

National Human Trafficking and Disability Working Group (NHTDWG)

2020 National Data and Assessment Survey



International Organization for Adolescents (IOFA)
National Human Trafficking and Disability Working Group (NHTDWG)

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March 2022



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INTRODUCTION:

The National Human Trafficking and Disabilities Working Group (NHTDWG) conducted a needs assessment among service providers in the disability community, and service providers in the anti-trafficking community to learn more about the prevalence of individuals with disabilities who have experienced trafficking.

The goals of this survey were to:

- determine if data is being collected at this intersection in direct service organizations, including demographics of participants/consumers;
- determine how data is being collected;
- gather data if available;
- determine **if** direct service providers are assessing for all forms of trafficking and for all types of disability;
- determine **how** direct service providers are assessing for all forms of trafficking and for all types of disability; and
- determine if an assessment is part of overall protocol or policy;

NHTDWG designed the needs assessment by creating two surveys - one for organizations that provide direct services for persons with disabilities, and one for organizations that provide direct services for persons who have experienced human trafficking. Please see Appendix A for survey questions to those who provide direct services to people with disabilities and Deaf individuals, and Appendix B for survey questions for those who provide direct services to persons whom have experienced human trafficking. NHTDWG launched the surveys on August 11, 2020.

**About NHTDWG:**

The mission of the National Human Trafficking and Disabilities Working Group (NHTDWG) is to promote a survivor-centered, collaborative approach steeped in disability and racial justice for the prevention of trafficking of individuals with disabilities and Deaf individuals, to advance the health and well-being of trafficking survivors with disabilities and Deaf survivors of trafficking and to ensure an accessible and appropriate response to survivors through research, policy analysis, technical assistance, and training. The working group is a volunteer run collaboration that consists of experts and self-advocates from both human trafficking and disability communities.

About International Organization for Adolescents (IOFA):

International Organization for Adolescents (IOFA) is an independent, non-partisan, international organization with 501(c)(3) status in the United States. IOFA was founded in 1999 in response to a gap in programs and services for young people worldwide.

IOFA's mission is to eliminate human trafficking and exploitation of adolescents worldwide through innovative programming and solutions to empower and protect young people. Since its inception, IOFA has worked to end the trafficking and exploitation of young people across 5 continents and in more than 23 countries (IOFA, 2019). In 2014, IOFA began coordinating with partners in the human trafficking field to determine why anecdotally we were



aware that people with disabilities were targeted in human trafficking, but that data was not reflecting what we were aware of happening. IOFA partnered with the HT Legal and the National Disabilities Rights Network (NDRN) in 2016 to create the National Human Trafficking and Disabilities Working Group (NHTDWG).

Why Launch the Survey

NHTDWG was formed because experts and advocates in the field of human trafficking and the field of disability acknowledged that people with disabilities and Deaf individuals were increasingly at risk of being trafficked, yet the intersection between human trafficking and disabilities was not often talked about. While one of the very first labor trafficking court cases in the United States (United States vs. Kozminski, 1988), involved involuntary servitude of persons with developmental disabilities, NHTDWG noticed that people with disabilities were rarely mentioned in human trafficking policies and programs, and there was very little research available on the prevalence of human trafficking of people with disabilities or Deaf individuals in the United States. Members of the NHTDWG anecdotally knew human trafficking of people with disabilities was happening a lot more than was acknowledged in discussion and policies. Furthermore, NHTDWG suspected many human trafficking survivors with disabilities were left unidentified, and wanted to see if research supported these anecdotal findings. NHTDWG decided to launch the National Data and Assessment Survey to gain data on the level of understanding of human trafficking and disabilities, and to find out if disability was something human trafficking service providers were screening for, and if disability service providers were



aware of and screening for human trafficking. NHTDWG was hoping to use this data to advance the direction of the working group's projects and initiatives and to guide future research efforts.

Definitions and Terms:

NHTDWG created the surveys with awareness that disability providers may not be informed of the definition of human trafficking and anti-trafficking organizations may not be informed about what can be defined as a disability. Therefore, NHTDWG ensured to include definitions—as each community currently defines them—in each survey respectively. See Appendix A and B for full definitions included in the surveys.

Human trafficking

Human trafficking is a severe form of exploitation and a human rights violation impacting millions of people globally each year. Trafficking happens when a person is induced to perform labor or engage in commercial sex by using means of force, fraud or coercion. Under federal law, if the person exploited for commercial sex is under the age of 18, no means of force, fraud or coercion need to be present, but any minor engaged in commercial sex is automatically considered a victim of sex trafficking. Human trafficking does not require physical movement, but a person can be trafficked internationally, domestically or even out of their own home. Cases of human trafficking have been identified in every state in the nation and no community is immune to it, including the disability community. According to data, human



trafficking is highly personal, and the trafficker is often someone the person knows and trusts.

In the United States the two generally recognized forms of human trafficking are forced labor and sex trafficking¹.

Labor trafficking:

Forced labor, also referred to as labor trafficking, means the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services using means of force, fraud, or coercion (22 U.S.C. § 7102). Labor trafficking can include involuntary servitude, peonage, debt bondage, or slavery. While labor trafficking can happen in any legal or illicit industry, common examples include hotels, restaurants, agriculture, domestic servitude, factories, massage parlors and fishing boats. Means of force, fraud and coercion can present themselves in a variety of ways, including

- Physical or sexual violence, or threats of violence
- Psychological or emotional manipulation
- Physical or social isolation
- Fraudulent employment offers, false promises about type of work or working conditions
- Withholding wages
- Withholding food, water, or necessary medication
- Using a real or purported debt to bind the person into providing labor or services. The debt is usually escalating or never-ending.
- Using drugs or alcohol to create dependency
- Withholding or destroying government documents
- Threats involving immigration status or the legal system
- Threats to life or safety of the person or their family members, creating a climate of fear
- Engaging in any scheme, plan, or pattern to compel a person to engage in or continue providing services

¹ Globally, child soldiers and organ trafficking are also noted as forms of human trafficking.



Sex trafficking:

Under federal law, sex trafficking is defined as recruitment, harboring, transportation, provision, obtaining, soliciting, or patronizing of a person for the purpose of commercial sex 1.) by using force, fraud, or coercion, or 2.) if the person exploited is under the age of 18 (22 U.S.C. § 7102). Commercial sex is construed as exchanging anything of value. This does not have to be money, but could be anything from food, shelter, drugs, clothing, or protection. Common types of sex trafficking include escort services, online exploitation, residential brothels, pornography, illicit massage parlors and street solicitation. Means of force, fraud and coercion can consist of a broad variety of techniques that usually target persons with existing vulnerabilities the trafficker uses to control and manipulate them. These means can include the techniques mentioned in labor trafficking, some common means being:

- Psychological coercion and emotional manipulation
- Any type of fraudulent scheme such as promises of a romantic relationship or false business or marriage proposals.
- Use of substances or medication for control and manipulation, such as providing drugs or withholding necessary medications
- Physical or social isolation
- Withholding or destroying government documents
- Requiring a person to engage in commercial sex to repay a real or purported debt
- Use or threats of physical or emotional violence, threats of harm to others



Definitions related to “Disability:”

Disability can be viewed from multiple perspectives and the definition varies depending on the model used. The Americans with Disabilities Act’s (ADA) defines disability as “a physical or mental impairment that substantially limits one or more major life activity, a record of such impairment or being regarded as having such impairment” (42 U.S.C. § 12102). As this survey assessed accessibility measures using the legal guidelines of the ADA, the disability definition provided for anti-trafficking professionals followed the ADA’s definition of disability (see Appendix B). The legal definition, however, is only one way to define disability, and the NHTDWG acknowledges the importance of recognizing the various types and dimensions of disability and different approaches used to define it. The NHTDWG further recognizes the intersectionality of survivors' experiences through multiple identities and disabilities, and aims to support disabilities through the model of humanity, acknowledging and understanding the complex personal experiences of disability, as well as the historical and social impacts and responsibilities.

While the legal and medical models define disability as an impairment, the international classification of disability sees disabilities as more multidimensional, and recognizes disabilities as impairments, such as loss of a limb or memory loss, activity limitations, such as difficulty seeing or moving, or participation restrictions in daily activities such as work or social life (World Health Organization, 2001). The social model approaches disabilities through the lens of



the various societal factors that place barriers on people with disabilities, and instead of viewing disabilities as impairments, it focuses on eliminating those barriers and creating societal change.

Different types of disabilities can include physical, developmental, and sensory disabilities as well as environmental disabilities and mental health labels. A disability can be temporary or permanent, something an individual is born with, or it can be acquired at any point in their life. Some disabilities are visible, while others are hidden and not easily noticeable. It is also important to understand that disabilities are very diverse, and two people with the same disability may be impacted completely differently and have very different needs and experiences.

Some examples of disabilities include:

- Intellectual disabilities
- Learning disabilities
- Mobility disabilities
- Cancer, diabetes, epilepsy, HIV
- Autism Spectrum Disorder (ASD), affecting communication and behavior
- PTSD, bipolar disorder, OCD, major depressive disorder
- Communication differences
- Recovery of addiction
- Blindness / loss of vision
- Deafness, hard of hearing

Deaf individuals generally do not define Deafness as a disability (World Health Organization, 2020). The Deaf community has a very rich culture and instead of a disability, rather views deafness as a trait and themselves as a linguistic minority that uses sign language as their primary language (National Deaf Center, 2019). Deafness is, however, commonly listed



when discussing various types of disabilities, as the Deaf community is included in the accommodations ensured in the ADA, especially pertaining to communication access. The right to equal access and effective communication are an important part of the ADA. The ADA requires businesses and public entities to plan for and ensure that persons with disabilities could effectively communicate through reasonable accommodation measures and have information available in an effective and impartial form. This includes ensuring that reasonable accommodations are available for deaf individuals, such as having access to interpreters and assistive devices.

METHODOLOGY:

Design:

The planning and design phase of this study started on July 6th and continued until August 11th, resulting in a five-week planning period. The scope ultimately narrowed to focus on if/how both sets of service providers conduct the screening process to accurately identify for disability and human trafficking.

The challenge for the design phase largely focused on how narrow to make the scope of the survey. The first challenge was, whether to create a single need assessment that would try to be all-inclusive in gathering data about the screening process, training, and additional needs within the intersection of human trafficking and disability, or if NHTDWG should narrow the scope and do separate assessments for each topic area. The NHTDWG originally planned to



create one survey for each field on all topics within the intersection, but a NHTDWG steering committee's brainstorm session revealed how long and unfocused the surveys would consequently become. The scope and goal of the survey would not have been clear, which would have ultimately risked the data's effectiveness.

Similarly, NHTDWG questioned whether to create one survey for both anti-trafficking organizations and disability providers or create separate surveys. NHTDWG decided to design separate surveys for each field in order to 1) clarify definitions and establish baselines on the other field's terminology and 2) to ensure that the questions in the survey were as specific as possible to gather as much quantitative data as possible. The survey questions were designed to try to acquire the most quantitative data as possible, creating "yes / no" and checkbox questions whenever possible.

Each survey had five parts, including an introduction with definitions:

- 1) *Introduction*: A brief introduction to (1) state the survey's purpose, (2) define the terminology for disability or human trafficking to provide a minimal baseline to answer questions accurately, (3) offer NHTDWG's contact information in case there were any questions, and (4) give a brief description of NHTDWG.
- 2) *Part I: General information and client demographics*: This section intended to provide NHTDWG with an increased knowledge of how persons in additional intersecting communities are receiving services and where we can improve on outreach and appropriate services. The section ensures that only an intended respondent within the needs assessment's scope answers the remaining



questions, and gathers comprehensive knowledge of the respondent's organization and client population.

- a. The display logic was created having the respondents answer a yes or no question if they provide direct services. If they selected "yes," they continue on to the rest of the survey. If they select "no," in the next question they are asked if they have knowledge on their organization's direct services. The follow up question was designed specifically for directors/supervisory roles so they would still be able to answer if they have efficient knowledge.

3) *Part II: Identification/screening process:* Part II includes most essential questions in the data collection process on the identification requirements, screening tools, screening processes, and the number / demographics of people identified with a disability who have also been trafficked.

- a. The section begins by asking respondents to answer if they are required to assess for disability and/or human trafficking. NHTDWG hopes to gain data on if screening processes even exist for cross-identification of the intersection of human trafficking and disabilities. If many service providers are not required to cross-screen, then NHTDWG suspects that it is likely that many people with disabilities who have also been trafficked are not receiving the services they need as they are not being properly identified.



- b. If respondents do cross-screen, the surveys ask them what type of tool they use, how often, who uses it, and most importantly, how many human trafficking survivors with a disability have they identified in the last five years. This will help assess what the population who fall at the intersection of human trafficking and disability currently looks like.
 - c. For those who screen for both human trafficking and disabilities, questions are also displayed in this section related to race of these identified human trafficking survivors with a disability to collect data on potential racial disparities.
- 4) *Part III: Gaps and challenges to identification/screening process:* This shorter section seeks to obtain information on potential gaps in the identification process, largely surrounding training and accessibility. These questions hope to offer data on what training and accessibility tools need to be created and required on a regular basis in order for service providers to have the cross-disciplinary knowledge, tools, and skillsets to adequately and effectively assess clients for risk factors for human trafficking and identify a possible disability as well as to know how to properly communicate with clients who experience a disability or have been trafficked.
- 5) *Part IV: Cross-disciplinary coordination:* Brief section with questions on whether the respondent knows how to gain information about the other field's services. This data will help assess service providers' knowledge and capability to properly



and fully support or refer services to their clients if identified as someone who both has a disability and has been trafficked.

