Voice (2015); ⁶GEMS (2018); ⁷Farrell et al. (2019).

Discussion

Over the past few decades, vast improvements have been made in how the United States responds to victims of human trafficking. Mainly, these responses have included legislative updates, increased research initiatives, and the development of multiple specialty courts (e.g. Farrell et al., 2010; Kulig & Butler, 2019; Reid & Jones, 2011). Nonetheless, human trafficking continues to receive increasing levels of attention as efforts to identify victims are prioritized (Savona & Stefanizzi, 2007). As individuals are located, meeting the needs of human trafficking victims will continue to become increasingly important.

While great research strides have been made, no study to date has identified centers explicitly developed for the purpose of treating victims of human trafficking. Therefore, the purpose of this study was to identify treatment programs that exclusively treat victims of human trafficking. Beyond identifying these existing centers, this study was additionally interested in examining the different treatment modalities utilized by each program and program effectiveness. Overall, the current analysis illuminated three important conclusions for consideration.

First, a limited number of treatment centers exist that exclusively treat victims of human trafficking and many of those programs focus only on sex trafficking victimizations. Specifically, 21 treatment programs that have been exclusively tailored to victims of human trafficking currently exist in the United States. Of these programs, the first was founded in 1979, with a steady increase of specialized centers over the past decade. Findings indicate that the majority of these existing centers serve a combination of adults and juveniles, while some cater only to juveniles or to adults. Similarly, a majority of programs strictly treated females ($n = 14$), while relatively few treated both females and males ($n = 7$). Finally, a vast majority of the

programs focused on treating sex trafficking victims (n = 20), with only one program treating both sex and labor trafficking victims. In this way, even the programs that do exist are predominantly focused on sex trafficking victimization and could overlook the treatment needs of labor trafficking victims.

Second, currently only one treatment modality, My Life My Choice, has been created exclusively for sex trafficking victims. No modalities that were identified were specifically developed for labor trafficking victims. As a result, existing modalities have largely been adapted to provide treatment responses this population. The most commonly used human trafficking treatment modalities include Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy (PET), Dialectical Behavioral Therapy (DBT), and Eye Movement Desensitization Therapy (EMDR). Although these treatments are generally rooted in trauma-informed care, it is not clear which practices are most effective for responding to trafficking victims (e.g., Reid, Strauss, & Haskell, 2018). While recent attention has been directed at My Life My Choice, this modality continues to be utilized less frequently than the aforementioned modalities.

Third, while few centers designed exclusively for trafficking victims exist, even fewer evaluations of these centers have been conducted. For evaluations that do exist, most center around simple statistics that illustrate advances seen amongst program participants (e.g., the number of program members that have successfully completed the program). Of the nine programs with published evaluations, program success was measured by a range of achievements, including academic attainments, post-program life choices, and emotional stability. Nonetheless, restricted data and inconsistent evaluation methods have limited researchers' ability to examine or compare program effectiveness for the majority of existing

programs. In this way, it is vital that programs integrate evaluations to assess the effectiveness of these programs with victims of trafficking specifically.

As indicated above, very little is known regarding the effectiveness of current treatment centers that exclusively respond to human trafficking victims. While this study contributes to a gap in knowledge, confidentiality requirements and limited transparency continues to reduce accessible program data. As a result, further research on these treatment centers is warranted. Specifically, it would be beneficial for future studies to gather additional information regarding the effectiveness of each program. In doing so, successful and effective treatment modalities and programs can be identified and allotted adequate resources, ultimately increasing effective treatment available for victims. While grand improvements in legislation, research, and courts have been made, such efforts must continue to ensure that the treatment received by human trafficking victims is as effective as possible.

Appendix

- 1) Hope Ranch for Women (Andover, KS)
- 2) Blue Campaign (Department of Homeland Security, Washington DC)
- 3) Place of Hope (Palm Beach Gardens, FL)

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