A Collaborative Approach With Therapists: Training and Utilizing the Roberts Human Trafficking Tool to Identify Domestic and International Victims of Human Trafficking

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A Collaborative Approach With Therapists:
Training and Utilizing the Roberts Human Trafficking Tool to Identify
Domestic and International Victims of Human Trafficking

by

Arthrine M. Roberts

An Applied Clinical Project Presented to the
College of Arts, Humanities, and Social Sciences of Nova Southeastern University
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This Applied Clinical Project was submitted by Arthrine M. Roberts under the direction of the chair of the Applied Clinical Project and committee listed below. It was submitted to the College of Arts, Humanities, and Social Sciences and approved in partial fulfillment of the requirements for the degree of Doctor of Marriage and Family Therapy in the Department of Family Therapy at Nova Southeastern University.

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# Table of Contents

<table>
<thead>
<tr>
<th>Acknowledgments</th>
<th>iii</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of Tables</td>
<td>viii</td>
</tr>
<tr>
<td>List of Figures</td>
<td>ix</td>
</tr>
<tr>
<td>Abstract</td>
<td>x</td>
</tr>
<tr>
<td><strong>CHAPTER I: INTRODUCTION</strong></td>
<td>1</td>
</tr>
<tr>
<td>Definition of Terms</td>
<td>1</td>
</tr>
<tr>
<td>Human Trafficking</td>
<td>1</td>
</tr>
<tr>
<td>International and Domestic Human Trafficking</td>
<td>3</td>
</tr>
<tr>
<td>Smuggling</td>
<td>4</td>
</tr>
<tr>
<td>Victim and Survivor</td>
<td>4</td>
</tr>
<tr>
<td>Therapists</td>
<td>5</td>
</tr>
<tr>
<td>Self of the Therapist</td>
<td>5</td>
</tr>
<tr>
<td>The Collaborative Approach</td>
<td>8</td>
</tr>
<tr>
<td>Purpose of the Study</td>
<td>9</td>
</tr>
<tr>
<td>Current Study</td>
<td>11</td>
</tr>
<tr>
<td><strong>CHAPTER II: LITERATURE REVIEW</strong></td>
<td>13</td>
</tr>
<tr>
<td>Prevalence of Human Trafficking</td>
<td>13</td>
</tr>
<tr>
<td>Contextual Influences</td>
<td>14</td>
</tr>
<tr>
<td>Risk Factors</td>
<td>16</td>
</tr>
<tr>
<td>Effects of Human Trafficking</td>
<td>18</td>
</tr>
<tr>
<td>Victims of Human Trafficking and Therapists</td>
<td>20</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>----</td>
</tr>
<tr>
<td>Barriers to Identifying Victims</td>
<td>20</td>
</tr>
<tr>
<td>Benefits to Training Therapists to Identify Victims of Human Trafficking</td>
<td>23</td>
</tr>
<tr>
<td>Assessment Tools for Identifying Victims of Human Trafficking</td>
<td>27</td>
</tr>
<tr>
<td>Gap in the Research</td>
<td>31</td>
</tr>
<tr>
<td>The Collaborative Approach to Identifying Victims of Human Trafficking</td>
<td>33</td>
</tr>
<tr>
<td>Summary</td>
<td>37</td>
</tr>
</tbody>
</table>

**CHAPTER III: METHODOLOGY**

<table>
<thead>
<tr>
<th>Project Conceptualization</th>
<th>38</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stakeholders</td>
<td>38</td>
</tr>
<tr>
<td>Research Methodology</td>
<td>39</td>
</tr>
<tr>
<td>Action Research</td>
<td>40</td>
</tr>
<tr>
<td>Definition</td>
<td>40</td>
</tr>
<tr>
<td>First, Second, and Third Person Inquiry</td>
<td>41</td>
</tr>
<tr>
<td>Cycles of Action Research</td>
<td>42</td>
</tr>
<tr>
<td>Validity</td>
<td>44</td>
</tr>
<tr>
<td>Self of the Researcher</td>
<td>44</td>
</tr>
<tr>
<td>Development of the Roberts Human Trafficking Tool</td>
<td>46</td>
</tr>
<tr>
<td>Structure of the Tool</td>
<td>49</td>
</tr>
<tr>
<td>Data Collection</td>
<td>50</td>
</tr>
<tr>
<td>Stage 1</td>
<td>50</td>
</tr>
<tr>
<td>Stage 2</td>
<td>51</td>
</tr>
</tbody>
</table>
CHAPTER IV: RESEARCH FINDINGS

Stakeholders

Demographics

Results

Action and Observation Stage

Group One

Group Two

Reflection

Strengths and Weaknesses

Comprehensiveness and Usability

Other Feedback

Re-Planning Stage

Changes made to the Roberts Human Trafficking Tool

Validity

Summary

CHAPTER V: DISCUSSION

Overview

Summary

Limitations of the Study

Implementation for Future Research and Training
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conclusion</td>
<td>82</td>
</tr>
<tr>
<td>References</td>
<td>83</td>
</tr>
<tr>
<td>Appendices</td>
<td>93</td>
</tr>
<tr>
<td>Appendix A: The Roberts Human Trafficking Tool (RHTT)</td>
<td>94</td>
</tr>
<tr>
<td>Appendix B: The Modified Roberts Human Trafficking Tool (RHTT)</td>
<td>103</td>
</tr>
<tr>
<td>Appendix C: Letter to Recruit Therapists to Participate in the Study</td>
<td>118</td>
</tr>
<tr>
<td>Appendix D: General Informed Consent Form</td>
<td>120</td>
</tr>
<tr>
<td>Appendix E: Demographic Form</td>
<td>125</td>
</tr>
<tr>
<td>Appendix F: Guide for First Group Interview</td>
<td>126</td>
</tr>
<tr>
<td>Appendix G: Collaborative Therapy Handout</td>
<td>127</td>
</tr>
<tr>
<td>Appendix H: Guide for Second Group Interview</td>
<td>131</td>
</tr>
<tr>
<td>Appendix I: Agenda for Workshop</td>
<td>132</td>
</tr>
<tr>
<td>Biography</td>
<td>134</td>
</tr>
</tbody>
</table>
List of Tables

Table 1: Participants’ Feedback on The Roberts Human Trafficking Tool……………….. 59
Table 2: Inclusions Made to the Structure and Training Guidelines of the Roberts
Human Trafficking Tool Based on Participants’ Feedback………………………….64
List of Figures

Figure 1.0: The Action Research Spiral.................................................................43
Abstract

Human trafficking is prevalent globally, nationally and locally. In the state of Florida, there are many victims of domestic and international human trafficking. Therapists work in settings where they come in contact with victims of human trafficking while they are still in captivity. However, many therapists lack the training and resources to identify victims of human trafficking in the therapeutic setting, and so many of these victims go unidentified. While there are several human trafficking identification tools, none are designed exclusively for therapists to identify both international and domestic victims of sex trafficking. To address this need, I developed the Roberts Human Trafficking Tool (RHTT). This assessment used a collaborative approach for therapists to identify youths who are domestic and international victims of sex trafficking. This project utilized one action research cycle to obtain therapists’ feedback and suggestions for the improvement of the tool. To do this, I trained four stakeholders who were human trafficking therapists in South Florida on the assessment who utilized it among themselves and provided feedback for its advancement. This feedback was used to make changes to improve the tool. The findings indicate that the Roberts Human Trafficking Tool is a unique and interactive tool that helps break barriers in working with the human trafficking population. An important prerequisite for the effective utilization of the RHTT assessment is training therapists on human trafficking and on utilizing the tool.
CHAPTER I: INTRODUCTION

With the historic abolishment of slavery in many societies, one would believe that this act no longer exists. However, slavery in the form of human trafficking is deeply etched in the fabric of contemporary society. In the United States of America (United States), Florida is a predominant hub for human trafficking (National Human Trafficking Hotline, 2017c; Services and Resource Committee 2016 Report to the Council on Human Trafficking, 2016). Many Floridians become victims of trafficking regardless of their education level, family structure, and socioeconomic status (Man, 2017). Human trafficking is considered modern day slavery, and it is a crime (Clawson & Dutch, 2008a; National Human Trafficking Hotline, 2017b). The compelling conundrum of this crime is its known prevalence and global effects, juxtaposed with its daunting secrecy and covertness.

Definition of Terms

Human Trafficking

The United Nations Human Rights Office of the High Commissioner (2000) defines human trafficking as:

The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other
forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs. (Article 3 section, para. a)

The United States Federal Law on human trafficking, called the Victims of Trafficking and Violence Protection Act (TVPA) of 2000, defines human trafficking as:

(A) Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or (B) the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery. (Section 103 definitions, para. 8)

In comparing the aforementioned definitions of human trafficking, there are some noted differences and similarities. Compared to the United Nations (2000), the TVPA (2000) identifies the prostitution of a minor as human trafficking. Unlike the TVPA, the United Nations includes in its definition exploitation, such as the forced removal of organs. Both the United Nations and TVPA have inclusive definitions of human trafficking that cover all victims regardless of their nationality. The TVPA is comprehensive in that it applies to both United States nationals and foreigners (Human Smuggling and Trafficking Center, 2008; Leitch & Snow, 2010). Both the United Nations and TVPA identify force, fraud, and coercion as characteristics of human trafficking. Also, they identify two major categories of human trafficking, namely labor and sex trafficking.

According to the United States Department of Health and Human Services (2017), the two main types of human trafficking in the United States are sex and labor trafficking.
Labor trafficking is present when people are mandated to work through use of fraud, force or coercion. Sex trafficking is defined as adults required to work in the commercial sex industry through the use of force, fraud or coercion. Sex trafficking also includes minors performing commercial sex acts regardless of the presence of force, fraud or coercion.

In the state of Florida, human trafficking of a child, including prostitution, is child abuse (Services and Resource Committee 2016 Report to the Council on Human Trafficking, 2016). The state mandates that all reports alleging the human trafficking of children go through the Florida abuse hotline. The Florida law on human trafficking explains:

Human trafficking is a form of modern-day slavery. Victims of human trafficking are young children, teenagers, and adults. Thousands of victims are trafficked annually across international borders worldwide. Many of these victims are trafficked into this state. Victims of human trafficking also include citizens of the United States and those persons trafficked domestically within the borders of the United States. The Legislature finds that victims of human trafficking are subjected to force, fraud, or coercion for the purpose of sexual exploitation or forced labor. (Human Trafficking, 2017, para. 1a)

**International and Domestic Human Trafficking**

The Florida law on human trafficking highlights a distinction between victims who are trafficked internationally and domestically (Human Trafficking, 2017). The Florida law explains that trafficking across international borders and from other countries into the United States is considered international human trafficking. Domestic human
trafficking constitutes trafficking within the borders of America (Human Trafficking). The United States Human Smuggling and Trafficking Center (2008) explains that, “the trafficking of individuals (regardless of citizenship or nationality) within the borders of the United States is commonly referred to as domestic human trafficking” (p. 3).

**Smuggling**

The Florida State University Center for the Advancement of Human Rights (2003) makes an important distinction between human trafficking and the smuggling of persons. Smuggling is the transportation phase of illegal migration, and the person being smuggled usually enters the agreement voluntarily. The smuggler is paid upfront and ceases to have a relationship with the person once such person enters the point of destination. However, some people enter their trip voluntarily with the hope of being smuggling into a country but are deceived and forced into human trafficking. Therefore, smuggling can be a ploy to deceive victims into human trafficking.

**Victim and Survivor**

In this paper, the terms victim and survivor are used. The word victim is not meant to connote a negative description of an individual, and survivor a positive description. According to the TVPA (2000), the victim of trafficking is the person subjected to human trafficking. Therefore, in this research paper, the word victim is used to identify the person who is being trafficked, and survivor is used to identify the person who is no longer trafficked. Also, this research will focus on labor and sex trafficking, as these are the main types of trafficking in the United States (United States Department of Health, 2017).
Therapists

The therapists addressed in this project, are those who work in the field of mental health. In the field of mental health, a therapist is a person who treats psychological problems (Oxford Living Dictionary, 2017).

Self of the Therapist

As a marriage and family therapist working in South Florida, I have come to learn about the prevalence of human trafficking in this region (National Human Trafficking Hotline, 2017c; Services and Resource Committee 2016 Report to the Council on Human Trafficking, 2016), and the dire need for increased awareness of this crime. Many people are unaware of the predominance of human trafficking in their community (Clawson & Dutch, 2008a). Several, including professionals in the field of mental health, law enforcement, and medicine, are unable to identify its indicators and provide intervention to victims of human trafficking. With the widespread places for human trafficking (Sigmon, 2008; Statewide Council on Human Trafficking Florida, 2016), its violation of human rights ( Victims of Trafficking and Violence Protection Act, 2000), and grave effects on victims and society (Clawson & Dutch, 2008b; Clawson, Dutch, Solomon, & Grace, 2009; Hopper, 2017), all sectors and professionals should be equipped with the tools to identify victims of human trafficking (CdeBaca & Sigmon, 2014). However, many victims who come in contact with professionals, such as mental health therapists, go unidentified (Clawson et al., 2009; Leitch & Snow, 2010).

Efforts have been made to improve awareness about human trafficking among the helping professionals nationally and locally. As a therapist, I have attended several forums on human trafficking. The trainings I have attended urgently sought to improve
knowledge about this epidemic in the local and professional communities. While these trainings have been very informative in providing general information on this topic, there has been a gap in offering training on human trafficking that is specifically geared towards therapists identifying victims of human trafficking. This raised the question of how therapists should approach identifying victims of human trafficking in the therapeutic context.

Given my concerns, I talked with fellow therapists about how equipped they felt in identifying victims of human trafficking in the therapeutic context. Most felt they lacked the knowledge of how to identify the indicators of human trafficking. They also felt ill equipped to engage in a therapeutic conversation to assess if a client is a victim of trafficking. The general sentiment was that while they knew human trafficking as a growing epidemic, they lacked training on how to identify victims of human trafficking in a therapeutic context.

A riveting story that a colleague shared compelled me to pursue this research. This colleague has given me permission to share the story. My colleague was a therapist working in a substance abuse outpatient program for teens in South Florida. She had a female client who was referred to the program for drug use. This client was an immigrant and lived with her mother and younger sister. Her parents were separated, and her biological father lived in their home country. From a young age this client battled with diabetes, and the family tirelessly sought to meet her medical needs. Like many families, they faced financial difficulties, and her mother worked hard to provide for the family.

My colleague explained that this client had many friends and was loved by members in her community. In addition to substance use, she presented with chronic
truancy, frequent running away, and defiance towards her mother. In therapy, she reported a desire to change, and emphasized that she wanted to be a good role model for her younger sister. However, therapy sessions were sporadic due to the client’s frequent episodes of running away. On one occasion, the client ran away for an extended time, and the therapist had to terminate her case. A few years later, the client’s dead body was found in South Florida. The police identified her as a victim of human trafficking. The police reported that for several years her alleged trafficker who was a middle-aged man, dosed her with drugs, physically abused her, repeatedly had sex with her, kept nude photos of her, and monitored her movements.

My colleague reported that when she learned about what happened to the client, she was very sad, and it was heart-wrenching to hear that she was a victim of human trafficking. My colleague explained that while she does not blame herself for what happened to the client, she keeps thinking that there might have been signs of human trafficking that were missed during therapy and things that she could have been done differently. According to this colleague, if she had training on a therapeutic approach to identify victims of human trafficking, quite possibly things could have been different for this client.

When I heard this story and shared it with fellow therapists, with a unanimous voice we all said that this could have been our client, and we too could have missed indicators of human trafficking. We have all had clients with similar presenting problems as my colleague’s client. Leitch and Snow (2010) reported that many victims of human trafficking are referred to therapy with labels such as chronic runaway, substance abuser, rape victim or delinquent, and therapists work with these clients without identifying that
they are victims of human trafficking. I believe that this is a missed opportunity to provide needed intervention to victims of trafficking.

After reflecting on my colleague’s experience, I embarked on exploring if there were assessments for identifying victims of human trafficking that were specific to the therapeutic context. While I found several assessments, most were not specifically designed for the therapeutic context. Rather, they were designed for settings such as juvenile justice, child welfare, and healthcare (Basson, 2017; Cramer, 2015); and service shelters, medical facilities, social service agencies, and law enforcement agencies (National Human Trafficking, 2011a; Vera Institute, 2014). The Domestic Minor Sex Trafficking (DSMT) Intake Tool was designed specifically for the therapy setting (Leitch & Snow, 2010), however, one limitation of this tool is that it only identifies domestic victims of sex trafficking, rather than international.

I created the Roberts Human Trafficking Tool (RHTT) (See Appendix A) to move the mental health field forward in having a therapeutic assessment to identify domestic and international victims of sex trafficking. I developed this assessment based on my training and knowledge of human trafficking, review of the literature, review of human trafficking assessments, and interviews with stakeholders who work with the human trafficking population in South Florida. This assessment uses a collaborative approach to engage with clients.

The Collaborative Approach

The collaborative approach provides a nonjudgmental and relational way to identify victims of human trafficking. This approach is rooted in a therapeutic model that attends to the systemic relationship between the therapist and client, and respects the
values, strengths and preferences of a client (Anderson, 2003). The collaborative approach stems from collaborative therapy, which was developed by Harlene Anderson and Harry Goolishian (Anderson, 2003). It embraces the postmodern and social construction presuppositions that there are no absolute truths, reality is socially constructed, and language is the fluid means by which we construct and make sense of our world (Anderson, 2003). With the collaborative approach, the therapist and client are partners who engage in a relational dialogue and exploration of the client’s life (Anderson, 2003; 2007). The therapist respects the client and demonstrates this through attitude, tone, words, and attention to listening (Anderson, 2007).

Anderson (2003) explained that in conducting assessments, the collaborative approach does not operate from the premise of identifying deficits in clients, or cause and effects of their problems. On the contrary, assessments are approached as a collaborative exploration where the therapist seeks to understand the unique experience and context of the client (Anderson). Therefore, in identifying victims of human trafficking, the therapist will maintain a conversational and relational approach. The therapist will uphold a posture of curiosity and respect that invites clients into dialogue about their trafficking experience. The collaborative approach provides insight to therapists who assess for human trafficking in the clinical setting.

**Purpose of the Study**

The purpose of this study was to introduce therapists to the Roberts Human Trafficking Tool (See Appendix A), train them on utilize the tool, have them utilize it within a therapists’ group, and provide feedback about their experience, and use the feedback to make changes for the advancement of the tool. The goal of this project was to
have an assessment that was comprehensive and user-friendly for therapists to identify domestic and international victims of sex trafficking. To meet this goal an action research project was conducted, and a modified RHTT was created based on feedback and suggestions from therapists for the improvement of the tool. See Appendix B for the updated RHTT.

The question might be asked about the relevance of therapists having a human trafficking assessment designed for the therapeutic setting. There are several reasons. First, the therapy setting is different from other contexts such as law enforcement. Human trafficking tools that are created for professionals in fields such as law enforcement (Services and Resource Committee 2016 Report to the Council of Human Trafficking, 2016) and education (National Human Trafficking, 2011b) may not be easily generalized to the therapeutic setting. Also, while there are some tools designed for multiple settings (Basson, 2017; National Human Trafficking, 2011; Vera Institute, 2014), such global assessments may result in missing factors that are unique to the therapeutic context.