The survey ends with a concluding page, which notably highlights that respondents should click the next “?” arrow to officially end the survey, so that Qualtrics—the survey programming platform—can properly collect the results for NHTDWG to export.

Data Collection:

NHTDWG began the data collection phase on August 11, 2020. The data collection period was intended to be two-weeks, but was first extended to September 8, 2020, and then indefinitely as it turned out to be harder to receive as many participants for the disability provider survey. The goal was to receive 30 participants for each survey.

Data was collected by wide, national distribution to listservs, referrals, and relevant networks. Notably, the surveys were distributed to:

- NHTDWG general members
- Freedom Network listserv
- HEAL Trafficking listserv
- The Arc
- UIC Disability and Human Development listserv

The surveys were thus designed to gather needed respondent identifying information in order to account for anyone being able to access the survey and to ensure that only the scope’s targeted respondents answer.



RESULTS & ANALYSIS:

Respondents

Forty-nine service providers completed the surveys. Of those 49 service providers, 59% (N= 29) identified as disability providers and 41% (N = 20) identified as human trafficking providers.

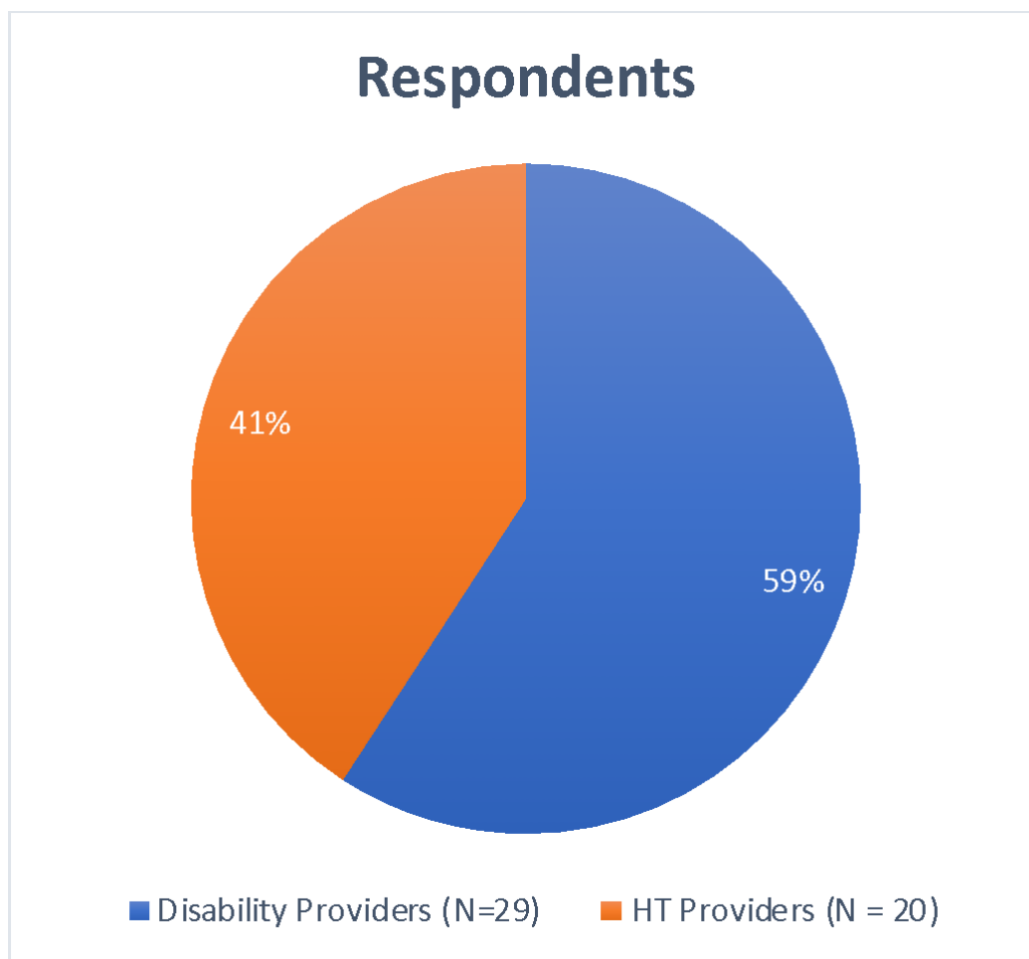


Figure 1. Graph displaying providers who completed the surveys.



General Screening Practices

All participants were asked about their screening practices related to the intersection of disability and human trafficking. Human trafficking professionals were asked, “Do you or your organization screen for disability?” and disability professionals were asked, “Do you or your organization screen for human trafficking?” According to the results 9 human trafficking professionals (45%) and 3 disability providers (10%) responded ‘yes’ to this question. This means, that the majority of disability providers responding to the survey do not have screening in place for human trafficking, and less than half of anti-trafficking providers screen for disabilities.

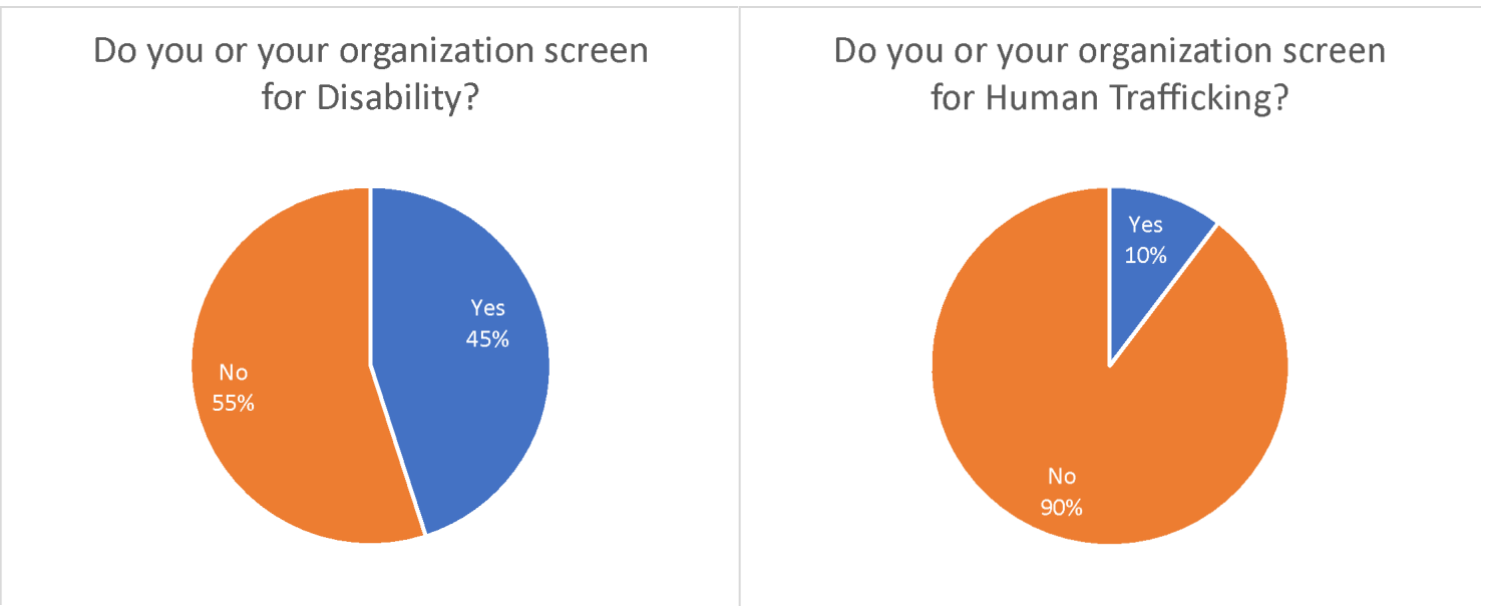


Figure 2 and 3. Graph displaying responses to a general screening question.



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DISABILITY PROVIDERS

As mentioned above, 29 disability providers from across the United States completed the survey. Responses were received from providers from 14 different states, the majority of responders providing services in Illinois. See figure 6 for information regarding geographic location of respondents. Of those providers, 86% worked for an organization and 14% were self-employed. These providers served clients in cities (31%), at the county level (24%), at the state level (28%), regionally (14%), and nationally (3%). Approximately 51% of providers indicated their caseloads consisted of 20 or more persons at a time.

Disability Providers Work Setting

Do you work for an organization or are you self-employed?

Self Employed

13.8%

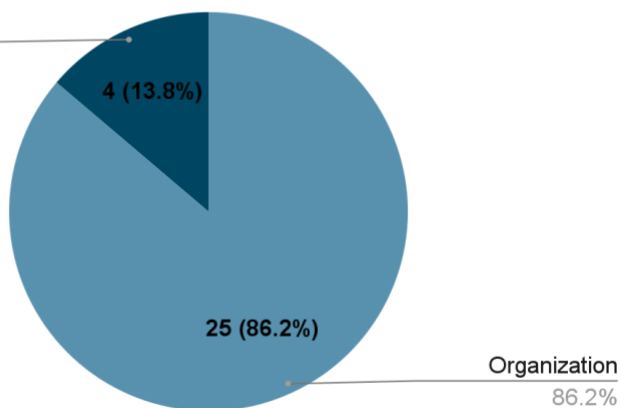


Figure 4. Disability Service Providers Work Setting. 4 providers self-employed, 25 providers work for an organization.



Disability Providers Typical Caseload

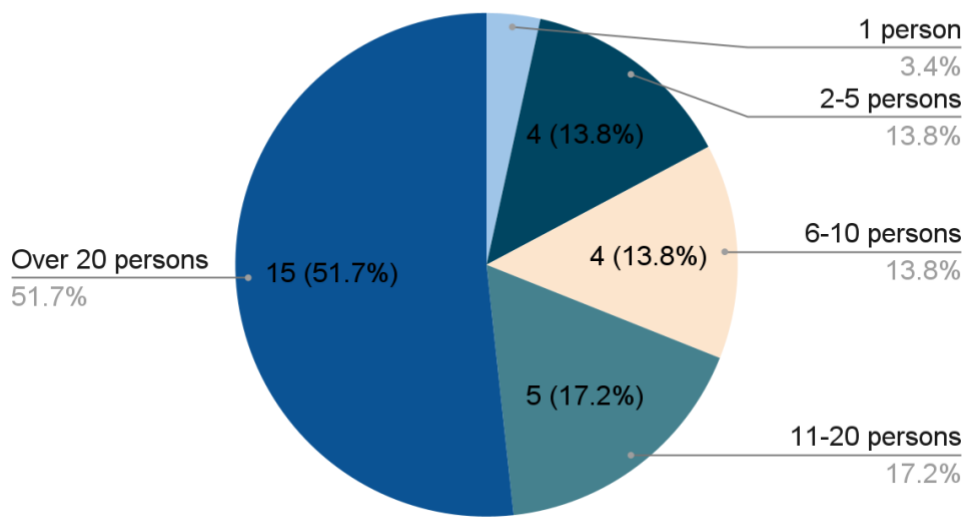


Figure 5. Disability service providers typical case load. One provider had a caseload of 1 person, 4 providers 2-5 persons, 4 providers 6-10 persons, 5 providers 11-20 persons and 15 providers had a caseload of 20 or more people.

What state do you provide services?

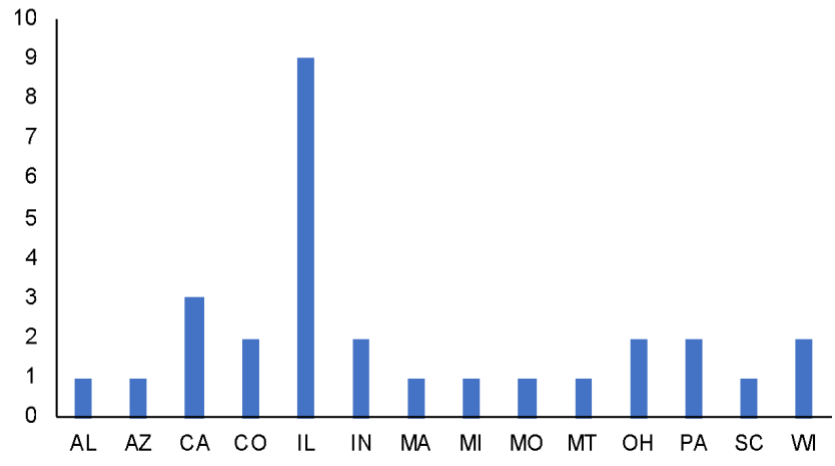


Figure 6. Geographic location of respondents. Alabama 1, Arizona 1, California 3, Colorado 2, Illinois 9, Indiana 2, Massachusetts 1, Michigan 1, Missouri 1, Montana 1, Ohio 2, Pennsylvania 2, South Carolina 1 and Wisconsin 2.



