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## **Social Work Practitioners and the Identification of Human Trafficking Victims**

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*St. Catherine University*

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Social Work Practitioners and the Identification of Human Trafficking Victims

Submitted by Kirsten B. Christenson

May 14, 2012

MSW Clinical Research Paper

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present their findings.

This project is neither a Master's thesis nor a dissertation

School of Social Work

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Social Work Practitioners and the Identification of Human Trafficking Victims

by **Kirsten B. Christenson**

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Research Committee:

Chair: Sarah Ferguson, PhD  
Members: Jeanette Zaczkowski, MSW, LICSW  
Sarah Bauer, Program Director

Abstract

Human trafficking is a growing problem in the United States, specifically in Minnesota. Victims of human trafficking are difficult to locate and identify. The purpose of this study was to gather information about the knowledge level of social work practitioners when faced with the identification of human trafficking victims in a hospital setting. Using a convenience sample, 16 hospital social work practitioners were surveyed regarding their knowledge of human trafficking and trafficking victim identification. The data obtained was analyzed using descriptive analysis, frequency counts, and content analysis. This data was then compared to previous related literature. The findings indicated that although the social work practitioners had a general working knowledge of human trafficking, they would benefit from additional training regarding victim intervention strategies.

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St. Catherine University and the University of St. Thomas

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**To my family, absolutely none of this would have been possible without your unconditional love and support. I appreciate each of you for all that you have done and continue to do for me each and every day. Thank you is not nearly enough. I attribute this, and all future successes as a result of this achievement, to you.**

**Table of Contents**

Introduction.....	1
Literature Review.....	3
What is Human Trafficking.....	3
Prevalence of Human Trafficking.....	8
Victims & Process of Recruitment.....	9
Barriers to Escape.....	11
Use of fear.....	11
Characteristics of traffickers.....	12
Psychological factors for victims.....	13
Social factors of victims.....	14
Identification of Victims.....	14
Conceptual Framework.....	16
Methods.....	17
Research Design.....	17
Sample.....	17
Protection of Human Subjects.....	18
Data Collection.....	18
Data Analysis.....	19
Strengths & Limitations.....	20
Findings.....	21
Consent.....	21
General Knowledge of Trafficking.....	21
Comfort Level Measured.....	24
Training.....	24
Discussion.....	25
Future Research.....	28
Educating Social Workers & the Community.....	28
Implications.....	29
Conclusion.....	31
Appendix A	
Research Information & Consent Form.....	32
Appendix B	
Survey.....	34
Appendix C	
Human Trafficking Victim Resources.....	36
References.....	37

## **Introduction**

Social work practitioners take on many diverse roles. One practitioner that touches many lives on a regular basis is that of a hospital social worker. Human trafficking victims are a population that social workers may unknowingly encounter in their line of work. These victims vary in age, gender, race, and social status. People are trafficked for sex, labor, organs, and a vast array of other services. Victims of trafficking are difficult to identify because they try to remain hidden and out of sight. They fear capture by authorities, physical and mental retaliation from their trafficker, and harm to their loved ones.

Those typically targeted by traffickers often live in countries that are poor, have civil unrest, are politically unstable, and economically disadvantaged (Hodge, 2008). Traffickers prey on victims who are living in these conditions because they are most susceptible to being lured in with promises of a better life in a wealthier nation. Once they have been drawn in the traffickers move them to a new location that is typically unfamiliar to the victim. The victims are then trapped in a strange place with extremely limited access to the means with which they would need in order to escape.

This is where social workers come in. If a victim does make it into a hospital in search of help, for medical reasons or not, a social work practitioner is likely to be involved in their care. It is important that these practitioners are skilled at the identification of and knowledgeable about the resources available to human trafficking victims as it is unlikely that the practitioner will have another opportunity to help the suspected trafficking victim. Human trafficking victims are a challenging population to identify for a number of reasons. The most prominent is the relationship with their

trafficker. Human traffickers are skillful at manipulation and control in order to best protect themselves from being discovered (Reid, 2010).

A review of the literature indicates that there is information missing regarding practitioner awareness and comprehension of human trafficking. The literature reviewed for the purpose of this study supports a need for further evaluation of practitioner knowledge level. The purpose of this study is to gather information about the knowledge level of social work practitioners when faced with the identification of human trafficking victims in a hospital setting.

## **Literature Review**

### **What is Human Trafficking?**

According to the Trafficking in Persons Report (TIP) (2011), over the last 15 years the term “human trafficking” has been used to describe the “activities involved when one person obtains or holds another person in compelled service” (p. 7). Human trafficking takes on many forms. Trafficking provides an endless supply of human beings for use in every possible labor industry. Examples of these include prostitution, sweat shops, marriage, domestic work, construction and farm labor. A person is considered a trafficking victim regardless of whether they were born into servitude, transported to an exploitive situation, if they once consented to the trafficker or whether they committed a criminal act while under the traffickers control (United States Department of State, (2011)). The United Nations defines human trafficking as:

The recruitment, transportation, transfer, harboring or receipt of persons, by means of threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs. (Jones, Engstrom, Hilliard & Diaz, 2007, p.7).

According to the Victims of Trafficking and Violence Prevention Act (VTVPA), human trafficking is broken down into two main categories: sex trafficking and labor

trafficking. Each of these categories includes a plethora of acts that trafficking victims are forced to complete. Traffickers have access to their product nearly everywhere on earth. Human trafficking is an industry that is capable of supplying endless product regardless of the cost or demand.

The United States Department of State in the TIP (2011) defines sex trafficking as an act in which an “adult is coerced, forced, or deceived into prostitution or maintained in prostitution through coercion.” If the person 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” (p.7) then he or she is considered to have been trafficked no matter whether consent was given or not. If a minor was coerced in any way to perform a sexual act he or she is considered to be a victim of sex trafficking.

