

Journal of Applied Research on Children: Informing Policy for Children at Risk

Volume 2
Issue 1 *Human Trafficking*

Article 3

2011

Human Trafficking Victims and Their Children: Assessing Needs, Vulnerabilities, Strengths, and Survivorship

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Recommended Citation

Busch-Armendariz, Noel B.; Nsonwu, Maura B.; and Cook Heffron, Laurie (2011) "Human Trafficking Victims and Their Children: Assessing Needs, Vulnerabilities, Strengths, and Survivorship," *Journal of Applied Research on Children: Informing Policy for Children at Risk*: Vol. 2: Iss. 1, Article 3.

DOI: <https://doi.org/10.58464/2155-5834.1022>

Available at: <https://digitalcommons.library.tmc.edu/childrenatrisk/vol2/iss1/3>

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Acknowledgements

This project was supported by Grant Number 2006-VT-BX-K006 awarded to Refugee Services of Texas, Inc. by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. Points of view in this document are those of the authors and interview subjects and do not necessarily represent the official position or policies of the U.S. Department of Justice. This project was also supported by Institute on Domestic Violence and Sexual Assault at the The University of Texas at Austin, School of Social Work. The authors wish to give a big thanks to staff of Refugee Services of Texas and American Gateways in Austin, Texas and the research participants.

Background

Human trafficking, often referred to as modern-day slavery, has emerged in the past decade as a major criminal and social justice issue, both in the U.S. and around the world.^{1,2} The United States Department of State *Trafficking in Persons Report (TIP)*³ estimates 12.3 million victims of human trafficking worldwide in such industries as bonded labor, forced labor, and forced prostitution. The Polaris Project, the organization that staffs a human trafficking hotline and is one of the largest national organizations engaged in anti-trafficking efforts, estimates that 200,000 American minors are at risk for being trafficked (www.polarisproject.org).

Throughout this manuscript, survivors of human trafficking may be referred to simply as ‘victims’ for narrative efficiency and in recognition of their criminal victimization. It is also notable that victims of human trafficking have survived a horrifying combination of physical and emotional abuse, trauma, and financial distress. However, the term victim is not meant to be demeaning nor judgmental, but rather a recognition of the realities of their lives. Specifically, this paper explores the challenges of foreign-born human trafficking victims.

Victims of human trafficking fall into two broad categories—sex trafficking and labor trafficking. Women and children trafficked into sex industries are often forced into activities such as prostitution and pornography. The foundation of the sex trafficking trade is female victims and male perpetrators, and the gender roles of victims and perpetrators merit gender-focused strategies to combat sex trafficking.^{4,5} Victims of trafficking for labor may be forced into domestic servitude or industrial labor. One crucial component in labor trafficking is migration. Industries that demand cheap labor, such as agriculture, fisheries, manufacturing, and construction, encourage migration of unskilled workers. In the absence of standards to protect their human rights, migrants become particularly vulnerable to exploitation.⁶ Human trafficking victims are at great risk for human rights abuses, both because traffickers see those that they victimize as a lucrative commodity and due to the persistent demand for inexpensive labor and sex. The Trafficking Victim’s Protection Act (TVPA) defines human trafficking as: “...the recruitment, harboring, transporting, 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, slavery, or forced commercial sex acts.”⁷ The TVPA also entitles trafficked persons to benefits, services, and protection from deportation.

While many governments around the world are addressing the issue of human trafficking, the U.S. may be leading the way toward a

better understanding through the implementation of effective criminal justice and social service responses. The attention paid to trafficking in the 1990s led to federal legislation to protect victims and increase prosecution. Landmark acts in this country are the Trafficking Victims' Protection Act (TVPA) signed by President Bill Clinton in 2000 and the Trafficking Victims Protection Reauthorization Acts of 2003, 2005, and 2008. These acts have set domestic and international standards for anti-trafficking efforts, including prevention, prosecution of traffickers, and protection of victims, activities often referred to as the three P's. Federal immigration remedies recognize that many foreign-born survivors of human trafficking are unable to return to their country of origin because of safety concerns and the wide reach of criminal trafficking networks. Consequently, adult survivors of human trafficking may be eligible for a visa granting temporary legal status in the U.S. and eventually for legal permanent residency. After receiving permanent residency, survivors may also be eligible to apply for visas for their dependent children and other family members who remain in danger in the country of origin. Federal agencies make available grant monies that also allow social service agencies to address the acute or immediate needs of survivors/victims of international human trafficking, including housing, mental health services, medical care, food, clothing, legal services, advocacy, and community referrals for victims during a critical time.⁸