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Client demographic information

Disability providers were asked about the clientele they work with and the types of clients they typically serve. The majority of respondents indicated their organization provides services to individuals with ID/DD and ASD (n =18) or with all disability populations (n = 13). Similarly, a majority of respondents indicated they work with individuals with ID/DD and ASD (n =21).

Disability Population Primarily Served

Organizations and individual service providers

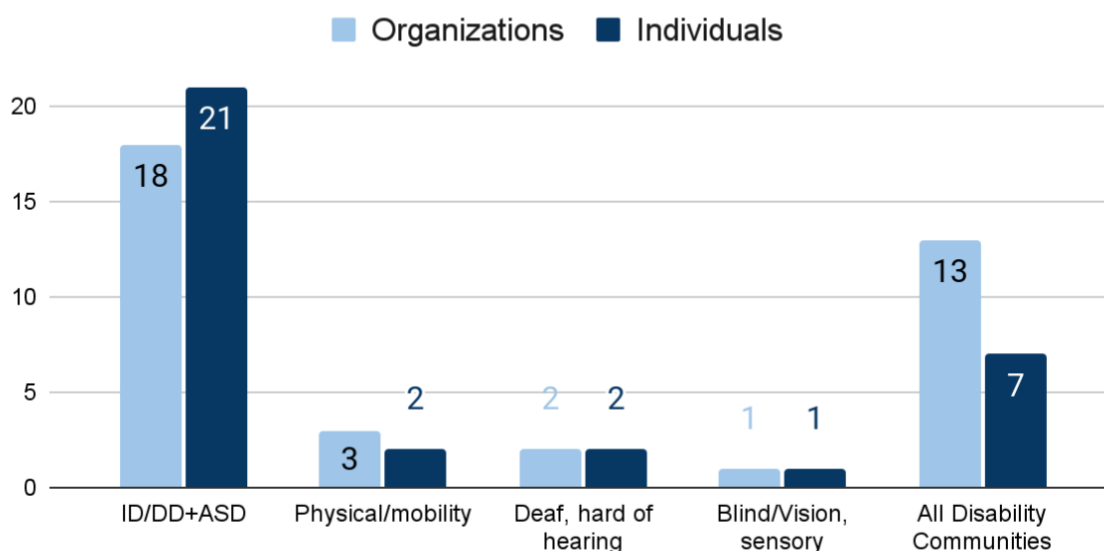


Figure 7. What population does your organization primarily serve? Intellectual or developmental disabilities and autism spectrum disorder 18, Physical/mobility disabilities 3, Deaf and Hard of Hearing Persons 2, Blind/Vision and other sensory disabilities 1, we serve all disability communities 13. What population do you primarily serve? Intellectual or developmental disabilities and autism spectrum disorder 21, Physical/mobility disabilities 2, Deaf and Hard of Hearing Persons 2, Blind/Vision and other sensory disabilities 1, I serve all disability communities 7.



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Client Gender

Disability providers were asked about the gender of their clients. 93% of respondents indicated they worked with clients who identify as 'male' and 'female', 27% of respondents indicated they worked with clients identifying as non-binary, 24% of respondents indicated they worked with clients identifying as transgender, and one respondent indicated that they do not collect data related to gender.

Client Gender

Do any of your clients identify with the following genders

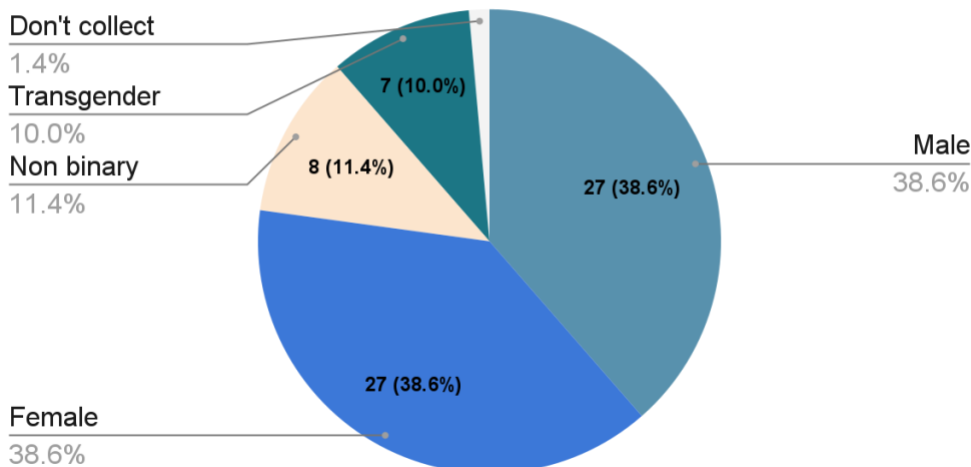


Figure 8. Do any of your clients identify with the following genders? Male 27, female 27, transgender 7, non-binary 8, do not collect information 1.

Client Age

Of the disability providers surveyed, 52% worked with individuals ages 0-12, 57% worked with individuals ages 13-18, 79% worked with individuals ages 19-40, 57% worked with individuals ages 41 to 65, and 45% worked with individuals over the age of 66.



What is the age range for the people you serve?

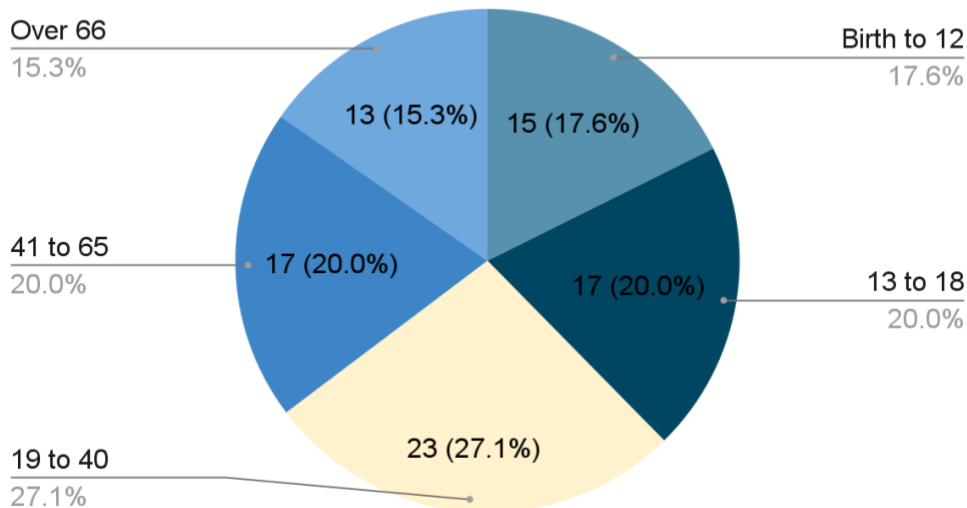


Figure 9. Age range of people disability providers serve. Birth to 12, 15 providers, 13 to 18 years, 17 providers, 19 to 40 years 23 providers, 41 to 65 years, 17 providers, over 66 years, 13 providers.

Client Citizenship

Based on the results of the survey, 72% (n=21) of providers indicated they worked with clients who were U.S. citizens. 14% (n=4) indicated they worked with undocumented residents, 10% (n=3) indicated they worked with foreign nationals and 28% (n=8) of providers reported that they do not collect information related to client citizenship.

Client Identity

Disability providers were asked if any of their clients identified as LGBTQ+ and 55% responded 'yes', 6.9% responded 'no', and 38% reported that they did not collect this information.



Do any of your clients identify as LGBTQ+

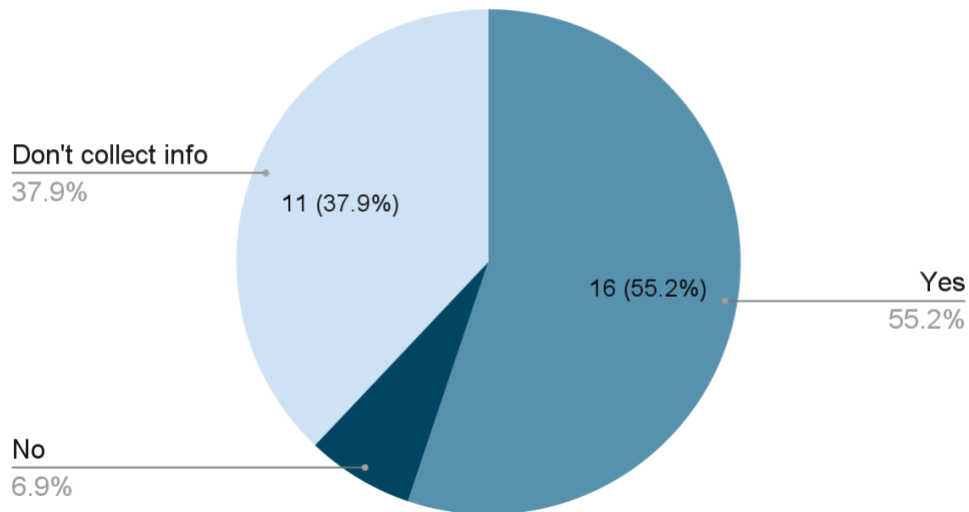


Figure 10. Do any of your clients identify as LGBTQ+? Yes 16, no 2, 11 do not collect this information.



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Human Trafficking Screening Practices and Training Among Disability Providers

Of the disability providers surveyed, only 1 indicated that their organization screened participants for human trafficking and 3 indicated that they have personally screened participants for human trafficking. Although only 1 participant reported that their organization provided a training about human trafficking, 93% of respondents reported being interested in receiving training about human trafficking. Of the 29 disability providers, 38% reported that they received trauma-informed care training at their organization.

Human Trafficking Screening and Training

Screening and training on human trafficking among disability service providers

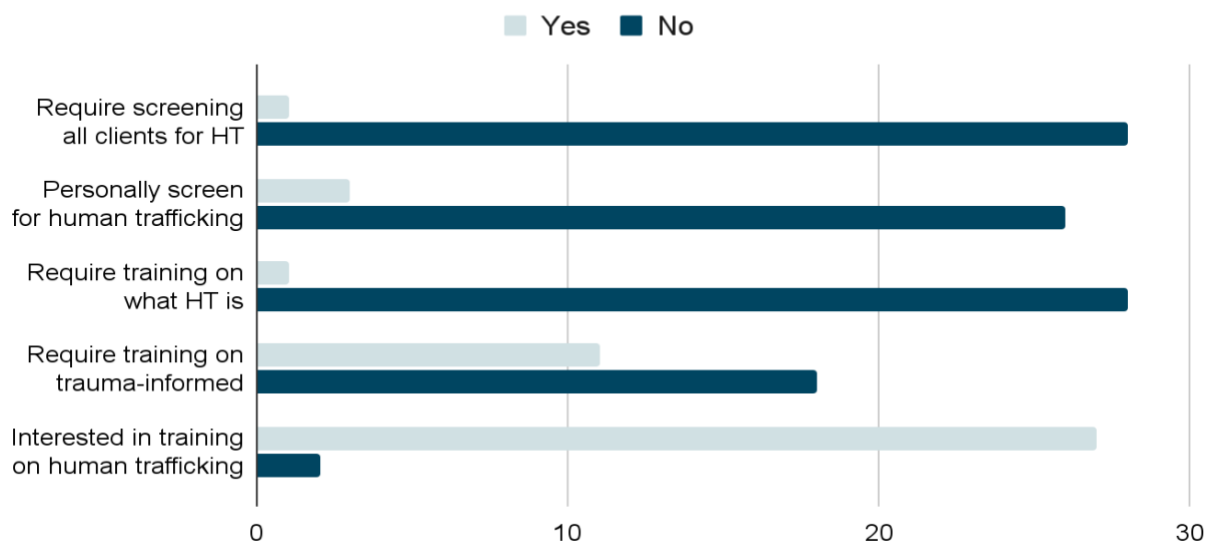


Figure 11. Table on human trafficking screening practices. Organization requires that all participants are screened for human trafficking, 1 yes, 28 no. Personally screen for human trafficking, 3 yes, 26 no. Organization requires training on what human trafficking is, 1 yes, 28 no. Organization requires training on trauma-informed care, 11 yes, 18 no. Interested in training on human trafficking, 27 yes, 2 no.



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How often is training required

Disability organizations that require training

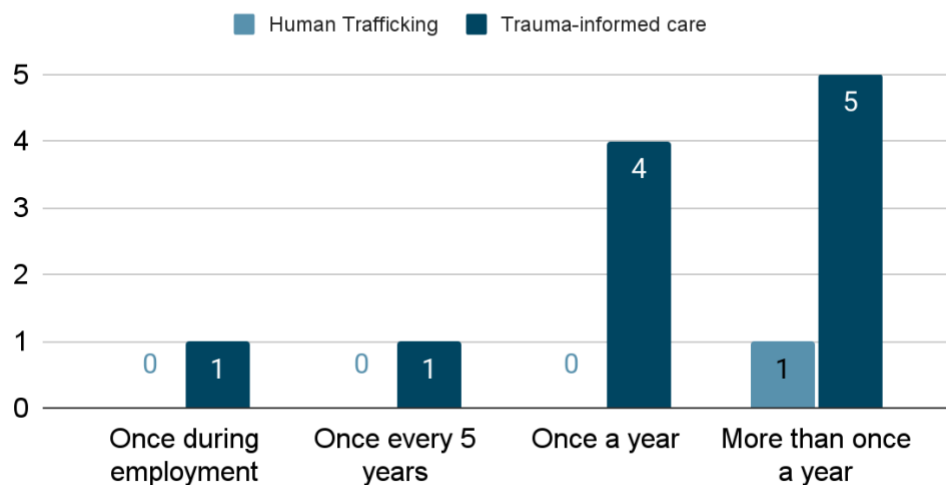


Figure 12. Table on how often training is required on human trafficking or trauma-informed care (those providers whose organization requires such training.) Human trafficking training, 1 provider more than once a year. Trauma-informed care, once during employment 1, once every 5 years 1, once a year 4 and more than once a year 5.

