

THE ESSENTIAL ROLE OF SOCIAL WORK IN ADDRESSING VICTIMS AND SURVIVORS OF TRAFFICKING

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I. INTRODUCTION

“All persons held as slaves . . . are and henceforth free.”¹ The orders from President Lincoln’s Emancipation Proclamation first issued on September twenty-second in 1862 while limited in scope freeing certain slaves, served to ignite imagination and pride in those who now look back in history at this defining event. The prevailing belief in the United States is that human slavery no longer exists within its borders. Yet, the disturbing reality is far from this perceived ideal. In fact, the United States is one of the countries where humans are trafficked and purchased in

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1. Abraham Lincoln, *Emancipation Proclamation* (Sept. 22, 1862) (on file with National Archives), available at http://www.archives.gov/exhibits/featured_documents/emancipation_proclamation/ (last visited July 14, 2010) (The Proclamation applied only to states that had seceded from the Union leaving slavery untouched in border states. The 14th Amendment to the U.S. Constitution was needed to solidify this position.).

astounding numbers. According to Bradley Myles, with the Polaris Project, human trafficking is “a very serious problem in the United States.”²

“Humans are trafficked across international borders for the purposes of labor exploitation (*e.g.*, domestic servitude, sweatshops) or sexual exploitation (*e.g.*, forced prostitution) and the victims are subjected to coercion, fraud, abuse, or some other form of deception on the part of traffickers.”³ Discussion and research on human trafficking tends to focus on both female children and adults and although officials are aware that males and transgender youth are also victims of domestic sex trafficking, their needs are largely ignored.⁴ While prostitution has received the most attention, the plight of domestic laborers is likewise severe.⁵ One of the challenges in addressing issues is that definitions of human trafficking vary as do the finer legal distinctions such as smuggled versus migration⁶ or placement through coercion.⁷ Beyond the legal rubric, policies, laws, and practices, however, remain human beings who have experienced “terrorizing physical and sexual violence and . . . multiple layers of trauma including psychological damage from captivity and fear of reprisals if escape is contemplated, brainwashing, and for some, a long history of family community or national violence.”⁸ The complexities of addressing both the origin and aftermath of human trafficking are staggering to

2. HEATHER J. CLAWSON ET AL., ESTIMATING HUMAN TRAFFICKING INTO THE UNITED STATES: DEVELOPMENT OF A METHODOLOGY 26–27 (Caliber ICF Int'l 2006), *available at* <http://www.ncjrs.gov/pdffiles1/nij/grants/215475.pdf> (last visited July 20, 2010) (explaining that human trafficking is a problem in major cities across the United States and the Polaris Project is an organization focused on the issues of human trafficking).

3. LAUDAN Y. ARON ET AL., COMPREHENSIVE SERVICES FOR SURVIVORS OF HUMAN TRAFFICKING: FINDINGS FROM CLIENTS IN THREE COMMUNITIES 5 (Urban Inst. Justice Policy Ctr. June 2006), *available at* <http://www.urban.org/publications/411507.html> (last visited June 26, 2010).

4. HEATHER J. CLAWSON & LISA G. GRACE, FINDING A PATH TO RECOVERY: RESIDENTIAL FACILITIES FOR MINOR VICTIMS OF DOMESTIC SEX TRAFFICKING 3 (U.S. Dep't of Health and Human Serv. 2007), *available at* <http://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=1009&context=humtraffdata> (last visited June 14, 2010).

5. *Id.* at 1.

6. Jacqueline Bhabha, *Trafficking, Smuggling, and Human Rights*, MIGRATION INFO. SOURCE (Mar. 2005), *available at* <http://www.migrationinformation.org/Feature/display.cfm?id=294> (last visited June 13, 2010).

7. Elzbieta Gozdziaek et al., *The Trafficked Child: Trauma and Resilience*, 25 FORCED MIGRATION REV. 14 (May 2006) *available at* <http://www.fmreview.org/FMRpdfs/FMR25/FMR2506.pdf> (last visited June 13, 2010).

