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Human Trafficking: Exploration of Best Practices for Restoration and Integration for Survivors in Southeastern United States

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Human Trafficking: Exploration of Best Practices for Restoration and Integration for Survivors in Southeastern United States

An Honors Thesis submitted in partial fulfillment of the requirements for Honors in Sociology and Anthropology

By
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Under the mentorship of Dr. April Schueths

ABSTRACT
Domestic human trafficking, especially of minors, has become a serious though largely invisible issue in the United States. There are, however, organizations and policies in place that have become active in caring for, restoring and reintegrating those survivors who have been able to escape. Through the perspectives of service providers, this exploratory qualitative study examines the factors of vulnerability of victims, the issues that support reintegration for survivors and the best practices as well as indicators of success when caring for survivors. This was accomplished through in-depth, semi-structured interviews with representatives from various social service agencies in Georgia that are involved with human trafficking. This research fills the gap in literature by adding to the best practices for aftercare of survivors of human trafficking.

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INTRODUCTION

Human trafficking has been an ongoing global social problem for decades with nearly 21 million estimated victims worldwide (Asquith and Turner 2008; International Labour Organization 2012). Human trafficking is defined as: “a commercial sex act induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age; or (b) 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” (US Public Law 2000).

Human trafficking also occurs in the United States. As of 2008, there are an estimated 100,000 trafficked minors in the United States (Kotrla 2010). Ninety-eight percent of human trafficking victims in the United States are US-born (Cole and Sprang 2015). The National Human Trafficking Resource Center (NHTRC) hotline reported more than 5,500 cases of human trafficking in 2015, with only 16% reported by a victim (NHTRC 2016).

Forty percent of human trafficking offenses reported from 2008 to 2010 in the United States involved the sex trafficking of children; this gives an idea of the large numbers of US minors affected (NHTRC 2016). There are currently only 32 known shelters to care specifically for victims of Human Trafficking spread throughout the country, typically in cities most known to have human trafficking rings (Streetlight Tucson 2012). Similarly, Georgia, who ranks among the seventh in the country to receive calls about trafficking cases (NHTRC 2016), has most of its resources located in larger communities, known areas of human trafficking activity. Social service professionals need specialized training and understanding to best help survivors of human trafficking reintegrate into the community.
Therefore, my thesis focuses on the community reintegration of survivors. Specifically, I examine the perceptions of best practices for human trafficking social service providers. It is important to study this to better understand the unique community needs of human trafficking victims as there is a great need for protection and prevention for potential victims as well as effective restoration services for actual victims. Four main themes emerged from this study: Factors of Exploitation, Barriers to Services, Empowerment through Aftercare Environment, and Best Practices. Young women from neglectful homes who often also run away are vulnerable to traffickers who seem to offer security. Many victims had begun in or believed themselves to be in a ‘relationship’ with the man who was effectively their trafficker. Most survivors are trapped by personal barriers due to the impact of exploitation and the lack of awareness and resources to meet the need for services. An environment that promotes survivor empowerment and restoration through therapy and enforcement of policies that facilitate care and protection are most prominently recommended. This thesis research helps fill a gap in the literature by examining how existing services can be made effective for survivor aftercare.

THEORY

This thesis will use the Empowerment Theory common in Social Work perspective. It will assume that individuals who have been trafficked can be successfully reintegrated into society. I apply Gutiérrez’s (1990) definition of empowerment to social work practice with people who have been trafficked. Gutiérrez (1990) defines empowerment as “a process of increasing personal, interpersonal or political power so that individuals can take action to improve their life situations” (140). Sharlene Fong describes five key principles of the Empowerment Theory. The first is that power exists in multiple forms and can be used for
various actions, such as influencing important people, controlling a situation and enhancing circumstances. Second, power is dynamic and groups can either gain or lose power. Third, individuals who are powerless are usually stigmatized. Fourth, power can be gained through a variety of means, such as education, lobbying, and funding. Finally, empowered groups are better able to solve their own problems (Fong 2004).

As survivors of human trafficking, clients have had their sense of empowerment violated and tend to be victimized and trapped due to this violation. Therefore, the best approach, as shown by the second empowerment principle, is to focus on returning that power to them. This can be through instilling a sense of empowerment in the survivors via the first principle of enhancing life circumstances and opportunities. Empowerment theory also applies to policy, as the survivors need policies that can enable them to be empowered, and as the third principle explains, to overcome the stigma of their previous lives, especially in response to current policy that characterizes the survivor as a victim of culture or ignores the social factors behind their trafficking (Alvarez and Alessi 2012). From the fourth principle it becomes clear that a variety of means can be employed to restore power, such as policy change, aftercare and better coordination of agencies to stop human trafficking. As predicted by the fifth principle, survivors will become independent actors in society. Furthermore Turner and Maschi (2015) point out that the primary assumption of empowerment is that the clients contain strengths and resources with which to confront the problem, and so these should be utilized to build an increase their sense of power and solidarity (Turner and Maschi 2015).
LITERATURE REVIEW

Factors Leading to Trafficking

Various factors have been found to lead to an increased likelihood of being trafficked. Cole and Sprang (2014) found the most common factor of vulnerability to trafficking is disinterested parents or lack of stability in the home. They also found that the most common victim-trafficker relationship was familial (62.7%). Looking at other factors of vulnerability, Hammond and McGlone (2014) point out that youth with exposure to sexual abuse or rape, drugs and violence are often recruited by traffickers. They also describe how traffickers may lure them in by false pretense of a relationship, but keep control through threat or use of violence (Hammond and McGlone 2014). Kotrla (2010) reviewed the literature and found vulnerability factors similar to Cole and Sprang (2014) and Hammond and McGlone (2014). The vulnerabilities she identified were children having run from home or having been abandoned. She found from the U.S. Department of Justice that traffickers target children and youth at bus stations, arcades, and malls. Furthermore, she notes that many minors are victimized in situations society would consider ‘safe’ such as living with their relatives or parents. Yet, in desperate times, these relatives make them perform sex acts in exchange drugs, money or necessities.