Second, therapists work in settings where they are on the frontline of being able to identify victims of human trafficking (Clawson & Dutch, 2008a; Clawson et al., 2009; Leitch & Snow, 2010). Therapists work in settings such as foster care, domestic violence shelters, runaway and homeless youth shelters, drop-in centers and schools (Clawson et al., 2009). In these settings, there are many vulnerable victims of human trafficking. However, many therapists do not know how to identify these victims (Clawson et al., 2009; Leitch & Snow, 2010). For example, domestically trafficked minors (DMTs) often present with symptoms similar to victims of domestic violence and sexual abuse (Leitch & Snow). Many are given labels such as delinquent or abuse victims. Therapists often
address the labels and treat the presenting symptoms without realizing the client is a victim of human trafficking (Leitch & Snow).

In 2016, 1% of the calls to the United States National Human Trafficking Hotline about human trafficking cases was from mental health professionals (National Human Trafficking Hotline, 2017c). It is possible that training therapists on a therapeutic approach to identify victims of human trafficking will increase their ability to recognize these victims, so victims can receive appropriate services. Also, proper identification of victims of trafficking will allow therapists to provide appropriate therapeutic interventions designed to reduce re-victimization (Leitch & Snow, 2010).

Third, in many settings where therapists work, there is a lack of a standardized protocol for interviewing and identifying victims of human trafficking (Clawson & Dutch, 2008a). Many of these places do not have set assessment tools to identify victims of human trafficking (Clawson & Dutch). This means that therapists have to rely on their own skills in identifying victims and providing interventions. A therapeutic approach for the identification of victims can improve their expertise in this area. Importantly, only when victims are identified, are they able to get needed and appropriate services.

**Current Study**

Human trafficking is widespread (Cdebaca & Sigmon, 2014; National Human Trafficking Hotline, 2017c; Services and Resource Committee 2016 Report to the Council on Human Trafficking, 2016; Sigmon, 2008). Many victims of trafficking come in contact with therapists, however, many therapists are unable to identify these victims (Clawson et al., 2009; Leitch & Snow, 2010). While there are many assessments for identifying victims of human trafficking (Basson, 2017; Cramer, 2015; National Human
Trafficking, 2011a; 2011b; Vera Institute, 2014), none are designed exclusively for therapists to identify domestic and international victims of sex trafficking.

The specific aims of this applied clinical project were to: a) introduce therapists to the Roberts Human Trafficking Tool (See Appendix A); b) train therapists to use this tool; c) have them utilize the tool within a therapists’ group; d) obtain their feedback about their experience and the strengths and weakness, comprehensiveness and usability of the tool; and e) use this feedback to make changes for the advancement of the tool (See Appendix B). The goal was to have a therapeutic human trafficking assessment tool that is comprehensive and user-friendly for therapists to identify domestic and international victims of sex trafficking. The research questions that emerged were:

1. What is therapists’ feedback and insights on the strengths and weaknesses, comprehensiveness, and usability of the Roberts Human Trafficking Tool in identifying domestic and international victims of sex trafficking?

2. What are therapists’ experiences utilizing the collaborative approach of the Roberts Human Trafficking Tool to identify victims of human trafficking?

The following chapter I review literature on labor and sex trafficking globally, nationally, and locally. I also examine the means by which therapists currently identify victims of human trafficking, current identification tools, and the benefits for using the collaborative approach to identify victims of sex trafficking in the therapeutic setting.
CHAPTER II: REVIEW OF THE LITERATURE

Prevalence of Human Trafficking

Human trafficking is prevalent globally, nationally, and locally. It affects every country in the world, including the United States (Cdebaca & Sigmon, 2014; Sigmon, 2008). Annually, traffickers exploit an estimated 1.5 million victims in North America, the European Union, and other developed countries (National Human Trafficking Hotline, 2017b). In 2016, there was a global average of 24.9 million victims in labor trafficking (International Labour Organization, 2017). Similarly, in 2016 there was an estimated 3.8 million adult victims of forced sexual exploitation, and one million children who were victims of commercial sexual exploitation worldwide; 99% of these victims were women and girls (International Labour Organization).

While human trafficking is prominent in the United States, its actual prevalence is unknown. The Services and Resource Committee 2016 Report to the Council on Human Trafficking (2016) highlights that there is currently no standardized method for collecting the human trafficking rates in the United States. Also, given the hidden nature of this crime and a lack of awareness of its indicators, many victims go unidentified (CdeBaca & Sigmon, 2014; Clawson & Dutch, 2008a; Florida State University Center for the Advancement of Human Rights, 2003; National Human Trafficking Hotline, 2017b). Therefore, the precise rate of human trafficking in the United States is unknown (Clawson et al., 2009). Polaris (2017), a national organization that provides survivor support, facts and education on human trafficking, and operates the National Human Trafficking Hotline, estimates that the number of child and adult victims of labor and sex trafficking in the United States reaches in the hundreds of thousands annually.
Even though the exact statistic of human trafficking in the United States is unknown, there is a consensus that this crime is widespread. The Centers for Disease Control and Prevention (CDC, 2017) consider sex trafficking a public health problem, and a violation of safety, health and human rights. The 2000 Victims of Trafficking and Violence Protection Act emphasizes that the United States and international community consider trafficking a serious violation of human rights.

This growing epidemic is also prevalent at a local level. In 2016, Florida was the third leading state for reported human trafficking (National Human Trafficking Hotline, 2017c). Counties with high incidents of human trafficking include Broward, Miami-Dade, Hillsborough, Orange, Palm Beach, and Duval (Services and Resource Committee 2016 Report to the Council on Human Trafficking, 2016). Over the years, the demand for human trafficking in Florida has increased (Florida State University Center for the Advancement of Human Rights, 2003). The sectors of agriculture and tourism on which Florida’s economy is heavily dependent, are fertile areas for labor and sex trafficking to thrive (Florida State University Center for the Advancement of Human Rights, 2003). This may have contributed to the epidemic in the state.

**Contextual Influences**

Human trafficking is a market driven crime. It flourishes in environments where there is a high demand and low risk (National Human Trafficking Hotline, 2017b). In contemporary society, technology and social media facilitate the ease at which many vulnerable victims are bought and sold through trafficking (Tidball, Zheng, & Crewell, 2016). Websites such as Facebook and Craigslist (Miccio-Fonseca, 2017) and Internet advertisements (Florida State University Center for the Advancement of Human Rights,
are used to exploit many victims. Traffickers use the Internet to lure minor victims of domestic sex trafficking (Rosenblatt, 2014). Human trafficking is driven by the demand for cheap labor and sex, and traffickers make large profits by preying on vulnerable populations who become victims of human trafficking (National Human Trafficking Hotline).

At risk populations include immigrants and people from areas affected by war, crime, social oppression, corruption and poverty (Clawson & Dutch, 2008a; Florida State University Center for the Advancement of Human Rights, 2003). Traffickers gain a significant amount of profit from having victims in settings such as brothels, factories, fishing, agriculture, and mining (Sigmon, 2008). Other areas in which victims have been freed from include construction, hospitality, health care, childcare, salon service, janitorial service, domestic service, and commercial sex (CdeBaca & Sigmon, 2014; Statewide Council on Human Trafficking Florida, 2016).

Economic and sociocultural factors also contribute to human trafficking. Conditions such as war (Clause, & Lawler, 2013) and natural disasters motivate people to migrate to survive (Sigmon, 2008). Traffickers capitalize on this, deceiving many victims by promising them a better life and financial stability (Clawson et al., 2009). Resultantly, many of these victims are trafficked to different countries where they do not understand the language and are trapped in slavery (Clause & Lawler, 2013). In addition to using deception, many traffickers use threats and violence to force victims into trafficking (Clawson et al.). Most international victims of human trafficking are women between the ages of 18 and 24 (Clause & Lawler). Also, in the United States, victims of labor trafficking are usually foreign nationals who have entered the country legally or illegally.
In Florida, the majority of human trafficking victims brought to the state are of Caribbean, Mexican, Central American, South American, and Asian origin (Florida State University Center for the Advancement of Human Rights, 2003).

Human trafficking also occurs domestically. Victims do not have to travel from a different country or state to experience trafficking (CdeBaca & Sigmon, 2014; Clawson & Dutch, 2008a; Clawson et al., 2009; Rosenblatt, 2014). Trafficking within the borders of America is called domestic trafficking (Human Smuggling and Trafficking Center, 2008). Victims of domestic and international trafficking come from all social, cultural, economic and religious backgrounds (Clause & Lawler, 2013). Men, women and children of all ages, citizens, legal residents and international visitors are all victims of human trafficking (Clawson & Dutch, 2008a; Clawson et al.). Statistics from the United States National Human Trafficking Hotline indicate that in 2017, the majority of trafficking victims reported in Florida were American citizens (National Human Trafficking, 2017a). Everyone is impacted by this crime.

**Risk Factors**

While human trafficking occurs across all social groups, the literature indicates that there are several risks factors for trafficking. Children and adolescents are at the highest risk for becoming victims (Clause & Lawler, 2013). Other risk factors include: (a) a history of physical and sexual abuse; (b) being orphaned (Clawson & Dutch, 2008a); (c) running away from home, group home or foster home; (d) lack of family support; (e) homelessness (Basson, Rosenblatt, & Haley, 2012; Clawson et al., 2009; Rosenblatt, 2014); (f) poverty; (g) substance abuse; (h) learning disability (Clawson et
al.); (i) and limited English proficiency (Services and Resource Committee 2016 Report to the Council on Human Trafficking, 2016). Additionally, the Services and Resource Committee 2016 Report to the Council on Human Trafficking (2016) indicates that individuals identifying as lesbian, gay, bisexual, transgender or questioning (LGBTQ) are also at risk for human trafficking. Rosenblatt (2014) found that many domestic minor victims of sex trafficking lack family support and basic needs such as food, clothing and shelter. Traffickers prey on these vulnerabilities to lure minors into sex trafficking.

There is also a relationship between human trafficking and juvenile justice involvement. According to the Services and Resource Committee 2016 Report to the Council on Human Trafficking (2016), human trafficking reports made between May 2009 and December 2015, indicate that the Florida Abuse Hotline received 3,524 cases for human trafficking of minors. Of this number, 56.7% of these youths had some level of juvenile justice involvement. Of the 56.7%, 11.3% were males. There are many contextual factors that contribute to the relationship between juvenile justice involvement and human trafficking. However, the literature emphasizes that human trafficking often occurs simultaneously with other crimes (Sigmon, 2008), and victims are sometimes trafficked for criminal activities (Statewide Council on Human Trafficking Florida, 2016). The state of Florida has attempted to reduce labeling victims of human trafficking as criminals. Florida considers the prostitution of a minor human trafficking (Florida Senate, 2017; Services and Resource Committee 2016 Report to the Council on Human Trafficking, 2016). In October 2016 the state passed a bill prohibiting the prosecution of a minor for prostitution (The Florida Senate, 2017). This approach helps to alleviate the likelihood of these victims being treated as criminals and being further traumatized from
detainment in the juvenile justice system. Also, the Safe Harbor Act in Florida legislates that all minors in the state regardless of their citizenship or legal status who are sexually exploited are treated as dependents and not delinquents (Florida Safe Harbor Act, 2012). Therefore, instead of being arrested and labeled a criminal, such minors are often placed in safe houses or returned to their families (Florida Safe Harbor Act, 2012).

**Effects of Human Trafficking**

There are several biopsychosocial effects of human trafficking. Many victims experience physical violence, which is considered one of the most recognized features of trafficking (Zimmerman, Hossain, & Watts, 2011). Victims frequently visit medical centers due to injuries and illnesses (CdeBaca & Sigmon, 2014; Dovydaitis, 2010), and many are often infected with sexually transmitted diseases (Clawson & Dutch, 2008b). According to research conducted by Florida State University Center for the Advancement of Human Rights (2003), victims of human trafficking who are minors are usually malnourished and have poorly formed or decayed teeth. They generally do not reach their full height and have reproductive problems later in life.

There are also severe mental health effects of human trafficking. Zimmerman et al. (2011) highlighted that given the chronic trauma of human trafficking, many mental health problems that victims experience are manifested in physical pain and dysfunction. Research indicates that victims of trafficking often present with co-occurring disorders including dissociative disorders, personality disorders, mood disorders, impulse control disorders and conduct disorders (Basson et al., 2012; Services and Resource Committee 2016 Report to the Council on Human Trafficking, 2016). Abas, Ostrovski, Prince, Gorceag, Trigub, and Oram (2013) conducted a study on mental health disorders in
women survivors of human trafficking. They found that more than half of the survivors met the diagnostic criteria for a mental health disorder; posttraumatic stress disorder (PTSD) and depression were the two main disorders identified.

Research also indicates that substance related disorders are common in victims of human trafficking (Clawson & Dutch, 2008b). The Services and Resource Committee 2016 Report to the Council on Human Trafficking (2016) explains that some victims are introduced to substances by their traffickers and are forced to use drugs and alcohol. Others report using controlled substances to help them cope with the chronic trauma and victimization of trafficking. Due to the prevalence of substance use among victims of human trafficking, Clawson and Dutch (2008b) suggest that in working with this population, therapists and providers should conduct substance use assessments, and address the need for substance use services for victims and survivors.

There are also social effects of human trafficking. Victims are often isolated and controlled by their trafficker (Clawson et al., 2009; Dovydaitis, 2010). Many internalize their abuse, perceiving themselves as being damaged, and believing that their oppression is their fault (Hopper, 2017). This affects their self-esteem and social relationships (Hopper, 2017). In a qualitative study with victims of human trafficking, Aron, Zweig, and Newmark (2006) found that reluctance to talk to people and therapists from one’s culture and nationality was reported by a victim due to fear and shame of her trafficking experience. Others reported that embarrassment played a role in keeping them trapped in trafficking (Aron et al., 2006). Therefore, human trafficking not only impacts one’s social relationship but also one’s self-perception and esteem.
Victims of Human Trafficking and Therapists

With the risk factors and dire biological, psychological and social effects of human trafficking, it is highly likely that many victims cross the paths of mental health workers while still in captivity. However, many victims go unidentified (CdeBaca & Sigmon, 2014; Clawson & Dutch, 2008a; Florida State University Center for the Advancement of Human Rights, 2003). The literature indicates that victims of human trafficking are often in places such as schools, foster care (Basson et al., 2012), medical facilities (CdeBaca & Sigmon, 2014), treatment centers, homeless shelters, domestic violence shelters and other crisis shelters (Clawson & Dutch, 2008a; Clawson et al., 2009). Mental health therapists work in these settings and are often on the front line of being able to identify victims of human trafficking (Clawson & Dutch, 2008a; Clawson et al. 2009). Therapists who work with at risk youths are likely to encounter domestically trafficked minors (Leitch & Snow, 2010). However, many therapists are unable to identify these victims (Clawson et al. 2009).

Barriers to Identifying Victims

There are several reported barriers to identifying victims of human trafficking. One such barrier is the covert nature of the crime (CdeBaca & Sigmon, 2014; Clawson & Dutch, 2008a; Florida State University Center for the Advance of Human Rights, 2003). Victims are closely guarded by their traffickers (Clawson et al., 2009), and are often kept isolated with limited contact with family, friends and the public (Clawson & Dutch, 2008a; Dovydaitis, 2010; Florida State University Center for the Advance of Human Rights, 2003). Many victims remain silent about their experience due to fear of being
punished by the traffickers, or fear of being incarcerated and deported (Clawson et al., 2009; Chung, 2009; Sigmon, 2008).

Traffickers regularly intimidate victims, convincing them that they will be considered criminals and deported if they go to law enforcement (Clawson & Dutch, 2008a). There have been cases were victims were viewed as undocumented immigrants or prostitutes and thus incarcerated. Such acts reinforce the traffickers’ statements, and further subject victims to silence; traffickers rely on victims’ fear to keep them silent and unidentified (Clawson & Dutch). Additionally, some victims remain silent because of the stigma of being sexually exploited (Baldwin, Eisenman, Sayles, Ryan, & Chuang, 2011; Clawson et al., 2009; Chung, 2009). This concealment keeps many victims unidentified.

While the hidden nature of the crime presents challenges with the identification of human trafficking victims, unawareness about trafficking is another factor that prevents victims from being identified. According to Clawson and Dutch (2008a):

Two primary reasons given for why victims who come in contact with those who can help them (e.g., law enforcement, shelter providers, and outreach workers) often go unidentified include: 1) victims do not identify themselves as victims; and 2) others do not view victims as victims. (p. 3)

Many victims do not know that what they are experiencing constitutes human trafficking (Basson, 2017; Sigmon, 2008). International victims are often unaware of their rights as victims and are unaware of services available to them (Clawson & Dutch, 2008a; Clawson et al., 2009; Sigmon, 2008). Basson et al. (2012) found that many minor victims are unaware that the trafficker is not operating in their best interest. Clawson and Dutch (2008a) explain that some victims see the trafficker as their boyfriend or protector,
and do not consider themselves as victims. According to Rosenblatt (2014), traffickers often play the role of a pseudo family to domestic minor victims of sex trafficking, providing them with a sense of belonging and safety. Therefore, with a lack of understanding of human trafficking, and disbelief that this constitutes their experience, these victims are unlikely to take the initiative to disclose their trafficking experience to others.

A lack of public awareness also contributes to victims being unidentified. Many people do not believe human trafficking exists in their country and community (Clawson & Dutch, 2008a). Due to the lack of understanding of the signs of human trafficking, many people would not be able to recognize a victim if they saw one (Clause & Lawler, 2013; Clawson & Dutch, 2008a). This includes law enforcement, service providers, and mental health workers (Clawson & Dutch, 2008b). According to Sigmon (2008), victims often come in contact with mental health and social service providers, but these professionals often do not recognize the indicators of trafficking. Many are also unaware of the services for which trafficking victims are eligible (Clawson & Dutch, 2008b). Domestic minors of sex trafficking are often misidentified in the therapeutic context (Leitch & Snow, 2010). This presents a missed opportunity for intervention and appropriate services for victims (Leitch & Snow, 2010; Sigmon, 2008).

One barrier for service providers being able to identify victims of human trafficking is the lack of targeted training on this issue (Basson, 2017; Clawson, et al., 2009). While there are general trainings on human trafficking, the literature indicates that most trainings are not designed for specific populations of providers (Clawson & Dutch, 2008a; Clawson et al., 2009). According to Clawson and Dutch (2008a), primary
feedback service providers give about trainings on human trafficking is that too often trainings are given to a mixed audience that focuses mostly on providing information on human trafficking. Providers described that having trainings about human trafficking that is targeted to their specific profession is most helpful for them to learn how to identify victims of trafficking. Given this finding, it is beneficial for therapists to have training on identifying victims of trafficking that is targeted to the therapeutic context.

Benefits to Training Therapists to Identify Victims of Human Trafficking

There are several benefits for training therapists to identify victims of human trafficking. One benefit is that, given the settings where therapists work, they are in unique positions to identify victims and provide intervention. Research indicates that therapists work in settings where they come in contact with victims (Clawson & Dutch, 2008a; Clawson et al., 2009; Leitch & Snow, 2010). They are on the frontline of being able to identify victims while they are still in captivity (Clawson et al., 2009). By using the therapeutic framework and having the knowledge and tools to assess for human trafficking, therapists can help to identify victims.