8. HEATHER CLAWSON, AMY SALOMON & LISA GOLDBLATT GRACE, TREATING THE HIDDEN WOUNDS: TRAUMA TREATMENT AND MENTAL HEALTH RECOVERY FOR VICTIMS OF HUMAN TRAFFICKING 1 (U.S. Dep't of Health and Human Serv. 2007), *available at* <http://aspe.hhs.gov/hsp/07/humantrafficking/Treating/ib.pdf> (last visited June 13, 2010).

consider. Professional social workers may be of assistance in creating a comprehensive approach of response.

II. THE DOMAIN OF THE SOCIAL WORK PROFESSION AND PRACTICE

While there are many professions concerned with human well being and social issues, it is social work's simultaneous focus on and attention to both the person and the person's environment that makes social work unique among the various helping professions.⁹ The roots of social work lie deep in the ground of human rights and social justice.¹⁰ Often misunderstood, social work is a profession that encompasses knowledge and skills for a range of work at both the micro level (the individual and family) and macro level practice which involves working with groups, communities, organizations or programs, legal, health, and educational systems including large social systems.¹¹ The challenges and needs presented by victim survivors and responders addressing the issues of human trafficking may in part be met through social work services. Moreover, such services are delivered through standards guided by a professional code of ethics. In fact, the call to action is embedded in the National Association of Social Workers Code of Ethics, standard 6.04(a) that requires social workers to engage in social and political action that seeks to ensure that all people have equal access to resources needed to meet basic human needs.¹² In addition, through education and training, social workers are skilled advocates and aware of policy and political systems that impact on practice.¹³ Social work performs a number of roles that may be especially suited in addressing issues of human trafficking. These roles may best be understood through a biopsychosocial model which looks at the biological or developmental and physical (including health care needs) of the individual, the psychological or emotional needs of both the

9. BRADFORD SHEAFOR & CHARLES HOREJSI, *TECHNIQUES AND GUIDELINES FOR SOCIAL WORK PRACTICE* 8 (8th ed. 2008).

10. For example, Jane Addams, most beloved and known for her work in the co-founding of Hull House, an exemplar of settlement work among the immigrants and most oppressed in Chicago in the late 1890's was also the recipient of the Nobel Peace Prize in 1931. Francis Perkins, another social worker, was the first woman to serve on a U.S. President's Cabinet, having been appointed as Secretary of Labor in 1933 under President Franklin Roosevelt. Perkins was well suited for the task through her previous work as Director of Investigations for the New York State Factory Investigating Commission. This commission had broad powers examining industrial disease, factory fires, and sanitation. *See generally* NAOMI PASACHOFF, *FRANCIS PERKINS: CHAMPION OF THE NEW DEAL* (1999).

11. SHEAFOR & HOREJSI, *supra* note 9, at 11.

12. CODE OF ETHICS § 6.04(a) (Nat'l Ass'n of Soc. Workers 1999), available at <http://www.socialworkers.org/pubs/code/default.asp> (last visited June 17, 2010).

13. *See id.* §§ 6.01, 6.02, 6.04(a).

victim survivor and providers of services, and finally the social systems of interwoven political, legal, organizational, and policy that may be involved. Looking at biological, physical health, psychological, mental health, and social issues as a backdrop for discussion, there are some specific ways in which social work may be helpful. Since its inception social work was interwoven with policy and law into the very fabric of mutually deep concerns for vulnerable, disenfranchised, impoverished, and oppressed populations. More recently, the relationship has been invigorated through developing concepts in the legal field.

III. THE RELATIONSHIP BETWEEN SOCIAL WORK AND THE LEGAL SYSTEM

Although the emergence of therapeutic justice (TJ) in the 1990s has fueled and facilitated the working relationship between social work and the legal system, the influence and collaboration between these two disciplines is not new.¹⁴ Innovations by early social work practitioners, such as the settlement house movement, championed the needs of the disenfranchised and oppressed through advocacy for social reform of policies and laws; thus, helping to alleviate their plight. The abolition of child labor and working conditions in sweatshops and factories through the Fair Labor and Standards Act are such examples.¹⁵ Addams and her reformers established the first juvenile court in the nation.¹⁶ Child protective services intersected with the legal system as did programs for foster care, adoption, and serving families with domestic violence. The movement toward deinstitutionalization in the United States during the mid-1950s was propelled by both legal and mental health practitioners including social workers. “For lawyers, the primary objective . . . was to end the needless deprivations of liberty without treatment, the risk of brutality in institutions,