Although the reunification of survivor parents with their children is considered by most in the anti-trafficking field as a policy priority, little attention has been paid to the impact of these procedures for survivor parents and their children. For example, the benefits, challenges, and needs of survivor parents, their children, and extended family members, both local and in their home countries, before, during and after the reunification, are relatively unexplored. While there has been little research on the topic of family reunification of adult survivors of human trafficking with their children, some literature does exist on family reunification after separation due to migration. This research advanced the conclusion that there is a need for special attention for these immigrant children. Many of these children, while their mothers were being victimized in the U.S., remained in their countries of origin where they were cared for by grandparents. Children joining parents in the U.S. may face a complex and traumatic process of adapting to a new environment and new family dynamics, while also coping with emotional remnants from the original separation.⁹ Children must adapt to a new primary caregiver against whom they may harbor resentment, in addition to grieving the loss of the former caregiver who may have played the role of both functional and

emotional parent.⁹ Furthermore, in a study of families in migration, Suarez-Orozco, Todorova, and Louie¹⁰ found that children who had been separated from their parents were more likely to report symptoms of depression than children who had not been separated. This study explores issues related to the reunification of international parent survivors and their children.

Methodology

This study's purpose was to evaluate the social service needs of trafficking victims/survivors and their immigrant children. Generally we explored whether over time, victims have options for self sufficiency, access to needed services, and feel a sense of increased efficacy. Participants in this study were approximately 12-24 months post-rescue, as well as currently receiving formal services from refugee social services.

This qualitative study addressed the following two broad research questions:

1. What are the initial and long-term barriers to services for victims of human trafficking?
2. Are victims' needs or "vulnerabilities" sufficiently addressed? What are their strengths?

Description of Participants and Recruitment Procedures

All participants (n=9) were women age 18 years and older who were trafficked into the U.S. All participants were current residents of either Austin or Houston, Texas. Given the ongoing safety concerns and the need for rigorous safeguards of human trafficking victims (confidentiality and identity), other demographic information (such as age, language, country of origin, or type of trafficking case) was not collected. All participants were mothers with children who either currently lived in their countries of origin, were soon to be reunited with them, or had recently been reunited with them.

All research participants had previously received initial eligibility services granted to human trafficking victims and refugees from a local social service agency, and some had also received long-term case management services. Social workers in these agencies introduced possible participants to this study. Using purposive sampling, participants were selected based on their having received victim services. For purposes of privacy and confidentiality, research staff did not make the initial contact. No information is available about how many trafficking victims were approached about taking part and then declined. Any immediate concerns that participants may have had about the research

were addressed prior to being recruited for this project, and any on-going case management needs were addressed by social service staff. Social service staff also made a professional judgment about the readiness of their former clients to participate in this project and approached only individuals whose basic emotional and health needs were being addressed. Social service staff assured all possible participants that their involvement in this study was completely voluntary and would not impact their relationships with or access to any social services. Participants were also informed that they could change their minds about participating or stop the interview at any time without penalty. Social service staff served as a resource agency for participants in the event that, during the research interview, additional issues or distress arose. Participants were paid fifty dollars in cash to compensate them for their time and expertise. The interviews ranged from 60 - 90 minutes each.