Since human trafficking is a hidden crime (CdeBaca & Sigmon, 2014; Clawson & Dutch, 2008a; Florida State University Center for the Advancement of Human Rights, 2003), clients may not overtly disclose their trafficking experience to therapists. However, therapists can listen for its indicators (Florida State University Center for the Advancement of Human Rights) and pay attention to the nonverbal cues (Baldwin et al., 2011; Domoney, Howard, Abas, Broadbent, & Oram, 2015; Dovydaitis, 2010). In a qualitative study with victims of human trafficking who were still in captivity and visited a medical facility, Baldwin et al. (2011) found that no victim was identified even though
they came in contact with several healthcare workers. The victims stated that while they
did not verbally disclose their trafficking experience, the workers could have paid
attention to their body language, and other visual cues to identify indicators of
trafficking. Even though therapists have different roles from medical workers, they too
can pay attention to nonverbal behaviors and visual cues to identify victims of human
trafficking.

There are nonverbal indicators of trafficking that therapists can be aware of in the
school setting. Basson et al. (2012) described that nonverbal behavior such as chronic
truancy is an indicator of possible involvement in human trafficking. Additionally,
traffickers tend to brand their minor victims with tattoos. This is a visual indicator that a
child is possibly a victim of human trafficking. While truancy and tattoos do not
automatically mean that a student is a victim of human trafficking, they are indicators
that therapists working in schools can be curious about, and further assess if the student is
involved in human trafficking.

Another benefit to training therapists to identify victims of human trafficking is
that, therapists may be able to detect signs of trafficking that would not be observed in
other settings. For example, the therapeutic context is different from the law enforcement
context. Given the nature of therapy, victims may interact differently in the therapeutic
setting than they would with law enforcement.

Clawson and Dutch (2008a) and Clawson et al, 2009 report that victims often fear
law enforcement and are distrusting of them. They generally do not disclose to the police
their trafficking experience for fear that they will be arrested and deported. Also, their
interaction with law enforcement is usually hostile when they do not consider themselves
victims of human trafficking. While there are victims of human trafficking who have been identified by law enforcement, the therapeutic setting presents a different framework for identifying victims. In the therapeutic context, as therapists build connection and engage with clients, they may be able to identify indicators of human trafficking that would have been hidden in other contexts.

Domoney et al. (2015) conducted a qualitative study on how therapists identified victims of human trafficking in South London. The results showed that in some cases another provider, such as law enforcement, informed the therapist that the client might be a victim of human trafficking. In other cases, the clients disclosed to the therapist that they were victims of human trafficking. In several cases, the therapist identified the client as a victim of human trafficking based on indicators observed during conversation with the client. The researchers presented examples of how therapists were able to identify indicators of human trafficking through the therapeutic conversation. In one case, the client mentioned that she was a domestic worker but her pay had stopped. In sharing her story, the client stated that she was made to live like a slave. This alerted the therapist’s suspicion and curiosity that the client might be a victim of human trafficking. In another example, the client disclosed that she was forced to meet people on dating sites and do things against her will. The client mentioned that an older man might be behind the situation, which was enforced by her boyfriend. This story also alerted the therapist that the client might be a victim of human trafficking.

Domoney et al. (2015) reported that in 31% of the cases they reviewed, a client was identified as a victim of human trafficking either by the client disclosing this to the therapist, or by the therapist identifying the indicators of trafficking through interaction
with the client. This result supports the view that therapists are in unique positions to identify victims of trafficking. The researchers also highlighted indicators of human trafficking that therapists should be aware of when working with clients. These include:
(a) work and living conditions where the client is not free to leave or move around as he or she pleases, and/or the client works long and unusual hours; (b) the client appears anxious, depressed, submissive, or paranoid, and is excessively nervous after bringing up law enforcement; (c) the client shows signs of physical abuse, sexual abuse, physical restraint, confinement, or torture; (d) the client appears malnourished and has numerous inconsistencies in his or her story.

Another reason why it is beneficial to teach therapists how to identify victims of human trafficking is because therapists have acknowledged the need for increased knowledge in this area. Ross, Dimitrova, Howard, Dewey, Zimmerman, and Oram (2015) conducted a cross sectional survey with national health services professionals who come in contact with human trafficking victims. This included professionals from the fields of medicine and mental health. The survey results indicated that 86.8% of the participants reported lacking the knowledge of what questions to ask to identify victims of human trafficking, and 78.3% reported having inadequate training to assist this population. The majority of the respondents reported having no contact with clients who were victims of human trafficking. However, mental health workers who had previous training on identifying victims of human trafficking, were significantly more likely to indicate that they have come in contact with clients who were victims of trafficking, than therapists who had no training. Three-quarters of the participants in the study reported that they needed training on how to identify victims of human trafficking. Those in the field of
mental health reported the highest interest in wanting training on identifying victims of human trafficking. Therefore, therapists would benefit from training to identify victims of human trafficking.

Importantly, Leitch and Snow (2010) reported that many victims of domestic minor sex trafficking are misidentified in the therapeutic setting. Many of these victims are referred to therapy with labels such as delinquent, rape victim, abuse victim, substance abuser or runaway. Therapists often focus on these labels without identifying that the client is a victim of human trafficking. Additionally, minor victims of sex trafficking often present with trauma symptoms that are similar to sexual abuse and domestic violence. Therapists often treat these symptoms and misidentify the client. Proper identification of victims of human trafficking allows the therapist to implement appropriate therapeutic methods with the client, for example trauma informed therapy. Also, proper identification of victims allows the therapist to collaborate with a human trafficking multidisciplinary team and provide the client with additional needed services. Therefore, it is important for therapists to be able to identify clients who are victims of human trafficking. A human trafficking assessment tool can help therapists identify clients who are victims of human trafficking.

**Assessment Tools for Identifying Victims of Human Trafficking**

There are several assessment tools used to identify victims of human trafficking. One tool is the Commercial Sexual Identification Tool (CSE-IT) developed by the WestCoast Children’s Clinic in California (Basson, 2017). This assessment is used to identify minors who were previous victims of commercial sexual exploitation, and minors who are current victims of sex trafficking. The CSE-IT is a universal screening
tool; hence, it is administered to all youths age 10 and above. The CSE-IT is a quantitative assessment that is completed by the interviewer after interviewing the youth (Basson, 2016). This tool provides a score on the likelihood of a youth being sexually exploited. Many professionals across different fields use the CSE-IT, including professionals in social service, law enforcement, healthcare, education, and community shelters (Basson, 2016; 2017). There is no required license, degree or experience level in administering this tool, and professionals using this tool are only required to attend a CSE-IT user training (Basson, 2017).

Another screening tool is the Trafficking Victim Identification Tool (TVIT) (Vera Institute, 2014). This tool is used to identify victims of labor and sex trafficking. The TVIT is a semi-structured interview that is administered by staff at victim service shelters, medical facilities, social service agencies and law enforcement agencies. This tool has a long and short version, and it is designed to be used as part of the intake process at different programs or agencies. It is administered whether or not an individual is believed to be a victim of human trafficking. The TVIT does not have a scoring system. The totality of the interviewee’s responses indicates the likelihood of human trafficking. While professionals across different fields can use this assessment, the interviewer is expected to have prior training on human trafficking.

Another assessment tool used to identify victims of human trafficking is the Comprehensive Human Trafficking Assessment Tool (National Human Trafficking Resource Center, 2011a). This assessment was created by the National Human Trafficking Resource Center of America. It is designed to identify victims of labor and sex trafficking. The format of this screening tool is a semi-structured interview, where the
interviewer selects specific questions to guide the conversation with the client. The Comprehensive Human Trafficking Assessment Tool is designed for use in multiple settings. Any professional who works in the frontline and comes in contact with victims of human trafficking is able to use this assessment.

The state of Florida also has a human trafficking identification tool called the Human Trafficking Screening Tool (HTST) (Cramer, 2015; Services and Resource Committee 2016 Report to the Council on Human Trafficking, 2016). This assessment was created in 2014 due to the increasing need for a standard human trafficking identification tool in the state (Cramer, 2015). The HTST is a structured interview used to screen minors for involvement in human trafficking. The interviewer completes a post-screening assessment to identify if the youth is a victim of labor and/or sex trafficking. Nonclinical staff can use the HTST (Cramer, 2015; Services and Resource Committee 2016 Report to the Council on Human Trafficking, 2016) and it is designed for child welfare and delinquency professionals (Cramer, 2015). This assessment is currently used in all centers of the Department of Juvenile Justice and the Department of Children and Families in Florida.

In comparison to the aforementioned assessments, the Domestic Minor Sex Trafficking (DMST) Intake tool was designed specifically for mental health practitioners (Leitch & Snow, 2010). It was created to help with the identification of human trafficking victims who often go unidentified in the therapeutic context. This tool is used to assess for sex trafficking in clients between the ages of 12 and 20. In completing the DMST, the therapist uses a strengths-based approach in an effort to empower the client and reduce the likelihood of re-traumatization.
The DMST has two tiers (Leitch & Snow, 2010). The first tier is used in the intake process to identify potential victims of human trafficking. This tier can be completed by someone with limited experience in therapy. The first tier is a semi-structured interview with 34 open-ended questions. The interviewer has the flexibility of selecting which questions to explore based on the interaction with the client. After completing tier one, if a client is identified as a potential victim of human trafficking, the client is referred for further assessment conducted by a more experienced or licensed therapist. This therapist then uses tier two of the assessment. The purpose of tier two is to further explore items that were flagged in tier one to identify if the client is a victim of human trafficking. Tier two is also a semi-structured interview consisting of 48 open-ended questions, and the therapist selects questions to guide the conversation with the client. If the client is identified as a victim of human trafficking, the client is referred for more intensive therapy, and to a multidisciplinary team of providers.

There are also several assessments that are not specifically designed to identify human trafficking victims, but measure traumatic and psychological symptomologies. Some mental health agencies utilize these assessments with human trafficking victims. One such assessment is the University of California at Los Angeles Posttraumatic Stress Disorder Reaction Index (UCLA-RI) (International Society for Traumatic Stress Studies, 2018). This is a widely used assessment for measuring psychological response to trauma in children and adolescents (International Society for Traumatic Stress Studies, 2018).

Another assessment, which was created by the Achenbach System of Empirically Based Assessment (ASEBA), is the Child Behavioral Checklist (CBCL) (Achenbach & Ruffle, 2000). This is an empirical assessment completed by the caregiver that assesses
for emotional and behavioral problems in minors, and emotional and behavioral
responses to trauma. The Youth Self Report (YSR) is complimentary to the CBCL, and is
a quantitative assessment completed by the youth (Achenbach & Ruffle, 2000). With this
instrument, the youth describes personal behavioral and emotional problems and
competencies.

Another tool that is utilized is the Trauma Symptom Checklist for Children (The
National Child Traumatic Stress Network, 2018). This is a quantitative assessment used
for children ages 8 -16 who have experienced past trauma (The National Child Traumatic
Stress Network, 2018). This assessment measures symptoms related to posttraumatic
stress, anxiety and depression, and is completed by the child (The National Child

**Gap in the Research**

Many of the existing tools used to identify victims of human trafficking are
designed for a cross-section of professionals in multiple settings (Basson, 2017; National
Human Trafficking, 2011; Vera Institute, 2014), or geared toward law enforcement
(Services and Resource Committee 2016 Report to the Council on Human Trafficking,
2016). While these tools can be useful in identifying victims of human trafficking,
therapists may benefit from having an assessment that is specifically designed for the
therapeutic context. As previously mentioned, Clawson and Dutch (2008a) found that
service providers reported that they benefit the most from training on human trafficking
that is targeted to their profession, rather than training that is designed for a wide range of
professions. Similarly, therapists may benefit from assessment tools that are designed
specifically for the therapeutic context rather than assessments designed for multiple
settings and professions. Also, the literature indicates that in teaching providers how to identify victims of human trafficking, it is best practice to provide training that is relevant to their role and targeted to their profession (Clawson & Dutch, 2008a). Therefore, therapists may benefit from an assessment on identifying victims of human trafficking that is designed specifically for therapists.

In addressing the need for a therapeutic assessment in identifying victims of human trafficking, Leitch and Snow (2010) developed the DMST. This assessment is a positive step towards addressing the need for a therapeutic tool to identify victims of human trafficking. However, one limitation with the DMST is that it only assesses for domestic sex trafficking. In the state of Florida, there are many international victims of human trafficking (Florida State University Center for the Advancement of Human Rights, 2003; Human Trafficking, 2017). To move the field of mental health forward, an assessment that identifies both domestic and international victims of sex trafficking is needed.

The DMST uses a strengths-based approach in the assessment. The strengths-based approach refers to:

Policies, practice methods, and strategies that identify and draw upon the strengths of children, families, and communities. Strengths-based practice involves a shift from a deficit approach, which emphasizes problems and pathology, to a positive partnership with the family. The approach acknowledges each child and family’s unique set of strengths and challenges, and engages the family as a partner in developing and implementing the service plan. (National Technical Assistance and Evaluation Center, 2008, p. 1)
The strengths-based approach is useful in empowering client’s who have been victimized (Leitch & Snow, 2010). Leitch and Snow explained that strengths-based questions help to reduce re-victimization and improve recall of events experienced. In conducting assessments, the strengths-based approach has some similarities to the collaborative approach, for example not assessing for deficits in a client, and maintaining a positive partnership with the client (Anderson, 2003). However, the collaborative approach stems from collaborative therapy (Anderson, 2003; 2007). The collaborative approach is a comprehensive and useful therapeutic style to identify victims of human trafficking.

**The Collaborative Approach to Identifying Victims of Human Trafficking**

The collaborative approach fosters a relational engagement with clients that is useful when identifying victims of human trafficking. The literature emphasizes the importance of building connection when engaging with human trafficking victims (Clawson et al., 2009; Dovydaitis, 2010; Hopper, 2017). Clawson et al. (2009) explained that building a trusting relationship, and having a nonjudgmental approach are crucial when engaging with victims of human trafficking. This connection is a primary factor related to clients disclosing their trafficking experience. It is therefore important that therapists attend to building genuine rapport with clients when assessing for involvement in human trafficking. However, building this rapport can be difficult, as some victims see therapists as authority figures, and remain guarded (Hopper, 2017).

The collaborative approach has a primary focus of building a mutual relationship with clients (Anderson, 2007). Therapy is approached as everyday ordinary life. Therapists embrace a posture of honoring the collaborative human interaction with the client, with the hope of minimizing the power inequality. Clients are viewed as experts of
their lives; hence, the therapist privileges, respects and honors clients’ stories, and seeks to understand their perspective. In a qualitative study, Aron et al. (2006) found that survivors of human trafficking reported that feeling honored and respected when interacting with providers were positive experiences that helped to boost their confidence in the providers and improved their feelings of self-worth. The collaborative approach embodies a therapeutic stance that respects victims of human trafficking and builds a mutual partnership with them.

The literature on human trafficking highlights that in assessing if a client is a victim of human trafficking, it is best practice to tell the client the reason for doing the assessment (Clawson et al., 2009; Hopper, 2017; National Human Trafficking, 2011a). The collaborative approach embraces the philosophical stance of therapists being public with their thoughts, and not having hidden investigative agendas for clients (Anderson, 2007). By being open with their thoughts, therapists invite clients into a respectful dialogue about indicators that spark their curiosity. Victims of trafficking have lived with the experience of their lives being controlled (Clawson & Dutch, 2008a; Clawson et al., 2009; Dovydaitis, 2010; Florida State, 2003). Many have been deceived by their trafficker who had a hidden agenda (Clawson et al., 2009). The collaborative approach of being nonjudgmental and openly sharing what drives the therapist’s curiosity of trafficking, communicate a regard and honor for the client as a valued human being.

In identifying victims of human trafficking, importance has also been placed on observing the verbal and nonverbal cues of trafficking (Baldwin, et al., 2011; Basson et al., 2012; Domoney et al., 2015; Dovydaitis, 2010). The assessor is also encouraged to use the client’s language when doing the assessment (National Human Trafficking,
With the collaborative approach, therapists listen to what is said and what is unsaid (Penn, 2007). The therapist pays close attention to the client’s words, uses the client’s language, and maintains dialogue that resembles everyday style of communication (Anderson, 2007). In using the collaborative approach to identify victims of human trafficking, the therapist tunes in to language, and co-creates a respectful therapeutic dialogue with the client.

In doing assessments, language is important to cultural sensitivity (Bernal, Bonilla, & Bellido, 1995). Bernal et al. (1995) explained that all assessments should pay attention to the language of the population studied, as language is the “carrier of the culture” (p. 73). Clawson and Dutch (2008a; 2008b) highlighted that many assessments used for identifying victims of human trafficking are culturally insensitive. When assessing for involvement in human trafficking, therapists should be sensitive to and respectful of the client’s culture (Hopper, 2017). Aron et al. (2006) found that survivors of human trafficking identified cultural sensitivity as a factor that helped them to feel respected when interacting with service providers.

Bernal et al. (1995) also explained that culturally sensitive assessments allow for flexibility and adaptations to the participant’s cultural context. The western approach for doing therapy and assessments is only one approach, other approaches in which some international victims of human trafficking might be more familiar, are equally valid (Hopper, 2017). With a postmodern and social construction philosophical stance, the collaborative approach attends to and values each client’s culture and beliefs (Anderson, 2007). This perspective maintains a stance of curiosity about each client, as the therapist respects and seeks to understand the client’s perspective, story and worldview.
The Roberts Human Trafficking Tool uses the collaborative approach and allows client to share their story in a manner that honors their preferences (See Appendix B). This tool allows the therapist to conduct the assessment at any point in the therapeutic process. Other human trafficking identification tools are used at intake, such as the DMST Intake Tool (Leitch & Snow, 2010), TVIT (Vera Institute, 2014), and HTST (Services and Resource Committee 2016 Report to the Council on Human Trafficking). While screening at intake is good practice, the literature indicates that many victims of human trafficking do not initially reveal their trafficking experience (National Human Trafficking Resource Center, 2011a) due to fear (Clawson et al., 2009; Chung, 2009; Sigmon, 2008) or embarrassment from the stigma of being exploited (Baldwin, Eisenman, Sayles, Ryan, & Chuang, 2011; Clawson et al., 2009; Chung, 2009).

Also, many victims of human trafficking are reluctant to engage with the therapist until rapport has been built (Hopper, 2017). Therefore, disclosure of human trafficking may not occur at intake, but further in the therapeutic process after the client has developed rapport and a trusting relationship with the therapist. This might be after several sessions with the client. A screening tool designed for intake may not be easily applied at this point in the therapeutic process. The collaborative approach emphasizes the importance of building a partnership with the client (Anderson, 2003). Therefore, the Roberts Human Trafficking Tool allows the therapist to conduct the assessment at any point in the therapeutic process after some rapport is built with the client.

Using a collaborative approach to identify victims of human trafficking is not a collection of techniques and interventions. Rather, it is a therapeutic stance of respect, value and partnership that is communicated through the therapist’s engagement with the
client, and the therapist’s posture, tone, gestures and word choices (Anderson, 2007). The collaborative approach communicates to clients that, “they are valued as a unique human and not as a category of people; that they have something worthy of saying and hearing; that you meet them without prior judgment of past, present, or future” (Anderson, 2007, p. 45).