Human Trafficking Resources and Services Accessed by Disability Providers

Disability providers were asked about their community involvement related to human trafficking. Participants were asked if their organization provides outreach or education to providers, caregivers, families or advocates in their community about human trafficking awareness and its red flags. Almost all (90%) providers responded 'no'. Participants were also asked if they knew what agency in their community they could contact for additional support, should they identify that one of their clients has experienced trafficking and 34% responded 'yes' and 34% responded 'no', the rest indicating that they do not work with trafficking



survivors. Lastly, providers were asked if their organization partnered with an anti-human trafficking agency, collaboration or survivor working group and 79% responded 'no.'

Outreach and Partnership

Disability Service Providers

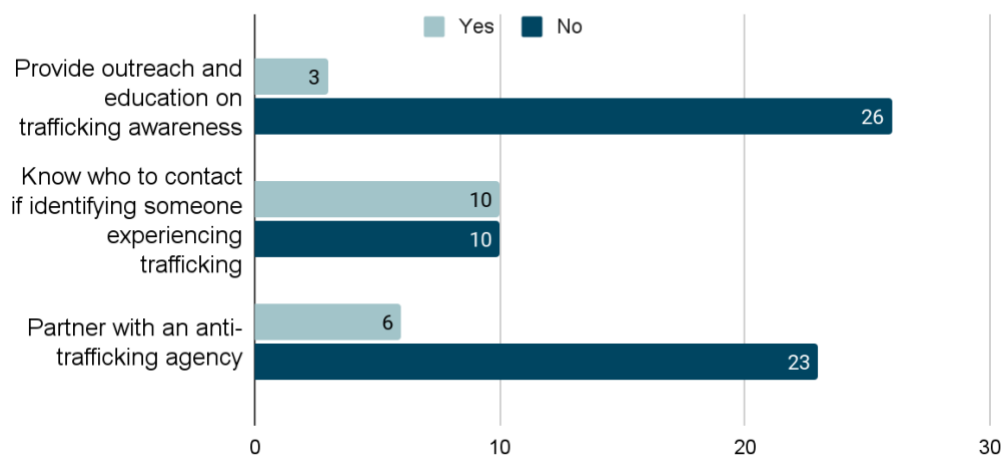


Figure 13. Outreach and Partnership among disability service providers. 3 disability providers provide outreach and education on human trafficking awareness, 26 did not. 10 provides knew who to contact if identifying someone experiencing trafficking, 10 did not, and 9 said they do not work with human trafficking survivors. 6 providers partner with an anti-trafficking agency, 23 do not.

HUMAN TRAFFICKING SCREENING PRACTICES AMONG DISABILITY PROVIDERS

General screening practices

Of the 29 disability providers who completed the survey, only 3 providers indicated that they personally screened for human trafficking or that their agency screened for human trafficking. Two of the providers indicated that they personally screened for human trafficking and one provider reported they personally screened for trafficking along with the organization.



None of the respondents reported that their organization routinely screened for human trafficking. When asked about the screening tools providers use to screen for human trafficking, two of the providers outlined using a verbal interview and one provider reported using the trauma informed questionnaire to screen for human trafficking.

Providers were asked to indicate when the human trafficking screening takes place. Two providers reported conducting the assessment during client intake, throughout the case, and/or when a risk is identified. When asked if the screening tool was used consistently with every client, two of the three providers responded 'yes'. Lastly, providers were asked about the type of human trafficking they screen for. One provider indicated they only screen for sex trafficking, one provider screened for both sex and labor trafficking, and the last provider did not provide a response.



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Who assesses for Human Trafficking?	
Organization/Agency Only	0
Personally Only	2
Organization and Personally	1
What tools/process are used to screen for HT?	
Verbal Interview	2
Trauma Informed Questionnaire	1
When does the screening take place?	
During client intake	2
Throughout the case life	2
When a risk is identified	2
Is the screening tool used consistently with every client?	
Yes	2
No	1
What type of Human Trafficking do you screen for?	
Sex trafficking only	1
Labor Trafficking only	0
Sex and Labor Trafficking	1
No response	1

Figure 14. Human trafficking screening practices. Who assesses for human trafficking? Personally only 2, Organization and personally 1. What tools/processes are used to screen for human trafficking? Verbal interview 2, Trauma-informed questionnaire 1. When does the screening take place? During client intake 2, throughout the case life 2, when a risk is identified 2. Is the screening tool used consistently with every client? 2 yes, 1 no. What type of human trafficking do you screen for? Only sex trafficking 1, only labor trafficking 0, sex and labor trafficking 1, no response 1.

Screening Outcomes Among Disability Providers

Out of the disability providers who screened for human trafficking, only one provider indicated having identified clients who had experienced human trafficking. The provider reported that within the past 5 years they had identified three clients who experienced human



trafficking, one of those clients having been identified within the last year. The race of those clients is reported in the accompanying table. As NHTDWG anecdotally knows that trafficking of people with disabilities is a lot more prevalent, the results indicate that something is missing in the screening process.

In the past year, have you identified any clients with disabilities who were experiencing HT? If so, how many?	
No	2
Yes	
One client	1
In the past 5 years, have you identified any clients with disabilities who were experiencing HT? If so, how many?	
No	2
Yes	
Three clients	1
What was the race of those clients over the last 5 years?	
Black	0
Latinx	0
Asian	1
Indian/Native	0
Hawaiian	0
White	2

Figure 15. Clients experiencing human trafficking identified in the past year and past 5 years. In the past year, have you identified any clients with disabilities who were experiencing human trafficking? If so, how many. 2 no, 1 yes, one client. In the past 5 years, have you identified any clients with disabilities who were experiencing human trafficking? If so, how many. 2 no, 1 yes, three clients. Race of clients identified over the last 5 years, 1 Asian, 2 white.



Identified Indicators of Human Trafficking

The three disability providers who reported having screened clients for human trafficking were provided a list of potential indicators of human trafficking. The list of potential indicators contained general risk factors that have been linked to or are commonly present in human trafficking situations. It is important to understand that not all, or any indicators are present in every trafficking situation and the same indicators may also point out to a variety of other situations. The purpose of the question was to see what kind of indicators disability providers have noticed that may be linked to human trafficking. Providers were then asked to select all the general indicators, physical indicators, and psychological or behavioral indicators of human trafficking they had identified in clients over the past year. Being involved in the system or displaying behaviors aligned with history of trauma or PTSD were the most common indicators all three providers reported noticing. Potential indicators disability providers had identified are summarized below. (For a full list of indicators provided, see Appendix A.)

Have you noticed any of the following general indicators of human trafficking in clients in the past year? (number of providers indicated on the first line of each section)

- Is involved in systems (social services, PINS, courts etc.) (3)
- Leaves home frequently and/or for significant periods of time (2)
- Shows signs of mental, physical or sexual abuse
- Lacks control over schedule and/or money
- Has a significantly older partner/spends a lot of time with a controlling person or an older adult (1)
- Relies on another person to speak for them
- Indications or reports of domestic violence/intimate partner violence
- Describes a stalking situation
- Displays a pattern of staying in the homes of friends or a non-legally responsible adult
- Is reluctant to disclose how they make money, where they live, or when they came into the United States



Have you noticed any of the following physical indicators of human trafficking in clients in the past year?

- Exhibits overt sexualized behavior (2)
- Exhibits evidence of sexual abuse
- Has untreated injuries (1)
- Has old and new injuries and/or is injured frequently
- Explanations for injuries are inconsistent with their severity

Have you noticed any of the following psychological/behavioral indicators of human trafficking in clients in the past year?

- Displays behavior aligned with a trauma history or PTSD (3)
- Restricted communication or anxious, fearful, depressed, submissive, tense, nervous behavior (2)
- Unwilling or unable to identify as a victim
- Has heightened sense of fear or distrust of authority (1)
- Unwilling to disclose whereabouts or information about parent or caregiver
- Has many inconsistencies in his or her story



HUMAN TRAFFICKING PROFESSIONALS

Twenty human trafficking professionals from eight states across the United States completed the survey. See figure 15 for information regarding geographic location of respondents. Of those professionals, 90% worked for an organization and 10% were self-employed. These professionals served clients in cities (25%), on the county level (30%), at the state level (25%), and regionally (20%). Human trafficking professionals reported caseload of various sizes. 5% reported a caseload of only one person, 15% reported a caseload of 2-5 persons, 30% reported a case load of 6-10 persons, 25% reported a caseload of 11-20 persons, and 25% reported a caseload of 20 or more persons.

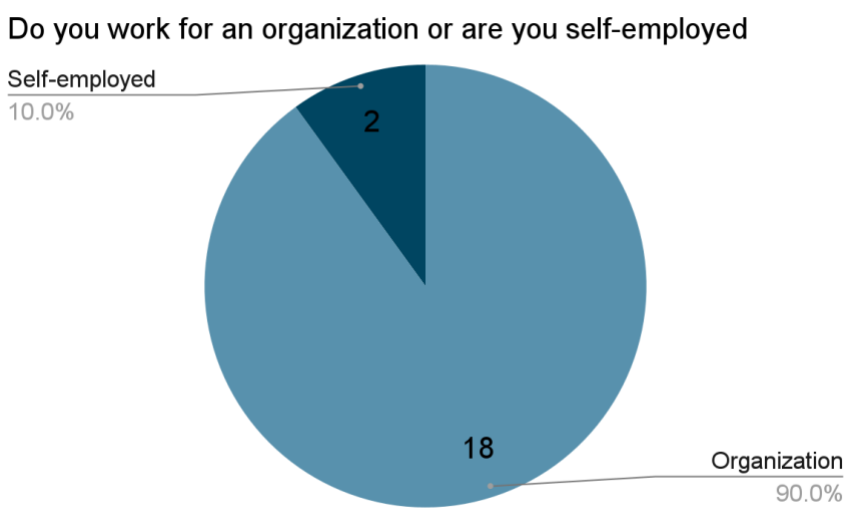


Figure 16. Do you work for an organization or are you self-employed? 18 providers work for an organization and 2 were self-employed.



What is your typical case load

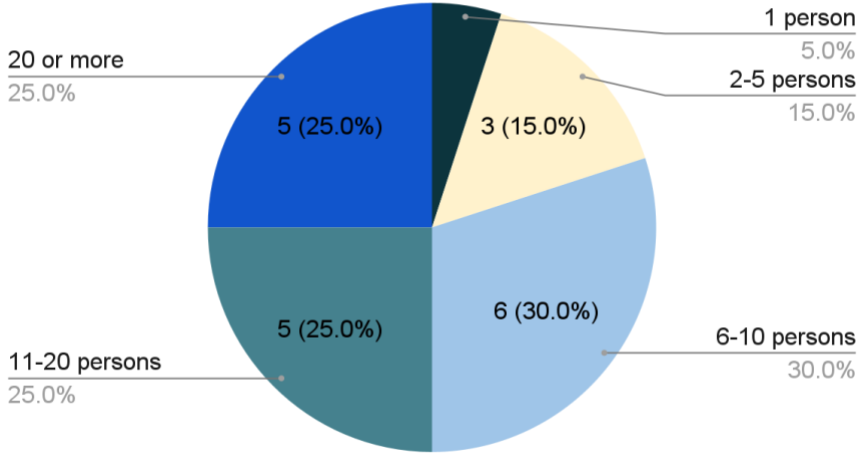


Figure 17. Anti-trafficking providers typical caseload. 1 person, 1 provider, 2-5 persons, 3 providers, 6-10 persons, 6 providers, 11-20 persons 5 providers, 20 or more persons 5 providers.

What state do you provide services?

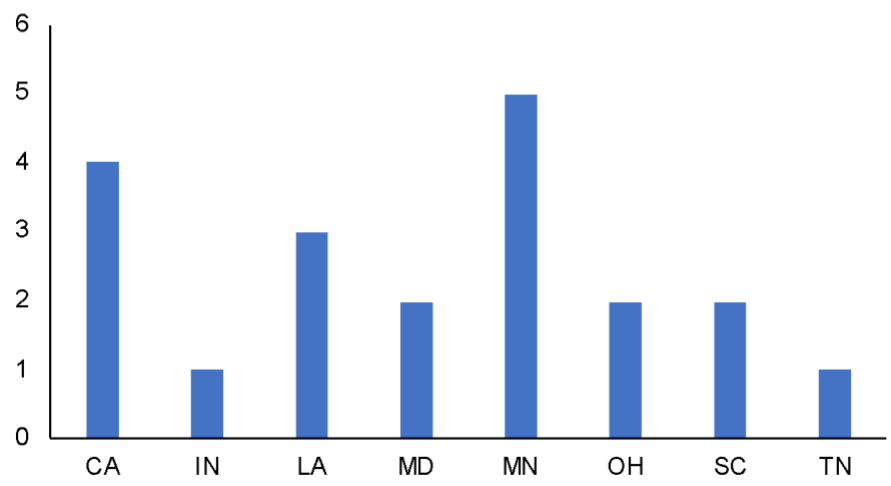


Figure 18. Geographic location of respondents. 4 California, 1 Indiana, 3 Louisiana, 2 Maryland, 5 Minnesota, 2 Ohio, 2 South Carolina, 1 Tennessee.