Protection of Human Subjects

This study was reviewed and approved by the Institutional Review Board (IRB) at The University of Texas at Austin and the University of North Carolina at Greensboro. Written consent was waived for this study due to the safety concerns of the population. No signatures were collected. However, verbal consent was obtained from all survivor/victim participants, in English or in Spanish, by the interviewer or interpreter. Participants were not asked any personally identifying information, and the interview protocol did not include questions about trafficking history. Participation in this study was completely voluntary.

Data Collection Procedures

Data were collected in interviews conducted in participants' homes, based on their preference, safety, and comfort. All interviews that were conducted in Spanish were conducted by bilingual research staff or with trained language interpreters. All interviews were digitally recorded and transcribed. Recordings were destroyed after transcriptions were completed. A semi-structured questionnaire with 22 opened-ended questions was developed for the interview. The initial questionnaire was developed by the research team and modified based on input from social workers working with the human trafficking victims.

Data Analysis Procedures

Since the research questions are exploratory in nature, a qualitative methodology using content and thematic analysis techniques was utilized. The textual data was systematically gathered and analyzed. Open coding of data was utilized and the data were subsequently organized or grouped

into properties and later developed into contextual themes. To establish the validity of themes, three members of the research team independently evaluated these data. The final themes that are presented were developed based on a group consensus among these qualitative researchers. The findings are grounded with the use of direct quotes from participants. In order to be representative in selecting comments for inclusion, all responses that represent diverse thought, actions, or decisions associated with the research questions are reported.

Limitations

This study utilized a non-probability convenience sample and therefore the findings are not generalizable to all trafficking survivors/victims and their children. Nonetheless, findings from this study are significant, and break ground with regard to our understanding of the needs of human trafficking victims and their immigrant children. Therefore, findings may be applicable for practice and policy consideration in the human trafficking field.

Findings

Based on data gathered from in-depth interviews with human trafficking survivors, four broad themes emerged related to the needs and vulnerabilities of survivor parents and their immigrant children: 1) basic communication needs and initial services, 2) long-term needs, 3) self-efficacy, and 4) looking forward. Overall, participants were very concerned about their lack of understanding of the legal immigration process, if and when their children would eventually be able to join them in the U.S., and how they would care emotionally and physically for them once they arrived.

1. Basic Communication Needs and Initial Services

Increased communication was identified as an initial and basic need in three distinct ways. Once rescued, participants expressed the need to maintain contact with children and family members in their home countries. This contact was important because during the victimization period, contact was nonexistent or minimal, and it was of chief concern for participants to regain connections with their family members. Social service providers were able to provide phone cards to meet these needs. One participant said:

In the beginning, we used the public phone. The store was nearby, and we could go quickly. Later on I asked for a phone because to make phone calls to Mexico sometimes the phone cards gave you a hard

time. Sometimes it was too late at night when I would call my girls and then I no longer felt that safe. I think that in any place, it does not matter how safe it looks, it is not convenient to go out late at night alone. That is when they gave me a phone line. It was a basic phone line, but it was enough for me because all I needed was to call to Mexico.

The need for communication also extended to their lives in the U.S. as rescued victims of human trafficking. Taking English classes was identified as a need in order to work toward self-sufficiency, and English as a Second Language courses were provided free and offered in a convenient location. However, participants admitted that once they became employed and other life demands became prominent (for example, one participant had a new baby), they were not always able to take advantage of these opportunities. However, they believed that English proficiency was necessary for their success and the success of their children in the U.S. One participant reported:

It is hard, especially, because we are here like slaves for someone else, and we do not have that chance to learn English. When we find someone that wants to help us we cannot understand them.

Finally, participants identified counseling services in their first language as helpful, particularly as they started their journey toward healing and recovery from the trauma of their victimization. Being able to express themselves in a safe and non-restricted manner was vital. One woman said:

What I needed the most was psychological help and emotional support, suggestions, and not to feel so alone. Before I met them [the counselor] I was totally doomed. I used to feel so alone and that I did not have anyone.

2. Long-term Needs

Participants identified five long-term needs related to themselves and their immigrant children: 1) safety, 2) medical health, 3) emotional and psychological health, 4) financial stability, and 5) social and familial equilibrium.

