
9-2021

Exploring barriers and enablers of service provision for survivors of human trafficking in the Bay Area: An action research study

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Sripad, Pooja. 2021. "Exploring barriers and enablers of service provision for survivors of human trafficking in the Bay Area: An action research study." Washington, DC: Population Council and Tahirih Justice Center.

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Action research report

EXPLORING BARRIERS AND ENABLERS OF SERVICE PROVISION FOR SURVIVORS OF HUMAN TRAFFICKING IN THE BAY AREA: AN ACTION RESEARCH STUDY

Pooja Sripad

SEPTEMBER 2021


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Acknowledgements

This work would not have been possible without the support of the United States Department of Justice's Office of Victims of Crime that awarded Tahirih Justice Center and Dolores Street Community Services with a grant to support the provision of Specialized Services for Trafficking Survivors. I am grateful for Tahirih Justice Center inviting the Council to facilitate the award's Action Research component. I thank Morgan Weibel, Alex Richardson, and Chriselle Raguro at Tahirih Justice Center for their support in developing the study questions, design, and introducing me to the service provider network in the Greater San Francisco Bay Area. I acknowledge Gema Escorcía who supported transcript cleaning during and Michelle Hindin and Charlotte Waren for their reviews of the research protocol and final report, respectively. Finally, I'm deeply appreciative for all the time given to this action research effort by study participants during the interviews and the consultative validation workshop - I'm truly inspired by your commitment to working in this critical field. I hope this report offers support along a collective journey to enhancing service provision to and well-being of survivors of human trafficking.

Executive Summary

Despite the increasing recognition of the public health and rights issues associated with human trafficking globally and in the United States, following the Trafficking Victims Protection Act (TVPA) of 2000, there has been limited research around how to systematically strengthen service access for survivors of sex and labor trafficking. The experience of service providers – across legal and social domains – may provide insight into how trafficking survivor responses and service networks function in California’s Bay Area that shoulders a heavy burden of trafficking survivors.

The study aims at exploring provider perspectives of the existing service network and collaboration dynamics, including the barriers to and enablers of long-term service provision and survivor follow up. Research questions explore: (1) the service provision environment in the Bay Area (i.e. mapping), (2) how service providers collaborate and what barriers do they face?, (3) the barriers to comprehensive survivor support?, and (4) enabling strategies for network collaboration and survivor service access?

We apply a participatory research design that includes nine qualitative interviews with 11 key informants working at non-governmental organizations, organizational website reviews, and consultation with network service providers in the Greater San Francisco Bay Area. This study approach allows for eliciting in-depth reflections of service provision, collective generation of a stakeholder mapping, and consensus-driven recommendations arising from barriers and enablers to anti-trafficking service provision. We apply purposive snowball sampling to elicit diverse perspectives representative of the anti-trafficking service provider network in the region.

A mapping of twenty anti-trafficking service provision organizations developed through interviews and consultation shows that the network collectively covers and refers for a wide range of legal and social services. All respondent organizations work with survivors of sex and labor trafficking – the majority focusing on migrants with varied documentation status. Collectively, they serve several survivor sub-populations: adult women and men, youth (17 years and younger), and transitional age (17-24 years). Findings reveal shared perspectives on barriers to service provision for trafficking survivors including legislative, regulatory, technical, instrumental, cultural, and individual factors – that affect collaborative network and organization-survivor relationships. For example, lengthy immigration process and intersections with the criminal justice system challenge survivors suffering from mental, social and economic instability as well as case managers navigating their path to long-term well-being and security. All service providers describe operating in a complex political and legal environment with limited budgets and staff. The study also identifies and discusses enablers such as integrated programming, mental health benefits for service providers, and capacity building for survivor identification, which give rise to core recommendations at sectoral, network, organizational and community levels.

This study recommends prioritizing holistic survivor support through existing public benefits and psychosocial service programs; collaborating across regional networks to overcome resource imbalances using the mapping to inform referral and enhance communication; exploring integrated organizational models and provider stress mitigation strategies; and collaboratively expanding and innovating to improve survivor identification and referral. Further research is needed to articulate the survivor perspective and assess implementation models. Partnership within the Bay Area’s anti-trafficking network is essential, ongoing, and can be nurtured. This report enhances stakeholder awareness around existing organizational and policy resources as well as offers insights into research and programming on how anti-trafficking service response networks can be strengthened to provide survivor-centric support in long term.

Introduction

Despite the increasing recognition of the public health and rights issues associated with human trafficking globally and in the United States, following the Trafficking Victims Protection Act (TVPA) of 2000, there has been limited research around how to systematically strengthen service access for survivors of sex and labor trafficking. Sex trafficking refers to when “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” while labor trafficking is defined as “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.”[1] The magnitude of the trafficking burden – its prevalence, cost, prevention, screening and response strategies – in the United States is not well known; and at best incomplete, posing challenge to understanding service needs.[2] Global literature suggests that promising service models emphasize the importance of adaptively meeting the continuum of services that survivors require from initial trauma and protection, to comprehensive support for living a full life.[3]

Trafficking survivors face similar legal, socioeconomic, health, education, housing/shelter and emotional challenges as undocumented migrants given their desire to remain anonymous and need of legal and social protections.[4,5] In the U.S., trafficking survivors face several layers of structural, linguistic, and cultural barriers to effectively receiving the full range of services they need and often rely on non-profit organizational networks, such as the Polaris Project, the Freedom Network, and regional Trafficking Task Forces at the national, state and local levels. Additionally, projects such as the Coalition to Abolish Slavery and Trafficking (CAST) and Futures Without Violence that provide Technical Assistance to service providers, but services can be fragmented and may vary from state to state. While individual organizations and coalitions alike aspire to shared visions and goals, the systemic barriers including but not limited to legal status, insurance, social security, and sociocultural constraints for trafficking survivors persist. Moreover, given the high intensity and multi-faceted needs of survivors, organizations may focus on one area (e.g. legal, health, economic, housing) or comprehensive services in the short-term. Consequently, longer term follow up and evaluation of survivor well-being outcomes are lacking.