14. Therapeutic Justice is a term most credited to Professor David Wexler, University of Arizona Rogers College of Law and University of Puerto Rico School of Law, in a paper delivered to the National Institute of Mental Health in 1987. Professor Bruce Winick, University of Miami School of Law originated the concept with Wexler. BLACK'S LAW DICTIONARY 1616 (9th ed. 2009) defines 'therapeutic jurisprudence' as: "The study of the effects of law and the legal system on the behavior, emotions, and mental health of people; esp, a multidisciplinary examination of how law and mental health interact . . ." For an informative read see also Rose Voyvodic & Mary Medcalf, *Advancing Social Justice Through an Interdisciplinary Approach to Clinical Legal Education: The Case of Legal Assistance of Windsor*, 14 WASH. U. J.L. & POL'Y 101, 109–10 (2004).

15. See generally Fair Labor and Standards Act of 1938, 29 U.S.C. § 203(l)(1)(2) (2009), available at <http://www.dol.gov/whd/regs/statutes/FairLaborStandAct.pdf> (last visited Oct. 11, 2010).

16. KAREN KIRST-ASHMAN, INTRODUCTION TO SOCIAL WORK AND SOCIAL WELFARE: CRITICAL THINKING PERSPECTIVES 175 (2nd ed. 2006). For more information, see also Jane Addams Hull-House Museum, (2009) available at <http://www.uic.edu/jaddams/hull/> (last visited Oct. 11, 2010).

and the use of hospitals as agents of social control.”¹⁷ For psychiatrists and social workers among mental health practitioners, it was to have patients live in the community and also to minimize the risks of hospitalization. Thus, while the intersection has existed more or less for a century it is only within the past decade that there has been a resurgence and interest and vigorous mutual dialogue about how to best serve constituents. Interdisciplinary practice between social work and the legal system has grown significantly.¹⁸ Most recently the emergence of the concept of therapeutic jurisprudence has received significant attention in the courts. “The main push for this change came from the societal changes that placed courts in the frontline of responses to substance abuse, family breakdown, and mental illness.”¹⁹ These domains have been the working ground of social work for a hundred years. Susan Brooks, a former social worker turned lawyer and currently a clinical law professor, expressed a concern that TJ was in need for a consistent “normative framework” meaning a well-defined framework for guidance as to how to act therapeutically in the “face of particular circumstances.”²⁰ Brooks proposes that social work offers such a framework through its principles and values long practiced in the profession. For example, drawing from early pioneers and the family court concept, child welfare and family law have been interdisciplinary and concerned historically with the best interests of the child and a hope for therapeutic outcome for the family.

Some of the core elements that parallel TJ come from the Social Work Code of Ethics (NASW) such as the mission to “enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty.”²¹ Other values concern the promotion of social change and social justice, human dignity, privacy, informed consent, and self-determination. “Indeed the legal profession has placed greater focus on

17. STANLEY S. HERR ET AL., *LEGAL RIGHTS AND MENTAL-HEALTH CARE* 51–52 (1983).

18. Mary Ann Forgey & Lisa Calarossi, *Interdisciplinary Social Work and Law: A Model Domestic Violence Curriculum*, 39 J. SOC. WORK EDUC. 459, 459 (2003).

19. David Rottman & Pamela Casey, *Therapeutic Jurisprudence and the Emergence of Problem-Solving Courts*, 240 NAT’L INST. OF JUST. J. 13, 13 (1999), available at http://www.floridatac.org/files/document/Res_ProSol_TJProbSolvCrtNIJPub.pdf (last visited June 18, 2010).

20. Susan Brooks, *Practicing (and Teaching) Therapeutic Jurisprudence: Importing Social Work Principles and Techniques Into Clinical Legal Education*, 17 ST. THOMAS L. REV. 513, 514 (2005).

21. CODE OF ETHICS, Preamble (Nat’l Ass’n of Soc. Workers 1999), available at <http://www.socialworkers.org/pubs/code/default.asp> (last visited June 17, 2010).

the teaching of core skills and values in law schools in recent years.”²² A review of TJ principles parallels similar concepts such as therapeutic outcome, collaborative process, people-oriented, interpretation and application of social science, and interdependence, to name a few.²³ “The fundamental principle underlying therapeutic jurisprudence is the selection of a therapeutic option—an option that promotes health and does not conflict with other normative values of the legal system.”²⁴ While not a panacea in facing the daunting challenges of society, innovations such as therapeutic justice through collaboration between the legal and social work professions have the potential to humanize the legal and court processes while striving to maintain the standard of fairness and justice for the people so served. Of particular interest is how to address the pain and suffering of victim survivors while at the same time “overcome the problem of criminal offenders denying the pain of their victims and in preventing further victimization.”²⁵ Further illustration is forthcoming in the focus on human trafficking, the victim survivors and the responders who serve them.