**Summary**

The review of the literature indicates that human trafficking is prevalent in the United States (Cdebaca & Sigmon, 2014; Sigmon, 2008) and in the state of Florida (National Human Trafficking Hotline, 2017c). Victims are often in places where therapists work, however many go unidentified (Clawson et al., 2009; Leitch & Snow, 2010). While there are several assessment tools to identify victims of human trafficking (Basson, 2016; Cramer, 2015; National Human Trafficking, 2011a; Vera Institute, 2014), most are not designed exclusively for the therapeutic context. Therapists may benefit from an assessment that is designed for the therapeutic context, and one that uses the collaborative approach. The DMST is a human trafficking identification tool for therapists (Leitch & Snow, 2010). A limitation of this tool is that it only assesses for domestic sex trafficking. I created the Roberts Human Trafficking Tool to move the research further in having an assessment for therapists to identify domestic and international victims of sex trafficking (See Appendix A). I describe the methodology in Chapter III. It provides an overview of action research, description of the participants and recruitment, the steps utilized in the action research cycle, and how the data was analyzed to address the research questions.
CHAPTER III: METHODOLOGY

Project Conceptualization

The purpose of this research was to create a collaborative, comprehensive, and user-friendly human trafficking identification tool for therapists to identify domestic and international victims of sex trafficking and explore therapists’ experience utilizing this tool. Specifically, this project addressed the research questions, “What are therapists’ feedback and insights on the strengths and weaknesses, comprehensiveness, and usability of the Roberts Human Trafficking Tool?” and “What are therapists’ experiences utilizing the collaborative approach of the Roberts Human Trafficking Tool to identify victims of human trafficking?” As previously discussed, there are no assessments designed specifically for therapists to identify youths who are domestic and international victims of sex trafficking. The following steps were completed in this project:

1. I introduced four therapists to the RHTT;
2. I trained them on utilizing the tool;
3. They utilized the tool among themselves;
4. I conducted an interview with them to obtain their feedback about their experience utilizing the tool, the strengths and weaknesses, comprehensiveness, and usability of the tool; and
5. I utilized the feedback to make changes for the advancement of the tool.

Stakeholders

In exploring these therapists’ experience and reflections using the RHTT, the key stakeholders were therapists. The stakeholders consisted of therapists in South Florida who worked with the human trafficking population. Florida is considered the third
leading state for human trafficking in the United States (National Human Trafficking Hotline, 2017c). Therefore, these stakeholders who worked with human trafficking victims in Florida had expertise with this population that was useful in providing input and feedback about the strengths and weaknesses, comprehensiveness, and usability of the tool. While past victims of human trafficking are useful stakeholders in giving input about a human trafficking tool (Basson, 2017), for the purposes of this research project, the focus was on therapists’ experience utilizing the tool. Hence, the primary stakeholders were therapists.

**Research Methodology**

I used the methodology of action research to address my research questions. Adelman (1993) states that action research involves the democratic and active participation of those affected by a problem. It includes discussions of the problem, and decisions of how to proceed in addressing the problem. According to Chenail, St. George, and Wulff (2007), action research is “conducted by the people affected by the issues. Action research involves the joining of those who recognize and respond to a need for changes in life or work conditions through a systemic inquiry/praxis” (p. 447). As the researcher, I collaborated with therapists in addressing the need for therapists to be able to identify victims of sex trafficking. McNiff and Whitehead (2006) stated:

> In your action enquiry you would identify something of concern, try a different way of doing things, reflect on what was happening, and in the light of your reflections try a new way that may or may not be more successful. (p. 9)

Action research fit this project because as the researcher, I identified a gap in assessments for identifying victims of human trafficking. The goal was for therapists to
utilize a new approach to identify victims of human trafficking, the Roberts Human Trafficking Tool, and provide feedback on this tool so changes could be made to enhance its comprehensiveness and usability for therapists to identify domestic and international youths who are victims of sex trafficking.

**Action Research**

**Definition**

Action research as defined by Adelman (1993) includes the democratic participation by those directly related to the problem being studied. According to Ladkin (2011), it is based on the following philosophy that “research with humans should be participative and democratic” (p. 2). Kurt Lewin is considered the founder of action research (Adelman, 1993), and the one who brought this research style to the United States (Kemmis, McTaggart, & Nixon, 2014). According to Adelman (1993), action research for Lewin involved group discussions about a problem and decisions on how to address the problem. The group monitored the progress of the action taken and decided when a plan and action had been exhausted or fulfilled.

There is no definitive definition of action research (Ladkin, 2011). However, core elements of this research methodology include: a) people affected by a problem engaging in democratic and cooperative inquiry of a problem; b) development of actions to remediate the problem (Chenail et al., 2007; Gergen & Gergen, 2011; McNiff & Whitehead, 2006); and c) reflections on the actions taken (Adelman, 1993). McKernan (1991) summed it up by saying:

> Action research is the reflective process whereby in a given problem area, where one wishes to improve practice or personal understanding, inquiry is carried out
by the practitioner—first, to clearly define the problem; secondly, to specify a plan of action—including the testing of hypotheses by application of action to the problem. Evaluation is then undertaken to monitor and establish the effectiveness of the action taken. Finally, participants reflect upon, explain developments, and communicate these results to the community of action researchers. Action research is systematic self-reflective scientific inquiry by practitioners to improve practice. (p. 5)

First, Second, and Third-Person Inquiry

Action research involves first, second and third-person inquiry (Ladkin, 2011; Reason & Torbert, 2001). Given that the researcher is an active participant in the research process (Gergen & Gergen, 2011), with first person inquiry, the researcher examines the biases, assumptions, privileges and life experiences that he or she brings to the research (Ladkin, 2011; Reason & Torbert, 2001). The researcher remains mindful of how these assumptions and beliefs inform the researcher’s choices, behaviors and meaning making processes in the research. The goal is to reduce the researcher’s unawareness of personal biases. Some methods to conduct first person inquiry include autobiographical writings, mindfulness, journaling and storytelling (Reason & Torbert, 2001).

Second-person inquiry involves engaging in face-to-face interaction with others in a group, with the focus of addressing a common issue or identified problem (Reason & Torbert, 2001). Cooperative inquiry is a common form of second-person inquiry (Ladkin, 2011; Reason & Torbert, 2001). Group members are co-researchers, and participate in designing, managing, and drawing conclusions from the project (Reason & Torbert,
Group members are also participants and actively participate in the action and reflection phases of action research.

According to Reason and Torbert (2001), third person inquiry involves qualities from both first-person and second-person inquiry. It involves inquiry in the wider community by people who share a common interest, and therefore, may or may not have face-to-face contact. Ladkin (2011) describes that together these people collaborate in addressing a problem and developing solutions that create change in their wider community. Third person inquiry is usually used to address issues of power and oppression, giving people in the community an opportunity for empowerment in having their voices heard.

**Cycles of Action**

Action research occurs in a cyclical manner, and there are different stages in each cycle (Drummond & Themessl-Huber, 2007; Kemmis et al., 2014; Lewin, 1948; McNiff & Whitehead, 2006). Lewin (1948) referred to the stages in each cycle as planning, executing, and reconnaissance. Planning includes a general idea of how to reach the research objective, and the first step to take to meet this objective. The next stage execution, involves actions taken in carrying out the established plan. Reconnaissance involves evaluating the actions taken, learning about the strengths and weakness of the action, and modifying and planning the next step.

As action research has developed throughout the years, these stages were termed as planning, acting, observing, and reflecting (Kemmis et al., 2014). The stages are fluid and occur in a cyclical fashion of planning – acting – observing – reflecting – re-planning – acting – observing, and the cycle continues (See Figure 1.0).
McNiff and Whitehead (2006) explain that multiple terminologies are used in reference to the stages in an action research cycle. However, these stages are generally referred to as act and reflect.

The process of observe-reflect-act-evaluate-modify-move in new directions; is generally known as action-reflection, although no single term is used in the literature. Because the process tends to be cyclical, it is often referred to as an action, reflection cycle. (p. 9)

My project incorporated the action and reflection cycle. Participants met face-to-face, were introduced to the RHTT and trained by me on using this tool. They then utilized this tool among themselves and provided feedback about their experience utilizing the tool,
including strengths and weakness, comprehensiveness and usability of the tool, and recommended changes. The changes will be discussed in Chapter IV.

**Validity**

Action research breaks away from the traditional positivist research methods (Gergen & Gergen, 2011). Ladkin (2011) explains that validity in action research is not measured by traditional criteria such as lack of experimenter bias, control group, and statistical significance. Action research utilizes alternative means of measuring validity. Reason and Bradbury (2001, pp. 450-454) suggest the following five criteria for measuring validity in action research:

1. The quality of relational praxis: Is the group set up for maximum participation and the freedom to be fully involved?
2. The quality of reflexive-practical outcome: Can the research be validated by participants? Did they learn something and find the research useful?
3. The quality of plurality of knowing: Does the research have theoretical integrity, methodological appropriateness and good qualities of relational practice, such as democracy and collaboration?
4. The quality of significance of the research: Is the research worthy of the term significant?
5. The emergent inquiry towards enduring consequences: Is there ongoing change and new patterns of behavior even after the action researcher has left?

**Self of the Researcher**

Stringer (2014) described that the action researcher has dual roles, that of the researcher and that of a participant. The researcher is not “an expert who does research on
people” (p. 20), but one who participates and acts as a resource to stakeholders. The action researcher is also a facilitator and catalyst for stakeholders to plan, act, and reflect on the identified problem. As the researcher in this project, my role was to introduce and train the stakeholders on the RHTT, facilitate them utilizing the tool among themselves, and conduct a group interview with them to explore their experience and get their feedback to improve the tool.

There are several experiences, beliefs, and biases that influenced my role as the researcher on this project. As a therapist, my preferred therapeutic approach was informed by collaborative therapy (Anderson, 2007). My connection to collaborative therapy influenced my curiosity and belief that this approach could be useful for engaging with victims of human trafficking. Stakeholders in this study had various preferred theoretical orientations that were different from collaborative therapy. Therefore, I kept in mind the benefits of multiple perspectives in action research and facilitated equal reflections of all participants in the study.

As the creator of the Roberts Human Trafficking Tool used in this research, I held the assumption that this tool is valuable. In light of this, I informed stakeholders that their collective participation was useful in all stages of the action research. I also endeavored to give the stakeholders the freedom to fully participate in giving their authentic feedback about the tool. I incorporated their feedback in making modifications to the tool.

Additionally, while I have been a marriage and family therapist in South Florida for several years, at the time of this project I did not provide direct therapeutic services to identified victims of human trafficking. My expertise and knowledge of human trafficking was based on attending trainings, reading the literature on human trafficking,
staying abreast with the current trends in human trafficking, talking with colleagues who work with this population, and observing indicators in my clients that put them at risk for being victims of human trafficking. Stringer (2014) explains that the action researcher is not an expert, but one who collaborates with a community of people affected by a problem, to systematically investigate the problem and design effective solutions to the problem. Therefore, as the researcher, I collaborated with other stakeholders in addressing the growing prevalence of human trafficking in this region, and the need for therapists to be able to identify these victims in the therapeutic setting.

**Development of the Roberts Human Trafficking Tool**

Action research starts with a general idea or problem (Adelman, 1993; McKernan, 1991; McNiff & Whitehead, 2006). As a therapist working in South Florida, I learned of the growing epidemic of human trafficking in this region (National Human Trafficking Hotline, 2017c), the many clients who go unidentified by therapists (Leitch & Snow, 2010), and the lack of a therapeutic assessment to identify youths who are domestic and international victims of sex trafficking. Therefore, I created the Roberts Human Trafficking Tool (RHTT). To develop this tool, I gathered information and input from several sources, namely: (a) literature on identifying victims of human trafficking; (b) assessments on human trafficking; (c) training on identifying victims of human trafficking; and (d) interviews with stakeholders who work with the human trafficking population in Florida.

The first step in creating the RHTT was to review the literature on human trafficking. Articles such as Abas et al. (2013), Baldwin et al. (2011), Clawson et al. (2009), Dovydaitis (2010), Florida State University Center for the Advancement of
Human Rights (2003), and Sigmon (2008) supported me with knowledge on the human trafficking risk factors and common experiences for victims in captivity. Miccio-Fonseca’s (2017) and Rosenblatt’s (2014) work provided information on methods traffickers use to lure minor victims. Guidelines on how therapists can conduct assessments with minor victims of human trafficking were found in Hopper (2017). Clawson and Dutch (2008b) delineated information on cultural sensitivity when working with victims of human trafficking.

The next step was to review existing assessment tools used to identify victims of human trafficking. I reviewed seven human trafficking identification tools: the Commercial Sexual Identification Tool (Basson, 2017); the Trafficking Victim Identification Tool (TVIT) (Vera Institute, 2014); the Comprehensive Human Trafficking Assessment Tool (National Human Trafficking, 2011a); the Florida Human Trafficking Screening Tool (HTST) (Services, 2016); the Domestic Minor Sex Trafficking (DMST) Intake tool (Leitch & Snow, 2010); the Ohio Human Trafficking Screening Tool (Ohio Human Trafficking Taskforce, 2013); and the Human Trafficking Assessment Tool for Educators (National Human Trafficking, 2011b). These tools provided information on human trafficking risk factors, victim characteristics, assessment questions, and protocols for engaging in conversation with clients to identify victims of human trafficking. I highlighted the most commonly reviewed categories and questions across these tools.

Next, I participated in an online training for mental health professionals to identify victims of human trafficking. The title of this training was Human Trafficking Awareness for Mental Health Professionals (National Human Trafficking Resource Center, 2016). The training objectives included definition of human trafficking,
description of trauma and the potential effects of human trafficking on mental health, and ways to identify and respond to human trafficking victims in the mental health setting. The training also provided information on the indicators of sex trafficking.

I then conducted interviews with three stakeholders who worked with the human trafficking community in South Florida to get input for the content of the tool. One stakeholder had expertise working with minor victims of sex trafficking in the juvenile justice and education setting. This stakeholder was also involved in a coalition for human trafficking and conducted trainings throughout Florida on effective ways to identify and work with victims of human trafficking. Another stakeholder was a director of a residential program for domestic and international victims of human trafficking. The third stakeholder was a therapist who provided therapeutic services to domestic and international victims of human trafficking. I made several attempts to get input from a past victim of human trafficking, however, this did not happen. Interviews were only conducted with stakeholders who worked with victims of human trafficking. The following three questions guided the interviews with the stakeholders for the initial development of the RHTT:

1. What are the indicators of sex trafficking?
2. How should therapists engage with clients to identify victims of sex trafficking?
3. How might a collaborative approach be useful in identifying victims of sex trafficking?
4. What steps should the therapist take if the client is a victim of sex trafficking?

Next, I utilized the collaborative approach as outlined in Anderson (2007) and
information gathered from the literature, assessments, training, and interviews with stakeholders to create the Roberts Human Trafficking Tool. This tool is informed by the following concepts of collaborative therapy: (a) the therapist and client as conversational partners; (b) curiosity and the art of not knowing; (c) respect for the client; (d) the client and therapist expertise; (e) everyday ordinary language; (f) being public; and (g) inner and outer talk (Anderson, 2007, pp. 45-57).

**Structure of the Tool**

The RHTT is an interactive assessment that allows clients to actively participate in sharing their story. This tool is designed for therapists to identify sex trafficking in youths. It incorporates drawing and writing in the assessment. The therapist instructs a client to draw a diagram representing the client’s life experiences in several areas. These include relationships, places lived, tattoos, privileges, runaway, substance use, criminal and medical history. The therapist and client use the diagram to explore indicators of human trafficking in each area. This tool can be utilized in the initial stages of therapy or later in therapy when the client presents with risk factors for human trafficking.

My next step in the action research cycle was that I trained therapists, who were the stakeholders in this project, to utilize this tool. The stakeholders utilized the tool among themselves and then participated in a group interview where they provided feedback about their experience and the strengths and weakness, comprehensiveness, and usability of the assessment. They also made suggestions for the advancement of the tool, which I discuss in Chapter IV.
Data Collection

Stage 1

Stakeholders for this study were therapists who worked with victims of sex trafficking in South Florida. Therapists from the fields of marriage and family therapy, social work, mental health counseling, psychology, or psychiatry were eligible to participate in the study. They were recruited via a snowball method (Aitkin & Flint, 2004). I had a relationship with therapists and mental health providers who worked with the human trafficking population. Therefore, I extended an invitation to those therapists to participate in the study and received referrals for other therapists who worked with the sex trafficking population in Florida. Each prospective participant was given a recruitment letter (See Appendix C). Stakeholders who volunteered to participate in the study were emailed a copy of the consent form to review and sign (See Appendix D). I also used email correspondence to explain the consent form to the stakeholders. The consent form outlined the purpose and procedures of the study, the risks and benefits, confidentiality and voluntary participation.

The research proposal that was approved by the Nova Southeastern University Institutional Review Board (IRB) was that all the participants were to attend the training workshop together at Nova Southeastern University or any place convenient to them. This study received IRB approval. However, while several stakeholders reported an interest in participating in the study, they were unable to meet at one scheduled time and place for the workshop. Therefore, I completed an addendum to the research proposal and submitted to the IRB, requesting two workshops at different locations convenient to the stakeholders. Stakeholders were required to attend only one workshop. This addendum
received IRB approval. Therefore, two training workshops were conducted at the stakeholders’ places of employment. Stages two, three, and four of the action research were completed at the workshops.

**Stage 2**

For the action and observation stages, I met with the stakeholders at the training workshops and completed the following sequential procedures.

1. I reviewed with the stakeholders the signed consent forms, confidentiality, and maintaining confidentiality of other stakeholders in the study. I reminded them that data collected at the workshop would be locked in a locked filing cabinet in a locked office and stored for three years.

2. Stakeholders completed a demographic form (See Appendix E).

3. Using an interview guide (See Appendix F), I conducted a group interview with stakeholders asking them to describe the assessments and approaches they utilized to identify victims of sex trafficking. This group interview was audio recorded and transcribed.

4. I gave each stakeholder a handout that described collaborative therapy and how it informed the development of my assessment tool (See Appendix G).

5. I introduced the stakeholders to the RHTT and trained them on utilizing it.

6. Stakeholders conducted role-plays with each other in pairs using the RHTT. The role-plays lasted for 40 minutes. For the first 20 minutes, one stakeholder played the role of the therapist and the other stakeholder, the client. For the next 20 minutes, they switched roles continuing the assessment.
7. Stakeholders re-grouped, and using an interview guide (See Appendix H), I conducted a group interview with them about their experience using the tool, as discussed in Stage 3.

Stage 3

For the reflection stage, I used an interview guide and conducted a group interview with the stakeholders (See Appendix H). This interview was audio recorded and transcribed. I asked each stakeholder to give feedback about their experience using the assessment, and the strengths and weaknesses, comprehensiveness, and usability of the tool. Strengths and weaknesses were operationalized by things the stakeholders identified as positives about the tool, and the things they identified as challenges. Comprehensiveness was operationalized by how well the tool explored the indicators of sex trafficking. The stakeholders’ perspectives on the ease of using the tool operationalized usability. Stakeholders also described their experience utilizing a collaborative approach to identify victims of human trafficking.

Stage 4

For the re-planning stage, stakeholders provided suggestions for improvements that could be made to the tool. The agenda used to conduct the workshop for stages two, three, and four can be seen in Appendix I.