Studies on strengthening undocumented migrants’, including trafficking survivors’, service needs in the short and long term encourage participatory methods, including action research and learning strategies where knowledge is used to inform program adaptations with high user (e.g. survivor) and service provider engagement.[6–8] In contexts where resources are limited and in-depth survivor lived experience cannot be explored, it can be also critical to understand the experiences of those engaged in the service provider network facilitating linkages in a particular context. In health care settings, a systematic review found that provider perceptions, attitudes and practices toward migrants were influenced by diverse cultural beliefs and language, limited institutional capacity to accommodate migrants and balancing professional ethics and with legal barriers to migrants’ health care rights[9]. The experience of service provision - legal, economic, and other coordinated direct services – may provide wider insight into how trafficking survivor response and service networks function in the United States.

Trafficking in the Bay Area

In 2017, according to National Human Trafficking Hotline statistics, there were 1,305 cases of human trafficking, with the Greater San Francisco Bay Area being one of three hotspots accounting for 80% of these cases.[10,11] California is home to nearly a fourth of the nation’s 11 million undocumented

residents, and a study in San Diego estimates that 31% of undocumented workers have experienced not only labor exploitation, but also trafficking.[12,13] Several anti-trafficking organizations, including but not limited to Tahirih Justice Center (TJC) and Dolores Street Community Services (DSCS), collaborated over the past few years to address gaps in socioeconomic and dedicated legal services for foreign-born adult and youth survivors of sex and labor trafficking in the Greater San Francisco Bay Area. Their collective efforts under the Office of Victims of Crime (OVC)'s Specialized Legal and Economic Empowerment Services for Foreign-Born Survivors of Trafficking in the Greater San Francisco Bay Area Grant, have served 98 trafficking survivors over two years, of which 68% are female, 75% underwent labor trafficking, 18% underwent sex trafficking, and 7% underwent both labor and sex trafficking (TJC program reports). Trafficking survivors served to-date are non U.S. citizens with varied documentation status coming from primarily from Central America and Mexico (70%), followed by Asia (18%), Africa (4%), South America (3%) and New Zealand (3%).

Together, TJC and DSCS provide client-centered and adaptive specialized direct legal services and social service case management and outreach. While both organizations in partnership with a broader network of service providers have been successful in accounting for immediate/urgent needs to promote stabilization of trafficking survivors in the short term, there is less certainty around their collective ability to sustain relationships and evaluate around the long-term outcomes for these women and men. Are trafficking survivors able to sustain their sense of well-being and flourish or do they fall prey to revictimization? What are the challenges for service providers in closing the gap between short- and long-term outcomes for survivors? Who provides which service and how can they be linked more effectively with adequate follow up?

Purpose

In light of these questions, we apply through a partnership between Population Council (PC) and TJC, a rapid qualitative action research approach to explore direct service provider perspectives.

The study aims at exploring service provider perspectives of the existing service network and collaboration dynamics, including the barriers to and enablers of long-term service provision and follow up of trafficking survivors. Specific objectives include?

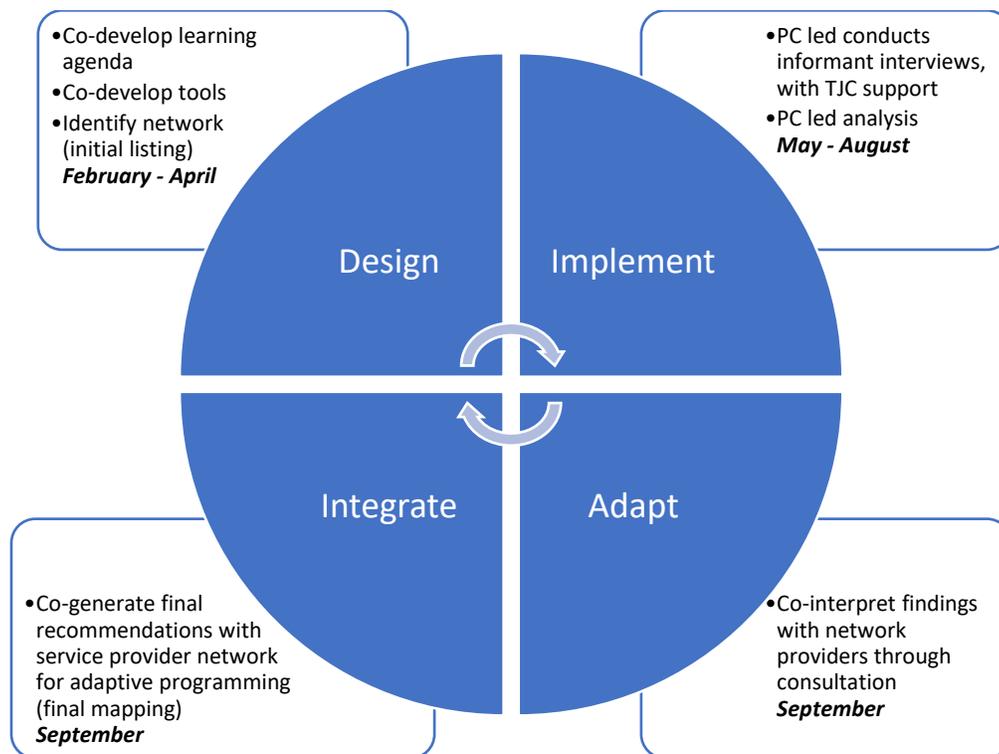
- Establish a collaborative participatory process between researcher and network practitioners.
- Describe barriers and enablers identified based on experiences of service providers working on case management for trafficking survivors.
- Co-develop network mapping and recommendations for how to better facilitate referrals and long-term survivor service access.