Labor trafficking involves “the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjecting that person to involuntary servitude, peonage, debt bondage, or slavery” (Kotrla, 2010). Forced labor or involuntary servitude is when victims are forced to work and are exploited by their employers. Bonded labor occurs when traffickers or recruiters exploit an initial debt from transportation or housing and make repayment of this a part of the victims’ employment terms. This may also take place when a person inherits a family member’s previous debt and then are forced to work to pay it off (United States Department of State, 2011).

If the person is over the age of 18 there are certain criteria that must have been met in order for them to have been trafficked. In order for a person over 18 to meet the

criteria to be considered “trafficked,” their trafficker must have utilized something as described in each of the following areas: 1) process, 2) means and 3) intent.

The first category, process, is the method by which the victim has been brought into the situation. This includes recruitment, transportation, transferring, harboring or receiving. In each of these areas, deception of some form is used to the trafficker’s advantage. The trafficker may have led the victim or their family to believe that they were going to be given a job and therefore the ability to make a better life for themselves. The trafficker may have posed as a companion, gaining the victim’s trust in an attempt to lure the victim away from their comfort zone. The process focuses on how the victim was brought away from their normal life and into a situation where they were going to be trafficked.

The second category is the means by which this process happened, including threat, coercion, abduction, fraud, deceit or abuse of power. Generally, the trafficker will lure victims away from home. Once the removed from everything they know the trafficker will suddenly begin to force victims to complete various acts against their will. These range from acts of labor to acts of a sexual nature. Traffickers enlist a range of techniques to abuse and compel their victims into doing whatever the trafficker has brought them there to do.

Finally, the third category is the intent for which the victim is meant to be used. This category includes prostitution, pornography, violence/sexual exploitation, forced labor, involuntary servitude, debt bondage, or slavery. Victims are forced to endure whatever the trafficker’s customer wants. Victims do not have a say in what they do, where they do it, how many times they will have to do it, or how long it will last. Human

trafficking victims work in many jobs including farm hand, nanny, cook, prostitute, performer, seamstress, housekeeper, and exotic dancer to name a few.

There are different criteria that need to be met by minors and adults in order for a person to be labeled a human trafficking victim. For an adult to meet the trafficking criteria, one item from the process and intent categories must have been met. If an adult consents to the act being asked of them by the trafficker, they may not be considered a victim of human trafficking. However, consent is irrelevant if one of the items from the means category is met. If the individual has not been threatened, coerced, abducted, defrauded, deceived, or subjected to another person's abuse of power, they would not meet the trafficking criterion. If the victim is a child then consent is irrelevant with or without an item from the means category (United States Department of State, 2011).

Trafficking can occur when a person is forced to commit prostitution through intimidation or when they are forced to repay a debt incurred for transportation or housing costs by performing sexual acts. Another way that this occurs is when the trafficker uses the threat of violence to intimidate the victim into performing various acts both of labor and sex. The threat of violence is a particularly effective tactic when traffickers are working with children. Child sex trafficking is a significant piece of human trafficking because children are a more valuable product. Minor sex trafficking can take on several different forms, including but are not limited to prostitution, pornography, stripping and escort service work (Kotrla, 2010).

Human trafficking occurs in nearly every country. It has been referred to as present-day slavery (Hodge & Lietz, 2007). It is estimated that the profits from human trafficking are somewhere between 7 to 12 billion US dollars annually (McDonald &

Timoshkina, 2004). This estimate identifies how human trafficking is significantly profitable for the traffickers (Kotrla, 2010). Trafficking is a business that allows the trafficker nearly effortless access to their product, human victims, no matter where they are. As a result of this easy access, the victims have very low value and are essentially disposable. They are only worth what they bring in terms of immediate profits to their owners. In order to maximize their profits, traffickers aim to keep their costs low. Many times victims are not paid. Victims are told that the money they have earned must go towards the cost of their room and board, food, and travel expenses; victims are often housed in unsanitary and crowded conditions (Logan, Walker & Hunt 2009). This allows the trafficker to make the most off of their investment.

Women and children make up the majority of people trafficked and of those, many are victims of sex trafficking (Hodge, 2008). Hodge (2008) also describes how women in countries that are politically unstable or economically disadvantaged are more susceptible, due to their increased likelihood to be impoverished and vulnerable to coercion. These adults and children are recruited in one country, brought to another country to be initiated or trained, and then finally they are delivered to their destination country where they are sold. Throughout this entire process the victims are forced to undergo a multitude of atrocities. They are sold over and over again at each location through which they pass. Traffickers, in attempt to gain control over their victims, will deny them food, water, or clothing (Bernat & Zhilina, 2010). All of their identifying documents are destroyed. They are forced to engage in horrific sexual acts. The victims are frequently beaten, repeatedly raped, strangled, or murdered in front of other victims (Hodge, 2008). There have been reports of child victims being restrained and forced to

have sex with animals (Hodge, 2008). Most often victims are transported to countries they are not familiar with. They do not speak the language or know their way around, so they are unable to reach out for help (Bernat et al, 2010).

### **Prevalence of Human Trafficking**

Although trafficking has been clearly defined, it is very difficult to accurately measure. Trafficking is a business that is conducted in the shadows, out of view. It has been estimated that 600,000 to 800,000 people are trafficked internationally each year (Hodge & Lietz, 2007). In a report given by the International Labor Organization in 2005, it was estimated that there were approximately 12,300,000 victims throughout the world in forced labor conditions (Jones, Engstrom, Hilliard, & Diaz, 2007). In another report by Blackburn, Taylor and Davis (2010), it is estimated that there are 300,000 to 500,000 workers in the Cambodian sex trade alone. The numbers are staggering and significant, yet they are not reliable, specific, or accurate. The hidden nature of this business makes determining an accurate and reliable estimate complicated.