Data Analysis

To analyze the data, I transcribed the feedback stakeholders provided about their experience using the RHTT and their suggestions for improvement. I reviewed the transcripts multiple times to allow the categories and themes to emerge. I then categorized the data based on the strengths and weakness, comprehensiveness, usability
of the tool, and suggestions for improvement, and highlighted the emerging themes in each category. I then used this data to make changes to the RHTT for the advancement of the tool. See Appendix B for the modified tool. I discuss the findings in Chapter IV.
CHAPTER IV: RESEARCH FINDINGS

Stakeholders

Four stakeholders participated in this study. They were recruited from two agencies in South Florida. The agencies were not affiliated with each other. However, they both provided outpatient therapeutic services to victims of human trafficking. In both agencies, the services for victims of human trafficking were grant funded. One agency worked with victims who were minors. In this agency, victims were referred by multiple sources including child advocates in dependency cases, child protective investigators, community partners, parents, caregivers, and self-referrals. The other agency worked with minors and adult victims of human trafficking. The primary referral sources were community partners.

Two stakeholders from each agency participated in this research. The data was collected at their respective agencies, therefore, there were two training workshops. They will henceforth be referred to as group one and group two. Group one was stakeholders from the agency that served only minor victims of human trafficking, group two served both minors and adults. The following is a summary of the demographic information collected from the stakeholders in each group after they reviewed and signed the consent form (Appendix D).

Demographics

All stakeholders identified as females. In both groups, one stakeholder reported being in the age group of 18-30, and the other in the age group of 31-45. In group one, the highest education level for both stakeholders was a master’s degree. In group two, one stakeholder had a master’s degree, the other stakeholder held a bachelor’s degree and
was in the process of completing a master’s degree. The educational background of the stakeholders in group one was mental health counseling. For group two, one stakeholder’s educational background was in marriage and family therapy, and the other stakeholder was completing a dual degree in mental health counseling and marriage and family therapy. All stakeholders in group one were licensed in their field, and stakeholders in group two were in the process of getting licensed.

The stakeholders had varied years of experience as therapists. In group one, one stakeholder reported having seven years of experience, and the other reported five years of experience. In group two, one had five years of experience, and the other reported 1 year experience as a therapist. All stakeholders had experience working with domestic victims of sex trafficking, and 50% of the stakeholders in each group had experience working with international victims of sex trafficking. In group one the stakeholders each reported having three years of experience working with victims of sex trafficking. In group two one stakeholder had four years of experience working with sex trafficking victims, and the other stakeholder reported less than a month working with victims of sex trafficking.

Results

The goal of this project was to utilize action research to create a collaborative, comprehensive, and user-friendly human trafficking identification tool. Stakeholders in groups one and two participated in the action research stages of action, observation, reflection and re-planning. The steps to collect the data in each cycle were the same for both groups. Below is a report of the findings.
**Action and Observation Stages**

**Group one.** I met with the participants at their agency, and utilizing a semi-structured interview (See Appendix F), I collected data on the assessments and approaches they used to identify victims of sex trafficking. The stakeholders reported that in assessing if clients were victims of sex trafficking, they used a combination of tools. These were: (a) the Child Behavior Checklist (CBCL); (b) the Trauma Symptom Checklist for Children (TSCC); (c) the University of California at Los Angeles Posttraumatic Stress Disorder Reaction Index (UCLA-RI); and (d) the Youth Self Report (YSR). The stakeholders also reported that they used unstructured interviewing in identifying victims of sex trafficking. In these interviews they asked clients open-ended questions about their family, medical, school, and substance use history. They also inquired about tattoos, truancy, and domestic violence. The assessments were conducted at the initial session, mid-session and end session.

After the first interview, I gave the stakeholders the handout that described collaborative therapy and how it informed the RHTT (See Appendix G). I reviewed the handout with them and explained the aspects of collaborative therapy that influenced my assessment. Both stakeholders verbally reported they were unfamiliar with the collaborative approach, but that with the handout and review they were able to grasp the main points of how it related to my assessment. I then trained the stakeholders on the RHTT. Each stakeholder was given a copy of the assessment (See Appendix A). I verbally explained the tool, and asked them read it through quietly. I then demonstrated how to use the tool. For this demonstration, I used a poster board size of the assessment as a visual aid in the training. The stakeholders spontaneously asked clarifying questions
during the demonstration, and they provided feedback in written form about the assessment on their handouts. At the end of the demonstration, the stakeholders reported that they understood the assessment, and were ready to utilize it in a role play.

The role play involved stakeholders utilizing the RHTT. This was the action stage of the action research cycle. I provided verbal instructions to the stakeholders on how to do the role play as described in Chapter III. I asked the stakeholders to observe the following while they role played: (a) strengths and weakness of the tool; (b) comprehensiveness; (c) usability; and (d) ways to improve the tool. This was the observation stage. I exited the room while stakeholders did the role play, and I provided a cue for when they should switch roles.

**Group two.** I met with the two stakeholders at their agency. Similar to group one, I utilized a semi-structured interview to collect data on the assessments and approaches they used to identify victims of sex trafficking (See Appendix F). In comparison to group one, they reported that all human trafficking victims at their agency were pre-identified by their referral sources. Hence, they did not conduct assessments to identify clients who were sex trafficking victims. However, at intake they assessed the victims for posttraumatic stress disorder, anxiety, and depression.

After the first interview, I gave the stakeholders a handout that described collaborative therapy and how it influenced my assessment (See Appendix G), and explained it to them. Similar to group one, the stakeholders in this group reported they were unfamiliar with collaborative therapy, but that with the handout and review, they grasped the main points and its connection to the tool. I then conducted the training on the RHTT following the same steps as group one. In comparison to group one, the
stakeholders in group two did not ask clarifying questions during the demonstration. They took notes and provided feedback in written form on their handouts. When asked, they stated they did not have any questions. After the demonstration, they said they understood the assessment and were ready to conduct the role play. The role play was the action stage of the action research cycle. Similar to group one, this consisted of the participants utilizing the Roberts Human Trafficking Tool with each other. For the observation stage, I asked the participants to observe during the role play the strengths and weaknesses, comprehensiveness, usability, and improvements that could be made to the tool.

The RHTT is designed to identify victims of sex trafficking. Given that stakeholders in group two did not assess which clients were victims of sex trafficking in their agency, I assured them their feedback was still valuable. I asked them to utilize their expertise and knowledge of working with human trafficking victims in giving feedback about the tool. Similar to group one, I left the room while the stakeholders did the role play, and I provided a cue for when they should switch roles.

**Reflection Stage**

After the role plays in groups one and two, I conducted a semi-structured interview (See Appendix H) to solicit the stakeholders’ feedback on the strengths, weaknesses, comprehensiveness and usability of the RHTT. This was the reflection stage in the action research cycle. In analyzing the transcribed interviews, I identified the themes that emerged from the feedback, and compared group one and group two. In my review of the findings, the feedback from group one and two were similar. Therefore, I merged the data from the interview questions, since there was little to no difference
between the two groups in their feedback. See Table 1 for the themes that emerged from participants’ feedback about the strengths, weaknesses, comprehensiveness, and usability of the tool.

Table 1

Participants’ Feedback on the Roberts Human Trafficking Tool

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
<th>Comprehensiveness</th>
<th>Usability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual assessment</td>
<td>Long assessment</td>
<td>Overall comprehensive</td>
<td>User-friendly</td>
</tr>
<tr>
<td>Experiential</td>
<td>Adequate training needed</td>
<td>Needs to include homelessness</td>
<td>Adaptable</td>
</tr>
<tr>
<td>Easy to comprehend</td>
<td>Inaccuracy in clients’ reports</td>
<td></td>
<td>Flexible</td>
</tr>
<tr>
<td>Conversational</td>
<td>Clients may be guarded</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client centered</td>
<td>Clients may be unaware that they are victims of human trafficking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flexible</td>
<td>Category “privileges” not easy to understand</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nonjudgmental</td>
<td>Needs to include criminal history and court involvement</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Strengths and weaknesses. Stakeholders reported several strengths including the assessment being visual, thus making it easy to identify the risk factors for human trafficking, and risk factors for which the client has a high intensity. Another strength reported was that the assessment was experiential and did not involve a lot of reading and writing. Hence, clients could easily comprehend it, and did not have to feel intimidated if they had difficulty reading or could not read. The flexibility of the tool was also a reported strength.
Some weaknesses reported included the length of time for the assessment. Stakeholders reported that the assessment explored several categories and was conversational. Therefore, some clients may be inclined to give details about their experiences in each category, and this can take a long time. A long assessment may not be suited for settings where there is a set timeframe for sessions, such as an hour. Another weakness reported was that clients may be guarded and not initially trust the therapist. Hence, they may not accurately report their experiences that are explored on the assessment. The stakeholders explained that this is a general challenge with the human trafficking population due to the nature of secrecy with human trafficking. Also, participants reported that adequate training would be needed to conduct the assessment. Clinicians with little experience working with human trafficking victims may find it challenging coming up with questions to ask the client in exploring the indicators of human trafficking. Hence, training before utilizing this assessment or any human trafficking assessment would be important.

**Comprehensiveness and usability.** Stakeholders reported that overall the assessment was comprehensive, yet it excluded two key risk factors, one of which was homelessness and the other was non-arrest delinquent behavior. Also, the assessment had a category that asked the client about history of arrests. Participants reported this category was limited, as a client may have engaged in delinquent behavior and not be arrested. The limited category could potentially exclude important information about the client’s criminal history or court involvement.

Feedback about the usability of the tool included that it was very user-friendly, and flexible, and it could easily be adapted to conversations with the client. The
stakeholders also reported that the assessment lacked a section for the therapist to write notes. They described that notes could be helpful when doing documentation, and also useful if the therapist wants to explore issues that emerged during the assessment later in therapy. Participants stated that it was important for the therapist to first get clients’ permission to take notes, and be willing to share the notes with them. If the client prefers not to have notes taken during the assessment, the therapist can then refrain from doing so.

**Other feedback.** All stakeholders reported that they liked the tool and it was unique, fun, and could easily engage clients. The stakeholders also reported that the assessment was useful at intake, as the conversational and interactive nature of the tool would help to build rapport with the clients. They pointed out that the assessment explores important information that would possibly be gathered at intake, and because the therapist is already asking the client questions at intake, the tool could easily be added to the intake process. Participants also indicated that the assessment was useful for treatment planning. They reported that information gathered from the assessment could be utilized to create a treatment plan and used throughout the therapy process.

Finally, stakeholders stated that the assessment could be a reassessment tool. They suggested that the therapist and client could use the assessment to track changes and progress that had occurred in the client’s life from the time of the assessment and throughout the sessions. This would hopefully provide identification of success and growth. The following is an exemplar of group one discussing how the tool could be used for reassessments.
P2: Yeah, even drugs and alcohol, these are all things that we can measure over time and see.

P1: Yeah, because it is visual they can actually see for their own eyes, “oh ok there hasn't been a runaway episode!”

P2: Yeah.

P1: Yes, that’s a good point.

P2: It can be used as a reassessment tool.

**Re-Planning Stage**

For the re-planning stage of the action research, the stakeholders made several suggestions to advance the tool. First, they suggested that a poster board version of the assessment be created. All stakeholders voiced that they liked the poster board as a visual tool I used in training them. They suggested that this be a part of the assessment package. Feedback from the participants included: (a) on the poster board the assessment is a large diagram and is interactive, which makes it a fun and collaborative way to assess youths for human trafficking, so clients may feel less intimidated when doing the assessment; (b) the poster board feels like a custom tool and “has a 3-D effect”; and (c) clinicians utilizing the tool should have both the poster board and paper version, and can provide clients the option of choosing which they prefer to use.

Second, stakeholders suggested that in the layout of the assessment, the indicators of human trafficking are written in different colors so that the indicators can easily be identified and distinguished. Third, stakeholders recommended that homelessness be included as an indicator, seeing that it is a significant human trafficking risk factor. They
also suggested that the indicator “arrest” be changed to criminal history and court involvement, thus making this category more inclusive.

Fourth, stakeholders proposed that training should state the recommended timeframe for the assessment, and clarify that the tool is an assessment and not meant to be a forensic interview or replace needed therapy. One stakeholder explained that because the tool is comprehensive, the therapist and client could easily go into details for each category. Therefore, it is important to explain to therapists the purpose of the tool as an assessment, and train them on how to engage clients in only exploring information critical to the assessment. The therapy sessions and goals would be identified separately.

Fifth, stakeholders recommended that the indicator “privileges” be explained to clients. Stakeholders reported that clients might not easily understand the label “privileges,” therefore, the therapist could verbally explain this category to them. Stakeholders explained that this would help give clients an idea of what the category is assessing. One stakeholder suggested the use of visual aids or symbols to explain this indicator, such as a picture of money.

**Changes Made to the Roberts Human Trafficking Tool**

Based on the feedback from the stakeholders, changes were made to improve the RHTT. See Appendix B for the modified tool. From the analysis of the results, changes were made in two areas, namely in the structure of the tool and the training guidelines for the tool. Table 2 shows inclusions that were made to the guidelines and the structure tool.
Table 2

_Inclusions Made to the Structure and Training Guidelines of the Roberts Human Trafficking Tool based on Stakeholders’ Feedback_

<table>
<thead>
<tr>
<th>Inclusions in the Structure of the Tool</th>
<th>Inclusions in the Training Guidelines of the Tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category/indicator for criminal history/court involvement</td>
<td>Timeframe for the assessment</td>
</tr>
<tr>
<td>Category/indicator for homelessness</td>
<td>Note taking protocol</td>
</tr>
<tr>
<td>Category/indicator for privileges/benefits with pictures as a visual aid to explain the category</td>
<td>Explanation of the purpose of the tool, its role as an assessment and difference from therapy or forensic interview</td>
</tr>
<tr>
<td>Guideline that lists important topics to explore in each category (the therapist check marks each topic explored with the client)</td>
<td>Collaborative engagement with clients in exploring each human trafficking category/indicator</td>
</tr>
<tr>
<td>Section for notes after each category/indicator</td>
<td>Collaborative approach in inviting clients to choose the colors for each category/indicator</td>
</tr>
<tr>
<td>Two categories labeled “other” (the therapist and client can add additional indicators if needed)</td>
<td></td>
</tr>
<tr>
<td>Poster board version of the assessment</td>
<td></td>
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</tbody>
</table>

For the structure of the tool, the indicator “arrests” was changed to “criminal history/court involvement.” All stakeholders reported that the label “arrests” was limited and they needed more comprehensive information to include non-arrest criminal behavior and court involvement. Inclusion of this category allows for the exploration of non-arrest antisocial behavior that are risk factors and indicators of sex trafficking. Also, the indicator “runaway” has been changed to “runaway/homelessness.” All stakeholders reported that homelessness was a significant risk factor that should be included in the
assessment. Inclusion of homelessness would provide expanded information on situations that put a client at risk to be lured by traffickers.

The category “privileges” was changed to “privileges/benefits.” Pictures were also included to act as a key in explaining what this category assesses. The guidelines of the assessment also suggest the therapist gives clients verbal examples of things that can be privileges, such as video games, money, clothes. These changes were made because three stakeholders reported that clients might find it difficult to understand this category.

Furthermore, included in the tool is a guideline that lists important topics to explore in each category. The therapist is invited to place a check mark at each topic explored with the client. This has been included to standardize the topics that are explored in each category. All stakeholders reported that clinicians with limited experience working with the human trafficking population might find it difficult identifying questions to ask the client. Therefore, the list of topics is a guide for questions to explore, and the requirement of putting a check mark at each topic reviewed helps to ensure the comprehensive exploration of each indicator. Given the collaborative approach of the assessment, the therapist can explore additional topics in a category/indicator if needed.

The training guidelines outline the importance of refraining from using the RHTT as a forensic interview or therapy. Information obtained from the assessment can be utilized further in the therapy process. In conducting the assessment, the therapist’s role is to identify risk factors the client presents with and identify if the client is a victim of human trafficking. Hence, the listed topics in each category serve as an outline for
questions to explore and a guide for therapists to stay within the parameters of the assessment.

Additionally, a section for notes was included at each indicator/category. This change was made because all stakeholders recommended that there be a section for notes to support the accuracy of information. All stakeholders agreed that this should be first discussed with the client and explained the benefit for accuracy and future support for therapy goals. Therefore, included in the guidelines is the protocol for note taking. Highlighted is that therapists first explain note taking to the clients and obtain their permission. If a client declines, the therapist’s instruction would be to refrain from taking notes, and add notes after the assessment.

A poster board version of the modified assessment was also created. All stakeholders reported that the poster board version made the assessment more interactive and visual than the paper version. The poster board version is the same assessment as the paper version in a larger design and model, the primary difference is that it is larger and can be more interactive.

Included in the training guideline is the timeframe for the assessment. In the introduction of the assessment, 40-minutes is provided as a suggested timeframe to complete the assessment. The guidelines also state that therapists can continue the assessment in an additional session if needed. As the developer of the tool, I designed it to be completed in 40-minutes. However, I did not write this in the introduction. Given the feedback that the assessment can be long if not well managed, I included the timeframe in the introduction to serve as a guide for the time allotted to complete the assessment.
The guidelines also explain that the therapist should invite clients to choose what colors they want to use for indicators on the assessment to support the collaborative input. Three stakeholders reported the indicators should have different colors to make them easily identifiable. Given the collaborative nature of the tool, I modified the instructions to include giving the client the opportunity to choose different colors. Hence, if a client prefers to use the same color or multiple colors throughout the assessment the clinician does so. This also supports the collaborative nature of the tool.

Validity

This study met the five criteria for validity in action research as outlined in Reason and Bury (2001). The first criterion is the quality of relational praxis. Stakeholders were given equal opportunity to fully participate in the study and freely give their feedback about the tool. The second criterion is the quality of reflexive-practical outcome, which examined if the stakeholders learned something or found the research useful. All stakeholders reported that the assessment was unique and an advancement to the approaches used to identify victims of sex trafficking. Third, the quality of plurality of knowing, which examined democracy and collaboration. All stakeholders’ feedback was acknowledged and given merit. Stakeholders in group two did not identify victims of human trafficking in their agency because their clients came in pre-identified. However, to ensure there was acceptance in the plurality of knowledge, I verbally encouraged them to use their experience of working with the human trafficking population in giving feedback on the assessment. The fourth criterion is the quality of significance of the research. Stakeholders acknowledged the significance of the uniqueness of the assessment, and the need for therapists to improve their expertise in identifying victims. The emergent inquiry towards enduring consequences is the fifth criterion for validity.
Participants in group one stated that participating in the project inspired them to change their approach in assessing victims of human trafficking. They were enthused to use the tool and reported looking forward to reviewing the modified assessment.