We explore several research questions include: (1) what does the service provision environment look like in the Bay Area?, (2) how do service providers collaborate?, (3) what are the barriers to comprehensive survivor support?, and (4) what strategies enables network collaboration and better survivor service access in the long term? The enabling strategies are presented as recommendations for strengthening service provision networks and comprehensive survivor-centric support in the long term.

Methodology

We apply a participatory research design that draws on qualitative interviews with individual key informants, organizational website reviews, and consultation with Tahirih Justice Center and the network service providers. This study approach allowed for eliciting in-depth reflections of service provision, collective generation of a stakeholder mapping, and consensus-driven recommendations arising from barriers and enablers to anti-trafficking service provision. The design draws on principles of action research including collaboration, shared knowledge and power, ethical implications of research influencing practice, theory building (based on interview data), and co-developed insights for future action and/or implementation research. A typical action research cycle (Figure 1) describes our embedded participatory study design that was applied between February and September 2021.

Figure 1. Action research to strengthen anti-trafficking service provision in the Bay Area



Nine interviews were conducted with 11 key informants working at non-governmental organizations (NGOs) supporting legal and social services for survivors of human trafficking in the Greater San Francisco Bay Area. A purposive snowball sampling approach was used to elicit a diverse range of perspectives representative of the anti-trafficking service provider network working in the region. Participants were sampled based on an initial network listing by TJC in discussion with PC based on their experience providing direct (legal and social) services and/or referrals to trafficking survivors. Following an introductory email by Tahirih Justice Center of the lead researcher, the respondent organizations were requested to participate and recommend others in the network. Our final sample size was based also on the scope and timeline of the OVC grant cycle.

Interviews were conducted in English by the lead research privately, over Zoom, through a two-step process that includes an initial recruitment contact via email and a virtual meeting for the interview. In the first step, the researcher introduced the study, assessed interest of the potential respondent to participate, shared the informed consent form, and arranged a convenient date and time for the virtual interview. Consent forms included the study objectives, risks and benefits to participants, its voluntary nature, permission for audio-recording, and gave participants time to ask any questions. The researcher, trained and certified in research ethics, followed up with each key informant at a fixed day and time, explained the purpose of the study and obtained verbal informed consent from each participant, and conducted interviews that lasted from 45 min to 1.15 hours. All interviews were audio recorded with the permission of participants.

In addition to protecting the privacy of subjects and maintaining data confidentiality via de-identification of findings, debriefing opportunities for participants feeling any vicarious distress due to the interview were available through social service staff at TJC, but not used. The researcher stored all data on password protected computers and presents de-identified findings in aggregate to protect participant confidentiality. No compensation was provided for participation in this study.

The open-ended interview guide was jointly developed by PC and TJC based on programmatic gaps that informed the research questions and study objectives, as well as drawing on a prior mapping activities and exploratory barrier and enabler research in migrant and community health settings in Mexico and Haiti. Using an iterative flexible questioning methodology as commonly used in qualitative exploratory work, the researcher's familiarity with the guide enabled her to probe on responses provided by participants and integrate new thematically relevant questions that emerged in conversation.

All qualitative audio recordings were transcribed verbatim, using Zoom's translate feature and cleaned by the researcher with the support of an intern. Analysis was carried out by the researcher using NVivo software for transcript management. The researcher read and analyzed the data thematically based on the core research questions and documented inductively emergent themes. Interpretations were shared with TJC and other network providers through a virtual meeting. The consultation and follow up correspondence allowed for refining the stakeholder mapping. This workshop enabled collective validation of barriers and enablers and co-generation of recommendations for providing holistically services to ensure well-being of sex and labor trafficking survivors in the Greater San Francisco Bay Area.

Results

Respondent and organizational characteristics

The 11 respondents had between 1 year to over 20 years of experience working in anti-trafficking service provision; while some worked in elsewhere in the United States, most have been in the Bay area for several years. Our sample organizations specialize in social services (n=5), legal services (=2), or both (n=3) and represent service provision networks in San Francisco as well as the East, North, and South Bays. All respondent organizations describe working with survivors of sex and labor trafficking – the majority focused on foreign-born migrants with varied documentation status, while a couple provide support for domestic trafficking survivors. Collectively, they serve several sub-populations of trafficking survivors: adult women and men, youth (17 years and younger), and transitional age (17-24 years). While some organizations focus on specific survivor populations (e.g. adult females), most describe attending to several groups with programmatic emphasis often directed by grant scope.

Service provision in the Bay area

A mapping of twenty anti-trafficking service provision organizations developed through consultation includes our respondent organizations and others mentioned in interviews (Table 1). Given the overlapping and varied needs of survivors, respondents collectively cover and refer for a wide range of legal and social services. Legal services include immigration (T and U visas, naturalization), civil, criminal, vacatur, employee rights/labor, and family law. Social services range from case management and referrals to navigating health, education, transportation, and public benefits systems, and provision of direct emotional and crisis support. Some organizations provide basic needs including food and shelter – emergency, transitional, and/or long-term housing assistance, financial employment and educational skill building, and cultural and linguistic support. All organizations – social and legal – are involved in varying outreach, education, and advocacy for trafficking survivors. In some cases, at the policy level (e.g. training prosecutors and district attorneys on criminal vacatur, advocating for inclusive immigration policy and temporary visa status for employment), while others focus on educating the program stakeholders and communities about trafficking identification.