Client Demographic Information

Human trafficking professionals were asked about the clientele they work with and the types of clients they typically serve. Most respondents reported their organization provides services to individuals who have experienced sex trafficking (n = 10) or labor and sex trafficking (n = 7) while the majority of respondents (n = 12) indicated they primarily served individuals who have experienced sex trafficking.

Population primarily served

Organizations and individual providers

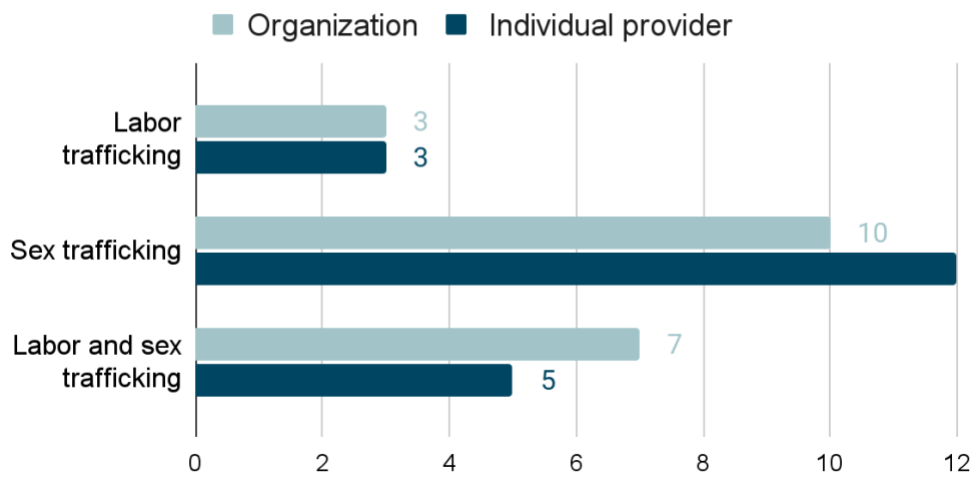


Figure 19. Population primarily served. Labor trafficking only, 3 organizations and 3 providers, sex trafficking only, 10 organizations, 12 providers, both labor and sex trafficking, 7 organizations, 5 providers.



Client Gender

Human trafficking professionals were asked about the gender of their clients. 95% of respondents indicated they worked with clients who identify as female, 85% indicated they worked with clients who identify as male, 50% of respondents indicated they worked with clients identifying as non-binary, 65% of respondents indicated they worked with clients identifying as transgender, and one respondent indicated that they do not collect data related to gender.

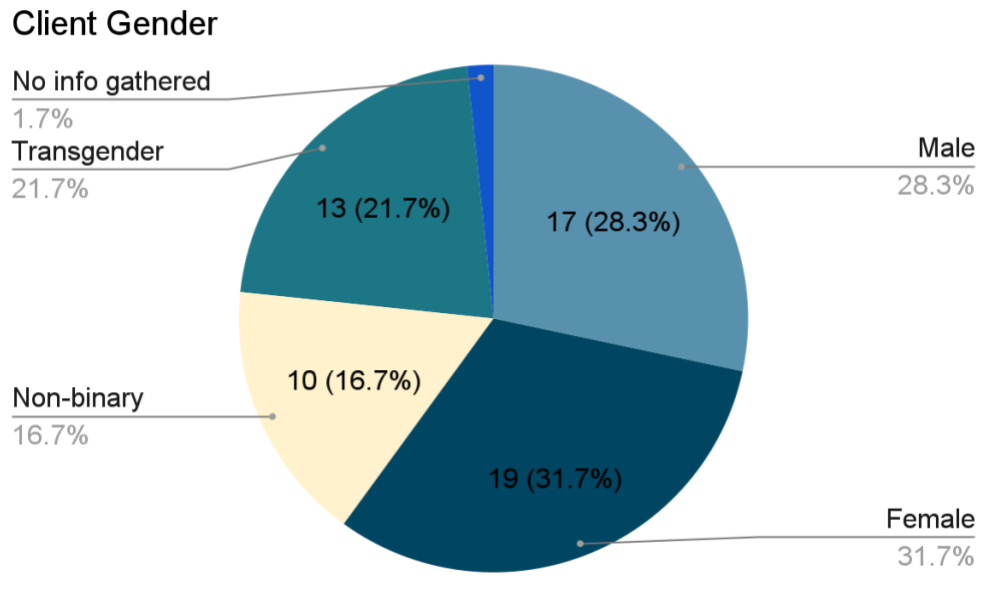


Figure 20. Client gender. Male 17, Female 19, Non-binary 10, Transgender 13, no information gathered 1.



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Client Age

Ages of clients in the anti-trafficking field varied largely. Of the human trafficking professionals surveyed, 45% worked with individuals ages 0-12, 85% worked with individuals ages 13-18, 75% worked with individuals ages 19-40, 50% worked with individuals ages 41 to 65, and 25% worked with individuals over the age of 66.

Age range of clients

What is the age range of clients you serve

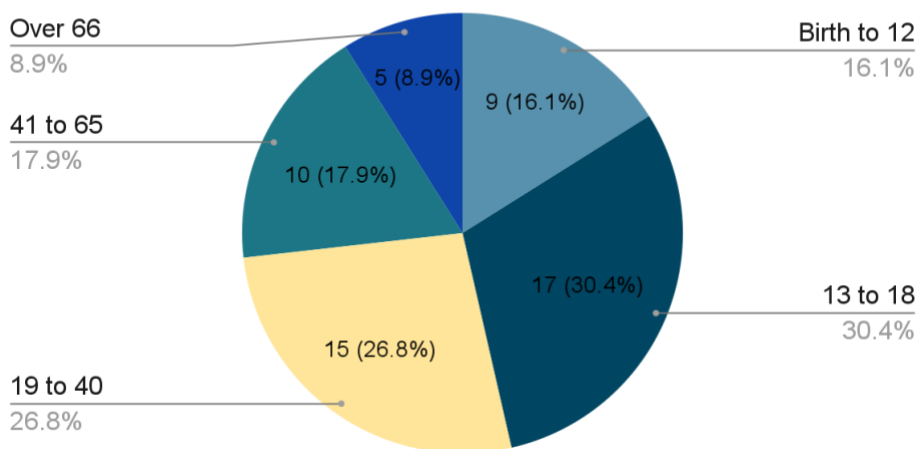


Figure 21. Age range of clients served. Birth to 12 years, 9 providers, 13 to 18 years 17 providers, 19 to 40 years 15 providers, 41 to 65 years 10 providers, over 66 years, 5 providers.

Client Citizenship

Based on the results of the survey, 85% (n=17) of professionals indicated they worked with clients who were U.S. citizens. 65% (n=13) indicated they worked with undocumented



residents, 55% (n=11) indicated they worked with foreign nationals and 5% (n=1) of professionals reported that they do not collect information related to client citizenship.

Client Identity

Human trafficking professionals were asked if any of their clients identified as LGBTQ+. 85% (n=17) responded they have served clients who identify as LGBTQ+, 5% (n=1) responded they did not, and 10% (n=2) reported that they did not collect this information.

Disability Screening Practices, Training and Accessibility Among Human Trafficking Professionals

Of the human trafficking professionals surveyed, only 25% reported that their organization requires all participants to be screened for disability. When asked if they personally screened participants for disability, seven providers (35%) indicated they did. While 55% of human trafficking professionals reported that their organization did not require training on disability or how to communicate with people with disabilities, almost all (95%) respondents expressed they were interested in receiving training regarding disability. When asked about trauma-informed care, 85% of the respondents indicated that their organization required them to be trained on trauma-informed care at some point during their employment, the majority of



organizations requiring training on trauma-informed care at least once a year (20%) or more frequently (45%).

To determine the level of accessibility of anti-trafficking services, human trafficking professionals were asked if their organization was wheelchair accessible, and if they had an ASL or other sign language interpreter available to help facilitate a screening. While 75% of respondents reported that the hallways in their organization were large enough for wheelchairs, less than half (45%) reported having access to a sign language interpreter to help facilitate a screening should they need one.

Disability Screening and Training

Screening and training on disability among human trafficking service providers

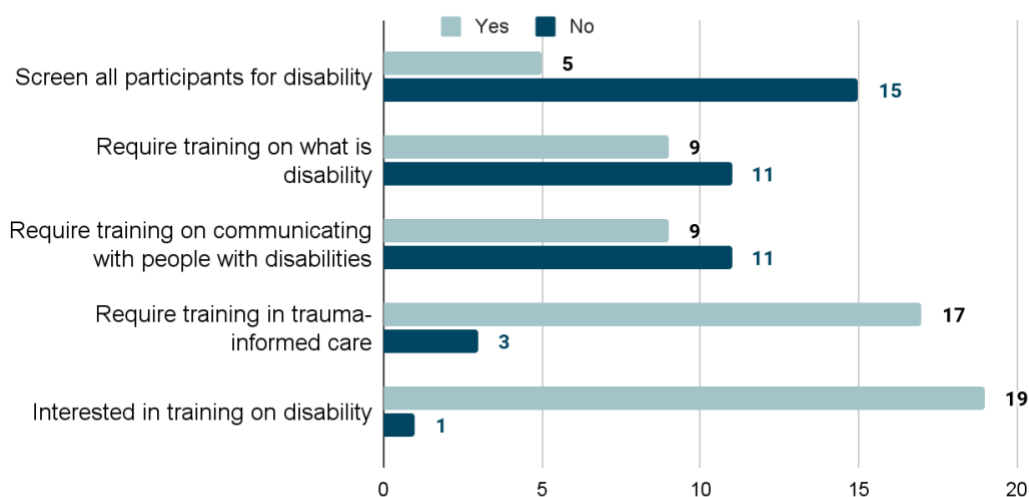


Figure 22. Screening and training on disability among human trafficking service providers. Screen all participants for disability 5 yes, 15 no. Organizations require training on what disability is, 9 yes, 11 no. Require training on communicating with people with disabilities 9 yes, 11 no. Require training on trauma-informed care 17 yes, 3 no. Interested in training on disability, 19 yes 1 no.



How often is training required

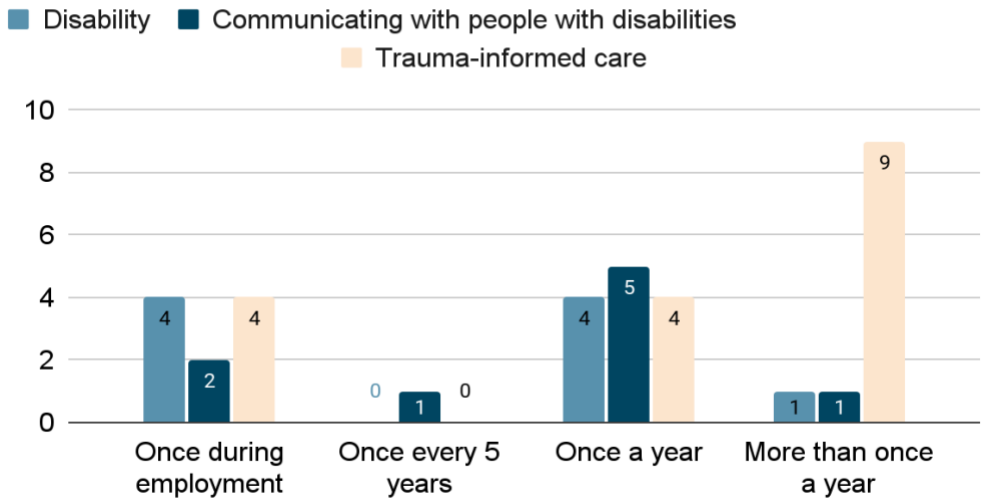


Figure 23. How often is training required? Disability training, once during employment 4, once a year 4, more than once a year 1 provider. Communicating with people with disabilities, once during employment 2, once every 5 years 1, once a year 5, more than once a year 1. Trauma-informed care, once during employment 4, once a year 4, more than once a year 9.