**Summary**

The goal of this study was to answer the research questions, “What is therapists’ feedback and insights on the strengths and weaknesses, comprehensiveness, and usability of the Roberts Human Trafficking Tool?” and “What are therapists’ experiences using the collaborative approach to identify victims of human trafficking?” The findings indicate that therapists liked the tool and found the visual, flexible, and interactive features as strengths that made the assessment unique. Also, the interactive approach will help to build rapport with clients, and the use of a diagram and drawing can increase engagement with clients. One participant stated:

I like the fact that it’s visual, ahm, and that it’s mapped down to different categories so its easier for a child to like understand, “okay we’re in this piece, we’re in that piece.” So I think in that sense it’s great, and like I said visual. Because a lot of times when they’re doing our assessment it’s just, all you see is just a list of writing and sentences, and that gets overwhelming, versus looking at this, I think it’s less intimidating for somebody that’s coming in for the first time into our program. (P1)

Therapists also found that while overall the assessment was comprehensive and user friendly, it excluded homelessness and noncriminal behaviors as risk factors. To improve the inclusiveness of the tool, this was incorporated and changed. Also, given the comprehensiveness of the tool, the results indicated that writing notes was an important
way to assist therapists in captivating information and enhance the usability of the tool. However, therapists acknowledged that this could be a barrier to the therapeutic alliance and one that could be handled through a collaborative interview. Hence, the modified tool requires the client’s permission for note taking.

From therapists’ feedback it was found that adequate training and time are needed to conduct the assessment. A lack of expertise in human trafficking and a limited time for a session, can pose challenges to completing this assessment. This can be addressed through adequate training on human trafficking and the RHTT. Additionally, clients may not accurately report their experiences due to being guarded and distrusting the therapist. Similarly, therapists described that some clients might not reveal their trafficking experience because of a lack of awareness of trafficking. It is often later in therapy, or after they are educated about human trafficking that they disclose their experience.

What emerged from the findings is that in using the assessment as a reassessment tool, not only will the therapist and clients be able to track changes that have occurred in clients’ lives, but also clients may reveal more information that helps to identify them as sex trafficking victims. The RHTT was designed to be utilized at the beginning of therapy or later in the therapy process. Therefore, the assessment can be conducted later in therapy or can be revisited to explore additional information that emerged in therapy.

The stakeholders also liked the collaborative approach of the assessment. While all were not familiar with the collaborative approach prior to this study, the results indicated that through training they found it to be a client centered and non-judgmental way to conduct an assessment to identify victims of sex trafficking. When reflecting on the collaborative approach of the assessment one stakeholder said:
They get the chance of telling you as much or as little as they want to share.

You’re not judging them or giving them your opinions. You are providing them a safe place, like we do here, for them to tell you whatever has been going on in their lives. (P3)

Overall, the findings show that the RHTT has strengths in identifying youths who are domestic and international victims of sex trafficking. Based on participants’ feedback changes were made to improve the tool (Appendix B). These findings are further discussed in Chapter V.
CHAPTER V: DISCUSSION

Overview

This study was an action research project that examined therapists’ utilization of the Roberts Human Trafficking Tool. Specifically, the study looked at therapists’ feedback about the strengths, weaknesses, comprehensiveness and usability of the tool, and their suggestions for its advancement. These suggestions were implemented to create a second version of the assessment, improving its quality as a comprehensive and user-friendly assessment for therapists to identify domestic and international youths who are victims of sex trafficking.

The first research question examined therapists’ feedback and insights on the strengths and weaknesses, comprehensiveness, and usability of the assessment. The findings indicated some primary strengths of the tool as it being interactive, experiential, visual, conversational, flexible, and nonjudgmental. Stakeholders found that these strengths help to build therapeutic rapport and can increase client engagement. This supports the literature that building a trusting relationship and having a non-judgmental approach are crucial when engaging with victims of human trafficking (Clawson et al., 2009; Dovydaitis, 2010; Hopper, 2017).

This finding of the strengths of the RHTT is noteworthy because previous research indicates that given the secrecy and mistrust of authority figures, human trafficking victims can be resistant to the therapeutic relationship and not disclose their trafficking experience (Hopper, 2017; National Human Trafficking Resource Center, 2011a). The lack of rapport is a barrier to identifying victims of human trafficking (Clawson et al., 2009; Hopper, 2017). Given the strengths of the RHTT and its emphasis
on building a collaborative relationship with clients, victims of human trafficking may have increased engagement with this assessment than is the norm with other assessments.

Several assessments have acknowledged the importance of building rapport with clients before assessing for human trafficking, including the Commercial Sexual Exploitation Identification Tool (CSE-IT) (Basson, 2017), the Comprehensive Human Trafficking Assessment Tool (National Human Trafficking Resource Center, 2011a), the Domestic Minor Sex Trafficking (DMST) Intake Tool (Leitch & Snow, 2010), and the Trafficking Victim Identification Tool (TVIT) (Vera Institute, 2014). The finding that the RHTT builds rapport with clients suggests that in comparison to other assessments, building rapport and conducting the assessment can be done simultaneously with the RHTT. This has implications for clinical practice including the ability to use the tool at the onset of therapy while joining with the client, giving the possibility of early identification of victims.

Stakeholders underscored the visual and interactive features of the tool and the use of drawing as helpful for clients to feel less intimidated than other assessments that focus on reading and writing. One stakeholder acknowledged that for clients who are unable to read, written assessments could be challenging and embarrassing, and sometimes result in miscomprehension of the assessment. As an interactive, conversational, and experiential activity, the RHTT can be adapted to the needs and abilities of the client. Also, some international clients whose native language is not English may be more comfortable conversing in English than reading and writing it. While it is still possible for clients to misunderstand questions the therapists asks, given the collaborative and conversational nature of the tool, clarifications and illustrations can
be given. Additionally, the assessment is designed for clients ages 12-21. The interactive and experiential approach, which stakeholders reported as fun, may appeal to this age group and may result in increased engagement.

The findings demonstrated several weaknesses of the RHTT, which resulted in changes being made to the assessment. Some weaknesses reported were adequate training and expertise needed to conduct the assessment, and the potential for the assessment to be long. Given that the RHTT is a qualitative assessment that relies on the therapist to generate questions in exploring the indicators of human trafficking, stakeholders found that therapists with little or no experience in this area may have difficulty developing questions. Therefore, changes were made to include an outline of the topics to explore in each indicator, and the requirement of putting a check mark at the topics examined to ensure a standardized and comprehensive review of each indicator.

The literature indicates that in the United States, Florida is the third leading state for human trafficking (National Human Trafficking Hotline, 2017c), and in many settings that therapists work there are no protocols or assessments for identifying victims of human trafficking (Clawson & Dutch, 2008a). Many therapists report they lack expertise in identifying victims of human trafficking (Ross et al., 2015). Given the prevalence of human trafficking in Florida, therapists in this region are likely to come in contact with victims. If many therapists lack expertise with this population, it means they might find it challenging utilizing the RHTT without training and guidance on the questions to explore in identifying victims. Hence, changes were made to improve the usability of the tool for clinicians with all experience levels.
Notably, what emerged from the findings was the importance of training on human trafficking before utilizing the assessment. This supports the literature that to improve the identification of human trafficking victims, training is needed (Clawson, et al., 2009). Such training should be targeted to the individual’s profession because a lack of targeted training on human trafficking is a barrier to identification (Basson, 2017; Clawson, et al., 2009). Therefore, the RHTT requires that therapists receive training on human trafficking and on the assessment before utilizing the tool. While a training manual has not yet been created for the assessment, included in the guidelines are protocols on how to conduct the assessment and how to collaboratively explore the human trafficking indicators with clients.

Another feedback from the stakeholders was that given the comprehensiveness of the tool, the assessment could be long. Changes were made to include the timeframe for the assessment, and a recommendation to continue in subsequent sessions if needed. The possibility of the assessment taking a long time and needing to be conducted over several sessions is typical of human trafficking assessments. Other assessments such as the CSE-IT (Basson, 2017), TVIT (Vera Institute, 2014) and HTST (Cramer, 2015; Services and Resource Committee 2016 Report to the Council on Human Trafficking, 2016) explain that given the trauma of human trafficking, the possibility of the client being in distress during the assessment and the cautiousness with disclosure, the assessments should be done in a gradual manner. Therefore, it is not unlikely for a human trafficking assessment to take time.

The implication for clinical practice is that given the secrecy and restraint with disclosing one’s trafficking experience due to fear (Clawson et al., 2009; Chung, 2009;
Sigmon, 2008) or embarrassment from the stigma of being exploited (Baldwin et al., 2011; Clawson et al., 2009; Chung, 2009), and the trauma of human trafficking, a quick assessment may miss identifying victims. The posture of the collaborative approach, which the RHTT embraces, encourages the therapist to work with the client’s pace and maintain respect for the unfolding of the client’s story (Anderson, 2007). It appears best clinical practice when assessing victims of human trafficking to build rapport, stop if the client is in a heightened state of distress, continue or revisit the assessment when appropriate, and adjust to the pace of the client (Basson, 2016; Leitch & Snow, 2010). These instructions were included in the guidelines of the RHTT. Therefore, although there is a timeframe for the assessment, the therapist is encouraged to be attentive to the needs of the client in the pacing of the assessment.

While conducting the assessment in a timely manner is important, included in the guidelines of the RHTT is the importance of therapists utilizing the tool as an assessment, and not as a forensic interview or replacement for therapy. Feedback from stakeholders was the importance of including this in the training guidelines so that therapists use the assessment for its intended purpose, and not get preoccupied with seeking copious details about the client’s life experiences. This inclusion compares to the DMST Intake Tool, in which Leitch and Snow (2010) delineate the difference between the assessment and a forensic interview. They highlight that information obtained from the assessment can be utilized to link clients to services such as legal support, and appropriate therapy services, such as trauma-focused therapy.

The literature indicates that human trafficking assessments can be utilized in identifying the needs of victims (Clawson & Dutch, 2008a), with a focus first on their
need for safety and basic necessities, and other needs such as legal support and mental health services (Clawson & Dutch, 2008b; National Human Trafficking Resource Center, 2011a). Included in the RHTT is the recommendation for therapists to work with a multidisciplinary team so that clients identified as human trafficking victims can be linked to appropriate services and have their needs met that fall outside the scope of the RHTT, such as legal needs, safe housing and basic needs. This supports the literature on having a multidisciplinary team as best practice when working with victims of human trafficking (Clawson & Dutch, 2008b).

In this study, stakeholders reported that information obtained from the RHTT could be useful throughout the therapy process and utilized for treatment planning. This finding is clinically relevant as it suggests that from the RHTT, the therapist and client can identify goals to address in therapy. For example, the indicator “drugs and alcohol” can be utilized to establish therapy goals related to drug and alcohol use. Research indicates that substance use is prevalent among victims of human trafficking and important to address (Clawson & Dutch, 2008b). Also, the indicator “people close to” can be utilized to establish goals related to the client’s support system, as many victims of human trafficking are isolated from others (Clawson et al., 2009; Dovydaitis, 2010).

An unexpected finding was stakeholders reported the RHTT could be utilized as a reassessment tool. Stakeholders reported that revisiting the assessment at the mid and end sessions could help the client and therapist identify progress the client has made from the initial assessment. For example, at the reassessment, no new runaway episode could suggest stability for the client. The ability for the tool to be utilized for reassessments, contrasts with other human trafficking tools such as the DMST Intake Tool (Leitch &
Snow, 2010), TVIT (Vera Institute, 2014), and HTST (Services and Resource Committee 2016 Report to the Council on Human Trafficking), which are designed only for intake. I designed the RHTT with flexibility for use at intake or later in therapy. Utilizing the tool for reassessments is another feature that helps the client and therapist review the progress the client has made from the initial assessment.

Also, given that victims sometimes do not initially disclose their trafficking experience (Basson, 2016), and many—especially international victims—do not know that what they are experiencing constitutes human trafficking (Clawson & Dutch, 2008a; Clawson et al., 2009; Basson, 2017; Sigmon, 2008), in revisiting the RHTT, the therapist may identify clients who were initially unidentified as victims. Furthermore, some clients relapse into trafficking (Clawson and Dutch, 2008a) and doing a reassessment might identify this.

While information obtained from the RHTT can be utilized in developing the treatment goals, it is important to note that this assessment should not be the only source of information on treatment needs. Research indicates that posttraumatic stress disorder and depression are common mental health disorders for victims of human trafficking (Abas et al., 2013), and it is common practice to assess victims for mental health disorders (Abas et al., 2013; Basson et al., 2012; Services and Resource Committee 2016 Report to the Council on Human Trafficking, 2016). Therefore, commonly used tools, such the UCLA-RI (International Society for Traumatic Stress Studies, 2018) which stakeholders in this study reported using, should be utilized in assessing for mental health symptoms with identified victims.
In the area of comprehensiveness, the study shows that overall stakeholders found the RHTT comprehensive, but it eliminated some key risk factors such as homelessness and non-arrest behaviors. Changes were made to include these risk factors in the modified tool. Such findings are significant, as they support the literature that homelessness is a critical risk factor for human trafficking (Basson et al., 2012; Clawson et al., 2009; Rosenblatt, 2014). The RHTT is designed for identifying youths who are victims of sex trafficking. Given that youths are at highest risk for trafficking (Clause & Lawler, 2013), and traffickers prey on the vulnerabilities of minors often luring those who lack family support and basic needs (Rosenblatt, 2014), it is crucial that homelessness is included in the assessment.

The human trafficking literature indicates that there is a positive relationship between human trafficking and juvenile justice involvement (Services and Resource Committee 2016 Report to the Council on Human Trafficking, 2016). Stakeholders pointed out that the category “arrest” on the first version of the assessment was limited, and did not capture information about non-arrest juvenile behavior or court involvement. Hence, the category was changed to include non-arrest criminal history and court involvement. This change was important because the state of Florida has de-criminalized sexually exploited youths and identifies them as dependents and not delinquents (Florida Safe Harbor Act, 2012). Therefore, in Florida youths who are victims of human trafficking might not have been arrested but may have a dependency case and other court involvement. The category “arrest” would exclude these clients and not capture such information.
For the usability of the tool, stakeholders reported that overall the RHTT was user friendly. The only shortcoming being it did not have a section for notes. This was an unexpected finding because I believed given the sensitive nature of human trafficking, taking notes during the assessment could result in clients being fearful and choosing not to disclose their trafficking experience. When I discussed this with stakeholders they acknowledged this possibility, and highlighted that a way to address this was to first explain the purpose of note taking to clients and obtain their permission. In their experience, this helps to offset fear inducing misunderstandings the client might have about the notes. If the client does not give permission, notes should only be written immediately after the assessment. Stakeholders reported that given the comprehensiveness of the assessment, brief notes would aid in the accuracy of documentation generally required for therapists.

Other human trafficking assessments have guidelines on note taking. The Comprehensive Human Trafficking Tool (National Human Trafficking Resource Center, 2011a) recommends that notes are taken immediately after the assessment, but if notes need to be taken during the assessment, this is first explained to the client. Similar to the RHTT, the DMST Intake Tool was designed specifically for therapists (Leitch & Snow, 2010). This assessment allows the therapist to take notes with the requirement of first obtaining the client’s permission, and explaining the reason for note taking and its intended use. Therefore, given the feedback from stakeholders and review of other assessments, changes were made to the RHTT to include a section for notes, with a guideline on the protocol for note taking.
The second research question explored stakeholders’ experiences using the collaborative approach of the Roberts Human Trafficking Tool to identify victims of human trafficking. Stakeholders found the collaborative approach unique, stimulating, and different from other assessments they utilized. They felt this approach was interactive and nonjudgmental, and allowed clients to feel safe in telling their stories. This supports findings from Aron et al. (2006) that feeling honored and respected when interacting with providers were positive experiences that helped to boost victims’ confidence in providers and improved their feelings of self-worth. Anderson (2003) explains that in conducting assessments, the collaborative approach is nonjudgmental, and does not look for deficits in clients but respects them and seeks to understand their unique experience and context. While stakeholders reported that clients may not accurately report their trafficking experience, and this is a problem with most assessments given the entrenched secrecy of human trafficking, they found that the collaborative posture of the assessment might allow clients to be more open than with other assessments.

**Summary**

Human trafficking has been a growing epidemic locally, nationally and globally. Many victims come in contact with therapists, but they lack the training and tools to identify victims (Clawson et al., 2009; Ross et al., 2015; Sigmon, 2008). Stakeholders in this study reported that in the state of Florida, there is a great need for more therapists to provide services to human trafficking victims, the first step being the ability to identify victims. The RHTT is an assessment therapists can use to identify victims of sex trafficking. It is different from other assessments because it is specifically designed for
therapists to identify youths who are international and domestic victims of sex trafficking, and it is a collaborative, conversational, interactive, and visual tool.

This study utilized one action research cycle in assessing the strengths, weaknesses, comprehensiveness and usability of the RHTT. The results showed several positive features about the tool and suggestions for its improvement. These suggestions were implemented to create a modified version of the tool that was comprehensive and user friendly for therapists to identify victims of sex trafficking. A predominant finding from this action research was the importance of training therapists on human trafficking and the tool. Stakeholders emphasized that without training, therapists would not be able to adequately utilize the RHTT or any human trafficking assessment, and many victims who they meet might still go unidentified. Therefore, as previous research indicates, targeted training is a necessity in effectively responding to the growing crisis of human trafficking (Clawson & Dutch, 2008a; Clawson et al., 2009). This study further reveals that a crucial step in improving therapists’ expertise in identifying victims is providing them with training on human trafficking and training on utilizing therapeutic assessments such as the RHTT.

Limitations of the Study

There are some limitations in this study. First, the study used a small number of stakeholders due to schedule and training time conflicts. Future research should use a larger sample size to get more diverse feedback about the assessment. Second, as an assessment designed to identify international and domestic victims of sex trafficking, the RHTT is only in English. Further development of the tool requires translations to meet the needs of the multilingual population in Florida and the United States. Third, the assessment relies on the therapist to examine the collective response of the client in identifying if the client is a victim of human trafficking. Therapists might have varied perceptions about the client’s responses. Standardized training and guidelines on human trafficking and the tool are needed in helping therapists accurately identify victims.
Implementation for Future Research and Training

Based on the results of this study, the next step will be to conduct a second phase of the action research cycle with the modified tool. This will include first creating a training manual on human trafficking and utilizing the tool, using this manual to train therapists on utilizing the tool, have them utilize it with clients, and obtain feedback about the tool and its identification of victims, and make the recommended changes. The goal is for continued research towards the systematic improvement of the tool in identifying victims of human trafficking in clinical practice. As this tool develops, my hope is to acquire funding to for additional research, training, and validation of the assessment.

Conclusion

While human trafficking is a growing crisis, steps are being made to address this issue. One such step is the development of assessments in identifying victims. Similar to the DSMT Intake Tool, the Roberts Human Trafficking Tool is designed for therapists. The primary advancement is that the RHTT can identify both domestic and international victims of sex trafficking. Based on the findings from this study, changes were made to improve the tool for future use. A fundamental prerequisite for its effectiveness is the training of therapists in human trafficking and in the utilization of the tool, which I will provide for therapists at various locations.
References


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https://www.state.gov/documents/organization/113612.pdf


Appendices
Appendix A
The Roberts Human Trafficking Tool (RHTT)

Purpose

The purpose of this assessment is to identify domestic and international victims of sex trafficking. This assessment is designed for youths who present with risk factors for human trafficking. The assessment can be used in the initial stages of therapy after rapport is built with client, or further in the therapeutic process if the client presents with risk factors for human trafficking. Therapists who use this assessment must first receive training on human trafficking and must receive training on how to use this assessment.