Table 1. Anti-trafficking service providers in the Bay Area (September, 2021)

Organization name	Service type	Location (County and/or City)
Asian Pacific Islander Legal Outreach	Legal	San Francisco and Oakland
Bay Area Legal Aid (Bay Legal)	Legal	San Mateo and Contra Costa Counties
CARACEN	Social	San Francisco
Community Solutions	Social	Santa Clara and San Benito Counties
Dolores Street Community Services	Legal & Social	San Francisco
East Bay Community Law Center (EBCLC)	Legal & Social	East Bay, Oakland
Human Rights Clinics UC Berkeley Law School	Legal	East Bay, Oakland
International Rescue Committee (IRC)	Social	Nor-Cal region: Services all counties in the Bay Area: Offices in Turlock, Modesto, Oakland, San Jose, and Sacramento
Jubilee	Legal	San Francisco
Justice At Last	Legal	San Francisco
Katharine & George Alexander Community Law Center (at Santa Clara University)	Legal	South Bay, Santa Clara County
La Casa de las Madres	Social	San Francisco
La Clínica de la Raza	Social	South Bay
Missey	Social	Oakland, Alameda County
Pangea	Legal	San Francisco, San Jose, South Bay
Pilipino Association of Workers and Immigrants (PAWI)	Social	Santa Clara County
Ruby's Place	Social	Alameda county, Multiple locations
San Francisco Asian Women's Shelter	Social	San Francisco
Tahirih Justice Center	Legal & Social	San Francisco
YWCA	Social	South Bay

*An expanded/detailed version of this mapping is shared with network partners for program use.

Irrespective of the resources, size, and programmatic scope of each organization, nearly all describe a focus on shorter term needs compared to longer term support. Many report staying with clients up to 2 years, and about half beyond 2 years. For legal organizations, these is often tied to how long a case is open and the pace of processing (slower for immigration, faster when criminal or in court). Social organizations tend to maintain longer and diffuse contact as sought by survivors. All the stakeholders express an aspiration to provide longer term services and recognize levers of change required at program and policy levels.

Social services in this country are designed to address the short term. We're constantly throwing a bucket of water on a burning building, instead of asking, 'what started this?' Long-term things that need to happen is prevention – for example, identifying the 80% of labor trafficking victims in this country that enter legally. Consulate interviews should have “know your rights” education, even a flyer in their native language. Criminal justice systems should include diversion programs that can help prevent crimes from occurring. [Also] Long term needs include ongoing therapy and support. Right now, in California, after eight months, those benefits expire - federally those expire after three years - and it's minimal... Long-term goals like education and empowerment require organized survivors to collectively demand certain things. (Legal services provider)

I wish there were more people to check in later on these vulnerable populations in long term. Sometimes I feel like a lot of the learning we provide at the beginning about different things sometimes doesn't sink in at the beginning because of all that's on their mind - potentially blockage due to trauma, I wish that could be like reiterated later. (Legal service provider)

One thing in short term versus long term is housing and financial assistance. We can put someone up in a temporary hotel stay, but where do they go when the funding runs out? Our housing program sometimes can extend for up to two years, but that's short term in someone's lifespan... because of the way the funding is set up, we have to close out their case after a certain time frame. People aren't always ready to pay rent on their own at that time... For longer term, it's taking a lot longer to process that T Visa over a U Visa. In the short term we try to help stabilize them, but if someone doesn't have work authorization yet, there's not that much we can do because it's not legal to help you find a job. Until they get status, people tend to be in limbo. (Social Service provider)

Stakeholder collaboration: regional network functionality and challenges

Respondents describe collaboration as integral to working to with survivors – modalities for collaboration include cross-referrals, ad hoc communication over the phone, email or in-person, and through formal participation in local coalitions and local task forces. Personal interactions and familiarity of working together over time – in part due to the shared history of those working in human trafficking, domestic violence and sexual assault in the region – create an environment where service providers are comfortable reaching out and informally connecting with one another. Providers see these relationships as helpful to ensuring smooth transitions for survivors.

When we have legal need for referrals for legal services, for example, if our agency is at capacity, and we come across a case that we think might be a good referral, then we will reach out and usually we tend to do this as a warm handoff as opposed to just sending people to a phone number.

We will contact an agency and ask them if they have capacity - if this is a case that they could take. And if they say yes, then we you know we give the information to the client - make sure they know how to contact the Agency... (Legal service provider)

We get referrals from a lot of partner agencies, from lawyers or sometimes, even from law enforcement... If I get a referral, I start following up and working with the clients/survivors to see if they are safe, if they need emergency housing, and if we can support them with a hotel... So we started safety planning, emergency housing, food, transportation, and refer to a legal organization if needed, for immigration support... We support them if they need language support for their intake and throughout the process. So we keep referring to them if an organization doesn't work out... We're involved in all the steps – when they do the intake, if they have to go to court... (Social service provider)

While many organizations describe national and state networks such as the Freedom Network USA and CAST LA, they deeply value the local task forces that drew together network providers as well as law enforcement (in some cases), and the district attorney's office. Many describe attending the South Bay Coalition to End Human Trafficking and Task Forces Safety Net meetings in San Francisco, Contra Costa, San Mateo, and Alameda counties. While these formal convenings help mutual updates, case management, and introduction to new partners, the East Bay was the least active and lacked sustainable resources compared to the San Francisco, and the North and South Bays (South Bay was the most active Coalition). While collaborations were praised, weaker cross-Bay network interactions manifest and highlight the need to strengthen regional communication. Respondents felt this particularly important given staff turnover across organizations – newer staff who joined remote meetings during the COVID-19 pandemic and had less time for face-to-face relationship building.