After their period of forced confinement during their human trafficking victimization, the need for safety was expressed by many survivors. One participant said:

I do not feel completely safe, but I do feel safer than before. Before I did not have anything, and I was scared. I cried a lot because I have my daughter in Honduras. Even if I do not eat here, I need to make sure I send money to my daughter back home. What I need now is a job so that I can feel more secure. I used to be scared because of the threats people would make, like deportation, but my lawyer showed me not to be scared. She told me that I have the same rights as everyone else. I feel like a real citizen, because this country has been there for me and has done more for me than my own country. I wish I was born here. In my country they hurt people and no one says or does anything. Before meeting them I did not know I had rights. I do not want anything bad to happen to my daughter.

Another participant said:

[Feeling safe] is hard. For now they [the traffickers] are in prison, but they will be released pretty soon. Before it was just me, but now it is my son as well.

Participants also described the need for medical health assistance as a long-term need. Participants described challenges addressing chronic health problems and obtaining health insurance for themselves and for their children. For the most part, their concerns about medical health were focused on their children's needs. For example, participants needed information about requirements for school vaccinations. Navigating the maze of public health benefits requires a great deal of knowledge of the system, determination, and English language proficiency. While participants certainly demonstrated great determination, they often lacked information and linguistic access to these services. The inability to obtain entitled health insurance for their children was a cause of great stress and anxiety among participants. One participant said:

I try my hardest, because I know others depend on me. I have too many things on my shoulders and do not have time to feel bad.

When describing their emotional and psychological needs, participants emphasized that priority is given to serving their immediate and basic needs, rather than their emotional needs. Because of the everyday demands of life and single parenting, survivors were not able to devote time and energy to recovering from their trauma. The stabilization of their children's basic needs took precedence, and since many struggled

financially month-to-month, addressing their recovery from trafficking seemed impracticable. Several participants did, however, express interest in identifying mental health counseling for their children. Given this, the trusting relationship that survivors build with social service providers continues to serve a vital role. Findings related to relationship-building with service providers are discussed further in this section.

I would like to go to counseling, because part of me has not overcome everything. But I do feel much stronger than before. If you all had met me before I received all the support from the agency, I think you may have felt sorry for me. When I found out that in this country I had support, actually in this country I felt safer and more supported than I ever did in my own country. That is why I love you all so much. I do not know everyone that helped me, but in my heart I love them all.

Those anticipating the arrival of their children or having recently reunited with their children expressed a heightened desire for financial stability and consistency in their employment. Furthermore, the arrival of children may discontinue or limit the amount of money that can be sent to other family members in their home countries. The support sent home provided for necessities for those who had been serving as caretakers of the children, often the children's grandmother. This causes stress for the survivors in the U.S. as the sole providers for their newly arrived children as well as their own parents who have had to remain in their homelands. One participant said:

I need to learn how to manage my finances, because I know that in this country you need to work and save. I have worked until now, but the job I had earned me very little. With that job, I could not make ends meet. With roommates I paid \$200, half the normal rent, and I still had barely enough for food and to send money to my son in Mexico and then I did not have anything left. I hope with this new job which offers more money that I can be referred to someone who can help me save. In the beginning I know someone told me how, but it was not very helpful, because at that time I did not have anything to save. I would get my check and I would spend it that same day, because I needed to buy food, pay the bills, the rent, and the electricity.

All findings related to social and familial well-being among this group are related to the process of bringing children to the U.S. and victims' experiences once their children arrive. Seven of nine participants were either waiting for their children's arrival or had recently welcomed their children to the U.S. Their experiences illustrate a new phase of vulnerability brought by family reunification, given additional financial, social, and health needs associated with reunification.