Important Notes

This assessment should be conducted in a conversational, collaborative and professional manner. Mirror the client’s language and ask questions in a strengths-based way. There are 10 indicators of sex trafficking in this assessment; these are some of the most common indicators of trafficking. However, the indicators and suggestions given are not exhaustive of human trafficking. Therapists can ask additional questions and explore additional indicators in identifying victims of human trafficking. Each question should be personalized to the client’s situation. The examples provided in this assessment are only illustrations of how questions can be phrased. Feel free to use your own collaborative style. Do not rely only on this tool to identify victims of human trafficking, as it is not a substitute for training on human trafficking.

Try to conduct the assessment in the client’s preferred language, and if needed, use a certified interpreter who is not connected to the client. Be respectful of the client’s culture and attitude towards disclosure of personal information. Pay attention to your
body language. Prior to using this tool, describe to the client your role as the therapist, confidentiality and its limits, the scope of your expertise, and services you can and cannot provide. Conduct this assessment individually with the client, except in cases where there is an interpreter.

Be respectful if the client does not want to repeat details of the trafficking experience. If the client wants to stop the assessment or is in distress, stop and continue only if client agrees to continue. You can return to it at a later time when the client is ready. Do not re-traumatize the client. The totality of the client’s responses should be taken into account when identifying if the client is a victim of sex trafficking.

Materials
Blank legal-size paper
Pen/pencil/Marker/crayon

Description
- Explain to the client the purpose of the assessment. For example, you may say, “I would like to do an activity with you to get to know you better, and to ensure that you are safe.”
- Ask the client to draw a shape; this can be a circle, square or any shape that the client chooses. Instruct the client to make the shape big enough to fill out a large portion of the paper.
- Ask the client to use the crayon/Marker/pen/pencil to draw symbols for each category/indicator of human trafficking that will be discussed below.

Note: Given the secrecy with human trafficking, the client may be fearful of writing names. The client may also have challenges with spelling and writing.
Hence, it is best practice to ask the client to use shapes or symbols throughout the assessment. If the client initiates writing, that is okay. The therapist will label each category on the outside of the shape (See Figure A1). You will use the client’s drawing to direct the exploration of each category. Do not take notes when exploring each category. The following is a description of the instructions you will give the client, and a guide for exploring each category.

1. **People close to the client**

   “*I would like you think about the people in your life that you are close to and draw circles in your shape representing these people.*”

   **Discussion**

   - Ask the client to tell you about the people in this category.
   - Pay attention to how many circles (or whatever symbol the client uses) in this category, if the client has few circles inquire about this.
   - Ask about friends and significant others or intimate partners.
   - Inquire how the client met the significant other, the age of this person, what the client likes and does not like about the relationship.
   - If one person in this category is an “uncle,” ask how the client is related to this “uncle.”
   - Pay attention to people the client does not have in this category. For example, if the client does not include a mother or father, or a significant other inquire about this.

   You may say: “*I noticed that you didn’t write your mom or dad here, can you tell me a little about that?*”
2. **Schools the client attended**

   “*Draw circles for all the schools that you have attended.*”

**Discussion**

- Ask the client to tell you about the schools identified.
- Pay attention to the number of circles the client drew, multiple circles may indicate things such as frequent moves, suspensions etc.
- If the client attended multiple or few schools inquire about this.
- Inquire about truancy, and reason the client left each school.
- If the client dropped out of a school, inquire about the circumstances why the client dropped out.
- Inquire about activities the client was involved in at school, and things he/she liked and disliked about school.
- For clients who attended school in another country, ask if the way the client attended school is typically how other children attend school in his/her country.

3. **Privileges the client gets**

   “*Draw circles for privileges you get, for example money, electronics, toys, places you go, and things you do.*”

**Discussion**

- Ask the client to describe the privileges identified.
- Inquire about how the client got the privileges.
- Inquire if the client has ever been approached to have sex in exchange for basic needs or the identified privileges.
- Inquire if the client has ever received money in exchange for sex.
- If the client drew few or no circles, inquire about this as victims of human trafficking are sometimes denied privileges.

4. **Places the client has lived**

   “*Draw circles for all the places you have lived.*”

**Discussion**

- Pay attention to the number of circles in this category. A high number of circles may indicate risk factor for human trafficking.

- Inquire about the places the client has lived.

- Explore if there has ever been involvement by the Department of Children and Families (DCF). If yes, inquire about the nature of this involvement. International victims may or may not have a child protective department in their home country, or they may refer to it in different terms. Therefore, you may need to explain what DCF does, and ask if there has ever been a similar investigation in their family.

- For clients who have lived in a different state or country, inquire about the circumstances that caused them to move. Explain why you ask this question. Note that immigration can be a sensitive topic, and some clients may be uncomfortable answering this question.

- Inquire about where the client currently lives and with whom.

- Explore what the client likes and does not like about living with the identified person and place.

5. **Runaway history**

   “*Draw circles for the times you have runaway from home. If never, write zero.*”

**Discussion**
- If the client has a history of running away, inquire about the circumstances surrounding this.

- Pay attention to the number of circles the client drew. Running away is a risk factor for human trafficking. A high number of circles demonstrates the severity of this indicator with the client.

- Inquire about where the client lives when the client runs away, and with whom.

- Ask if the client has thought about running away.

- Ask if someone has encouraged the client to leave home, this can be someone the client has met in person or on the Internet (Traffickers often use the internet to lure victims).

6. Medical visits

“I would like you to think about the times you have visited the doctor in the past year, and draw circles representing each visit.”

**Discussion**

- Inquire about the circumstances for which the client had the identified medical visits.

- Ask who normally goes with the client to these visits, and who pays the bill.

- Pay attention to the number of circles the client drew. A high number demonstrates the severity in this category. Many victims of human trafficking have frequent medical visits; however, inquire about the circumstances of each visit.

- If the client had no medical visits, inquire about this, as the absence of a medical visit is equally important.
7. **Arrests**

“*Draw circles for the times you have been arrested. If never, write zero.*”

**Discussion**

- If the client has been arrested, inquire about the circumstances surrounding the arrest, and who was arrested with the client.

- Pay attention to the number of circles in this category, a high number may indicate a strong history of arrests. Pay attention to any trends in the arrests.

- If there were no arrests, inquire about this. For example you may say, “*I am curious to know how you have been able to have no arrests in a society where so many youths are being arrested.*”

8. **Tattoos**

“*Draw circles for the number of tattoos you have. If you have none, write zero.*”

**Discussion**

- If the client has tattoos, inquire about how the client got the tattoos, the meaning of the tattoos, and if other peers have similar tattoos.

- Inquire if someone encouraged the client to get the tattoo(s).

9. **Drugs and alcohol**

“*Draw circles for the times you have tried drugs and/or alcohol. If never, write zero.*”

**Discussion**

- If the client has used drugs and/or alcohol inquire about the circumstances that led to the client using these substances. For example, you may say, “*People use drugs and alcohol for different reasons, can you share with me your reason?*”
- Pay attention to the number of circles in this category, a high number may indicate a strong history of substance use.

10. People that make the client feel unsafe

“*I would like you think about the people in your life that make you feel unsafe, and draw circles representing these people.*”

**Discussion**

- Ask the client to tell you about the people who make him/her feel unsafe.
- Inquire about the ways in which the person makes the client feel unsafe.
- Inquire if the client has ever experienced physical or sexual abuse.
- Ask the client about other people who might know that the identified person(s) is unsafe.
- Ask how the client copes with this person(s).
- If the person that makes the client feel unsafe is also identified in the category of people the client is close to, inquire how the client is close to this person but also feels unsafe with this person.
- Ask the client what would need to happen for him/her to feel safe.

**Reporting**

If the client meets the criteria for a victim of human trafficking, follow the policies and procedures of your state and organization. In the State of Florida, therapists are mandated to report the human trafficking of a minor to the Florida Abuse Hotline (1-800-962-2873). For an adult, the report can be made to the national human trafficking hotline (1-888-373-7888) with the client’s consent. For all identified clients, conduct a safety
assessment, collaborate with a multidisciplinary human trafficking team, and link the client to all needed resources.

Figure A1. Sample of a client’s drawing when using the Roberts Human Trafficking Tool. Created January 2018, Copyright pending.
Appendix B

The Modified Roberts Human Trafficking Tool (RHTT)

Purpose

The purpose of the RHTT is to identify domestic and international victims of sex trafficking. This assessment is designed for youths who present with risk factors for human trafficking. The assessment can be used in the initial stages of therapy or further in the therapeutic process if the client presents with risk factors for human trafficking. Therapists who use this assessment must first receive training on human trafficking and must receive training on how to use this assessment.

Important Notes

This assessment should be conducted in a conversational, collaborative, and professional manner. Mirror the client’s language and ask questions in a strengths-based way. The assessment should be completed in 40-minutes. If needed, you can continue the assessment in a subsequent session.

There are 10 indicators of sex trafficking in this assessment; these are some of the most common indicators of trafficking. However, the indicators and suggestions given are not exhaustive of human trafficking. Therapists can ask additional questions and explore additional indicators in identifying victims of human trafficking. Each question should be personalized to the client’s situation.

The examples provided in this assessment are only illustrations of how questions can be phrased. Feel free to use your own collaborative style. Do not rely only on this tool to identify victims of human trafficking, as it is not a substitute for training on human trafficking.
Try to conduct the assessment in the client’s preferred language, and if needed, use a certified interpreter who is not connected to the client. Be respectful of the client’s culture and attitude towards disclosure of personal information. Pay attention to your body language. Prior to using this tool, describe to the client your role as the therapist, confidentiality and its limits, the scope of your expertise, and services you can and cannot provide. Conduct this assessment individually with the client, except in cases where there is an interpreter.

Be respectful if the client does not want to repeat details of the trafficking experience. If the client wants to stop the assessment or is in distress, stop and continue only if client agrees to continue. You can return to it at a later time when the client is ready. Do not re-traumatize the client. If the client begins to show signs of distress, stop the assessment and utilize relaxation techniques such as grounding and deep breathing. This assessment is not a substitute for therapy or a forensic interview. Therefore, you do not need to go into details about the client’s experiences. The totality of the client’s responses should be considered when identifying if the client is a victim of sex trafficking.

**Materials**

The RHTT

Pen/pencil/marker/crayon

**Guidelines**

Explain to the client the purpose of the assessment. For example, you may say, “I would like to do an activity with you to get to know you better, and to ensure that you are safe.”
Ask the client to think of a shape that represents who the client is, this can be a circle, square or any shape that the client chooses. Explore how this shape represents the client. If the aforementioned instruction is challenging for the client, you may ask the client to think of a favorite shape or select any shape.

Ask the client to use the crayon/marker/pen/pencil to draw the selected shape in each category/indicator of human trafficking. If the client prefers, the client can use multiple shapes or multiple colors for each category throughout the assessment.

Each category has a list of topics to explore with the client. Use this list as a guideline for important questions to ask in each category. You can add additional questions if needed. Each category/indicator has a section for notes. First explain to the client the purpose of note taking, and ask the client’s permission to take notes. If the client declines, refrain from taking notes during the assessment. You can take notes after the assessment is complete.

Note: Given the secrecy with human trafficking, the client may be fearful of writing names. The client may also have challenges with spelling and writing. Hence, it is best practice to ask the client to use shapes or symbols throughout the assessment. If the client initiates writing, that is okay. You will use the client’s drawing to direct the exploration of each category/indicator. See Figure A2 below for a sample of a completed assessment.
People close to
Mother, df (refused to give age said older)- met at a party, Angie (an older girl who is nice to her and buys her clothes), "only true friend".

School
3 schs (high, middle, elem), Currently in H/S, truancy, multiple suspensions, was in soccer in MS no longer interested only wants to hang with Angie and df

Baker Act- recent, suicide attempt, b/c df was mad at her "he gets scary when mad"

Benefits
Money from Angie and df, yes sex for money, df ok with this, sometimes gives him money

4 medical visits due to injuries, mom doesn't know, went with Angie

1 time ran away and arrested for shoplifting, comm serv.

Bf gave drugs but didn't know it was drugs. Tries to stay away by lying that does drug test for comm serv

Yes sex abuse by mom's ex paramour (family moved away), unsafe man

Angie intro to - Angie called him her uncle. Bf sometimes gets mad- feels scared

Figure A2. Sample of a completed assessment and note taking using the Roberts Human Trafficking Tool. Copyright.
The RHHT

ROBERTS HUMAN TRAFFICKING TOOL

People Close To

Schools

People Unsafe

Privileges/Benefits

Other

Other

Drugs/Alcohol

Places Lived

Tattoo

Criminal History/
Court Involvement

Medical Visits

Runaway/Homelessness
The following is a guide for exploring each category.

1. **People close to the client**

   You may say: “*I would like you think about the people in your life that you are close to and draw circles in your shape representing these people.*”

   **Discussion (put a check mark on the line for each item you explored with the client, if an item is not applicable put N/A)**

   ___ Ask the client to tell you about the people in this category.

   ___ Pay attention to how many circles (or whatever symbol the client uses) are in this category. Inquire about this.

   ___ Ask about friends and significant others or intimate partners.

   ___ Inquire how the client met the significant other, the age of this person, what the client likes and does not like about the relationship.

   ___ If one person in this category is an “uncle,” ask how the client is related to this “uncle.”

   ___ Pay attention to people the client does not have in this category. For example, if the client does not include a mother or father, or a significant other inquire about this.

   You may say: “*I noticed that you didn’t write your parent here, can you tell me a little about that?*”

**Notes**
2. **Schools the client attended** (put a check mark on the line for each item you explored, if an item is not applicable put N/A)

   “Draw circles for all the schools that you have attended.”

**Discussion**

___ Ask the client to tell you about the schools identified. (Get an overview of the client’s school experience. You do not need to inquire about the client’s detailed experience in each school).

___ Pay attention to the number of circles the client drew, multiple circles may indicate things such as frequent moves, suspensions etc. If the client attended multiple or few schools inquire about this.

___ Inquire about truancy, and reason the client left each school.

___ If the client dropped out of a school, inquire about the circumstances why the client dropped out.

___ Inquire about activities the client was involved in at school, and things he/she liked and disliked about school.

___ For clients who attended school in another country, ask if the way the client attended school is typically how other children attend school in his/her country.

**Notes**

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
3. Privileges/benefits the client gets or is deprived of

“Draw circles for privileges/benefits you get, for example money, electronics, toys, places you go, and things you do.”

Discussion (put a check mark on the line for each item you explored, if an item is not applicable put N/A)

___ Ask the client to describe the privileges/benefits identified.
___ Inquire about how the client got the privileges/benefits.
___ Inquire if the client has ever been approached to have sex in exchange for basic needs or the identified privileges/benefits.
___ Inquire if the client has ever received money in exchange for sex.
___ Inquire if the client has ever been denied privileges or basic needs by someone who maintains power over the client.
___ If the client drew few or no circles, inquire about this as victims of human trafficking are sometimes denied privileges.

Notes

_____________________________________________________________________
_____________________________________________________________________

4. Places the client has lived

“Draw circles for all the places you have lived.”

Discussion (put a check mark on the line for each item you explored, if an item is not applicable put N/A)
Inquire about the places the client has lived. Pay attention to the number of circles in this category. A high number

Explore if there has ever been involvement by the Department of Children and Families (DCF). If yes, inquire about the nature of this involvement. International victims may or may not have a child protective department in their home country, or they may refer to it in different terms. Therefore, you may need to explain what DCF does, and ask if there has ever been a similar investigation in their family.

For clients who have lived in a different state or country, inquire about the circumstances that caused them to move. Explain why you ask this question. Note that immigration can be a sensitive topic, and some clients may be uncomfortable answering this question. Move on if the client chooses not to respond.

Inquire about where the client currently lives and with whom.

Explore what the client likes and does not like about living with the identified person and place.

Notes

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

5. Runaway/Homelessness

“Draw circles for the times you have runaway from home, and the number of times you have ever been homelessness. If never, write zero.”
Discussion (put a check mark on the line for each item you explored, if an item is not applicable put N/A)

___ If the client has a history of running away or homelessness, inquire about the circumstances surrounding this.

___ Pay attention to the number of circles the client drew. Running away and homelessness are risk factors for human trafficking. A high number of circles demonstrates the severity of this indicator with the client.

___ Inquire about where the client lives when the client runs away, and with whom.

___ Inquire where the client lived when homeless and how the client’s needs were met.

___ Ask if the client has thought about running away.

___ Ask if someone has encouraged the client to leave home, this can be someone the client met in person or on the Internet (traffickers often use the internet to lure victims).

Notes
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_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________


6. Medical visits

“I would like you to think about the times you have visited the doctor in the past year, and draw circles representing each visit.”

Discussion (put a check mark on the line for each item you explored, if an item is not applicable put N/A)

___ Inquire about the circumstances for which the client had the identified medical visits.

___ Ask who normally goes with the client to these visits, and who pays the bill.

___ Pay attention to the number of circles the client drew. A high number demonstrates the severity in this category. Many victims of human trafficking have frequent medical visits; however, inquire about the circumstances of each visit.

___ If the client had no medical visits, inquire about this, as the absence of a medical visit is equally important.

Notes

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_________________________________

_____________________________________________________________________

_____________________________________________________________________

7. Criminal History and Court Involvement

“Draw circles for the times you have had the court involved in your life, or any criminal activity you engaged in.”
Discussion (put a check mark on the line for each item you explored, if an item is not applicable put N/A)

___ Inquire about the circumstances surrounding the client’s criminal history and court involvement.

___ Pay attention to the number of circles in this category, a high number is a human trafficking risk factor. Pay attention to the trends in the criminal history.

___ If there is no criminal history or court involvement inquire about this. For example you may say, “I am curious to know how you have been able to stay out of trouble with the law in a society where so many youths get in trouble.”

Notes
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

8. Tattoos

“Draw circles for the number of tattoos you have. If you have none, write zero.”

Discussion (put a check mark on the line for each item you explored, if an item is not applicable put N/A)

___ If the client has tattoos, inquire about how the client got the tattoos, the meaning of the tattoos, and if other peers have similar tattoos.

___ Inquire if someone encouraged the client to get the tattoo(s).
9. Drugs and alcohol

“Draw circles for the times you have tried drugs and/or alcohol. If never, write zero.”

Discussion (put a check mark on the line for each item you explored, if an item is not applicable put N/A)

___ If the client has used drugs and/or alcohol inquire about the circumstances that led to the client using these substances. For example, you may say, “People use drugs and alcohol for different reasons, can you share with me your reason?”

___ Pay attention to the number of circles in this category, a high number may indicate a strong history of substance use, which is a human trafficking risk factor.

Notes

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________
10. People that make the client feel unsafe

“I would like you think about the people in your life that make you feel unsafe, and draw circles representing these people.”

Discussion (put a check mark on the line for each item you explored, if an item is not applicable put N/A)

___ Ask the client to tell you about the people identified.

___ Inquire about the ways in which the person(s) makes the client feel unsafe.

___ Inquire if the client has ever experienced physical or sexual abuse.

___ Ask the client about other people who might know that the identified person(s) is unsafe.

___ Ask how the client copes with this person(s).

___ If the person that makes the client feel unsafe is also identified in the category of people the client is close to, inquire how the client is close to this person but also feels unsafe with this person.