We would have regional meetings we work with other counties within California, we also have statewide conferences, national conferences. Obviously they're all televised now because you know it's all telecommunication because we can't go anywhere, but there's definitely connectedness to outside or neighboring counties, neighboring states and then also as on a national level as well, definitely a connection there. (Social Service provider)

Communication can be really hard or even just knowing what resources are out there and what kind of capacity they have...When something happens, you're like "Oh, I know this person at this Agency." I feel like I'm always learning about new organizations who are doing really great work. It can be hard to keep track of, stay in touch with, and know the best place to refer. (Social services provider)

Service providers describe several challenges that affect collaboration in managing trafficking cases. First, all respondents express being “at capacity” and struggling to link survivors to services given the “waitlists” within organizations. Limited funding can additionally foster competition between partner agencies in a resource-constrained setting.

Thinking about like capacity, I think the way the nonprofit structure is it makes us competitive against each other, and that's super detrimental to working with any vulnerable population, including survivors of trafficking. (Legal services provider)

Next, the differences in priorities and timelines by sector and stakeholder type can affect the sequencing of services and counseling support provided to a survivor. This is often brought to the forefront with the example of when and how law enforcement participates in Task Force meetings or in their approach to getting survivor statements.

Occasionally there is a bit of tension between non-government and government organizations... We all have the same goal, but different philosophies. Law enforcement wants to solve a crime, they want to put the bad guy away. There's a lot of pressure to get the victim to get on the stand and give a good statement, and we're coming from a place where this person has just been through an eight-hour forensic exam, they do not want to be interviewed now. It's a delicate dance we do to figure out how to convey that and still be respectful, but that can definitely pose a challenge. (Social services provider)

Additionally, county-specific variation in the law or interpretation of the law among district attorneys, prosecutors, and/or judges can delay processes and complicate survivor experiences with service provision. A good example of this is the criminal vacatur law that expunges a survivor's record back to prior to the trafficking experience and may require the state refunds for incurred expenses.

It is very different - every county... For example, one county has a DA's office that has a trafficking unit that works with the survivors, believes that they do have rights and to a crime victim rights attorney, and works hand-in-hand with us to make sure traffickers are being properly charged, survivors' needs are being met, and privacy is upheld. We can redact and not have anything in public record, especially like their name and address. In other counties, it's an uphill battle where they don't have an anti-trafficking person, don't believe survivors, and prosecute for like a prostitution charge. It really depends on who the detectives or prosecutors are for each case. You must make those relationships work, even though sometimes it's just egos, to do what's best for the client. (Legal service provider)

These challenges can be compounded by a lack of human trafficking awareness of potential partners (at entry-points and gateways (e.g. school/clinic administrators, law enforcement and case managers at detention centers)).

Barriers to providing and linking survivors to services

Respondents concur around the broad array of barriers to service provision to vulnerable and often invisible survivor populations. One set of challenges relate to ensuring access to basic health and survival needs of survivors, many who are immigrants (documented and undocumented). Organizations emphasize survivors' need for long term housing support in context of the Bay Area's prohibitive market. Relatedly, many describe the critical role of continued cash disbursements and/or temporary status (e.g. work authorization) in supporting access to food, health services, transportation, and legal fees. Additionally, several providers describe that as survivors navigate diverse systems (health, education, employment, legal, transport, housing, public benefits), their vulnerability to being 'lost in the shuffle' increases.

Even if we can get work authorization for our clients and they can find work, oftentimes finding enough work to pay for housing in this area is tough. So being able to get an apartment and being

able to sort of long term, be self-sufficient. Many of our clients end up moving out of the area just because other states or areas are more affordable. There are clients who in continuing their education or training oftentimes are required to have certain things certain documents; when immigration is taking a long time to process, that's hard for them. (Legal service provider)

The reality is that most people are people are often working under the table because the financial assistance that you can get is almost nothing and people need money to survive. It's hard to find a job where you're treated well and pay fairly when you don't have status and people get hurt. (Social service provider)

I was working with a youth who was forced to working construction and after he left his stepfather - the trafficker, he was just homeless and it was very hard for him to make his appointments. And as soon as he got into regular housing and had transportation support, it became like significantly easier to work with him, no surprise at all. (Legal service provider)

Cultural and language differences as well as the emotional traumas experienced by survivors exacerbate these barriers. The layers of trauma were described by all respondents across both sex and labor trafficking survivors. Moreover, the precarious relationships of survivors with crime and the criminal justice system, including law enforcement, public administrators, or at attorneys in court can be re-traumatizing. These instances reinforce fears particularly in foreign-born and racial minority survivors. While social service providers are often linked to provide necessary emotional support, they describe the mental health service gaps as a perpetual concern.

Language is one. We are pretty well equipped for Spanish, but we have clients who speak Tagalog, Mandarin or a few from South Asia. We've had clients from all over the world who do not all speak English or Spanish. You can work with interpreter, but it's not the same as being able to speak to someone directly... There are a lot of things that go along with trauma that can make it a harder for people to access services or be fully engaged. (Social services provider)

Finding free mental health resources in their native language has been very difficult, which has been surprising given there's so many Spanish speakers... It's impossible to get my clients connected. Often they can't afford to pay for social and legal services, which is why they come to us... Survivors I've worked with are often those who have fallen through the cracks at other agencies or within other systems. They've experienced complex trauma, which means that they have memory issues if the trauma(s) weren't processed. Naturally, sometimes they avoid following up on certain services or seeking out mental health services. (Social services provider)

After attorney ask you a question, "what happened to you?", then clients usually have a breakdown. It's our job to make sure they're okay. I let her talk and calm down - I just listen, don't edit or anything. After she [client] calms down, I assure her that she's in good hands, she's in a safe place - even though she has to relive the painful part, she is not all in danger anymore. (Social service provider)