Agencies Addressing Human Trafficking

Agencies working with human trafficking survivors are becoming more common. A search for available agencies that specifically deals with aftercare of human trafficking survivors led to Streetlight Tucson (2012). This organization concerned with the issue compiled a list of roughly 30 residential facilities in the US and Canada. It gave contact information and a brief description of the needs they address, services they provide and space they have available.
The Honeycutt (2012) evaluation of the aftercare facility, Transitions Global, for released human trafficking victims in Cambodia provided broadly applicable practices for aftercare of victims elsewhere. The study determined the facility to be successful and found five factors promoted at the facility that seemed to achieve this. 1) Psychological Recovery, which was most prominent, 2) Increased Independence, 3) Positive Social Relationships, 4) Improved Physical Health, and 5) Reintegration into the Community. Specifically, Honeycutt found that the multi-faceted approach that includes long-term relationships with clients, a family atmosphere, and strong financial support for future opportunities, allows residents to regain trust and build lasting relationships. These factors help clients succeed in life and is what made the facility successful in reintegrating victims.

Within the US, Lara Gerassi (2015) identified the main initiatives that have been started to address human trafficking. Beginning with the Trafficking Victims Protection Act (TVPA) in 2000, which defined and criminalized human trafficking, has paved the way for initiatives to begin to address this growing problem. TVPA has been updated and renewed four times, the last being in 2013. The Innocence Lost Initiative formed by NCMEC in conjunction with the Federal Bureau of Investigation (FBI), targets runaway children vulnerable to sex trafficking. In 2008, the National Human Trafficking Resource Center (NHTRC) was established and provided a hotline, which increased human trafficking reports by 259% and has increased available information on the issue (Gerassi 2015).

**Preparedness of Social Service Agencies in Addressing Human Trafficking**

Several scholars have examined perspectives on human trafficking, including that of law enforcement officers. Grubb and Bennett (2012) bring focus to the importance of human trafficking as a whole, studying the readiness of US law enforcement to deal with human
trafficking. They investigated law enforcement perceptions of human trafficking issues, opportunities, and resources for training, and the extent and range of investigative incidents regarding those issues. They used an online survey to assess the level of awareness and preparation of law enforcement concerning human trafficking from 99 participants from various agencies within Georgia. They found 29.2%, mostly from metropolitan agencies, are aware of the issue. Large towns and cities have most investigations as 9.5% of their cases deal with human trafficking. They also found that 75.5% of participants had not taken available training and 88.8% of the participants had no formal policies at their agencies. Through the study, Grubb and Bennett (2012) concluded that the state police agencies would be interested in receiving training so as to be able to identify and protect victims.

Some research has looked at preparedness by geographical area. Cole and Sprang (2014) investigated the awareness, knowledge, and experiences of social service agencies, including law enforcement, which worked with youth survivors of sex trafficking in metropolitan and nonmetropolitan communities via phone interviews. They differentiated between metropolitan (more than 50 thousand), micropolitan (more than 10 thousand) and rural community agencies (less than 10 thousand). The authors also found that the mean percentage of victims trafficked is significantly higher for participants working in rural regions (87.2%) as compared to metropolitan-based participants (42%). Participants of rural and micropolitan areas saw human trafficking of minors as serious issues faced in their community, even compared to metropolitan areas. Professionals in metropolitan communities, however, stated they are fairly or very familiar with state and federal statutes on human trafficking whereas participants in micropolitan communities were less familiar. Significantly more of metropolitan communities had also received more training. Through their research, Cole and Sprang (2014) found that a large
majority of victims are either U.S. citizens or permanent residents, brought into the industry within the state, and living in the state when they are trafficked.

Cole and Sprang suggested that further awareness and training be made available to agencies in micropolitan communities and that they take exploitation of males into consideration, which occurs but has often been overlooked. They recommend professionals who work with individuals who have been trafficked be trained in trauma-informed care. They point to the need for more research into how children and youth exploited in commercial sex activities interact with and respond to professional groups, and the degree to which professionals can collaborate to develop information sharing platforms, and best practice guidelines to inform identification and intervention efforts. They also point to how strategies in metropolitan areas may not translate well in micropolitan areas, such as residential facilities (Cole and Sprang 2015).

**Social Work Strategies**

Researchers have begun to identify potential best practices. Kotrla (2010) points out that it is difficult to find resources for US citizens that have been victimized. She recommends that clients be provided with concrete services, such as appropriate housing, health care, legal services, and basic necessities such as food and clothing. She acknowledges the Trafficking Victims Protection Reauthorization Act of 2008 (P.L. 110-457) authorized up to $7 million in 2011 to provide services for U.S. victims of human trafficking, but emphasizes the need for establishment of additional organizations dedicated to meeting the unique needs of this vulnerable population.

Child protection services are also important. Asquith and Turner (2008) in their study of recovery and community reintegration of trafficked children outline the need of better human trafficking program evaluation. They conducted email correspondence with over 400
representatives of social service agencies to answer the following questions: 1) what any
effective recovery and reintegration measures might involve? and 2) how social welfare agencies
might use the information contained in the report to promote the further development of recovery
and reintegration measures to assist children who have been victims of sexual exploitation and/or trafficking? Asquith and Turner (2008) found child-protection policies and strategies most likely
to succeed, especially policies that incorporated comprehensive care, recognized the advantages
of planning for the long-term, set standards and protocol and are clear about for which children
the policies and strategies will relate, are successful.

After providing concrete services, clients must also have their emotional needs met.
Professionals need to be able to create safe channels for children (and adults who are victims of
sexual exploitation when children) to disclose their exploitation (Asquith and Turner 2008).
Hodge (2014) discussed the importance of addressing the mental and spiritual trauma of
trafficking as a prerequisite to restoration. He suggested this could be achieved by creating an
environment of safety and a sense of empathy from the practitioner for the survivor. Along with
this, effective strategies must also take into account the views and experiences of child victims
(Asquith and Turner 2008).