Victims in the process of reunifying with their children first described it as an agonizing waiting game. The process takes a long time, and several participants described being ready to give up and return to their home countries to be with their children. They also stated that it is difficult to trust the legal immigration process itself and to know when or if their children would ever arrive. Documentation presented difficulties for participants on both the U.S. side and their home country. Completing all the necessary paperwork in the U.S. with competent, available legal assistance was one obstacle. However, obtaining proper passports, birth certificates, spousal approvals, and visas from home countries can prove extremely difficult and time-consuming. While the wait can be agonizing and the challenges that lay ahead can be considerable, participants draw strength from their children and from the hope and anticipation of their reunification. The fact that some of the women who participated in this study had been reunited with their children gave others hope that their own reunification was drawing closer. One participant expressed:

I left [my daughter] when she was two years old, and now she will be turning 13 years old. It has been a lot of years. My daughter gives me the strength to continue.

A second concern during this waiting period is the financial preparation for the children's arrival. Participants expressed the need to have more financial stability in order to provide for their children. One participant had recently moved into a two-bedroom apartment in preparation for the arrival of her three children. Earning low wages from a housekeeping job, she was not sure how she was going to be able to continue paying for the bigger apartment.

Both those waiting for their children and those whose children had recently arrived identified challenges with public benefits, health insurance, and health care for their children. Some had questions about receiving Medicaid and Food Stamps and how this would affect their legal cases for permanent residence. Participants expressed vague understandings of who is eligible for which benefits and what risks they may run into when applying for needed social services. One participant's

child had been denied Medicaid. Although her child may have been eligible for the state's Children's Health Insurance Program (CHIP), she had not applied for that program, even after having asked for assistance in doing so. Another participant described having lost her job because her son was sick and she missed too much work. She then lost eligibility for Medicaid.

In addition to difficulties related to health care and social services, participants cited challenges preparing for school registration and arranging childcare. The interviews took place in August, less than a month before the beginning of school, and several participants were not sure which school their children would attend, how to get them enrolled, or where to receive low-cost vaccinations. They also were unaware of state laws regarding school attendance. Some mothers wanted their children to further their education, while other mothers saw a need for the extra income that their teenage children could obtain by working.

Several participants expressed interest in bringing over their children's caretakers (often the human trafficking victims' mother) in order to assist with childcare. One participant stated:

They have not told me anything yet, but when my kids get here I guess they will tell me who I can ask for help if I need anything.

In addition, participants described concern for the stress their children may experience during this transition to the U.S. One participant identified the need for mental health counseling for her child, given all the changes he had experienced. Other participants described their children's difficulty in seeing them as a parental figure, because during their long separation someone else (often the human trafficking victim's mother) had served as the sole caretaker of the children. There were significant grief and loss issues for their children and the caregivers of their children in their homelands. This situation is difficult both for the child, whose entire system of support has been upended, and for the victim, who may not be accustomed to identifying herself in the parental role. The same participant stated:

I left my son when he was three, and he says he cannot remember. He says I am his mom because I picked him up from the airport but not because he remembers me as his mother. He is very friendly and trusts quickly. I know it hurt him when I left him, but I told him he needed to get used to it and that now things are different. I always wanted to be with him. Two months after he arrived, he started crying a lot. I

asked him why he was crying, and he said he needed his mother. I told him, 'I am here,' and he said, 'No, the one in El Salvador.' It hurt me to see him this way. I felt like I was hurting him a lot. I asked him several times if he wanted to go back, and he said no. When I left him I thought I would never see him again, and I am sure he feels the same way about his grandma. He calls her and tells her he wishes she were here.

One participant also described challenges in parenting and providing for a blended family, including a biological son in addition to a nephew who had immigrated without proper documentation. This participant was nervous about seeking legal help for her nephew, for fear that it would hinder her son's status or cause the nephew to be deported. This reflects difficulties faced by families in the broader community who are blended in terms of legal status; issues of privilege, permanence, and safety are not always equal among family members.

In general, participants lacked thorough preparation and information about the new array of needs and services required in relation to the arrival of their children. One participant was expecting her three children to arrive in one month and stated that she still did not know how to enroll them in school, obtain health insurance, or arrange for childcare. Given that intensive case management for victims of human trafficking is not extended to include the period surrounding family reunification, there is not a designated entity to fill this role. There exists no formal structure to initiate discussions about childcare, health insurance, school, and other parenting challenges victims may anticipate. There are also limitations to informal support networks that would typically be utilized in victims' home countries, where guidance from extended family is the norm. This is extremely problematic in terms of new vulnerabilities and victims' increased risk for financial, health-related, and emotional instability.