Accessibility

Human trafficking service providers

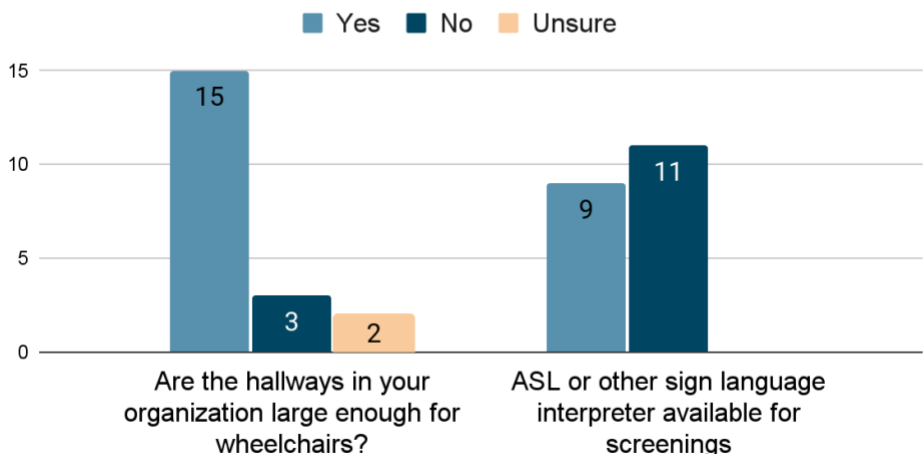


Figure 24. Accessibility of anti-trafficking organizations. Are the hallways in your organization large enough for wheelchairs? 15 yes, 3 no, 2 unsure. ASL or other sign language interpreter is available for screenings, 9 yes, 11 no.



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Disability Services Accessed by Human Trafficking Professionals

Human trafficking professionals were asked if they knew of agencies or organizations to contact, should they ever need additional support if identifying someone with a disability or a Deaf individual. 65% (n=13) of respondents indicated they knew a disability agency to contact. However, when asked if their organization partnered with an agency, organization or a working group in the disability and/or Deaf community, 55% (n=11) responded 'no'. One provider indicated they did not work with human trafficking survivors.

	No	Yes	I don't work with HT survivors
Would you know what other agency in your community to contact for additional support if you identified somebody with a disability or who is Deaf?	6	13	1
Does your organization partner with an agency, collaboration, or working group of the disability and/or Deaf community?	11	9	

Figure 25. Disability services. Would you know what other agency in your community to contact for additional support, if you identify somebody with a disability or who is Deaf? 13 yes, 6 no. Does your organization partner with an agency, collaboration or working group of the disability and/or Deaf community? 9 yes, 11 no. 1 provider does not work with human trafficking survivors.



DISABILITY SCREENING PRACTICES AMONG HUMAN TRAFFICKING PROFESSIONALS

General screening practices

Of the 20 human trafficking professionals who completed the survey, 9 professionals indicated that they personally screened for human trafficking or that their agency screened for human trafficking. When asked about the screening process and tools used, 44% (n=9) reported they used self-report, and 33% indicated reviewing medical history or other documentation to determine disability status. One provider reported using their own judgment to determine disability, another professional reported using psychological assessments to determine disability. One professional reported that they have received referrals directly from a disability provider, and one provided no response.



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Tools and Processes Used to Screen for Disability

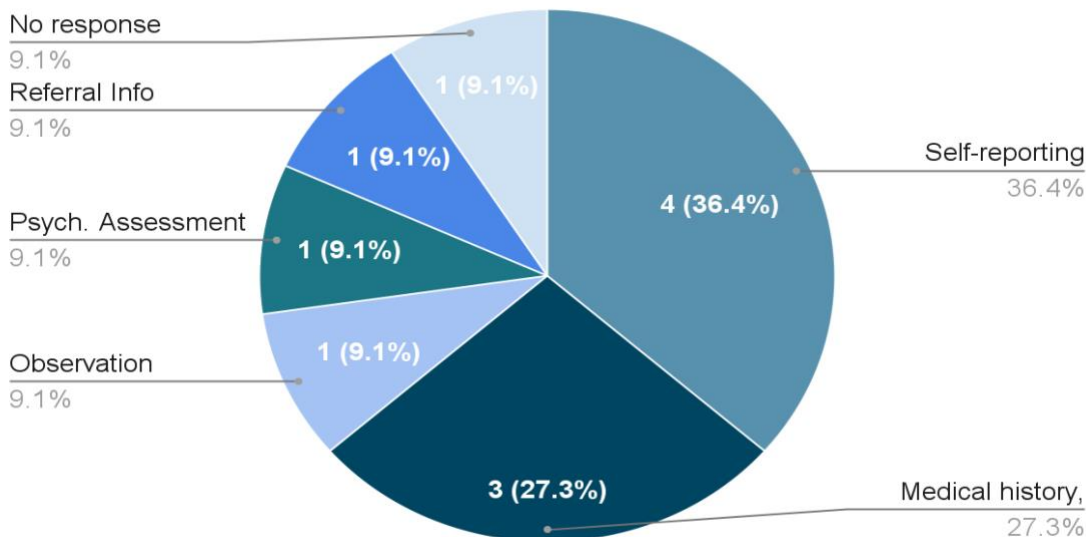


Figure 26. Tools and processes used to screen for disability. Self-reporting 4, Medical history 3, observation 1, psychological assessment 1, referral information from disability providers 1, no response 1.

Professionals were asked to indicate when the screening takes place. The majority (89%) of the professionals reported conducting the assessment during client intake, 56% reported the screening occurred throughout the case, and 33% reported administering the screening when a risk was identified. When asked if the screening tool was used consistently with every client, five of the nine professionals responded 'yes', two professionals responded 'no' and two respondents indicated that they were unsure. Lastly, professionals were asked about the type of disabilities they screen for. Five professionals reported screening for vision impairment, physical disability, developmental disability, neurological disability, and autism. Four



professionals reported screening for hearing impairment and two professionals reported screening for other disabilities.

Disability Screening Practices

Types of Disabilities Service Providers Screen for (n=5)

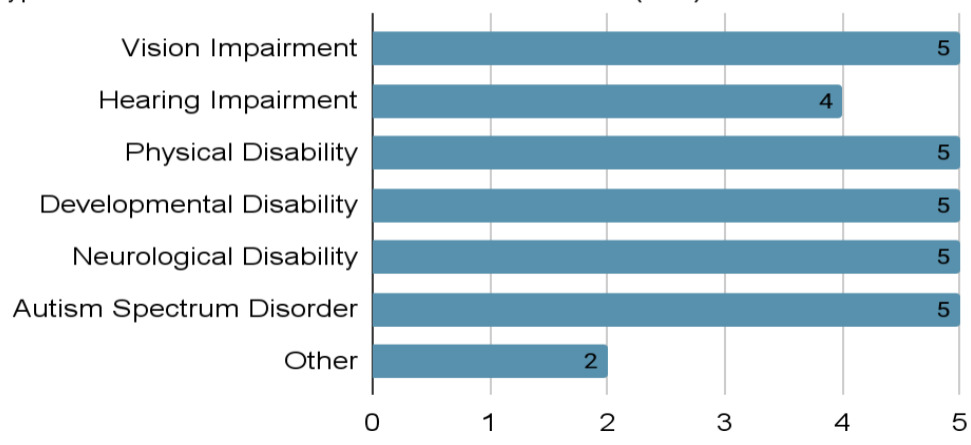


Figure 27. Disability Screening Practices. Types of disabilities service providers screen for (n=5). All 5 screen for vision impairment, physical disability, developmental disability, neurological disability and autism spectrum disorder. 4 screen for hearing impairment and 2 screen for other disabilities.



When does screening take place

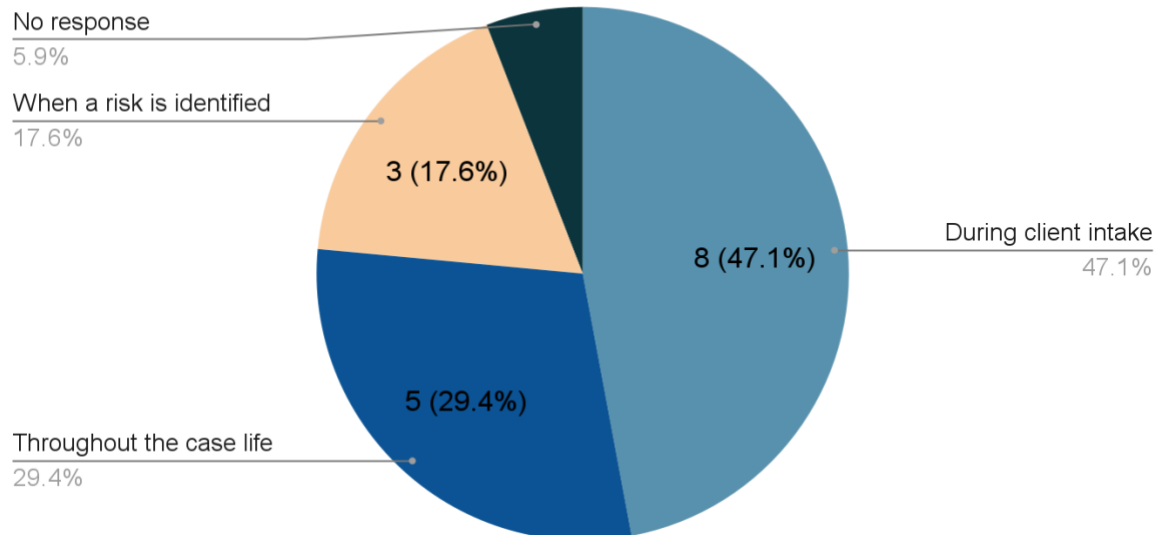


Figure 28. When does screening take place? During client intake 8, throughout the case life 5, when a risk is identified 3, no response 1.

Screening Outcomes Among Human Trafficking professionals

The results from screening for disabilities amongst human trafficking service providers support the anecdotal findings that trafficking of people with disabilities is a lot more prevalent than generally acknowledged. Of the nine human trafficking professionals who indicated they screen for disabilities, several professionals had identified clients with disabilities who had experienced human trafficking. Six professionals reported having identified clients with disabilities during the past year and five reported they have identified clients with disabilities over the past 5 years. While the race of clients identified varied, the majority of them were Black or Latinx (see table).



Clients identified

How many clients with disabilities have you identified who were experiencing HT

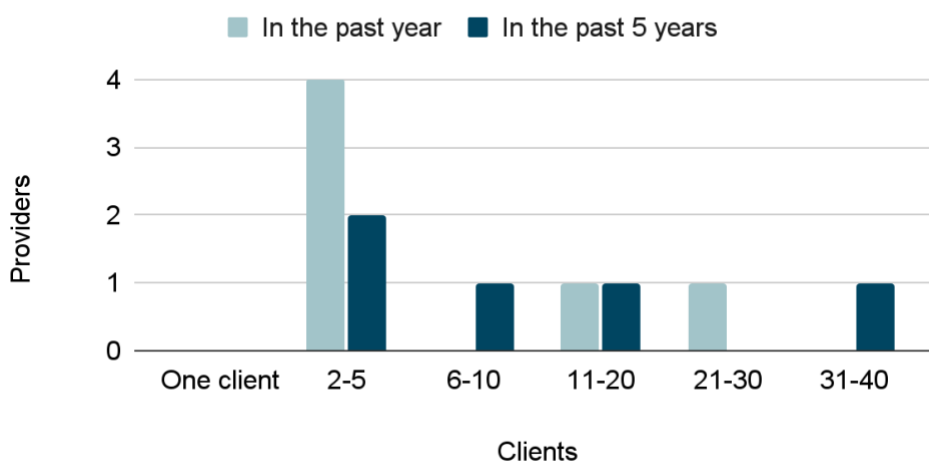


Figure 29. Clients identified. How many clients with disabilities have you identified who were experiencing human trafficking. In the past year, 4 providers had identified 2-5 clients, 1 provider 11-20 clients and 1 provider 21-30 clients. In the past five years, 2 providers had identified 2-5 clients, 1 provider 6-10 clients, 1 11-20 clients and 1 31-40 clients.

Race of identified clients in the past 5 years

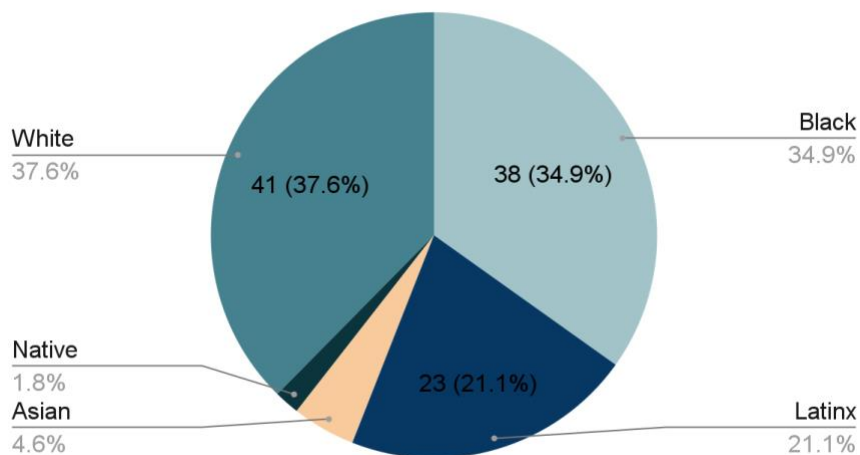


Figure 30. Race of identified clients in the past 5 years. 38 Black, 23 Latinx, 5 Asian, 2 Native, 41 White.



IMPROVING THE INTERSECTION BETWEEN DISABILITY AND HUMAN TRAFFICKING

Disability Providers

Disability providers were asked, “In your work with individuals with disabilities or who are Deaf, what initiatives do you see needed in order to support survivors of human trafficking with disabilities or Deafness?” The most common responses from disability providers were related to training and education about human trafficking awareness (n = 10) and recognizing warning signs or red flags of human trafficking (n = 7). Other responses from disability providers are summarized below.