Best practices are to recognize the importance of civil society organizations, involve
families, communities, and affirm the significance of ethnic and cultural diversity. They suggest
that awareness raising and understanding the operational context are also important. They
concluded that there is too little specialized professional care for child victims of sexual
exploitation and/or trafficking to meet the need, it may also be the case that there is considerable
untapped capacity for supporting the recovery and reintegration of child victims within
communities, families and the children themselves (Asquith and Turner 2008).
Kotrla (2010) proposes implications for social work. First, she points to the importance of using terms that value clients’ dignity, such as ‘survivors’ or ‘victims’ rather than ‘sex workers.’ She recommends social workers develop screening protocols in agencies working with Domestic Minor Sex Trafficking (DMST) victims. Kotrla recommends social workers either become qualified or well informed so as to refer the victims they will inevitably encounter to services. Also that they have fundraising efforts in communities where the need is identified or serve on the boards of existing Human Trafficking recovery facilities as well as contact their legislators to insure promised facilities and programs are established.

Kotrla (2010) advocates the need for action and research. She points out the need for social workers to address culture of tolerance, an increased need for services for children and youth coming out of such situations, an improvement of the system. Kotrla also discusses the many research needs, especially emphasizing that more investigation is needed into the diversity that exists within the population, the methods of re-entry into schools and communities that are most effective, and the resilience factors that allowed DMST victims to endure their circumstances. Kotrla also recommends a comparative analysis of the four programs currently serving the population to generate valuable information for building future programming. Kotrla concludes that Social workers must be more educated about DMST and can address the issue through education, advocacy, and research.

Ronald Weitzer points out that social work needs to move past the traditional moralizing model of condemning prostitution as the outcome of human trafficking and instead account for the social factors that lead to trafficking. He recommends that social work take a broader perspective of the socio economic factors surrounding trafficking and the actual experiences of prostitutes. He suggests, “(1) pay more attention to the socioeconomic conditions that promote
sex work, (2) focus on unfree labor rather than prostitution per se, (3) faithfully represent women’s varied experiences in prostitution, and (4) identify concrete ways of enhancing workers’ health, safety, and control over working conditions” (Weitzer 2007). Alvarez and Alessi (2012) echo Weitzer (2007) in that they encourage social work to move beyond current policy of narrowly defining exploitation or the circumstances that actually form victimization. They insist that the social factors that fuel such exploitation and other manifestations of exploitation, such as labor trafficking need to be addressed rather than the narrow focus on the symptom of human trafficking (Alvarez and Alessi 2012).

From the literature reviewed, the issue of children being trafficked, especially as domestic victims, has become prevalent. Many effective strategies exist, but as far as their effectiveness for minors in the US, less research has been conducted. Therefore, to further understand how reintegration for American victims can succeed, I will expand on the research by looking at how released human trafficking victims, especially US children, are treated by the available US social service agencies and how this affects their reintegration into society by looking at restoration of survivors in the in the US.

METHODS

Participants

Qualitative research was gathered through one-on-one interviews with five key social service providers. Qualitative interviews were the best method to capture the in-depth perceptions of aftercare providers who work with human trafficking victims. Participants were all women, and of different race/ethnicities: white (three), African-American (one), and Latina (one). They were all based in the state of Georgia and worked in social service agencies that are
either directly engaged in aftercare of human trafficking victims or come into contact with them due to the nature of their work.

This research was approved by the Institutional Review Board at Georgia Southern University (IRB #H15342). An online search was conducted to find possible participants who had experience working with human trafficking victims. The study aimed to find representatives from Child Protection Agencies, Domestic Violence Shelters, Foster Care, Group Homes, Law Enforcement and even Human Trafficking Aftercare Facilities. Any individuals that had no experience with such victims were excluded. From the contact information provided, participants were emailed or called to request an interview (see appendix A for recruitment email). Upon gaining permission, a convenient time to interview was established. Participants were then emailed the IRB consent form (see appendix B). In most cases, where location was sensitive and face-to-face meetings (two) impractical, interviews were conducted by telephone (three). Further candidates were recruited through participants.

*Interviews*

Interviews ranged from 5 minutes to 22 minutes, and the average interview took 15 minutes. Participants were questioned from the same set of questions (see appendix C) with various probes used when necessary to gain sufficient information. I used a semi-structured approach, however, participants shared any additional information they saw as relevant. The interview was conducted conversationally, so that natural segues from conversation were used to lead into the next question, unless a response lacked any such segue. The interviews were audio-recorded and then transcribed.

Participants were interviewed with four main questions related to the research question. The first question pertained to experience of social service agents with child victims of human
trafficking. It involved establishing if the participant had had previous experience, how prevalent the participant saw the issue, the main problems faced in reintegration or receiving aftercare by the victims, what factors created vulnerability for domestic victims and signs that could identify victims. The second question involved perceived factors that support reintegration into society. The question asked subjects for perceptions into factors that made victims feel secure, environments that supported recovery, resources available that are meeting needs, current policies that are aiding or protecting victims, future policies that could be enacted to aid victims. The third question explored best practices recommended by the social service agents toward reintegrating these victims. It asked for what strategy best instilled a sense of safety in the victims and what set of practices seemed most effective for overcoming trauma. The fourth question inquired about what goals are most indicative of successful integration, what steps are most effective to achieving these goals and how might other social services improve their practices to facilitate the need.

**Data Analysis**

I employed thematic analysis following the method described by Braun and Clarke (2006:86) which they defined as “a method which works both to reflect reality, and to unpick or unravel the surface of reality” by classifying information from qualitative data by shared ‘themes’ or reporting patterns in the data. In review of the transcribed interviews, the main ideas of each response were highlighted and then grouped according to common categories they shared. They were arranged on separate lines underneath a heading for their common category on a Google word document. For example, the concepts of street prostitution, child molestation with pornography and interfamilial pimping were placed under the category of “forms encountered.” Once the main ideas were categorized, each category was merged into four main
themes that were present in each interview. These were: Factors of Exploitation, Barriers to Services, Empowerment through Aftercare Environment and Recommended Best Practices. See Table 1. below.