IV. TRAFFICKING SURVIVORS’ MENTAL HEALTH AND HEALTH NEEDS

While there are similarities between victims of other types of crime, such as domestic violence or sexual assault, survivors of human trafficking have more complex and wide-ranging service needs. These needs come from the particular experience of primarily being transported into a foreign country—legally or illegally, willingly or unwillingly—and held against their will in a situation where they are enslaved for little or no pay, and are not free to leave.²⁶ Victims are and remain in great fear for their own and their family’s safety and security since many traffickers have a great deal of political, financial, and/or social power.²⁷ The very process of human trafficking involves the persistent and pervasive dynamic of captivity. It is critical to understand how profoundly disempowering and disabling captivity is. According to Amnesty International, methods used to enslave human beings are highly consistent across political spectrums and cultures,

22. Brooks, *supra* note 20, at 519.

23. Rottman & Casey, *supra* note 19, at 14.

24. *Id.*

25. John Braithwaite, *Restorative Justice and Therapeutic Jurisprudence*, 38 CRIM. L. BULL., 244, 244–45 (2002), available at http://www.anu.edu.au/fellows/jbraithwaite/_documents/Articles/Restorative_Justice_2002.pdf (last visited July 27, 2010) (citing David B. Wexler, *Therapeutic Jurisprudence in a Comparative Law Context*, 15 BEHAV. SCI. & L. 233, 236 (1997)).

26. ARON ET AL., *supra* note 3, at 10.

27. *Id.* at 11.

in domestic situations or war.²⁸ Understanding the choreography by which power over and control is established is essential in order to more fully understand the needs and issues of victim survivors.²⁹ How is this orchestrated and accomplished? While particular circumstances may vary, the techniques of disempowerment and disconnection along with methods that instill terror are universal elements. Common among all oppressors, whether controlling prisoners of war, intimates in domestic violence, or human trafficking, is their systematic, repetitive infliction of psychological trauma that is initially enforced with physical violence. Once violence is demonstrated either directly to the victim and/or her or his family, it may not be necessary to continue displays of such behavior in order to keep someone in fear.³⁰ A closer examination of the choreography of captivity provides a lens in which to better understand not only the dynamics of enslavement but also how the aftermath affects not only victim survivors but also those who serve them.

A central dynamic in the experience of captivity is the desire (both biological and emotional) and need to avoid pain. The most powerful means to induce pain and accompanying terror is through systematic methods of unpredictable violence and coercion through physical and psychological force which traffickers use with great precision.³¹ What makes the dynamic more powerful is that quite frequently traffickers present themselves initially to the family and children as being people of influence who can help better the situation.³² The origin for most children and adults who become victims of trafficking come from countries in which there is severe poverty, social and economic dislocation, or armed conflict.³³ Families may view traffickers as a means of giving a better life

28. JUDITH HERMAN, *TRAUMA AND RECOVERY: THE AFTERMATH OF VIOLENCE—FROM DOMESTIC ABUSE TO POLITICAL TERROR* 76 (1997).

29. *Id.* at 77. See also Albert D. Biderman, *Communist Attempts to Elicit False Confessions from Air Force Prisoners of War*, 33 *BULL. N.Y. ACAD. MED.* 616, 619 (1957), available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1806204/pdf/bullnyacadmed00378-0046.pdf> (last visited June 18, 2010) (Biderman's Chart of Coercion was developed to explain the abusive methods used to break the will of or brainwash a prisoner of war.).

30. HERMAN, *supra* note 28, at 77.

31. Nancie Palmer & Christine Edmunds, *Violence Within Family Systems*, in *VICTIM ASSISTANCE: EXPLORING INDIVIDUAL PRACTICE, ORGANIZATIONAL POLICY, AND SOCIETAL RESPONSES* 191, 199 (Thomas L. Underwood et al. eds., 2003).