What is known is that human trafficking has become increasingly transnational. The process of constant movement is another reason trafficking prevalence is so difficult to accurately assess. Some of the known regions of origin are Asia, the Commonwealth of Independent States (CIS-the countries of the former Soviet Union), Africa, Eastern Europe and Latin America. According to McDonald and Timoshkina (2004), it is estimated that two-thirds of the women and children trafficked annually for prostitution worldwide are from Eastern and Central Europe. The main transit regions include Eastern Europe, Asia, Africa, the CIS, and the industrialized nations. Finally, the primary destination countries are Italy, the United States, Germany, the Netherlands,

Japan, Greece, Turkey, and Thailand (Hodge & Lietz, 2007). In recent years, there has been emphasis on human trafficking from the United Nations, the United States Department of Justice, and a variety of other international organizations resulting in more interest and research in this area (Blackburn, Taylor & Davis, 2010).

### **Victims & Process of Recruitment**

Women and children are usually the targeted victims in trafficking, with young boys and girls the most likely to be targeted by sex traffickers (Demir & Finckenaue, 2010). Hodge (2008) estimates that approximately 70-80 % of trafficking victims are female and that 50 % of those females are young girls. Children are often easier for a trafficker to control through fear and violence therefore making them a much more vulnerable target. Young children are often targeted because they are likely virgins. According to Blackburn (2010), underage girls are popular among sex tourists. There are men who believe that sex with a virgin is a safer way to avoid sexually transmitted diseases; other perpetrators believe that sex with a virgin will actually cure certain STDs (Blackburn, et. al, 2010). Other significant risk factors for those susceptible to trafficking include those who are poor, disabled, those who have run away from or been thrown out of their home, are homeless, have a history of abuse, or those who are in the foster care system (Kotrla, 2010). Trafficking typically originates in areas of poverty, places that lack strong economic development and places that are politically unstable. These areas offer traffickers a number of ways to entice their victims into working for them.

Traffickers may use existing businesses to lure victims in, such as modeling agencies, marriage agencies, employment agencies, and adoption agencies (Hodge, 2008). Traffickers will also promise potential jobs in more developed and wealthier

countries (Gjermeni, Van Hook, Gjipali, Xhillari, Lungu & Hazizi, 2008). Traffickers will promise parents a better life for their children in order to get them to agree to place their child up for adoption. They use fake businesses to gain the trust of their victims and then once the victims have left the country with their recruiter they quickly learn that they are in a bad situation with very limited options for escape.

Another method of recruitment happens when the trafficker acts as if they care for and love the victim. The role the trafficker mimics that of a boyfriend or parent. This may cause the victim to falsely trust the trafficker. The trafficker will show them affection, attention and buy them various things that they may need or want in exchange for sex or labor (Reid, 2010). This gives the trafficker an edge toward gaining the victims trust and loyalty (Kotrla, 2010). Once they have gained this trust the trafficker will turn on the victim and begin to force them to perform sex or labor acts for others. This often is done after the trafficker has enticed the victim to perform or do something that the victim believes to be shameful. The trafficker then uses the victim's shame to coerce the victim into doing things that they would not normally do.

Once the victims are in a trafficking situation, they are groomed for the business. The victims are forced to endure a variety of physical and psychological tortures at the hands of their trafficker. The traffickers do this in an effort to break their victims' will and force them to become submissive. Similar to victims of domestic violence, trafficking victims are also frequently threatened with severe injury or death if they seek a way out (Bernat and Winkeller, 2010). As a result of victims being isolated and deprived, they begin to accept the abuse, deception, and domination as a normal way of life (Bernat and Winkeller, 2010).

**Barriers to Escape**

There are many barriers that victims encounter when trying to escape: they are often not seen as victims by people of authority. Our society does not easily identify street or sex workers as victims. Trafficking victims are hard to identify and assist because they often are undocumented. The hidden nature and stigma attached to the sex work they perform, is another reason these victims are overlooked. Domestic and labor victims are also often overlooked, because their lifestyle keeps them living in the shadows, remaining out of sight. Trafficking victims are often treated as criminals themselves due to the work they are being forced to do (Bernat & Winkeller, 2010). Victims may also see traffickers bribe officials in order to ensure entry into another country. When this happens victims may believe that the authorities are working with the traffickers and therefore cannot be trusted to help them.

**Use of Fear.** Many victims will deny they are being abused or that they are in need of help because they fear reprisal of their trafficker. Victims may also be forced to pretend that they are their traffickers spouse or child in order to avoid detection by the authorities (Bernat et al, 2010). The victims may have been told by their trafficker that if they attempt to leave the trafficker will kill them and/or their family members. Often the victims are forced to engage in criminal activity while they are being transported from one location to another (Hodge & Lietz, 2007). This instills a fear of authorities, rendering victims unable to approach anyone who might help them, due to fear of potential legal consequences. Victims are told that they will be arrested, deported, or sent to prison.

In 2003, the VTVPA was amended and the Trafficking Victims Protection Reauthorization was added. This amendment advocates for protection of trafficking victims and it specifies that victims should not be punished for acts they commit as a result of being trafficked (Hodge, 2008). Victims are allowed to remain in the United States on a T-visa to assist in the prosecution of their traffickers (Hodge, 2008). A T-visa is a T Nonimmigrant Status visa. The T-visa is a special visa for victims of human trafficking. A T-visa protects these victims and allows them to remain in the United States to assist in the investigation or prosecution of human trafficking cases (Hodge, 2008).

In addition to their fear of being deported, victims are fearful of acts of retaliation from their trafficker (Hodge & Lietz, 2007). Extreme violence is used to intimidate and control their victims. The victims suffer broken bones and teeth, cuts, beatings, head injuries, and rape at the hands of their trafficker (Hodge, 2008). These behaviors allow the trafficker to gain further control and dominance over their victims.