Table 1

<table>
<thead>
<tr>
<th>Factors of Exploitation</th>
<th>Barriers</th>
<th>Empowerment</th>
<th>Recommendations</th>
</tr>
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<tr>
<td><em>Forms of exploitation</em></td>
<td>Fear</td>
<td><em>Environment</em></td>
<td>Service Network</td>
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<tr>
<td>Inter-familial</td>
<td></td>
<td><em>Therapy/Security</em></td>
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<td>Pimping</td>
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<td>Child pornography</td>
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<td>Prostitution</td>
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<tr>
<td><em>Vulnerabilities</em></td>
<td>Psychological dependency</td>
<td><em>Signs of Re-integration</em></td>
<td>Therapy/Advocacy</td>
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<tr>
<td>Low self esteem</td>
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<td>Completion of care</td>
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<td>Low-income</td>
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<td>Life skills</td>
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<td>Domestic strife/neglect</td>
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<td>Ability to discuss</td>
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<td>victimization</td>
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<tr>
<td><em>Signs of Exploitation</em></td>
<td>Great Need/Limited Service</td>
<td><em>Policy- Prevent</em></td>
<td>Education/Training/</td>
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<td>Vague backgrounds</td>
<td></td>
<td>Criminalization/</td>
<td>Employment</td>
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<tr>
<td>Presence of controlling ‘friend’</td>
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<td>Increase access</td>
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<td>Hesitancy/Avoidance</td>
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FINDINGS

The following themes will be discussed in this section: 1) Factors of Exploitation, 2) Barriers to Services, 3) Empowerment through Aftercare Environment, and 4) Recommended Best Practices. The underpinning categories related to the main themes will also be discussed as they relate to the broader themes.
Factors of Exploitation

There are multiple factors involved in exploitation. Based on insights gleaned from transcribed interviews, these factors were categorized into: the forms of exploitation, the vulnerabilities of the victims, and the signs of exploitation.

Forms of exploitation

Exploitation via human trafficking manifests itself in several forms, including sexual exploitation. Sexual exploitation, defined by United Nations Secretary, General Kofi Annan in a global bulletin in 2003 is, “any actual or attempted abuse of a position of vulnerability, differential power, or trust for sexual purposes, including but not limited to profiting monetarily, socially, or politically from sexual exploitation” (UN Sexual Exploitation and Abuse Policy 2016). Participants specifically discussed *interfamilial pimping*, defined by the participant from the first interview as, “... you’ll have parents pimp [meaning to lease them out for sexual services] out their children for rent or for drugs, and you’ll see a lot of that with DFACS and different things.” Cole and Sprang (2012) found this was the most common form of victimization (62.7%) for children in the US. *Child pornography* was also a common form of exploitation for children, which began as child molestation then grew into such exploitation. Outright *street prostitution* (soliciting clients on the street for purchase of sexual services) was also common, even for minors. Interfamilial pimping, child pornography and street prostitution were the most common forms as found in interviews with participants.

Vulnerabilities

Participants discussed several factors related to vulnerability. Several suggested that having an unstable home life, meaning continual turnover of partners by one parent or constant neglect by their parent or parents, was a key vulnerability for involvement in human trafficking.
Similarly, Cole and Sprang (2014) found that the most common factor of vulnerability is disinterested parents or lack of stability in the home. Three out of five participants cited low self-esteem as an important factor of vulnerability. Victims who had experienced any form of abuse or neglect were also said to be vulnerable, often causing low self-esteem. Low-economic status was also reported as vulnerability for exploitation. Furthermore, the first participant pointed to the limited development of personal boundaries that also makes victims vulnerable. These are demonstrated in the first participant’s verbose explanation when asked about factors of vulnerability:

... lower socioeconomic status, um...self-esteem and confidence is a huge one, um, prior abuse or neglect- physical, sexual, mental, any type of abuse, um, usually is a huge vulnerability, um unstable home life, lack of supervision or maybe too much supervision, um...unfortunately anything I’ve seen is a vulnerability, anything from the poorest of the poor to the richest of the rich, I haven't seen anything that hasn't been used as a vulnerability... a lot of it boils down to a lot of just self-esteem and confidence really, cause that’s an easy way to bring the girls into the work.

Also the tendency to engage in high-risk behavior was often a vulnerability that was mentioned. For example, traffickers introduce drugs and this creates dependency; traffickers could keep them captive by feeding their addiction. Furthermore the psychological dependency and manipulation created keeps them vulnerable. The same participant depicts this in an instance she shares from her experience:

We had, this was adults, we had a young lady tell us that, the guy she identified as her abuser, he would go into random bars, go up to a group of girls and ask them,
‘Who’s gonna buy me a drink tonight?’ And whatever girl would say, ‘I will or would offer to buy him a drink, that would be the one he would pick from the group to ultimately victimize.

Online encounters were common as well. Victims met strangers online who seemed friendly, established a friendship or relationship and were tricked or coerced into exploitation when they met in person. Victims typically become exploited through relationships with their soon-to-be traffickers. As the fourth participant states, “...that’s kinda how we’ve seen it, like it’s always a relationship with the person, then it always goes into them forcing them to do things outside of what they probably would have done had the opportunity not presented itself.”

*Signs of exploitation*

The participants also reported signs that could be used to identify such victims. Homeless youth often display a pattern of behavior that may point to trafficking. First, in conversation, participants reported would-be victims have trouble with maintaining or refuse to make eye contact, exude hesitancy and avoidance, carry no cash, only answer questions about their occupation and personal life vaguely and become embarrassed when asked about themselves. Furthermore, they exhibit a labile affect in which they can quickly change from appearing sociable and outgoing to shy and reserved. The clearest indicator is being in a submissive relationship with someone, who is likely, their trafficker. One participant explained that the trafficker is someone who appears very charismatic and caring. As described by the second participant from a social service organization, “They go from very sociable and life of the party to being more reserved and having to ask permission to do things within the “relationship” that they’re in with this particular person.”
Barriers to Services

Service providers often found resistance to the treatment in aftercare from the clients as many clients, primarily the minors, expressed a sense of captivity as they lived under very close surveillance at the treatment center. As pointed out by two of the participants, survivors have great difficulty trusting service providers as those they trusted were the ones who harmed them. Many also tended to desire a return to ‘the Life,’ a reference explained to mean all aspects related to working in the sex industry. This has caused many girls to leave before completing the program. As the first participant explains the mindset of the many girls with whom she has worked:

The main problem going into treatment is most of them do not want to go to treatment, they want to go back to ‘the life’...meaning going back to working the sex industry... they will either go back to their pimp or go back to the john, um, they will start working independently to do different things, so a lot of them do go back to ‘the life’. Clearly, um, there are some success stories, some drop off the face of the earth, so you don’t really know, um but a majority of them do just go back to ‘the life’.