In your work with individuals with disabilities or who are Deaf, what initiatives do you see needed in order to support survivors of trafficking with disabilities or Deafness?

- Training/Education on Human Trafficking Awareness (10)
- Recognizing warning signs/red flags of Human Trafficking (7)
- Trauma-informed care training & approaching trauma with clinical services (5)
- Education about Human Trafficking assessment/screening methods (4)
- Access to services for HT survivors with disabilities, support groups/counseling (3)
- Learning how to report on human trafficking (2)
- Advocacy services for human trafficking survivors with disabilities (2)
- Educating clients about sexual relationships, consent, coercion and HT (2)
- Forensic interviewing training (1)
- Better documentation with organizations and agencies (1)
- Community resources/training (1)
- No response/unsure (1)



Human Trafficking Professionals

Human trafficking professionals were asked, “In your work with those who experience trafficking, what initiatives do you see needed in order to improve identification survivors of trafficking with disabilities or Deafness?” The most common response from human trafficking professionals was related to disability screening and assessment methods (n =6) and making services more accessible for individuals with disabilities (n = 4). Other responses from human trafficking providers are summarized in the table below.

In your work with those who experience trafficking, what initiatives do you see needed in order to improve identification of survivors of trafficking with disabilities or Deafness?

- Education about access to and better disability screening/assessment methods (6)
- ADA accessibility, within the organization/building, accessible website, updating program practices to be more inclusive (4)
- Community and family outreach/training/support (3)
- More training on the intersection of HT and disability (3)
- Services for survivors with disabilities (3)
- Access to ASL and Deaf Certified Interpreters (3)
- Improved collaboration between HT and Disability providers (2)
- Advocacy and legal support (2)
- Training first responders, ER staff and shelter staff to recognize HT in patients with disabilities (2)
- Education on worker’s rights of individuals with disabilities (1)
- No response/Unsure (4)



DISCUSSION AND PRELIMINARY RECOMMENDATIONS:

Trends in Anti-Trafficking Provider Data

Anti-trafficking and disability subject matter experts have anecdotally known that there has been very little cross-screening for human trafficking and disability, and this needs assessment survey offers initial data to support these observations. The data revealed that screening human trafficking survivors for disabilities remains uncommon. Only 9 human trafficking professionals (45%) who responded to this survey screen for disability, and 75% of anti-trafficking providers in the sample group were not required to screen for disability. This raises concerns about the number of survivors with disabilities who go unidentified and may not be getting the support that they need. Furthermore, of those providers who did screen for disabilities, only a handful (n=6) indicated they had identified human trafficking survivors with disabilities, however all of those providers had identified multiple survivors, which speaks to the prevalence of human trafficking of people with disabilities. Screening tools used by anti-trafficking professionals were also rather inconsistent from self-reporting and medical history to psychological assessments and observation. Relying on self-reporting or medical records might not be sufficient with trafficked individuals for a number of reasons. Survivors of human trafficking often struggle with disclosing their situation or self-identifying. Survivors possibly haven't had access to medical care enough to have a record of their disability, or their records



are not available due to having been moved around so much. Sometimes the disability can be a result of trafficking, or have first occurred when the individual was being trafficked, and has not been identified before. Therefore observation and assessments, and other more specialized screening tools are likely to be more effective especially in identifying invisible disabilities.

Lack of identification shows there is a need to have better screening practices, tools, and training in place to better recognize individuals who have a disability and are experiencing human trafficking. Researchers need to continue collecting data to better understand the gaps in screening and what kind of screening methods would most effectively fill this gap. We recommend that policies are put into place on both the national and local level that require disability status to be asked during any type of care or social services for survivors of human trafficking.

75% of human trafficking professionals reported that the hallways in their organization were large enough for wheelchairs. This provides minimal information on physical accessibility of anti-trafficking services and compliance with the the Americans with Disabilities Act (ADA) requirements for building accessibility. Further research could be conducted to detect if the human trafficking service providers have hallways that are large enough to support wheelchairs and if their buildings are otherwise wheelchair accessible. Collecting data on physical accessibility is essential to better serving the intersection of human trafficking and disability and may reveal the effect ADA has on implementation and services for survivors with disabilities.

The study found that anti-trafficking providers do not receive a significant amount of training to fully support survivors with disabilities, but many expressed interest in receiving



more relevant training. Over half (55%) of human trafficking professionals reported that their organization did not require training on disability or how to communicate with people with disabilities but almost all (95%) reported they were interested in receiving such training. Communicating with those with disabilities is essential for accurately assessing for risk factors and signs of human trafficking. If anti-trafficking service providers aren't equipped to effectively communicate with persons with disabilities, it is safe to assume that many survivors with disabilities will not get the services they need. Further training and education for human trafficking professionals on disabilities would significantly improve chances of identification and communication, and there seems to be interest for such training; education was the most commonly selected initiative indicated for anti-trafficking providers to improve identification of survivors of human trafficking with disabilities. Furthermore, future program evaluations need to be conducted on the current offerings of training and their effectiveness.

Trends in Disability Provider Data

While few anti-trafficking providers screen for disabilities, the level of screening for human trafficking amongst disability providers seems to be even lower. Based on the results of the survey, only three (10%) disability providers indicated that they screen for human trafficking. This means, that the majority of disability providers do not have human trafficking screening in place, and likely fail to identify and address service needs of human trafficking survivors they may be working with. Another concerning finding was, that the disability



providers surveyed had identified only three clients in the past five years who had disabilities and had experienced human trafficking, when NHTDWG anecdotally knows there are a lot more trafficking survivors with disabilities. Of those disability providers who reported screening for human trafficking, only one indicated they had identified clients with disabilities who were experiencing human trafficking, while the other two providers conducting screening had never identified any clients with disabilities who were experiencing human trafficking. This brings into question the effectiveness of screening tools in place. It is possible that the low rate of screening for human trafficking comes from a lack of human trafficking training within disability organizations. Only one out of the 29 disability service providers indicated that they received training on human trafficking from their place of employment, yet 27 providers reported being interested in receiving training on human trafficking.

While lack of screening for human trafficking amongst disability providers is concerning, another important finding is the variability in screening methods among those providers who do screen for trafficking. Two of the providers reported that they screen for human trafficking using a verbal interview and one reported that they use the Trauma Informed Questionnaire. Because the current survey did not provide space for respondents to elaborate on their responses, it is unknown whether the providers who reported using a verbal interview used a standardized and structured interview or simply asked the client a series of questions. More research is needed on the effectiveness of screening methods currently in place, and why so few survivors are identified even when some level of screening is performed.



Notably, 28 of the disability providers reported that their organization does not require training on human trafficking, while only one reported being required such a training. Therefore, we can deduce that an overwhelming number of disability providers are not being properly educated and trained on the prevalence of human trafficking of persons with disabilities and risk factors making them susceptible to being trafficked. Requiring disability providers to be trained in human trafficking could significantly improve recognizing survivors in disability communities, and ensure their specific service needs are being addressed. The majority (93%) of disability providers surveyed, expressed interest in receiving training and/or education about human trafficking and 24% of respondents were particularly interested in initiatives focusing on recognizing the warning signs/red flags of human trafficking. Seven (7) respondents did not report a response or were unsure about what training and education initiatives need to be implemented. Human trafficking is a complex topic and educating providers much more complicated than simply providing a manual on potential red flags. Many potential warning signs that have been present in some trafficking situations are not present in others, or can also indicate a variety of other issues, sometimes no notable red flags are present. The willingness of disability providers to receive training, however, speaks of a clear interest in the intersection. More specific assessment on current training available for disability providers could be useful in determining gaps in available training, and designing a more effective form of training.



LIMITATIONS OF THIS STUDY, FUTURE INITIATIVES AND RESEARCH:

NHTDVG hopes to use the data received from this assessment to advance the direction of the working group's projects and initiatives. NHTDVG also hopes to use the data to publish white papers on various key findings and trends to bring public awareness of service and policy gaps for the intersection of disability and human rights.

Prior to this study, there had been very little research collected on how many survivors of human trafficking also have a disability in the United States. An exploratory mixed methods study was published in 2018 about the sex trafficking of girls with intellectual disabilities in the U.S., which explicitly explores having an intellectual disability as a risk factor for sex trafficking (Reid, 2018). However, the scope of this study only focuses on sex trafficking and not labor trafficking. Furthermore, in 2019, there was a study on "The Prevalence of Violence Against Indigenous Women Victims of Human Trafficking and Its Implications on Physical Injuries and Disabilities in Monterrey City, Mexico" (Acharya, 2019). Although this study addresses the intersection of human trafficking and disabilities, its sample criteria and scope differ significantly to potential trends, risk factors, practices, and policies that survivors of human trafficking may face in the United States.

This NHTDVG needs assessment only serves as an initial data collection to understand the policy and program needs for survivors with disabilities, and has a few shortcomings regarding the sample group surveyed. The sample group of this study was rather small, and geographically skewed. While the needs assessment was intended to have a national scope,



responses were received only from a handful of states, and the number of responses were unevenly divided between states. Furthermore, there was not a lot of geographic overlap in responses from disability and human trafficking providers. The sample, for instance, had a high majority of total disability provider respondents from Illinois, while no responses were received from anti-trafficking providers in Illinois. In addition, responses from both disability and human trafficking professionals were only received from five states.

Despite its small sample, the results of the needs assessment clearly highlight the need for more training and education on the intersection of human trafficking and disabilities among both disability and human trafficking providers. There is also an evident need for increasing and improving screening of clients for human trafficking and disabilities, and enhancing collaboration between human trafficking and disability organizations. Reconducting this needs assessment with a larger and more proportionate geographic distribution of respondents can provide more specific, nationally applicable data. Based on the data reviewed we can also deduce further research and data collection on training is needed to be able to give specific policy recommendations for required cross-training.

A potential, future study of secondary data may include evaluating the effectiveness of the U.S. Bureau of Justice Statistics' (BJS') Human Trafficking Reporting System (HTRS), which was "designed to measure the performance of federally funded task forces" (Banks & Kyckelhahn, 2011, p. 1). In a 2011 report from its data, disability isn't a demographic captured from its data on reported survivors of human trafficking. Further exploration can also be conducted on how often BJS reports their data.



In addition to additional research needing to be conducted on a national level, we also recommend for future needs assessments on screening practices and policies for human trafficking and disability to be pursued on the local level to gain specific trends for each locality.



APPENDIX A

Survey questions for Disability Service Providers

Thank you for taking the 2020 National Human Trafficking and Disability Working Group (NHTDWG) National Data and Assessment Survey. Through this survey, NHTDWG would like to learn more about the prevalence of individuals with disabilities who have experienced trafficking and to better understand how individuals are being assessed for human trafficking by the agencies and professionals who provide direct service to them.

Please take the few minutes to read the following definitions related to human trafficking prior to taking the survey:

Human trafficking is a severe form of exploitation and/or abuse for something of value, including goods, a place to stay, drugs, cigarettes, etc. Cases of human trafficking have been identified in every state in the nation and no community is immune, including the disability community.

Sex trafficking:

- (1) A commercial sex act induced by force, fraud, or coercion,
- (2) Is in which the person induced to perform such act has not attained 18 years of age.

Sex trafficking is when the trafficker benefits from inducing another person into prostitution using any of these techniques:

- Providing drugs
- Making false or misleading statements
- Withholding or destroying government documents
- Requiring that prostitution be performed to repay a real or purported debt
- Using force or engaging in any scheme, plan or pattern

Labor trafficking is the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.



Labor trafficking occurs when the trafficker intentionally benefits from inducing another person into forced labor using the following actions:

- Providing drugs
- Withholding or destroying government documents
- Requiring that the labor be performed to repay a real or purported debt
- Using force
- Engaging in any scheme, plan or pattern to compel a person to engage in or continue providing services

Force

- (1) Physical assault (beating, burning, slapping, hitting, assault with a weapon, etc) starvation
- (2) Sexual assault, rape
- (3) Isolation (physical and mental/emotional)

Fraud

- (1) False employment offers
- (2) Lies, false promises about work conditions
- (3) withholding wages

Coercion

- (1) Threat to life, safety, to family members or others
- (2) Threats involving immigration status or arrest
- (3) Debt bondage (escalating or never-ending debt)
- (4) Withholding legal documents
- (5) Creating a climate of fear

Questions

Part I: General Information and Client Demographics

What is your name?

Do you work for an organization/agency or are you self-employed? If you work for an organization/agency, which organization/agency do you work for?

What is your email address to contact you?

(We will only be using this contact information for any questions or need for further clarification from this survey. We will not share your contact information with any third parties.)



Do you provide direct services to individuals who are Deaf or have a disability?

If you do not handle a case load, are you in a position to provide general information on the people the agency serves?

What city/state are you based out of? [City, state]

What is your primary service area?

- City
- Tribal
- County
- State
- Regionally
- Nationwide

What population does your organization/agency PRIMARILY serve? Please check all that apply. [check boxes]

- Intellectual/Developmental Disabilities (including Autism Spectrum Disorder)
- Individuals with physical/mobility disability
- Deaf and hard of hearing individuals
- Blind/Vision and other sensory disabilities
- We serve all disability communities

What population do you PRIMARILY serve? People check all that apply.