32. ARON ET AL., *supra* note 3, at 11.

33. Rachel Shigekane, *Rehabilitation and Community Integration of Trafficking Survivors in the United States*, 29 *HUM. RTS. Q.* 112, 116 (2007), available at <http://hrc.berkeley.edu/pdfs/trafficking-RS-HRQ.pdf> (last visited June 24, 2010).

to their children or providing economic support for the family itself.³⁴ Once the opportunity presents itself, traffickers then achieve power and control through enticement and later by physical and emotional infliction of trauma. Violence can take many forms such as hitting, grabbing and controlling or contorting the body, punching, stabbing, torture, destruction of personal property, pets, or harm to others.³⁵ “Violence is used because it convinces the victim that the perpetrator is omnipotent and that resistance is futile, even dangerous.”³⁶ After initial assault, merely the threat of harm to self or others is sufficient. However, control is amplified through other systematic means. Trauma and the terror of further pain is heightened by compromising the victim’s physiological system, through long periods of sleep deprivation³⁷ and forced use of alcohol and other drugs,³⁸ through physical restraint such as chaining or locking up, and having food withheld.³⁹ Traffickers typically maintain control of their victims’ passports, earned income, or serving as the only interpreter to victims who are unfamiliar with the language; thus, closing off avenues of escape.⁴⁰ Most beguiling and confusing to victims is the perpetrator’s use of intermittent reward, that is, the granting of small favors and comforts such as a bath, more comfortable sleeping arrangements, a special meal, jewelry, clothes, and even personal attention.⁴¹ Such favors serve to undermine the victim’s resistance and perception of the trafficker as harmful. It is not unusual, particularly in sexual trafficking, for victims to be “in love” with their trafficker and feel compelled to protect or return to him (most often male) after separation by law enforcement or like efforts.⁴² Given the terror, the isolation, and confusion that victims most often feel, personal attention and even affection is powerful. Sometimes referred to as the

34. *Id.* at 120.

35. *Id.* at 127. *See also* HERMAN, *supra* note 28, at 89. In addition to creating terror in the victim, the perpetrator also seeks to utterly destroy the victim’s sense of autonomy. A consistent method is by scrutiny and control of the victim’s body and bodily functions (*e.g.* what and when the victim eats, sleeps, goes to the toilet, what is worn. According to Herman, threats with female prisoners almost always include sexual assault and threat of.

36. Palmer & Edmunds, *supra* note 31, at 198.

37. *Id.* at 200.

38. William Nelson, *A Treatment Assisted Recovery Model for Victims of Prostitution and Trafficking* 71 CORRECTIONS TODAY 68, 70 (Oct. 2009), available at http://www.angelfire.com/mn/fjc/Prostitution_Outcome_Paper_Sweden.pdf (last visited June 13, 2010).

39. Shigekane, *supra* note 33, at 119. The median reported age of first drug use was thirteen.

40. ARON ET AL., *supra* note 3, at 11.

41. Palmer & Edmunds, *supra* note 31, at 200.

42. CLAWSON & GRACE, *supra* note 4, at 3.

Stockholm Syndrome, victims identify with the needs and beliefs of their captors. For example, it is not uncommon for traffickers to be family members or boyfriends of victim survivors thereby increasing the sense of betrayal and subsequent trauma.⁴³ Thus through violence, intermittent reward, isolation, and enforced dependency, a trafficker creates a submissive and compliant prisoner. However, the final step in the psychological control of the victim is not completed until she has been forced to violate her own moral principles and to betray basic human attachments.⁴⁴ Examples may include sexually or physically assaulting another victim, or one's child, or forced to commit degrading acts particularly in front of or filmed by others which could be used in widespread distribution. Perpetrators frequently control toileting and bathing. Defecating on oneself creates deep humiliation within the victim thus amplifying the sense of shame. It is also not uncommon for victims of trafficking to become recruiters of others into "the Life" of prostitution.⁴⁵ Shame and embarrassment are the legacy of most victim survivors.⁴⁶ Psychologically speaking, the most compelling and destructive of all coercive techniques is when a victim comes to loathe herself. "When the victim under duress participates in the sacrifice of others . . . she is truly 'broken.'"⁴⁷