This behavior is common in trafficking victims, as described by participants, due to the often-experienced internal conflict of wanting to escape ‘the life’ and having a dependency on their trafficker. A trafficker tends to continue a cycle of emotional abuse followed by apologies and placations of temporary better treatment and provisions; the psyche develops a dependency on the trafficker. This coincided with a fatalistic attitude that this abuse was the best they could expect in their situation, as explained in the first participant’s description of a victimized minor:
Although she wanted the help, she desired the help, the emotional abuse that she had incurred from the guy who identified as her pimp, was stronger than her desire to I guess to continue to seek help...and she just said outside of everybody, he treats her the best and, she wasn't concerned about the things that happened in the past because it can’t get any worse then it’s already been.

Victims fear revealing their situation with the notion that they will be arrested as prostitutes, that their trafficker can find them and will retaliate or, especially for adolescents, the fear of the unknown when sent to aftercare facilities far from where they live. As described by the first participant when asked about problems experienced by survivors gaining aftercare, “Sometimes being sent away, which isn’t necessarily a bad thing, but can be scary, especially for the unknown, I’m speaking especially toward the teen population.” Alongside the fear, are the legitimate legal issues mentioned by several participants in that survivors must be sure to not be criminalized as prostitutes. They also have limited means to enroll in social service programs without retrievable job histories, backgrounds or even identification.

Furthermore, many survivors have contracted sexually transmitted diseases or infections (STDs or STIs) that creates another obstacle when trying to escape their situation. Often, traffickers purposefully work to get their victims addicted to drugs, which prevent them from being able to escape as they are also dependent on illegal substances. As the first participant described for one victim, “She was highly addicted to drugs and um, the way the medical professionals described her medical condition in quite simple terminology, she, she was...was rotting on the inside almost... due to all the sexually transmitted diseases that she had, or ,STIs that she contracted over the years.”
Also, many agencies may not recognize the signs of trafficking when survivors come for help. Organizations can become overwhelmed with the numbers and needs of survivors and may not adequately assist them escape or simply be too overwhelmed as the demand for services is greater than the supply. This creates difficulty in obtaining the necessary services, which need to be long-term in most cases. Several participants echoed this general lack of ready resources to meet the need of survivors. The fifth participant pointed to the struggle of having no prior models of service providers to replicate, so they had to break ground in a previously unaddressed social issue. As the first participant explained, “People don’t know how to identify what it is...there’s more demand then there is people available or able help with the issues of aftercare, sometimes placement is just difficult in general when you talk in terms of long-term aftercare, which is really what’s needed a lot of times.”

Empowerment through Aftercare Environment

When considering factors for empowerment in aftercare and for reintegration, the participants mainly highlighted the importance of therapy, time and security. Therapy was important in order to recognize and process trauma, allow time for healing, and develop security in their environment and learn that they are protected physically and psychologically from their traffickers and the stigma of society.

Specifically, the fifth participant from the aftercare organization highlighted the need for service providers to be trained in current approaches for treating traumatized and sexually abused clients. She stated, “I mean we have a fair amount of therapeutic services that we can refer to and counselors who have been trained to work not only with traumatized children but children who have been sexually abused and exploited.” She further explained that a competent counselor
becomes an asset in being able to develop a healing relationship with the survivor. As she explained:

I think our most successful service is the relationship that forms between what we call our ‘care coordinator’ and the youth. Just having someone there who is an adult, who is consistent, who works with them to understand what they’re going through and what they want their goals to be and who really walks along beside them and through her journey of recovery...and that is the most successful thing from my perspective.

The fourth participant emphasized the need to have a ‘step by step’ approach, referring to a gradual process in which the survivors were taught how to maintain their recovery, establish and achieve their goals. Similarly, the fifth participant described how they sought to facilitate the goals of survivors in whatever capacity they reasonably could.

Environment

Empowerment Theory is used in this study by emphasizing empowerment in the environment through promotion of self-worth and hope. When asked about an environment that supports recovery, the third participant responded, “a person loses themselves when they experience things that persons who have been victimized experience and so a place of empowerment, self-worth... and hope!” Others also advocated a survivor-centered environment, one that recognizes their need to not have anything in their environment that could trigger traumatic memories. Participants also emphasized the importance of safety in the facility environment, meaning considerations made to prevent any possibility of clients committing self-harm. The first participant highlighted the need for designated areas of self-expression in arts and development of hobbies.
Also, the facility must be secured and controlled, especially for children, so that the clients are not at risk for being re-victimized by their traffickers. The first participant described their facility, “It’s an environment you do not have any of the self-harm things that they could have, so there’s no mirrors, no lamps, there’s no anything that could be used as a sharp edge or weapon... and then areas to kind of express themselves maybe through art or through reading or something.”

The fifth participant described how their organization had designed the aftercare program. They provide a comprehensive residential program with constant support from case-assigned counselors and mentors. As she described:

They have their own bedrooms, they eat meals together, they go on outings together, they do their school work together, some of them are home-schooled, and some of them go to regular school. They have counselors there to support them and residential staff who will just stay with them 24/7.

This description corresponds with the suggestions made by Hodge (2014) for effective restoration, providing an environment of safety and empathy.

*Signs most indicative of successful integration*

Participants outlined successful integration in a series of steps. They are as follows: going through therapy, receiving education, either by completing high school or getting a GED, acquiring life skills through separate classes, learning job skills, being matched with job opportunities, receiving temporary housing, and a gradual withdraw to form independence. A benchmark for reintegration was that clients have the ability to accept and disclose their previous victimization.
Recommended Best Practices

Awareness raising and advocacy were key aspects of best practice recommended by participants as it gives hope for those trapped and help for those seeking to escape. This seems important in light of Grubb and Bennett (2012) finding that only 29.2% of service providers, mostly from metropolitan agencies, are aware of the human trafficking issue.