3. Self-efficacy

Participants also talked about how they could handle their affairs successfully and navigate formal and informal systems of support, particularly after formal social services were over. While participants demonstrated a higher level of self-sufficiency two years after having completed services, vulnerabilities persist. Due to low-wage employment, limited English proficiency, and new stressors associated with family reunification, victims may find themselves on the precipice of financial and emotional instability. The loss of employment can greatly alter this precarious balance.

Given the continued struggle to become self-sufficient and to develop networks of support, participants noted an increase, over time, in self-efficacy, or their ability to successfully manage their lives and achieve their goals. Even in light of their recent rescue from the trafficking situation, all but one participant expressed higher current levels of confidence in their abilities and independence than in the past. Participants expressed gratitude toward the social service agencies that helped them, and their networks of friends who helped them to orient themselves and achieve things like purchasing a car.

Even with an increase in self-efficacy, the transition out of formalized social services or victim services is a difficult one. Participants described feeling nervous or scared when their formal service-oriented relationship was complete. One participant, in fact, expressed a decrease in self-efficacy.

The truth is that after the caseworker gave me my work permit, they told me they had finished with my services, and I got scared. I do not feel comfortable calling them back. I feel like they would not help me since they are done with me and have others to help.

Participants still rely heavily on the formal social service caseworker guidance and information, even when the initial period of services has been completed. It surprised participants to find that the agency was indeed open and welcoming to them after services were formally closed. This is an extremely helpful approach and gives the agency an opportunity to provide needed information and referrals.

Once services are complete, the goal is for victims not only to become self-sufficient, but also to access mainstream financial and social services in addition to having developed a social support network. As discussed earlier, those mainstream services may prove elusive to victims. Participants identified systems of social support, although these systems were not necessarily helpful or adequate to meet their unique needs. Participants' friends, family, and community members do not necessarily know how to direct victims when they have questions or needs. In this study, many friends and family were undocumented and unfamiliar with the needed systems of help. In response to questions about help-seeking behavior, many participants stated that they simply do not know where to find help for the challenges they face.

4. Looking Forward

Participants also talked about their future personal goals. Their responses indicate both a sense of hope for a better future and their considerable

motivation for recovery and stability. Current goals identified by participants included: finding a better job with better hours and pay, becoming independent of social services and other public support/assistance, obtaining a GED, reunifying with children, and becoming proficient in English.

Long-range goals included: remaining in the U.S., sending children to college, attending cosmetology school, owning a home, starting a small business, and working with other victims of human trafficking. The last goal is a true indication of survivorhood – summoning the capacity, the confidence, and the strength to give back to others who have experienced similar trauma and exploitation. It also reveals great appreciation and high regard for the services provided by the social service structure.

Discussion & Recommendations

There is little existing research on the needs of human trafficking victims. Further dialogue is needed, specifically on the topic of long-term needs and family reunification. In the absence of extended or formally-structured services, creative, culturally-relevant, community-based solutions are needed. While the long-term needs of victims of human trafficking may not be altogether different than those of other low-income communities, mainstream services often do not address these needs in a holistic way. Barriers to services may be unique to this population, and include safety, trust, language, and culture, to name just a few. Service providers and policymakers sometimes operate under an assumption that clients will quickly access mainstream services, and that those mainstream services will be adequate. However, clients' needs and the structure of both mainstream services and services for victims of human trafficking are not always in harmony. For example, time-limited services are not able to accommodate trauma-related needs that may not be evident during the first six or seven months of services.