In its aftermath, the victim who may be freed or escape (at best only after repeated efforts), continues on a harrowing journey. Even though survivors may eventually be free from physical control of their captors, the mental health problems from their terror and experience continue to create a prison of fear. Most common is post-traumatic stress disorder, accompanying suicidal ideation, almost always serious depression, underlined with anxiety and chronic fear.⁴⁸ Additionally mental health symptoms may also include or create co-morbid conditions from substance

43. Gozdziaik et al., *supra* note 7, at 14.

44. HERMAN, *supra* note 28, at 83.

45. CLAWSON & GRACE, *supra* note 4, at 3.

46. ARON ET AL., *supra* note 3, at 19.

47. HERMAN, *supra* note 28, at 83. Note that with prolonged captivity and control come "alternations in time sense" which begin with the "obliteration of the future but eventually progress to the past." HERMAN, *supra* note 28, at 89. Memories may be consciously suppressed so that the victim survivor is unable to fully integrate into the present life much less from a legal standpoint be able to confront her trafficker or painful experiences. Along with alteration of time comes constriction of initiative and planning which are critical to moving beyond captivity.

48. Jeffery Barrows & Reginald Finger, *Human Trafficking and the Healthcare Professional*, 101 S. MED. J. 521, 523 (2008), available at http://journals.lww.com/smajournalonline/Abstract/2008/05000/Human_Trafficking_and_the_Healthcare_Professional.23.aspx (last visited June 24, 2010).

and alcohol abuse and dissociative disorders.⁴⁹ Along with manifestations of mental health symptoms are physical health issues as well although systematic documentation of specific health problems is lacking.⁵⁰ The following are some examples of general health issues:

- 1) Infectious diseases such as human immunodeficiency virus (HIV) and AIDS;
- 2) Noninfectious diseases;
- 3) Reproductive health problems;
- 4) Physical trauma;
- 5) Injuries from factory and domestic work under unsafe and unpredictable conditions;⁵¹
- 6) Pesticide or other chemical intoxication;
- 7) Illness resulting from poor sanitation and/or contaminated food or water;
- 8) Heat stroke or exhaustion;
- 9) Occupational hearing loss;
- 10) Cancer;
- 11) Exposure to dangerous or poisonous animals;
- 12) Musculoskeletal trauma from awkward posture, repetitive movement, and/or heavy lifting;
- 13) Infectious disease including parasites; and
- 14) Occupational asthma and/or respiratory problems.⁵²

“Service providers assert that the needs of trafficking survivors are far greater than those of other marginalized groups.”⁵³ Review of the literature on post-trafficking survival consistently reiterated this point. Because of the isolation and lack of preventive and timely health care, victim survivors of human trafficking require more elaborate, time consuming, and prolonged services. The delivery of such services is further challenged given that many have traveled long distances, are in a foreign country, speak little or no English, and have been captives under abusive control.⁵⁴ Additionally, victim survivors experience the compounded stress related to acculturation, adjusting or having to learn a new language, exposure to

49. ERIN WILLIAMSON ET AL., NATIONAL SYMPOSIUM ON THE HEALTH NEEDS OF HUMAN TRAFFICKING VICTIMS 6 (U.S. Dep’t of Health and Human Serv. 2009), available at <http://aspe.hhs.gov/hsp/07/humantrafficking/symposium/ib.pdf> (last visited June 14, 2010).

50. Barrows & Finger, *supra* note 48, at 523.

51. *Id.* at 522–23.

52. See generally WILLIAMSON ET AL., *supra* note 49, at 7 (discussing the general negative health effects suffered by human trafficking victims).

53. Shigekane, *supra* note 33, at 122.

54. *Id.* at 122.

varying forms of religious or spiritual practice, food, conceptualizations of family and community, and “deconstruct their relationship with money.”⁵⁵

