Podcast Transcription: Processing a Human Trafficking Case

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Welcome Podcast listeners. Today I’m going to be talking about processing a human trafficking case and the deficiencies and proficiencies in the care provided to this individual and the suggestions for improvement of human sex trafficking survivors’ care. The experience took place during a practicum placement that I had in my Social Work program where I worked with a survivor of human sex trafficking.

Initially the client came into the facility and expressed her challenges with Depression and Anxiety. At the time, from the way she described what she was experiencing her main complaints were about the Depression and Anxiety symptoms. However, she indicated here and there throughout the initial session that she was experiencing symptoms of PTSD stemming from sexual trauma that she had been through. She did not go into much detail about the trauma, but signed a release for my supervisor and I to talk with her ex-boyfriend.

Maternick and Ditmore (2015) state that in their studies, “sixty-seven percent of the people in the study met the trafficker through a family member, friend, or neighbor…In addition, some people appear to have been directly set up for trafficking by their family members…” (p. 48). Through phone calls with this significant other, I gathered that she had been drugged by her mother, and the mother arranged to have her gang raped so that the mother could obtain money. In a subsequent conversation with the boyfriend he talked about another sexual assault experience that this survivor had been through when she had been held against her will for 3 months in another state by a man who used her as a sex slave. The perpetrator lived in a remote area, and the victim was often drugged so that she could not escape. These instances fall under the definition of human sex trafficking. Baker (2015) states, “…in 2000, the Trafficking Victims Protection Act (TVPA) … defined sex trafficking to be ‘the recruitment, harboring,
transportation, provision, or obtaining of a person for the purpose of a commercial sex act’ (§103.9). No coercion or force is required, nor is transportation across state or national borders” (p. 4-5).

Another aspect is that this survivor, due to the sexual trauma was sexually acting out and the boyfriend decided to brake up with her because of these behaviors. To further complicate the situation, she had been living with this boyfriend but no longer had a place to stay because he did not want her living with him so she was homeless. Renzetti (2014) discusses that, people who are homeless may be at higher risk, and therefore more susceptible to be trafficked, and explains, “while on the street,… [the victims] were befriended or taken in by someone who made promises to protect them and led them to believe they could not survive on their own…” (p. 142).

After meeting with the survivor and gathering this information from her significant other who was an approved contact, I began to relay this information to my supervisor. When I explained all that had happened to the victim, in the context of her human sex trafficking experiences, he stated, “she is an adult and had the ability to make her own decisions.” In this context he seemed to be implying that she could have chosen to be a victim or not. This type of expression made it sound like he was invalidating her experiences and not willing to recognize that she was a victim of human sex trafficking. Because of his rape myth beliefs, he misidentified her experiences as being her “choice” and therefore made many decisions in her treatment that provided her with inadequate care. Part of this process, that would have been a crucial piece to the proper treatment, would have been to appropriately assess her experiences. Hopper (2017) reports that, “trauma-informed psychological assessment of women and girls who have been trafficked comes from a strengths-based empowerment perspective, with a focus on providing information and building coping skills. It is often normalizing and emotionally regulating for a
girl or woman to understand why she is experiencing certain symptoms and to realize that her reactions make sense given the trauma she has experienced… the assessment helps to identify and contextualize a survivor’s current psychological functioning and assists each woman or girl in building a path towards healing” (p. 28). If my supervisor had been more adept in the initial assessment in evaluating her experiences this could have been the first step in providing appropriate care.

As I have thought about this case, I have tried to determine why he failed to recognize or acknowledge her case as a trafficking victim. The importance of this analysis is identifying things that he and those like him who might be making similar treatment errors can be educated on how to provide accurate assessments and effective treatments. These include, providing internal and external resources that can and should have been made available to facilitate her recovery. Farley et al. (2011) discusses that these resources are appropriate and helpful when assisting a human trafficking survivor, “[sex trafficking] is a sexually exploitive, often violent economic option most often entered into by those with a lengthy history of sexual, racial and economic victimization… In order for a woman to have the real choice to exit [sex trafficking], a range of services must be offered... We recommend increased state and federal funding for transitional and long term housing for… women and others seeking to escape... we recommend increased funding for… women's programs, including advocacy, physical and mental health care, job training and placement, legal services, and research on these topics” (p. 4).

Some aspects of her treatment were handled effectively and there are other suggestions that I would like to make that I think would have been helpful in her care. One aspect was that I provided relationship treatment counseling and provided educational information about relationships that I acquired through collaborating with a colleague who had extensive
experience in relationship counseling. Another aspect that was done well was that I referred her to outpatient counseling and psychiatric treatment. Another aspect that was done well was that I validated her experiences and provided empathetic listening.

There are some additional suggestions that I would include that would have been helpful in her care. For example, it would have been important to find housing for this person so that she could continue to heal and not be put in a situation of greater risk. Another aspect that I wish would have been employed or available was to get the survivor in contact with a human trafficking treatment specialist that would talk with her about the sexual assault, and advocate for her. Another suggestion would be to have a sufficient number of staff so that with the more acute cases such as these, there would be more time to treat the individuals. Heffernan and Blythe (2014) indicates that these aspects should be considered in suggestions for treatment, “trauma awareness, safety, rebuilding control, and using a strength-based approach (Hopper et al., 2010, pp. 81–82)… A strength-based approach views all persons via their “capacities, talents, competencies, possibilities, vision, values and hopes” (Sallebey, 1996, p. 297)… collaborating with the client also is critical. The social worker should encourage client participation, seeking their opinions and input. This approach posits that strengths, rather than deficits or “problems” of people and their environment, should be the focus of the helping process. Accordingly, human beings have the potential for growth and development and the ability to identify their own needs (Fast & Chapin, 1997) and practitioners need to empower clients to be able use their own voice to express what they need” (p. 170-171). In this human trafficking scenario, it would be important to employ these suggestions, to support the client, using a strengths-based, client-centered approach to facilitate the client’s healing process.
References


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