**Characteristics of Traffickers.** Traffickers are predatory individuals. They are skillful at manipulation and coordination of their movements in order to best fit their needs of recruitment and dominance (Reid, 2010). Traffickers will essentially hunt their prey. They will investigate bus stations, arcades, malls, and other known hang outs for youth who appear to be runaways in need of money (Reid, 2010). They seek out and target the most vulnerable people that they can find. They will take a person from one setting that they are familiar and comfortable with, and bring them into another setting that is exactly the opposite, forcing the victims to be completely reliant on their trafficker. This dependence for the victims is a tremendous barrier to escape. They are usually

unfamiliar with their surroundings and out of fear do not trust others. The traffickers themselves are adept at evasion. They are a highly mobile population and do not stay in one place very long. This makes it difficult to prosecute traffickers. Often, victims are not willing to come forward out of fear. If they do agree to aid in the prosecution their trafficker, the trafficker may have already packed up and moved on.

**Psychological Factors for Victims.** Victims are often ashamed, embarrassed, afraid and unable to see a way out of their situation (Bernat et al, 2010). Victims are kept in complete isolation inducing dependence on their trafficker. They are often confined, forced to remain in a locked hotel room or apartment (Demir & Finckenauer, 2010). Victims are forbidden to speak to one another with the threat of severe physical punishment if they do (Gjermeni, Van Hook, Gjipali, Xhillari, Lungu & Hazizi, 2008). As a result, the trafficker becomes one of the only people that they are able to engage with outside of the work that they are being forced to perform. Victims are also usually stripped of any identifying documents, money and means of travel. Most do not speak the language of the destination country where they are brought.

Psychological manipulation creates a situation where the victim is completely dependent on their trafficker (Hodge, 2008). Many victims experience psychological trauma resulting in feelings and symptoms of shame, depression, low self-esteem, panic attacks, and posttraumatic stress disorder (Hodge, 2008). This is in addition to the severe physical damage that they typically suffer. It's reported that victims are often forced to endure severe violence on a regular basis. These acts of violence frequently involve rape, beatings, being burned with whatever is available, or being cut and having salt poured into the wounds (Hodge & Lietz, 2007). Traffickers commit these acts in an attempt to

psychologically break their victims. Once they have achieved this the trafficker has complete control.

**Social Factors for Victims.** The most difficult barrier to overcome when providing services to victims of trafficking is their invisibility (Hodge, 2008). This invisibility is cultivated by nearly everyone involved in the trafficking process. Traffickers rely on their invisibility in order to avoid detection by authorities, victims out of fear, and service providers by turning a blind eye (Hodge, 2008). Victims also have no control over their daily life. They do not control the work they will be performing or with whom. Hodge and Lietz (2007) reported that some trafficked women were servicing 40-50 clients in one night. Examples of acts that they may be forced to perform or engage in include being urinated or defecated on, being whipped or tied up, and being cut on their breasts or genitals (Hodge & Lietz, 2007).

Victims need many different resources in order to successfully escape a life of trafficking. They need appropriate housing, physical and mental health services, food, clothing, and legal services (Kotrla, 2010). Of these services the one that stands out the most is safe, appropriate housing. There are very few protective shelters in the United States that are equipped to handle the needs of this particular population (Kotrla, 2010).

### **Identification of Victims**

Victims are difficult to identify due to the fact that they are a part of a underground society that is hidden to most people except those directly involved in the use of trafficking victims (Logan et al, 2009). They are removed from nearly all social interactions and family. They are not given identifying legal documents or employment records. They are essentially invisible (Logan et al, 2009). Victims are often less likely

to seek or receive preventative or emergent treatment from medical professionals; they will randomly visit emergency rooms or clinics and often will not continue with follow up care (Williamson & Baker, 2008). Victims who are allowed to seek medical help are closely followed and watched by their handlers.

Given these concerns, it is critical that professionals become educated and develop the skills necessary to identify human trafficking victims. The literature has identified a concern that professionals do not have the skills to accurately identify human trafficking victims. Professionals need to take advantage of further educational opportunities available in order to identify victims and then refer them to the appropriate agencies (Williamson & Baker, 2008). In a study conducted by Williamson and Baker (2008) it was found that 38 % of practitioners, prior to their participation in the study, reported their knowledge level about trafficking was neutral, saying that they did not know much about it, 16.7% reported their knowledge was low, and 27 % reported they had a high level of knowledge. At the end of their study, after having been further educated, 94.4 % of the participants in the Williamson and Baker (2008) study indicated that they had a high level of knowledge about human trafficking. Reid (2010) explained that there seems to be a “lack of awareness or understanding of human trafficking victims among professionals likely to come into contact with victims, resulting in failure to identify said victims” (p. 147). Unfortunately, the lack of professional ability to identify victims results in the victims being unable to access services.

Research has indicated that there is information missing regarding practitioner awareness and comprehension of human trafficking. The literature reviewed for the purpose of this study supported a need for further evaluation of practitioner knowledge

level. The purpose of this study is to gather information about the knowledge level of social work practitioners when faced with the identification of human trafficking victims in a hospital setting.

### **Conceptual Framework**

This study is focusing on gauging the social work practitioner's knowledge level when faced with identifying potential victims of human trafficking. It is the belief of this researcher that this will be best done using a theoretical perspective grounded in the ecosystems approach of looking at an individual and their relationship with his or her environment. The ecosystems approach provides a way for the social work practitioner to understand the relationships between human beings and their environment. The ecosystems theory looks at the interactions between a person and the various areas of their environment to help determine the factors of their environment that have impacted the decisions and choices they have made in their life. There are three system levels, the micro, mezzo, and macro, which must be considered when assessing a potential victim. The micro level is focused on the individual, familial, and interpersonal areas of a person's life. The mezzo level focuses on the individual's interactions with groups and organizations. The macro level focuses on the individual's community, institutional, and societal systems. The ecosystems perspective allows the practitioner to look at not only the individual but also at the environment in which they currently live, work, travel, or that in which they were raised. It takes all of these things into account. According to Miley, O'Melia and DuBois (2009), there are five steps a practitioner must utilize when analyzing someone using the ecosystems perspective. These include 1) identifying the system they wish to specifically explore, 2) determining what is happening inside that

system, 3) determining what is happening outside that system, 4) determining how the inside and outside of that system are connected, and 5) determining how the system progresses over time (Miley, et. al, 2009). For the purposes of this study the focus will be targeted toward the practitioner and his or her ability to look past the individual and the problem that person is there to address, in order to see the presenting evidence of the person they are assessing possibly being a human trafficking victim.