- Intellectual/Developmental Disabilities (including Autism Spectrum Disorder)
- Individuals with physical/mobility disability
- Deaf and hard of hearing individuals
- Blind/Vision and other sensory disabilities
- We serve all disability communities

How many people do you individually serve at any time? What is your typical caseload?

- 1
- 2-5
- 6-10
- 11-20
- 20+



The following questions on client demographics are meant to provide us with an increased knowledge of how persons in additional intersecting communities are receiving services and where we can improve on outreach and appropriate services.

In the past five years, what is the age range for the people you serve? Please check all that apply.

- Birth to age 12
- Ages 13 to 18
- Ages 19 to 40
- Ages 41 to 65
- Ages 66+

In the past five years, do any of your clients include those who identify with the following gender(s)? Please check all that apply.

- Male
- Female
- Non-binary
- Transgender
- We do not collect this information

In the past five years, do any of your clients those who identify as LGBTQ+?

- Yes
- No
- We do not collect this information

In the past five years, do your clients include those who identify as: (Please check all that apply.)

- U.S. Citizens
- Undocumented residents
- Foreign nationals
- We do not collect this information

Part II: Identification/Screening Process

Does your organization require that all participants are screened for human trafficking?



Please answer it pertains to the policies/requirements of your ORGANIZATION/AGENCY:

- Yes
- No

In the work you do with people with disabilities, do you personally assess for human trafficking?
Please answer as it pertains to the work that YOU do personally.

- Yes
- No

What tool(s) or process do you or your organization use to identify a client who has experienced trafficking?

[text box]

Do you or your organization use a screening or assessment tool to identify experiences of sex trafficking and labor/or trafficking participants?

- Only for sex trafficking
- Only for labor trafficking
- Both labor and sex trafficking

Human trafficking is a severe form of exploitation and/or abuse for something of value, including goods, a place to stay, drugs, cigarettes, etc.

Have you noticed any of the following general indicators of human trafficking in clients in the past year? Please check all that apply.

- Leaves home frequently and/or for significant periods of time
- Shows signs of mental, physical or sexual abuse
- Uses street slang for sex work
- Has a significantly older partner/spends a lot of time with a controlling person or an older adult
- Relies on another person to speak for them
- Indications or reports of domestic violence/intimate partner violence
- Lies about age or carries a fake form of identification
- Describes a stalking situation
- Lives in housing provided by employer
- Significantly reduced contact with family, friends or other support system



- Displays a pattern of staying in the homes of friends or a non-legally responsible adult
- Is reluctant to disclose how they make money, where they live, or when they came into the United States
- Lacks control over schedule and/or money
- Has large amounts of money or costly items he or she cannot reasonably afford
- Is involved in systems (social services, PINS, courts etc.)
- Works more than he or she is in school or does not often
- Other

Have you noticed any of the following physical indicators of human trafficking in clients in the past year? Please check all that apply.

- Has untreated injuries
- Has old and new injuries and/or is injured frequently
- Explanations for injuries are inconsistent with their severity
- Has had multiple sexually transmitted infections and/or abortions
- Has suspicious tattoos or burn marks (branding)
- Exhibits overt sexualized behavior
- Exhibits evidence of sexual abuse
- Other

Have you noticed any of the following psychological/behavioral indicators of human trafficking in clients in the past year? Please check all that apply.

- Has heightened sense of fear or distrust of authority
- Is unwilling to disclose whereabouts or information about parent or caregiver
- Is restricted in communication and/or displays anxious, fearful, depressed, submissive, tense and nervous behavior
- Is unwilling or unable to identify as a victim
- Displays behavior aligned with a trauma history or PTSD
- Has many inconsistencies in his or her story
- Multiple youth retell the same story in the same way many times, giving the appearance that the story has been coached
- Other

When is the trafficking tool(s), or screening process, being used? Please check all that apply.

- Upon in-take
- Throughout case life



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- Another risk factor appears
- Other

Are the tool(s), or screening process, being used consistently for every client?

- Yes
- No
- Unsure

If you screen for both trafficking and disability, how many participants have you served in the past year who both had a disability or Deafness and who also experienced trafficking?

[text box]

If you screen for both trafficking and disability or Deafness, how many participants have you served in the past five years that were someone with both a disability and who also experienced either sex or labor trafficking?

[text box]

How many of these survivors with both a disability and who also experienced either sex or labor trafficking identified as Black in the past five years?

How many of these survivors with both a disability and who also experienced either sex or labor trafficking identified as Latinx in the past five years?

How many of these survivors with both a disability and who also experienced either sex or labor trafficking identified as Asian in the past five years?

How many of these survivors with both a disability and who also experienced either sex or labor trafficking in the past five years identified as American Indian or Alaska Native?

How many of these survivors with both a disability and who also experienced either sex or labor trafficking in the past five years identified as Native Hawaiian or Pacific Islander?



How many of these survivors with both a disability and who also experienced either sex or labor trafficking in the past five years identified as white?

Part III: Gaps and Challenges to Identification/Screening Process

In your work with individuals with disabilities or who are Deaf, does your organization/agency require training on what human trafficking is?

- Yes
- No

If your organization/agency does require training on what human trafficking is, how often are you required to participate in this training?

- Once during time of employment
- Once every five years
- Once a year
- More than once a year

Does your organization/agency require trauma-informed care training, including motivational interviewing and trauma-informed training?

- Yes
- No

If your organization/agency does require training on trauma-informed care, how often are you required to participate in this training?

- Once during time of employment
- Once every five years
- Once a year
- More than once a year

In your work with individuals with disabilities or who are Deaf, what initiatives do you see needed in order to improve identification survivors of trafficking with disabilities or Deafness?
[long text box]

Does your organization/agency Outreach and education to providers, caregivers, families, and peers of communities of people with disabilities on awareness of trafficking and its red flags?



- Yes
- No

Are you interested in receiving training on human trafficking?

- Yes
- No

Part IV: Cross-Disciplinary Coordination

Would you know what other agency in your community to contact for additional support if you identified somebody has experienced trafficking?

- Yes
- No
- My primary work isn't with individuals whom have experienced trafficking

Does your organization partner with an anti-human trafficking agency (service provider), collaboration, or human trafficking survivors working group?

- Yes
- No

Thank you for completing the survey. Please click the "-->" / next arrow to officially end the survey and submit your results.

If you have any questions, please reach out to Sara Bovat, the current coordinator of NHTDWG at sbovat@iofa.org. Thank you again for your time and expertise.

If you have interest in joining the National Human Trafficking and Disability Working Group (NHTDWG), please click here to learn more.

Link to Survey:

https://uic.ca1.qualtrics.com/jfe/form/SV_6hgmV8TUhjqemV



APPENDIX B

Survey questions for Human Trafficking Service Providers

Thank you for taking the 2020 National Human Trafficking and Disability Working Group (NHTDWG) National Data and Assessment Survey. We hope to use this specific survey's results to assess organizations/agencies who provide direct services to people who have experienced human trafficking's ability to accurately identify disability and Deafness in their clients in the screening process.

Please take the few minutes to read the following definitions related to disabilities prior to taking the survey:

The Americans with Disabilities Act's (ADA) legal definition of disability includes the following:

- Physical or mental impairment that substantially limits one or more major life activity
- Record of impairment
- Is regarded as having an impairment

A physical disability is defined by a physical condition that affects a person's mobility, physical capacity, stamina, or dexterity.

A developmental disability is defined by a condition due to an impairment in physical, learning, language, or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime.

Autism spectrum disorder (ASD) is a developmental disorder that affects communication and behavior.

Deafness involves a loss of hearing. The Deaf community generally does not define Deafness as a disability, but instead as a trait.

Part I: General Information and Client Demographics

What is your name?



Do you work for an organization/agency or are you self-employed? If you work for an organization/agency, which organization/agency do you work for?

- I work for an agency
- I am self employed

What is your email address to contact you?

(We will only be using this contact information for any questions or need for further clarification from this survey. We will not share your contact information with any third parties.)

Do you provide direct services to individuals whom have experienced human trafficking?

- Yes
- No

If you do not handle a case load, are you in a position to provide general information on the people the agency serves?

- Yes
- No

What city/state are you based out of? [City, state]

What is your primary service area?

- City
- Tribal
- County
- State
- Regionally
- Nationwide

What population does your organization/agency PRIMARILY serve?

- Individuals who have experienced labor trafficking
- Individuals who have experienced sex trafficking
- Individuals who have experienced labor and sex trafficking



What population do you PRIMARILY serve?

- Individuals who have experienced labor trafficking
- Individuals who have experienced sex trafficking
- Individuals who have experienced labor and sex trafficking

How many people do you individually serve at any time? What is your typical caseload?

- 1
- 2-5
- 6-10
- 11-20
- 20+

The following questions on client demographics are meant to provide us with an increased knowledge of how persons in additional intersecting communities are receiving services and where we can improve on outreach and appropriate services.

In the past five years, what is the age range for the people you serve? Please check all that apply.

- Birth to age 12
- Ages 13 to 18
- Ages 19 to 40
- Ages 41 to 65
- Ages 66+

In the past five years, do any of your clients include those who identify with the following gender(s)? Please check all that apply.

- Male
- Female
- Non-binary
- Transgender
- We do not collect this information

In the past five years, do any of your clients those who identify as LGBTQ+?

- Yes
- No
- We do not collect this information



In the past five years, do your clients include those who identify as: (Please check all that apply.)

- U.S. Citizens
- Undocumented residents
- Foreign nationals
- We do not collect this information

Part II: Identification/Screening Process

Does your organization require that all participants are assessed for a disability?

Please answer it pertains to the policies/requirements of your ORGANIZATION/AGENCY:

- Yes
- No

In the work you do with those who experience trafficking, do you personally assess for disability?

- Yes
- No

If yes, which disabilities are you screening for? Please check all that apply.

- Vision impairment
- Hearing impairment or Deafness
- Physical disability
- Developmental disability
- Neurological disability
- Autism spectrum disorder
- Other

What tool(s), or screening process, do you or your organization use to identify a client with a disability or who is Deaf?

[text box]

When is the tool(s), or screening process, being used? Please check all that apply.

- Upon in-take
- Throughout case life



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- Another risk factor appears
- Other

Are the tool(s), or screening process, being used consistently for every client?

- Yes
- No
- Unsure

If you screen for both trafficking and disability, how many participants have you served in the past year who both had a disability or Deafness and who also experienced trafficking?

[text box]

If you screen for both trafficking and disability or Deafness, how many participants have you served in the past five years that were someone with both a disability and who also experienced either sex or labor trafficking?

[text box]

How many of these survivors with both a disability and who also experienced either sex or labor trafficking identified as Black in the past five years?

[text box]

How many of these survivors with both a disability and who also experienced either sex or labor trafficking identified as Latinx in the past five years?

[text box]

How many of these survivors with both a disability and who also experienced either sex or labor trafficking identified as Asian in the past five years?

[text box]

How many of these survivors with both a disability and who also experienced either sex or labor trafficking in the past five years identified as American Indian or Alaska Native?

[text box]

How many of these survivors with both a disability and who also experienced either sex or labor trafficking in the past five years identified as Native Hawaiian or Pacific Islander?

[text box]



How many of these survivors with both a disability and who also experienced either sex or labor trafficking in the past five years identified as white?

[text box]

Part III: Gaps and Challenges to Identification/Screening Process

In your work with those who experience trafficking, does your organization/agency require training on what a disability is?

- Yes
- No

If your organization/agency does require training on what a disability is, how often are you required to participate in this training?

- Once during time of employment
- Once every five years
- Once a year
- More than once a year

In your work with those who experience trafficking, does your organization/agency require training on communicating with individuals with a disability?

- Yes
- No

Does your organization/agency require trauma-informed care training, including motivational interviewing and trauma-informed training?

- Yes
- No

If your organization/agency does require training on trauma-informed care, how often are you required to participate in this training?

- Once during time of employment
- Once every five years
- Once a year
- More than once a year



Are you interested in receiving training on what disabilities can look like and how to work with clients with disabilities?

- Yes
- No

In your work with those who experience trafficking, is your office equipped with hallways wide enough for wheelchairs?

- Yes
- No
- Not sure

In your work with those who experience trafficking, is there an ASL interpreter, or any other sign language interpreter, available who can facilitate screening?

- Yes
- No

In your work with those who experience trafficking, what initiatives do you see needed in order to improve identification survivors of trafficking with disabilities or Deafness?

[open text box]

Part IV: Cross-Disciplinary Coordination

Would you know what other agency in your community to contact for additional support if you identified somebody with a disability or who is Deaf?

- Yes
- No
- My primary work isn't with individuals whom have experienced trafficking

Does your organization partner with an agency, collaboration, or working group of the disability and/or Deaf community?

- Yes
- No

Thank you for completing the survey. Please click the "-->" / next arrow to officially end the survey and submit your results.



If you have any questions, please reach out to Sara Bovat, the current coordinator of NHTDWG at sbovat@iofa.org. Thank you again for your time and expertise.

If you have interest in joining the National Human Trafficking and Disability Working Group (NHTDWG), please [click here](#) to learn more.

Survey link https://uic.ca1.qualtrics.com/jfe/form/SV_57Pe1njjYm7FxD



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