Play the double role of a therapist and social worker an attorney in this meeting (immigration case)... I often feel like I'm practicing unlicensed social work because so much of our job is emotionally supporting people as they navigate their own trauma... while putting their trauma on trial. (Legal services provider)

People make assumptions about being foreign-born and there's racism here... a lot of my clients have been beaten up or robbed. Sometimes they've been there more vulnerable to this because they are homeless or have unstable housing situations...but other times it's what I would consider a hate crime. (Social services provider)

The number one thing is that there are quite a few of our foreign-born clients who are afraid to follow through with support for many reasons: just fear of the system, fear of administration, fear of the unknown, and not realizing that the services are available and that it is true, you can be here undocumented and receive services. (Social services provider)

Respondents concur that technical, regulatory, and process-related nuances comprise a final set of barriers to trafficking identification and implementing existing protections and benefits. All service providers describe the challenges in identifying sex and labor trafficking through self, community, and/or system stakeholders. Definitions and examples of what sex trafficking looks like particularly among youth (e.g. boyfriends, modeling opportunities) and what labor trafficking is and where it is most prominent in the Bay area (agricultural, restaurant, beauty parlor or domestic work industries) are lacking at community and gateway levels. A general lack of awareness of rights and entitlements to service access for undocumented survivors as well as the communities in which they live pose challenge to identification and service use – including political and administrative challenges to getting survivors into public benefits programs. Respondent lament about limited awareness of trafficking regulation as intersects with immigration and the lengthy processing of T and U-visas.

We're missing a lot of opportunities to identify trafficking survivors...In the East Bay, there's just a lack of awareness and we're just not doing as great of a job in screening ...There have to be several questions to really identify...because for example, a lot of our clients are immigrants and trafficking is not a term that they're used to hearing. A young indigenous client from Guatemala came here as an unaccompanied minor, a vulnerable population, so there's a lot of cultural aspects. Cultural humility needs to be of a part of how we think about screening for immigrant survivors. (Social Services provider)

The TC-VAP program is designed for survivors, but eligibility workers and a lot of the people that screen for these programs aren't aware of them...and can be harsh. Our clients are denied and have to explain why they would qualify – that's re-traumatizing... Then just general fear from the documentation that's asked of them - they're not supposed to be asked for their social security numbers... We're in the process of talking to the state coordinator for refugee services and TC-VAP to try to change that because it's been a huge issue and honestly a waste of our time to be going back and forth explaining the program that they created to them and just delaying clients access to services. (Social Services provider)

Our survivors are immigration clients and the immigration process can be really challenging. It takes right now about two years, 28 months, for a T-visa to be processed. And again, funding doesn't last, there are interim forms relief that are not pursued by law enforcement called continued presence. And the adjudication of T-visas has been horrendous over the last administration - they have routinely denied and pushed back on totally appropriate and eligible T-visa applications. (Legal service provider)

Direct service providers expressed a slowing down of services provided during the first year of the Covid-19 pandemic, due to social distancing and remote work guidelines that increased barriers in working in-person with survivors. Older, limited literacy, immigrant clients struggled most with remote interactions while providers expressed difficulty in new client intake and relationship building. Outreach services and donations that benefitted survivor access to basic clothing and food resources suffered.

A huge part of the work is gaining the trust of clients and obviously that's a lot harder if they don't meet me in person in my office setting, which helps it all seem like "this is a real program and you're signing documents." Especially when our client population tends to be a target of a lot of scams and a lot of weird calls. Definitely challenging and a bit slower to gain their trust. The inability to accompany claims - I've had times when I'm on the phone interpreting for security guards at hospitals so that a client can get through. So logistically it's been challenging, not to mention the hardships on clients who are already have hardships - those are just impacted even further. Clients that don't have work permits and safe work –conditions are more hazardous. Luckily, we're in California, where a lot of the programs and funding – rental support and things like that -are open to people regardless of status, but it's still an uphill battle convincing clients that they're eligible, that it's okay to take assistance from the government and not pay it back. And then language access to COVID materials and all of that.
(Social services provider)

Organizational barriers and support structures

As part of the non-profit sector, most organizations similarly expressed unpredictable financing and advocate/case manager transitions/turnover as major barriers to service provision. Most had mixed and fluctuating funding sources (state, national, private) and lacked operational budgets that could be used for supporting and sustaining necessary staff load. Respondents consistently describe chronic understaffing, staff burnout, and turnover as common in the anti-trafficking field. These factors pose difficulty for service providers on the one hand, and survivors who have a comfortable, trusted rapport with individuals within organizations, on the other.

I also think that a lot of our service providers are overwhelmed and are responsible for a lot of folks. Having more providers so they can not just be reactive, but rather proactive in helping follow up with clients and check in more often...There's so many cases and only so many service providers. So people - if we could have a better ratio of clients to provider. **(Legal service provider)**

There's caseworker turnover so frequently in this work because of other systemic problems like low pay, further education, secondary trauma, all those things. It's never good for a client to have to move a caseworker when they built a rapport with that person...On some severe cases – those really having a lot of needs and really unstable mental health of situation, where losing a trusted person, that can be a major detriment. For the most part, it's an inconvenience and you take a step backwards in the trust and rapport building. **(Social services provider)**

Reflecting on support structures within their organizations, many respondents describe supportive management that provides mental health services in benefits package and promotes self-care among staff (e.g. days off). Few mentioned group-based internal processing strategies that perpetuate a sense of “not being alone” for staff that may be working on inter-disciplinary teams. These reflexive strategies were

implemented through meetings around case management and/or collective debriefing, counseling, and clinically guided self-care sessions.