V. HOW SOCIAL WORK MAY HELP

Given both education and training in working with multiple client systems from individual and family to organizations and policy systems, social work is uniquely situated to provide a range of services that may assist both victim survivors and responders of human trafficking. A critical and most valuable service comes in the form of intensive case management which may best be delivered in residential facilities.⁵⁶ Case management is a method of service provision whereby a social worker coordinates ongoing and multiple services such as mental health, social welfare, and victim advocate services for the client.⁵⁷ Social work has a long history of advocacy, recognizing client strengths and capacities, linking clients to services, as well as providing needed direct services to the client and when appropriate the family, kin, or referent group. Guided by the NASW Code of Ethics and consistent with social work education, is the belief in the worth and dignity of persons, the support of cultural competencies in working with diverse populations, and awareness of mechanisms of both personal and social oppression.⁵⁸ Social work then provides a good fit in accompanying an array of responses for survivors. Valuing the development of cultural competencies, social workers are aware of complementary or alternative therapies, empowerment, and the importance of reconnection with self.⁵⁹ Guided from the roots of social justice and belief in the dignity and worth of all human beings, social workers work with clients through an empowering approach that seeks to enhance the natural abilities and skills of the individual and family as well as add resources and support. Utilizing skills in group work, social workers may facilitate bringing organizations together for dialogue, problem solving, and advocacy. From basic living skills in helping victim survivors⁶⁰ to navigate daily life necessary for living independent of captivity, to promoting the

55. CLAWSON & GRACE, *supra* note 4, at 7.

56. *Id.* at 6.

57. Kirst-Ashman, *supra* note 14, at 359 (citing DAVID P. MOXLEY, *THE PRACTICE OF CASE MANAGEMENT* 21 (1989)).

58. CODE OF ETHICS, *supra* note 12, § 1.05(c).

59. HEATHER CLAWSON, AMY SALOMON & LISA GOLDBLATT GRACE, *supra* note 8, at 7.

60. *Id.* at 6 (citing Norma Finklenstein et al, *Enhancing Substance Abuse Recovery Through Trauma Treatment*, NAT'L TRAUMA CONSORTIUM 2 (2004) available at <http://www.nationaltraumaconsortium.org/documents/IntegratedTrauma.pdf> (last visited October 16, 2010)).

development of responsive systems such as Trauma Informed Services⁶¹ social work can play an important part.

“To achieve successful community integration, trafficking survivors require unconditional access to immigration relief and human services such as shelter, food, medical care, as well as intensive support services carefully tailored to meet their daily needs.”⁶² Social workers can be advocates as well as facilitators in working with “complex and encumbered systems, including in many cases the immigration authorities, social security and public assistance services as well as attorneys for both the child and the prosecution.”⁶³ Further, social work may be of assistance in designing programs, responses, or training law enforcement, legal professionals, and other providers in ways to approach victim survivors. For example, social workers engage not only clients, but are skilled in working with the systems that serve them. They may further identify barriers to providing appropriate response for victim survivors. “For both law enforcement and service providers, getting victims to trust them and accept help is a *huge* obstacle.”⁶⁴ Use of procedures such as strip searches, locked holding pens or prolonged confinement, and threats of deportation may parallel many of the methods used by traffickers to control their victims and thus may inadvertently become “triggers” inducing trauma reactions. Trauma symptoms may be manifested through flashbacks of previous events and horrors, nightmares, intrusive thoughts/emotions that debilitate or confuse the survivor, create hyper-arousal (*e.g.*, heightened startle response), sudden outbursts of anger, escalation of substance abuse, and even self-mutilation.⁶⁵ Social workers may address these needs as well.

VI. SOCIAL WORK AND THE MENTAL HEALTH ISSUE OF VICARIOUS TRAUMA IN RESPONDERS

Professional social workers are the largest group of health and mental health providers in the United States, comprising almost half of all National

61. *Id.* Trauma Informed Services are developed and designed with an understanding of the role that violence and victimization, and captivity play in the lives of traffic survivors. Trauma Informed Services are developed to treat primary problems other than trauma by building capacity within systems of response and care to provide immediate safety and support, as well as culturally sensitive care and treatment for trauma itself.

62. Shigekane, *supra* note 33, at 135.

63. Gozdzik et al., *supra* note 7, at 15.

64. HEATHER CLAWSON, AMY SALOMON & LISA GOLDBLATT GRACE, *supra* note 8, at 3 (emphasis added).

65. *Id.* at 1.