## **Methods**

### **Research Design**

This study will explore the knowledge level of social work practitioners by using a qualitative and quantitative cross-sectional mixed methods research design to answer the question: What is the knowledge level of social work practitioners when faced with the identification of human trafficking victims? This study will be conducted using a web-based survey. The survey will use questions with response options consisting of open ended answer, true/false, and Likert scale.

### **Sample**

Using a convenience sample method, this researcher contacted hospitals in the Twin Cities metro area via phone and asked to speak with a manager in their social services department in search of social workers. Once contact had been established and the hospital social services manager was open to learning more about this study, the researcher sent them an email with further details of the project and what was being asked of them. A letter of support from each hospital allowing access to their social workers was obtained. Once they agreed to participate in the study, this researcher sent an email to the managers, requesting social worker participation in the study and the link

to the online survey. The hospital social services manager then forwarded this email along with survey link to their social work departments.

### **Protection of Human Subjects**

An application to the Institutional Review Board (IRB) of St. Catherine University, St. Paul, MN was completed. Once this researcher received approval from the IRB the data collection began. The respondents received the information necessary to complete the survey from the management at their place of employment. This research was completely anonymous. The respondents were not asked to provide any sort of identifying information. Any information collected was pooled together and the researcher was not able to determine the origin of the data given. At the beginning of the survey the respondents were asked to read the consent form and indicated that they agreed with the terms in order to proceed with the survey. See Appendix A.

### **Data Collection**

This researcher prepared a survey for the purpose of this study to assess hospital social work practitioner knowledge level of identifying victims of human trafficking. While conducting a review of the literature this researcher found that there is limited social work practitioner awareness and comprehension of human trafficking. The survey created was based on this finding. The questions of the survey were focused on gauging the social work practitioner's current knowledge level when faced with the identification of trafficking victims. See Appendix B.

The survey consists of 13 true/false questions, seven Likert scale questions and three open ended answer questions. This researcher chose to ask the true/false questions in order to assess the knowledge level of the respondents when identifying victims of

human trafficking; as well as their knowledge of effective areas to discuss when engaging the victim. This researcher went back to the literature review and using the information that was gathered, created seven statements concerning relevant areas of human trafficking that may arise during an assessment. Also created were six statements in relation to the respondent's engagement of the patient. The next area of the survey focused on the respondent's comfort level when discussing difficult topics that, according to the literature review, often arise during social work practice with victims of human trafficking. The open-ended questions were included to give respondents an opportunity to openly discuss their knowledge level, training, and areas of interest in regards to the identification of trafficking victims. Using the online survey provider, Qualtrics, this researcher collected the data. The survey link was distributed via a blast email to hospital social service contacts previously established and who agreed to be the initial contact for the survey link dispersal. After the respondents had completed the survey they were thanked for their participation and given a resource list for working with human trafficking victims. See Appendix C.

### **Data Analysis**

The true/false questions of the survey answered this question: what is the respondent's knowledge level about human trafficking? This researcher analyzed the respondent's knowledge level by running a descriptive analysis on the responses to the true/false questions of the survey in order to obtain frequency counts. The Likert scale questions assessed the respondent's comfort level when working with this population. This researcher analyzed this by finding the average response to each of the Likert scale questions about comfort levels. The remaining questions were all open ended. The first

question asked if the respondent has ever worked with someone that they suspected was a victim of human trafficking. The next asked if they have attended any sort of training about human trafficking. If they have, then they are asked to describe what was most useful about that training and if they have not they are asked if they would be interested in doing so. The final question asked the respondents to provide any references or resources they would provide someone with if they suspected them of being a victim of human trafficking. Each of these open ended questions was analyzed qualitatively using content analysis to summarize the common themes.

### **Strengths and Limitations**

The purpose of this study was to measure the current knowledge level of hospital social work practitioners. This information provides the social work community with valuable information when assessing the need for future training in the area of human trafficking and the identification of its victims. This study provided the respondents with a variety of questions. By asking the questions in multiple ways the researcher was able to gain a more comprehensive overview of the respondent's knowledge.

This study did however have limitations as well. The first was its length. It was a relatively short study and this was purposefully done in an attempt to appeal to the respondents. If one were to recreate this study, it may prove beneficial to expand the questions of the survey to obtain more data. Another limitation was that this study only looked at social work practitioners. It may also prove advantageous to increase the sample size by opening it up to nurses, doctors, and other hospital practitioners who have contact with patients.

### **Findings**

This study was meant to measure the knowledge level of current hospital social work practitioners regarding the identification of human trafficking victims. As discussed in the literature review, there are many different aspects in a trafficking victim's life that prevents him or her from being able to speak up and directly ask someone for help. It is important for hospital social workers, who may encounter these victims in their line of work, to be able to quickly and accurately identify a trafficking victim. The participants of this study were hospital social work practitioners. The participants were selected due to the setting in which they practice. These participants were asked to complete an online survey that consisted of 13 true/false questions, seven Likert scale questions and three open ended answer questions.

### **Consent**

At the beginning of the survey the participants were asked to read and consent to a consent form prior to moving on to complete the survey. Of the 16 participants recruited, all consented and proceeded with the survey. The participants were then asked if they believed they had *ever worked with a patient that you suspected was a human trafficking victim*. Of the 16 participants, all believed that they had never worked with a person who had been trafficked.