In response to the considerable long-term needs noted among participants, specialized follow-up tools for service providers working with this community of victims are needed. These tools may include guidelines for initiating discussion and preparation surrounding long-term needs and the arrival of immigrant children in the U.S., in addition to gathering resources that may be helpful to victims of trafficking. The tools should be specialized to the style, population, and service delivery system of the social service providers. Tool kit questions (See Appendix A) were designed based on data provided by research participants, and are best answered with a case manager. Thus, there is a focus on the specific needs identified by these data, such as the preparation for the arrival of

victims' children. Other victims may be anticipating the arrival of parents or spouses, and modified tool kit questions may be useful for victims who are applying to bring over other family members. These tools are also geared towards foreign-born victims of human trafficking and may not be appropriate for domestic victims. We believe these tools might be the first of this kind and likely need modification and revision. They were reviewed and modified based on feedback provided by the refugee agency social worker, legal advocate, and a small group of practitioners attending a national training on human trafficking. Nonetheless, the utility and efficacy should continue to be improved.

Reuniting with children can be an extremely exciting, stressful, and possibly traumatic experience for both the parents and children, especially after a long period of separation. A thorough and thoughtful preparation with clients before their children arrive may lessen some of the confusion and frustration associated with this transition. In an ideal situation, a designated case manager would be available for the family during the reunification process, beginning before the arrival of the children and extending for several months after the arrival. Communication should include follow-up calls and ongoing support and assessment of the child's needs once he or she has reunified with his or her parent. It is very important that social service providers understand the complex and sometimes competing needs of victims of human trafficking and their newly arrived children. The successful integration (and reintegration) of these family members rely both upon receiving the initial acculturation and support services provided by refugee resettlement agencies, and having available culturally competent financial, educational, medical, and mental health mainstream social services. These formal resources lessen the vulnerabilities of these families and build on their existing strengths.

The subject of human trafficking is an area of interest, research, and intense debate. Federal legislation and prosecution of cases have made human trafficking a politically important issue as media attention informs the American public that human slavery is a robust industry in our country and throughout the world. Through the same federal legislation that allows prosecutors to hold human traffickers accountable for their crimes, victims and subsequently their children are able to receive social services and immigration relief. While much progress has been made in the fight against this hidden crime, research gaps remain, and issues related to the effectiveness of interventions need to be addressed. In particular, the integration of victims/survivors and their children into American life are of concern. Immigrant children are one of the largest and fastest growing populations in the U.S., and for a variety of reasons these

children may be vulnerable to exploitation. Research indicates that victims of trafficking are identified by traffickers because of their perceived “vulnerabilities” or lack of opportunities,¹¹ and there is concern in the anti-trafficking field that the children of international survivors/victims may be high at risk for a variety of negative outcomes¹² such as health and mental health challenges or victimization. Therefore, it is important that practices and policies are developed to address the unique needs of parent survivors and their children with an eye toward positive outcomes for safety, support, well-being and self sufficiency.

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Appendix A

Questions for Tool Kit Development

Medical care and insurance

- Is your child eligible for health insurance?
- How and when should you apply?
- Does your child have any special needs that will require immediate medical attention?

School preparation

- Which school will your child attend?
- When and how do you register your child for school?
- What is required for your child to attend the first day of school – for example vaccinations, uniform?
- What kinds of assistance are available at the school – for example, reduced-fee lunch and other support services?

Childcare

- Will your child need supervision while you are at work?
- Who will take care of your child if you leave for work before your child leaves for school and/or if you return home after your child returns from school?

- Does your child have any special needs that need to be considered in finding childcare?

Parenting

- What will it be like to be reunited with your child after such a long absence?
- How might your child respond to you as a parent and figure of authority?
- What will it be like for your child to be separated from, or grieve the loss of, his/her caregiver or grandparent? What might make this transition easier for both your child and the caregiver?
- What expectations do you have of your child regarding helping around the house or household chores?

Home

- Do you have sufficient space and furnishings for your child/children?
- Is your home safe for your children?

Other

- What kind of social support might help you and your child through this transition?

- To whom can you go for help or guidance as you make this transition with your child?
- Do you have other concerns about your child's arrival?
- Do you have other questions about your child's arrival?