In regards to care, participants emphasized therapy and life skills acquisition for victim reintegration that brought empowerment. Participants suggested that empowerment was key in aftercare when referring to protecting them from arrest, a noted by the first participant “...it’s somewhat of an empowerment tool, which once again is a really important piece when you deal with this population.” Education and job training were highlighted as a large part of the service concerning empowerment. These are the kinds of practices emphasized by Kotrla (2010) when she concludes that social workers can address human trafficking through education, advocacy, and research. As the first participant describes:

Through education, they help them make sure they get their GED or finish high school...then they have life skills and different classes they take to work on their resume, or learn interview skills or how to be professional and different things, with at least this one program, this is the only success that I have seen, they have them job-pairing opportunities that they do with the girls, so they pair with different job opportunities, and kinda give them drop-in housing that they provide, then kinda slowly start pulling away from those services.

Participants described therapy as helping the clients toward self-recognition and understanding of the trauma, supported by Honeycutt (2012) who listed psychological recovery as the most prominent in factors she found for a largely successful aftercare program. This was
followed by regular assessments, physical and psychological, to prepare for reintegration. Honeycutt also listed increased independence as the second most important factor, which participants have found as they provide education and training. Furthermore these programs and assessments correspond with the other two factors of positive social relationships and improved physical health as the programs build positive relationships and the assessments insure improved health.

Several participants also repeatedly mentioned a perceived need and desire for a more complete coordination of service providers as well as updated policies to protect the survivors and target the true criminals. One also pointed to their provision of a hotline for survivors to escape. They stated this as enabling a better understanding of the issue and ability to address its multiple aspects.

The fifth participant from the most comprehensive treatment program, described their established intake and treatment process. They first go to whichever agency or home where the survivor has been identified, then gain permission from the child’s guardian, be that a known parent, Child and Family Services or the Department of Criminal Justice. They then briefly interview the survivor to get as much information about the child’s situation as possible; details about how long they have been trafficked and how they have arrived to the present. They then conduct an assessment with their care coordinator who meets with the child to go through a series of questions to confirm whether this child been sexually exploited or trafficked. If unable to confirm a case of trafficking, they make a ‘high-risk’ referral, to other agencies that provide services that the child might need, such as therapy. If the incidence of trafficking is confirmed, the care coordinator partners with that child to form a case plan, where they identify goals that the youth has set and assist the youth with making necessary connections to resources.
This same organization also emphasized the importance of corresponding outreach in the community to raise awareness and educate the community and potential partners about the issue. This also allows them to build the necessary network for which to refer the clients for necessary resources. She emphasized their use of a multidisciplinary team from different service providers that collaborate in monthly meetings in addressing the cases and larger issue. She referred to it as the ‘multidimensional approach’. She summarized that the resource areas they coordinate and provide were in the categories of: housing/ transportation/medical care/ education and therapeutic services. As the fifth participant explained:

We do a lot of just general outreach to other providers, who build our referral sources, we have a book of sources, and that could be anything, that could be a connection to the food bank to a family or getting assistance with transportation so that they visit their kid in a group home, so a lot of it comes through partners who are providing other services, we have kind of an extensive list of partners that we use for that.

When asked about policy recommendations, the reply was for legislation to continue require services for victimized children from all levels of government and protection from arrest as explained about the significance of recent legislation:

One of the biggest changes for those that have experienced human trafficking is that they work with authorities and ultimately they will not face any charges against them, or maybe a lesser charge if anything… and so I think that’s been a fantastic piece that’s been offered to victims…. That’s probably my biggest one, along with state agencies, even on the federal level, to really make sure they’re getting all of the necessary aftercare that’s needed in order for them to be productive again in society.
This corresponds with Asquith and Turner (2008) pointing to the need to create safe channels for victims to disclose their exploitation. Participants also suggested victim-centered policy that had agencies in place that considered the mindset of these survivors as they tended to follow a cycle of returning to prostitution and returning for help before finally making the final transition into mainstream society. This corresponds with how the study of Asquith and Turner (2008) found best practices to be strategies that take into account the views and experiences of victims.

Specific Recommendations

Recommendations for how social services may meet the needs of human trafficking survivors mainly entailed an exhortation for continued services, meaning a continued availability and provision of training in life skills and job acquisition as well as a formation of a well-coordinated network that could provide all the necessary services. As the fifth provider suggested “...to provide a statewide resource list, because where we might know a lot of the resources for the youth living in the metro-Atlanta area, we know none for those living in Savannah, so we're trying to connect the people around this issue.” This seems to be what Asquith and Turner (2008) were referring to when they recommend recognition of the importance of civil society organizations, community involvement, and cultural diversity.
DISCUSSION AND CONCLUSION

The purpose of this exploratory qualitative study was to understand practice from the perspectives of service providers and highlight their recommendations for best practice with human trafficking survivors. Four main themes emerged from this study: Factors of Exploitation, Barriers to Services, and Empowerment through Aftercare Environment, and Best Practices. Victims are found to be vulnerable due to low self-esteem and naivety of stranger’s exploitive charisma. Often this susceptibility came from the trauma of abuse often created in the desperation of poverty and the absence of positive role models in their family. When caring for clients, service providers will require time, access to qualified therapists, secure environments, provision for education and basic needs, training in life skills, job skills and opportunities for gainful employment in to successfully reintegrate after their exit from trafficking. Furthermore, they need counselors able to connect with survivors to model a healthy relationship and encourage them incrementally toward recovery. Accommodations need to be made to guard against self-harm and to prevent clients from trying to return to their traffickers or being recaptured. Policies need to be enforced that ensure services become available for the thousands of victims and assure the individuals are not penalized legally, for example, with prostitution charges, for their victimization. A great effort will be needed to resolve these complicated issues, such as fear, limited supply of resources to meet the multi-faceted need, the inexperience in dealing with this issue and policy to counteract self-destructive behavior of victims’ cycle of return. Finally, service providers need to have a continuing presence in a coordinated network to provide support and empowering resources as clients reintegrate into society.