### **General Knowledge of Trafficking**

The survey then asked a series of true/false statements intended to measure the social workers' knowledge level of several common assumptions as well as actual statistics related to human trafficking. All of the participants stated that *trafficking victims are always immigrants* was a false statement. Of the 16 participants, 11 agreed

that *Minnesota is among the top 10 most popular states for human trafficking in the United States*. This statement is true; Minnesota's soft border with Canada and the major ports on the North shore puts it among the top 10 states in the United States for human trafficking activity (Civil Society 2007). The entire group of participants agreed that *victims of human sex trafficking are always female* was a false statement. Although women and children are more popular, men are also sex trafficking victims (Demir & Finckenauer, 2010). Of the 16 participants, 10 agreed that *a person is a trafficking victim if they agree to perform sexual acts in order to avoid physical abuse* was a true statement. This was a true statement. Although the performance of sexual acts is not all that trafficking victims are forced to do, reportedly it is one of the most commonly used acts to evade physical punishment. One hundred percent of the participants agreed that *prostitutes are victims of human trafficking*. Prostitutes are one of the most common victims of human trafficking (Kotrla, 2010). One hundred percent of the participants also agreed that *immigrant farm workers are only in the United States because they choose to come and work here* was a false statement. Often immigrant workers are trafficked persons (Kotrla, 2010). Of the 16 total respondents 2 agreed that *for a person to be considered a victim of human trafficking they have to have been kidnapped* while 14 said that it was false. This is a false statement. A person does not have to have been kidnapped in order for them to be a victim of human trafficking.

Nine of the participants thought that when working with someone they suspect of being trafficked their *best approach would be to separate them from their partner*, while seven of them disagreed. The answer to this statement is true. It is best practice to treat a trafficking victim the same as you would a victim of domestic abuse (Bernat &

Winkeller, 2010). In order to obtain the most honest and least-coerced information from a victim it is best to interview them alone and in private. Of the 16 participants, 15 agreed *it is important to complete a thorough assessment in order to determine if someone is a victim of human trafficking*. This is correct. It is best to complete a thorough assessment to gain the most information possible from a potential trafficking victim. Thirteen participants agreed that *a patient's relationship with their family is a good question to ask* when working with someone they suspect may be a trafficking victim. The answer is true. By asking a potential victim about their relationship with their family the social worker can determine if that person is still in contact with their family, if they are able to see or speak with them whenever they want to, and if they are able to travel to see them when they want to. This particular question can open a pathway to a multitude of additional questions that are important to assessing if a person is a victim of human trafficking. Thirteen of the 16 participants agreed that *a person who is being trafficked will be guarded and difficult to engage*. Again as with victims of domestic violence, trafficking victims are often guarded and difficult to engage as they fear acts of retaliation from their traffickers (Hodge & Lietz, 2007). Fifteen of the 16 participants disagreed with the statement *asking if my patient is in a relationship, what that relationship is like and how they met is not important*. They are correct. Assessing a potential victim's personal relationship with others is a useful diagnostic tool. One hundred percent of the participants answered false to the statement *if someone is being trafficked they will tell me*. This is correct. Most often victims of human trafficking will not directly tell you that they are being victimized.

### **Comfort Level Measured**

The next section of the survey utilized a Likert scale that would measure the participant's level of comfort when faced with different scenarios that could potentially arise when working with someone they suspect of being a trafficking victim. Participants were asked to rate their comfort level on a scale of *not comfortable, somewhat uncomfortable, neutral, somewhat comfortable, and extremely comfortable* on a series of statements. The first statement, *asking the patient's partner to leave the room so I may talk with them privately*, had an average participant response of *somewhat comfortable* asking this. The next statement was *I am comfortable discussing a patient's current employment, if they are free to leave their job if they wanted to, what happens if they make a mistake, how much they are paid, or what sort of hours they work* and again the average response was *somewhat comfortable*. The *somewhat comfortable* response was the participant's answer pattern for all of the statements in the Likert scale of the survey.

### **Training**

The next section discussed past and future training on human trafficking that the participants either have attended or would be interested in attending in the future. Of the 16 participants, 20% of them indicated that they have attended training about human trafficking. The questions then moved into what was learned in those trainings. Participants were then asked *what was the most useful piece of information you learned at the training attended*. There were two responses to this question. The first, *signs, symptoms, vulnerabilities, psychological profile/backgrounds, services available to them for help, national statistics*, indicates that the most useful information they had learned

was about how to identify a trafficking victim. The second, *role plays on how to interview potential human trafficking victim*, indicates that the intervention strategies they could use when working with a victim was the most useful piece of information they obtained at the training.

Of the 16 participants, 11 indicated that they *would be interested in attending a training on human trafficking if one was offered to them*. The final question asked the participants to *identify the resources or referrals* they would provide to a patient they suspected of being a trafficking victim. Several of the responses to this question included a need to complete some sort of research or that they simply do not know of any to provide. This indicates that the participants are in need of further training in the area of human trafficking. Of the 16 participants, 10 answered this final question. Of the 10 that gave an answer, only one provided a resource specific to victims of human trafficking.

This study found that of the participating hospital social work practitioners, there is a general understanding and awareness of human trafficking. They are aware of the common misconceptions about human trafficking and they are able to differentiate between inaccurate and factual statements regarding these misconceptions. The participants also indicated that they are fairly confident in their ability to work with someone they suspect is a victim of human trafficking. Additionally, two of the participants stated that they have attended some kind of training about human trafficking and have learned some valuable tools from these trainings.

### **Discussion**

The purpose of this study was to gauge the social work practitioners' knowledge level when faced with identifying potential victims of human trafficking. Human

trafficking victims are a population that social workers may unknowingly encounter in their line of work. This study focused specifically on the knowledge level of hospital social workers. According to Williamson and Baker (2008), trafficking victims are more likely to seek help from a hospital emergency room than from other health professionals. Trafficking victims vary in age, gender, race, and social status (United States Department of State, (2011)). People are trafficked for sex, labor, organs, and a vast array of other services (United States Department of State, (2011)). Victims of trafficking are difficult to identify because they try to remain hidden and out of sight (Hodge, 2008). They fear capture by authorities, physical and mental retaliation from their trafficker, and harm to their loved ones. Once these victims have been brought into the business their trafficker may move them to a new location that is typically unfamiliar to the victim. The victims are then trapped in a strange place with extremely limited access to the means with which they would need in order to escape. If a victim does make it into a hospital in search of help, for medical reasons or not, a social work practitioner is likely to be involved in their care. Social workers are often part of a person's care at one point or another during their hospital stay. Even if their interaction with the suspected victim is brief, it is important that these practitioners are skilled at the identification of and knowledgeable about the resources available. It is unlikely that the practitioner will have another opportunity to help a suspected trafficking victim beyond their initial encounter. A review of the literature indicates that there is information missing regarding practitioner awareness and comprehension of human trafficking.