Trauma-informed now is a term that appears the time, much like self-care, vicarious trauma, burnouts. It really takes someone that's trauma-informed and has experience working with trafficking survivors to provide emotional support services. In practice, beyond maybe staff receiving a training on it, there's a lot of resources out there and people providing trainings on what trauma-informed can look like – it can be very specific to the setting you're in. Trauma-informed in a medical setting will look different than in a legal setting. (Social services provider)

We have what's called group supervision once a month for everyone, which is led by someone who is a licensed clinician and has worked at review sites for a while. She'll pick a topic and have everyone reflect on it in a smaller group. Your group will reflect on that - can be things like, "how have you been affected by working remotely". But it's a time to reflect and kind of talk through things. (Social services provider)

Enablers of service provision

Respondents describe several enablers of better collaboration and service provision at the sectoral, network, organizational and community levels.

At the sectoral level, service providers advocate for more efficient use of resources in culturally nuanced ways that maximize comprehensive service access for survivors through new and existing programs and policy. While the need for more shelters and longer term-housing support emerged as critical, prioritizing cash distribution was a front-runner programmatic strategy that worked well to promote service access. Respondents concur that cash and other short-term supports can be a part of emotional processing of trauma for survivors. Improving access to long-term holistic therapy and case-management for survivor/family can promote psychosocial well-being and long-term stability.

We're working with the DA's office in San Francisco to create a Diversion Program regarding the uptick of these youth who are being arrested. Now, if you are identified as a victim of trafficking, in most departments, you are given a flyer and sent on your way. San Francisco is way more trauma-informed – way more together -than most other places in the country, and it still fails on this very critical thing. Maybe we didn't have to go through an entire criminal justice proceeding, taking the judge's time, the prosecutor's time, the public defender's time, the victim's advocate's – so many people's time and money. Instead use all that taxpayer money to get them [survivors] stable housing and route them to services that in California exist by law. (Legal service provider)

My clients qualify for only certain public assistance once an application has been filed with immigration; when we have a receipt notice - then they may qualify for MediCal or CalFresh. Beyond that, there's no rental assistance until they have legal status or they're approved. My clients struggle with need basic needs and so processing their trauma is not necessarily a priority. For some, it might be because of how it's impacting so much of their life. For others, even if it's creating a lot of harm or uncomfortable situations or impacting their other relationships, it's not necessarily a priority when they can't meet rent or buy groceries. So one thing we want is to be able to have cash to provide to clients for basic needs. Equipping service providers with such funds - even if a Band-Aid – may allow us to continue to work on the larger issues and set survivors up for long term success. (Social services provider)

At the network level, all respondents mentioned several strategies around strengthening collaboration to address inequitable resources in the region. Leveraging the mapping tool for referrals may help overcome staff turnover and network introductions. Balancing in-person and remote coalition and task force meetings to maximize efficiency (remote) and quality of interactions (in-person) was seen as helpful to strategize, share updates, and assess progress on joint activities/goals. City or county support for coordination across network through supervisory board or specified budget line also emerged as strategy for sustaining network communications.

We went to the County in 2010-2011 and raised the issue of trafficking in our county - individually to the board of supervisors. From there, they were open to being educated about what was happening and then supported funding not just services, but the coordination of services. Funding the coalition coordinator to expand - before we did our coordination voluntarily - helps because then that person can bring in more agencies. We're working through the coordinator to reach out to other counties in the bay area to address the issues region-wide. (Legal service provider)

Legal service providers describe instances where joint advocacy to local, state and national legislators/political leaders on enhancing legislation on immigration, labor, and criminal vacatur as well as on enforcing protective codes at city/county levels enable survivors to access entitled services and disempower those with trafficking history. Some social and legal service organizations felt that collaborating grant applications may strengthen network ties with partner agencies.

I think we need better laws for them [trafficking survivors]. So being able to advocate for policy changes. There's this thing called the Freedom Network USA – they're the ones who pushed the federal policy stuff like the trafficking victim protect persons act (TVPA)...or CAST LA that's leading the conversation in California. We've been working with them to do all those virtual lobbying visits– but having another person to do the upper level stuff would be so helpful... It's hard for a small law firm - four of us attorneys, an advocate, and some support. We're like, "Okay, how do we do direct services and also support the upper level stuff?" (Legal service provider)

Our county has done a lot in terms of trying to fund investigation of labor trafficking and can be done in terms of licensing and other kinds of controls that the county has. For example, there was construction that gotten approval through the county that had issues with non-payment of wages in the past including trafficking victims in the crew. One of the things that came out of [the case] was looking at all the county's contracting and making sure that if there's similar issues in the past, that the county do their due diligence before they contract with [an agency]. The licensing of massage parlors and that kind of thing were established - not going to persons that violated the county provisions in the past. So those kinds of their checks on the system. (Legal service provider)

At the organizational level, respondents reflected on their service provision models and ways to mitigate provider stress. The few of organizations that provided joint legal and social services suggested this to be a promising integrated approach to account for survivor needs holistically. While all service providers recognize vicarious trauma and the need for mental health support, the concurred in the consultative workshop that individual and/or group-based debriefing models were promising. Finally, a couple of respondents noted the possibility of involving survivors as feasible in their own organizational/activity leadership or advisory capacity to ensure survivor-centered program strategies.