___ Ask the client what would need to happen for him/her to feel safe.

Notes

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Reporting

If the client meets the criteria for a victim of human trafficking, follow the policies and procedures of your state and organization. In the State of Florida, therapists
are mandated to report the human trafficking of a minor to the Florida Abuse Hotline (1-800-962-2873). For an adult, the report can be made to the national human trafficking hotline (1-888-373-7888) with the client’s consent. For all identified clients, conduct a safety assessment, collaborate with a multidisciplinary human trafficking team, and link the client to all needed resources.
Appendix C

Letter to Recruit Therapists to Participate in the Study

A Research Opportunity for Therapists to Review and Provide Feedback on a Collaborative Tool to Identify Victims of Sex Trafficking

Date:

Dear Participant:

My name is Arthrine Roberts, and I am a doctoral candidate in the Marriage and Family Therapy program at Nova Southeastern University. I am currently doing a research study for my Applied Clinical Project (ACP), the research study to be completed as partial requirement for completion of the doctoral degree. The title of the research is, “A Collaborative Approach With Therapists: Training and Utilizing the Roberts Human Trafficking Tool to Identify Domestic and International Victims of Human Trafficking.” You are invited to participate in this study due to your expertise working with victims of human trafficking. You are eligible to participate in the research if you have worked with victims of sex trafficking, you are English speaking, and you are willing to receive training on the Roberts Human Trafficking Tool and provide feedback about this tool.

The purpose of this study is to introduce and train therapists on the Roberts Human Trafficking Tool, have therapists utilize this tool with a group of therapists, and provide feedback about the tool and their experience using it. This feedback will be used to make changes to advance the tool. The goal is to have a tool that is comprehensive and user friendly for therapist to identify domestic and international victims of sex trafficking.

If you choose to participate, you will be asked to meet with fellow participants and me at a workshop at the Brief Therapy Institute at Nova Southeastern University. At this workshop, I will train you on using the Roberts Human Trafficking Tool; you will do role-plays with other participants using the tool, and then you will participate in a group interview where you will be asked to orally give your reflections on the strengths and weakness, the comprehensiveness and usability of the tool. The feedback you and other participants provide will be used to make modifications to the tool.

There will be no costs or monetary payments made for participation in the study. However, refreshments will be provided at the workshop. Your participation will be valuable to the research. A potential benefit it that you will receive specialized training on identifying domestic and international victims of sex trafficking human trafficking, and this research could lead to improvements in therapists being able to identify victims of sex trafficking.

You will be interacting with other participants in the study, and you will be asked to provide demographic information and your feedback about the Roberts Human
Trafficking Tool. Maintaining privacy and confidentiality is highly important to this study. You will be required to maintain the privacy and confidentiality of fellow participants.

Only your feedback and suggestions about the tool and demographic information will be disclosed in the results of the study. Personal identifiers will not be revealed in the analysis and write up of the study. All responses and transcripts will be destroyed 3 years after the completion of the study. All information obtained in the study is strictly confidential unless the law requires disclosure. The university’s human oversight board, regulatory agencies, or Dr. Tommie Boyd may review research records.

You have the right to leave this study at any time or refuse to participate. If you decide to leave or you decide not to participate, you will not experience any penalty or loss of services you have the right to receive.

If you or anyone you know is interested in participating in this study, or you would like more information about this study, please contact me via email at ba480@mynsu.nova.edu or phone at 954-274-2845.

Thank you, and I look forward to hearing from you.

Sincerely,

Arthrine M. Roberts, LMFT

IRB protocol #:

Principal Investigator: Co-Investigator:
Arthrine M. Roberts, DMFT Candidate Tommie Boyd, PhD
304 NW 102 Terrace 3301 College Avenue
Plantation, FL 33324 Fort Lauderdale, FL 33314
954-274-2845

For questions/concerns about your research rights, contact
Human Research Oversight Board (Institutional Review Board or IRB)
Nova Southeastern University
954-262-5369
IRB@nova.edu
Appendix D

General Informed Consent Form
NSU Consent to be in a Research Study Entitled
A Collaborative Approach With Therapists: Training and Utilizing the Roberts Human Trafficking Tool to Identify Domestic and International Victims of Human Trafficking

Who is doing this research study?

College: College of Arts, Humanities and Social Sciences, Department of Family Therapy

Principal Investigator: Arthrine M. Roberts, LMFT

Faculty Advisor/Dissertation Chair: Tommie Boyd, PhD

Co-Investigator(s): Tommie Boyd, PhD

Site Information: The Maltz Building, Nova Southeastern University, 3301 College Avenue, Fort Lauderdale, Florida 33314.

Funding: Unfunded

What is this study about?

This is a research study, designed to test and create new ideas that other people can use. The purpose of this research study is to introduce therapists to the Roberts Human Trafficking Tool. This is a therapeutic assessment that the researcher, Arthrine Roberts, developed. It is designed to identify domestic and international victims of sex trafficking. The aim of this research is to train therapists to use the Roberts Human Trafficking Tool, have them utilize this assessment within the therapists’ group, provide their feedback about the tool, and the researcher will use this feedback to make changes to improve the tool. While there are many assessment tools to identify victims of sex trafficking, this research introduces therapists to a tool that is specifically designed for the therapy setting, and uses an approach that is interactive, strength-based, and focuses on building rapport with the client (the collaborative approach). A benefit of this research is that therapists will receive specialized training on identifying domestic and international victims of sex trafficking, so that these victims can receive appropriate interventions and needed services.

Why are you asking me to be in this research study?

You are being asked to be in this research study because you are a therapist and have experience working with victims of sex trafficking in Florida.

This study will include 4 to 6 therapists who work in South Florida with victims of sex trafficking.
What will I be doing if I agree to be in this research study?

While you are taking part in this research study, you will be asked to attend 1 workshop at Nova Southeastern University with the other participants in the study. This workshop will last for 3 hours. The workshop will be scheduled at a date and time that is convenient for all participants.

Research Study Procedures - as a participant, this is what you will be doing:

You will attend a workshop with other therapists who are participants in this study. At the beginning of the workshop, the researcher (Arthrine Roberts) will review with you the purpose of the study, the voluntary nature of the study and confidentiality. You will then be asked to complete a paper survey that will collect your demographic information. Next you will participate in a group interview with the other participants in the study. The researcher will conduct this interview and it will be audio recorded. During this interview, you will be asked to share information about the approaches and assessments you use as a therapist to identify victims of human trafficking. After this group interview, the researcher will give you a handout that describes the collaborative approach, and explains how it informs the Roberts Human Trafficking Tool. The researcher will then give you a copy of the Roberts Human Trafficking Tool, and train you on how to use it. You will then form a pair of your choice with another participant, and will do a role-play using the Roberts Human Trafficking Tool. The role-play will be for 40 minutes. For the first 20 minutes of the role-play, 1 person will volunteer to be the therapist and the other the client. For the second 20 minutes, you will switch roles continuing the assessment. You will do the role-play on your own. After the role-play, you will participate in a group interview conducted by the researcher. This group interview will be audio recorded. You will be asked to give your feedback on the strengths and weaknesses, comprehensiveness and usability of the Roberts Human Trafficking Tool. You will also be asked to suggest improvements that can be made to the tool. After this, the workshop will end and you will leave. The feedback you provide in the workshop will be used to make changes to the tool. When making changes to the tool, the lead researcher will contact you via email or telephone if any clarifications or follow-up about your feedback is needed. After changes are made to the tool, the lead researcher will give you a copy of the modified tool via email. You will be asked to review it and provide feedback on whether the changes correctly reflect your feedback about the tool.

You are eligible to participate in the research if you are a registered intern or a licensed therapist in the field of mental health (marriage and family therapy, social work, psychology, mental health counseling), and have experience working with victims of sex trafficking in Florida. You are also eligible to participate if you are English speaking, and you are willing to do a role-play using the Roberts Human Trafficking Tool with other participants who are therapists, and provide feedback about the tool. If you are a past victim of human trafficking, you are not eligible to participate in this study.

Could I be removed from the study early by the research team? There are several reasons why the researchers may need to remove you from the study early. Some reasons are: if you fail to participate in the role-play and if you appear to be in danger or distress while doing the role-play.
Are there possible risks and discomforts to me?

This research study involves minimal risk to you. To the best of our knowledge, the things you will be doing have no more risk of harm than you would have in everyday life.

You may find some questions we ask you (or some things we ask you to do) to be upsetting or stressful. If so, we can refer you to someone who may be able to help you with these feelings.

What happens if I do not want to be in this research study?

You have the right to leave this research study at any time or refuse to be in it. If you decide to leave or you do not want to be in the study anymore, you will not get any penalty or lose any services you have a right to get. If you choose to stop being in the study before it is over, any information about you that was collected before the date you leave the study will be kept in the research records for 36 months from the end of the study and may be used as a part of the research.

What if there is new information learned during the study that may affect my decision to remain in the study?

If significant new information relating to the study becomes available, which may relate to whether you want to remain in this study, this information will be given to you by the investigators. You may be asked to sign a new Informed Consent Form, if the information is given to you after you have joined the study.

Are there any benefits for taking part in this research study?

There are no direct benefits from being in this research study. We hope the information learned from this study will aid in the advancement of the Roberts Human Trafficking Tool, and ultimately enhance therapists' ability to identify domestic and international victims of sex trafficking when using this tool.

Will I be paid or be given compensation for being in the study?

You will not be given any payments or compensation for being in this research study. Refreshments will be provided at the workshop that you will attend.

Will it cost me anything?

One cost for being in the research will be the cost for gas for transportation to attend the workshop.

Ask the researcher if you have any questions about what it will cost you to take part in this research study (for example bills, fees, or other costs related to the research).

How will you keep my information private?

Information we learn about you in this research study will be handled in a confidential manner, within the limits of the law and will be limited to people who have a need to review this information. This data will be available to the researcher, the Institutional Review Board and other representatives of this institution, and any regulatory and granting agencies (if applicable). If we publish the results of the study in a scientific
journal or book, we will not identify you. All confidential data will be kept securely in a locked filing cabinet, in a locked office. All data will be kept for 36 months and destroyed after that time by shredding.

Will there be any Audio or Video Recording?
This research study involves audio recording. This recording will be available to the researcher, the Institutional Review Board and other representatives of this institution, and any of the people who gave the researcher money to do the study (if applicable). The recording will be kept, stored, and destroyed as stated in the section above. Because what is in the recording could be used to find out that it is you, it is not possible to be sure that the recording will always be kept confidential. The researcher will try to keep anyone not working on the research from listening to or viewing the recording.

Whom can I contact if I have questions, concerns, comments, or complaints?
If you have questions now, feel free to ask us. If you have more questions about the research, your research rights, or have a research-related injury, please contact:

Primary contact:
Arthrine M. Roberts, LMFT can be reached at 954-274-2845

If primary is not available, contact: Tommie Boyd, PhD can be reached at 954-262-3027

Research Participants Rights
For questions/concerns regarding your research rights, please contact:

Institutional Review Board
Nova Southeastern University
(954) 262-5369 / Toll Free: 1-866-499-0790
IRB@nova.edu

You may also visit the NSU IRB website at [www.nova.edu/irb/information-for-research-participants](http://www.nova.edu/irb/information-for-research-participants) for further information regarding your rights as a research participant.

All space below was intentionally left blank.
**Research Consent & Authorization Signature Section**

Voluntary Participation - You are not required to participate in this study. In the event you do participate, you may leave this research study at any time. If you leave this research study before it is completed, there will be no penalty to you, and you will not lose any benefits to which you are entitled.

If you agree to participate in this research study, sign this section. You will be given a signed copy of this form to keep. You do not waive any of your legal rights by signing this form.

SIGN THIS FORM ONLY IF THE STATEMENTS LISTED BELOW ARE TRUE:
- You have read the above information.
- Your questions have been answered to your satisfaction about the research.

**Adult Signature Section**

I have voluntarily decided to take part in this research study.

________________________ ________________ ________________  
Printed Name of Participant Signature of Participant Date

________________________ ________________ ________________  
Printed Name of Person Obtaining Consent and Authorization Signature of Person Obtaining Consent & Authorization Date
Appendix E

Demographic Form

Please answer each question as accurately as possible by circling the correct answer or by filling in the blank space provided.

1. Age: 18-30 31-45 46-65 65 or above

2. Gender: ______________________

3. Highest level of education completed and the area of study, for example
   Masters Marriage and Family Therapy
   Bachelors ________________________________
   Masters ________________________________
   Doctorate ________________________________
   Other ________________________________

4. Therapist: Licensed ___________ Unlicensed _______________

5. Length of time working as a therapist _________________________

6. In your work with victims of sex trafficking, have they been:
   International victims (trafficked to the United States from another country) Yes No
   Domestic victims (trafficked within the borders of the United States) Yes No

7. Length of time you have worked with victims of sex trafficking ____________

8. Setting where you work with victims of sex trafficking
   Inpatient Outpatient Private Practice Agency Other ______
Appendix F

Guide for First Group Interview

First explain to participants that the interview is not an assessment of wrong or right answers, but an interview about their experiences working with victims of sex trafficking. Remind participants that the interview is audio recorded. Asks each participant the following question:

“What assessments and approaches do you use to identify victims of sex trafficking?”
Appendix G

Collaborative Therapy Handout

The following information is exacted from Diane Gehart’s (2014) book, *Mastering Competencies in Family Therapy: A Practical Approach to Theories and Clinical Case Documentation*, chapter 10 “Collaborative and Narrative Therapies”.

Developers

Harlene Anderson and Harry Goolishian, Texas in the 1980s.

Primary Philosophical Foundations

Postmodernism, social constructionism, hermeneutics (study of interpretation)

Therapeutic Relationship

Therapist facilitates a dialogical process

Therapeutic Process

No interventions, therapist focuses on facilitating the therapeutic process

Overview

Collaborative therapy is a two-way dialogical process, in which therapists and clients co-explore and co-create new and more useful understandings related to the client’s problem and agency. Therapists focus on the process of therapy and how client’s concerns are explored and exchanged. They listen for how clients interpret the events in their lives and then ask questions and make comments to better understand the client’s story. As the therapist and client engage in shared inquiry, asking questions and tentatively sharing their perspectives, alternative views and future options emerge on the client’s situation.
The following are principles of collaborative therapy that have informed the A. M. Roberts Human Trafficking Tool.

1. Conversational Partners- With-ness

The therapeutic relationship in collaborative therapy is best described as a conversational partnership – a process of being with the client. A commitment to walk alongside the client, no matter where the journey leads.

2. Curiosity: The Art of Not Knowing

Therapists have a sincere interest in client’s unique life experiences and the meanings that are generated from these experiences. Two people do not experience things the same. Therapists avoid assuming that they have enough information and can fill in the gaps of the client’s experience without sufficient evidence. The not knowing stance requires the therapist to ask what on the surface appear as obvious or trivial questions. The therapist remains curious about the client’s unique experience.

3. Client and Therapist Expertise

The client is the expert. This means the therapist’s attention is focused on sincerely valuing the client’s thoughts, ideas, and opinions. Therapists ultimately have very limited information about the fullness and complexity of clients’ lives; they can never acquire the complete history and “insider” perspective that clients possess. The concept of “client as expert” is more about respect for the client than a description of how the therapeutic process is conducted.
The therapist has expertise. The therapist has the responsibility to ensure a respectful conversation with the client is conducted. If the therapist believes the client is not addressing an important area of content, the therapist will in a nonhierarchical manner, raises the issue. The client has the freedom to explore or not explore the issue, and the therapist honors the client’s wishes. The therapist is also open to feedback from the client about the therapeutic process, allowing the client’s input on which processes work best for them.

4. **Everyday Ordinary Language**

The therapist listens, hears, and speaks in a natural down-to-earth way that is more congruent with the client’s language and more democratic than hierarchical. Although therapists are responsible for facilitating a dialogical process that clients find useful, they do not approach the task from a position of leadership or expertise. Instead, they assume a more humble position, using everyday language, a relaxed style, and a willingness to learn that invites clients to join them in exploring how best to proceed.

5. **Inner and Outer Talk**

In a conversation there is outer talk – the verbally spoken conversation between the therapy participants. There is inner talk – the thoughts and conversations a person has within while participating in a conversation. In a therapeutic conversation there is the client’s inner dialogue, the therapist’s inner dialogue and the outer spoken dialogue. Therapists do not pressure clients to share their inner dialogue. Thus, if a client does not want to speak about her sexual abuse or a difficult relationship, the therapist does not force the issue, but instead leaves an open invitation for the client to speak about it when
ready. The therapist understands that clients have the ability to navigate their lives in a way that works best for them.

Note: The information provided is not a comprehensive overview of collaborative therapy. For more detailed information about this approach please review other sources.
Appendix H

Guide for Second Group Interview

Explain to the participants that the interview is about their experience using the Roberts Human Trafficking Tool, and their feedback about this tool. Remind participants that the interview is audio recorded. Ask each participant the following chronological questions (do not move on to the next question until all participants respond to the question presented):

1. “What are the strengths of the tool? Strengths are anything you believe are positive about the tool.”

2. “What are the weaknesses of the tool? Weaknesses are anything you believe are challenges with the tool.”

3. “How comprehensive is the tool in exploring the indicators/red flags for human trafficking?”

4. “How user-friendly is the tool, that is, how easy was it for you to use it?”

5. “What do you suggest can be done to improve the tool?”
Appendix I

Agenda for Workshop

Welcome and Introductions (5 minutes)
- Explain the purpose of the study, confidentiality and consents
- Ask participants to complete the demographic form

Group Interview (15 minutes)
Inquire about the assessments and approaches participants’ use to identify victims of sex trafficking

Train Participants (45 minutes)
Train participants on the Roberts Human Trafficking Tool
- Briefly explain collaborative therapy and the aspects that influence the Collaborative Human Trafficking Conversation Tool. Use handout on collaborative therapy (See Appendix E).
- Give participants copies of the Roberts Human Trafficking Tool and explain how it is used
- Researcher demonstrates how the assessment is used
- Participants will review the assessment, and ask clarifying questions
- Orally assess participants’ knowledge and comprehension of the assessment, and provide clarification when needed.

Break (5 minutes)

Role Plays (40 minutes)
- Ask participants to voluntarily form pairs.
- Explain that they will be doing role-plays using the A. M. Roberts Human Trafficking Tool. For the first 20 minutes, one participant will play the role of the therapist, and the other the client. For the second 20-minutes, participants will switch roles and continue the assessment.

**Post-Interview** (40 minutes)

- Conduct group interviews with the participants exploring the following:

  1. Their experience using the tool
  2. Strengths and weakness of the tool
  3. Comprehensiveness of the tool in exploring indicators of human trafficking
  4. Usability of the tool
  5. Changes that can improve the tool

**Debrief and close** (5 minutes)

- Thank participants for their time.
- Inform participants of the next step – the researcher will analyze the data, write the results and discussion of the study, and provide participants with a copy of the final copyrighted assessment.
Biography

Arthrine M. Roberts, Doctoral Candidate, LMFT

Arthrine M. Roberts is a Jamaican born licensed Marriage and Family Therapist, who currently resides and works in South Florida. Arthrine has been a marriage and family therapist for over five years, and has worked as a therapist in both the private and public sectors. She has expertise working with a variety of mental health and substance use disorders, and providing individual and family therapy to high risk populations, such as those at risk for human trafficking.

Arthrine developed an assessment tool for therapists to identify both domestic and international victims of human trafficking. The assessment is called the Roberts Human Trafficking Tool (RHTT). She has also published in the field of mental health. Her ongoing mission is to develop training and therapeutic tools to help therapists meet the growing needs of the populations they serve.