This study showed us that hospital social workers do have a working knowledge of how to interact with a person they suspect may be a victim of human trafficking. Their

answers demonstrate that they are aware of several misconceptions surrounding human trafficking. For example the responding social workers agreed that trafficking victims are not always immigrants and that some prostitutes are also victims of human trafficking (Kotrla, 2010). Also, the majority of them did know that Minnesota is among the top 10 most popular states in the United States for human trafficking (Civil Society 2007). The respondents also identified that a trafficking victim will be guarded and difficult to engage, that they should meet with that person in private, and that it is important to complete a thorough assessment to find out more information about the potential victim (Hodge & Lietz, 2007). It is the opinion of this researcher that the respondents of this study have likely had some sort of contact with a trafficking victim but simply did not see that person as such.

Although the literature review showed that there was a deficit in social work practitioner awareness and knowledge level of human trafficking, the results of this study contradicted the literature. The literature showed that when victims of trafficking reach out for help, due to the nature of the work that they are forced to do, they are often treated as criminals (Hodge, 2008). As a result of this, trafficking victims typically will not disclose much information when interacting with people of authority or people they believe will report them to the authorities (Hodge, 2008). This makes the task of identifying a trafficking victim rather challenging for hospital social work practitioners. This study shows that the practitioners surveyed do in fact have a working knowledge of human trafficking, but that they would benefit from additional training in the areas of victim identification and intervention strategies. This does support the literature as it indicated a greater need for human trafficking education as a whole due to the

challenging nature of identifying those involved in trafficking. This study showed us that hospital social work practitioners are *somewhat comfortable* working with the people they suspect are trafficking victims. It is this researcher's belief however that the social workers involved in this study have unknowingly worked with trafficking victims. All of the respondents indicated that they did not believe that they had ever worked with a trafficking victim, yet the probability of that is very real given the prominence of trafficking in Minnesota.

### **Future Research**

This study provided information as to the knowledge level of hospital social work practitioners; however there is a significant need for further research in this area. There is research available on the subject of human trafficking but there is a deficit in the research about the practitioner's abilities when interacting with these victims. It is this researcher's belief that the social work community would greatly benefit from an extensive study that explored the knowledge level of hospital emergency room staff and trafficking victim identification. A study of this nature would have the ability to provide a much more comprehensive picture of where the foremost problems with victim identification exist. If one were to recreate this researchers' study, it would likely prove beneficial to expand the questions of the survey to obtain more data. It would also prove advantageous to increase the sample size by opening it up to nurses, doctors, and other hospital practitioners who have contact with patients.

### **Educating Social Workers and the Community**

The results of this study also indicated a deficit in the social workers' knowledge of both local and national resources and referral options available for them to give to a

suspected trafficking victim. Of the 16 respondents, only 3 said that they had attended training on human trafficking and 11 of them said that they would be interested in attending training if one were offered to them. It is this researcher's belief that there is a need in the Minnesota Twin Cities metro area to further educate and train social work practitioners who may potentially encounter trafficking victims. This study also indicates that the respondents have a desire to learn more about this population and how they can be of assistance to these victims when interacting with them.

There are several ways that social workers can begin to grow in regards to their knowledge level of human trafficking and victim identification. It would be favorable to work collaboratively with local law enforcement, lawyers, clergy, and various other community leaders to bring together those in the community who are most likely to interact with and therefore, possibly identify, trafficking victims. Many of these other community leaders may often be the ones who fail to identify trafficking victims as victims because they are viewing them as criminals. With further education and awareness on the intervention strategies used to identify victims, community leaders would have the potential to save many lives by locating and reaching out to these victims. The purpose is not only to educate the community leaders and the community itself about trafficking but to also broaden the community's knowledge of other people who can possibly help intervene and protect these victims.

### **Implications**

Social workers are called to advocate for those who are unable to advocate for themselves. In the world of trafficking this means advocating for anyone who has been bought, kidnapped, coerced, forced, raped, beaten, burned, cut, and stripped of their

identity to name a few. These advocacy strategies should be targeted at those who are in need of protection as well as those who should be prosecuted for their actions. In order to prevent further enslavement and revictimization, action against traffickers must be taken. At a macro level, social workers must employ their constituents at a state, national and international level to create policies and statues that hold traffickers accountable for their actions as well as offer greater protection for the victims. Social workers can also focus their efforts towards building resources and advocating local legislature for increased funding to be made available for victims once they have been identified.

In addition to these interventions, social workers must, at a mezzo level, work to further educate their community on identification and intervention strategies in response to trafficking. These could include some sort of public education campaign, such as public forums and lectures about trafficking and it's prevalence in Minnesota. By offering further education to the public, specifically those women and children who are most vulnerable to traffickers, the community itself would be another resource for many unidentified victims.

It would be beneficial for social work communities and organizations to work with schools in order educate social work students about the many areas of human trafficking early in their careers. A course on micro level victim identification, trafficking, domestic abuse, rape, etc., and interventions should be included in all social work education programs. The earlier new social workers can be taught to recognize victims and the intervention strategies to use when working with victims the better practice they will get at using these tools. This is a significant strength for them to have no matter what area of social work they plan to move into. Human trafficking victim

identification is only a small portion of the victims that social workers will encounter. Victimization exists in many facets of daily social work life and the more social work practitioners know about seeing it for what and who it is the better.