In comparing these findings to the literature reviewed, it seems greater awareness needs to be made so as to form this service network. The preparedness of law-enforcement agencies is
critical, given that Grubb and Bennett (2012) found that of organizations studied, only 29.5% of the metropolitan agencies were prepared to deal with human trafficking with a negligible percentage of rural law enforcement. Ongoing awareness campaigns are essential (Grubb and Bennett 2012). This is especially important considering Cole and Sprang’s (2014) findings that 87% of trafficking cases occur in rural areas. The findings of Cole and Sprang’s study revealed the most common vulnerabilities of victims were disinterested parents along with domestic strife and that the most common form of exploitation was inter-familial trafficking. Their findings correspond with the factors of exploitation reported in this thesis.

In regards to aftercare, the recommendations for comprehensive care by Asquith and Turner (2010) and for qualified, specialized therapists by Kotrla (2010) were echoed by the participants. In line with Weitzer (2007), the participants also discussed that neglect and poverty needs to be addressed on a societal level to prevent trafficking.

**Limitations**

Although this study provides important findings regarding the provision of social services for survivors of human trafficking, this study has several limitations. First, the audio recording of telephone interviews was at times difficult to hear, especially for one interview in which ended up being paraphrased from what could be comprehended. If given more time and resources I would interview additional participants, preferably in person or with better quality audio recorders. Finally, the sample is relatively small but sufficient for an exploratory qualitative study.

**Future research**

Though service providers are encountering the need for better services and have insights as to how to meet the needs, as of this time, resources are still limited. The question remains of
how to allocate resources best. Future research should examine this question. As pointed out by Cole and Sprang (2014), the marginalized population of males exploited in human trafficking needs to be addressed as the factors of exploitation, barriers to services and best practices may very well be different for them. Weitzer (2007) points to the need for research into unfree labor over prostitution and the surrounding working conditions that would comprise similar exploitation.

Conclusion

This study answers the call by Cole and Sprang (2014) and Asquith and Turner (2008) to investigate the best practice of human trafficking worker-client interactions, how to facilitate disclosure and how to utilize clients’ strengths. This study emphasizes empowerment in best practices from the factors of exploitation and barriers to services. In keeping with the principles of empowerment theory, survivors are empowered because they are taken from their present circumstances and influenced through therapy, with focus on a constructive, nurturing counselor-client relationship, and a new environment and opportunities which promote their self-worth. Though they lost power through trauma, they can gain power through understanding themselves and the distress they have experienced. They also increase power through education, training in basic skills, job training and opportunities for new living situations and gainful employment. Social services can bring change in policy and enable the survivors to become independent, especially with increased coordination of different services to meet the multifaceted needs of the issue. Thus through empowerment theory, victims can be successful in re integrating, even if it does take years.
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Hello, I am a sociology student researching the reintegration of children and adults victimized by Human Trafficking. This project is approved by the Georgia Southern University Institutional Review Board (IRB # H15342). I am writing to request a research interview with you as the clientele with whom you work are vulnerable to such exploitation and may have come into contact with such victims. This interview will be seeking insights into the phenomenon, evaluation of current reintegration, perspectives of care and projections of how integration can be improved.

The interview will last from 15 to 30 minutes. These interviews can be conducted in person, which is preferable, at a time and location convenient for you. If in person is not possible, interviews can be conducted via phone or video chatting, such as Skype. No identifying information will be recorded so that your responses will remain confidential. I will not offer any incentive for participation other than the knowledge that the research can be used to improve integration for the victimized children. If interested or have questions, please reply to this email. I appreciate your consideration and thank you for your time.

Sincerely,

Joel Shafer, GSU Sociology Student

This research is supervised by:

Dr. April M. Schueths, Assistant Professor in Sociology

aschueths@georgiasouthern.edu
You are being invited to participate in a research study to explore the factors that impact the successful integration of refugee child-human trafficking survivors and other human trafficking survivors into US society, including adults.

Purpose of the Study: The purpose of this study is to examine social service workers’ perceptions of factors that impact the successful integration of refugee child-human trafficking survivors and other human trafficking victims into US society, including adults. I will interview social service professionals who have experience working with survivors of human trafficking for their perceptions on what best works to help their clients. There is a lack of research in this area. This study will fill a gap by shedding light on best practices.

Please carefully read the information presented below and decide whether or not you wish to participate. The following information is provided in order to help you make an informed decision about whether or not to participate in this research project. To be included in this study you must be at least 18 years old, and you must meet all of the following criteria:

- You work in some form of social services (e.g., child and adult services, case management, counseling, law enforcement, etc.).

- You have worked professionally (paid or volunteer) with at least one case that involved human trafficking (i.e., a form of modern-day slavery. This crime occurs when a trafficker uses force, fraud or coercion to control another person for the purpose of engaging in commercial sex acts or soliciting labor or services against his/her will as defined by the National Human Trafficking Resource Center).

If you do not meet the above criteria, you do not qualify for this particular study and should not proceed with the interview. If you meet the interview criteria, you may volunteer to take part in this study.

Procedures:
You will be asked to participate in a one-one-one interview located in a neutral community location of your choice such as a private agency office, or on the telephone/video chatting (e.g., Skype, Google, etc.), whichever was agreed upon by the researcher and participant prior to the study. You will be asked questions about your experiences and perceptions of what is most beneficial to survivors of human trafficking as they are re-integrated into US society. I will also ask you some basic demographic questions such as your age, education, years of experience, etc. In order for researcher to accurately retain the responses you provide in the interview, the
interview will be recorded using an audio recording device and the researcher will take notes with a paper and pen. If video chatting is used I will only use audio recordings, no video recordings of the interview will be used. You should know that at any time throughout the interview you are free to take a break, ask me to turn off the audio recording device, ask me to stop taking notes, or refuse to answer any questions or stop the interview.