If we could have more employment or education, or long term mental health services in-house, that would be helpful. One thing that we are behind in is having a survivor involvement in developing our programming and that sort of thing - you could have survivor leadership. [Interviewer: Is that feasible? Can you give some examples of how that could play out?] I think so. It depends on where someone is along that journey but there definitely are people who do identify as survivors, or people if they're in a group that was led by another survivor leader saying, "this is what I'm doing and this is what happened to me." Being in that environment might help. It wouldn't be the right choice for everyone - some people just want to move on with their lives and not have to think about that every day at work, which is reasonable. But it would be nice to have some of that for people who did want that. (Social services provider)

At the community level, all respondents concur around the need to expand and innovate to build capacity and improve survivor identification and referral – through joint and strategic collaborative outreach. Enabling outreach and engagement strategies described range from technology-based smart-solutions using hotlines and social media, to print material dissemination, to trainings and informational sessions, to community-based and peer education initiatives. Respondents confirmed two broad target audiences including network and expanded stakeholders (e.g. clinics/hospitals, schools, prosecutors, judges, attorneys, law and code enforcers, consulates, and detention centers) and communities through sociocultural or work settings (e.g. community/cultural centers, libraries, community health workers/promotoras, targeted worker groups: agricultural, restaurants, beauty parlors).

I've created two different trainings - one on how to effectively screen for human Labor trafficking - that's geared towards service providers broadly including medical facilities churches teachers, the whole gambit. The other is focused on how to work with survivors of trafficking in an immigration case: how to ask the right questions, build the right case, file the relief in the best way possible. (Legal service provider)

We did more [pre-COVID-19] community events - held film screenings in a library or a Community Center that would have a documentary about human trafficking. People could come in watch it and ask questions to a panel after – with an attorney, social service provider, and maybe law enforcement, or someone else involved. We also table at different events to spread information or hand out flyers, things like that. We have for a few years, participated in Labor rights week with some of the consulates. (Social service provider)

Capacity building approaches differ based on the target audience though core messages include: What human trafficking looks like?, What rights to trafficking survivors, including undocumented migrants, have?, and What does one do when they observe this or feel this happening to them?. For legal and social service actors, there was additional need to educate on what anti-trafficking and immigration policies/programs can be leveraged while providing and referring for services. Engaging community-resources – trusted peers and language advocates emerged as key attribute of ensuring that “word-of-mouth” trends toward protecting and not further silencing survivors.

We are very proud of our MLAM program – Multi-Lingual Advocacy Model. It is a way to involve Community Members to be part of the movement. We recruit volunteers and we do the 40-hour training mandated by the state and on top of that, those who feel they have some language skills, participate in a 20-hour training to be a language advocate. You're not just interpreting like as

Google translate or a robot, but you actually are a cultural bridge between the survivor and the service provider. (Social service provider)

Finally, youth-friendly approaches may vary – not only do young people understand and hear trafficking language differently from their adult counterparts, but they also benefit from remote training models as seen from social service providers’ report increased participation in zoom meetings and workshops. Service providers note; however, the need to balance hotlines, tech/app-based approaches, and social media approaches with confidentiality concerns to ensure survivor safety.

A lot of youth are interested in meeting virtually rather than meeting in person. We often had a hard time getting youth to come to our office or meeting them out in the field, so connection via zoom or by phone [during pandemic] was a lot easier. We were able to even continue support groups like teen empowerment support groups online and received a greater turnout than when we had done them in person...it's pleasantly surprising. (Social service provider)

Discussion

This study identified a number of anti-trafficking service providers in the San Francisco Bay Area through interviews and a participatory process of engaging respondents for future action. An extended version of the mapping tool is circulated with program stakeholders for ongoing network updates, inform cross-regional referral, and enhance communication. While the study elevates prevailing perspectives on several barriers to service provision for trafficking survivors including legislative, regulatory, technical, instrumental and cultural factors, it also discusses enablers that give rise to the following core recommendations at sectoral, network, organizational and community levels.

- **Sectoral:** Prioritize long term culturally humble holistic support to survivors through existing public benefits and psychosocial service programs. Consider emphasis on long-term housing, increasing cash distribution to survivors and improving access to therapy and long-term case-management for survivors and their families.
- **Network:** Collaborate across region to address resource imbalances by using the organizational mapping for local/regional referrals; hold biannual cross-Bay (regional) meetings (one remote, one in-person) to strategize, share updates, and assess progress on joint activities/goals such as garnering support for coordination across regional network; jointly advocate to local, state and national legislators/political leaders on enhancing legislation on immigration, labor, criminal vacatur and enforcing protective codes; and collaborate on grant applications.
- **Organizational:** Explore models that best resonate with one’s organizational mission and mitigate stress of service providers. Consider integrated legal and social services models to address a survivor’s multiple needs at a single service point (limit re-traumatization); promotion of individual and/or group-based debriefing strategies to develop a supportive culture; and involvement of former interested-survivors in organizational governance.
- **Community:** Collaborate, expand, and innovate to improve survivor identification and referral within the network and more broadly in the community. Multi-modal programmatic models ranging from traditional trainings to social-media and remote approaches can be applied and tested through implementation research.

Alongside the programmatic recommendations, more research is needed to articulate the perspective of trafficking survivors themselves. How do survivors experience service access, use and quality – what can be done through a collaborative network and service provision to overcome their challenges? Practitioners would additionally benefit from implementation research evaluating the application of organizational, network, and community recommendations. Further investigation can contribute to our understanding the effectiveness of public health, social, and legal interventions and contribute to the limited literature on trafficking prevention and response in the United States.

Partnership within the anti-trafficking network context is essential, ongoing, and can be nurtured. The legal and social service providers participating in the validation and interpretation workshop felt an immediate sense of trust in connecting and re-connecting with other organizations and individuals working within their field. They collectively expressed empathy and relief at the shared barriers they collectively face in the current political climate and pandemic context as well as a rejuvenated sense of commitment to their work with survivors and each other.

Conclusion

This report offers a start to increased stakeholder awareness around existing organizational and policy resources as well as offers recommendations for research and programming on how anti-trafficking service response networks function and can be strengthened to provide survivor-centric support in the long term in the Bay area. Findings from this study offer transferrable lessons for other anti-trafficking service network settings in the United States.

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