### **Conclusion**

Social work practitioners have the unique opportunity to work with people who have not always sought them out. This gives social workers the opportunity to surprise these clients with something that may be unusual in their life: someone who truly cares about their wellbeing. The purpose of this research study was to take a closer look at social work practitioners and their ability to recognize victims of human trafficking. Trafficking victims are definitely a population that does not feel valued or cared for. As a social worker, you are able to show them that there are people out there who do care, that their life has value and that it does matter. It takes as little as one person asking the right question in the right moment to change a victim's life forever. With improved education and increased awareness social work practitioners will be able to identify and offer help to victims of human trafficking at their initial point of contact. It is this researcher's goal that you will be that one person who makes a difference.

## **Appendix A**

### **RESEARCH INFORMATION AND CONSENT FORM**

#### **Introduction:**

You are invited to participate in a research study investigating hospital social work practitioner knowledge level when faced with the identification of human trafficking victims. This study is being conducted by Kirsten Christenson, student in the MSW Program at St. Catherine University. You were selected as a possible participant in this research because of your work as a hospital social worker. Please read this form before you decide whether to participate in the study.

#### **Background Information:**

The purpose of this study is to gain a deeper understanding of hospital social workers knowledge level of human trafficking and victim identification. Approximately 75 people are expected to participate in this research.

#### **Procedures:**

If you decide to participate, you will be asked to complete an online survey of true/false, multiple choice and open ended questions relating to the identification of human trafficking victims. This study will take approximately 5 minutes.

#### **Risks and Benefits:**

The study has no identifiable risks and while there are no direct benefits to you for participating in this research, you may become more aware of your knowledge level in regards to identifying human trafficking victims.

#### **Confidentiality:**

Any information obtained in connection with this research study is anonymous.

This researcher will keep the research results in a password protected computer in this researcher's home office and only this researcher and her advisor will have access to the records while she works on this project. This researcher will finish analyzing the data by May 2012. All original data will be destroyed no later than June 1, 2012.

#### **Voluntary nature of the study:**

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with St. Catherine University in any way. You may refuse to answer any questions on the survey that you choose. If you decide to participate, you are free to stop at any time without affecting these relationships, and no further data will be collected.

#### **Contacts and questions:**

If you have any questions, please feel free to contact this researcher, Kirsten Christenson, at 612-298-5190, or her faculty advisor, Sarah Ferguson, MSW, MA, PhD, LISW, at 651-690-6296, and we will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact John Schmitt, PhD, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739.

You may keep a copy of this form for your records.

**Statement of Consent:**

You are making a decision whether or not to participate. Your completion of the survey indicates that you have read this information and your questions have been answered.

## **Appendix B**

### **Survey**

Have you ever worked with a patient that you suspected was a human trafficking victim?  
Y/N    What led you to think this?

#### True/False Statements

- T/F    Trafficking victims are always immigrants.
- T/F    Minnesota is among the top 10 most popular states for human trafficking in the United States.
- T/F    Victims of human sex trafficking are always female.
- T/F    A person is a trafficking victim if they agree to perform sexual acts in order to avoid physical abuse
- T/F    Sometimes prostitutes are victims of human trafficking.
- T/F    Immigrant farm workers are only in the United States because they choose to come and work here.
- T/F    In order for a person to be considered a victim of human trafficking they have to have been kidnapped.
- T/F    If I suspect a person is being trafficked, my best approach would be separate them from their partner.
- T/F    It is important to complete a thorough assessment in order to determine if someone is a victim of human trafficking.
- T/F    Discussing a patient's relationship with their family is a good question to ask of someone I suspect is a human trafficking victim.
- T/F    A person who is being trafficked will be guarded and difficult to engage.
- T/F    Asking if my patient is in a relationship, what that relationship is like and how they met is not important.
- T/F    If someone is being trafficked they will tell me.

#### Indicate your comfort level with the following:

1 = Not comfortable at all, 5 = Extremely comfortable

I am comfortable asking the patient's partner to leave the room so I may talk with them privately.

1      2      3      4      5

I am comfortable discussing a patient's current employment, if they are free to leave their job if they wanted to, what happens if they make a mistake, how much they are paid, or what sort of hours they work.

1      2      3      4      5

I am comfortable asking the patient if they have to ask permission to eat, sleep, or use the restroom.

1      2      3      4      5

I am comfortable asking the patient if they are or have been forced to do anything that they have not wanted to.

1      2      3      4      5

I am comfortable asking the patient if they or anyone in their family has been threatened.

1      2      3      4      5

I am comfortable asking the patient if their identification or documentation has been taken away from them, and if so by whom.

1      2      3      4      5

I am comfortable asking the patient if they have been deprived of food, water, sleep, or medical care.

1      2      3      4      5

Have you attended any training on Human Trafficking? Y/N

If you have attended, what was the most useful piece of information you learned? If you have not attended, would you be interested in attending training if one was offered?

Please list any resources or referrals you would provide a patient with if you felt that they were a victim of human trafficking.

## Appendix C

### Human Trafficking Victim Resources

- Polaris Project [www.polarisproject.org](http://www.polarisproject.org)  
Specialized victim services referral hotline 1-888-373-7888
- Civil Society [www.civilsocietyhelps.org](http://www.civilsocietyhelps.org)  
Crisis Line for human trafficking victims and Tip Line for those who are concerned about trafficking: 1-888-7-SAFE-24 (1-888-772-3324) or 651-291-8810
- Breaking Free [www.breakingfree.net](http://www.breakingfree.net)  
651-645-6557  
Breaking Free provides education and support services to prostituted women and girls escaping violence.
- The Institute for Trafficked, Exploited & Missing Persons  
[www.ITEMP.org](http://www.ITEMP.org)  
701-255-7956
- PRIDE (Prostitution to Independence, Dignity and Equality)  
[www.thefamilypartnership.org](http://www.thefamilypartnership.org)

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