Your responses will not be associated with you in any way, and your name will not be tied to any of your answers or any of the research materials. Results will be used for data in a research presentation at an academic conference and possible publication in a refereed academic journal.

Discomforts and Risks: The possible risks include disclosing personal information that might be embarrassing or sensitive. There are no direct benefits to you as a result of participating in this study except the potential opportunity to express your experiences and views and needs in a safe, confidential setting. Benefits to society include sharing valuable information related to the needs of survivors of human trafficking. I understand that psychological care is available in the event of injury resulting from research but that neither financial compensation nor free medical treatment is provided. I also understand that I am not waiving any rights that I may have against the University for injury resulting from negligence of the University or investigators. In the event of problems resulting from participation in the study, psychological treatment is available for low cost at the Georgia Southern University, Psychology Clinic (912-478-1685).

Duration/Time required from the participant: Participation will take approximately 30 to 45 minutes.

Statement of Confidentiality: Due to the sensitive nature of this study, maintaining your confidentiality will be given the utmost concern. Interview notes will be kept in a locked filing cabinet in the faculty researcher’s office at Georgia Southern University for a maximum of three years. Upon completion of each interview, audio files will be immediately transferred to a password protected thumb drive and kept in password protected files. The PI will transcribe the interviews using the secure audio files. After transcription of each interview the audio file will be destroyed. All interviews will be transcribed by August 2015. Transcribed interviews will not include any identifiable participant information. Codes will be assigned rather than names. Transcribed documents will also be kept on a secure password protected thumb drive and in password protected word documents. The only individuals with access to your interview and questionnaire responses will be the two researchers. Once the information is no longer needed or after three years, this material will be destroyed.

Right to Ask Questions: You have the right to ask questions and have those questions answered. If you have questions about this study, please contact the researcher named above or the researcher’s faculty advisor, whose contact information is located at the end of the informed consent. For questions concerning your rights as a research participant, contact Georgia Southern University Office of Research Services and Sponsored Programs at 912-478-0843.

Compensation: Participation is voluntary and the only compensation participants will receive is the knowledge that their participation will be used to further shed light on best practices for working with survivors of human trafficking.
Voluntary Participation/Penalty: Your participation in this research is completely voluntary. You may decide at any time that you don’t want to participate further and may withdraw without penalty. This will not affect you in any way; including your relationship with the researchers or Georgia Southern University. You may also talk to the principal investigator regarding concerns, questions or complaints. Additionally, you can talk with Dr. Schueths, the faculty supervisor.

1. You must be 18 years of age or older to consent to participate in this research study. If you consent to participate in this research study and to the terms above, please sign your name and indicate the date below.

You will be given a copy of this consent form to keep for your records. This project has been reviewed and approved by the GSU Institutional Review Board under tracking number (H15342).

Title of Project: Human Trafficking: Exploration of Best Practices for Restoration and Integration for Victims

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Faculty Advisor: Dr. April M. Schueths, 1060 Carroll Building, Statesboro, GA 30460, (912) 478-2368, e-mail: aschueths@georgiasouthern.edu.

____________________________________  _______________________
Participant Signature                     Date

I, the undersigned, verify that the above informed consent procedure has been followed.

____________________________________  _______________________
Investigator Signature                    Date
Appendix C

Interview Protocol for Social Service Workers
The Experiences of Social Service Workers dealing with Human Trafficking the United States

Interviewee Code

Interviewer

Date/Time of Interview

Consent and Introduction

- Introduce yourself
- Review:
  - The study’s purpose
  - Plans for using the results from the interview
  - Informed consent form. Note response: __________

I have several questions to ask, and so this interview should take between 30-45 minutes to complete. Keep in mind there are no right or wrong answers. I’ll ask you some open-ended questions about being in your work involving human trafficking victims. Do you have any questions before we begin?

First I’d like to give you a definition of human trafficking so we’re both on the same page. A commercial sex act induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age; or (b) 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. (The Victims of Trafficking and Violence Protection Act 2000)

1. Tell me about your prior experience working with Survivors in Human Trafficking?

After the participant exhausts his/her response to the opening question, he/she will be prompted to explore the following areas if he/she didn’t discuss them or discussed them superficially in the initial response. Bullets indicate topics that will be prompted.

- In your work as a (insert title of profession), have you encountered minors that are exploited in some form of Human Trafficking (i.e. Prostitution for Strangers/ Relatives of Victim/Friends of Trafficker, worked full-time as a minor for less than minimum wage)?
- How often have you experienced the above in your jurisdiction/community/sector?
- What main problems have you noticed these victims experience in gaining aftercare, the process of reintegration, etc.
● Describe what factors you have noted seem to have created their vulnerability to such exploitation?
● What signs have you noted to be common among victims and could be used to identify victims in exploitive situations?

2. What Factors would you say support survivors’ reintegratio

n into society?
After the participant exhausts his/her response to the opening question, he/she will be prompted to explore the following areas if he/she didn’t discuss them or discussed them superficially in the initial response. Bullets indicate topics that will be prompted.

● What factors have you perceived make victims feel secure?
● Based on your experience, describe an environment that supports recovery for traumatized children.
● Based on your experience, describe an environment that supports recovery for victimized refugees?
● What resources are currently available to meet needs and solve the problems associated with aftercare and reintegration
● Which and how are current policies aiding and protecting such victims?
● What future policies would you recommend to aide and protect victims and what would they entail?

3. What are the barriers to implementing Best Practices for Reintegration of these victims?
After the participant exhausts his/her response to the opening question, he/she will be prompted to explore the following areas if he/she didn’t discuss them or discussed them superficially in the initial response. Bullets indicate topics that will be prompted.

4. Can you describe some situations (without violating confidentiality) that are examples of successful integration?
After the participant exhausts his/her response to the opening question, he/she will be prompted to explore the following areas if he/she didn’t discuss them or discussed them superficially in the initial response. Bullets indicate topics that will be prompted.

● What steps have been most effective to achieving these goals?
● How might other social services improve their practices to facilitate the need?

5. Is there anything else you would like to discuss? If so, please do.
● Is there anything I didn’t ask you that I should have?