Association of Social Workers.⁶⁶ Moreover, social workers at both bachelor's degree in social work (BSW) and master's degree in social work (MSW) levels, are trained to work in a variety of settings including but not limited to inpatient mental health facilities, community mental health centers, psychiatric hospitals, Veteran's Administration (VA), general hospitals, residential treatment centers for children and adults, employee assistance programs, and the military. MSW's through regulation and training provide psychotherapy to individuals, families, and groups, while BSW's often serve as case managers, care coordinators, and advocates. Of particular concern is not only the trauma experienced by victim survivors but also responders who serve them. "The term, 'vicarious trauma' (VT) was first used by McCann and Pearlman to describe pervasive changes occurring within clinicians or counselors over time from working with victims who experienced sexual trauma."⁶⁷ Sometimes referred to as Secondary Trauma (ST) or Compassion Fatigue, VT refers to "the natural consequent behaviors and emotions resulting from *knowledge about* a traumatizing event experienced by a significant other. It is the stress resulting from *helping or wanting to help* a traumatized or suffering person."⁶⁸ While clinicians dealing with human-induced trauma have now understood the risks of such work with victim survivors, "the secondary trauma of the legal professional has hardly been addressed."⁶⁹ The legal profession has been essentially unaware that constant or prolonged exposure to the horrors encountered by trafficked victims can affect one's legal practice.⁷⁰ According to Levin and Greisberg who studied secondary trauma in attorneys, an important finding indicated that attorneys working with traumatized clients frequently experienced significant symptoms of secondary trauma and burnout.⁷¹ Burnout is kindred to vicarious trauma,

66. Kirst-Ashman, *supra* note 14, at 402.

67. Young-Eun Jung et al., *Symptoms of Posttraumatic Stress Disorder and Mental Health in Women Who Escaped Prostitution and Helping Activists in Shelters*, 49 YONSEI MED J. 372, 373 (2008).

68. Charles Figley, *Compassion Fatigue: Toward a New Understanding of the Costs of Caring*, in SECONDARY TRAUMATIC STRESS: SELF-CARE ISSUES FOR CLINICIANS, RESEARCHERS, AND EDUCATORS 10 (Hudnall Stamm ed., 1995). Symptoms may include fatigue and physical depletion, irritability, anxiety, depression, aggression, callousness, pessimism, poor work performance, withdrawal, inability to concentrate, dehumanization.

69. Yael Fischman, *Secondary Trauma in the Legal Professions: A Clinical Perspective*, KLINICAL KNOWLEDGE (TORTURE VOL. 18 NO. 2) 107, 109 (2008), available at <http://doc.rct.dk/doc/tort2008.2.6.pdf> (last visited June 18, 2010).

70. *Id.*

71. Andrew P. Levin & Scott Greisberg, *Vicarious Trauma In Attorneys*, 24 PACE L. REV. 245, 245 (2003).

however, it manifests itself gradually over time and can lead to indifference and an “erosion of idealism” that fuels the fight against human trafficking.⁷² While high caseloads may significantly contribute to VT and burnout, the lack of education and training for prolonged intense contact with victim survivors exacerbates the situation. Levin and Griesberg found, for example, that attorneys “demonstrated higher levels of intrusive recollection of trauma material, avoidance of reminders of the material and diminished pleasure and interest in activities, and difficulties with sleep, irritability, and concentration.”⁷³

Social workers with their long history as providers of mental health services in treating survivors of trauma may be of great assistance to the legal profession. They may assist in developing relevant educational programs, provide screening and treatment of attorneys and their families, or work with the legal and law enforcement systems to provide sensitive, timely, and comprehensive care to victim survivors. In addition, the professional social worker’s awareness that use of alcohol and other drugs are often used as a means of self-medicating symptoms of secondary trauma, makes the profession a valued resource in working along with responders and providers of services to victim survivors of human trafficking.⁷⁴ Social work, nor any other profession, has the sole expertise of prevention and response. When combined with other professions and trained volunteers, social work may become an essential element in addressing the extensive needs of victim survivors of human trafficking.

72. *Id.* at 248.

73. *Id.* at 250.

74. Every state in the U.S. has licensing laws governing aspects of social work practice. The National Association of Social Workers, www.socialworkers.org is a primary resource for locating qualified social workers in specific geographic areas. Likewise, state boards of healing arts maintain a list of qualified social workers. Those trained specifically in trauma and have experience in that field may be of most assistance as are social workers skilled in working with policy and macro systems. Another source for locating qualified social workers and educators is through schools of social work accredited by the National Council on Social Work Education. www.cswe.org. See section: Directory for Accredited Programs.